

# Governing Body Meeting (Part I) Agenda

**Date:** Wednesday 3<sup>rd</sup> June 2020, 13:00hrs to 14:30hrs

**Venue:** Virtual Meeting: Details to be confirmed

To help the CCG respond to the coronavirus we are moving all meetings that we hold in public to virtual meetings for the foreseeable future. This also applies to our regular operational internal meetings in line with national guidance to ensure our staff are supported to work remotely. We will continue to publish papers as normal.

**13:00 hrs** Formal meeting of the Governing Body (Part I) commences.

### 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
Dr Doug Callow	GP Clinical Director	DC
Dil Daly	Lay Member for Patient and Public Involvement	DD
Vikki Gilligan	Practice Manager	VG
Jane Lunt	Interim Chief Nurse	JLu
Martin McDowell	Deputy Chief Officer/Chief Finance Officer	MMcD
Dr Anette Metzmacher	GP Clinical Director	AM
Dr Hilal Mulla	GP Clinical Director	HM
Colette Page	Additional Nurse	CP
Colette Riley	Practice Manager	CR
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

### Co-opted Members

Director <i>or Deputy</i>	Director of Public Health, Sefton MBC	
Director <i>or Deputy</i>	Director of Social Services and Health, Sefton MBC	
Maureen Kelly	Chair, HealthWatch	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>13:00hrs</b>
GB20/70	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB20/71	Declarations of Interest	Chair	Verbal	Receive	
GB20/72	Minutes of previous meeting	Chair	Report	Approve	
GB20/73	Action Points from previous meeting	Chair	Report	Approve	
GB20/74	Business Update	Chair	Verbal	Receive	
GB20/75	Chief Officer Report	FLT	Report	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
<b>Finance and Quality Performance</b>					<b>13:20hrs</b>
GB20/76	Integrated Performance Report 76.1: NHS Constitution Quality 76.2: Financial Position	Cameron Ward JLu MMcD	Report	Receive	30 mins
<b>Governance</b>					<b>13:50hrs</b>
GB20/77	Future of CCGs	FLT	Verbal	Receive	30 mins
GB20/78	COVID-19	Debbie Fairclough	Verbal	Receive	
GB20/79	COVID-19 Equality & Inclusion	Andy Woods	Report	Receive	
GB20/80	Joint QIPP and Financial Recovery Committee: proposed changes to governance and reporting requirements	HN	Report	Approve	
GB20/81	Audit Committee Annual Report 2019/20	HN	Report	Receive	
GB20/82	Audit Committee Terms of Reference	HN	Report	Approve	
GB20/83	Published Registers 2019/20	HN	Report	Receive	
GB20/84	Governing Body Assurance Framework, Corporate Risk Register and Heat Map: Q4 2019/20	HN	Report	Approve	
<b>Quality</b>					<b>14:10hrs</b>
GB20/85	SEND Improvement Plan and Business Continuity Arrangements	Kerrie France	Report	Receive	10 mins
<b>For Information</b>					<b>14:20hrs</b>
GB20/86	Key Issues Reports: a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) Localities: None	Chair	Report	Receive	5 mins
GB20/87	Approved Minutes: a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI: None	Chair	Report	Receive	
<b>Closing Business</b>					<b>14:25hrs</b>
GB20/88	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
GB20/89	<p>Date of Next Meeting</p> <p><b>Wednesday 2<sup>nd</sup> September 2020, 13:00hrs</b>  <b>Venue/Format: to be confirmed</b></p> <p><u>Future Meetings:</u>  The Governing Body meetings are held on the first Wednesday of the month. Public meeting dates for 2020/21 are as follows:</p> <p>4<sup>th</sup> November 2020  3<sup>rd</sup> February 2021  7<sup>th</sup> April 2021</p> <p>All PTI public meetings commence 13:00hrs. The normal venue for meetings is the Family Life Centre, Southport PR8 6JH. This is being put on hold during COVID-19.</p>				
Estimated meeting close					<b>14:30hrs</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 1<sup>st</sup> April 2020, 13:00hrs to 14:05hrs

**Format:** To help the CCG respond to the coronavirus, the public section of the meeting was held as a teleconference, as per the published notice on the CCG website. With the usual Public meeting and 'Public Questions' agenda item dispensed with.

### 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
Dr Doug Callow	GP Clinical Director	DC
Dil Daly	Lay Member for Patient and Public Engagement	DD
Jane Lunt	Interim Chief Nurse	JLu
Martin McDowell	Chief Finance Officer	MMcD
Dr Anette Metzmacher	GP Clinical Director	AM
Dr Hilal Mulla	GP Clinical Director	HM
Colette Page	Additional Nurse	CP
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

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

Maureen Kelly	Chair, Health watch ( <i>co-opted Member</i> )	MK
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### In Attendance

Debbie Fairclough	Interim Programme Lead – Corporate Services	DFair
Cameron Ward	Programme Director – Sefton Transformation Programme	CW
Judy Graves	<i>Minute taker</i>	

### Apologies

Dr Emily Ball	GP Clinical Director
Vikki Gilligan	Practice Manager
Colette Riley	Practice Manager
Charlotte Smith	Consultant in Public Health

### Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Governing Body Membership	June 19	Sept 19	Nov 19	Feb 20	Apr 20
Dr Rob Caudwell	Chair & Clinical Director	✓	✓	✓	✓	✓
Helen Nichols	Vice Chair & Lay Member for Governance	✓	✓	✓	✓	✓
Dr Kati Scholtz	Clinical Vice Chair (May 17) and GP Clinical Director	✓	✓	✓	✓	✓
Director or Deputy	Director of Public Health, Sefton MBC ( <i>co-opted</i> )	✓	✓	✓	✓	A
Dr Emily Ball	GP Clinical Director	✓	✓	A	A	A
Gill Brown	Lay Member for Patient & Public Engagement	✓	✓			

Name	Governing Body Membership	June 19	Sept 19	Nov 19	Feb 20	Apr 20
Dr Doug Callow	GP Clinical Director	✓	A	A	✓	✓
Dil Daly	Lay Member for Patient and Public Engagement				✓	✓
Vikki Gilligan	Practice Manager			✓	A	A
Director or Deputy	Director of Social Service & Health, Sefton MBC (co-opted)	A	A	A	A	A
Maureen Kelly	Chair, Health watch (co-opted)	✓	✓	✓	A	✓
Jane Lunt	Interim Chief Nurse			A	✓	✓
Dr Anette Metzmacher	GP Clinical Director					✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Dr Hilal Mulla	GP Clinical Director	✓	✓	✓	A	✓
Colette Page	Additional Nurse Member	✓	✓	✓	✓	✓
Brendan Prescott	Deputy Chief Nurse	✓	✓			
Dr Tim Quinlan	GP Clinical Director	✓	✓	✓		
Colette Riley	Practice Manager	✓	A	A	✓	A
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓	✓	✓	✓
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
GB20/41	<p><b>Apologies for Absence</b></p> <p>Apologies were received from Emily Ball, Vikki Gilligan, Colette Riley and Charlotte Smith. Apologies had also been received from Kerrie France for item GB20/51. All of whom who had been unable to attend due to the impact of COVID-19.</p> <p>FLT welcomed Dr Anette Metzmacher, GP Clinical Director, to her first governing body meeting.</p>	
GB20/42	<p><b>Declarations of Interest</b></p> <p>The members were reminded of their obligation to declare any interests they may have in relation to any items on the agenda and any issues arising at governing body meetings which might conflict with the business of NHS Southport &amp; Formby CCG.</p> <p>Those holding dual roles across both Southport &amp; Formby CCG and South Sefton CCG declared their interest; Dr Jeff Simmonds, Fiona Taylor, Martin McDowell, Jane Lunt and Colette Page. A further interest was declared by Jane Lunt in relation to her substantive post as Chief Nurse for Liverpool CCG.</p>	

No	Item	Action
	<p>It was noted that the interests raised did not constitute any material conflict of interest with items on the agenda.</p> <p>Declarations made are listed in the CCGs Register of Interests which is available on the website <a href="http://www.southportandformbyccg.nhs.uk/about-us/our-constitution/">http://www.southportandformbyccg.nhs.uk/about-us/our-constitution/</a></p>	
GB20/43	<p><b>Minutes of Previous Meeting 5<sup>th</sup> February 2020</b></p> <p>The members approved the minutes as a true and accurate record.</p>	
GB20/44	<p><b>Action Points from Previous Meeting</b></p> <p><b><u>5/2/2020 Public questions:</u></b></p> <p><b>1. When making a decision of which Trust to give a contract:</b></p> <p><b>b. Do you, as a body, ever speak to the employees/have discussions at grass roots as to how some of the changes are actioned?</b></p> <p>Part of that process and continued monitoring included contract and service reviews and planned walk-about to services in order to view and test areas of delivery.</p> <p>The member of the public expanded on their own experiences and difficulties whilst working within community services and the impact that such has had.</p> <p>FLT thanked the member of the public for sharing their experiences and emphasised the need to ensure that the voice of the staff is heard. FLT considered that a deeper insight was needed. FLT agreed to make contact outside of the meeting.</p> <p><i>Update:</i> FLT confirmed that a member of the team had made contact with the member of the public.</p> <p><b><u>GB20/7: Integrated Performance Report</u></b></p> <p><b><u>20/7.1 NHS Constitution and Quality</u></b></p> <p>Reference was made to the metric ‘% of patients receiving treatment for cancer within 62 days from NHS cancer screening service’ on page 27 and 29 of the meeting pack, specifically N/A and 0% and the meaning (i.e. if refers to 0 patients). CW will review and report back.</p> <p><i>Update:</i> It was confirmed that the percentage referred to a small number of patients. The information would be included in future reports.</p> <p><b><u>20/7.2 Financial Position</u></b></p> <p>Further reference was made to the orthopaedic activity in relation to the letters being received from the Trust to practices where GPs are being asked to refer locally. This was questioned given that it was understood the pathway is for the Trust to refer, not the GP, and that the pre and post op treatment needs to be made clear within the contract. It was agreed that this needed to be explored. FLT highlighted the importance of the system working as a system to deliver services.</p> <p><i>Update:</i> The information is being pursued.</p>	<p>Closed</p> <p>Closed</p> <p>CW: Action being pursued</p>

No	Item	Action
	<p><b><u>20/8: Oversight Framework 2019/20 Q2 Exception Report</u></b></p> <p>A discussion was had on the falls related indicators (104a and 106a). 'Falls' was noted as an area for concern for the CCG, especially given the population for the area which is more disproportionate of elderly. The members received an update on the work being done and planned by the Provider Alliance as part of the transformation agenda looking at falls. Especially given the consequence and cost to the person and services, with the impact being broader than just health.</p> <p>Clarification was requested on whether it was possible to get the 'Falls' data broken down in order to understand where falls took place and any data on the current waiting time for the falls service.</p> <p><u>Update:</u> The Falls data and methodology was being worked through and would be presented to the governing body once finalised. Was agreed that the item be removed from the actions.</p> <p><b><u>20/9 Future of CCGs</u></b></p> <p><b>Resolution:</b> Additionally:</p> <ul style="list-style-type: none"> <li>• It was noted that the support and endorsement of the governing body would be presented to the membership with an update to the governing body in March 2020.</li> </ul> <p>It was agreed that the last sentence on page 135 of the meeting report be reworded to reflect borough or place rather than CCG</p> <p><u>Update:</u> Item had been discussed at the development session in March and the document had been update accordingly.</p> <p><b><u>20/11: Joint Committee Terms of Reference</u></b></p> <p>The members approved the proposed changes to the terms of reference subject to the removal of the word 'Sefton' from the title of the group so that it reads the 'Acute Sustainability Joint Committee of Clinical Commissioning Group (CCGs).</p> <p><u>Update:</u> The action was confirmed as complete.</p> <p><b><u>20/13: Governing Body Assurance Framework, Heat Map and Corporate Risk Register</u></b></p> <p>The Audit Committee Chair updated on the discussion and outcome at the meeting as detailed within the report and in addition:</p> <ul style="list-style-type: none"> <li>• The committee had discussed the scoring of those risks as '5', either as a likelihood or consequence. On review of the scoring matrix and description, it was not necessarily clear why some risks had been scored at that level at that this should be reviewed.</li> </ul> <p><u>Update:</u> It was confirmed that the leads had been requested to review their scoring as part of the next risk update.</p> <ul style="list-style-type: none"> <li>• A discussion was had on risk 12 of the heat map QUO047: <i>There is a risk in relation to performance at Aintree University Hospital caused by a number of pressures resulting in reduced quality of care and outcomes for patients.</i></li> </ul>	<p>CW: Remove whilst ongoing.</p> <p>Closed</p> <p>Closed</p> <p>Closed</p>

No	Item	Action
	<p>Following review of the risk by the risk lead, the risk had been reduced to below the 12+ reporting level to Audit Committee (and Governing Body). Furthermore the lead had proposed the removal of the risk from the full (all risks) CRR. The Audit Committee considered that, in light of the continued performance issues and no clear rationale for removal, the risk should remain and be presented through the internal moderation process again with a review of description and score.</p> <p><u>Update:</u> It was confirmed that the work was being done as part of the Q4 risk review and update.</p> <ul style="list-style-type: none"> <li>• The inclusion of the SEND CIB risk register to be the CCG risk process</li> </ul> <p><u>Update:</u> It was confirmed that the work was being done as part of the Q4 risk review and update.</p> <p><b><u>20/14: SEND</u></b></p> <ul style="list-style-type: none"> <li>• the Improvement Plan with key exceptions to be presented to the April 2020 governing body</li> <li>• a structure of the agreed governance arrangements to be circulated to the governing body members</li> </ul> <p><u>Update:</u> It was confirmed that the structure had been circulated and the improvement plan had been included within the governing body report; agenda item.</p> <p><b><u>20/15: Sefton Health and Wellbeing Strategy 2020/25</u></b></p> <ul style="list-style-type: none"> <li>• Four pillars of population health: discussion was had on the source information used to compile the data and clarification was requested on the information stated for physical activity in column 1. Title of column to also be amended.</li> <li>• Across the life course: The inclusion of a key on the page was suggested in order to clarify the acronyms</li> </ul> <p><u>Update:</u> Action sat with the Charlotte Smith who was aware of the action and unable to attend due to COVID. Action to be removed and deferred until post COVID.</p> <p><b><u>GB20/17: Transforming Care for People with Learning Disabilities: Update</u></b></p> <p>The film of patient stories showing how the programme has impacted their lives to be shown at the next governing body meeting.</p> <p><u>Update:</u> Was due to be presented at this meeting but deferred due to COVID.</p>	<p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Remove and Defer</p> <p>Remove and Defer</p>
GB20/45	<p><b>Business Update</b></p> <p>The Chair welcomed Anette Metzmacher to her first governing body meeting as GP Clinical Director member and Urgent Care Lead.</p> <p>The Chair recognised the unprecedented times that the NHS are working in and acknowledged the extreme efforts being made by all in the response to COVID-19. There had been various issues for the GPs and CCG. This would be discussed further under the Chief Officer report and COVID-19 agenda items.</p>	



No	Item	Action
	<p><b>Resolution:</b> The members received the report.</p>	
GB20/46	<p><b>Chief Officer Report</b></p> <p>The governing body were presented with the Chief Officer report which focussed on the main areas of priority during COVID-19. The members were highlighted to:</p> <p>The CCG response to COVID-19 to deal with the fast changing and unprecedented situation and the major incident 'command and control' structures mounted across the NHS. This included the 7-day week Incident Management Team and the daily 8am system calls.</p> <p>A further briefing was given on the CCG management of a number of areas of work. This included In-hospital, Out of hospital, Business as Usual, Integrated Commissioning and Recovery, the systems being run across Cheshire and Merseyside and the working from home arrangements for all staff other than those covering mission control. Care Homes were being led by the Local Authority</p> <p>Niall Leonard has been brought back in to the CCG on a voluntary basis to help support practices.</p> <p>The members were highlighted to the biggest risk being the lack of PPE across the primary and community settings. Some further guidance had been released by NHS England however more was being waited on. The CCG concerns had been escalated. This risk was being managed though the Incident Management Team. The members noted an additional risk on receiving PPE in relation to the necessary guidance for its correct use.</p> <p>A briefing was also given on the work being done to support staff working from home, including IT, so as to ensure supported and limit isolation.</p> <p><b>Resolution:</b></p> <p>The Governing Body received the report and</p> <ul style="list-style-type: none"> <li>• Noted the updates provided for the potential CCG merger and Section 75</li> <li>• Fully delegated authority to the Chief Officer and the COVID-19 Incident Management Team authority to take all relevant actions to respond to the COVID-19 pandemic. This will include implementation of all nationally mandated guidelines, allocation of resources as necessary to support that response and to take any internal decisions and actions as may be required in these exceptional circumstances.</li> <li>• In the absence of the Chief Officer, the Deputy Chief Officer or another member of the Leadership Team will have relevant authority to act and take decisions necessary to respond to COVID-19.</li> </ul>	
GB20/47	<p><b>Integrated Performance Report</b></p> <p><b><u>47.1 NHS Constitution and Quality</u></b></p> <p>The members were presented with the report which provided summary information on the activity and quality performance of Southport and Formby CCG.</p> <p>Information was collated in advance of the outbreak of Covid-19 which in all performance areas is likely to have an impact on the final quarter's performance. In addition, this will mean there will be limited capacity and some difficulties in working on planned improvement trajectories with providers.</p>	

No	Item	Action
	<p><u>Constitution</u></p> <p>The positions continue to be monitored against all standards and pursued where possible. An update was given on A&amp;E attendance which, prior COVID-19, was showing a reduction in attendance.</p> <p>A discussion was had on the expected increase in mental health issues and how any underperformance of IAPT capacity could be directed towards this and the potential for promoting the service over and above what is already being done.</p> <p><u>Quality</u></p> <p>The members were updated on the reviews being undertaken on looking at how the CCG works with the Trusts in relation to performance and quality issues during COVID-19. This had now moved to a light touch approach. It was recognised that a lot of the Trusts quality issues internally will be influenced by their response to COVID-19.</p> <p><b><u>47.2 Finance</u></b></p> <p>The members were taken through the report which focused on performance as at 29 February 2020 with the following areas highlighted:</p> <p>NHSE/I have been approached regarding the CCG's recovery plan however this had been suspended in the current pandemic. Going forward the CCG was concentrating on 2019/20 which had a revised forecast outturn that had been agreed with regional office.</p> <p>There is speculation where risks may emerge in the system given the pandemic. A number of areas were referred to including over activity in prescribing expected for March, higher than expected prescribing charges and the independent areas ceasing trading with the facilities being utilised during the pandemic. The CCG had now put in place financial systems to help identify COVID related costs.</p> <p>There had been an extension given to the submission of year end audited accounts to the end of June as a result of the pandemic. However, this had a negative impact for March with prescribing figures expected to show a downturn due to anticipated repeat prescribing as a result of people storing in preparation for isolation. This was further discussed in relation to the resulting impact on supplies, the expected impact on March prescribing costs and the need to protect the most vulnerable patients.</p> <p>An update was provided on the business as usual work that would normally be undertaken at this time in relation to contract negotiations. This had now been dispensed with, with the first third of the year to be paid based on M9 2019/20 figures.</p> <p><b>Resolution:</b></p> <p><u>Constitution and Quality:</u> The members noted the position and recognised areas would be pursued where possible, especially in relation to 'business as usual'. Further anticipated was the change in activity within future reports given the current pandemic.</p> <p><u>Finance:</u> The Governing Body asked received the report noting that:</p> <ul style="list-style-type: none"> <li>• The agreed financial plan for Southport and Formby CCG is breakeven for 2019/20.</li> <li>• The revised forecast outturn for the financial year is a deficit of £12.800m.</li> </ul>	

No	Item	Action
	<ul style="list-style-type: none"> <li>The QIPP efficiency requirement to deliver the agreed financial plan was £14.104m. QIPP schemes of £16.584m have been identified although a high proportion of schemes remain high risk.</li> <li>The CCG deficit at Month 11 has been assessed at £11.917m and the likely position for the financial year is assessed at £12.800m deficit. The CCG will continue to pursue actions to mitigate the deficit through QIPP delivery.</li> <li>The CCG will not deliver the agreed 2019/20 financial plan but is forecast to deliver the revised forecast outturn. The focus must remain on the continued progression of work undertaken during the CCG QIPP weeks which is essential to provide mitigation against the CCG's underlying deficit. The governance arrangements to support full system working have been developed and will need to continue support delivery of the system financial recovery plan.</li> <li>It is essential that clinical leaders in the CCG engage with colleagues across the system in order to influence change and deliver reduction in costs. The financial recovery plan can only be delivered through a concerted effort by clinicians in all parts of the healthcare to work together to deliver more efficient and effective models of care.</li> <li>The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain the proposed approach so that the membership can support implementation of the recovery plan.</li> </ul>	
GB20/48	<p><b>Annual Report 2019/20: Governing Body Attendance Register</b></p> <p>The members were presented with the attendance register, as provided within each set of minutes, which were one element of the Annual Report submitted each year.</p> <p>Historically there had been queries with content when compiling the register. It has subsequently been agreed that the register should be presented to each committee to review and confirm content prior to inclusion within the annual report.</p> <p>The number of meetings attended for Debbie Fagan was highlighted and noted as already corrected.</p> <p><b>Resolution:</b> The members present approved the content subject to the members not in attendance being contacted to confirm their entries.</p>	Judy Graves
GB20/49	<p><b>Finance and Resource Terms of Reference</b></p> <p>The members were presented with the revised terms of reference which were reviewed at the F&amp;R Committee meeting on 19<sup>th</sup> February 2020.</p> <p>It was noted that the committee had agreed that no changes were required at this time, with the next review due in February 2021. The only amendments that have been made are shown via track changes within the report.</p> <p><b>Resolution:</b> The members approved the Terms of Reference.</p>	
GB20/50	<p><b>Corporate Objectives 2020/21</b></p> <p>The members were presented with the final proposed CCG objectives for 2020/21. These were as previously discussed and updated to reflect the changing landscape.</p> <p>Reference was made to the third objective in relation to QIPP and the use of 'support delivery'. The members agreed that this should be changed to 'ensure' delivery.</p>	

No	Item	Action
	<p><b>Resolution:</b> The members approved the objectives for 2020/21 subject to the wording change of the third objective to 'ensure'.</p>	Judy Graves
GB20/51	<p><b>SEND Improvement Plan and Dashboard</b></p> <p>The members were presented with a report that updated on all health performance related actions following the SEND Improvement Notice issues in June 2019.</p> <p>A six month progress review was held on 22<sup>nd</sup> January 2020 with NHS England and Improvement leaders and Department of Education. Whilst it was noted that some progress had been made, it was recognised that a focus on impact and pace was critical to evidence improvements in the quality of care delivery for children and families. This work had since made additional advancement, as identified within section 5 of the report, including the financial support secured for ASD and ADHD assessment and diagnosis. Further update was given on the work that had been underway with providers to identify and establish key performance indicators for young people with SEND up to 25 years. However, following a recent conversation with NHSE and the provider resource and focus needed for COVID, the work on SEND will be maintained with the intention of resuming post COVID.</p> <p><b>Resolution:</b> The governing body received the report and thanked Kerrie France and Jane Lunt on the progress made and noted:</p> <ul style="list-style-type: none"> <li>• Achievement of actions 2 in SEND Improvement Plan relating to the Designated Clinical Officer.</li> <li>• Progress made against recovery actions relating to actions 1.5 and actions 3 of the SEND improvement plan relating to Education Health Care Plans.</li> <li>• Funding for ASD and ADHD assessment and diagnosis provision has been agreed by the CCG and assurance on monitoring of waiting list trajectories presented to SEND Continuous Improvement Board on the 10<sup>th</sup> March 2020.</li> <li>• Update provided on risks relating to ASD assessment and diagnosis pathway was shared with the SEND continuous Improvement board on 10<sup>th</sup> March 2020.</li> <li>• Performance dashboard has been produced as per 5.3.4 of SEND Improvement plan and will be used by the Health Performance improvement Group to monitor all health related actions.</li> </ul>	
GB20/52	<p><b>Sefton Transformation Programme: Update and Closure Report</b></p> <p>The report presented the governing body with a summary of progress and achievements of the Sefton Health and Care Transformation Programme made, including some feedback and review, in readiness for formal handover on 31 March 2020.</p> <p>The Cheshire and Merseyside Health and Care Partnership (C&amp;M HCP) was established in 2018 to deliver the Sustainability and Transformation Plan for Cheshire and Merseyside which is made up of 9 local authorities, 12 clinical commissioning groups and 19 NHS providers and is supported by core senior leadership team. With the PMO established to deliver the agreed objectives and work streams as detailed within the report.</p> <p>The programme team were congratulated on the work delivered and progress made, as detailed within the report.</p> <p>The members were updated on the recent work undertaken on concluding the programme and transitioning to business as usual, with the next steps to focus on building the architecture around the programmes to support delivery post COVID.</p> <p><b>Resolution:</b> The governing body received the report.</p>	

No	Item	Action
GB20/53	<p><b>Key Issues Reports:</b></p> <ul style="list-style-type: none"> <li>a) Finance &amp; Resource Committee</li> <li>b) Quality &amp; Performance Committee</li> <li>c) Audit Committee</li> <li>d) Primary Care Commissioning Committee PTI The members were highlighted to the discussion and noted risk in relation to lack of named GP for Safeguarding Adults. Was agreed that advertising options be looked into.</li> <li>e) Localities</li> <li>f) Joint Committee (S&amp;F and WLCCG): None It was noted that the committee had been stood down during COVID.</li> </ul> <p><b>Resolution:</b> The governing body received the key issues reports</p>	JLu
GB20/54	<p><b>Approved Minutes:</b></p> <ul style="list-style-type: none"> <li>a) Finance &amp; Resource Committee</li> <li>b) Joint Quality &amp; Performance Committee</li> <li>c) Audit Committee: None</li> <li>d) Primary Care Commissioning Committee PTI</li> </ul> <p><b>RESOLUTION:</b> The governing body received the approved minutes.</p>	
GB20/55	<p><b>Any Other Business</b></p> <p>None.</p>	
GB20/56	<p><b>Date and Time of Next Meeting</b></p> <p>Wednesday 3<sup>rd</sup> June 2020, 13:00hrs. Format to continue as Skype meetings unless otherwise advised.</p> <p><u>Future Meetings:</u> The Governing Body meetings are held on the first Wednesday of the month.</p> <p>Dates for 2020/21 are as follows:</p> <ul style="list-style-type: none"> <li>2<sup>nd</sup> September 2020</li> <li>4<sup>th</sup> November 2020</li> <li>3<sup>rd</sup> February 2021</li> <li>7<sup>th</sup> April 2021</li> </ul> <p>All PTI public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.</p>	
<b>Meeting concluded</b>		<b>14:05hrs</b>
<p><b>Motion to exclude the public:</b></p> <p>Due to the format of the meeting the motion to exclude the public was not required.</p>		

## Governing Body Meeting in Public Action Points

Date: Wednesday 1<sup>st</sup> April 2020

No	Item	Action
GB20/44	<p><b>Action Points from Previous Meeting</b></p> <p><b><u>GB20/7: Integrated Performance Report</u></b></p> <p><u>20/7.2 Financial Position</u></p> <p>Further reference was made to the orthopaedic activity in relation to the letters being received from the Trust to practices where GPs are being asked to refer locally. This was questioned given that it was understood the pathway is for the Trust to refer, not the GP, and that the pre and post op treatment needs to be made clear within the contract. It was agreed that this needed to be explored. FLT highlighted the importance of the system working as a system to deliver services.</p> <p><u>Update:</u> The information is being pursued.</p>	CW: Action being pursued
GB20/48	<p><b>Annual Report 2019/20: Governing Body Attendance Register</b></p> <p>The members were presented with the attendance register, as provided within each set of minutes, which were one element of the Annual Report submitted each year.</p> <p>Historically there had been queries with content when compiling the register. It has subsequently been agreed that the register should be presented to each committee to review and confirm content prior to inclusion within the annual report.</p> <p>The number of meetings attended for Debbie Fagan was highlighted and noted as already corrected.</p> <p><b>Resolution:</b> The members present approved the content subject to the members not in attendance being contacted to confirm their entries.</p>	Judy Graves
GB20/50	<p><b>Corporate Objectives 2020/21</b></p> <p>Reference was made to the third objective in relation to QIPP and the use of 'support delivery'. The members agreed that this should be changed to 'ensure' delivery.</p> <p><b>Resolution:</b> The members approved the objectives for 2020/21 subject to the wording change of the third objective to 'ensure'.</p>	Judy Graves
GB20/53	<p><b>Key Issues Reports:</b></p> <p>d) Primary Care Commissioning Committee PTI The members were highlighted to the discussion and noted risk in relation to lack of named GP for Safeguarding Adults. Was agreed that advertising options be looked into.</p>	JLu

## MEETING OF THE GOVERNING BODY June 2020

<b>Agenda Item:</b> 20/75	<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 247 7069						
<b>Report date:</b> June 2020							
<b>Title:</b> Chief Officer Report							
<b>Summary/Key Issues:</b>  This paper presents the Governing Body with the Chief Officer's monthly update.							
<b>Recommendation</b>  The Governing Body is asked to receive this report.	<table border="1"> <tr><td>Receive</td><td style="text-align: center;">X</td></tr> <tr><td>Approve</td><td style="text-align: center;"> </td></tr> <tr><td>Ratify</td><td style="text-align: center;"> </td></tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

### Links to Corporate Objectives 2020/21 (*x those that apply*)

X	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
X	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

<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	
Quality Impact Assessment				
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	



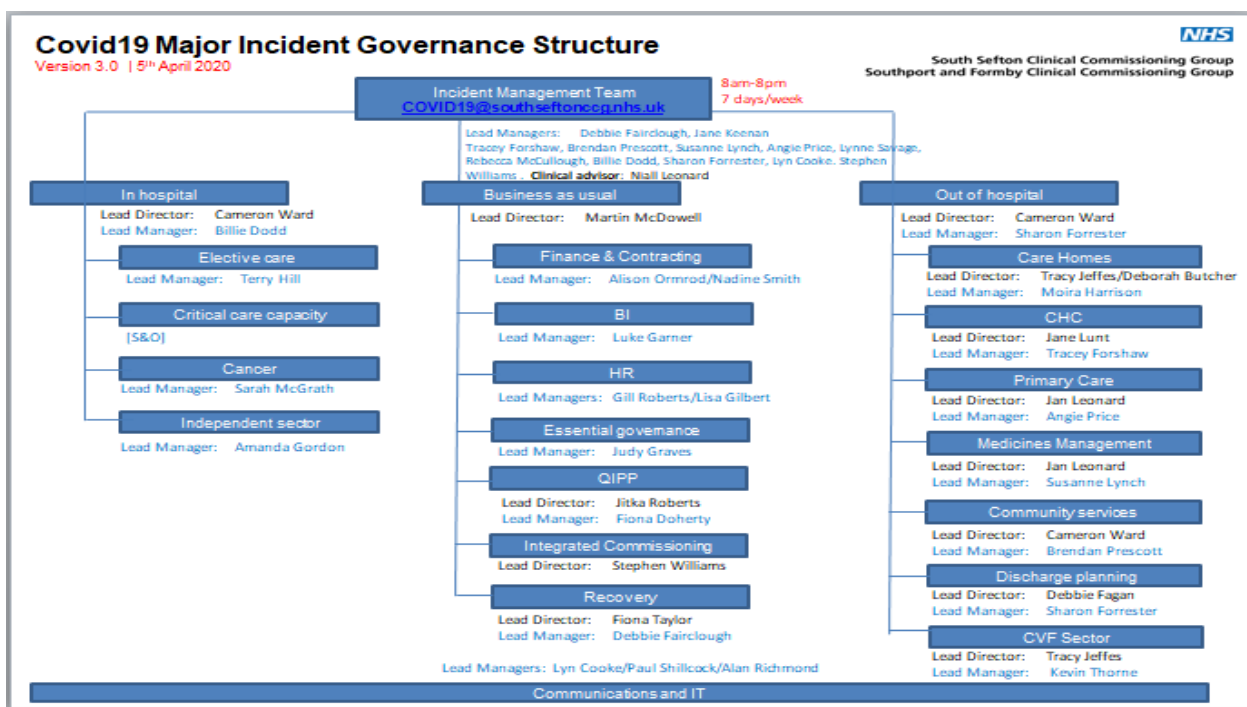
## Report to the Governing Body June 2020

### Coronavirus outbreak response

#### 1. Emergency Preparedness Resilience and Response (EPRR) duties

At the commencement of the Coronavirus outbreak, the CCG as part of the National Emergency Planning and response (EPRR) procedures set up its local incident team and implemented a new governance architecture to align to local resilience forums and the C&MHCP incident management arrangements.

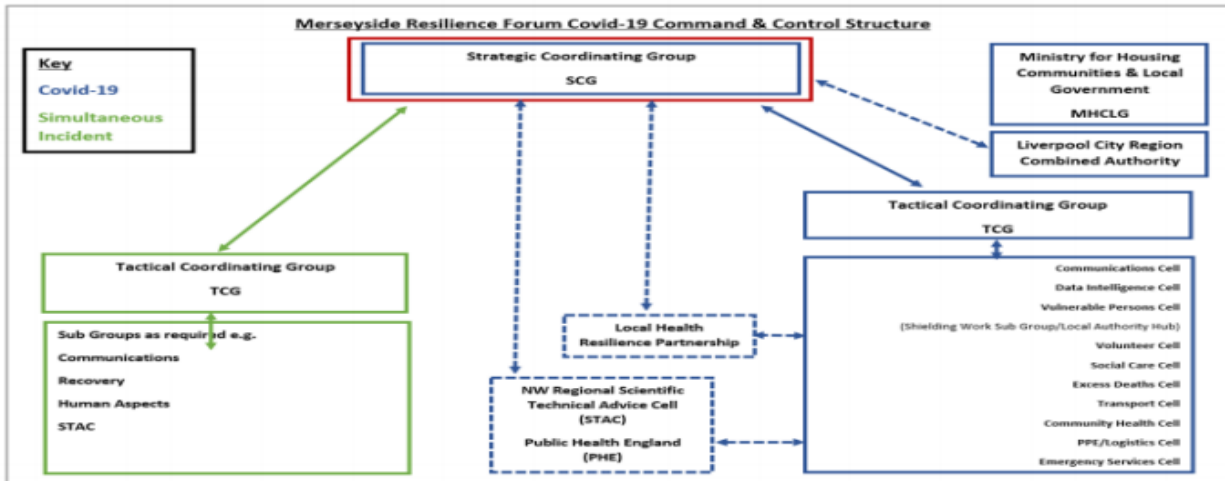
The CCGs structure is shown below:



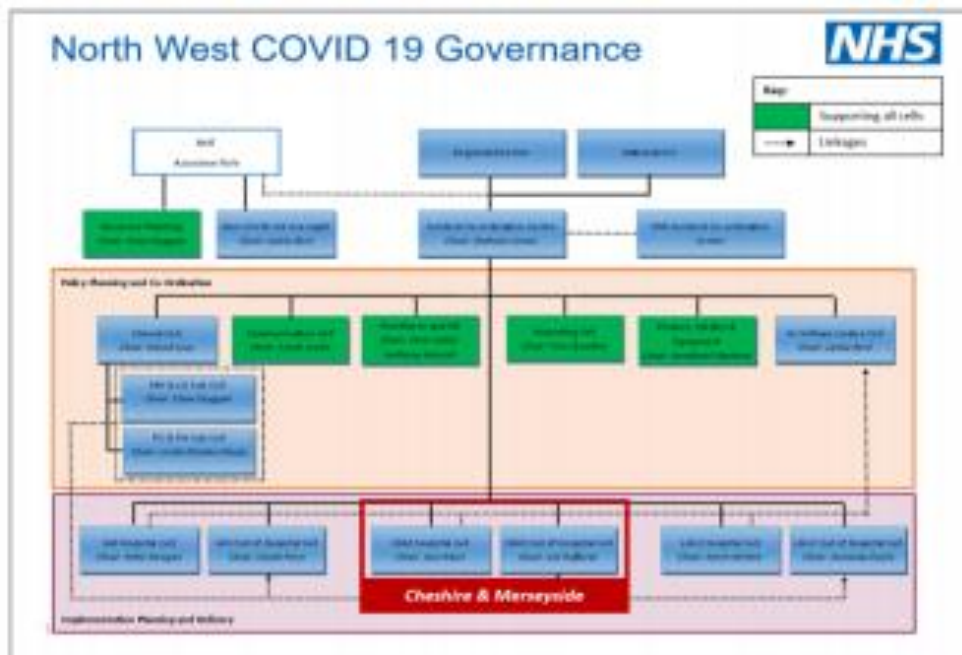
The Incident Management Team reports to the Leadership Team on daily basis.

The Merseyside Resilience Forum is the lead multi agency forum for managing the response to COVID19 across the area, and the route for escalation of issues and challenges. They

have established several cells to lead concentrated pieces of work and action as the pandemic develops. The governance framework for this forum is shown below:



NHSE through the North West office has established 2 core cells for Cheshire and Merseyside, one to run the in-hospital activity led by Ann Marr OBE, Chief Executive, St Helens and Knowsley NHS Foundation Trust, and an Out of Hospital Cell led by Dr Joe Rafferty CBE, Chief Executive, Mersey Care NHS Trust. These cell leads have the authority to make decisions on behalf of the Cheshire & Merseyside system in respect of services directly related to our response to COVID-19.



The CCG also established a Southport system call that comprises representation from all relevant organisations from health and social care so that there was a comprehensive system approach to the implementation of emergency measures.

The system calls take place each Monday, Wednesday and Friday and will continue to function until the system is stabilised.

## **2. Incident Management Team (IMT)**

The IMT continues to function 8am – 8pm, 7 days a week whilst the system remains in a major incident, command and control operating model. The Leadership Team has reviewed the role and function of the IMT and approved changes that are commensurate with the current level of response to COVID19. Many of the functions and activities have become part of the CCGs “business as usual” operations and are picked up elsewhere in the CCG’s governance. The IMT will continue meet once a week and will report daily to the leadership team and report substantively to the leadership team each Tuesday. The COVID19 inboxes will continue to be monitored 8am – 8pm, 7 days a week until the CCG is advised that this can be stood down.

## **3. Test, track and trace**

The national test track and treat programme and the COVID19 antibody testing was rolled out week commencing 26<sup>th</sup> May, the CCG is working closely with the Cheshire and Merseyside Health and Care Partnership and the Local Authority to support this at a borough, place based level.

## **4. Primary Care Cell**

The CCG continues to provide dedicated access for COVID positive patients and we will continue to review this as we move through our phase 2 response. We recognise the response of practices as they have moved to different ways of working in response to the pandemic.

The Medicines Management Team (MM) have proactively changed the support to patients and primary care focusing on COVID related work. This has included arranging post-dated prescriptions for vulnerable patients, undertaking a B12 work stream, supporting care homes and care home residents with access to medicines including COVID symptom treatment. This has been via a homely remedy protocol written by ourselves, supply of homely remedies via a newly commissioned community pharmacy COVID medicines supply service which also incorporate a 1 hour fast track delivery option for end of life drugs. Training has been and continues to be delivered to care homes around all aspects of medicines management and the team is from this week starting to undertake structured medication reviews for care home residents as per the national ask.

The MM hub has and will continue to operate daily to support prescribers, community pharmacists and patients across Sefton. The hub is also now available to care homes to access support.

## **5. Personal Protective Equipment (PPE) and Fit Testing**

PPE remains an ongoing area of concern in terms of supply and correct usage. The CCG will continue to liaise with relevant partners, including the Ministry of Defence and the Local Authority to support supply infrastructures and deliver urgent supplies as appropriate. There is a prescriptive process for enabling that and the CCGs dedicated lead manages that process.

The CCG and LA have worked collectively with other providers to provide Fit Test training in care homes, this has been welcomed by the sector.

## 6. HR, Workforce and Estate

### Transition

- Steps are actively being taken to support the transition of HR to business-as-usual from 1 June. The CSU provided their first virtual drop-in sessions this week, which staff successfully accessed. Feedback has been positive. There are no immediate plans for staff to return to either Merton House or Curzon Road as their base for work, and the guidance for our staff is that they should continue to work from home, apart from those staff that are required to come on site for prescribed purposes and for whom a risk assessment has been undertaken.
- The government has now issued guidance<sup>1</sup> that must be followed by employers setting out specific requirements that must be adhered to before staff can return to work. The CCG has established a project group to develop proposals for the office based element of the CCGs corporate operating model.

### Absence

- One additional instance of absence relating to Covid-19 has been reported, which increases the overall total to six.

### “Risk assessment for staff “guidance

- 29 staff have so far been identified as being extremely vulnerable or at risk, or live in a household with someone who falls into either of these categories. Final queries are being chased so that a baseline position can be finalised. There remains an on-going line management responsibility in terms of having regular one-to-one conversations with affected staff, while staff are encouraged to share any concerns via multiple two-way communication channels.

### Staff development

- An additional online minute taking course is scheduled for 28 May. The CCG Chairs have agreed to hold the charring course as part of the July development sessions. A report writing course is also available. The CSU have also developed a management training programme and have indicated that certain modules could be made available virtually to CCG staff from 1 July. This needs to be considered in the context of staff development needs.

### Engagement

- Training for the appointed Freedom to Speak Up Guardians is being pursued. It is important that this is progressed so that staff have an additional communication channel to share any concerns. A related question will also be included in the staff wellbeing survey.

<sup>1</sup> <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

## Wellbeing

- The CCGs remain an active member of the Merseyside CCGs HR and Engagement Networks. Membership of the HR network will need to align with the relevant LT portfolio holder post 1 June. An additional support offer from AQuA is being pursued and will form part of the transition post 1 June.

**To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.**

## 7. Joint implementation and development plan

Following our work in 2019 to co-produce the Health & Wellbeing Strategy, Living Well in Sefton, and NHS plan, Sefton2gether, the CCGs and Council are working to develop and implement a joint implementation plan and development programme that will help us to realise our vision of a connected and confident borough. This is part of our all age programme as we work towards focussing around one plan, one budget and one team. As part of our approach to strengthening strategic commissioning in Sefton, and to ensure that we can deliver against our plan, we have introduced three new Integrated Commissioning Manager roles.

Each role will lead workstreams across Early Intervention and Prevention, Children and Young People, Adults and Older Adults and will report to the Integrated Commissioning Group. The programme will be officially launched from June, with the posts working alongside the CCGs and Council Commissioning Teams to drive forward service improvements, pathway redesign and new innovative models of delivery to ensure that we are delivering for the people of Sefton. In order to facilitate joint working there will be a development programme for all staff from the CCGs and Council who are involved in the integrated commissioning agenda. This will be externally supported by organisational development professionals from the Cheshire & Merseyside Health and Care Partnership.

**To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.**

## 8. Sir Simon Stevens Letter – NHS second phase response

Due to the impact of COVID19 and the implementation of the NHSE mandate from Simon Stevens' letter of 17<sup>th</sup> March there was significant disruption to a number of planned and unplanned care services. The CCG is now working with providers to implement service and operational recovery plans as set out in the letter issued by Simon Stevens on 29<sup>th</sup> April that set out the NHS second phase response to Coronavirus.

The leadership team and senior management team are continuing to monitor progress.

## 9. Cancer services update

- Cancer services have remained open to GP referrals during COVID-19, There was initially a significant reduction in referrals for suspected cancer which dropped to a quarter of expected levels. However referral rates have been steadily increasing over the last 4 weeks and are now back to 68% of expected levels. (Cancer Alliance Sitrep position 22/5/20)
- Work is ongoing to improve interface communications between primary care and hospital cancer teams to best support decision making and the risk stratification of patients on suspected cancer pathways at this time.
- Cancer services have followed national guidelines in delivering diagnostic and treatment services. Individuals have been assessed as to their relative risks of cancer and risks due to COVID-19 in proceeding with hospital –based diagnostics and treatment. Some pathways have continued, others have changed or paused.
- 44% of patients referred on urgent suspected cancer pathways have had their investigations suspended due to COVID-19. 51% of those suspensions are patients on lower GI pathways due to the high risk nature of endoscopy as an aerosol generating procedure. A local process has been put in place to offer faecal immuno-chemical testing (FIT) in order to risk stratify colorectal patients and offer limited endoscopy resource to those most likely to have a cancer diagnosis.
- Cancer Surgical hubs have been established to offer longer waiting patients in some specialties ( those waiting more than 4 weeks from decision to treat) the choice to have their surgery undertaken sooner at a different site. This includes Spire, Liverpool for breast patients and St Helens Hospital for colorectal, skin and urology cases.
- Additional local support for people affected by cancer in the form of a virtual wellbeing service has been put in place in North Mersey, recognising the stress and pressure that COVID-19 means for patients, their families and staff.
- Clatterbridge Cancer Centre is planning to open its new Liverpool site on 27<sup>th</sup> June 2020. Originally the opening was scheduled for mid- May. The site will offer significant and separate estate for oncology services in the city.

**To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.**

## 10. Joint QIPP and Financial Recovery Committee – changes to governance

To ensure the ongoing delivery of the CCGs QIPP plans the governing body will receive a proposal today that recommends an alternative governance arrangement for our QIPP plans with oversight and accountability being held by the Finance and Resources Committee.

**To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).**

## 11. Primary Care Networks (PCNs)

The deadline for sign up to the Network Contract Directed Enhanced Service for 20/21 is the 31<sup>st</sup> May 2020. At the Primary Care Commissioning Committee (PCCC) in May responsibility to oversee any changes to PCNs was delegated to Leadership Team. A full report on changes will be submitted to the PCCC in July 2020.

**To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.**

## 12. Provider Alliance

The Provider Alliance met on 13<sup>th</sup> May which is the first time it had met since March. This provided the opportunity for the members to reflect on the progress made prior to COVID19 and undertake a stock take of the current position. The members confirmed their ongoing commitment to reinstating the work programme and to provide impetus to progress.

It was agreed that at the next meeting, the members will consider impact of COVID19 on the relevant work streams.

**To progress a potential CCG merger to have in place an effective clinical commissioning group function.**

## 13. Potential merger

There is a substantive report on the governing body agenda today.

## 14. Recommendation

The Governing Body is asked to receive this report.

**Fiona Taylor  
Chief Officer  
June 2020**

**MEETING OF THE GOVERNING BODY**  
**June 2020**

<b>Agenda Item:</b> 20/76.1	<b>Author of the Paper:</b> Karl McCluskey Directory of Strategy & Outcomes Email: <a href="mailto:Karl.McCluskey@southseftonccg.nhs.uk">Karl.McCluskey@southseftonccg.nhs.uk</a> Tel: 0151 317 8468						
<b>Report date:</b> June 2020							
<b>Title:</b> Southport & Formby CCG Clinical Commissioning Group 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  The information included in this report Information was collated during the outbreak of COVID-19 and as previously anticipated, the effects of COVID-19 are noticed in M12 across a number of performance areas. In addition, this will mean there will be limited capacity to work on planned improvement trajectories with providers.							
<b>Recommendation</b>  The Governing Body is asked to receive this report.	<table border="0"> <tr> <td>Receive</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td><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 2020/21 (x those that apply)**

	To support the implementation of Sefton2gether and it's positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
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	To progress a potential CCG merger to have in place an effective clinical commissioning group function.
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Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement			x	
Clinical Engagement			x	
Equality Impact Assessment			x	
Legal Advice Sought			x	
Quality Impact Assessment			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	



**Southport and Formby**  
Clinical Commissioning Group

# **Southport & Formby Clinical Commissioning Group**

## Integrated Performance Report

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## Summary Performance Dashboard

Metric	Reporting Level		2019-20												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>E-Referrals</b>															
<a href="#">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	R	R	R	R	R	R			R
		Actual	80%	81.9%	92.6%	89.2%	83.9%	84.6%	82.1%	82.29%	86.4%	76.2%	Not Available	Not Available	
		Target	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
<b>Diagnostics &amp; Referral to Treatment (RTT)</b>															
<a href="#">% 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	R	R	R	R	R	R	R	R	R	R
		Actual	2.96%	3.71%	5.19%	4.35%	4.51%	3.49%	2.39%	1.89%	2.57%	2.7%	1.06%	15.65%	
		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="#">% 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	G	R	R	R	R	R	R	R	R	
		Actual	92.998%	93.52%	92.79%	92%	91.1%	91.71%	91.93%	91.55%	91.48%	91.48%	91.45%	88.86%	
		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="#">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	G	G	G	G	G	G	G	G	R	G	R	
		Actual	0	0	0	0	0	0	0	0	0	0	1	0	1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cancelled Operations</b>															
<a href="#">Number of Cancellations for non-clinical reasons who are treated within 28 days</a> Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	6	7	7	7	2	4	8	5	8	2	8	8	72
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level		2019-20												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b>Urgent Operations cancelled for a 2nd time</b> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		Actual	0	0	0	0	0	0	0	0	0	0	0	0	0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

**Preventing People from Dying Prematurely**

**Cancer Waiting Times**

<b>% 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	R	G	G	G	G	G	G	G	G
		Actual	86.52%	93.34%	94.12%	93.15%	92.81%	96.16%	96.05%	95.58%	95.44%	96.02%	96.06%	95.35%	94.14%
		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%
<b>% 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	G	G	G	G	G	R	G	G	G	R	
		Actual	51.61%	87.23%	96.67%	97.22%	100%	93.55%	96.55%	91.89%	96.67%	96%	94.12%	96.88%	91.27%
		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%
<b>% 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	G	G	G	G	R	G	R	G	G	G	G	G	
		Actual	98.70%	97.18%	98.61%	97.73%	94.55%	96.72%	95.4%	96%	97.33%	97.67%	98.41%	96.39%	97.09%
		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%
<b>% 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	G	G	G	G	G	G	G	R	G	G	G	G	
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	85.71%	100%	94.12%	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%
<b>% 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	R	G	G	R	R	G	G	G	R	G	R	
		Actual	100%	95%	100%	100%	95.24%	94.12%	100%	100%	100%	81.82%	100%	100%	97.54%
		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%
<b>% 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	G	G	G	G	G	G	G	G	
		Actual	100%	100%	95.45%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.59%
		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%



Metric	Reporting Level		2019-20												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<b><u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u></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	R	G	R	R	R	R	R	G	R	R	G	R
		Actual	72.22%	80.56%	85.29%	68.18%	80.65%	82.86%	80.95%	81.4%	97.14%	68.89%	81.25%	89.13%	80.22%
		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%
<b><u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u></b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	N/A	R	G	R	N/A	R	R	R	G	R	R	R	R
		Actual	-	85.71%	100%	62.50%	-	0%	0%	85.71%	100%	84.62%	0%	66.67%	77.19%
		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%
<b><u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u></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	G	G	G	G	G	G
		Actual	86.36%	93.75%	60%	83.33%	84.62%	100%	87.5%	100%	88.24%	92.31%	85%	94.74%	87.37%
		Local Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85%	85%	85%

**Accident & Emergency**

<b><u>4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio)</u></b> % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES Data File)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	84.23%	85.15%	85.73%	88.32%	87.51%	88.46%	85.04%	82.98%	83.08%	84.4%	83.23%	86.56%	85.61%
		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%

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

**EMSA**

<b><u>Mixed sex accommodation breaches - All Providers</u></b> No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	14	13	4	9	9	10	7	10	11	8	13	Not Available	108
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b><u>Mixed Sex Accommodation - MSA Breach Rate</u></b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	3.7	3.1	1.0	2.1	2.1	2.4	1.5	2.1	2.6	1.7	3.1	Not Available	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level	2019-20													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		

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

**HCAI**

<b>Number of MRSA Bacteraemia</b> Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R	
		YTD	1	1	1	1	2	2	2	2	2	2	2	2	2	2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	R	R	R	R	R	R	R	R	R	R	R	
		YTD	2	4	8	10	13	16	22	22	25	29	33	38	38	
		Target	3	5	7	9	11	14	16	19	22	25	28	30	30	
<b>Number of E Coli infections</b> Incidence of E Coli (Commissioner)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R	
		YTD	14	25	39	55	70	78	98	107	119	133	141	150	150	
		Target	9	18	27	39	48	57	66	75	83	91	100	109	109	

**Enhancing Quality of Life for People with Long Term Conditions**

**Mental Health**

<b>Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G	G	G	G	G	R	G	G	R	G	G	R	G
		Actual	100%	100%	100%	100%	100%	75%	100%	100%	87.5%	100%	100%	94.74%	96.67%
		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%

**Episode of Psychosis**

<b>First episode of psychosis within two weeks of referral</b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G			G			G			G		
		Actual	100%			100%			75%			81.82%		
		Target	56%			56%			56%			56%		

Metric	Reporting Level	2019-20												
		Q1			Q2			Q3			Q4			YTD
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

### IAPT (Improving Access to Psychological Therapies)

<b><u>IAPT Recovery Rate (Improving Access to Psychological Therapies)</u></b> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport And Formby CCG	RAG	G	R	R	G	R	R	R	R	G	R	G	R	R
		Actual	55.6%	46.9%	42.9%	50.7%	45.6%	46.5%	46.7%	37.3%	62.8%	42.6%	60.5%	44.1%	47.8%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
<b><u>IAPT Access</u></b> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	1.12%	1.14%	1.01%	0.97%	0.91%	0.89%	1.29%	0.93%	0.62%	0.91%	0.73%	0.78%	10.52%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.83%	1.83%	1.83%	22%
<b><u>IAPT Waiting Times - 6 Week Waiters</u></b> The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	
		Actual	96.30%	100%	99%	96.00%	95.8%	97.9%	97.7%	97.4%	100%	93.8%	98.7%	100%	
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
<b><u>IAPT Waiting Times - 18 Week Waiters</u></b> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
		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%

### Dementia

<b><u>Estimated diagnosis rate for people with dementia</u></b> Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G	G	R	G	G	G	G	G	
		Actual	75.39%	75.60%	68.3%	68.26%	68.3%	68.4%	66.6%	67.9%	67.7%	67.7%	68%	67.9%	69.3%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Metric	Reporting Level	2019-20												
		Q1			Q2			Q3			Q4			YTD
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

### Children and Young People with Eating Disorders

<a href="#">The number of completed CYP ED routine referrals within four weeks</a> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R	R	R	R	R
		Actual	95.24%	84.6%	82.6%	89.3%	
		Target	95.00%	95.00%	95.00%	95.00%	95.00%
<a href="#">The number of completed CYP ED urgent referrals within one week</a> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	R	R	R	G	R
		Actual	75%	75%	75%	100%	
		Target	95%	95%	95%	95%	95%

### Wheelchairs

<a href="#">Percentage of children waiting less than 18 weeks for a wheelchair</a> The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G	G	G	G	G
		Actual	100%	100%	100%	100%	
		Target	92%	92%	92%	92%	92%

## 1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 12 (note: time periods of data are different for each source).

Information was collated during the outbreak of COVID-19 and as previously anticipated, the effects of COVID-19 are noticed in month 12 across a number of performance areas. In addition, this will mean there will be limited capacity to work on planned improvement trajectories with providers.

Constitutional Performance for March 2020/Quarter 4	CCG	S&O
Diagnosics Improvement Trajectory	2.6%	2.2%
Diagnosics (National Target <1%)	15.65%	10.06%
Referral to Treatment (RTT) (92% Target)	88.86%	89.81%
Cancelled Operations (Zero Tolerance)	-	8
Cancer 62 Day Standard Improvement Trajectory	-	78.67%
Cancer 62 Day Standard (Nat Target 85%)	89.13%	88.57%
A&E 4 Hour All Types Improvement Trajectory	-	85.6%
A&E 4 Hour All Types (National Target 95%)	86.56%	86.55%
A&E 12 Hour Breaches (Zero Tolerance)	-	10
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	94
Ambulance Handovers 60+ mins (Zero Tolerance)	-	16
Stroke (Target 80%)	-	76.9%
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	Not Available	9
CPA 7 Day Follow Up (95% Target)	94.74%	-
EIP 2 Weeks (56% Target)	81.82%	-
IAPT 6 Weeks (75% Target)	100%	-
IAPT 18 Weeks (95% Target)	100%	-

*Yellow denotes failing national target but achieving trajectory*

### Planned Care

Year to date referrals are 2.6% higher than 2018/19 due to a 6.4% increase in consultant-to-consultant referrals. GP referrals are currently 3.0% down on the equivalent period in the previous year. Trends show that total referrals have decreased by -23.5% (1,279) from the previous month in March-20, the lowest monthly total reported since December-18.

Overall, referrals to Southport Hospital have increased by 0.2% (97) year to date at month 12. Increases have been evident across a number of specialities including Accident & Emergency, General Surgery, Dermatology, Urology, General Medicine, Paediatrics and Trauma & Orthopaedics.

The CCG failed the less than 1% target for Diagnostics in March-20, recording 15.65%, a significant decline on last month's performance (1.06%) due to Covid-19. Therefore, the CCG is also failing the improvement trajectory of 2.6% for March-20. Southport and Ormskirk have also shown a significant decline in performance, reporting 10.06% in March-20, above the national target of less than 1%. Therefore, the Trust is also failing their agreed trajectory of 2.2% for March-20.

Southport & Formby CCG had a total 8,956 patients waiting on an incomplete pathway in March-20 2020; 1,278 patients over plan. The CCG failed to achieve the 92% target in March-20, reporting 88.86%, below the 92% target. Out of a total 8,956 patients waiting on the pathway, 998 were waiting

in excess of 18 weeks. This shows a significant decline in performance compared to last month. Southport & Ormskirk Hospital Trust (S&O) failed to achieve the 92% target for the first time this financial year, with a performance of 89.81%. This shows a significant decline on last month's performance and is due to the national directive to halt non-urgent procedures.

The CCG had no 52 week breaches in March-20. One 52 week breach was reported in February-20 by Southport & Ormskirk Hospital within Ophthalmology. The Trust reported this to the CCG locally but it has not been reported nationally. Due to this breach the CCG will report red for the remainder of the financial year.

Southport & Ormskirk reported 8 cancelled operations in March-20, showing no improvement on February-20. 5 were due to the lists over running, 1 due to a surgeon being unavailable, 1 due to equipment failure and 1 due to a ward bed being unavailable. Year to date there have been 72 cancelled operations at the Trust.

For month 12 year to date, Southport & Formby CCG are failing 4 of the cancer indicators and Southport & Ormskirk Trust is failing 2 of the 9 cancer measures.

In relation to friends and family test scores, Southport & Ormskirk Trust has reported a response rate for inpatients of 17.4% in February-20. This is an improvement on previous month's performance and therefore remains below the England average of 24.4%. The percentage of patients who would recommend the service remains at 95% and therefore remains below the England average of 96%. The percentage who would not recommend increased to 2%, in line with the England average. Data submission and publication for the Friends and Family Test has been paused during the response to COVID-19, therefore not updated for March-20.

### **Unplanned Care**

Southport & Ormskirk's performance against the 4-hour target for March-20 reached 86.55% for all types (85.86% YTD), which is above the Trust's improvement trajectory of 85.6% for March. For type 1, a performance of 81.78% was reported in March (80.02% YTD).

Southport & Ormskirk Hospital reported 10 12-hour breaches in March against a zero tolerance threshold.

Work to address NAWAS performance has been ongoing throughout 2019/20 to deliver improvements against the national ARP standards. This was agreed as a detailed action plan which would extend to end of Quarter 1 2020/21. Actions included re-profiling the vehicle fleet, improving call pick up in the EOCs, use of the Manchester Triage tool to support both hear & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced, however, due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21.

Southport & Ormskirk's performance for stroke has declined in March-20 and therefore continues to report below the 80% plan with 76.9%; 20 out of 26 patients spending at least 90% of their time on a stroke unit. In relation to TIAs, the Trust has previously reported poor performance for 2019/20. However, the Trust reported a significant improvement in January-20 with a performance of 70%. This equated to 7 patients out of 10 achieving the target and was the first time the Trust had achieved the target since November-16. January-20 is currently the latest available information for TIA.

For Mixed Sex Accommodation (MSA), the CCG continues to breach the zero tolerance threshold with a total of 13 breaches in February-20. All breaches were at Southport & Ormskirk NHS Trust.

The CCG had no new cases of MSRA in March-20. However, the CCG reported 1 case in April and 1 in August 2019, bringing the year to date total to 2 breaches, and has therefore breached the zero tolerance threshold for 2019/20. The CCG had 4 new cases of C.Difficile in March-20, bringing the

year to date total to 38 against a year end plan of 30. 17 cases were apportioned to Acute Trust and 21 apportioned to community.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20. NHS Southport & Formby CCG's year-end target is 109, the same as last year when the CCG failed reporting 142 cases. In March-20, there were 9 new cases against a plan of 9, bringing the year to date figure to 150 against a year-end target of 109. Southport & Ormskirk Trust reported 16 new cases in March-20, with 1 of those acquired through the hospital (242 YTD). There are no targets set for Trusts at present.

### **Mental Health**

For Care Programme Approach (CPA) patients being followed up with 7 days of discharge, Mersey Care reported 94.74% of patients being followed up within 7 days in March-20 and is therefore reporting just below the 95% target. This performance equated to just 1 patient out of 19 breaching the target.

In relation to 18-week waits for the eating disorders service, Mersey Care continues to fail the 95% target, although performance saw an improvement from 50% in February to 73.68% in March-20. Out of a potential 19 Service Users, 14 started treatment within the 18 week target. Demand for the service continues to increase and exceed capacity.

For patients at risk of falling, the Trust continues to report below the 98% target in quarter 4 19/20, with 88.89% of patients (8/9) at risk of falling having a care plan. The Trust also failed the target for patients with a score of 2 or more, with 87.5% (7/8) of eligible patients not receiving an appropriate care plan.

In relation to patients on a GP SMI register receiving a physical health check, the Trust failed the 50% target in quarter 4 with 38.1%. However, performance has improved consistently across 2019/20.

### **Community Health Services**

The Trust has undertaken transformation work which has resulted in a change to the way in which activity is recorded for Therapies, CERT, Community Matrons and Chronic Care. The Trust is now operating a single point of contact for these services under the umbrella of 'ICRAS'. The Trust has reconfigured EMIS in line with this, resulting in a visible shift of activity into the 'ICRAS' pathway. A new ICRAS service specification is being developed collaboratively with the Trust which includes new key performance indicators and activity reporting requirements. Recent discussions have been had at the information sub group regarding the development of an ICRAS dashboard, and re baselining a number of services for 2020/21 to reflect transformation and improvements in recording activity.

### **Children's Services**

Prior to COVID-19, waiting times for Child and Adolescent Mental Health Services (CAMHS), Speech and Language Therapies (SALT), ASD/ADHD assessments had reduced in line with recovery plans and improvement trajectories, a direct result of additional investment in these areas by South Sefton and Southport and Formby CCGs

However, as a result the pandemic, children's services have experienced a reduction in performance across a number of metrics linked to mental health and community services, specifically waiting times. This is due to the redeployment of staff to support emergency preparedness and/or as a result of staff sickness and the requirement to self-isolate; and whilst there has been a swift and largely successful adaptation to remote/digital methods of service delivery, this has not been possible for all services or for all patients.

Notably, the national mandate to implement the 24/7 mental health crisis service 2 years earlier than planned required Alder Hey specialist CAMHS staff to be redirected to support and deliver the new service; this has further impacted on waiting times for other CAMHS services.

### **Better Care Fund**

A quarter 3 2019/20 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in February 2020. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model, and progress is on track against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care (DTCOC).

### **CCG Oversight Framework**

The 2018/19 annual assessment has been published for all CCGs, ranking Southport & Formby CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and dementia was rated 'Outstanding'. 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 Senior Leadership Team (SLT) leads responsible and expected date of improvement for the indicators.

NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23rd August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics are fairly similar to last year, but with some elements a little closer to the Long Term Plan (LTP) priorities. The new OF includes an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions. A live dashboard is available on Future NHS and was updated in January 2020. The CCG continues to monitor performance with focus on indicators highlighted in the worst performing quartile and in the Key Lines of Enquiry (KLOEs).

Due to the impact and prioritisation of the COVID-19 response, data collection and reporting on Future NHS has now been paused. As a result, there will be no further updates to the NHS Oversight Framework Dashboard until further notice.



## 2. Planned Care

### 2.1 Referrals by Source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%
April	2694	2556	-138	-5.1%	1799	2075	276	15.3%	5247	5565	318	6.1%
May	2727	2833	106	3.9%	1929	2266	337	17.5%	5456	6122	666	12.2%
June	2429	2471	42	1.7%	2069	1974	-95	-4.6%	5305	5349	44	0.8%
July	2580	2907	327	12.7%	2054	2429	375	18.3%	5433	6346	913	16.8%
August	2495	2354	-141	-5.7%	1914	2145	231	12.1%	5230	5339	109	2.1%
September	2391	2372	-19	-0.8%	1907	2271	364	19.1%	5085	5520	435	8.6%
October	2729	2722	-7	-0.3%	2237	2299	62	2.8%	5965	6092	127	2.1%
November	2722	2750	28	1.0%	2111	2164	53	2.5%	5735	5819	84	1.5%
December	2102	2031	-71	-3.4%	1811	1867	56	3.1%	4571	4654	83	1.8%
January	2646	2712	66	2.5%	2246	2325	79	3.5%	5738	6009	271	4.7%
February	2489	2435	-54	-2.2%	1937	2059	122	6.3%	5319	5450	131	2.5%
March	2759	1690	-1069	-38.7%	2033	1689	-344	-16.9%	5697	4171	-1526	-26.8%
Monthly Average	2564	2486	-78	-3.0%	2004	2130	126	6.3%	5398	5536	138	2.6%
YTD Total Month 12	30763	29833	-930	-3.0%	24047	25563	1516	6.3%	64781	66436	1655	2.6%
Annual/FOT	30763	29833	-930	-3.0%	24047	25563	1516	6.3%	64781	66436	1655	2.6%

Figure 1 - Referrals by Source across all providers for 2017/18, 2018/19 & 2019/20





## Month 12 Summary:

### Data quality note:



Due to the COVID-19 Pandemic, referrals to secondary care providers have been considerably affected in March 2020 with significant decreases evident across GP and Other (e.g. consultant-to-consultant) referrals.

- Trends show that total referrals have decreased by -23.5% (1,279) from the previous month in March 2020, the lowest monthly total reported since December 2018.
- Year to date referrals are 2.6% higher than 2018/19 due to a 6.3% increase in consultant-to-consultant referrals.
- Consultant-to-consultant referrals at Southport Hospital are 7.7% (1,431) higher than in the equivalent period of 2018/19. This is partly due to referrals recorded as from the A&E department and the General Medicine speciality. These referrals were not previously recorded in 2018/19. Clinical Physiology referrals are also above 2018/19 levels by 6.9%.
- Overall, referrals to Southport Hospital have increased by 0.2% (97) year to date at month 12. Increases have been evident across a number of specialities including Accident & Emergency, General Surgery, Dermatology, Urology, General Medicine, Paediatrics and Trauma & Orthopaedics at an average of 10.4%.
- The increase in General Medicine is directly related to the 2018/19 change in A&E pathway and creation of the Ambulatory Care Unit (ACU) although it is anticipated that this will level out on a monthly basis as the service has now been operational for over 12 months. Further work monitoring referrals continues via the information sub group.
- Averages for GP referrals remained flat throughout 2018/19 into 2019/20. GP referrals are currently 3.0% down on the equivalent period in the previous year.
- Ophthalmology was the highest referred to specialty for Southport & Formby CCG in 2018/19. Year to date referrals to this speciality in 2019/20 are approximately 2.1% (135) higher when compared to the previous year with ISight making up the majority of this increase.



## 2.1.1 E-Referral Utilisation Rates

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
NHS e-Referral Service (e-RS): Utilisation Coverage		Previous 3 months and latest				144a	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		86.4%	76.2%	Not available			
		Plan: 100%					
<b>Performance Overview/Issues:</b>							
<p>The national NHS ambition was that E-referral Utilisation Coverage should be 100% by the end of Q2 2018/19. Southport and Ormskirk Trust was an early adopter of the scheme and as such was required to achieve 100% by April 2018. However this was not achieved. Southport &amp; Formby CCG is showing a performance of 76.2% for January, which is a decline on last month.</p> <p>The above data is based upon NHS Digital reports that applies MAR (Monthly Activity Reports) data and initial booking of an e-RS referral (excluding re-bookings), to calculate utilisation. MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the denominator by which utilisation is ascertained.</p> <p>In light of the issues in the national reporting of e-RS utilisation, a local referrals flow submitted by the CCGs main hospital providers has been used locally to enable a GP practice breakdown. January data shows an overall performance of 85.2% for Southport &amp; Formby CCG, a decline on the previous month (90.3%).</p>							
<b>Actions to Address/Assurances:</b>							
<p>The planned care team has assigned a commissioning manager to review e-RS performance in line with the CCGs outpatient strategy. As such, Advice and Guidance and improved e-RS performance are key areas that have been identified to reduce unwarranted variation. e-RS will be included as part of the outpatient strategy case for change which will go through the CCGs governance process early 2020.</p> <p>A review of referral data was undertaken to get a greater understanding of the underlying issues relating to the underperformance. The data indicates that there is no uniform way that Trusts code receipt of electronic referral and the e-RS data at Trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance. However, as outpatients is a priority QIPP area and e-RS is a nationally recognised vehicle to achieve outpatient reductions (Advice &amp; Guidance), the CCG Programme Lead will be working with local Acute Trusts to formulate a plan to increase utilisation.</p> <p>The CCG ha previously communicated to its Acute providers (LUHFT and S&amp;O) with regards to the development of Trust plans to reduce outpatient activity. An expectation was set that the Trusts develop plans that would be ratified by the CCG before submission to the system management board. Advice and guidance, and improved utilisation of e-RS will be key components. The CCG have yet to receive detailed plans and this has been escalated to the CCGs turnaround director.</p> <p>COVID19 has delayed progress with formulating a co-ordinated plan to improve ERS utilisation, however, as part of ongoing system discussions regarding recovery, ERS and advice and guidance will form an integral part of future plans. Recovery meetings with system wider partners started on 21st May 2020, and will progress developing scope of recovery quickly, utilising forums already inexistence to drive programmes of work. Additionally, the CCG will progress negotiations with iMersey regarding the recruit of a digital lead whose responsibility will be to pick up e-Rs and Advice and Guidance, as this again has been delayed due to iMersey capacity being fully utilised to support COVID-19 requirements.</p>							
<b>When is performance expected to recover:</b>							
To be confirmed as part of the development of COVID recovery and the new 'business as usual'.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		Rob Caudwell			Terry Hill		



## 2.2 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		CCG	2.57%	2.70%	1.06%		
		S&O	1.44%	1.52%	0.35%	10.06%	
		National Target < 1% March improvement plans CCG: 2.6% S&O: 2.2% Yellow denotes achieving 2019/20 improvement plan but not national standard.					
<b>Performance Overview/Issues:</b>							
<p>The CCG failed the less than 1% target for Diagnostics in March, recording 15.65%, a significant decline on last month's performance (1.06%) due to the impacts of Covid-19 and reductions in activity. Therefore, the CCG is also failing the improvement trajectory of 2.6% for March 2020. Out of 1,476 patients, 231 patients were waiting over 6 weeks and 8 of those were waiting over 13 weeks, for their diagnostic test. All diagnostic areas experienced patients waiting over 6 weeks, with MRI, Non-obstetric Ultrasound, Cardiology, Urodynamics and Cystoscopy also experiencing patients waiting in excess of 13 weeks.</p> <p>Southport and Ormskirk have also shown a significant decline in performance due to the impacts of Covid-19 and reductions in activity. The Trust reported 10.06% in March, above the national target of less than 1%. Therefore, the Trust is also failing their agreed trajectory of 2.2% for March. This performance equates to 141 patients out of 1,401 waiting over 6 weeks, with MRI, Non-obstetric Ultrasound, Cardiology, Urodynamics and Cystoscopy also experiencing patients waiting in excess of 13 weeks.</p>							
<b>Actions to Address/Assurances:</b>							
<p><u>Trust Comments</u>                      Significant deterioration in performance. Following excellent performance in the previous month the service suffered dramatic effects of the risk stratification mandate from the Government in the middle of March, this resulted in the cancellation of a large number of patients.</p> <p><u>CCG Actions</u>                      On 17th March, as a result of Simon Stephens letter, S&amp;O enacted its strategic response to the emerging COVID-19 situation and reduced elective activity and closed ERS to all but essential referrals to help support the Trust is responding to the national emergency Command and control structures have been initiated via NHS E/I, with contract review and quality meetings stood down during the early phases of the pandemic. On 29th April, Simon Stephens initiated the phase 2 response to the pandemic, setting an expectation that providers should plan for recovery and with plans to be submitted to the recovery cells by 15th May 2020</p> <p>Weekly system calls have been mobilised as of 21st May 2020 including senior leaders across providers and CCGS for the Southport system, diagnostics will figure to a significant degree as recovery is mobilised, with the use of IS offering potential capacity.</p> <p>Southport &amp; Ormskirk hospital Trust have produced an internal report outlining the Impact of COVID-19 on elective care within the Trust and this is being discussed with the CCG.</p>							
<b>When is performance expected to recover:</b>							
Additionally review of provider recovery plans and the recently published 'Operating framework for urgent and planned services in hospital settings during COVID-19' is required to understand scale and timeframe for recovery.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell		Terry Hill			

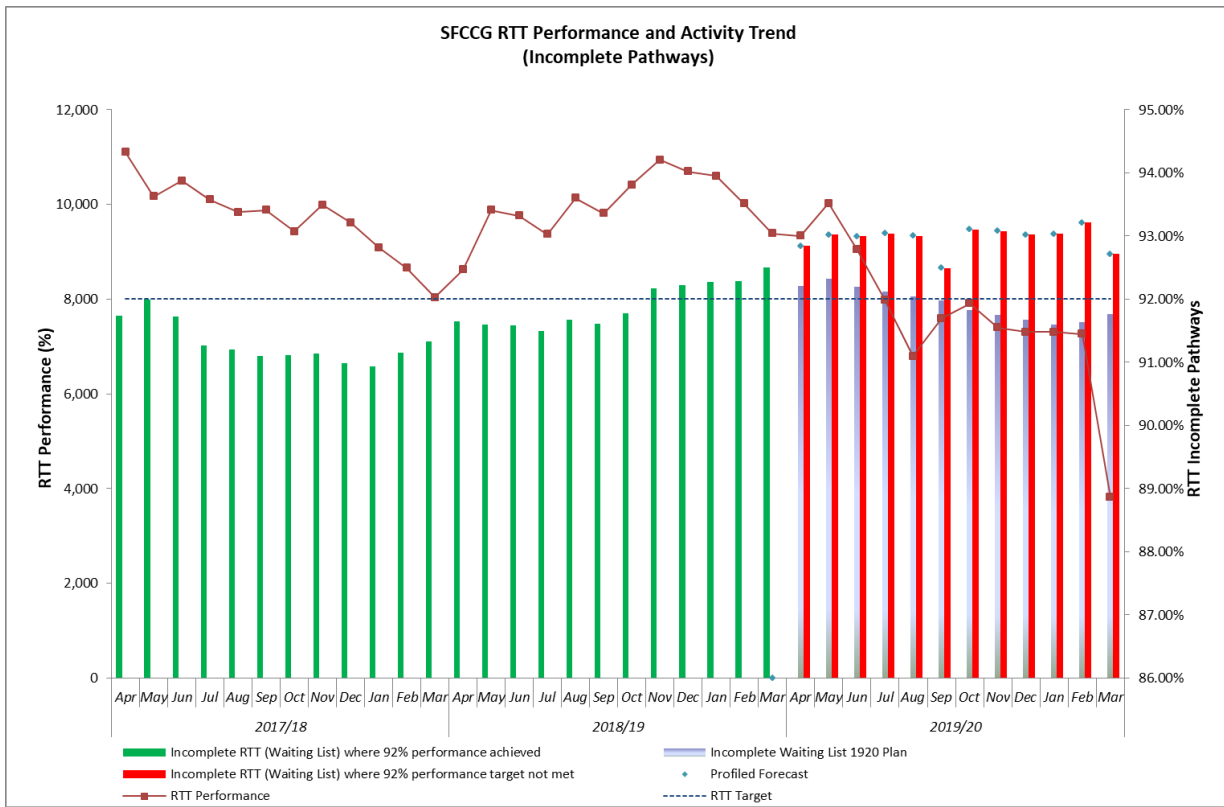
## 2.3 Referral to Treatment Performance

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>Referral to Treatment Incomplete pathway (18 weeks)</b>		<b>Previous 3 months and latest</b>				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
<b>RED</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20		
		CCG	91.48%	91.48%	91.45%		
		S&O	92.93%	92.62%	92.60%	89.81%	
		Plan: 92%					
<b>Performance Overview/Issues:</b>							
<p>The CCG failed to achieve the 92% target in March, reporting 88.86%, below the 92% target. Out of a total 8,956 patients waiting on the pathway, 998 were waiting in excess of 18 weeks. This shows a significant decline in performance compared to last month due to Covid-19 and the national requirement to stop non-urgent procedures. Gynaecology remains one of the main failing specialties for March, reporting 84.68%, with 131 breaches. General Surgery is also failing with a performance of 88.57%; a total of 110 breaches. Trauma &amp; Orthopaedics is failing with 90.51%; 131 breaches. Ophthalmology is failing with 89.18%; a total of 102 breaches. Treatments grouped under 'Other' are performing at 84.18% in March with 226 breaches. The longest waiting patient was at 48-49 weeks.</p> <p>Southport &amp; Ormskirk Hospital Trust (S&amp;O) failed to achieve the 92% target for the first time this financial year, due to Covid-19 and the national requirement to stop non-urgent procedures. In March, Trust reported a performance of 89.81%. This shows a significant decline on last month's performance. Out of a total 9,903 incomplete pathways, 8,894 were waiting in excess of 18 weeks for treatment. The majority of breaches were in General Surgery (138), Ophthalmology (104), Gynaecology (175) and treatments listed under 'other' (246). The longest waiting patient was at 46-47 weeks.</p>							
<b>Actions to Address/Assurances:</b>							
<u>Trust Comments</u>							
Trust has been complaint for 18 months at over 92% before COVID-19 outbreak. The requirement to defer all elective activity for a period of three months has been complied with and as such has had a dramatic impact on RTT performance. Performance is dropping rapidly. At present trajectory performance will drop below 80% in May 2020.							
<u>CCG Actions</u>							
On 17th March, as a result of Simon Stephens letter, the Trust enacted its strategic response to the emerging COVID situation and reduced elective activity and closed ERS to all but essential referrals to help support the Trust is responding to the national emergency by increasing its ICU and nursing capacity. Command and control structures have been initiated via NHS E/I, with contract review and quality meetings stood down during the early phases of the pandemic. On 29th April, Simon Stephens initiated the phase 2 response to the pandemic, setting an expectation that providers should plan for recovery and with plans to be submitted to the recovery cells by 15th May 2020.							
Whilst the CCG are seeking clarity regarding its roles and responsibilities during the COVID-19 pandemic, it has a central role in co-ordinating system discussions regarding recovery. As such, weekly system calls have been mobilised as of 21st May 2020 including senior leaders across providers and CCGS for the Southport system.							
Additionally, the Trust (Southport & Ormskirk hospital Trust) have produced an internal report outlining the impact of COVID-19 on elective care within the Trust and this is being discussed with the CCG.							
<b>When is performance expected to recover:</b>							
Additionally review of provider recovery plans and the recently published 'Operating framework for urgent and planned services in hospital settings during COVID-19' is required to understand scale and timeframe for recovery.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell		Terry Hill			

### 2.3.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>Referral to Treatment Incomplete pathway (52+ weeks)</b>		<b>Previous 3 months and latest</b>				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
<b>RED</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20			
		CCG	0	0	1			0
		S&O	0	0	1			0
		Plan: Zero						
<b>Performance Overview/Issues:</b>								
The CCG had no 52 week breaches in March. One 52 week breach was reported in February by Southport & Ormskirk Hospital within Ophthalmology. The Trust reported this to the CCG locally but it has not been reported nationally. Due to this breach the CCG will report red for the remainder of the financial year.								
<b>Actions to Address/Assurances:</b>								
<p><u>Trust Actions</u> When eRS patients are cancelled, they are removed from the Patient Tracking List (PTL) and managed on an eRS 'appointments for booking' list. In this instance, the list wasn't actively managed because of access issues to eRS and no Standard Operating Procedure (SOP) being put in place. A full Root Cause Analysis (RCA) has taken place to ensure this cannot happen again.</p> <p><u>CCG Actions</u> The CCG has raised this with the Trust as it has been reported locally but not nationally. The CCG is currently awaiting a response.</p>								
<b>When is performance expected to recover:</b>								
No further breaches are anticipated.								
<b>Quality:</b>								
The patient has been assessed and came to no harm as a result of the breach.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell			Terry Hill			

**Figure 2 – RTT Performance & Activity Trend**



**Figure 3 – Southport & Formby CCG Total Incomplete Pathways**

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan	8,288	8,434	8,260	8,158	8,058	7,974	7,768	7,675	7,569	7,472	7,520	7,678	7,678
2019/20	9,126	9,367	9,331	9,392	9,337	9,442	9,474	9,442	9,362	9,376	9,618	8,956	8,956
Difference	838	933	1,071	1,234	1,279	1,468	1,706	1,767	1,793	1,904	2,098	1,278	1,278

Southport & Formby CCG had a total 8,956 patients waiting on an incomplete pathway in March 2020; 1,278 patients over plan. This shows an increase of 278 patients waiting on an incomplete pathway compared to March 2019.

## 2.3.2 Provider assurance for long waiters

Figure 4 – Southport & Formby CCG Provider Assurance for Long Waiters



CCG	Trust	Speciality	Wait band (Weeks)	Detailed reason for the delay
Southport & Formby CCG	Alder Hey	All Other	36-48	<b>43 patients:</b> No trust information given.
Southport & Formby CCG	Blackpool	Dermatology	41	<b>1 patient:</b> No trust information given
Southport & Formby CCG	Calderdale & Huddersfield	General Surgery	38	<b>1 patient:</b> No trust information given
Southport & Formby CCG	Isight	Ophthalmology	41	<b>1 patient:</b> No trust information given
Southport & Formby CCG	Lancashire Teaching	All Other	38	<b>1 patient:</b> No trust information given
Southport & Formby CCG	Lancashire Teaching	Cardiology	45	<b>1 patient:</b> No trust information given
Southport & Formby CCG	Lancashire Teaching	Gynaecology	37	<b>1 patient:</b> No trust information given
Southport & Formby CCG	Liverpool Heart & Chest	Cardiothoracic Surgery	48	<b>1 patient:</b> No trust information given
Southport & Formby CCG	Aintree Hospital	ENT	38	<b>1 patient:</b> No trust information given
Southport & Formby CCG	Aintree Hospital	Gastroenterology	37	<b>1 patient:</b> No trust information given
Southport & Formby CCG	Aintree Hospital	Ophthalmology	36	<b>2 patients:</b> No trust information given
Southport & Formby CCG	Aintree Hospital	Respiratory	37	<b>1 patient:</b> No trust information given
Southport & Formby CCG	Royal Liverpool Hospital	Dermatology	39-41	<b>2 patients:</b> No trust information given
Southport & Formby CCG	Royal Liverpool Hospital	General Surgery	36-49	<b>2 patients:</b> No trust information given
Southport & Formby CCG	Royal Liverpool Hospital	T&O	36-42	<b>6 patients:</b> No trust information given
Southport & Formby CCG	Liverpool Womens	Gynaecology	42	<b>1 patient:</b> No trust information given
Southport & Formby CCG	Manchester University	General Surgery	37	<b>1 patient:</b> No trust information given
Southport & Formby CCG	Manchester University	Gynaecology	48	<b>1 patient:</b> No trust information given
Southport & Formby CCG	Manchester University	Ophthalmology	47	<b>1 patient:</b> No trust information given
Southport & Formby CCG	Southport & Ormskirk	All Other	37-41	<b>3 patients:</b> No trust information given
Southport & Formby CCG	Southport & Ormskirk	General Surgery	36-37	<b>2 patients:</b> No trust information given
Southport & Formby CCG	Southport & Ormskirk	Gynaecology	37-44	<b>13 patients:</b> No trust information given
Southport & Formby CCG	Southport & Ormskirk	Ophthalmology	36-37	<b>4 patients:</b> No trust information given
Southport & Formby CCG	Southport & Ormskirk	T&O	36	<b>3 patients:</b> No trust information given
Southport & Formby CCG	Southport & Ormskirk	Urology	38	<b>1 patient:</b> No trust information given
Southport & Formby CCG	St Helens & Knowsley	Dermatology	36	<b>1 patient:</b> No trust information given
Southport & Formby CCG	St Helens & Knowsley	Plastic Surgery	37	<b>1 patient:</b> No trust information given
Southport & Formby CCG	Wirral	Gynaecology	48	<b>1 patient:</b> No trust information given
Southport & Formby CCG	Wrightington, Wigan & Leigh	General Surgery	45	<b>1 patient:</b> No trust information given
Southport & Formby CCG	Wrightington, Wigan & Leigh	T&O	36-38	<b>2 patients:</b> No trust information given
Southport & Formby CCG	Wrightington, Wigan & Leigh	Urology	47	<b>1 patient:</b> No trust information given

The CCG had a total of 102 patients waiting over 36 weeks. Due to the current situation with regards to COVID-19, and in line with other reporting changes by NHS England, Trust reporting on individual patients' pathways has been suspended.





## 2.4 Cancelled Operations

### 2.4.1 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



Indicator		Performance Summary				Potential organisational or patient risk factors	
Cancelled Operations		Previous 3 months and latest					
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		8	2	8	8		
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk reported 8 cancelled operations in March 2020, showing no improvement on February. 5 were due to the lists over running, 1 due to a surgeon being unavailable, 1 due to equipment failure and 1 due to a ward bed being unavailable. Year to date there have been 72 cancelled operations at the Trust.							
<b>Actions to Address/Assurances:</b>							
<u>Trust Comments</u> Towards the end of March the decision was made to defer all elective surgery as a result of the COVID19 pandemic. There will be a negative impact towards the end of March. However, given there has been little elective activity other than cancer surgery there has been very few if any cancellations within 24 hours of operation into the month of April.							
<u>CCG Actions</u> Southport and Ormskirk Hospital NHS Trust (S&O) has 2 theatre suites, one on each site. As an organisation the plan is to maximise capacity on the Ormskirk site and develop an Elective Care Centre. The Trust advises of the development of a workforce strategy to ensure workforce is in place as set out in the Trust 20/20 vision. There will be an expectation that all staff work flexibly across the operating departments, as clinical need dictates.  Additionally the CCG have been informed that the Trust have insourced anaesthetist activity that is expected to improve the both RTT and cancelled operations performance. The CCG have been informed that although a Service Level Agreement (SLA) had been agreed for insourcing of anaesthetist activity, this has not yet been utilised as the current workforce have covered the gap in capacity.  Cancelled operations performance is being closely reviewed at the S&O Contract and Clinical Quality Review Meeting (CCQRM) and the information sub group meetings for clarity on the reporting of cancelled operations which are not rebooked within 28 days. CCG contract lead for S&O has stated that thorough discussions are taking place and there is a shared understanding that data issues are the cause of the failure of the measure. Ongoing work is being undertaken and monitored at CCQRM.  The accuracy of cancelled operations reporting has been raised with Trust BI colleagues who have confirmed the figures reported are correct.							
<b>When is performance expected to recover:</b>							
See Trust comments above.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell		Terry Hill			

## 2.5 Cancer Indicators Performance



### 2.5.1 - Two Week Wait for Breast Symptoms

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
2 week wait for breast symptoms (where cancer was not initially suspected)		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20	YTD		
		96.67%	96.00%	94.12%	96.88%	91.27%		
		Plan: 93%						
<b>Performance Overview/Issues:</b>								
The CCG achieved the two week wait target for patients with breast symptoms in March 2020 with 96.88%. However, year to date performance continues to fail with 91.27%. Year to date, 35 patients have breached out of a total 401 seen.								
<b>Actions to Address/Assurances:</b>								
Guidance for breast services during the COVID-19 pandemic from the Association of Breast Surgeons has focussed on prioritisation of patients where there is a high risk of cancer. This standard relates to those where cancer is not initially suspected and therefore has fallen more in line with the system response for routine priority referrals.								
Sir Simon Stephens' letter of 29th April signalled the start of the second phase of the NHS Response to COVID-19 and asked that "referrals, diagnostics (including direct access diagnostics available to GPs) and treatment must be brought back to pre-pandemic levels at the earliest opportunity to minimise potential harm, and to reduce the scale of the post-pandemic surge in demand. Urgent action should be taken by hospitals to receive new two-week wait referrals and provide two-week wait outpatient and diagnostic appointments at pre-Covid19 levels in COVID-19 protected hubs/environments".								
<b>When is performance expected to recover:</b>								
Not applicable								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Graeme Allen			Sarah McGrath			



### 2.5.2 – 31 Day First Definitive Treatment of Cancer

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
31 day first definitive treatment of cancer diagnosis		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND	Dec-19	Jan-20	Feb-20	Mar-20	YTD		
		CCG 97.33%	97.67%	98.41%	96.39%	97.09%		
		S&O 97.87%	93.44%	98.25%	98.46%	97.44%		
		Plan: 96%						
<b>Performance Overview/Issues:</b>								
Achieving								
<b>Actions to Address/Assurances:</b>								
Not required as achieving target.								
<b>When is performance expected to recover:</b>								
Continued recovery expected.								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Graeme Allan			Sarah McGrath			



### 2.5.3 – 31 Day Cancer Treatment: Anti-Cancer Drug

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment drug		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20	YTD		
		CCG	100%	81.82%	100%	100%		
		S&O	0 Patients	100%	0 Patients	0 Patients	100%	
		Plan: 98%						
<b>Performance Overview/Issues:</b>								
The CCG achieved the 98% target in March 2020 with a performance of 100%. However, the year to date position remains below target at 97.54%. A total of 5 patients out of 203 have failed the target year to date.								
<b>Actions to Address/Assurances:</b>								
Exception commentary not required as achieving target in month.								
<b>When is performance expected to recover:</b>								
National guidance 'Clinical guide for the management of non-coronavirus patients requiring acute treatment: Cancer' (23 March 2020) proposed prioritisation criteria for patients on surgical pathways and categorisation of patients undergoing systemic anti-cancer and radiation treatments to support clinical decision making.								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Graeme Allan			Sarah McGrath			



## 2.5.4 - 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>All cancer two month urgent referral to treatment wait</b>		<b>Previous 3 months, latest and YTD</b>					122b	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
<b>RED</b>	<b>TREND</b>		Dec-19	Jan-20	Feb-20	Mar-20	YTD	
		CCG	97.14%	68.89%	81.25%	89.13%	80.22%	
		S&O	92.11%	81.25%	79.78%	88.57%	79.82%	
		Plan: 85% Trust's March improvement plan: 78.67% Yellow denotes achieving 19/20 improvement plan but not national standard of 85%						
<b>Performance Overview/Issues:</b>								
The CCG achieved the 85% target in March 2020 with 89.13%, but is still failing year to date with 80.22%. In March, there were 5 breaches from a total of 46 patients seen.								
Southport & Ormskirk Hospital Trust achieved the national target in March with a performance of 88.57% but are still failing year to date reporting 79.82%. Therefore, the Trust also achieved their March improvement plan of 78.67%.								
<b>Actions to Address/Assurances:</b>								
NHS Chief Executive Sir Simon Stephens set out in a letter on 17th March 2020 to all NHS organisations a number of actions Trusts were expected to take in order to prepare for the anticipated numbers of patients that would require hospital admission due to COVID-19. The Government and NHS England /Improvement made it clear that cancer treatment should continue to be prioritised wherever possible in response to COVID-19, supported by a number of publications to aid decision making and consistency of approach. The key principles outlined for cancer services were:								
<ul style="list-style-type: none"> <li>• Essential and urgent cancer treatments must continue.</li> <li>• Cancer specialists should discuss with their patients whether it is riskier for them to undergo or to delay treatment at this time.</li> <li>• Where referrals or treatment plans depart from normal practice, safety-netting must be in place so that patients can be followed up.</li> <li>• Cancer hubs should be established</li> <li>• Consolidation of cancer surgery in ring fenced, 'clean' facilities with patients prioritised as level 2 (treatment within 4 weeks) prioritised for 'clean sites'.</li> <li>• Wherever possible, operations will be deferred for patients prioritised as level 3 (treatment can be deferred for 10-12 weeks with no negative impact on outcome), with arrangements in place for review if their condition worsens and for tracking to ensure their treatment is prioritised as soon as capacity allows.</li> </ul>								
National guidance 'Clinical guide for the management of non-coronavirus patients requiring acute treatment: Cancer' (23 March 2020) proposed prioritisation criteria for patients on surgical pathways and categorisation of patients undergoing systemic anti-cancer and radiation treatments to support clinical decision making.								
Trusts were required to create a surgical prioritisation list based on the following priority levels:								
<ul style="list-style-type: none"> <li>• Priority level 1a. Emergency: operation needed within 24 hours to save life</li> <li>• Priority level 1b. Urgent: operation needed with 72 hours</li> <li>• Priority level 2. Elective surgery with the expectation of cure within 4 weeks to save life/progression of disease beyond operability</li> <li>• Priority level 3. Elective surgery can be delayed for 10-12 weeks with no predicted negative outcome.</li> </ul>								
Cancer Alliances were tasked by NHSEI with delivering maintenance of cancer services during the COVID-19 pandemic. Cheshire and Merseyside Cancer Alliance collates a weekly Sitrep which includes analysis of patients waiting longer than the indicative period above i.e. 4 weeks for priority level 2. Surgical hubs have been established and patients should be offered the choice of transfer to a hub if they can be treated more quickly there.								
<b>When is performance expected to recover:</b>								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Graeme Allan			Sarah McGrath			

## 2.5.5 - 62 Day NHS Screening Service

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
<b>62 day wait for first treatment following referral from an NHS Cancer Screening</b>		<b>Previous 3 months, latest and YTD</b>					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
<b>RED</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20	YTD			
		CCG	100%	84.62%	0.00%	66.67%			76.19%
		S&O	100%	0 Patients	0 Patients	0 Patients			52%
		Target: 90%							
<b>Performance Overview/Issues:</b>									
<p>The CCG failed the 90% target in March 2020 with a performance of 66.67%. Therefore the CCG remains below target year to date with 76.19%. In March, there were 2 breaches from a total of 6 patients seen. Delays were due to patient choice and a complex diagnostic pathway.</p> <p>Southport &amp; Ormskirk Hospital Trust treated no patients on this pathway in March. Therefore, the Trust remains below target year to date with 52%. Year to date there have been 6 breaches from a total of 12.5 patients apportioned to the Trust.</p>									
<b>Actions to Address/Assurances:</b>									
All three cancer screening programmes have been paused during the current pandemic.									
<b>When is performance expected to recover:</b>									
An indicative timeframe for the re-commencement of cancer screening programmes has not yet been made clear.									
<b>Quality:</b>									
<b>Indicator responsibility:</b>									
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>				
Karl McCluskey		Graeme Allan			Sarah McGrath				

## 2.5.6 104+ Day Breaches

Indicator		Performance Summary				Potential organisational or patient risk factors
<b>Cancer waits over 104 days</b>		<b>Previous 3 months and latest</b>				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
<b>RED</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20	
		1	5	6	1	
		Plan: No plan				
<b>Performance Overview/Issues:</b>						
<p>Southport &amp; Ormskirk Trust had 1 patient waiting over 104 days in March 2020. This was a gynaecology patient whose treatment was delayed due to other reasons not listed. This indicator reports on completed pathways, therefore the patient has now been seen.</p>						
<b>Actions to Address/Assurances:</b>						
Thematic reviews are received for patients waiting over 104 days and are reviewed at the CCG's Performance & Quality Investigation Review Panel (PQIRP) to ensure all factors are addressed within the Trust's cancer improvement plan. This case will be reviewed when the panel is re-established.						
<b>When is performance expected to recover:</b>						
Recovery plans have been requested from all providers of cancer services in response to Sir Simon Stephens' letter of 29th April which signalled the start of the second phase of the NHS Response to COVID-19.						
<b>Quality:</b>						
There would be a serious incident process followed if harm was considered to have taken place.						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Karl McCluskey		Graeme Allan		Sarah McGrath		

## 2.5.7 Faster Diagnosis Standard (FDS)

The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28-day timeframe. Note that the current 31 and 62-day standards only apply to the cohort of patients who are treated for a **confirmed** cancer diagnosis in the reported time period.

Considerable progress continues to be made to develop and implement faster diagnosis pathways with the initial focus on prostate, colorectal and lung pathways. The standard will become mandated from April 2020.

Hospitals are recording data in 2019/20, which will help the CCG to understand current performance in England. It will enable Cancer Alliances to identify where improvements need to be made before the standard is introduced.

This new standard should help to:

- Reduce anxiety for patients who will be diagnosed with cancer or receive an 'all clear' but do not currently hear this information in a timely manner;
- Speed up time from referral to diagnosis, particularly where faster diagnosis is proven to improve clinical outcomes; and
- Reduce unwarranted variation in England by understanding how long it is taking patients to receive a diagnosis or 'all clear' for cancer across the country.

Shadow reporting against the 28-day FDS is now available and has been included in the IPR Report from this month **for information only**.

There was no agreed operational standard for this measure initially and there are also limitations on data completeness at the present time.

Update: The performance threshold for the cancer 28-day faster diagnosis standard will initially be set in the range between 70% and 85%, with a phased increase in future years if appropriate, subject to the recommendations of the Clinical Review of Standards. No operational standard has yet been set. Achievement is variable between the breast symptomatic, 2 week wait and screening entry points Trajectories for 2020/21 have been based on shadow monitoring during 2019/20.

The standard will initially apply to referrals from:

- Two week wait (for suspicion of cancer as per NG12 guidance or with breast cancer symptoms); and
- The cancer screening programme.

The CCG will also be working with providers to have a place a maximum waiting time.

**Figure 5 – FDS monitoring for Southport & Formby CCG**

28-Day FDS 2 Week Wait Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	83.88%	80.84%	82.70%	78.81%	81.29%	80.94%	78.94%	82.89%	78.79%	68.61%	73.19%	69.92%	78.82%
No of Patients	397	522	422	604	449	467	584	485	330	360	332	369	5321
Diagnosed within 28 Days	333	422	349	476	365	378	461	402	260	247	243	258	4194



  

28-Day FDS 2 Week Wait Breast Symptoms Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	96%	100%	100%	97.06%	95.65%	92.00%	92.86%	97.22%	100%	92.31%	92.59%	93.55%	95.87%
No of Patients	25	34	24	34	23	25	28	36	26	26	27	31	339
Diagnosed within 28 Days	24	34	24	33	22	23	26	35	26	24	25	29	325

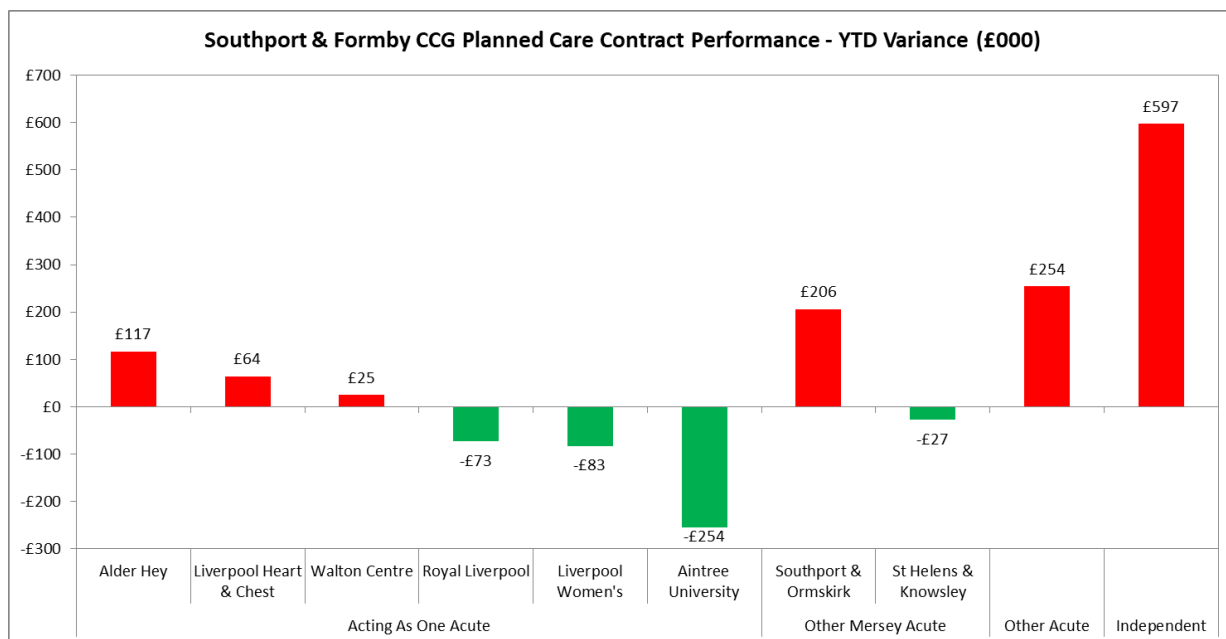
28-Day FDS Screening Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	65.00%	60.61%	33.33%	23.08%	25.00%	25.00%	29.41%	59.46%	42.86%	19.05%	13.33%	13.64%	38.22%
No of Patients	20	33	21	13	20	12	17	37	28	21	15	22	259
Diagnosed within 28 Days	13	20	7	3	5	3	5	22	12	4	2	3	99

## 2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family Test (FFT) Results: Inpatients		Previous 3 months and latest				Very low/minimal risk on patient safety identified	
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		RR	20.8%	15.4%	17.4%		Not Available
		% Rec	97%	95%	95%		
		% Not Rec	1%	1%	2%		
		England Averages Response Rates: 24.4% % Recommended: 96% % Not Recommended: 2%					
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk Trust has reported a response rate for inpatients of 17.4% in February 2020. This is an improvement on previous month's performance and therefore remains below the England average of 24.4%. The percentage of patients who would recommend the service remains at 95% and therefore remains below the England average of 96%. The percentage who would not recommend increased to 2%, in line with the England average.							
<b>Actions to Address/Assurances:</b>							
Provider patient experience event being held in June 2020 will likely be rescheduled for later on the year or 2021 due to increased pressure on providers during the COVID-19 pandemic.							
The CCG Quality team will continue to monitor trends and request assurances from providers when exceptions are noted however, by means of supporting the providers, a more relaxed approach is currently being taken with regards to submission of evidence during this period.							
Monthly FFT reports will continue to be produced by Quality team. However, EPEG meetings have been put on hold for the foreseeable future.							
<b>When is performance expected to recover:</b>							
The above actions will continue with an ambition to improve performance during 2020-21.							
<b>Quality:</b>							
FFT figures remain consistent as the previous month for S&O. The Provider patient experience meetings have been put on hold during this period and the CCG will request an update in June/July 2020, dependent on trust activity and prioritisation levels.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		N/A		Jennifer Piet			

## 2.7 Planned Care Activity & Finance, All Providers

Figure 6 - Planned Care - All Providers



Performance at Month 12 of financial year 2019/20, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £826k/2.1%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £1m/2.6%. This is a reduced overspend when comparing to the previous month and can be attributed to the decreasing activity reported in month 12 as a result of government guidance in response to the COVID-19 pandemic.

At individual providers, Isight is showing the largest over performance at month 12 with a variance of £366k/31%. Southport & Ormskirk Hospital previously had the largest over performance for the CCG at month 11 (£544/3%) but this has reduced to £206k/1% at month 12. As an acute provider, reduced activity has been evident in month 12, particularly towards the end of the month, due to COVID-19 as reported above.

The CCG's Business Intelligence (BI) Team are continuing to work with the Planned Care Lead to review referral patterns, planned care activity and patient flows into the independent sector rather than NHS Acute providers. COVID19 has temporarily delayed progress; however, this work will be progressed imminently as part of recovery planning. Consideration of acute provider capacity in relation to the new 'operating framework for urgent and planned care service in a hospital setting during COVID19' will need to be understood in conjunction with independent sector capacity (as part of the national procurement to support COVID19) during and post contract end which is expected on 23rd June 2020.

**NB.** There is no financial impact to Southport & Formby CCG for contract performance at any Providers within the Acting as One block contract arrangement. Acting as One Providers are identified within the above chart.



## 2.7.1 Southport & Ormskirk Hospital NHS Trust

Figure 7 - Planned Care – Southport & Ormskirk Hospital

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	11,148	10,906	-242	-2%	£5,787	£5,729	£-58	-1%
Elective	1,275	1,113	-162	-13%	£3,578	£3,344	£-234	-7%
Elective Excess Bed Days	232	292	60	26%	£62	£77	£15	25%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1,308	743	-565	-43%	£256	£150	£-106	-41%
OPFASPCL - Outpatient first attendance single professional consultant led	14,592	15,376	784	5%	£2,564	£2,705	£141	6%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	2,921	928	-1,993	-68%	£296	£105	£-192	-65%
OPFUPSPCL - Outpatient follow up single professional consultant led	40,718	43,985	3,267	8%	£3,480	£3,880	£400	11%
Outpatient Procedure	23,874	26,417	2,543	11%	£3,248	£3,614	£366	11%
Unbundled Diagnostics	19,397	11,743	-7,654	-39%	£1,266	£1,139	£-127	-10%
<b>Grand Total</b>	<b>115,464</b>	<b>111,503</b>	<b>-3,961</b>	<b>-3%</b>	<b>£20,538</b>	<b>£20,744</b>	<b>£206</b>	<b>1%</b>

\*PbR only

Over performance at Southport & Ormskirk Hospital is focussed predominantly within the outpatient points of delivery. Previous analysis of referral patterns for Southport & Formby CCG at this provider suggested notable increases for specialities such as Trauma & Orthopaedics, Accident & Emergency, General Medicine, General Surgery, and Paediatrics amongst others. The increase in General Medicine is directly related to the 2018/19 change in A&E pathway and creation of the Ambulatory Care Unit (ACU) although this is expected to now level out on a monthly basis as the service has been operational for over 12 months.

Month 12 referrals data for 2019/20 suggests a minimal increase year to date when comparing to the previous year. However, referrals and planned care activity have each been significantly impacted by the COVID-19 pandemic. Further monitoring of referrals and activity will continue via the information sub group.

Outpatient follow up over performance is driven in the main by Clinical Haematology appointments. Minor skin procedures within Dermatology are responsible for the majority of over performance reported within the outpatient procedure point of delivery.

## 2.7.2 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 8 - Planned Care – Wrightington, Wigan and Leigh Hospital

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	35	42	7	20%	£4	£4	£1	18%
Daycase	242	230	-12	-5%	£317	£252	-£64	-20%
Elective	208	236	28	13%	£1,233	£1,463	£230	19%
Elective Excess BedDays	24	35	11	46%	£6	£9	£3	56%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	124	114	-10	-8%	£9	£8	-£1	-9%
OPFASPCL - Outpatient first attendance single professional consultant led	716	690	-26	-4%	£106	£102	-£4	-4%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	208	166	-42	-20%	£12	£12	£0	-2%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	458	618	160	35%	£12	£16	£4	36%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,049	2,145	96	5%	£129	£135	£7	5%
Outpatient Procedure	459	527	68	15%	£61	£72	£11	19%
Unbundled Diagnostics	411	394	-17	-4%	£37	£36	-£2	-4%
<b>Grand Total</b>	<b>4,934</b>	<b>5,197</b>	<b>263</b>	<b>5%</b>	<b>£1,924</b>	<b>£2,110</b>	<b>£186</b>	<b>10%</b>

Wrightington, Wigan and Leigh over performance is predominantly caused by a £230k/19% over performance in Electives and focussed largely within the Trauma & Orthopaedics speciality. Very major knee and hip procedures accounts for a large proportion of the over performance reported within the elective point of delivery, which has been consistent across 2019/20.

Trauma & Orthopaedics elective market share for this provider has increased from 25% in 2018/19 to 31% in 2019/20. The CCG has previously undertaken analysis which indicated that there has not been any significant increase in GP referrals and that activity continues to be specialist.

## 2.7.3 Renacres Hospital

Figure 9 - Planned Care – Renacres Hospital

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,462	1,824	362	25%	£1,419	£1,634	£215	15%
Elective	239	228	-11	-5%	£1,150	£1,015	-£135	-12%
OPFASPCL - Outpatient first attendance single professional consultant led	2,531	2,877	346	14%	£437	£493	£55	13%
OPFUPNFTF - Outpatient follow up non face to face	6	0	-6	-100%	£0	£0	£0	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,333	4,030	697	21%	£242	£293	£51	21%
Outpatient Procedure	2,284	2,168	-116	-5%	£376	£368	-£8	-2%
Unbundled Diagnostics	1,112	1,317	205	18%	£95	£123	£28	30%
Physio	1,660	1,661	1	0%	£50	£51	£0	0%
Outpatient Pre-op	1,250	1,041	-209	-17%	£76	£63	-£13	-17%
<b>Grand Total</b>	<b>13,877</b>	<b>15,146</b>	<b>1,269</b>	<b>9%</b>	<b>£3,846</b>	<b>£4,041</b>	<b>£195</b>	<b>5%</b>

Renacres over performance is evident in day case admissions for 2019/20. Over performance is also apparent against a number of specialities within this point of delivery, notably Pain Management and activity related to Nerve Blocking and Injection of Therapeutic Substance into Joints.

Outpatient first appointments are showing a 13% increase against plan in 2019/20 to date. An analysis of GP referrals suggests an increase of 5.5% for Southport & Formby CCG to Renacres in 2019/20 when comparing to 2018/19. Referral increases have been evident for specialities such as

Pain Management, General Surgery, Urology, Gynaecology and Trauma & Orthopaedics. Previous analysis suggests referrals and outpatients may have been higher at month 12 but the COVID-19 pandemic has impacted on all areas of planned care.

## 2.7.4 Isight

Figure 10 - Planned Care – Isight

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	1,291	1,728	437	34%	£723	£961	£237	33%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,248	1,516	268	21%	£171	£209	£38	22%
OPFUPMPCL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	3	3	0	0%	£0	£0	£0	-7%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	3,087	4,194	1,107	36%	£186	£254	£68	37%
Outpatient Procedure	1,519	1,874	355	23%	£106	£128	£23	21%
<b>Grand Total</b>	<b>7,149</b>	<b>9,315</b>	<b>2,166</b>	<b>30%</b>	<b>£1,186</b>	<b>£1,552</b>	<b>£366</b>	<b>31%</b>

Isight over performance is currently being reported against all planned care points of delivery. Day case procedures currently account for the majority of the over performance reported (£237k/33%), particularly for the HRG - *Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1*.



Outpatient first appointments are showing a 21% increase against plan in 2019/20 to date. An analysis of referrals suggests an increase of 21% for Southport & Formby CCG to Isight in 2019/20 when comparing to 2018/19. The majority of this increase is attributed to Optometrist referrals and 'Other' referrals not initiated by the consultant responsible for the outpatient episode.

Southport & Formby CCG are currently in the process of reviewing aspects of coding at this provider and are looking to implement coding changes for the 2020/21 contract. This would result in a proportion of activity currently recorded as a day case procedure being recorded as an outpatient procedure at a locally determined tariff (to be agreed as part of contract negotiations).

## 2.8 Personal Health Budgets

Due to the current circumstances, the personal health budget data collection is being paused and no data is being requested at this time for Quarter 4 (2019/20). Data on personal health budgets will continue to be recorded by CCGs locally wherever possible. The latest available data (quarter 3 2019/20) indicated that the CCG would achieve year end, as it exceeded the upper boundary of 170 with a total 177 PHBs.



## 2.9 Smoking at Time of Delivery

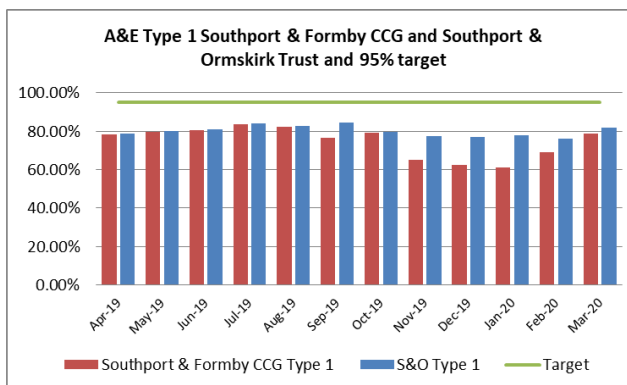
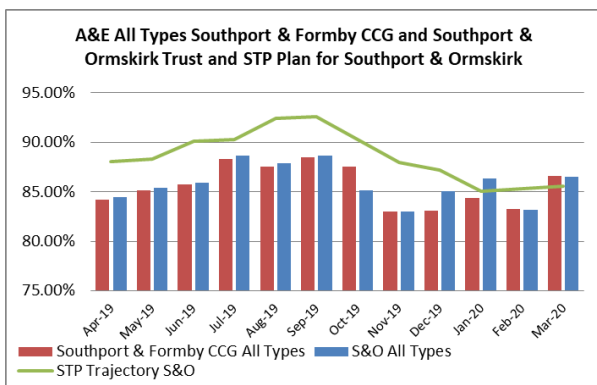
Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		Previous 3 quarters and latest				125d	<p><u>Risk to CCG</u> Where services do not meet the agreed standard, the CCG and Public Health are able to challenge provider(s) to improve and demonstrate that they are concerned with monitoring the quality of their services and improving the healthcare provided to the required standard.</p> <p><u>Risk to Patients</u> The impact of providers not achieving the SATOD indicator could mean that the service provided is poorly performing and not sufficiently engaging with the patients or providing the correct level or quality of service. Smoking significantly increases the risk of pregnancy complications, some of which can be fatal for the mother or the baby. This in turn impacts on CCG spend on budgets available on healthcare and services.</p>
GREEN	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		5.90%	9.70%	7.70%	11.30%		
		National ambition of 11% or less of maternities where mother smoked					
<b>Performance Overview/Issues:</b>							
<p>The CCG failed the ambition in quarter 4 reporting 11.3% against the national ambition of 11% for the percentage of maternities where mother smoked. However, the CCG is still achieving year to date with 8.7%. Due to the very small cohort of women, SATOD data needs to be considered cumulatively across the year.</p> <p>During quarter 4, women in the area were still receiving the same enhanced package that they received in the other 3 quarters and for the first 2 months of the quarter before COVID. The dedicated smoking in pregnancy midwife (funded by Public Health) was absent from work for quarter 3 which possibly could have impacted on the SATOD rates in quarter 4, or it could just be an anomaly for that quarter as the trend shows a downward trajectory for the other 3 quarters.</p>							
<b>Actions to Address/Assurances:</b>							
<p>The dedicated midwife support for smoking cessation has been in post since January 2019, achieving excellent results through culture change; follow up home visits with mothers referred to stop smoking service, engaging with staff and other services who are trained and linked in to maintain support for patients to make the required change, particularly to vulnerable groups, ensuring no one falls through the net. This post will continue for the next 12 months and we expect performance to continue with the overall improvement.</p>							
<b>When is performance expected to recover:</b>							
As above comment – performance has improved overall by 1.7% across the last year ending 2019/20.							
<b>Quality:</b>							
The resource of a dedicated Stop Smoking nurse provided by Public Health has greatly improved the quality of care and achieving fantastic results and demonstrating a great initiative in practice.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Debbie Fagan		Wendy Hewit		Tina Ewart			

### 3. Unplanned Care

#### 3.1 Accident & Emergency Performance

##### 3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
<b>A&amp;E Waits - % of patients who spend 4 hours or less in A&amp;E (cumulative) 95%</b>		<b>Previous 3 months, latest and YTD</b>					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
<b>RED</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20	YTD		
		CCG All Types	83.08%	84.40%	83.23%	86.56%	85.61%	
		CCG Type 1	62.31%	60.93%	68.94%	78.82%	74.73%	
		S&O All Types	85.04%	86.32%	83.20%	86.55%	85.86%	
		S&O Type 1	76.93%	78.08%	76.32%	81.78%	80.02%	
		S&O Improvement Plan	87.2%	85.1%	85.3%	85.6%	-	
		National Standard: 95% March improvement plan: 85.6% Yellow denotes achieving improvement plan but not national standard of 95%						
<b>Performance Overview/Issues:</b>								
<p>Southport &amp; Formby CCG's performance against the 4-hour target for March 2020 reached 86.56% for all types (85.61% YTD), and 78.82% for type 1 (74.73% YTD), both of which are significantly below the national standard of 95%.</p> <p>Southport &amp; Ormskirk's performance against the 4-hour target for March 2020 reached 86.55% for all types (85.86% YTD), which is above the Trust's improvement trajectory of 85.6% for March. For type 1, a performance of 81.78% was reported in March (80.02% YTD).</p> <p>The improvements in performance are in part due to Covid-19 and a reduction in the numbers of patients attending A&amp;E.</p>								
<b>Actions to Address/Assurances:</b>								
<u>CCG Actions</u>								
<ul style="list-style-type: none"> <li>- The CCG has agreed new priorities with the Trust and West Lancashire CCG for the AED sub group for 20/21 which includes a stronger focus on hospital avoidance, GP streaming, SERV care and 30 day readmissions.</li> <li>- The CCG continues to support the internal flow work. Programme Director role extended to July with specific focus on demand and capacity, risk management and escalation and system integration/leadership.</li> <li>- The system has agreed to re-launch the Frailty work stream, along with a primary care networks work stream, to give a greater focus on out of hospital service provision.</li> </ul>								
<u>Trust Actions</u>								
<p>The Trust reported an improvement against March 2019. The Trust performance ranked 36 (out of 128) nationally and ranked 4 (out of 21) for the North West region. COVID-19 has had a profound and unprecedented impact on urgent &amp; emergency care demand country-wide and the Trusts experience is no different. The Trust experienced a 30% reduction in ED attendance activity for March against March 2019 and in the same period a 10% reduction in emergency admissions. The reduced activity alongside a reduction in Medically Optimised for Discharge (MOFD) patients occupying a hospital bed has resulted in improved patient flows. The outcome allowing for a 60% corridor care for March 2020 versus March 2019.</p> <p>On 17 March 2020 NHS England instructed NHS hospital Trusts to formally prepare for and respond to large numbers of inpatients requiring respiratory support particularly across adult pathways. The Trust commenced planning alongside regional NHS England teams and local health &amp; care partners ensuring steps were taken to manage the outbreak of COVID-19 and quickly develop clinically led surge plans. The Trust is working hard to maintain business as usual critical clinical services across urgent &amp; emergency care. This has required clinical leaders to consider different ways of operating to ensure safe and consistent models of care are in place for the local population over this unprecedented period. Part of the planning and in line with national modelling and guidance, the Trust has planned for increased demand on adult services indicating significant pressures being placed on the limited resources contained with the emergency medicine consultant rota at the Trust. The Trust has developed a clinically led Surge Plan to support Emergency Medicine preparedness and this is now reviewed daily through the Trusts COVID-19 governance arrangements to ensure good oversight on performance and delivery is in place.</p>								
<b>When is performance expected to recover:</b>								
The CCG are expecting that performance will continue to improve throughout 20/21. Southport and Ormskirk Trust are yet to agree a revised trajectory with NHSE.								
<b>Quality:</b>								
The Trust continued to work at EMS level 3 for the first part of March. However, pressure started to ease towards the end of the month. They had 10 x 12 hour trolley breaches in March mostly attributable to mental health delays.								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Jan Leonard		Vacant			Sharon Forrester			



### 3.1.2 A&E 12 Hour Breaches: Southport & Ormskirk Trust

Indicator		Performance Summary				Potential organisational or patient risk factors	
<b>A&amp;E Performance 12 hour breaches</b>		<b>Previous 3 months and latest</b>				12 hour breaches measure carries a zero tolerance and is therefore not benchmarked.	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
<b>RED</b>	<b>TREND</b>	Dec-19	Jan-20	Feb-20	Mar-20		
		22	13	9	10		
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk Hospital reported 10 12-hour breaches in March against a zero tolerance threshold.							
<b>Actions to Address/Assurances:</b>							
<p><u>Trust Comments</u></p> <p>70% of the 12 hour Discharge to Assess breaches that occurred for March 2020 happened on 1st March. This was following a difficult weekend whereby demand on emergency admission was 25% higher than the forecasted position which resulted in operational pressures as the Trust wrestled with patient flows. On this occasion, the Trust could not mobilise its level 4 escalation actions (i.e. create additional bed capacity) due to workforce constraints. The Trust recovered within 24 hours and Root Cause Analyses have been completed for those patients who experienced breaches. The Trust has reported no 12 hour breaches since week ending 8th March 2020.</p> <p><u>System Actions</u></p> <ul style="list-style-type: none"> <li>- The CCG have provided director leadership to support and improve system working within partners. Escalation cards are in place via the escalation management plus system which outlines key actions from each partner to support system flow, improve overall performance and prevent 12 hour breaches. Despite the breaches time to treatment remains low.</li> <li>- There has been more emphasis on achieving actual discharges before 12 midday and by 3pm to help flow within AED. The Trust have enhanced pharmacy provision and have extended ACU provision.</li> </ul>							
<b>When is performance expected to recover:</b>							
The CCG will be working with S&O to consider the recovery period.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Vacant		Sharon Forrester			

## 3.2 Urgent Care Dashboard



Updates for some information above are not available due to Covid-19.

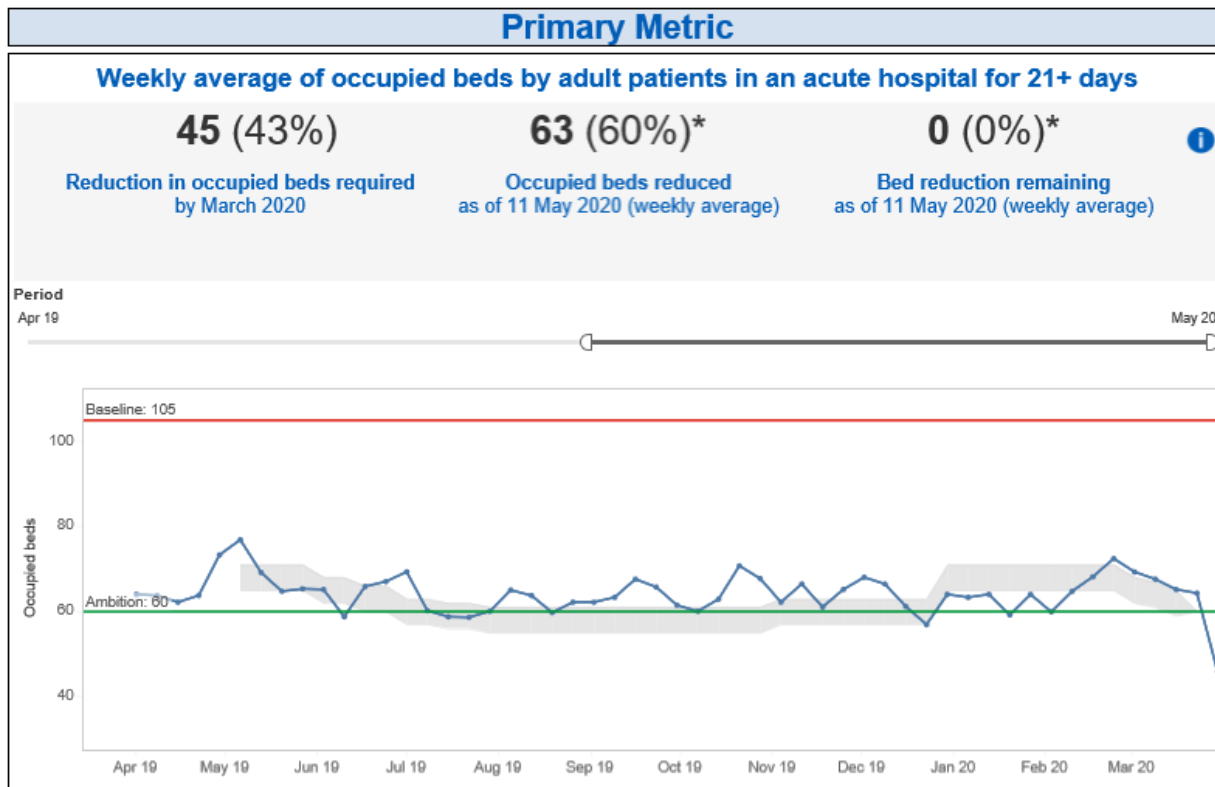




### 3.3 Occupied Bed Days

The NHS has a new national ambition to lower bed occupancy by reducing the number of long stay patients (and long stay beds) in Acute hospitals by 40% (25% being the 2018/19 ambition with an addition of 15% for 2019/20). Providers are being asked to work with their system partners to deliver this ambition.



Figure 11 – Occupied Bed Days, Southport & Ormskirk Hospitals



Data Source: NHS Improvement – Long Stays Dashboard



The long stays dashboard was updated for 2019/20 to report on a weekly basis. The Trust’s revised target was a total bed reduction of 45 (43%) by March 2020; therefore the ambition was 60 or less. The Trust achieved this target in March 2020 with a total reduction of 59 as at 30th March 2020. This occupied bed reduction has been sustained into May with a total reduction of 63 as at 11th May 2020, above the 2019/20 reduction target of 45. This further bed reduction can be attributed to the Trust response to the ongoing COVID-19 pandemic.

### 3.4 Ambulance Service Performance

Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1, 2, 3 & 4 performance		Previous 2 months and latest					<b>Category 1</b> - Time critical and life threatening events requiring immediate intervention <b>Category 2</b> - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and /or urgent transport <b>Category 3</b> - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering <b>Category 4 / 4H / 4HCP</b> - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances are impacting on timely and effective treatment and risk of preventable harm to patients. Likelihood of undue stress, anxiety and poor care experience for patients as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
<b>RED</b>	<b>TREND</b>	Category	Target	Jan-20	Feb-20	Mar-20		
		Cat 1 mean	<=7 mins	00:07:58	00:07:33	00:08:48		
		Cat 1 90th Percentile	<=15 mins	00:15:53	00:14:53	00:17:06		
		Cat 2 mean	<=18 mins	00:23:49	00:22:02	00:35:32		
		Cat 2 90th Percentile	<=40 mins	00:55:20	00:50:08	01:25:24		
		Cat 3 90th Percentile	<=120 mins	03:35:20	03:02:21	04:24:05		
Cat 4 90th Percentile	<=180 mins	02:28:06	02:59:06	03:22:37				
<b>Performance Overview/Issues:</b>								
<p>In March 2020, there was an average response time in Southport &amp; Formby of 8 minutes 48 seconds, not achieving the target of 7 minutes for Category 1 incidents. Following this, Category 2 incidents had an average response time of 35 minutes and 32 seconds against a target of 18 minutes, the second quickest response time in Merseyside. The CCG also failed the category 2 90th percentile. Southport &amp; Formby is yet to achieve the targets in category 2 since the introduction of the Ambulance Response Performance system. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&amp;E to release vehicles back into the system.</p>								
<b>Actions to Address/Assurances:</b>								
<p>In 2019/20, NWAS has continued to progress improvements in delivery against the national Ambulance Response Performance (ARP) standards. This included re-profiling the fleet, improving call pick up in the Emergency Operation Centres (EOCs), use of the Manchester Triage tool to support both hear &amp; treat and see &amp; treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced, however, due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21.</p> <p>To support the service to both maintain and continue to improve performance, the contract settlement from commissioners for 2019/20 provided the necessary funding to support additional response for staffing and resources, including where required the use of VAS and overtime to provide interim additional capacity, prior to full implementation of the roster review. We have been advised that implementation of the roster review has been delayed in Cheshire &amp; Merseyside until Quarter 4 which increases the risk of no-achievement of targets required for Quarter 1 2020/21. NWAS have advised that whilst formal implementation of the roster review has been delayed it is being progressed where there is mutual agreement with staff which will enable greater flexibility with shift patterns and use of staff resource.</p> <p>North Mersey commissioner working with community providers is in regard to increasing the range of alternatives that can be used to support Category 3 and 4 calls to maximise NWAS resources to be used on higher priority calls.</p> <p>Locally Southport and Formby CCG have commissioned an NWAS integrated emergency response vehicle which is taking incidents directly from the NWAS stack and releasing the local vehicles from Cat 3/4 type calls in aid to get the right vehicle to the right call at the right time. This has improved NWAS see and treat for Southport and Formby CCG to 25.4% of all incidents.</p>								
<b>When is performance expected to recover:</b>								
<p>The 2019/20 contract agreement with NWAS identified that the ARP standards must be met in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards.</p>								
<b>Quality:</b>								
<b>Indicator responsibility:</b>								
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>			
Karl McCluskey		Vacant			Sharon Forrester			



20.76.1 IPR M12 2019/20 FINAL

### 3.5 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches)  b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Indicator	Jan-20	Feb-20	Mar-20		
		(a) 30-60 mins	240	135	94		
		(b) 60+ mins	62	23	16		
<b>Performance Overview/Issues:</b>							
For March, Southport & Ormskirk reported a decrease in ambulance handover times between 30 and 60 minutes from 135 to 94. Those over 60 minutes also decreased from 23 to 16.							
<b>Actions to Address/Assurances:</b>							
<u>Trust Comments</u>							
The Trust reported improved compliance for the 15 minute ambulance handover time. This performance improvement was helped by a 24% reduction in ambulance arrivals for March 2020 in comparison to March 2019. The Trust recorded a 55% reduction in handover delays greater than one hour for March 2020 versus March 2019. The COVID-19 Surge Plan has allowed the Trust to increase senior medical presence in the emergency department, which has allowed effective See & Treat pathways to operate. This has helped stream patients away from emergency department majors and therefore support maintaining smooth and effective flows across the department.							
<b>When is performance expected to recover:</b>							
As identified above, work is ongoing between the provider and NNAS to keep handovers over 30 minutes to a minimum.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		Vacant			Sharon Forrester		

### 3.6 Unplanned Care Quality Indicators



#### 3.6.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Southport & Ormskirk: Stroke & TIA		Previous 3 months and latest				a) % who had a stroke & spend at least 90% of their time on a stroke unit  b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		a) 70.4%	87.9%	78.8%	76.9%		
		b) 11.8%	70.0%	Not available	Not available		
		Stroke Plan: 80% TIA Plan: 60%					
<b>Performance Overview/Issues:</b>							
Southport & Ormskirk's performance for stroke has declined in March and therefore continues to report below the 80% plan with 76.9%; 20 out of 26 patients spending at least 90% of their time on a stroke unit.							
In relation to TIAs, the Trust has previously reported poor performance for 2019/20. However, the Trust has reported a significant improvement in January 2020 with a performance of 70%. This equates to 7 patients out of 10 achieving the target and is the first time the Trust has achieved the target since November 2016. January 2020 is currently the latest available performance for TIA.							
<b>Actions to Address/Assurances:</b>							
<u>Trust Actions</u>							
Through COVID-19 the Trust is doing its utmost to support Stroke pathways. The Trust has relocated the Stroke ward in order to protect bed capacity to maintain the clinical pathway. The bed management team continue to prioritise patients to a Stroke bed once a decision has been reached to admit with enhanced visibility at the daily clinical site meetings. The ED and Medical teams are assessing direct access pathways to improve timely transfer from ED to a Stroke bed as the next priority for improvement.							
<u>CCG Actions</u>							
This now fits in with the extensive work of the Merseyside Stroke board which is currently at Pre-Consultation Business Case governance sign off stage and is being reviewed by the eastern NHSE Clinical Senate. The lead consultant at Southport & Ormskirk Trust has been tasked with a current review of position of TIA care which has been requested by the CCG. The CCG has also requested detail around the 2 patients in December that were seen by the stroke specialist nurse and did not receive treatment. The Early Supported Discharge (ESD) service is now staffed as expected with Speech & Language Therapy (SALT) provision being the last post to be recruited to. Length of stay is lowest in Southport and Ormskirk across the Merseyside patch which is being attributed to the 28 day discharge process implemented this winter. This is being reviewed to ensure both accuracy and context as, while it might suggest a successful pathway, the implications of impact on the care system (including social care) need to be considered before advocating a replication across the patch. Instances of patient not spending 90% on stroke wards is in the main due to winter bed pressures in the Trust.							
<b>When is performance expected to recover:</b>							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		Vacant			Billie Dodd		



### 3.6.2 Mixed Sex Accommodation

Indicator		Performance Summary				Potential organisational or patient risk factors	
Mixed Sex Accommodation (MSA)		Previous 3 months and latest					
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		CCG	11	8	13		Not Available
		S&O	15	14	14		9
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
<p>The CCG continues to breach the zero tolerance threshold with a total of 13 breaches in February. All breaches were at Southport &amp; Ormskirk NHS Trust. Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response, NHS England have paused the collection and publication of this statistic.</p> <p>The Trust also continues to breach the zero tolerance threshold for mixed sex accommodation breaches, reporting 9 in March, locally to the CCG.</p>							
<b>Actions to Address/Assurances:</b>							
<p><u>Trust Comments</u> Breaches are within the critical care setting. Reconfiguring of critical care for COVID-19 patients will continue to impact on these breaches.</p>							
<b>When is performance expected to recover:</b>							
<p>This is a repeated issue for Southport and Ormskirk Hospital with regards to the estate of critical care and is likely to continue without significant investment. Sustained recovery not expected within the year.</p>							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Debbie Fagan		Brendan Prescott		Brendan Prescott			



### 3.6.3 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: MRSA		Previous 3 months and latest (cumulative position)				Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	
RED	TREND		Dec-19	Jan-20	Feb-20		Mar-20
		CCG	2	2	2		2
		Trust	1	1	1		1
		Plan: Zero					
<b>Performance Overview/Issues:</b>							
The CCG had no new cases of MSRA in March. However, the CCG reported 1 case in April and 1 in August 2019, bringing the year to date total to 2 breaches, and has therefore breached the zero tolerance threshold for 2019/20.							
Southport & Ormskirk Trust also reported no new cases in March. However, due to the 1 case of MRSA reported in August 2019, the Trust has breached the zero tolerance threshold for 2019/20. A meeting was held with the Trust and CCG leads were present to ensure compliance.							
<b>Actions to Address/Assurances:</b>							
There have been no further cases of MRSA bacteraemia.							
<b>When is performance expected to recover:</b>							
As a zero tolerance performance not expected to recover							
<b>Quality:</b>							
Final report through the quality schedule with the Infection Prevention Control (IPC) representative to attend Aprils CCQRM was planned and agreed but due to COVID-19 this has now been delayed until meetings are able to be resumed.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Doug Callow		Jennifer Piet			

### 3.6.4 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: C Difficile		Latest and previous 3 months (cumulative position)				Due to the increased strengthening of IPC control measures due to the ongoing Covid 19 this will be monitored closely across the Trust	
RED	TREND		Dec-19	Jan-20	Feb-20		Mar-20
		CCG	25	29	33		38
		Trust	39	43	47		54
		2019/20 Plans CCG: <=30 Southport & Ormskirk: <=16					
<b>Performance Overview/Issues:</b>							
The CCG had 4 new cases of C.Difficile in March, bringing the year to date total to 38 against a year end plan of 30. 17 cases were apportioned to Acute Trust and 21 apportioned to community.							
Southport & Ormskirk Hospital reported 7 cases of C Diff in March, bringing the year to date total to 54. The Trusts national objective is to have no more than 16 healthcare associated cases in 2019/20.							
<b>Actions to Address/Assurances:</b>							
One of the four quality priorities for the Trust is infection prevention. An updated Programme Initiation Document (PID) was reviewed by the Trusts Quality and Safety Group in January. In response to feedback, the detailed work programme for 2020/21 will be revised during January to ensure a focus on targeted areas for improvement. This has been delayed due to the COVID-19 pandemic and the IPC team have been focusing on training for PPE and FIT testing for staff and managing the outbreak.							
<b>When is performance expected to recover:</b>							
The Infection Prevention Control (IPC) representative was due to attend April CCQRM but due to COVID-19 this has now been delayed until meetings are able to be resumed and will be requested as part of the recovery plan.							
<b>Quality:</b>							
Final report through the quality schedule with the Infection Prevention Control (IPC) representative to attend Aprils CCQRM was planned and agreed but due to COVID-19 this has now been delayed until meetings are able to be resumed – details will be requested through the recovery plan.							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Doug Callow		Jennifer Piet			

### 3.6.5 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: E Coli		Latest and previous 3 months (cumulative position)					
RED	TREND		Dec-19	Jan-20	Feb-20		Mar-20
		CCG	119	133	141		150
		Trust	189	213	226		242
		Plan: 109 Year-End for the CCG No Trust plan					
<b>Performance Overview/Issues:</b>							
NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20. NHS Southport & Formby CCG's year-end target is 109, the same as last year when the CCG failed reporting 142 cases. In March, there were 9 new cases against a plan of 9, bringing the year to date figure to 150 against a year end target of 109. Southport & Ormskirk Trust reported 16 new cases in March, with 1 of those acquired through the hospital (242 YTD). There are no targets set for Trusts at present.							
<b>Actions to Address/Assurances:</b>							
The NHSE GNBSI Programme Board Meetings are yet to reconvene due to the COVID-19 pandemic. Local meetings are yet to be rescheduled - all highlighted as due to workload in relation to COVID-19. Local Teams are aware of escalation processes should there be an incident requiring investigation and review and noted at local Contract & Clinical Quality Review Meetings.							
<b>When is performance expected to recover:</b>							
This is a cumulative total so recovery not expected, although monitoring of the numbers and exception reporting will continue.							
<b>Quality:</b>							
An overarching Cheshire & Mersey delivery plan is being developed with plans to replicate at a local level in order to support consistently. There is an NHSE/I AMR Programme Board at which there is a senior leader from NHSE/I who also attends the GNBSI Programme Board							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Brendan Prescott		Doug Callow		Jennifer Piet			

### 3.6.6 Hospital Mortality

Figure 12 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	March 2020	100	86.60	↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	97.90	↓

HSMR performance shows a continued trend of improving performance with 11 months of performance being better than the threshold and the lowest score in more than 3 years. Mortality and care of the deteriorating patient remains one of the Trusts 4 key quality priorities and is an exemplar for successfully achieving its primary goals.

SHMI performance is within tolerance and statistical norms. The SHMI release is quarterly. Actions are as per HSMR.



### 3.7 CCG Serious Incident (SI) Management

Please note: This report is a summarised version of the report previously provided by the CCG. This is due to the transition of the incident database from Datix to Ulysees the transition of the data was on the 1st April. The CCGs quality team are working with the Midlands and Lancashire Commissioning Support Unit, in order to provide a reporting mechanism that is fit for purpose. The Quality team is also working collaboratively with Liverpool CCG who now manage the CCG's SI process.

Therefore, in the interim, the data presented in this report has been extracted directly from the Strategic Executive Incident System (StEIS).

#### Serious Incidents Open for Southport and Formby CCG

As of Q4, 2019/20, there are a total of 31 serious incidents (SIs) open on StEIS where Southport and Formby CCG are either responsible or accountable commissioner. Of the 21 are attributed Southport and Ormskirk, 8 to Lancashire Care Community Foundation Trust and 2 to Southport and Formby CCG (reported on behalf of other providers). See table below for breakdown by Provider.

**Figure 13 – Number of Serious Incidents Open for Southport and Formby CCG**

Trust	No. of Incidents
Southport and Ormskirk Hospital NHS Trust	21
Lancashire Care Foundation Trust	8
Southport and Formby CCG	2
<b>Total</b>	<b>31</b>

As of 1<sup>st</sup> January 2020, Liverpool CCG assumed overall responsibility for the management of SIs reported by Southport and Ormskirk and Lancashire Care Foundation Trust. During this time Southport and Formby CCG have continued to provide administrative support and chair the Southport and Formby CCG SIRG panel. It was agreed that this arrangement would be reviewed periodically to ensure it is fit for purpose.

#### Serious Incidents (SIs) Reported In Quarter 4 2019/20

There have been a total of 6 SIs reported in Q4 2019/20 where Southport & Formby CCG are either responsible or accountable commissioner. The following table shows the types of SIs reported by Provider during this reporting period.

**Figure 14 – Number of Serious Incidents (SIs) Reported In Quarter 4 2019/20**

SI reported Q4	Jan-20	Feb-20	Mar-20	Total
<b>Southport &amp; Ormskirk Hospital NHS Trust</b>				
Maternity/Obstetric incident meeting SI criteria: baby only (this include foetus, neonate and infant)			1	1
Pressure ulcer meeting SI criteria		2		2
Slips/trips/falls meeting SI criteria	1		1	2
Surgical/invasive procedure incident meeting SI criteria		1		1
<b>Grand Total</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>6</b>

There have been no SIs reported by LCFT or Southport and Formby CCG during Quarter 4 19/20.

## Never Events Reported

There has been one Never Event reported in quarter 1 2019/20 where Southport & Formby CCG are either responsible or accountable commissioner. This was a Surgical/invasive procedure incident and occurred in May 2019 at Southport and Ormskirk hospital.

**Figure 15 – Number of Never Events Reported**

Never Events Reported				
Provider	2016/17	2017/18	2018/19	2019/20
Southport and Ormskirk Hospital NHS Trust	3	1	2	1
Liverpool Women's Hospital NHS Foundation Trust	0	1	0	0
Mersey Care NHS Foundation Trust	0	0	1	0
<b>TOTAL</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>3</b>

## SIs reported during last 12 months

Southport and Formby CCG, the top 4 most commonly reported SIs were:

- Pressure Ulcers
- Treatment Delay
- Diagnostic Incident including delay
- Apparent/actual/suspected self-inflicted harm

## RCAs due during Q4 2019/20

For Southport and Ormskirk, there were 9 Root Cause Analyses (RCA) due for Q4 19/20. Of these, 5 were received and were overdue. They have since been closed. 1 stop the clock has been applied and 3 RCAs are still being awaited.

For Mersey Care Mental Health, 3 RCAs were due, 2 were received on time and was overdue. All 3 have now been reviewed and closed.

There were no RCAs due for Lancashire Care NHS Foundation Trust.

## Serious Incidents Ongoing

There are 31 SIs which remain open on StEIS for South Sefton CCG. At the time of writing this report, 10 have now been closed.

## Closed SIs

During Q4, 21 SIs have been closed for Southport and Formby CCG. This includes the following:

**Figure 16 – Closed SIs**

Organisation and incident type	Q4			
	Jan-20	Feb-20	Mar-20	Total
<b>S&amp;O</b>				
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	2	2	2	6
HCAI/Infection control incident meeting SI criteria	1	2		3

Organisation and incident type	Q4			
	Jan-20	Feb-20	Mar-20	Total
Medication incident meeting SI criteria			1	1
Pressure ulcer meeting SI criteria	1	2		3
Sub-optimal care of the deteriorating patient meeting SI criteria	1			1
Surgical/invasive procedure incident meeting SI criteria		1		1
Treatment delay meeting SI criteria	2	1		3
<b>MCFT Mental Health</b>				
Accident e.g. collision/scald (not slip/trip/fall) meeting SI criteria		1		1
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1			1
Unauthorised absence meeting SI criteria		1		1
<b>Total</b>	<b>8</b>	<b>10</b>	<b>3</b>	<b>21</b>

As per the new process, all RCAs received for Southport and Ormskirk and Lancashire Care NHS Foundation Trust will continue to be reviewed by the Southport and Formby CCG SIRG panel with feedback being sent through to the Quality Team at Liverpool CCG.

This process allows for the CCG to have oversight over the quality of RCAs and subsequent lessons learnt, including trends and themes. However, it does not provide adequate performance management oversight of our provider's serious incident process.

This will be considered by the CCG as the new process continues to be subject to review.

### 3.8 CCG Delayed Transfers of Care (DTC)

The CCG Urgent Care lead works closely with Southport & Ormskirk Hospital and the wider MDT involving social care colleagues to review DTCs on a weekly basis. This is supported through MADEs (Multi Agency Discharge Events) where patients are reviewed at ward level identifying blockers and support which can be provided by the MADE Multidisciplinary Team (MDT). In addition, patients are reviewed who are delayed over 7 days and 21 days with the aim of ensuring movement against agreed discharge plans. There is opportunity within these interventions to identify key themes which need more specific action e.g. The CCG are presently reviewing discharge to assess pathways where the CCG aim is to ensure Decision Support Tools (DSTs) are undertaken outside of a hospital setting. The CCG and provider colleagues have also been able to ensure that ward staff are educated on community services which are available to facilitate early discharge with particular focus on the Integrated Community Reablement and Assessment Service (ICRAS).

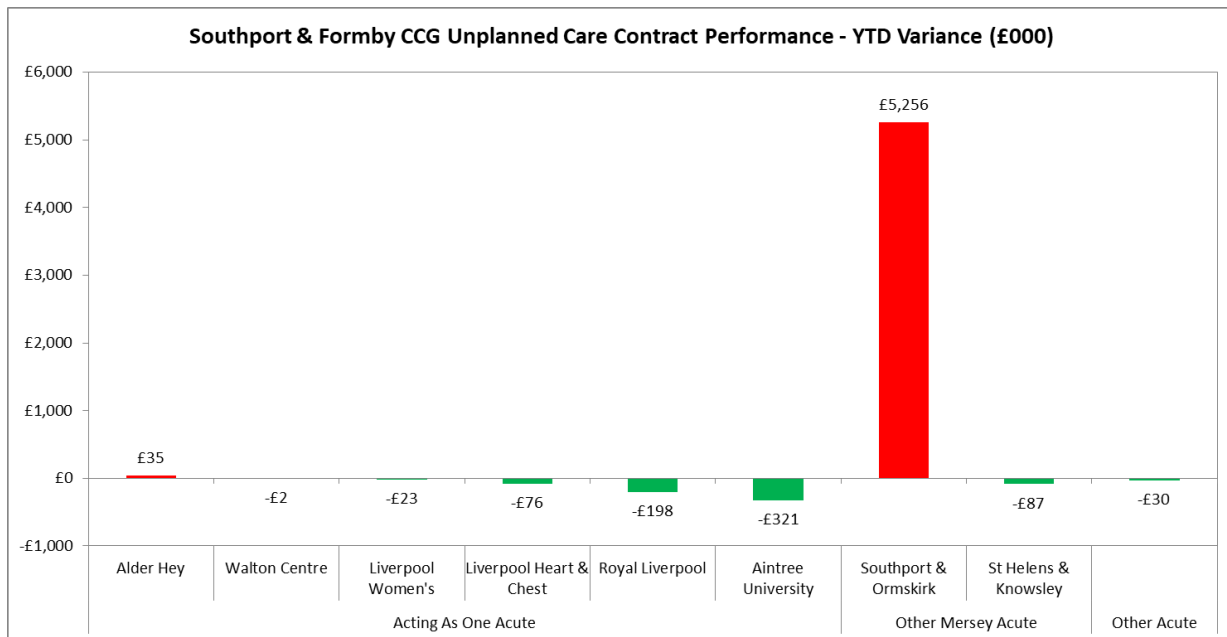
Total delayed transfers of care (DTC) reported in February 2020 was 213, an increase compared to February 2019 with 175. Delays due to NHS have decreased slightly, with those due to social care increasing slightly. The majority of delay reasons in February 2020 were due to patient family choice, community equipment and completion assessments. An update for March is currently unavailable.

See DTC appendix for more information.

### 3.9 Unplanned Care Activity & Finance, All Providers

#### 3.9.1 All Providers

Figure 17 - Unplanned Care – All Providers



Performance at month 12 of financial year 2019/20, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £4.5m/10.3%. Applying a cost neutral variance for those Trusts in the Acting as One block contract arrangement results in an increased over performance of approximately £5.1m/11.6%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £5.2m/14% against plan at month 12. This appears to be driven by increased costs within the Non-Elective point of delivery and CCG leads are currently reviewing data to understand the potential impact of increased coding. This work will continue and will be discussed formally with the provider via contract routes.

Southport & Formby CCG is also aware of activity being undertaken at Virgin Healthcare walk in centres at Ormskirk and Skelmersdale. At month 12, the value is £155k. This has previously been paid for on a non-contract activity basis and CCG contract leads are in discussions with Virgin Care on developing a contract for 2020/21. The table below shows the movement year on year.

Figure 18 – Southport & Formby CCG Virgin Care Activity and Cost

Southport & Formby CCG	Activity	Cost
2018/19	3,670	£142,065
2019/20	3,936	£155,709
Variance	266	£13,644
Variance %	7%	10%

**NB.** There is no financial impact to Southport & Formby CCG for contract performance at any Providers within the Acting as One block contract arrangement. Acting as One Providers are identified in the above chart.

### 3.9.2 Southport & Ormskirk Hospital NHS Trust

Figure 19 - Unplanned Care – Southport & Ormskirk Hospital NHS Trust

	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	40,176	43,648	3,472	9%	£6,693	£7,181	£488	7%
NEL - Non Elective	13,089	14,493	1,404	11%	£25,687	£31,237	£5,550	22%
NELNE - Non Elective Non-Emergency	1,322	1,179	-143	-11%	£2,529	£2,400	-£129	-5%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	9	56	47	522%	£4	£16	£12	287%
NELST - Non Elective Short Stay	3,196	3,298	102	3%	£2,225	£2,340	£115	5%
NELXBD - Non Elective Excess Bed Day	5,832	2,775	-3,057	-52%	£1,494	£713	-£780	-52%
<b>Grand Total</b>	<b>63,624</b>	<b>65,449</b>	<b>1,825</b>	<b>3%</b>	<b>£38,631</b>	<b>£43,887</b>	<b>£5,256</b>	<b>14%</b>

\*exclude ambulatory emergency care POD

Year to date A&E attendances are currently 9% above plan for Southport & Formby CCG at Southport & Ormskirk Hospital and July 2019 saw an historical peak for attendances. November 2019 also saw a secondary peak in attendances but activity has since decreased. March 2020 saw a historic low for A&E attendances, which is a direct consequence of the COVID-19 pandemic.

Non-elective admissions account for the majority of the over performance reported and historic highs have been reported in 2019/20 but with admissions decreasing in recent months in line with a fall in A&E attendances. Analysis suggests a potential change in the case mix of patients presenting as a number of high cost HRG tariffs have seen an increase in numbers reported in 2019/20. This includes admissions related to Heart Failure, Sepsis, Pneumonia and Stroke.

Trust feedback regarding the increased cost per case for non-elective admissions in 2019/20 suggests the introduction of a “Red to Green” system (ensuring patients receive increased Therapy input at the start of admission) has had some impact. Average length of stay may have reduced where this is happening although similarly this would increase zero day admissions.

Southport & Formby CCG are also aware of the potential impact of increased coding and the recording of Casemix Companion (CC) scores in 2019/20. CCG leads are further reviewing data to understand the financial impact of CC scores and will raise this with the provider via contract routes.

**NB.** 2019/20 plans have been rebased to take into account the increased admission rates as a result of the introduction of a Same Day Emergency Care model (CDU/ACU) at the Trust.

## 4. Mental Health

### 4.1 Mersey Care NHS Trust Contract (Adult)

#### 4.1.1 Mental Health Contract Quality Overview

As result of COVID-19 and NHSE/I contracting guidance all contracting has been suspended including CQPG meetings. Commissioners are seeking to establish a regular dialogue with Mersey Care NHS FT to ensure that long standing quality issues are addressed including communication to primary care and safeguarding.

#### Autism Spectrum Disorder (ASD)

The Trust is also reporting that waiting times for assessment have increased to and exact times are being confirmed. An options paper has been received by the CCGs, but this requires further detail detailing how and when the wait times will be reduced including financial implications. In addition the NHS/E instruction to suspend contracting and related investment while providers respond to COVID-19 may have an impact on progressing any service development. The long waits will also have an impact on the SEND transition pathway to adult services.

#### Eating Disorders

The Trust's eating disorder service has moved towards providing group therapy, as research suggests it can be equally as effective as individual therapy sessions. As a result the number of individual therapy slots has been reduced and this has required better management of patient expectations. This has contributed to improved wait times although performance is still sub-optimal. In addition, a clearer and stricter DNA and cancellation policy has been put in place. The CAG in May considered an outline proposal to enhance the Eating Disorder service which was approved for further development however progression needs to be considered whilst contracting has been suspended.

#### Core 24 KPIs



In Month 12 the Trust reported CORE 24 indicators:

Core 24 Indicator	Target	March 2020	
Emergency Pathway - Assessment within 1 hour	90%	100.00%	Sustained from 100.00% reported in February 2020
Urgent Pathway - Assessment within 1 hour	66.67%	100.00%	Sustained from 100.00% reported in February 2020
Urgent Pathway - Assessment within 4 hour	90%	100.00%	Sustained from 100.00% reported in February 2020



For all CORE 24 indicators the Trust are undertaking the following actions to maintain performance.

- The Standard Operating Procedure (SOP) is being revised to improve more consistent recording of different codes and stages which will improve the accuracy of the levels of urgent /emergency referral being received by CORE 24 and will ensure that the right care that matches their needs at the right time of assessment.

### 4.1.2 Care Programme Approach (CPA) 7 Day Follow Up



Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of patients on CPA discharged from inpatient care who are followed up within 7 days		Previous 3 months and latest				Patient safety risk re: – suicide/harm to others.
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20	
		87.5%	100.0%	100.0%	94.74%	
		Plan: 95%				
<b>Performance Overview/Issues:</b>						
The Trust reported 94.74% of patients being followed up within 7 days in March and is therefore reporting just below the 95% target. This performance equated to just 1 patient out of 19 breaching the target.						
<b>Actions to Address/Assurances:</b>						
Fewer numbers reported against this metric can account for greater volatility in the performance reported.						
<b>When is performance expected to recover:</b>						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

### 4.1.3 Eating Disorder Service Waiting Times



Indicator		Performance Summary				Potential organisational or patient risk factors
Eating Disorder Service (EDS) Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 125  Patient safety Reputation
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20	
		62.50%	33.33%	50.00%	73.68%	
		Plan: 95%				
<b>Performance Overview/Issues:</b>						
The Trust continues to fail the 95% target, although performance saw an improvement from 50% in February to 73.68% in March. Out of a potential 19 Service Users, 14 started treatment within the 18 week target. Demand for the service continues to increase and exceed capacity.						
<b>Actions to Address/Assurances:</b>						
<p><u>Trust Actions:</u></p> <ol style="list-style-type: none"> <li>1. Increasing psychological provision – by introducing more group interventions in place of individual therapy. We are recruiting to 1 Compassion Focussed Therapy (CFT) group and 1 CBT group.</li> <li>2. Tightening EDS Criteria – to ensure service users are able to access a psychological therapies commissioned service</li> <li>3. Clearer and stricter DNA and cancellation policy</li> <li>4. Using therapy contracts to contract number of sessions</li> <li>5. Staff will be offered opportunity for overtime using some of the money from vacant posts to provide additional therapy slots.</li> <li>6. The recent advert for the Band 7 Clinical Psychology post was unsuccessful, and the Trust placed an advert for a CBT Therapy post Band 7.</li> <li>7. A business case is being developed requesting key investment to enhance the existing service and increase physical health and psychological provision within the service. The CAG in May gave outline approval for a case to be developed however progression may be delayed due to the NHSE/I instruction that contracting activity and transformation initiatives have been ceased whilst the NHS responds to COVID-19.</li> </ol> <p>The number of service users waiting for therapy and the waiting times for psychological intervention improved this month. Further data analysis is required to provide accurate timeframe for further improvement.</p>						
<b>When is performance expected to recover:</b>						
Aiming for significant improvement by 2020/21, however COVID-19 may have a significant impact on activity.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>	
Geraldine O'Carroll		Hilal Mulla			Gordon Jones	



#### 4.1.4 Patients Identified as 'at risk of falling' to have a Care Plan in Place



Indicator		Performance Summary				Potential organisational or patient risk factors	
Of the patients identified as at risk of falling to have a care plan in place		Previous 3 quarters and latest				KPI 19	Patient safety
RED	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		92.3%	90.0%	62.5%	88.89%		
		Plan: 98%					
<b>Performance Overview/Issues:</b>							
The Trust continues to report below the 98% target in quarter 4 19/20, with 88.89% of patients (8/9) at risk of falling having a care plan. However, this is an improvement on quarter 3 19/20 when 62.5% of patients had a care plan in place.							
<b>Actions to Address/Assurances:</b>							
Modern Matrons have been tasked with ensuring the review and completion of FRAT and care plan where identified.							
<b>When is performance expected to recover:</b>							
Quarter 1 2020/21							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Geraldine O'Carroll		Hilal Mulla		Gordon Jones			

#### 4.1.5 Patients with a Score of 2 or more to Receive an Appropriate Care Plan



Indicator		Performance Summary				Potential organisational or patient risk factors	
Patients with a score of 2 or more to receive an appropriate care plan		Previous 3 months and latest				KPI 25	Patient safety
RED	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		100%	80.0%	100%	87.5%		
		Plan: 100%					
<b>Performance Overview/Issues:</b>							
The Trust failed to achieve the 100% target in quarter 4 2019/20, with 87.5% (7/8) of eligible patients not receiving an appropriate care plan. This is a decline in performance since last quarter when 100% was achieved.							
<b>Actions to Address/Assurances:</b>							
Trust has not provided commentary for quarter 4.							
<b>When is performance expected to recover:</b>							
Quarter 1 2020/21.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Geraldine O'Carroll		Hilal Mulla		Gordon Jones			

## 4.2 Cheshire & Wirral Partnership (Adult)



### 4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Previous 3 months and latest				123b	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		0.62%	0.92%	0.73%	0.78%		
		National Monthly Access Plan: 1.59% Local Target: 4.75% in Quarter 4					
<b>Performance Overview/Issues:</b>							
<p>The access standard is defined as 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. The national target for 2019/20 is to achieve 22% (5.5% per quarter), therefore the monthly target is approximately 1.59%. However, local commissioning arrangements are to achieve 4.75% in the last quarter of 2019/20 only. Month 12 performance was 0.78% and failing to achieve the national target. Achieving the access KPI has been an ongoing issue for the provider and the forthcoming procurement exercise coupled with COVID-19 may further exacerbate poor performance. The service also reported in May that 3 x PWP vacancies are having an impact on capacity.</p>							
<b>Actions to Address/Assurances:</b>							
<p>Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19. The service has moved over delivering a remote based services using digital and telephone access. It is intended to rollout on-line group work. The service is looking to reduce wait times so as free up capacity for the additional numbers expected to enter the service as part of COVID-19 national recovery efforts.</p>							
<b>When is performance expected to recover:</b>							
<p>The above actions will continue with an ambition to improve performance during 2020/21. Procurement exercise planned to commence in January 2020. Recruitment nationally is an issue for IAPT services.</p>							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Geraldine O'Carroll		Hilal Mulla		Gordon Jones			



## 4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Previous 3 months and latest				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		61.2%	42.6%	58.8%	44.1%		
		Recovery Plan: 50%					
<b>Performance Overview/Issues:</b>							
The Recovery rate saw a deterioration in March to 44.1% and failed to achieve the 50% target. The year end performance narrowly failed to meet the target ending at 47.8%							
<b>Actions to Address/Assurances:</b>							
In response to COVID-19 the provider moved to a remote access service which may have impacted on recovery rates. The clinical lead for the service continues to review non recovered cases and work with practitioners to improve recovery rates. It is recognised that demand for services in the aftermath of the COVID-19 will significantly increase.							
<b>When is performance expected to recover:</b>							
National expectation that IAPT services will be at forefront of the mental health response in the aftermath of COVID-19. Procurement exercise commenced in February 2020 with the aim of a new provider to be in place by 1st January 2021.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		

### 4.3 Learning Disabilities (LD) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Previous 3 quarters and latest				124b 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.	
GREEN	TREND	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20		
		27.2%	6.2%	8.4%	19.8%		
		Q3 19/20 Plan: 16%					
<b>Performance Overview/Issues:</b>							
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 2019/20. Southport & Formby CCGs target is a total of 491 health checks 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. Therefore the information has been manually adjusted to include registered patients provided directly from GP practices. This has resulted in more realistic figures and these amendments have also been done retrospectively. On average for 2018/19, 54% of patients had a physical health check. In quarter 3 2019/20, the total performance for the CCG was 19.8%, above the planned 16%. 572 patients were registered compared to the plan of 761, with 113 being checked against a plan of 122.							
<b>Actions to Address/Assurances:</b>							
The CCG is achieving the target.							
<b>When is performance expected to recover:</b>							
Continued recovery expected.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Geraldine O'Carroll		Hilal Mulla		Tracey Reed/Gordon Jones			

## 4.4 Improving Physical Health for People with Severe Mental Illness (SMI)

Indicator	Performance Summary	NHS Oversight Framework (OF)	Potential organisational or patient risk factors				
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check	Previous 3 quarters and latest						
	RED	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	123g As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.
		26.4%	25.5%	34.2%	38.1%	Plan: 50%	
<b>Performance Overview/Issues:</b>							
As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention.							
To support this objective CCGs are to offer NICE-recommended screening and access to physical care interventions to cover 60% of the population with SMI on the GP register in 2019/20. This is to be delivered across primary and secondary care, which will be monitored separately due to different data collection methods. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.							
Despite failing to achieve the 50% target in quarter 4 2019/20 with just 38.1%, this is an improvement on the previous quarter. Of the 1,389 of people on the GP SMI register in Southport & Formby CCG, 530 received a comprehensive health check in the 12 months to quarter 4 2019/20.							
<b>Actions to Address/Assurances:</b>							
Action plan developed which focuses on the following:							
<ul style="list-style-type: none"> <li>• Redrafting of the LQC scheme to be more explicit on the 6 interventions that make up the SMI health</li> <li>• Highlighting the correct EMIS template which is better suited for capturing the 6 interventions</li> <li>• Data quality checking</li> <li>• Increased awareness of the scheme amongst practices</li> </ul>							
<b>When is performance expected to recover:</b>							
Performance should improve in Quarter 2 2020/21 onwards.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Geraldine O'Carroll		Hilal Mulla		Gordon Jones			

## 5 Community Health

### 5.1 Adult Community Services (Lancashire & South Cumbria NHS FT)

The Trust has undertaken transformation work which has resulted in a change to the way in which activity is recorded for Therapies, CERT, Community Matrons and Chronic Care. The Trust is now operating a single point of contact for these services under the umbrella of the Integrated Community Reablement and Assessment Service (ICRAS). The Trust has reconfigured EMIS in line with this, resulting in a visible shift of activity into the 'ICRAS' pathway. A new ICRAS service specification is being developed collaboratively with the Trust which includes new Key Performance Indicators (KPI) and activity reporting requirements. Discussions have been had at the information sub group regarding the development of an ICRAS dashboard, and re baselining a number of services for 2020/21 to reflect transformation and improvements in recording activity. However, these conversations have been put on hold due to the Covid-19 outbreak. These conversations are expected to be picked back up in June 2020.

#### 5.1.1 Quality

For the CCG Quality team and Lancashire & South Cumbria NHS Foundation Trust, further indicators and compliance evidence was agreed and included within the 2019/20 contract. Each quarter the Trust submits the agreed evidence. Standard and completeness of the reports submitted has improved significantly over the last twelve months, and any further queries responded to.

For the provider a one-year CQUIN was also agreed to raise the awareness and improve the uptake of the Personal Health Budgets and Continuing Health Care (PHB/CHC).

Within the 2019/20 reporting year, the Trust has supported developments to ensure that information related to Learning from deaths of people with a learning disability (LeDeR) is captured through the Service Development Improvement Plan (SDIP). From quarter 1 of 2020/21, Key Performance Indicators (KPIs) have been agreed within the reporting schedule.

### 5.2 Any Qualified Provider – Audiology



In February 2020, the Merseyside CCGs agreed to offer a further continuation of contracts to AQP Audiology providers in 2020/21, pending further work on an updated specification and a Liverpool led engagement process.

The guidance issued in the 26th March revised arrangements for NHS contracting and payment during the COVID-19 pandemic has been followed in respect of payment for non NHS providers of AQP services.



## 6 Children's Services

### 6.1 Alder Hey NHS FT Children's Mental Health Services

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



Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Latest and previous 3 quarters				
GREEN	TREND	Q1 19/20	Q2 19/20	Q3 19/20	YTD	
		17.5%	5.6%	4.8%	27.9%	
		YTD Access Plan: 25.6% YTD 2019/20 performance reported 27.9% and achieving.				
<b>Performance Overview/Issues:</b>						
<p>The CCG reported a performance of 4.8% in quarter 3, a deterioration on the previous quarter. The published data has incorporated the voluntary sector provider Venus from June 2019. The year to date performance reflects a performance of 27.9% against the cumulative target of 25.6% therefore exceeding the plan.</p> <p>Note: Q4 provisional data expected June 2020</p>						
<b>Actions to Address/Assurances:</b>						
<p>For 2020/21 the CCG will be moving to reporting a cumulative access rate as a better way of illustrating if on target. Access rates are known to be subject to seasonal variations. Additional activity has been commissioned and mainstreamed from the voluntary sector in 2019/20.</p>						
<b>When is performance expected to recover:</b>						
<p>Cumulative access to date is at 27.9% which exceeds the trajectory of 25.6% so performance is on target to achieve the year end target of 34%. Additional activity to be implemented for 19/20. Online counselling for Sefton is being jointly commissioned and will come online in 19/20.</p>						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

## 6.1.2 Waiting times for Routine Referrals to Children and Young People's Eating Disorder Services

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters				<p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required</p> <p>Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.</p> <p>May be a surge in referrals as part of COVID-19 recovery phase.</p>
RED	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		95.2%	84.6%	82.6%	89.3%	
		Plan: 100% National standard 95%				
<b>Performance Overview/Issues:</b>						
<p>In quarter 4 2019/20 the Trust continues to report under the 100% plan. Out of 28 routine referrals to children and young people's eating disorder service, 25 were seen within 4 weeks, a performance of 89.3%. The 3 patients who breached waited between 4 and 12 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.</p>						
<b>Actions to Address/Assurances:</b>						
<p>All breaches are tracked and reported monthly. Service has relatively small numbers so breaches have large impact on %. All clinically tracked and breach always related to patient choice (which metric doesn't account for). Nationally all services have capacity issues. Additional investment to CCG baseline to fund increased capacity as part of national commitments has been confirmed and currently in negotiations with AHCH about the additional capacity to be provided.</p>						
<b>When is performance expected to recover:</b>						
<p>Additional investment to be released for implementation. Due to recruitment (specialist posts), currently agreeing trajectory for planned increase in activity for 2020/21. Despite COVID-19 challenges, the Trust is continuing with recruitment.</p>						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		



### 6.1.3 Waiting times for Urgent Referrals to Children and Young People's Eating Disorder Services

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters				Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required  Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.  May be a surge in referrals as part of COVID-19 recovery phase.
GREEN	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		75.0%	75.0%	75.0%	100.0%	
		Plan: 100% National standard 95%				
<b>Performance Overview/Issues:</b>						
Achieving						
<b>Actions to Address/Assurances:</b>						
All breaches are tracked and reported monthly. The service has relatively small numbers so breaches have a large impact on performance. All patients are clinically tracked and breaches are often related to patient choice. Nationally all services have capacity issues. The CCG is investing further into this service to increase capacity as part of national commitments. The CCG is currently in negotiations with Alder Hey regarding the additional capacity to be provided.						
<b>When is performance expected to recover:</b>						
Additional investment to be released for implementation. Due to recruitment (specialist posts), the CCG and Trust are currently agreeing a trajectory for a planned increase in activity for 2020/21. Despite COVID-19 challenges, the Trust is continuing with recruitment.						
<b>Quality:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

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

The CCG and provider are reviewing the consistency of data between the national data submission and local interpretation. Discussions and review with the provider on expanding and standardising metrics across CAMHS and community services were initiated prior to the COVID-19 outbreak, and are now in the process of being finalised. The plan is to conclude this for flowing of data in 2020/21. Alder Hey have submitted a recovery plan to reduce RTT for specialist CAMHS, to less than 18 weeks for quarter 1 2020/21, however, due to the impact of the pandemic on service delivery and staffing, waiting times have increased. In light of this, the RTT plan will be revisited as part of Alder Hey's phase 2 response to COVID-19 and be considered in its wider recovery plan.

## 6.2.1 Paediatric Speech & Language Therapies (SALT)





Indicator		Performance Summary				Potential organisational or patient risk factors	
Alder Hey Children's Community Services: SALT		Latest and previous 3 months				<p>The CCG may not deliver on all aspects of the SEND improvement plan as the SALT waiting time improvement trajectory cannot be met within the plan's timescales (due to impact of COVID-19)</p> <p>Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase</p>	
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Dec-19	Jan-20	Feb-20	Mar-20		
		27 wks	22 wks	20 wks	23 wks	<p>&lt;=18 weeks: <b>Green</b> &gt; 18 weeks: <b>Red</b></p> <p>Average waiting times &lt;= 18 weeks</p>	
<b>Performance Overview/Issues:</b>							
<p>In March the Trust reported a 92nd percentile of 23 weeks for Sefton patients waiting on an incomplete pathway. Unfortunately this shows an increase in average waiting times from February when 20 weeks was reported. Prior to this increase, performance had steadily improved and was on track to achieve 18 weeks by March. Demand for the service continues to increase. In March 2020, year to date referrals were 12.7% higher than in March 2019.</p> <p>At the end of March there were no children who had waited over 52 weeks. 84 were waiting between 18 and 29 weeks. No patients were waiting above 29 weeks. The total number waiting over 18 weeks continues to decrease.</p>							
<b>Actions to Address/Assurances:</b>							
<p>Prior to COVID-19, additional investment into SALT recurrently and non-recurrently had already been agreed and a recovery plan was in place to significantly reduce waiting times, which was on target to deliver a month by month reduction to 18 weeks by end of March. Monitoring of this position was taking place at contract review meetings and with Executive senior input and performance and updated trajectories are provided monthly. However, due to the impact of COVID-19, waiting times have increased as services move from face-to-face to remote and digital modes of delivery; and staffing levels are impacted by staff redeployment and illness/requirement to self isolate.</p> <p>The Trust is making every effort to continue to deliver the service remotely where possible, given the constraints. It will revise the recovery plan and waiting time trajectories as part of its COVID-19 recovery plans, including consideration of the waiting time backlog.</p>							
<b>When is performance expected to recover:</b>							
As part of its phase 2 response to COVID-19, the Trust will develop recovery plans and revised trajectories to address the increase in waiting times and the waiting time backlog.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>			<b>Managerial Lead</b>		
Karl McCluskey		Rob Caudwell			Peter Wong		



Figure 20 – Alder Hey Community Paediatric SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Number of Referrals	146	162	139	150	110	152	219	197	164	187	199	194
Incomplete Pathways - 92nd Percentile	45	43	37	36	35	34	33	31	27	22	20	23
Total Number Waiting	945	920	878	818	763	732	732	680	657	597	578	574
Number Waiting Over 18 Weeks	522	464	469	436	406	375	319	244	196	97	82	84

RAG Rating	
<=18 Weeks	
19 to 22 Weeks	
23 Weeks Plus	

Currently Paediatric speech and language waiting times are reported as Sefton view; the Trust is working to supply CCG level information. This is a legacy issue from when Liverpool Community Health reported the waiting time information.

## 6.2.2 Paediatric Dietetics

Indicator		Performance Summary					Potential organisational or patient risk factors
<b>Alder Hey Children's Community Services: Dietetics</b>		<b>Latest and previous 3 months</b>				<b>DNAs</b> <= 8.5%: <b>Green</b> > 8.5% and <= 10%: <b>Amber</b> > 10%: <b>Red</b>  <b>Provider Cancellations</b> <= 3.5%: <b>Green</b> > 3.5% and <= 5%: <b>Amber</b> > 5%: <b>Red</b>	
<b>RED</b>	<b>TREND</b>	Outpatient Clinic DNA Rates					
		Dec-19	Jan-20	Feb-20	Mar-20		
		20.5%	17.5%	15.3%	18.7%		
		Outpatient Clinic Provider Cancellations					
Dec-19	Jan-20	Feb-20	Mar-20				
5.1%	6.6%	7.4%	6.5%				
DNA threshold <= 8.5%				Provider cancellation threshold <=3.5%			
<b>Performance Overview/Issues:</b>							
The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In March 2020 performance declined, with DNA rates increasing from 15.3% in February to 18.7% in March. However, provider cancellations saw an improvement, decreasing from 7.4% in February to 6.5% in March.							
<b>Actions to Address/Assurances:</b>							
Prior to COVID-19, Alder Hey had introduced a new weekly South Sefton clinic so that south Sefton patients no longer had to travel to north Sefton for an appointment (data has been reported Sefton wide, but in future will be reported by CCG). This was seeing a reduction in the number of Did Not Attend (DNA)/Was Not Brought (WNB) patients which can be seen in the performance above.							
The CCGs have invested in extra capacity in response to Safe Staffing levels from Alder Hey.							
As part of its response to COVID-19, Alder Hey is offering telephone and digital appointments which is helping to keep DNA rates to a minimum.							
<b>When is performance expected to recover:</b>							
As part of COVID-19 recovery phase.							
<b>Quality:</b>							
<b>Indicator responsibility:</b>							
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>			
Karl McCluskey		Rob Caudwell		Peter Wong			

**Figure 21 – Alder Hey Community Paediatric Dietetic Waiting Times – Southport & Formby CCG**

Paediatric DIETETICS - Southport & Formby	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Number of Referrals	32	25	16	18	32	24	25	24	22	21	30	19
Incomplete Pathways - 92nd Percentile	25.00	11.92	20.28	24.68	20.64	12.56	10.04	9.00	14.80	18.64	12.16	11.56
Incomplete Pathways RTT Within 18 Weeks	84.62%	95.56%	89.66%	85.71%	88.37%	91.89%	93.75%	97.44%	100.00%	96.00%	96.77%	97.30%
Total Number Waiting	65	45	29	28	43	37	32	39	42	24	31	38
Number Waiting Over 18 Weeks	10	2	3	4	5	3	2	1	0	1	1	1

RAG Rating
<=18 Weeks
19 to 22 Weeks
23 Weeks Plus

**Figure 22 – Alder Hey Community Paediatric Dietetic DNA’s & Cancellations – Sefton**

Outpatient Clinics - DNAs													
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Total
Appointments	52	66	94	100	67	99	142	99	93	113	100	100	1,125
DNA	13	19	16	21	14	21	17	30	24	24	18	23	240
DNA Rate	20.0%	22.4%	14.5%	17.4%	17.3%	17.5%	10.7%	23.3%	20.5%	17.5%	15.3%	18.7%	17.6%

Outpatient Clinics - Cancs by Provider													
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Total
Appointments	52	66	94	100	67	99	142	99	93	113	100	100	1,125
Cancellations	4	7	3	3	8	8	15	13	5	8	8	7	89
Rate	7.1%	9.6%	3.1%	2.9%	10.7%	7.5%	9.6%	11.6%	5.1%	6.6%	7.4%	6.5%	7.3%

Outpatient Clinics - Cancs by Patient													
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Total
Appointments	52	66	94	100	67	99	142	99	93	113	100	100	1,125
Cancellations	10	38	18	33	17	24	50	39	31	31	25	19	335
Rate	16.1%	36.5%	16.1%	24.8%	20.5%	19.5%	26.0%	28.3%	25.0%	21.5%	20.0%	16.0%	22.9%

RAG Ratings & Targets 19/20

DNA Outpatients	
<= 8.47%	Green
> 8.47% and <= 10%	Amber
> 10%	Red

CANCs Outpatients - by Provider	
<= 8.47%	Green
> 8.47% and <= 10%	Amber
> 10%	Red

### 6.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	Previous Year		FOT	Variance %	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
			Outturn	Plan									
NHS Southport & Formby CCG	Paediatric Continence	Caseload at Month End	212	212	143	-32.55	128	115	57	70	63	59	232
		Total Contacts (Domicillary)	1,584	1,584	1,563	-1.33	114	109	93	183	113	171	1,563
		Total New Referrals	135	135	153	13.33	19	10	5	15	14	11	153
	Paediatric Dietetics	Caseload at Month End	90	90	280	211.11	282	280	283	272	279	293	322
		Referral to 1st Contact (Weeks Average)	8.5	8.5	6.1	-28.24	5.2	6.0	6.1	9.4	4.8	5.0	7.5
		Total Contacts	540	540	880	62.96	69	62	80	113	70	105	880
		Total Contacts (Domicillary)	40	40	185	362.50	7	13	31	34	15	54	185
		Total Contacts (Outpatients)	500	500	695	39.00	62	49	49	79	55	51	695
		Total New Referrals	288	288	287	-0.35	25	24	22	21	30	19	287
	Paediatric Occupational Therapy	Caseload at Month End	150	150	108	-28.00	108	102	96	98	91	99	121
		Referral to 1st Contact (Weeks Average)	14.3	14.3	12.4	-13.29	13.3	11.8	13.8	11.8	12.5	9.0	16.0
		Total Contacts (Domicillary)	3,347	3,347	3,344	-0.09	269	299	206	295	305	370	3,344
	Paediatric Physiotherapy	Total New Referrals	566	566	514	-9.19	42	46	22	57	39	45	514
		Total Contacts	64.0	64.0	70.0	9.38	67.0	88.0	80.0	67.0	77.0	81.0	70.0
		Referral to 1st Contact (Weeks Average)	6	6	6	6.90	6	5	6	7	7	6	7
	Paediatric Speech and Language Therapy	Total Contacts (Domicillary)	6,104	6,104	4,540	-25.62	440	373	289	392	320	296	4,540
		Total New Referrals	553	553	557	0.72	60	48	40	46	42	33	557
		Referral to 1st Contact (Weeks Average)	25.8	25.8	26.8	3.88	24.1	24.1	21.9	22.6	18.2	16.1	36.6
	Paediatric Speech and Language Therapy	Total Contacts (Domicillary)	7,796	7,796	11,192	43.56	1,067	1,211	759	1,279	1,016	1,035	11,192
		Total New Referrals	749	749	849	13.35	92	82	58	81	85	73	849

If Plan is <10000	Green	FOT is <10% above or below plan
	Yellow	FOT is 10-20% above or below plan
	Orange	FOT is >20% below plan
	Red	FOT is >20% above plan
If Plan is >10000	Green	FOT is <5% above or below plan
	Yellow	FOT is 5-10% above or below plan
	Orange	FOT is >10% below plan
	Red	FOT is >10% above plan

## 6.4 Alder Hey Activity & Performance Charts



## 6.5 Percentage of children waiting less than 18 weeks for a wheelchair (Lancashire & South Cumbria NHS FT)

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children waiting less than 18 weeks for a wheelchair		Latest and previous 3 quarters				
GREEN	TREND	Waiting Times				
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		100%	100%	100%	100%	
		For 2019/20, 92% of children should receive equipment within 18 weeks				
<b>Performance Overview/Issues:</b>						
Lancashire & South Cumbria NHS FT has reported 17 children out of 17 receiving equipment within 18 weeks for quarter 4 2019/20, a performance of 100%, exceeding the 92% target.						
<b>Actions to Address/Assurances:</b>						
Not required due to achievement of the target.						
<b>When is performance expected to recover:</b>						
Continued recovered position is expected.						
<b>Quality impact assessment:</b>						
<b>Indicator responsibility:</b>						
<b>Leadership Team Lead</b>		<b>Clinical Lead</b>		<b>Managerial Lead</b>		
Karl McCluskey		Rob Caudwell		Sharon Forrester		

## 7. Third Sector Overview

### Quarter 4 Overview

#### Introduction

Quarterly reports from CCG-funded Third Sector providers detailing activities and outcomes achieved have been collated and analysed. A copy of this report has been circulated amongst relevant commissioning leads. Referrals to most services have continued to increase during Q4, Individual service user issues (and their accompanying needs) continue to increase in complexity, causing pressure on services provided.

Some reports for Q4 have been delayed due to the current COVID-19 pandemic and services needing to shift to accommodate the needs of the community

#### Age Concern – Liverpool & Sefton

The Befriending and Re-ablement Service promotes older people's social independence via positive health, support and well-being to prevent social isolation. Due to the current COVID-19 pandemic, activity during Q4 has involved Befriending and Re-ablement Officers (BRO's), volunteers and the volunteering Officers telephoning as many past and current clients as possible to ascertain what support they have in place whilst at the same time offering companionship. Where support is needed the team have been signposting on to those able to offer frontline support. Clients are receiving at least one phone call per week that checks on their wellbeing and offers a friendly chat. As a consequence of the current situation April will highlight a significant increase in the number of client/volunteer matches being made, with many volunteers phoning as many as 3 times more clients than they usually visit. During this quarter, 450 people have been supported by a Befriending and Re-ablement officer. Of the new referrals, received in this quarter, 15% were received from local NHS trusts (a decrease of 7% on Q3) no referrals were received from GPs. This is the second quarter in succession to receive a drop in referrals from GPs and NHS Trusts.

The number of active volunteers is currently 105 with 38 volunteers progressing towards becoming active. This equates to a 41% increase on the end of Q3.

#### Alzheimer's Society

During Q4 the service received 76 new referrals received, referrals have considerably increased during this period by 60%.

During this period the service has been affected by COVID-19 with 5 groups cancelled. There were a total of 19 activity groups in 6 locations delivered throughout Jan -Mar:

9	x	Singing for the Brain, 6 in Southport and 6 in Bootle
2	x	Active & Involved – 2 in Lydiate & 3 in Bootle
9	x	Reading sessions - 4 at the Hope centre in Aintree & 6 at the Salvation Army-Southport

The service has delivered 2 Dementia Support sessions at Blundellsands Surgery and Cumberland House. With agreement from the surgeries the following are now on hold due to lack of referrals; Thornton, 42 Kingsway & Rawson Road. All sessions ceased at GP practices once the COVID-19 lockdown came into effect.

The side by side service made 183 visits to 28 people; the service currently has 31 volunteers. By the beginning of March COVID-19 was already having an impact on the project. All new planned matches were suspended on the 9th March, following national guidance all service users and volunteers were contacted by staff explaining the suspension of all visits.

**Citizens Advice Sefton**

Advice sessions are delivered to in-patients of Clock View Hospital, Walton by an experienced social welfare law advisor with a specialist knowledge of mental health issues. During Q4 31 new referrals were received; 45% were via Mental Health professionals on the ward, 52% were self-referrals and 3% were from other sources.

The type of advice required was mainly in regard to benefits including tax credits and Universal Credits. Of these new referrals 61% were recorded as being permanently sick or disabled, 16% are unemployed and a further 16% are currently employed. During the year, the officer based at Clock View Hospital has assisted Sefton patients in applying for various grants, benefits and entitlements totalling £1,125,562.

**Crosby Housing and Reablement Team (CHART)**

Reports for Q4 have not yet been forwarded to the CCGs due to staff working at home during the COVID-19 Pandemic. The following information was submitted for Q3.

During Q3 the service has received 65 new referrals with 89% coming from Mersey Care NHS Foundation Trust. Other referrals were mainly via Sefton MBC - Adult Social Care (12%). Case outcomes during the period included accommodating 46 service users and supporting a further 30 people to stay in their current residence. The service helped 6 people avoid hospital admission and enabled 22 patients to be discharged. In addition to this, the service assisted 9 clients to move to more supported accommodation and prevented 29 people becoming homeless. A further 15 service users were supported in becoming more independent and assisted to move to accommodation within the community.

**Expect Limited**

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q4 the service received 8 new referrals. There are 108 existing service users who remain actively engaged within the service. All existing clients are in receipt of benefits with a diagnosis e.g. anxiety, depression, personality disorder, Post-Traumatic Stress Disorder etc.

43% are known to have learning disabilities. During Q4 there were 1,157 drop-in contacts (Monday to Friday). The number of contacts at the centre reduced by less than half during March, due to COVID-19. Services at the Bowersdale Centre ceased, centre staff made contact with all service users and their appropriate relatives and/or care providers to offer support, including the provision of a contact telephone number should they experience difficulties or need further advice and guidance.

**Imagine independence**

During Q4 Imagine Independence carried forward 104 existing cases. A total of 83 were referred via IAPT. Of the new referrals 53% were female and 47% male. All completed personal profiles and commenced job searches. A total of 36 service users attended job interviews; 46% managed to secure paid work for 16+ hours per week. The service supported 47 people in retaining their current employment, and liaised with employers on behalf of clients.

During the COVID-19 pandemic services have ceased, both employment workers are providing employment support to people on their caseloads via telephone, but are not currently receiving referrals from IAPT. Some capacity has been identified within the service to provide telephone support to assist with emotional wellbeing and companionship to vulnerable people within the community; details have been forwarded to Sefton CVS.

**Netherton Feelgood Factory**

The service provides a safe space for people with complex mental and social care needs (Upstairs @ 83 offers open access drop-in, one-to-one counselling, group interventions, welfare advice and support). Three paid staff are employed to deliver this service together with a small number of volunteers.

Monitoring information has not been received for 2019-20 due to funding and staffing issues. The following update in regard to COVID-19 from the centre has been noted and is currently being acted on.

The service is offering a Community shopping service for vulnerable service users, in addition to this a telephone befriending with some access to counselling is being offered. This is also operational during weekends. The service has also developed a programme of weekly activity packs including local history information, creative writing guidance, puzzles, gardening tips and crafts.

### **Parenting 2000**

During Q4 the service received a total of 129 referrals; these were broken down as 15 adults and 114 children. A total of 40 service users accessed counselling for the first time. Of the 283 appointments available during this period a total of 263 were booked and 220 were actually used. There were 23 cancellations whilst 20 did not attend their scheduled appointment. The current waiting lists stands at 363; this has been discussed with the commissioner of children's services at the CCGs.

The top five referral sources during Q4 were Hospital 22% (Alder Hey & CAMHS), GP direct referral or recommendation 32%, Self/Carer/Parent 18%, Other VCF 14% and schools 9%. The referring GP surgeries were recorded as Family Surgery, Ainsdale St Johns, Cumberland House, Norwood Surgery, St Marks, The Village Surgery, Dr Elliot Westway Medical Centre and Crosby Surgery.

### **Sefton Advocacy**

Due to the COVID-19 pandemic, reports detailing Q4 activity have not yet been submitted to the CCGs, Sefton Advocacy are currently working collaboratively with Sefton Carers Centre. Work being undertaken at the moment is mainly via telephone and email, the service has directly contacted all service users and helped with the development of a volunteer shopping project with Sefton CVS. The following information was submitted for Q3.

Q3 the service received a total of 110 new referrals were received and of these 7% were signposted to more appropriate support, the majority of referrals were received via Sefton MBC (39%) and service user self-referrals including friends/family (35%).

During this period there were a total of 228 contacts comprising of office visits and other case contacts. Advocates also carried out 7 home visits and attended 3 medical appointments. In addition to this, advocates attended 6 court tribunals supporting service users.

Reports so far this year have detailed case outputs resulting in financial outcomes worth a total of £849,125.

### **Sefton Carers Centre**

The total number of Carers supported in this final quarter of the financial year has steadily increased by 1.1 % from the third quarter. There are currently 11,732 carers registered with the centre. There has been steady growth in the number of referrals received from GP practices during this period. This could be attributed to the appointment of 8 Social Prescribing Link Workers in December 2019 that are now working closely with the PCN's to support the health and wellbeing of patients across the borough of Sefton.

The Sitting Service continues to grow with a further 4 volunteers having been recruited during this quarter, providing a total of 266 respite hours break to Carers.

The centre has aided a number of carers with applications for various benefits and grants totalling £1,158,037 during the contract year.

### **Sefton Council for Voluntary Service**

Due to the COVID-19 pandemic, activity reports have not yet been submitted by Sefton CVS for Q4. The service are co-ordinating in collaboration with the CCGs the discharge from hospital programme and co-ordinating a large number of volunteers offering befriending telephone calls, shopping services and prescription collection for the most vulnerable and isolated people within the Sefton community.



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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCF partnership working. During Q4 there were 910 new referrals compared to 523 during Q3 (74% increase) of these 910 referrals, 394 were children under the age of 14. During the period the refuge accommodated 2 women along with 3 children for a period of 4 weeks. Referrals came from various sources; with the top three being self/friend or family 30% police 18%, and CYPS Safeguarding Children 36%.

### **Stroke Association**

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway.

Reports detailing Q4 activity and information have not yet been submit but the Stroke Association remains committed to patients and have given the following update whilst adjusting to COVID-19 pandemic plans.

- Home, hospital and care home visits have been entirely ceased until further notice.
- Voluntary and service led groups were on hold until 14th April but have now been ceased until further notice.
- We continue to offer telephone based post stroke reviews to areas where we are commissioned to do so – blood pressure testing will not be carried out.
- All of our offices have closed and all staff have moved to home working – our IT systems are working well and we do not anticipate disruption.

The Stroke Association are also working with NHS England and counterparts to ensure all newly diagnosed stroke survivors get support during this unprecedented time.

### **Swan Women's Centre**

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During Q4 there were 63 new referrals for counselling services, 13 for the support group and a further 2 for the outreach service and 48 for counselling.

The majority of women accessing the service self-referred but the number of GP recommendations and direct referrals have increased significantly; this category is now the second largest referral group to the centre closely followed by Mersey Care NHS Trust.

Of the 655 counselling sessions available during this period 467 were booked and used, 170 were cancelled by the client and 18 were recorded as DNA. 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, there were 2 referrals made to the Outreach Service (with 73 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. There was 1 new referrals received during the period with 37 attendances in total.

### **Macmillan Cancer Support Centre – Southport**

During 2018, Macmillan Cancer support were awarded funding by Southport & Formby CCGs to deliver a service offering support and advice to people in Southport affected by cancer. A further award has been agreed to fund the centre up until 31st December 2021. An NHS Standard Contract is to be implemented shortly.

Macmillan cancer support offers advice, information & support to people affected by cancer, their carers, families and friends; signposting to local services and support groups. During 2018 the centre

received 1356 contacts. Support is mainly given to service users suffering Breast, Prostate, Colorectal, lung and head and neck cancers.

During Q4 the centre received 79 new referrals; most were Right by You & GP referrals (21) Aintree UHT (13), Southport & Ormskirk Hospital NHS Trust (9). There were 464 recorded contacts at the centre during the period.

The main reasons for advice and support during the period were Emotional Support, Benefits/welfare advice, Financial Support, Information, Carers Issues, Social Isolation, Work related issues, grants, travel and onward signposting/referrals.

The following update in regard to the centre's response to COVID-19 was forwarded:

The current situation and the impact of the pandemic is going to have a significant impact on the Centre and the RBY service. The centre has closed and all staff are currently working from home providing support by telephone. Currently Centre staff are focusing on supporting existing service users, we are identifying service users that we know are particularly vulnerable and making regular calls to them and when appropriate registering them for support.

The Navigators are continuing to process RBY referrals, support Cancer Champions and carry out HNAs where appropriate. The Centre Manager has a weekly phone call with key staff at Aintree and The Royal to get information about the impact on cancer patients and to be updated with any changes for example CNSs being redeployed to other areas. We are already aware that lots of patients are having diagnostics, surgery and treatment postponed or cancelled. It is recognised that some of these patients may need immediate psychological/counselling support. We are working with a number of partners to try and develop a virtual wellbeing service to support these patients.

We are working in a similar way with Southport Hospital. Aintree and The Royal are going to look at referring any patients that haven't already had an HNA into the RBY service which may mean that our workload is increased significantly.

The service recognise that the numbers of patients where immediate concerns need to be addressed will increase significantly, the service will be ensuring that patients that need to shield have the practical support they need in order to do this rather than offering an HNA. In addition the Navigators are already finding that often it isn't appropriate to offer an HNA when people are so worried about the current situation.

The service expects impact within the primary care pathway. This is very unfortunate given that we are so early on in the process of establishing the pathway and have been so successful at getting practices to engage with the RBY service. We are continuing to try and work with practices, although some have already said that they won't be able to continue to send packs out to patients with a new cancer diagnosis.

We will have a better idea of the impact on the RBY service after the next quarter but given that we are already one third of the way through the 12 month service we are very concerned about what we will be able to deliver especially with regards to future sustainability. In terms of sustainability we had hoped to achieve this through the development of Practice Cancer Champions and working with other new roles for example Social Prescribing Link Workers and other wellbeing services. We had started developing these working relationships but won't have the opportunity to take this any further at the current times. Again we are concerned that due to the short term funding of our service we will now struggle to develop any sustainability going forward depending on how long COVID-19 disrupts services

## 8. Primary Care

### 8.1 Care Quality Commission (CQC) Inspections

*Please note: CQC inspections have been halted due to COVID-19 pandemic.*

All GP practices in Southport and Formby CCG are visited by the Care Quality Commission. The CQC publish all inspection reports on their website. Trinity and St Marks Medical Centre merged in April 2019. All the results are listed below.

**Figure 23 – CQC Inspection Table**

Southport & Formby CCG								
Practice Code	Practice Name	Latest Inspection	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	11 April 2018	Good	Good	Good	Good	Good	Good
N84006	Chapel Lane Surgery	30 June 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	10 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good
N84013	Christiana Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84014	Ainsdale Village Surgery	24 January 2017	Good	Good	Outstanding	Good	Outstanding	Good
N84017	Churchtown Medical Centre	03 October 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	29 September 2016	Good	Good	Good	Good	Good	Good
N84021	St Marks Medical Centre (TCG Medical)	07 March 2019	Good	Good	Good	Good	Good	Good
N84024	Grange Surgery	12 October 2016	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	15 December 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	21 March 2018	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	24 January 2019	Good	Good	Good	Good	Good	Good
N84614	The Marshside Surgery	24 August 2016	Good	Good	Good	Good	Good	Good
N84617	Kew Surgery	16 November 2017	Good	Good	Good	Good	Good	Good
N84618	The Hollies Family Surgery	01 February 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	20 July 2017	Good	Good	Good	Good	Good	Good

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

## 9 CCG Oversight Framework (OF)

### 9.1 Background

***Due to the impact and prioritisation of the COVID-19 response, data collection and reporting on Future NHS has now been paused. As a result, there will be no further updates to the NHS Oversight Framework Dashboard until further notice.***

The 2018/19 annual assessment has been published for all CCGs, ranking Southport & Formby CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and dementia was rated 'Outstanding'. 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 Senior Leadership Team (SLT) leads responsible and expected date of improvement for the indicators.

NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23<sup>rd</sup> August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics are fairly similar to last year, but with some elements a little closer to the Long Term Plan (LTP) priorities. The new OF includes an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions. A live dashboard is available on Future NHS and was updated in January 2020. The CCG continues to monitor performance with focus on indicators highlighted in the worst performing quartile and in the Key Lines of Enquiry (KLOEs).

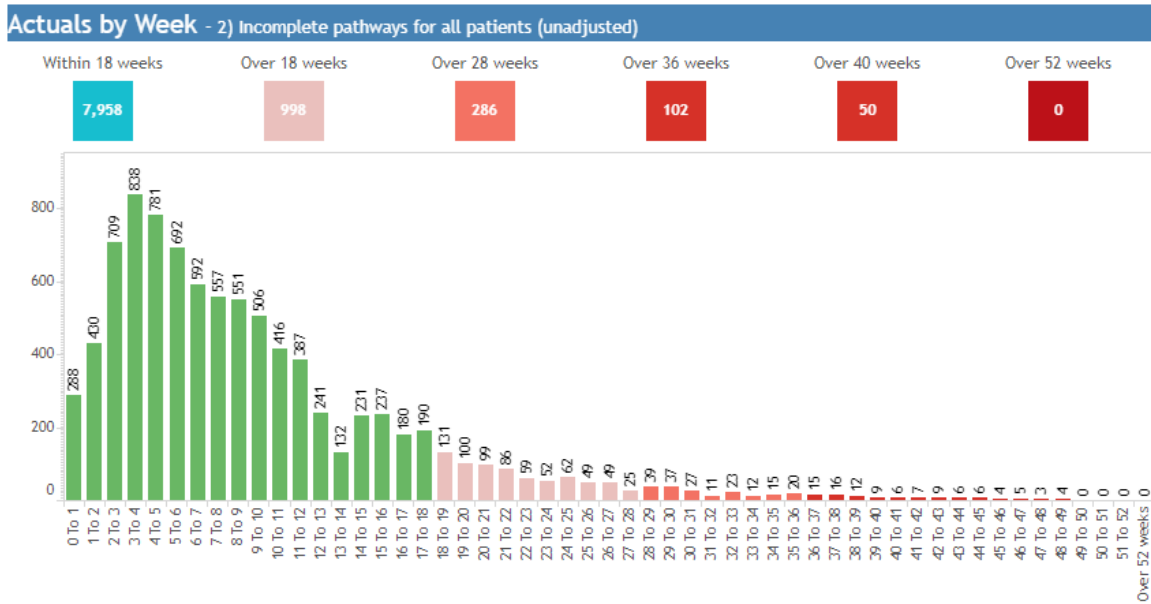
The table below summarises the total number of indicators ranked in each quartile for Q1 and Q2 2019/20. Information on the performance is detailed in the quarterly oversight framework governing body report. Further detail can be found in this report. The next one is due for the June 2020 governing body.

Southport & Formby CCG	Q1	Q2
Highest Performing Quartile	11	13
Interquartile Range	16	20
Lowest Performing Quartile	14	11

# 10 Appendices

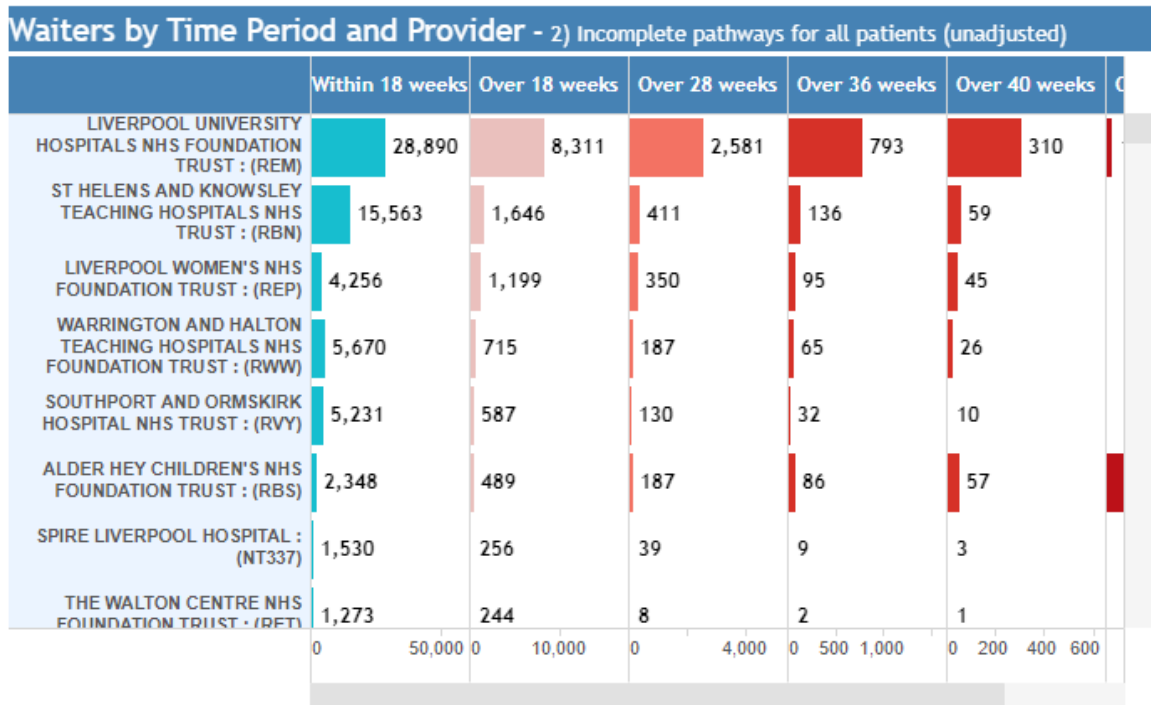
## 10.1.1 Incomplete Pathway Waiting Times

Figure 24 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



## 10.1.2 Long Waiters analysis: Top Providers

Figure 25 - Patients waiting (in bands) on incomplete pathway for the top Providers



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

Figure 26 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

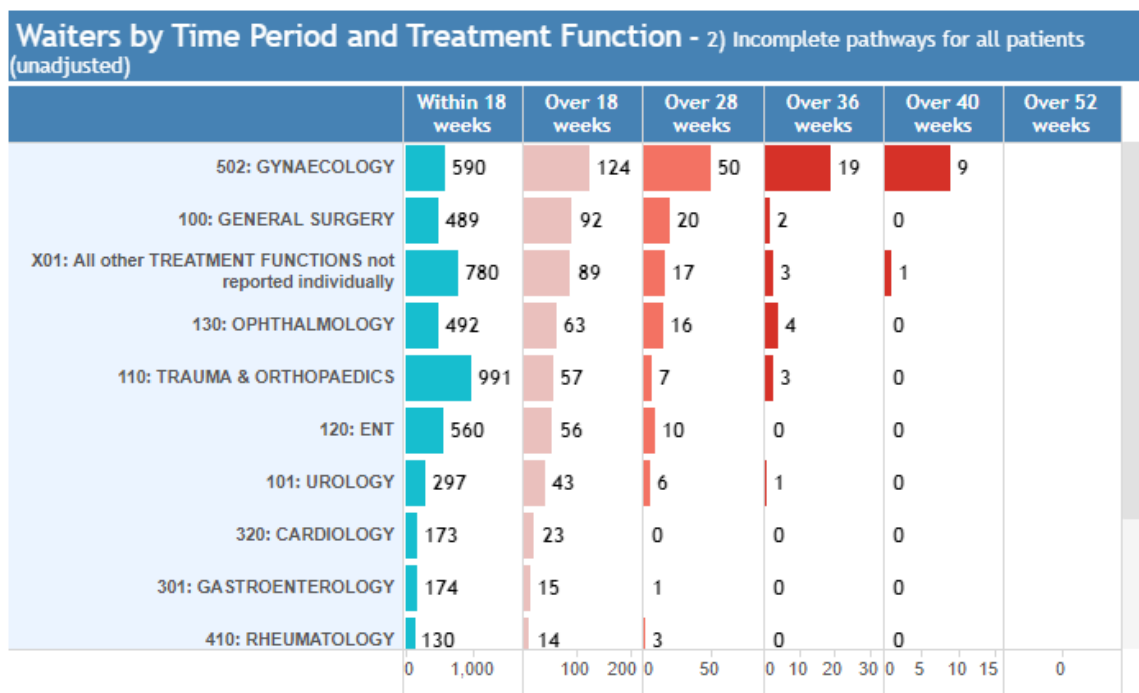
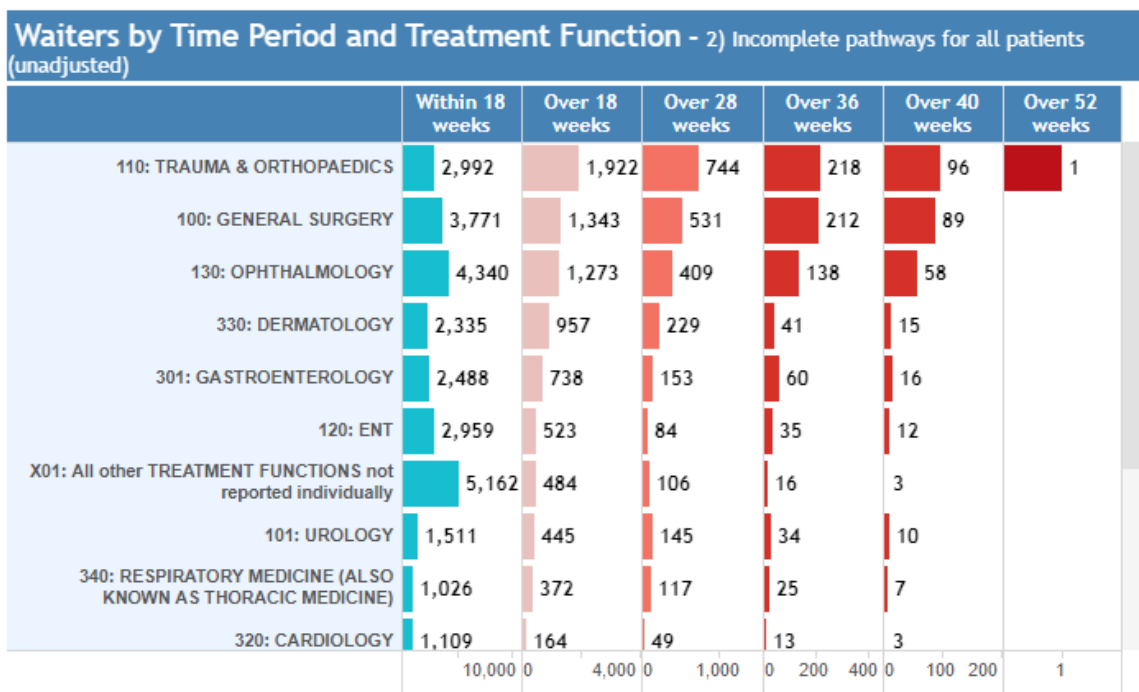
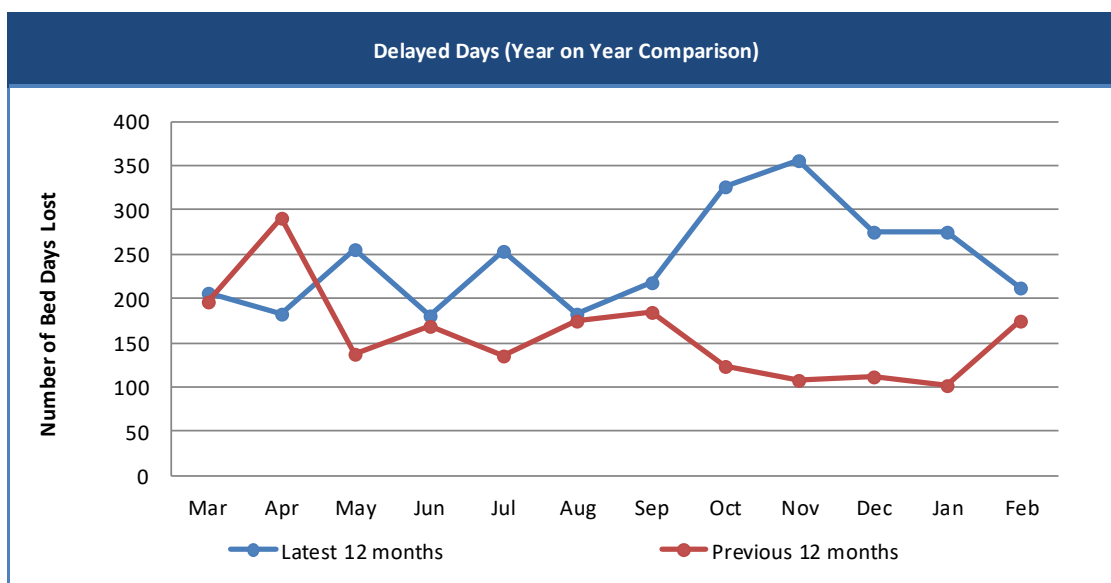


Figure 27 - Patients waiting (in bands) on incomplete pathway for Liverpool University Hospitals NHS Foundation Trust



## 10.2 Delayed Transfers of Care

Figure 28 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
<b>Delayed Days</b>	<b>Feb-20</b>	<b>Jan-20</b>	<b>Feb-19</b>
Total	213	276	175
NHS	98.1%	99.6%	100.0%
Social Care	1.9%	0.4%	0.0%
Both	0.0%	0.0%	0.0%
Acute	100.0%	100.0%	100.0%
Non-Acute	0.0%	0.0%	0.0%

### Reasons for Delayed Transfer % of Bed Day Delays (Feb-20)

#### SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST

Care Package in Home	5.6%
Community Equipment Adapt	27.7%
Completion Assessment	13.1%
Disputes	0.0%
Further Non-Acute NHS	3.8%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	46.9%
Public Funding	0.0%
Residential Home	2.8%
Other	0.0%

## 8.7 Better Care Fund

A quarter 3 2019/20 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in February 2020. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model, and progress is on track against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided of progress to date.

Q4 BCF is due to be submitted on the 5th June and will be added to a future report.

A summary of the Q3 BCF performance is as follows:

**Figure 29 – BCF Metric Performance**

Metric	Definition	Assessment of progress against the metric plan for the quarter	Challenges and any Support Needs	Achievements
NEA	Total number of specific acute (replaces General & Acute) non-elective spells per 100,000 population	On track to meet target	Winter pressure has presented challenges as expected in terms of volumes.	Strategic Plans for Sefton for 2020 - 2025 through Sefton2gether and the Health and Wellbeing Strategy published in this quarter set the clear prevention programme for the footprint and plans for implementation are progressing well.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	The demographic challenge remains and further work with our Care Home Market as both Social Care and Health on ensure we establish fees, support the market to deliver the best quality, and ensure we assess and provide the right level of service must continue to progress	The roll out of the demand management programme in the council encourages our care closer to home approach, and we have clear plans to continue this approach.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	Volumes have increased and work has been needed from our commissioning teams to ensure capacity if available.	There was a 5% increase in average monthly hours of reablement provided in Q3 compared to Q2. % We know the vast majority of service users discharged with a short term service do not translate into a longer term service (approximately 89%)
Delayed Transfers of Care	Average Number of People Delayed in a Transfer of Care per Day (daily delays)	On track to meet target	Errors in reporting and recording of DTOC identified during audit and review. Now correct recording from all acute partners, this may result in a reduction in DTOC attributable to Social Care within this quarter. Current date up to November 2019 still shows a spike in DTOC although overall the year will meet IBCF targets	Our latest dashboard reported that we are in track to meet the targets in the IBCF. Continued closer working to manage this with weekly winter pressure meetings, and increased capacity in Reablement coming on line and the retender of the Care at Home contract for one area of the borough. The wider use of community equipment and HIA will be supported though recruitment to an additional post to develop this through the BCF.



Figure 30 – BCF High Impact Change Model Assessment

		Narrative			
		Q3 19/20	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges and any Support Needs	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Established		Early discharge planning in place. There is variation across providers in terms of delivery. Further improvement work required to implement consistent approach to SAFER bundles across all wards.	Boardrounds in situ on all wards attended by all members of the health and social multidisciplinary teams. Red to Green in place in both community and acute bed base. Expected dates of discharge discussed early and referrals made to the ICRAS team to plan for discharge.
Chg 2	Systems to monitor patient flow	Mature	Four times daily bed rounds in place monitoring, ambulance waits, patients in department, decisions to admit, bed capacity and admissions and discharges via spread sheets. These feed into daily multidisciplinary huddles to expedite timely discharge. Weekly escalation calls scheduled with NHSE focusing on the following quality markers total number of patients in receipt of corridor care, ambulance turnaround times and incidence of 12 hour breaches.	The challenge is joining primary care, community and secondary care dashboards together as reflect the whole system flow across all care pathways, work is ongoing.	Implementation of NM dashboard at the AED executive delivery board. Implementation of Southport and Ormskirk flow management dashboard and spreadsheet.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Mature	Colocation of health and social care workforce and daily multidisciplinary huddles are now business as usual. Multi agency community and acute multidisciplinary discharge events with all agency attendance are operational at times of high pressure.	The challenge going forward is around workforce distribution to ensure that primary care networks, community and secondary care strategy and ways of working align.	Key managerial roles have been recruited across the health and social care system which has greatly improved relationships and integration of teams across the community and the acute sector.
Chg 4	Home first/discharge to assess	Established		Home first pathways are in place across Sefton. Capacity within reablement hours has been a challenge to the success of these pathways	The commissioning of additional reablement hours and rapid response hours. Pathway enhancement and relaunch went live on the 6th January. A SERV Car model was launched in November 2019 and will be evaluated in Q4, initial feedback has been positive on its impact on patient flow.
Chg 5	Seven-day service	Established		7 day service provision is in place for social care and health reablement services across Sefton. The challenge is that not all services are 7 day which can affect weekend provision of care and sustained patient flow.	There has been enhancement of weekend service provision within the acute trusts including enhanced medical workforce, improved access to ambulatory care, pharmacy provision and social work. Sefton Emergency Response Vehicle has been commissioned which is integrated with the community health and social care teams in Southport and there has been a service reconfiguration in South Sefton for the AVS scheme.
Chg 6	Trusted assessors	Established		Trusted assessment is in place, there is ongoing work to engage the wider care home market before this can be classed as mature. The trusted assessor model is currently under review in Southport and Formby to improve the quality of the discharges. Trusted assessment fully operational within community intermediate care.	Trusted assessors now in place in South Sefton. Trusted assessment process to return to community provider in Southport and Formby. Impact of this is reduction in hospital discharges and delays.
Chg 7	Focus on choice	Established		Patient choice policy agreed across North Mersey and in place. The challenge is that there is variation across providers in terms of application and implementation. Processes need to be more robust and application more consistent.	Acute trusts currently reviewing how the choice policy can be more consistently applied. Recognition is that this needs to be considered on a case by case basis. In this quarter commitment to jointly commission Advocacy has been made and work has begun to formalise a project plan around this. We have also seen reported Personal Health Budgets Targets to be met for both CCGs.

Chg 8	Enhancing health in care homes	Established		Southport and Formby area have a higher than national average number of care and residential homes which impacts on workforce capacity. Southport and Formby CCG and South Sefton currently have disproportionate service provision for care home support.	Sefton wide care home forum has been established. Improved collaboration between health and social care in the co production of a care home strategy for joined-up commissioning. A joint commissioning group established to support roll out of the new specification with PCNs. Series of workstreams for the review of section 75 schedules of the integrated BCF commissioning group have been formed. Greater clinical ownership across providers for quality improvement initiatives and service development schemes across NWAS, community and the care home sector.
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**Hospital Transfer Protocol (or the Red Bag scheme)**  
 Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

	Q3 19/20 (Current)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact
UEC	Established		The challenges include bags being misplaced within the acute trust and failure to return to care home setting on discharge with the patient. A number of bags have currently been returned to the CCG and will need to be redistributed.	All care homes were allocated a red bag. Evidence that the scheme was initiated however bags are being misplaced in the trust. Need to relaunch and improve communication and engagement of the scheme within secondary care. This will form part of the care home strategy for Sefton residents.

### 10.3 NHS England Monthly Activity Monitoring

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.

***Please note due to the COVID-19 pandemic, there is no update for month 12. This return has been stood down for the foreseeable future.***

## MEETING OF THE GOVERNING BODY June 2020

<b>Agenda Item:</b> 20/76.2	<b>Author of the Paper:</b>  Martin McDowell Chief Finance Officer Email <a href="mailto:martin.mcdowell@southportandformbyccg.nhs.uk">martin.mcdowell@southportandformbyccg.nhs.uk</a> Telephone: 0151 317 8350  Rebecca McCullough Head of Strategic Financial Planning <a href="mailto:rebecca.mccullough@southportandformbyccg.nhs.uk">rebecca.mccullough@southportandformbyccg.nhs.uk</a> Tel: 0151 317 8396
<b>Report date:</b> June 2020	
<b>Title:</b> Financial Position of NHS Southport & Formby Clinical Commissioning Group – Month 12 2019/20	
<p><b>Summary/Key Issues:</b></p> <p>This paper presents the Governing Body with an overview of the Month 12 financial position for NHS Southport and Formby Clinical Commissioning Group as at 31<sup>st</sup> March 2020.</p> <p>The standard business rules set out by NHS England require a 1% surplus in each financial year. However, the agreed financial plan for 2019/20 was for the CCG to deliver a breakeven position. The CCG has been providing additional monthly reports to the regional team and has followed the protocol to agree a change to its in-year financial plan. NHS North West have confirmed that the revised forecast outturn for the year is a deficit of £12.800m.</p> <p>The cumulative deficit brought forward from previous years is £9.295m, this will increase to £22.095m as a result of the 2019/20 outturn position and will need to be reviewed following changes to the financial arrangements for CCGs announced as part of the 2020/21 planning guidance.</p> <p>The QIPP efficiency requirement to deliver the agreed financial plan of breakeven was £14.104m. The QIPP requirement increased significantly in 2019/20 due to increased cost pressures in provider contracts agreed to support system financial recovery.</p> <p>The CCG identified potential QIPP opportunities of £16.584m although the majority were rated high risk and further work is required with support from system partners needed to implement these schemes. Prescribing efficiency schemes continue to be delivered although savings are offset with other cost pressures which have emerged in the prescribing budget. As a consequence of this, QIPP delivery in 2019/20 is £4.080m.</p> <p>The final outturn position for the CCG is a deficit of £12.800m. The year to date deficit reflects the under delivery of QIPP savings and cost pressures which have emerged during</p>	

the financial year.

The System Financial Recovery Plan was developed during the financial year in conjunction with NHS England and Improvement. The system includes Southport and Formby CCG, South Sefton CCG and Southport and Ormskirk NHS Trust. The plan outlines the governance arrangements, priorities, risks, mitigations and transformation schemes required to deliver the system long term financial plan. Regular updates to the plan have been provided to the regulators during the year.

Delivery of the long term financial strategy requires full commitment from CCG membership and CCG officers to ensure QIPP savings are achieved and mitigation plans are identified and actioned where required.

The Covid-19 pandemic was declared on 12 March 2020 and the UK government made announcements about how the population should act as a result, including the confirmation of funding to support NHS organisations throughout this pandemic. The CCG has made an assessment of significant factors relating to 2019-20 and no material items have been identified.

The CCG draft Annual Report and Accounts for the year ended 31<sup>st</sup> March 2020 were submitted to NHS England and Improvement on 27<sup>th</sup> April 2020 in accordance with the national timetable (revised as a result of the COVID pandemic). The figures within the Annual Report and Accounts and this report are therefore subject to audit. Grant Thornton, the CCG external auditors are currently performing their review and the audited accounts are required to be submitted on 25<sup>th</sup> June 2020.

Receive	X
Approve	
Ratify	

**Recommendations;**

The Governing Body is asked to receive this report noting that:

- The agreed financial plan for Southport and Formby CCG was breakeven for 2019/20.
- The revised forecast outturn for the financial year is a deficit of £12.800m.
- The QIPP efficiency requirement to deliver the agreed financial plan was £14.104m. QIPP schemes of £16.584m have been identified although a high proportion of schemes remain high risk.
- The CCG deficit at Month 12 is £12.800m. The CCG will continue to pursue actions to mitigate this position in the long term through QIPP delivery.
- The CCG has not delivered the agreed 2019/20 financial plan but has achieved the revised forecast outturn. The focus must remain on the continued progression of the QIPP programme which is essential to provide mitigation against the CCG's underlying deficit. The governance arrangements to support full system working have been developed and will need to continue support delivery of the system financial recovery plan.

- It is essential that clinical leaders in the CCG engage with colleagues across the system in order to influence change and deliver reduction in costs. The financial recovery plan can only be delivered through a concerted effort by clinicians in all parts of the healthcare to work together to deliver more efficient and effective models of care.
- The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain the proposed approach so that the membership can support implementation of the recovery plan.

Links to Corporate Objectives 2020/21 ( <i>x those that apply</i> )	
X	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
X	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

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	
Quality Impact Assessment			X	
Resource Implications Considered	X			
Locality Engagement		X		
Presented to other Committees	X			Finance & Resource Committee

## Report to the Governing Body June 2020

### 1. Executive Summary

This report focuses on the financial performance of Southport and Formby CCG as at 31 March 2020.

**Table 1 – CCG Financial Position**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date
	£000	£000	£000	£000
Acute	116,314	116,314	117,769	1,455
Mental Health	19,780	19,780	19,724	(56)
Continuing Care	12,865	12,865	15,272	2,408
Community Health	19,571	19,571	20,107	536
Primary Care	45,344	45,344	45,378	34
Corporate & Support Services	2,607	2,607	2,544	(63)
Other	7,148	7,148	6,934	(214)
<b>Total Operating budgets</b>	<b>223,629</b>	<b>223,629</b>	<b>227,728</b>	<b>4,100</b>
Reserves	(8,700)	(8,700)	0	8,700
In Year Planned (Surplus)/Deficit	0	0	0	0
<b>Grand Total (Surplus)/Deficit</b>	<b>214,929</b>	<b>214,929</b>	<b>227,728</b>	<b>12,800</b>

The Month 12 financial position is a deficit of £12.800m (See Appendix 1 for further detail).

Cost pressures have emerged during the financial year which have been partly offset by underspends in other areas and the CCG reserve budget including the 0.5% contingency budget.

The main variances from planned expenditure can be analysed as follows:

- Increased costs in the budget for continuing healthcare and funded nursing care. There is evidence of an increase in fast track referrals compared to the previous financial year. There are also areas of pressure identified in mental health packages of care.
- Prescribing cost pressures in respect of increased prices of Category M drugs.
- Personal Health budgets have increased in terms of cost and volume.
- There are increased pressures on the budget for Non-Contract Activity. Both activity and costs have increased significantly since the last financial year with a number of high cost out of area cases being reported so far this year.

- Forecast overspends at Liverpool University Hospitals and Wrightington, Wigan and Leigh hospitals are partly offset by forecast underspends at St Helens & Knowsley Hospitals and other smaller budgets.
- The Clinical Assessment and Treatment Centres budget is forecast to overspend due to increased volume of activity in the Independent Sector, particularly for Trauma and Orthopaedics and Ophthalmology services.
- The Commissioning non-acute budget is forecast to overspend due to a number of charges for property services which are above planned costs.

### **COVID-19 and the CCG Financial Recovery Plan**

The cumulative deficit brought forward from previous years is £9.295m; this will increase to £22.095m as a result of the 2019/20 outturn position. The cumulative deficit will be addressed as part of the CCG longer term financial recovery plan.

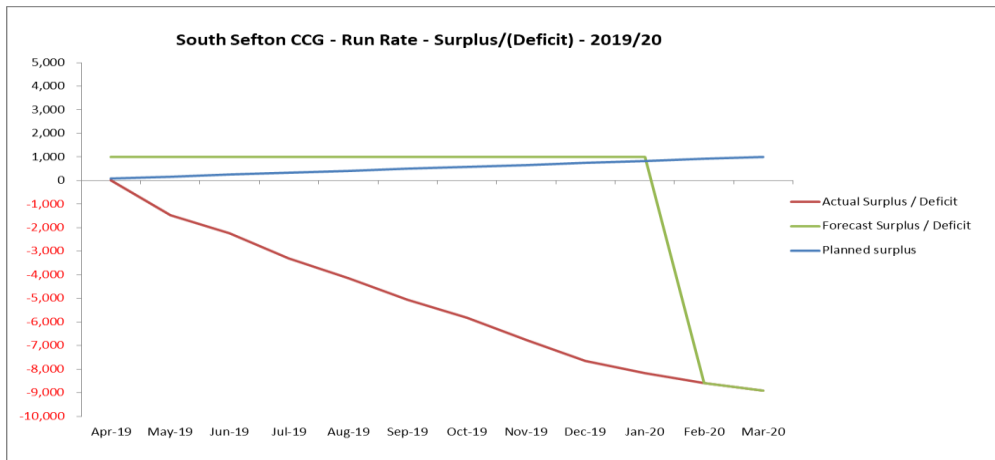
The Covid-19 pandemic was declared on 12 March 2020 and the UK government made announcements about how the population should act including the confirmation of funding to support NHS organisations throughout this pandemic. The CCG has made an assessment of significant factors relating to 2019-20 and no material items have been identified.

Throughout 2019/20 the CCG has worked with the regional team alongside system partners to identify options to reduce the system financial gap and restore long term financial sustainability. “Business as usual” processes have now been suspended to allow focus to be concentrated on the NHS response to the COVID-19 pandemic. This includes changes to the NHS financial and contracting regime, the introduction of central command and control measures and a pause on previous financial recovery processes with regulators in the short term. The CCG will continue to work as appropriate to focus on key QIPP areas to ensure that projects can be progressed in the post pandemic period.

### **Run Rate**

The agreed financial plan is breakeven for the financial year and the monthly profile is breakeven in each month. The actual position reflects the deficit in each month as a result of under delivery against the QIPP plan and increased cost pressures during the year.

The reported forecast position was revised in Month 10 following approval from NHS England to change the CCG’s forecast outturn position.





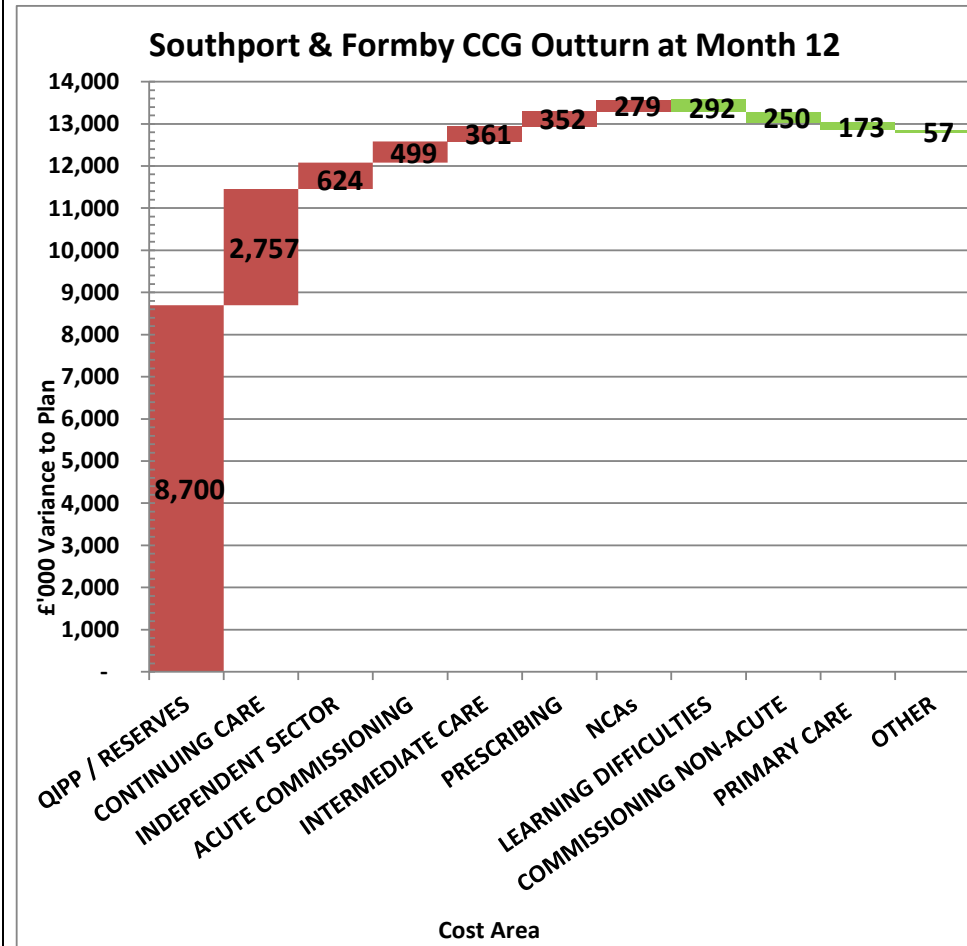
## 2. Finance Dashboards

1. Finance Key Performance Indicators				
Report			Commentary	
Report Section	Key Performance Indicator		This Month	
1	Business Rules	1% Surplus	n/a	
		0.5% Contingency Reserve	✓	
		0.5% Non-Recurrent Reserve	✓	
2	Breakeven	Financial Balance	x	
3	QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	x	
4	Running Costs	CCG running costs < 2019/20 allocation	✓	
5	BPPC	NHS - Value YTD > 95%	98.38%	
		NHS - Volume YTD > 95%	95.06%	
		Non NHS - Value YTD > 95%	98.35%	
		Non NHS - Volume YTD > 95%	95.92%	

- The standard business rules set out by NHS England require CCGs to deliver a 1% surplus.
- The CCG agreed financial plan for 2019/20 was **breakeven**. The revised control total is a deficit of £12.800m.
- The 0.5% Contingency Reserve is held as mitigation against cost pressures.
- The QIPP target for 2019/20 is **£14.104m**.
- QIPP schemes of £16.584m have been identified although the majority are rated high risk.
- The year-end reported position is **£12.800m** deficit.
- BPPC targets have been achieved. This will continue to be monitored monthly to ensure performance is maintained.

**2. CCG Financial Position – Month 12 2019-20**

**Report**

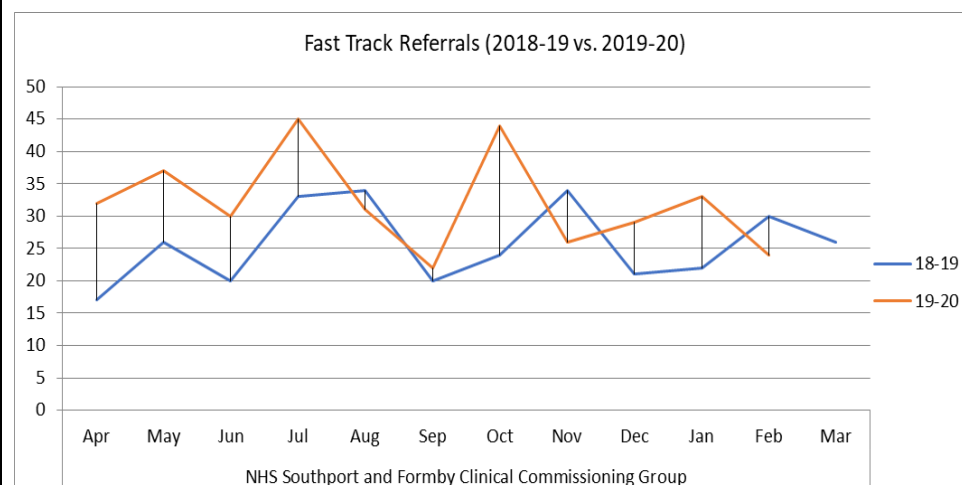
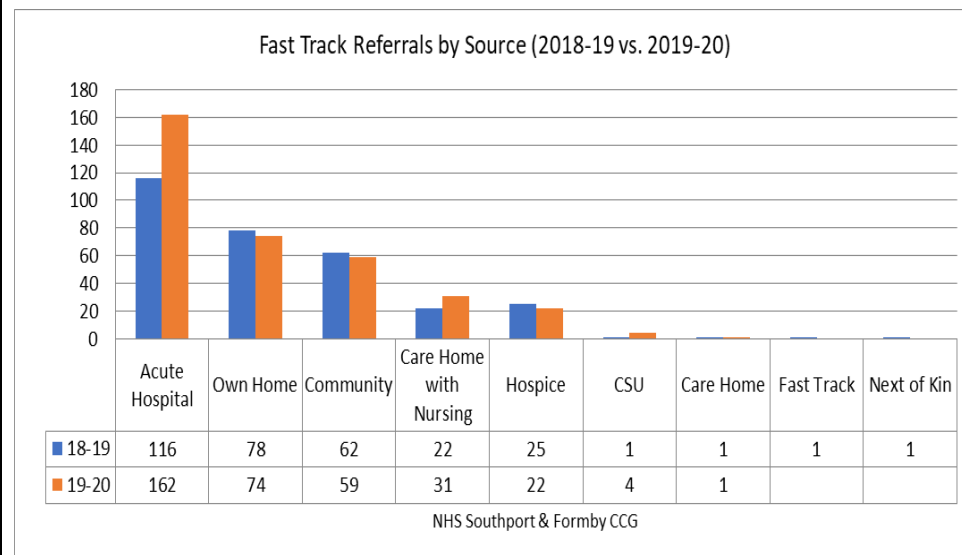


**Commentary**

- The CCG year end position is a deficit of £12.800m.
- The main financial pressures relate to:
  - QIPP delivery below plan
  - Continuing Care packages including Continuing Healthcare, Funded Nursing Care, Personal health Budgets and Mental Health packages due to increased cost and volume of packages.
  - Cost pressures in the independent sector, due to an increase in activity during the year, notably with iSight in respect of Ophthalmology activity and Renacres for Trauma and Orthopaedic activity.
  - Increased costs at Wrightington, Wigan and Leigh NHS trust due to overperformance of activity, mainly in relation to Trauma and Orthopaedic activity.
  - Acute over performance is partly offset with underperformance at Aintree, St Helens & Knowsley.
  - Prescribing cost pressures relating to increased prices for category M drugs.
  - Non-Contract activity cost pressures relating to a significant increase in cost and volume of out of area activity in the financial year.
- The cost pressures are supported by underspends in other areas of the CCG which include the 0.5% Contingency Reserve held in mitigation, Learning Disabilities, Primary Care and property services.
- **Appendix 1** provides a full breakdown of the CCG position.
- **Appendix 2** outlines the financial performance by provider.

### 3. CHC Fast Track Referrals

#### Report



#### Commentary

- The Continuing Healthcare data shows an increase in the number of Fast Track referrals compared to the previous financial year.
- There was a significant increase in the first four months of the year and in October.
- From April 19 to February 20, the total number of referrals was 353 compared to 307 for the same period in 2018.
- The main source of increased referrals were from Southport & Ormskirk Hospitals and District Nurse Teams which reflects the increased focus to support discharge from acute care beds and help maintain performance relating to the constitutional standard.
- Data is not available for March 20 as recording was suspended from 19<sup>th</sup> March due to COVID-19.

4. CCG Reserves Budget					
Report					
Reserves Budget	Opening Budget £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m
QIPP Target	(14.104)				(14.104)
QIPP Achieved	0.000		4.080		4.080
CHC Growth Funding	0.200				0.200
Adulimumab budget	0.445		(0.445)		0.000
Primary care additional allocation	(0.500)				(0.500)
Repatriation income	(0.600)			0.600	0.000
Financial Plan investments	1.100			(0.435)	0.665
S&O ESD investment	0.250			(0.063)	0.187
Intermediate care	0.241				0.241
Other investments / Adjustments	1.275	1.133	(1.955)	(1.121)	(0.668)
0.5% Contingency Reserve	1.058				1.058
Provider contracts - conditional income	(0.350)				(0.350)
GP Forward View - NHSE income	0.000	0.779		(0.779)	0.000
H&CP 0.2% top slice place based funding	0.000	0.386		(0.386)	0.000
Cheshire & Mersey H&C programme	0.000	0.497		(0.497)	0.000
Community Crisis Transformation Funding	0.000	0.118		(0.118)	0.000
BCF Support		0.074			0.074
CEOV		(0.244)			(0.244)
Corporate Connections		0.007			0.007
GPIT funding		0.407			0.407
NHSE Winter Funding S&O		1.060		(1.060)	0.000
STP Contingency Reserve (0.1%)		0.193			0.193
COVID-19 Funding		0.054			0.054
<b>Total Reserves</b>	<b>(10.985)</b>	<b>4.464</b>	<b>1.680</b>	<b>(3.859)</b>	<b>(8.700)</b>

- Commentary**
- 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 0.5% contingency reserve is partly committed as mitigation for conditional income agreed in provider contracts for 2019/20.
  - Funding has been allocated to I&E budgets to support costs for the Primary Care Extended Access service (GP Forward View).
  - Funding was received in Month 8 relating to winter pressures which is a pass through allocation for Southport & Ormskirk NHS Trust.
  - Funding has been received for GPIT investments following approval of bids submitted to NHS England.
  - In Month 12, the CCG received additional allocations for costs relating to COVID-19 and return of the STP contingency reserve which was held by NHS England during the year.

5. Provider Expenditure Analysis – Acting as One Providers																				
Report	Commentary																			
<p><b>Acting as One Contract Performance: (Year to Date at Month 11)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #0056b3; color: white;">Provider</th> <th style="background-color: #0056b3; color: white;">Over / (Under) Plan £m</th> </tr> </thead> <tbody> <tr> <td>Aintree University Hospital NHS Foundation Trust</td> <td style="text-align: right; color: red;">(0.400)</td> </tr> <tr> <td>Alder Hey Children’s Hospital NHS Foundation Trust</td> <td style="text-align: right;">0.164</td> </tr> <tr> <td>Liverpool Women’s NHS Foundation Trust</td> <td style="text-align: right; color: red;">(0.140)</td> </tr> <tr> <td>Liverpool Heart &amp; Chest NHS Foundation Trust</td> <td style="text-align: right;">0.058</td> </tr> <tr> <td>Royal Liverpool and Broadgreen NHS Trust</td> <td style="text-align: right; color: red;">(0.156)</td> </tr> <tr> <td>Mersey Care NHS Foundation Trust</td> <td style="text-align: right;">0.000</td> </tr> <tr> <td>The Walton Centre NHS Foundation Trust</td> <td style="text-align: right;">0.039</td> </tr> <tr> <td><b>Grand Total</b></td> <td style="text-align: right; color: red;"><b>(0.435)</b></td> </tr> </tbody> </table>			Provider	Over / (Under) Plan £m	Aintree University Hospital NHS Foundation Trust	(0.400)	Alder Hey Children’s Hospital NHS Foundation Trust	0.164	Liverpool Women’s NHS Foundation Trust	(0.140)	Liverpool Heart & Chest NHS Foundation Trust	0.058	Royal Liverpool and Broadgreen NHS Trust	(0.156)	Mersey Care NHS Foundation Trust	0.000	The Walton Centre NHS Foundation Trust	0.039	<b>Grand Total</b>	<b>(0.435)</b>
Provider	Over / (Under) Plan £m																			
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<b>Grand Total</b>	<b>(0.435)</b>																			
		<ul style="list-style-type: none"> <li>The CCG is included in the Acting as One contracting arrangement with North Mersey providers. This means that contracts will operate on a block contract basis for the financial year 2019/20.</li> <li>The agreement protects against over performance with these providers but does not protect against pass through costs which are not included in the Acting as One Contract.</li> <li>Due to fixed financial contract values, the agreement removes the ability to achieve QIPP savings in the contract period. However, identification of QIPP schemes with system partners remain important to address long-term financial sustainability.</li> <li>The year to date financial performance for the Acting as One providers shows an under performance against plan, this would represent an underspend of £0.435m under PbR contract arrangements.</li> </ul>																		

6. QIPP							
Report				Commentary			
<b>RAG Rated QIPP Plan 2019/20</b>							
	Rec	Non Rec	Total	Green	Amber	Red	Total
Prescribing	1,666	0	1,666	1,802	0	(136)	1,666
Urgent Care	2,526	0	2,526	0	0	2,526	2,526
Elective Planned Care	5,793	0	5,793	0	0	5,793	5,793
Community Services	603	0	603	214	0	389	603
Continuing Health Care	2,729	0	2,729	0	0	2,729	2,729
Value for Money Reviews	167	0	167	2,064	0	(1,897)	167
High Risk Proposals	3,100	0	3,100	0	0	3,100	3,100
<b>Total QIPP Plan</b>	<b>16,584</b>	<b>0</b>	<b>16,584</b>	<b>4,080</b>	<b>0</b>	<b>12,504</b>	<b>16,584</b>
<b>QIPP Delivered 2019/20</b>				<b>4,080</b>		<b>0</b>	<b>4,080</b>
				<ul style="list-style-type: none"> <li>The 2019/20 QIPP target is <b>£14.104m</b>.</li> <li>QIPP schemes worth £16.584m have been identified; however many of the schemes have been identified as high risk.</li> <li>The CCG have held 'QIPP Weeks' during the year to focus on implementation of schemes and assurance of delivery. The updated QIPP plan and risk assessment has been incorporated into the System Financial Recovery Plan.</li> <li>The CCG Leadership Team has agreed to hold a QIPP week on a monthly basis to continue focus on delivery and assurance.</li> <li>Challenge and scrutiny sessions with QIPP leads will continue during the year in order to maximise efficiency savings for 2019/20 and to develop the 2020/21 plan.</li> <li>The detailed QIPP plan is provided in <b>Appendix 3</b></li> </ul>			

7. Underlying position				
Report				Commentary
<b>CCG Financial Position:</b>				<b>Financial Position</b> <ul style="list-style-type: none"> <li>The CCG year-end financial position is a deficit of £12.800m which reflects under delivery of QIPP savings against plan as well as further cost pressures which have emerged during the year.</li> <li>The underlying financial position is a deficit of <b>£10.630m</b>, this has increased in 2019/20 due to increased cost pressures in mainly in provider contracts. The underlying position is expected to improve as further efficiency schemes are identified during the year.</li> </ul>
	Recurrent £000	Non-Recurrent £000	Total £000	
Agreed Financial Position	0.000	0.000	0.000	
QIPP Target	(10.454)	(3.650)	(14.104)	
Revised surplus / (deficit)	(10.454)	(3.650)	(14.104)	
I&E Impact & Reserves Budget	(2.359)	(0.417)	(2.776)	
<b>Management action plan</b>				
QIPP Achieved	2.183	0.000	2.183	
Other Mitigations	0.000	1.897	1.897	
<b>Total Management Action plan</b>	<b>2.183</b>	<b>2.000</b>	<b>4.080</b>	
<b>Year End Surplus / (Deficit)</b>	<b>(10.630)</b>	<b>(2.067)</b>	<b>(12.800)</b>	

8. Statement of Financial Position					
Report					Commentary
<b>Summary working capital:</b>					
Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Prior Year 2018/19
	M3 £'000	M6 £'000	M9 £'000	M12 £'000	M12 £'000
Non-Current Assets	16	20	17	15	23
Receivables	2,576	3,336	2,847	846	3,957
Cash	1,840	1,798	2,421	30	20
Payables & Provisions	(16,072)	(15,417)	(17,544)	(15,469)	(12,363)
Value of Debt > 180 days	177	186	1,555	174	38

- The non-current asset (Non CA) balance relates to assets funded by NHS England for capital projects. The movement in balance relates to capital spend in year and depreciation charges applied.
- The receivables balance includes invoices raised for services provided along with accrued income and prepayments.
- Outstanding debt in excess of 6 months old is currently £0.174m. Although Southport & Ormskirk NHS Trust has settled a significant amount of their aged debt, there remains one invoice outstanding (£0.137m) which has been formally disputed as part of the NHS agreement of balances exercise. The CCG Chief Finance Officer has been discussing this with the Trust to reach a resolution. Sefton Metropolitan Borough Council also have an invoice for £0.035m relating to recharge of care fees, this has subsequently been settled.
- At month 12, the CCG was required to meet a cash target of 1.25% of its monthly cash drawdown (approximately £0.182m). At 31 March 2020, the CCG had a cash balance of £0.030m; therefore the cash target was achieved.



## 9. Recommendations

The Governing Body is asked to receive this report noting that:

- The agreed financial plan for Southport and Formby CCG was breakeven for 2019/20.
- The revised forecast outturn for the financial year is a deficit of £12.800m.
- The QIPP efficiency requirement to deliver the agreed financial plan was £14.104m. QIPP schemes of £16.584m have been identified although a high proportion of schemes remain high risk.
- The CCG deficit at Month 12 is £12.800m. The CCG will continue to pursue actions to mitigate this position in the long term through QIPP delivery.
- The CCG has not delivered the agreed 2019/20 financial plan but has achieved the revised forecast outturn. The focus must remain on the continued progression of the QIPP programme which is essential to provide mitigation against the CCG's underlying deficit. The governance arrangements to support full system working have been developed and will need to continue support delivery of the system financial recovery plan.
- It is essential that clinical leaders in the CCG engage with colleagues across the system in order to influence change and deliver reduction in costs. The financial recovery plan can only be delivered through a concerted effort by clinicians in all parts of the healthcare to work together to deliver more efficient and effective models of care.
- The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain the proposed approach so that the membership can support implementation of the recovery plan.

## Appendices

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- Appendix 1 – Financial position - Month 12
- Appendix 2 – Detailed breakdown of provider costs
- Appendix 3 – 2019/20 QIPP plan

## Appendix 1 – Financial Position Month 12

01V NHS Southport & Formby Clinical Commissioning Group Month 12 Financial Position 2019/20							
Cost centre Number	Cost Centre Description	Annual Budget	Budget To Date	Actual To Date	Variance To Date	End of Year	
		£000	£000	£000	£000	Actual Outturn	Variance
		£000	£000	£000	£000	£000	£000
<b>Acute</b>							
603571	Acute Commissioning	99,442	99,442	99,909	467	99,909	467
603576	Acute Childrens Services	1,534	1,534	1,566	32	1,566	32
603586	Ambulance Services	5,821	5,821	5,823	2	5,823	2
603591	Clinical Assessment And Treatment Centres	6,200	6,200	6,824	624	6,824	624
603596	Collaborative Commissioning	378	378	378	0	378	0
603606	High Cost Drugs	1,391	1,391	1,443	51	1,443	51
603616	Ncas/Oats	1,548	1,548	1,827	279	1,827	279
<b>Sub-Total: Acute</b>		<b>116,314</b>	<b>116,314</b>	<b>117,769</b>	<b>1,455</b>	<b>117,769</b>	<b>1,455</b>
<b>Mental Health</b>							
603501	Mental Health Contracts	206	206	206	0	206	0
603506	Child And Adolescent Mental Health	233	233	119	(113)	119	(113)
603511	Dementia	82	82	82	0	82	0
603521	Learning Difficulties	1,559	1,559	1,267	(292)	1,267	(292)
603531	Mental Health Services – Adults	189	189	163	(26)	163	(26)
603551	Mental Health Services - Older People	0	0	0	0	0	0
603556	Mental Health Services - SLA	15,892	15,892	15,883	(9)	15,883	(9)
603557	Mental Health Services - S117 Mental Health	1,619	1,619	2,004	385	2,004	385
<b>Sub-Total: Mental Health</b>		<b>19,780</b>	<b>19,780</b>	<b>19,724</b>	<b>(56)</b>	<b>19,724</b>	<b>(56)</b>
<b>Continuing Care</b>							
603682	Chc Adult Fully Funded	6,400	6,400	7,668	1,269	7,669	1,269
603683	Chc Ad Full Fund Pers Hlth Bud	853	853	1,310	457	1,310	457
603684	Chc Adult Joint Funded	1,275	1,275	1,213	(62)	1,213	(62)
603685	Chc Ad Jnt Fund Pers Hlth Bud	415	415	580	165	580	165
603686	Chc Admin & Support	347	347	532	185	532	185
603687	Chc Children	351	351	320	(32)	320	(32)
603691	Funded Nursing Care	3,223	3,223	3,649	426	3,649	426
<b>Sub-Total: Continuing Care</b>		<b>12,865</b>	<b>12,865</b>	<b>15,272</b>	<b>2,408</b>	<b>15,273</b>	<b>2,408</b>
<b>Community Health</b>							
603711	Community Services	17,055	17,055	17,237	182	17,237	182
603721	Hospices	935	935	928	(7)	928	(7)
603736	Palliative Care	62	62	62	0	62	0
603726	Intermediate Care	1,519	1,519	1,879	361	1,879	361
<b>Sub-Total: Community Health</b>		<b>19,571</b>	<b>19,571</b>	<b>20,107</b>	<b>536</b>	<b>20,107</b>	<b>536</b>
<b>PRIMARY CARE</b>							
603646	Commissioning Schemes	587	587	719	132	719	132
603651	Local Enhanced Services	2,687	2,687	2,595	(92)	2,595	(92)
603656	Medicines Management - Clinical	866	866	772	(94)	772	(94)
603661	Out Of Hours	977	977	970	(7)	970	(7)
603662	GP Forward View	800	800	799	(1)	799	(1)
603666	Oxygen	147	147	189	42	189	42
603671	Prescribing	21,112	21,112	21,464	352	21,464	352
603676	Primary Care It	944	944	727	(217)	727	(217)
603678	PRC Delegated Co-Commissioning	17,224	17,224	17,143	(81)	17,143	(81)
<b>Sub-Total: Primary Care</b>		<b>45,344</b>	<b>45,344</b>	<b>45,378</b>	<b>34</b>	<b>45,378</b>	<b>34</b>
<b>Corporate Costs &amp; Services</b>							
605251	Administration & Business Support	179	179	194	16	194	16
605266	Business Informatics	311	311	275	(35)	275	(35)
605271	Ceo/ Board Office	427	427	473	46	473	46
605276	Chair And Non Execs	211	211	197	(14)	197	(14)
605296	Commissioning	566	566	560	(6)	560	(6)
605311	Contract Management	152	152	129	(23)	129	(23)
605316	Corporate Costs & Services	350	350	332	(18)	332	(18)
605346	Estates And Facilities	40	40	48	8	48	8
605351	Finance	294	294	260	(34)	260	(34)
605426	Quality Assurance	79	79	76	(2)	76	(2)
605431	Recharges	0	0	(0)	(0)	0	(0)
<b>Sub-Total: Corporate Costs &amp; Services</b>		<b>2,607</b>	<b>2,607</b>	<b>2,544</b>	<b>(63)</b>	<b>2,544</b>	<b>(63)</b>
<b>Other</b>							
603756	Commissioning - Non Acute	4,593	4,593	4,343	(250)	4,343	(250)
603776	Non Recurrent Programmes	905	905	864	(41)	864	(41)
603791	Programme Projects	195	195	194	(1)	194	(1)
603796	Reablement	806	806	806	-	806	0
603801	Recharges NHS Property Services	68	68	104	35	104	35
603809	NHS 111	327	327	363	36	363	36
603810	Nursing And Quality Programme	254	254	261	7	261	7
<b>Sub-Total: Other</b>		<b>7,148</b>	<b>7,148</b>	<b>6,934</b>	<b>(214)</b>	<b>6,934</b>	<b>(214)</b>
<b>Sub-Total Operating Budgets pre Reserves</b>		<b>223,629</b>	<b>223,629</b>	<b>227,728</b>	<b>4,100</b>	<b>227,729</b>	<b>4,100</b>
<b>RESERVES</b>							
603761	Commissioning Reserve	(8,700)	(8,700)	-	8,700	0	8,700
603781	Non Recurrent Reserve	0	0	-	-	0	0
<b>Sub-Total: Reserves</b>		<b>(8,700)</b>	<b>(8,700)</b>	<b>0</b>	<b>8,700</b>	<b>0</b>	<b>8,700</b>
<b>Total I &amp; E</b>		<b>214,929</b>	<b>214,929</b>	<b>227,728</b>	<b>12,800</b>	<b>227,729</b>	<b>12,800</b>
099999	In Year Planned (Surplus)/Deficit	0	0	0	0	0	0
<b>Grand Total (Surplus)/Deficit</b>		<b>214,929</b>	<b>214,929</b>	<b>227,728</b>	<b>12,800</b>	<b>227,729</b>	<b>12,800</b>

## Appendix 2 – Detailed Breakdown of Provider Costs

01V NHS Southport & Formby Clinical Commissioning Group Month 12 Contract Summary 2019/20						
Cost Centre Description	Area	Cost centre Number	Annual Budget	Budget To Date	Actual To Date	Variance
			£000	£000	£000	Month 12 £000
<b>ACUTE CHILDRENS SERVICES</b>						
ALDER HEY CHILDRENS FT	SLA	603576	1,534	1,534	1,566	32
<b>Sub-Total: Acute Childrens Services</b>			<b>1,534</b>	<b>1,534</b>	<b>1,566</b>	<b>32</b>
<b>ACUTE COMMISSIONING</b>						
LIVERPOOL UNI HOSP NHS FT	SLA	603571	10,942	10,942	11,232	290
R LIV/BRG UNI HOSP NHST	SLA	603571	2,912	2,912	2,942	29
CLATTERBRIDGE NHS FT	SLA	603571	0	0	0	0
COUNTRESS OF CHESTER FT	SLA	603571	452	452	486	34
LANCASHIRE TEACHING NHS FT	SLA	603571	28	28	50	23
LIVP HRT/CHST HOSP NHS FT	SLA	603571	405	405	429	24
LIVP WOMENS NHS FT	SLA	603571	1,422	1,422	1,435	13
MANC UNI NHS FT	SLA	603571	1,344	1,344	1,355	11
R LIV/BRG UNI HOSP NHST	SLA	603571	326	326	345	19
SOUTHPORT/ORMSKIRK NHST	SLA	603571	75,226	75,226	75,827	600
ST HEL/KNOWS TEACH NHST	SLA	603571	2,228	2,228	2,056	(171)
UNIVERSITY HOSPITALS OF NORTH MIDLAND	SLA	603571	9	9	9	0
VIRGIN CARE PROVIDER SERVICES LTD	SLA	603571	250	250	310	60
WALTON CENTRE NHS FT	SLA	603571	956	956	957	1
WIRRAL UNIV TEACH HOSP NHS FT	SLA	603571	199	199	145	(54)
WRIGHT/WGN/LEIGH NHS FT	SLA	603571	2,167	2,167	2,352	185
SPECSAVERS HEARCARE LTD	AQP	603571	283	283	268	(16)
INJURY CARE CLINICS LTD	AQP	603571	24	24	0	(24)
SCRIVENS	AQP	603571	0	0	0	0
CALDERDALE/HUDD NHS FT	OTHER	603571	1	1	2	1
PHOENIX / OTHER PROVIDERS	AQP	603571	84	48	53	(31)
NHS HALTON CCG	OTHER	603571	-	0	0	0
NHS KNOWSLEY CCG	OTHER	603571	50	50	50	0
NHS LIVERPOOL CCG	OTHER	603571	132	132	(27)	(159)
NHS SOUTH SEFTON CCG	OTHER	603571	-	0	(368)	(368)
NHS ST HELENS CCG	OTHER	603571	-	0	0	0
<b>Sub-Total: Acute Commissioning</b>			<b>99,442</b>	<b>99,406</b>	<b>99,909</b>	<b>467</b>
<b>COMMUNITY SERVICES</b>						
LIVERPOOL UNI HOSP NHS FT	Comm & Anti-Coag	603711	729	729	724	(4)
SEFTON COUNCIL	Community	603711	0	0	33	33
ALDER HEY CHILDRENS FT	Community	603711	2,393	2,393	2,444	51
MERSEY CARE NHS FT	Community	603711	1,110	1,110	1,145	35
LANCASHIRE CARE NHSFT	Community	603711	12,518	12,518	12,633	115
SOUTHPORT/ORMSKIRK NHST	Community	603711	275	275	258	(17)
<b>Sub-Total: Community Services</b>			<b>17,055</b>	<b>17,055</b>	<b>17,237</b>	<b>182</b>
<b>MENTAL HEALTH SERVICES</b>						
MERSEY CARE NHS FT	Mental Health	603556	13,799	13,799	13,800	1
SEFTON METROPOLITAN BC	Mental Health	603556	0	0	(4)	(4)
ALDER HEY CHILDRENS FT	Mental Health	603556	122	122	122	(0)
NHS WARRINGTON CCG	Mental Health	603556	803	803	803	0
CHESH/WIRRAL PART NHSFT	Mental Health	603556	1,168	1,168	1,163	(5)
<b>Sub-Total: Mental Health Services - Other</b>			<b>15,892</b>	<b>15,892</b>	<b>15,883</b>	<b>(9)</b>
<b>NHS 111</b>						
NW AMBUL SVC NHST	NHS 111	603809	296	296	332	36
NHS LIVERPOOL CCG	NHS 111	603809	20	20	20	0
NHS BLACKPOOL CCG	NHS 111	603809	11	11	11	0
<b>Sub-Total: NHS 111</b>			<b>327</b>	<b>327</b>	<b>363</b>	<b>36</b>
<b>AMBULANCE SERVICES</b>						
NW AMBUL SVC NHST	SLA	603586	5,821	5,821	5,823	2
<b>Sub-Total: Ambulance Services</b>			<b>5,821</b>	<b>5,821</b>	<b>5,823</b>	<b>2</b>
<b>Grand Total</b>			<b>140,071</b>	<b>140,035</b>	<b>140,780</b>	<b>709</b>

01V NHS Southport & Formby Clinical Commissioning Group Month 12 IS Summary 2019/20					
Cost Centre Description	Area	Annual Budget	Budget To Date	Actual To Date	Variance
		£000	£000	£000	Month 12 £000
<b>Clinical Assessment And Treatment Centres</b>					
RAMSAY HEALTHCARE UK	SLA	3,947	3,947	4,224	277
SPIRE HEALTHCARE LTD	SLA	161	161	189	28
FAIRFIELD INDEPENDENT HOSPITAL	SLA	16	16	24	8
ISIGHT LTD	SLA	1,588	1,588	1,809	222
BRITISH PREGNANCY ADVICE SERVICE	SLA	19	19	45	25
S&F CONFEDERATION	SLA	309	309	313	4
<b>Sub-Total: ISTC Contracts</b>		<b>6,039</b>	<b>6,039</b>	<b>6,603</b>	<b>564</b>
<b>Non-Contracted</b>					
EUXTON HALL HOSPITAL	Non-Contract	85	85	118	32
SPIRE CHOICE	Non-Contract	28	28	27	(1)
SPAMEDICA LTD	Non-Contract	20	20	43	22
NUFFIELD HEALTH	Non-Contract	2	2	13	11
OAKLANDS HOSPITAL	Non-Contract	5	5	0	(5)
ONE TO ONE NORTH WEST LTD	Non-Contract	21	21	21	0
<b>Sub-Total: ISTC Non-Contracted</b>		<b>161</b>	<b>161</b>	<b>221</b>	<b>60</b>
<b>Grand Total: Clinical Assessment And Treatment Centres</b>		<b>6,200</b>	<b>6,200</b>	<b>6,824</b>	<b>624</b>

## Appendix 3 – 2019/20 QIPP Plan

SOUTHPORT AND FORMBY CCG								
	Recurrent	Non-Rec	Total	Risk Adjusted	Green	Amber	Red	RAG rating
<b>TARGET</b>	<b>(13,004)</b>	<b>(1,100)</b>	<b>(14,104)</b>					
<b>SCHEME 1: PRESCRIBING</b>								
Individual Patient Reviews	183		183	183	319	0	(136)	G
RightCare - Gastro	113		113	113	113	0	0	G
RightCare - Respiratory	65		65	65	65	0	0	G
Vit B	41		41	41	41	0	0	G
Restricted Items	57		57	57	57	0	0	G
Risk Pool	442		442	442	442	0	0	G
Rebates	145		145	145	145	0	0	G
Optimise	67		67	67	67	0	0	G
Gluten Free	11		11	11	11	0	0	G
Dermatology	9		9	9	9	0	0	G
Stoma	47		47	47	47	0	0	G
Validate - CSU Blutech	41		41	41	41	0	0	G
Adalimumab	445		445	445	445	0	0	G
<b>Sub-Total - Scheme 1 PRESCRIBING</b>	<b>1,666</b>	<b>0</b>	<b>1,666</b>	<b>1,666</b>	<b>1,802</b>	<b>0</b>	<b>(136)</b>	
<b>SCHEME 2: URGENT CARE</b>								
Frailty Pathway and Falls	1,125		1,125	0	0	0	1,125	R
Zero LoS tariff	500		500	0	0	0	500	R
Neurology/pain	493		493	0	0	0	493	R
Respiratory	408		408	0	0	0	408	R
<b>Sub-Total - Scheme 2: URGENT CARE</b>	<b>2,526</b>	<b>0</b>	<b>2,526</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,526</b>	
<b>SCHEME 3: ELECTIVE PLANNED CARE</b>								
Gastroenterology	654		654	0	0	0	654	R
IVF	135		135	0	0	0	135	R
Circulatory problems	633		633	0	0	0	633	R
Cancer	406		406	0	0	0	406	R
MSK	450		450	0	0	0	450	R
Respiratory	131		131	0	0	0	131	R
Endocrine, Nutritional, Metabolic Diso	126		126	0	0	0	126	R
Genito-urinary	91		91	0	0	0	91	R
Outpatient follow-up reduction (50% a	1,800		1,800	0	0	0	1,800	R
Outpatients first appointment	91		91	0	0	0	91	R
Vision	903		903	0	0	0	903	R
Prior Approval Scheme	372		372	0	0	0	372	R
<b>Sub-Total - Scheme 3: ELECTIVE PLANN</b>	<b>5,793</b>	<b>0</b>	<b>5,793</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,793</b>	

<b>SCHEME 4: COMMUNITY SERVICES</b>								
Telehealth	214		214	214	214	0	0	G
Community ophthalmology service	146		146	0	0	0	146	R
Community ENT	0		0	0	0	0	0	R
Community gastroenterology service	0		0	0	0	0	0	R
Community Dermatology Service	0		0	0	0	0	0	R
Community Spirometry	80		80	0	0	0	80	R
Community Gynaecology	163		163	0	0	0	163	R
<b>Sub Total SCHEME 4: COMMUNITY SER</b>	<b>603</b>	<b>0</b>	<b>603</b>	<b>214</b>	<b>214</b>	<b>0</b>	<b>389</b>	
<b>SCHEME 5: CONTINUING HEALTH CARE</b>								
CHC / FNC	2,729		2,729	0	0	0	2,729	R
<b>SCHEME 5: CONTINUING HEALTH CARE</b>	<b>2,729</b>	<b>0</b>	<b>2,729</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,729</b>	
<b>SCHEME 6: VALUE FOR MONEY REVIEWS</b>								
Other Schemes	167	0	167	2,064	2,064	0	(1,897)	G
<b>SCHEME 6: VALUE FOR MONEY REVIEW</b>	<b>167</b>	<b>0</b>	<b>167</b>	<b>2,064</b>	<b>2,064</b>	<b>0</b>	<b>(1,897)</b>	
<b>SCHEME 7: HIGH RISK PROPOSALS</b>								
Local Quality Contract	2,400		2,400	0	0	0	2,400	R
Third Sector	700		700	0	0	0	700	R
<b>SCHEME 7: HIGH RISK PROPOSALS</b>	<b>3,100</b>	<b>0</b>	<b>3,100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,100</b>	
Non-Recurrent Schemes		0	0	0	0	0	0	R
<b>Total All Schemes</b>	<b>16,584</b>	<b>0</b>	<b>16,584</b>	<b>3,944</b>	<b>4,080</b>	<b>0</b>	<b>12,504</b>	<b>0</b>

## MEETING OF THE GOVERNING BODY June 2020

<b>Agenda Item:</b> 20/79	<b>Author of the Paper:</b> Andy Woods Senior Governance Manager Merseyside CCGs Equality & Inclusion Service <a href="mailto:andrew.woods3@nhs.net">andrew.woods3@nhs.net</a> <a href="tel:07825111596">07825111596</a>
<b>Report date:</b> June 2020	
<b>Title:</b> COVID-19 Equality & inclusion	
<b>Summary/Key Issues:</b> <ul style="list-style-type: none"> <li>Equality impacts of COVID-19; disproportionate impact on particular groups.</li> <li>Evidencing lawful decision making</li> </ul>	
<b>Recommendation</b>	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive and pay 'due regard' to this report.	

### Links to Corporate Objectives 2020/21 (x those that apply)

x	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
x	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
x	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
	To progress a potential CCG merger to have in place an effective clinical commissioning group function.



Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement		<b>x</b>		
Clinical Engagement		<b>x</b>		
Equality Impact Assessment	<b>x</b>			The Equality Brief Version Five provides the CCG's response to Public Sector Equality Duty, section 149 Equality Act 2010. The enclosed differential table in Version Five of the Equality Brief provides NHS Commissioners and Service Providers with equality considerations to incorporate in their response to and recovery of COVID-19. Mitigations have been provided along with further recommended actions for NHS organisations
Legal Advice Sought		<b>x</b>		
Quality Impact Assessment		<b>x</b>		
Resource Implications Considered		<b>x</b>		
Locality Engagement		<b>x</b>		
Presented to other Committees		<b>x</b>		

## Report to the Governing Body June 2020

### 1. Executive Summary

#### Equality and Inclusion and COVID -19

From an equality perspective there are a number of issues that all NHS organisations will need to consider as part of their response to COVID-19. The Merseyside CCGs Equality and Inclusion Service has developed a COVID-19 Equality Brief (Currently version five, Appendix A,). The Governing Body is asked to pay 'due regard' to the Equality Brief in the exercise of its public sector equality duty which is still active despite emergency legislation.

### 2. Introduction and Background

The brief includes equality considerations for people with protected characteristics and also information sources for NHS Providers and Commissioners to access and distribute accordingly. The Merseyside CCG Equality and Inclusion Service has kept the equality briefing as a 'live document' to continually update and share across the system and enable the CCG to understand and react to equality issues and support recovery.

The brief has been distributed to Southport & Formby CCG's COVID-19 Incident Management team and to all Incident Management Teams and Equality Leads of Acute, Community, Mental Health and Independent Sector organisations (where Southport & Formby CCG is Co-ordinating Commissioner or Co-Commissioner) with the request that the brief is shared widely across their organisation, including but not limited to Executive Teams, Specialists Teams. Provider workforce including but not limited to human resources (workforce), patient experience, and patient engagement.

### 3. Key Issues

Prompt decision making and ensuring that equality impacts are considered by decision makers demonstrates ('due regard') to the Public Sector Equality Duty (PSED). The CCG needs to be cognisant of their duties when taking prompt decisions that impact on their population. The Merseyside CCG Equality and Inclusion Service are working closely with the CCG's Interim Programme Lead for Corporate Services to develop a process to enable the CCG to consider the local impacts and mitigations proportionally during these unprecedented times. The Equality Brief v5 (Appendix A) have been developed to support NHS Commissioners and Providers to consider impacts and discharge their duties under the Equality Act 2010.

Emerging UK and international data suggests that people from across all protected characteristics are impacted by the pandemic including disabled people, Black, Asian and Minority Ethnic (BAME) people, and people living in poverty. It is vital that the CCG considers how to improve access to services and information and improve outcomes across its population during these unprecedented times. The equality team are supporting a number of initiatives across workforce and patients as outline in the equality Brief.

#### 4. Conclusions

The CCG needs to be cognisant of their duties when taking prompt decisions that impact on their population and to ensure equality considerations form part of recovery plans.

#### 5. Recommendations

The Governing Body is asked to pay 'due regard' to the Equality Brief V5 in the exercise of its public sector equality duty which is still active despite emergency legislation.

#### 6. Appendices

Appendix A- Equality Brief v5

**Andy Woods**  
**Senior Governance Manager**  
**June 2020**

<h1>Merseyside CCG Equality and Inclusion Service</h1> <h2>COVID-19 Equality Briefing</h2>	
<p><b>Briefing Date :</b>                  Version (3): 30<sup>th</sup> March 2020                  Version (4): 20<sup>th</sup> April 2020  <b>This version (5): 14<sup>th</sup> May 2020</b></p>	<p><b>Author of the Paper:</b>                  Andy Woods                  Senior Governance Manager                  Merseyside CCGs Equality and Inclusion Service                  Email: <a href="mailto:Andrew.Woods3@nhs.net">Andrew.Woods3@nhs.net</a></p> <p>Jo Roberts                  Merseyside CCGs Equality and Inclusion Service                  Manager                  Email: <a href="mailto:Jo.Roberts10@nhs.net">Jo.Roberts10@nhs.net</a></p>
<p><b>Title:</b> COVID-19 Equality Briefing</p>	

Background	
<p><b>Background</b></p>	<p>COVID-19 outbreak means that the NHS is currently operating under unprecedented emergency measures.</p> <p>From an equality perspective there are a number of issues that all NHS organisations will need to consider as part of their response in addition to the core standards for Emergency Preparedness, Resilience and Response (EPPR).</p> <p>The restrictions extended by the emergency coronavirus legislation are designed to protect those in vulnerable situations and safeguard futures. They have significant implications for all, but as they come into effect it will be important to consider carefully the specific impacts they may have on groups who are already disadvantaged in other ways. Organisations must ensure these groups are not left further behind.</p> <p><a href="https://www.equalityhumanrights.com/en/our-work/news/human-rights-and-equality-considerations-responding-coronavirus-pandemic">https://www.equalityhumanrights.com/en/our-work/news/human-rights-and-equality-considerations-responding-coronavirus-pandemic</a></p> <p>The Equality Act 2010 is a statutory act. Public Sector Equality Duty (known as the ‘equality duty’ or ‘PSED’) remains active. This means all service changes, even in emergency circumstances such as responding to COVID-19, must still be given ‘due regard’ to the objectives of:</p> <ul style="list-style-type: none"> <li>• Eliminating discrimination, harassment and victimisation</li> <li>• Advancing equality of opportunity</li> <li>• Fostering good relations between different protected characteristics.</li> </ul> <p>There continues to be a legal requirement for NHS organisations to publicly make available equality analysis reports on how ‘due regard to PSED’ was made when changing services.</p> <p>NHS Commissioners and Service Providers are still required to comply with legislation that covers: Equality, Human Rights, Duty of Care, Health and Safety and Employment.</p>
<p><b>Barriers for People with Protected Characteristics and mitigations</b></p>	<p>The enclosed differential table provides NHS Commissioners and Service Providers with equality considerations to incorporate in their response and recovery of COVID-19. Mitigations have been provided along with further recommended actions for NHS organisations. Further</p>

<p><b>Key Issues</b></p>	<p>equality related publications are available in Appendix 1.</p> <ul style="list-style-type: none"> <li>• Prompt decision making without fully considering equality impacts.</li> <li>• Disproportionate impact of COVID-19 on particular groups.</li> <li>• Accessible Communications to meet information and communication needs for people with a disability or sensory loss on latest COVID-19 guidance and changes to services.</li> <li>• The need for local targeted campaigns and information giving; for those at risk (broader than the national highest risk groups) on key information across protected characteristic and other vulnerable groups.</li> </ul>
<p><b>Recommendations</b></p>	<ol style="list-style-type: none"> <li>1. Review this Equality specific brief alongside local and national guidance.</li> <li>2. Distribute COVID-19 Equality Brief to all relevant teams across organisation. For Provider colleagues including but not limited to: Executive Team, Nurse Specialists' e.g. learning disability, sickle cell. All relevant services e.g. ophthalmology, oncology, CAMHS/ IAPT etc. Provider workforce including but not limited to human resources (workforce), patient experience, patient engagement etc.</li> <li>3. Providers and CCGs to ensure that when they are reviewing services they develop existing internal documentation to evidence Public Sector Equality Duty 'Due Regard'. PSED is still active.</li> <li>4. CCGs and Providers to ensure Governing Bodies and Organisation Boards respectively are sighted on Equality Duty and associated risks by sharing the latest version of the Equality Brief and PSED brief v3 (Appendix 2).</li> <li>5. CCGs and Providers to continue to seek assurance of service provision from interpreter agencies (language and BSL).</li> <li>6. Ensure communications are inclusive</li> <li>7. Develop targeted campaigns to vulnerable people e.g. people with sickle cell anaemia</li> <li>8. Ensure patient data of COVID-19 cases and deaths are recorded by protected characteristic e.g. ethnicity and disability in addition to the standard gender, sex characteristics.</li> <li>9. Ensure workforce risk assessments updated in line with National recommendations around BAME staff.</li> </ol>

Protected Characteristic	Issue	Remedy/ Mitigation	Recommended Actions
Age	<p><b>Over 65 (and also Disability)</b>                      Guidelines developed in other countries responding to COVID-19 state that priority should be given to those who have, first, “greater likelihood of survival and, second, who have more potential years of life meaning that pressures on beds and access to respiratory equipment could result in younger, otherwise healthy patients being prioritised treatment over older patients or those with pre-existing conditions.</p> <p>Human Rights Article 2 would relate to rationing of services and the ethical decision making in who receives recourses in life/death situations.</p>	<p>The challenge for local health commissioners and services if cases continue to rise on current projections is to <b>develop a consistent approach, based on an understanding and communication of risk on a case-by-case basis</b> and to avoid a blunt ageist approach.</p> <p>Refer to Publications approval reference: 001559 Maintaining standards and quality of care in pressurised circumstances <a href="https://www.england.nhs.uk/coronavirus/publication/maintaining-standards-pressurised-circumstances/">https://www.england.nhs.uk/coronavirus/publication/maintaining-standards-pressurised-circumstances/</a></p> <p>and BMA ethical issues guidance note: <a href="https://www.bma.org.uk/advice-and-support/covid-19/ethics/covid-19-ethical-issues">https://www.bma.org.uk/advice-and-support/covid-19/ethics/covid-19-ethical-issues</a></p>	<p>Ensure processes are in place to communicate guidance with clinical staff and ensure methods auditable.</p>
	<p><b>Vulnerable People – All Ages</b>                      Vulnerable people (broader than Government list) being made aware of specific services available to them via targeted campaigns.</p>	<p>Ensure Communications/ Engagement Teams access national and local information sources.</p> <p><a href="https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19">https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19</a></p>	<p>CCGs and Providers to work collaboratively with networks e.g. Voluntary Organisations, Local Authority, Police, Fire Service, Healthwatch etc. to ensure communications are shared with communities.</p>

		<a href="https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people">https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people</a>	
	<b>People living in Care Homes/ Other Housing</b> COVID-19 poses a higher risk to populations that live in close proximity to each other.	Commissioners to ensure that national and local information is shared with Care Home colleagues.	Commissioners and Providers to ensure that collaborative work is ongoing with Local Authority, Care Quality Commission (CQC) and Care Home colleagues to monitor and review capacity and share information with relevant parties.
<b>Disability</b>	<b>Sensory; D/deaf people</b>  D/deaf, Deaf blind  D/deaf people may require additional support to understand national / local guidance on COVID-19 and changes to service.	Ensure there is access to British Sign Language for D/deaf people  Commissioners of BSL interpreter services (CCG and Provider organisations) to collate information on interpreter agency provision, capacity and Business Continuity Plans escalating any potential gaps as appropriate through organisation’s internal escalation process.  Consider use of Relay UK (previously Next Generation Text) to support communication with patients. <a href="https://www.relayuk.bt.com/">https://www.relayuk.bt.com/</a>  Sign Health continues to publish BSL videos on their website to update D/deaf people on the latest COVID-19 guidelines. <a href="https://www.signhealth.org.uk/coronavirus/">https://www.signhealth.org.uk/coronavirus/</a>	Commissioners of interpreter services to review contract requirements to ensure any revisions include Quality Standards for Translation and Interpretation services.  Commissioners of interpreter services to monitor usage and use intelligence / activity data to share with CCG Equality and Inclusion Service.  Explore access to video-conferencing facilities available free during COVID-19 to support non Face to Face healthcare appointments via Sign Health. <a href="https://www.bslhealthaccess.co.uk/">https://www.bslhealthaccess.co.uk/</a>  CCGs and Providers to work collaboratively with networks e.g. Voluntary Organisations, Deaf Charities, etc. to ensure communications are shared with communities.

			<p>CCGs and Providers to ensure they respond to any recommendations from Healthwatch surveys undertaken during COVID-19 on patient access/ experience etc.</p> <p>CCG Equality and Inclusion Service to work with Healthwatch colleagues to identify/ support any gaps in feedback from specific communities.</p>
	<p><b>Sensory; Visual Impairments</b> People with visual impairments may require additional support to understand national / local guidance on COVID-19 and changes to service.</p>	<p>Ensure Communications/ Engagement Teams access national and local information sources:</p> <p>RNIB: <a href="https://www.rnib.org.uk/campaigning/priority-campaigns/accessible-health-information/coronavirus-and-accessible-online-information">https://www.rnib.org.uk/campaigning/priority-campaigns/accessible-health-information/coronavirus-and-accessible-online-information</a></p> <p>RNIB <a href="https://www.rnib.org.uk/news/campaigning/accessible-covid-19-information">https://www.rnib.org.uk/news/campaigning/accessible-covid-19-information</a></p> <p>Public Health England: (Audio, Large Print) <a href="https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus-resources">https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus-resources</a></p> <p>Guidance is now available in easy read and in a range of community languages see <a href="https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance">https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance</a></p>	<p>CCGs and Providers to work collaboratively with networks e.g. Voluntary Organisations, Sight Charities, etc. to ensure communications are shared with communities.</p> <p>CCGs and Providers to ensure they respond to any recommendations from Healthwatch surveys undertaken during COVID-19 on patient access/ experience etc.</p> <p>CCG Equality and Inclusion Service to work with Healthwatch colleagues to identify/ support any gaps in feedback from specific communities.</p>



		All NHS organisations to review accessibility tools on websites	
	<p><b>Neurodiversity, Learning Disabilities, low levels of literacy</b>                  People with neurodiversity or learning disabilities may require additional support to understand national / local guidance on COVID-19 and changes to service.</p>	Ensure Communications/ Engagement Teams access national and local information sources: <a href="https://www.mencap.org.uk/advice-and-support/health/coronavirus-covid-19">https://www.mencap.org.uk/advice-and-support/health/coronavirus-covid-19</a>	Ensure monitoring arrangements in place for Care Plans and personalised care.  CCGs and Providers to ensure compliance with Accessible Information Standard; e.g. information available in easy read.  CCGs to ensure resources are shared with General Practice colleagues to share with families who may need additional support.
	<p><b>Disability: Children</b></p>	Ensure parents/ carers/ guardians are involved in any changes to care plans.	Ensure monitoring arrangements in place for Care Plans and personalised care.  CCGs and Providers to ensure compliance with Accessible Information Standard; e.g. information available in easy read.  CCGs to ensure resources are shared with General Practice colleagues to share with families who may need additional support.
	<p><b>Cancer</b>                  People undergoing cancer treatment may need support to understand any changes to treatment plans.</p>	<a href="https://www.macmillan.org.uk/coronavirus/cancer-and-coronavirus">https://www.macmillan.org.uk/coronavirus/cancer-and-coronavirus</a>	Continue to keep patients informed of any changes to service delivery.
	<p><b>Mental Health: All</b>                  Redeployment of other care professionals to respond to coronavirus will help save lives. But it also risks leaving already vulnerable older people and those living with mental health conditions exposed.</p>	Organisations to link with Equality Leads, Organisation Development (OD) colleagues for access to local and national support agencies for both staff and patients.  <a href="https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-">https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-</a>	Commissioners and Providers to ensure recovery plans include priorities as highlighted in Simon Stevens letter dated 29 <sup>th</sup> April 2020. Letter included in Appendix 1.

	<p>The impact of COVID-19 is likely to increase demand for mental health services e.g. PTSD frontline staff, bereavement, BAME, domestic violence, isolation etc.</p>	<p><a href="#">wellbeing-aspects-of-coronavirus-covid-19</a>  <a href="https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/">https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/</a>  <a href="https://www.mentalhealth.org.uk/coronaviruses">https://www.mentalhealth.org.uk/coronaviruses</a></p>	
<p><b>Race</b></p>	<p><b>People whose first language is not English</b> may need support to understand national/ local guidance and service changes.</p>	<p>Commissioners of language interpreter services (CCG and Provider organisations) to collate information on interpreter agency provision, capacity and Business Continuity Plans escalating any potential gaps as appropriate through organisation’s internal escalation process.</p> <p>Commissioners of language interpreter services (CCG and Provider organisations) to identify if interpreter agencies provider Video provision.</p> <p>Ensure Communications/ Engagement Teams access national and local information sources:  <a href="https://www.doctorsoftheworld.org.uk/coronavirus-information/#">https://www.doctorsoftheworld.org.uk/coronavirus-information/#</a></p> <p>Guidance is now available in easy read and in a range of community languages see <a href="https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance">https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance</a></p> <p>Ensure organisations connect with BME CDW Projects where appropriate to support any targeted communications.</p> <p><b>Liverpool:</b> Liverpool Community Development Service (LCDS)</p>	<p>Commissioners of interpreter services to review contract requirements to ensure any revisions include Quality Standards for Translation and Interpretation services.</p> <p>Commissioners of interpreter services to monitor usage and use intelligence / activity data to share with CCG Equality and Inclusion Service.</p> <p>Explore access to video-conferencing facilities.</p> <p>CCGs and Providers to work collaboratively with networks e.g. Voluntary Organisations, BAME Community Development Projects, etc. to ensure communications are shared with communities.</p> <p>CCGs and Providers to ensure they respond to any recommendations from Healthwatch surveys undertaken during COVID-19 on patient access/ experience etc.</p> <p>CCG Equality and Inclusion Service to work</p>


		<p><a href="http://psspeople.com/whats-happening/news/introducing-liverpool-community-development-services">http://psspeople.com/whats-happening/news/introducing-liverpool-community-development-services</a>  <b>Sefton:</b> Sefton CVS  <a href="https://seftoncv.org.uk/projects/bme/">https://seftoncv.org.uk/projects/bme/</a>  <b>Halton, St Helens and Knowsley:</b> SHAP Ltd <a href="http://www.shap.org.uk/housing-support/knowsley/bme-community-development-service/">http://www.shap.org.uk/housing-support/knowsley/bme-community-development-service/</a></p> <p>Ensure organisations can signpost people to Migrant Help.  <a href="https://www.migranthehelpuk.org/contact">https://www.migranthehelpuk.org/contact</a></p>	with Healthwatch colleagues to identify/support any gaps in feedback from specific communities.
	<p><b>Gypsy and Romany Travellers</b>  Largely mobile populations and populations with lower literacy are more likely to miss accurate public health messages.</p>	<p>Further support is available through Irish Community Care  <a href="http://iccm.org.uk/contact/">http://iccm.org.uk/contact/</a></p>	Organisations to ensure communication is effective and clear, through trusted organisations and individuals, in a culturally appropriate and sensitive way.
	<p><b>Sickle Cell Anaemia</b>  Not specified as high risk under national guidelines but are a vulnerable group.</p>	<p>Sickle Cell Society:  <a href="https://www.sicklecellsociety.org/coronaviruses-and-scd/">https://www.sicklecellsociety.org/coronaviruses-and-scd/</a></p> <p>UK Thalassaemia Society:  <a href="https://ukts.org/heads-up/coronavirus-information/">https://ukts.org/heads-up/coronavirus-information/</a></p>	Organisations to ensure communication is effective and clear, through trusted organisations and individuals.
	<p><b>Black, Asian and Minority Ethnic</b>  BAME people disproportionately impacted upon by COVID-19. Refer to statistical reviews available in Appendix 1.</p>	<p>NHSE/I due to provide guidance and support to employers on creating proactive approaches to risk assessment for BAME staff, including physical and mental health</p>	<p>CCG and Providers to amend staff risk assessment templates to include BAME and concerns on physical and mental health.</p> <p>CCGs and Providers to review organisational process which supports staff</p>

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			<p>to raise concerns.</p> <p>CCGs and Providers to ensure communication is shared across staff networks.</p> <p>Implement national recommendations to support BAME workforce and patients.</p>
<b>Religion and Belief</b>	A person's religion or belief may impact treatment options	Refer to information resources in Appendix 1.	Ensure access to religious and spiritual networks, Provider Lead Chaplain or Spiritual Teams.
	A person may have specific religious or spiritual need that they may need you to support them with during the End of Life phase or after death. Current Infection control issues may impact on achieving those needs. Inability for family/ friends to be with a dying person may breach Human Rights Articles 3 and 8.	Guidance relating to issues around death and burial for faith communities <a href="https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased">https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased</a>	<p>Ensure each patient is treated as an individual following local guidance and with support of local infection teams to ensure that where possible religious and spiritual needs are met and undertaken in the safest manner.</p> <p>Providers to work collaboratively with families/ friends.</p>
<b>Pregnancy and Maternity</b>	Pregnant women are considered in the 'vulnerable' group of people at risk of coronavirus	National Guidelines are available to support service providers in their response to COVID-19. <a href="https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/">https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/</a>	<p>Ensure pregnant staff and patients are aware of how to access support.</p> <p>Local resource to support pregnant people: <a href="https://www.improvingme.org.uk/">https://www.improvingme.org.uk/</a></p>
<b>Sex (M/F)</b>	During periods of confinement domestic abuse (a crime mostly impacting women and girls) tends to increase, and that the health care that offers	National programme and resources available <a href="https://www.gov.uk/government/publications/coronavirus-covid-19-and-domestic-abuse/coronavirus-covid-19-support-for-">https://www.gov.uk/government/publications/coronavirus-covid-19-and-domestic-abuse/coronavirus-covid-19-support-for-</a>	Ensure any communications provide signposting to Voluntary Organisations and referrals to Safeguarding Team or Human Resources Team as appropriate.

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	a way of identifying this issue will be under unprecedented pressure.	<a href="#">victims-of-domestic-abuse</a>	
	Women, including those who are pregnant and on maternity leave, should not be disadvantaged in their careers by following government advice to stay at home.	Ensure guidance on shielding, self-isolation is followed.	Ensure group are included in staff communications.
	Women are more likely to work in higher risk and low paid key worker roles. <a href="https://www.theguardian.com/world/2020/mar/29/low-paid-women-in-uk-at-high-risk-of-coronavirus-exposure">https://www.theguardian.com/world/2020/mar/29/low-paid-women-in-uk-at-high-risk-of-coronavirus-exposure</a>	Ensure guidance on shielding, self-isolation is followed and Health and Safety procedures.	Ensure organisation response considers actions to improve protection and health and well-being of key workers.  Ensure organisation monitors adherence with PPE, Infection Control and procedures to support staff to raise concerns.
<b>Sexual Orientation</b>	Access to key and supportive information  Less likely to seek medical attention due to poor experience and discrimination and experience higher levels of health inequality.	National information available to support LGB people to access healthcare services. <a href="https://www.stonewall.org.uk/about-us/news/covid-19-%E2%80%93-how-lgbt-inclusive-organisations-can-help">https://www.stonewall.org.uk/about-us/news/covid-19-%E2%80%93-how-lgbt-inclusive-organisations-can-help</a>	Ensure communications from Stonewall and any other LGB community group are distributed.  Organisations to link with Equality Leads for access to local and national support agencies for both staff and patients.
<b>Gender Reassignment</b>	Access to key and supportive information  Less likely to seek medical attention due to poor experience and discrimination.	National information available to support people who are/ have transitioned to access healthcare services. <a href="https://www.stonewall.org.uk/about-us/news/covid-19-%E2%80%93-how-lgbt-inclusive-organisations-can-help">https://www.stonewall.org.uk/about-us/news/covid-19-%E2%80%93-how-lgbt-inclusive-organisations-can-help</a>	Ensure communications are from Stonewall and other Transgender community groups are distributed.  Organisations to link with Equality Leads for access to local and national support agencies for both staff and patients.

<b>Marriage and Civil Partnership</b>	<b>Refer to Mental Health –All</b> <b>Refer to Religion and Belief</b> <b>Refer to Sex (M/F) Domestic Violence</b>	Resources available in Appendix 1.	Ensure family members are included in individual care planning as appropriate.
<b>Other</b>	<b>Health Inequalities and Poverty</b> Migrant workers who are vulnerable and unable to access public funds.	Resources available in Appendix 1.	Communications and Engagement Teams to ensure information is accessible to all staff with a view to signposting patients.   From Migrant Help key info re access to
	<b>People within the criminal justice service and prisons</b> COVID-19 poses a higher risk to populations that live in close proximity to each other. (NHSE commissioned services)	National guidance available for responding to COVID-19 within prison services.	Ensure organisation response includes information sharing with those delivering services within prisons.  CCGs to liaise with General Practice to ensure people leaving prison are able to access General Practice services.
	<b>Health Inequalities and Poverty</b> E.g. Obesity prevalence , smoking and drinking in poorer communities	Resources available in Appendix 1.	CCGs and Providers to work with local communities to support Safeguarding people in poorer communities.  Organisation recovery plans to include the continued communication of information to support people different communities.
<b>All</b>	<b>Decision Making</b> The normal course of action, of writing and submitting Equality Analysis reports (EIAs) to committees, and then acting, may be too slow a process for rapidly changing environments. However, the <u>Courts follow precedent and</u>	CCGs and Providers have established Governance arrangements in place.	Wherever possible current equality processes around meeting PSED must be maintained , however if this is deemed too impractical in an emergency situation then actions that need to be taken; Use a methodology to record decisions and acknowledge PSED responsibilities. The Courts will understand the ‘time crunch/ delivering at pace’ to fighting the

	<p><u>deviation from the precedent implies risk.</u></p>		<p>epidemic, but they will want to see how PSED has been incorporated into that process, even if that process has been temporarily abridged. Refusing to meet PSED is not an option.</p>
	<p><b>Recovery Planning</b></p>	<p>Human Rights Any restrictions must be carefully thought through, so that restrictions are rights-respecting rather than breaching the very standards that we all need to maintain our safety and dignity</p>	<p>Review service change log. What dependencies are there to resume service, equality considerations and any mitigation needed. Engage with relevant stakeholders. Applicable to all NHS Organisations including CCGs for General Practice.</p> <p>Ensure staff are treated as an individual if returning to work ensuring local guidance is followed in relation to Health and Safety and local infection prevention and control measures.</p> <p>Continue to work with sub-contractors in relation to Response and Recovery plans.</p> <p>Share best practice across system, e.g. digital inclusion; use of telephone and video consultations between patients and clinicians.</p> <p>Ensure organisation representation at Community Advisory Group (Co-ordinated by Merseyside Police).</p> <p>Ensure ongoing Monitoring of Safeguarding referrals.</p>
<p>Contact Details of a number of support agencies for people with Protected Characteristics or specific disabilities are available from Provider Equality Leads (via Best Practice Guidance for Reasonable Adjustments).</p>			

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All advice to the public about what to do during the pandemic is issued by Public Health England (PHE) and published at <https://www.gov.uk/coronavirus> There is also supporting information on <https://www.nhs.uk/conditions/coronavirus-covid-19/> This is the only official source of advice.

Local, Regional and National information sources is provided as follows:



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Information about CO



## Appendix A Equality Brief V5

### **Appendix 1 COVID-19 Equality Related News Articles/ Statistical Reports/ Guidance/ Resources**



COVID-19 Equality  
Specific documents.xl

### **Appendix 2 COVID-19 Public Sector Equality Duty (PSED) Briefing to CCG Governing Bodies and Provider Boards**



COVID-19 and PSED  
briefing for GB and Pr

Version	Change Log
1	
2	Additions to barriers matrix
3	<ul style="list-style-type: none"> <li>*Over 65's added to Age in relation to bed pressures and access to respiratory equipment.</li> <li>*Recommendations updated to include target audience for brief.</li> <li>*Provider Lead Chaplain or Spiritual Teams added to Religion or Belief.</li> <li>*Safeguarding and Human Resources added to mitigations on Sex (M/F) issue relating to domestic abuse.</li> <li>*End of Life Care needs added to Religion or Belief.</li> </ul>
4	<ul style="list-style-type: none"> <li>*Recommendations updated to include: Providers and CCGs to note that the Equality and Human Rights Commission has suspended reporting on specific equality duties for this year. The General Duty is still in force.</li> <li>*Guidance relating to issues around death and burial for faith communities added to Religion or Belief</li> <li>*easy read and community languages government information source added to Disability and Race</li> <li>*Web links added to Age: Vulnerable (All Ages)</li> <li>*Web links added to the end of the barriers matrix to include Public Health England official sources of advice</li> <li>*NHS England collated information sources list embedded at the end of the barriers matrix.</li> <li>*Reference to NICE guidance replaced with national guidance on maintaining quality on Age (Over 65 and disability).</li> <li>*BMA ethical guidance added to Age (Over 65 and disability).</li> </ul>
5	<ul style="list-style-type: none"> <li>*Dates added to Briefing Date to highlight version control.</li> <li>*Equality Legal Duty added to Background section</li> <li>*Reference to recovery, recommended actions and additional appendices added to Barriers Matrix section</li> <li>*key issue added: disproportionate impact of COVID-19 on particular groups.</li> <li>*key issue removed: translation and interpretation provision</li> <li>*key issue: wording added: "changes to services" to third bullet point.</li> <li>*key issue: wording added "the need to" to opening sentence of last bullet point.</li> <li>*recommendations: wording added "and CCGs" and "PSED is still active" to recommendation 3.</li> <li>*recommendation added: CCGs and Providers to ensure Governing Bodies and Organisation Boards respectively are sighted on Equality Duty and associated risks by sharing the latest version of the Equality Brief and PSED brief v3 (Appendix 2).</li> <li>*recommendation added: CCGs and Providers to continue to seek assurance of service provision from interpreter agencies (language and BSL).</li> <li>*recommendation removed: reporting requirements suspension.</li> <li>*recommendation added: Ensure patient data of COVID-19 cases and deaths are recorded by protected characteristic e.g. ethnicity and disability in addition to the standard gender, sex characteristics.</li> <li>*recommendation added: Ensure workforce risk assessments updated in line with National recommendations around BAME staff.</li> <li>*Structural/ formatting changes made to barriers matrix to include recommended actions column. Recommended actions added to each Protected Characteristic and Issue.</li> <li>*Disproportionate impact on BAME people added to Race protected characteristic.</li> <li>*Human Rights issue added to Religion and Belief protected characteristic.</li> <li>*Additional consideration added to barriers matrix: Health Inequalities and Poverty.</li> <li>*Additional consideration added to barriers matrix: Decision Making.</li> <li>*Additional consideration added to barriers matrix: Recovery.</li> <li>*Appendix 1 added: includes statistical reports, guidance, national letters, health journal articles and newspaper articles linked to relevant protected characteristics and patient / staff groups.</li> <li>*Appendix 2 added: PSED brief for CCG Governing Bodies and Provider Boards.</li> </ul>

## MEETING OF THE GOVERNING BODY June 2020

**Agenda Item:** 20/80

**Author of the Paper:**

**Name:** Jitka Roberts

**Title:** System Turnaround Director for Southport & Formby and South Sefton

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**Report date:** June 2020

**Title:**

Joint QIPP and Financial Recovery Committee – proposed changes to the governance arrangements

**Summary/Key Issues:**

The committee was established as a substantive joint committee of NHS Southport and Formby CCG and NHS South Sefton CCG in May 2016. At that point in time the purpose of the committee was to preside over all QIPP and financial recovery activities as the new reporting and PMO process for QIPP become embedded. Southport and Formby CCG was placed in “directions” by NHSE and there was a clear expectation that there should be a dedicated committee that was responsible for QIPP delivery.

Over the past four years the role of the committee has evolved significantly and the approach to QIPP and alignment with provider priorities has also evolved. At a meeting of the committee on 26<sup>th</sup> May, members reviewed the role and function of the committee and resolved to recommend revised governance arrangements to the respective governing bodies.

It was acknowledged that the Finance and Resource Committee (F&R), that has significant financial responsibilities in respect of financial management for the CCG, is now better placed to have delegated authority from the governing body for the approval of any resource allocation, and it can be supported in making such decisions upon receipt of robust and compelling business cases from a supporting “QIPP Delivery Group”.

It is proposed that the Joint QIPP and Financial Recovery Committee is formally disestablished as a substantive governing body sub-committee with immediate effect.

It is further proposed that the **roles and responsibilities** transfer to a “QIPP Delivery Group” of the Finance and Resources Committee so that the grip and rigour on QIPP schemes remains in place.

It is also proposed that the **accountability** for delivery of QIPP and the allocation of any resources will be delegated to the F&R Committee. Any such delegated authorities will be consistent with the CCGs Standing Financial Instructions (SFIs).

Subject to approval of these proposals the F&R Committee Terms of Reference will be amended.

To prevent any delay in the implementation of the new arrangements, the Governing Body is asked to delegate authority to the Senior Leadership Team to sign off the revised terms of reference for the F&R Committee and the terms of reference for the "QIPP Delivery Group". Those arrangements will be submitted to the Governing Body in September for ratification.

### Recommendation

Receive	<input type="checkbox"/>
Approve	<input checked="" type="checkbox"/>
Ratify	<input type="checkbox"/>

The Governing Body is asked to

**Approve** the disestablishment of the Joint QIPP and Financial Recovery Committee as a substantive committee of the Governing Body.

**Delegate** authority to the Senior Leadership Team to sign off the revised terms of reference for the F&R Committee and the terms of reference for the "QIPP Delivery Group".

### Links to Corporate Objectives 2020/21 (*x those that apply*)

x	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				

Quality Impact Assessment				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	<b>x</b>			<b>Presented to Joint QIPP and Financial Recovery Committee on 26<sup>th</sup> May 2020.</b>

## MEETING OF THE GOVERNING BODY June 2020

<b>Agenda Item:</b> 20/81	<b>Author of the Paper:</b> Helen Nichols Governing Body Lay Member, Governance Chair of Audit Committee Email: helen.nichols3@nhs.net						
<b>Report date:</b> June 2020							
<b>Title:</b> Audit Committee Annual Report 2019/20							
<b>Summary/Key Issues:</b>  The enclosed report sets out the work of the Audit Committee through the 2019/20 financial year.							
<b>Recommendation</b>  The Governing Body is asked to receive this report.	<table border="1"> <tr><td>Receive</td><td style="text-align: center;">X</td></tr> <tr><td>Approve</td><td style="text-align: center;"> </td></tr> <tr><td>Ratify</td><td style="text-align: center;"> </td></tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

### Links to Corporate Objectives 2020/21 (*x those that apply*)

	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

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	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			Draft version presented at the Audit Committee meeting on 22 <sup>nd</sup> April 2020.

## Audit Committee Annual Report 2019/20

### 1. Role of the Audit Committee

The Codes of Conduct and Accountability, issued in April 1994, set out the requirement for every NHS Board to establish an Audit Committee. That requirement remains in place today and reflects not only established best practice in the private and public sectors, but the constant principle that the existence of an independent Audit Committee is a central means by which a Governing Body ensures effective internal control arrangements are in place.

The principal functions of the Committee, set out in the terms of reference, are as follows:

- i) To support the establishment of an effective system of integrated governance, risk management and internal control, across the whole of the CCG's activities to support the delivery of the CCG's objectives.
- ii) To review and approve the arrangements for discharging the CCG's statutory financial duties.
- iii) To review and approve arrangements for the CCG's standards of Business Conduct including conflicts of interest, the register of interests and codes of conduct.
- iv) To ensure that the organisation has policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and to approve such policies.

The Audit Committee met five times during 2019/20 in April, May (to sign off the accounts), July, November and January.

There have been a couple of changes to the Terms of Reference in respect of the membership of the Committee during the year. As at the end of the year it comprised:

- Lay Member (Governance) (Chair)
- Lay Member (Patient Experience & Engagement)
- Secondary Care Doctor
- Practice Manager

All are members of the Clinical Commissioning Group Governing Body. The Practice Manager member was only included in the membership for part of the year and there was no-one appointed to the position until after the January meeting so they do not feature in the attendance tracker below.

The Audit Committee Chair or Vice Chair and one other member are necessary for quorum purposes. In addition to the Committee Members, Officers from the CCG are



also asked to attend the committee as required. This always includes senior representation from Finance.

In carrying out the above work, the Committee primarily utilises the work of Internal Audit, External Audit and other assurance functions as required. A number of representatives from external organisations have attended to provide expert opinion and support:

- Audit Manager MIAA
- Anti Fraud Specialist MIAA
- Audit Director Grant Thornton
- Manager Grant Thornton

Attendance at the meetings during 2019/20 was as follows in respect of the above mentioned members/attendees:

Name	Position	April 19	May 19	July 19	Nov 19	Jan 20
<b>Southport and Formby Audit Committee Membership</b>						
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓
Dil Daly	Lay Member (Vice Chair) [Joined CCG in December 2019]					✓
Gill Brown	Lay Member (Vice Chair) [Left CCG in October 2019]	✓	✓	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	✓	A
Leah Robinson	Chief Accountant	✓	✓	✓	✓	✓
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓			✓	✓
Adrian Poll	Audit Manager, MIAA	✓		✓	✓	A
Robin Baker	Audit Director, Grant Thornton	✓	A	✓	A	A
Georgia Jones	Manager, Grant Thornton	✓	✓	A	✓	✓

✓ Present    A Apologies    N Non- attendance

The Audit Committee supports the Governing Body by critically reviewing governance and assurance processes on which the Governing Body places reliance. The work of the Audit Committee is not to manage the process of populating the Assurance Framework or to become involved in the operational development of risk management processes, either at an overall level or for individual risks; these are the responsibility of the Governing Body supported by line management. The role of the Audit Committee is to satisfy itself that these operational processes are being carried out appropriately.

## 2. Internal Audit

**Role** - An important principle is that internal audit is an independent and objective appraisal service within an organisation. As such, its role embraces two key areas:

- The provision of an independent opinion to the Accountable Officer (Chief Officer), the Governing Body, and to the Audit Committee on the degree to which risk management, control and governance support the achievement of the organisation's agreed objectives.

- The provision of an independent and objective consultancy service specifically to help line management improve the organisation's risk management, control and governance arrangements.

Internal Audit, together with CCG Management, prepared a plan of work that was approved by the Audit Committee and progress against that plan has been monitored throughout the year.

During 2019/20 Mersey Internal Audit Agency (MIAA) have reviewed the operations of the CCG, have found no major issues and concluded that overall it has met requirements. They have reported back on a number of areas. In all cases action plans have been implemented and are being monitored. In all areas reviewed to date '**Substantial Assurance**' or '**High Assurance**' has been reported.

At the meetings in both April 2019 and April 2020 the Director of Audit gave his opinion that Substantial Assurance could be given in respect of the CCG's system of internal control. A copy of his reports for both years are attached.

### 3. External Audit

**Role** - The objectives of the External Auditors are to review and report on the CCG's financial statements and on its Annual Governance Statement.

In April 2020 (at the time that this report was presented to the Audit Committee), the External Auditors (Grant Thornton) were in the early stages of their audit of the CCG's annual accounts. The ISA260 Report will be reported to the June Audit Committee meeting as part of the Annual Accounts approval process. This will be followed by the publication of the Annual Audit Letter to the Governing Body later in the year.

In respect of their 18/19 audit that they concluded on 28 May 2019:

- Grant Thornton gave the following opinions:
  - an unqualified audit report on the CCG's Financial Statements
  - an unqualified regularity opinion confirming that expenditure had been incurred 'as intended by parliament';
- In respect of Value for Money arrangements, Grant Thornton confirmed that the CCG had put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources;

For the first time this year Grant Thornton were asked to carry out the nationally mandated audit of the Mental Health Investment Standard Compliance Statement. The outcome has been reported to the Committee although permission to report it publicly has not yet been granted.

### 4. Anti Fraud Specialist

**Role** – To ensure the discharge of the requirements for countering fraud within the NHS. The role is based around four generic areas.

The Anti Fraud Specialist, together with CCG management, prepared a plan of work that was approved by the Audit Committee and progress against that plan has been monitored throughout the year.

The Anti Fraud Specialist prepared, and the Chief Finance Officer and Audit Chair approved, the submission of the 2018/19 compliance statement for the Standards for Commissioners issued by NHS Counter Fraud Authority in time for the deadline of 30 April 2019. The 2019/20 submission is due by 31 May 2020.

## **5 Regular Items for Review**

The Audit Committee follows a work plan approved at the beginning of the year, which includes, as required:

- Losses and special payments;
- Outstanding debts;
- Financial policies and procedures;
- Tender waivers;
- Declarations of interest;
- Data Security and Protection Toolkit;
- Risk Registers;
- Revisions to the Scheme of Delegation

A Self-assessment of the Committee's effectiveness was undertaken in 2018/19. The next review will take place in 2020/21.

## **6 Additional Key Items in the Year for Noting**

- The Annual Governance Statement was approved;
- The Annual Accounts were approved;
- The Annual Report was approved;
- The Data Security and Protection Toolkit was approved for 2018/19 in March 2019 with delegated authority and the Toolkit and associated documents were received in the April meeting. Following the outbreak of the Coronavirus the deadline for approval of the 2019/20 Toolkit has been changed to September 2020. The approval of the document will be considered in the July 2020 meeting;
- The CCG Risk Register and GBAF were reviewed and approved regularly throughout the year;
- The Register of Interests was reviewed regularly throughout the year;
- The Committee oversaw progress in resolving locally an issue that has arisen nationally in respect of CCG GP pension payments and an issue that had arisen in respect of a retrospective CHC claim (for which advice had previously been sought from Anti-Fraud);
- The Committee was informed of an error identified in the CCG's constitution regarding the membership of the Governing Body and the actions being undertaken to resolve it;
- The Committee approved the recommendation of the Joint Auditor Consortium Panel, to appoint the external auditors for a further two years beyond the audit of the 2019/20 accounts.

## **7 Conclusions**

The Audit Committee remains a key committee of the Governing Body, with significant monitoring and assurance responsibilities requiring commitment from members and support from a number of external parties. The annual work plan has

been developed in line with best practice described in the Audit Committee Handbook and forms the basis of our meetings. In all of these areas the Audit Committee seeks to assure the CCG that effective internal controls are in place and will remain so in the future. In summary the work of the Audit Committee, in the seventh financial year in which the CCG has been in existence, continues to provide assurance to the Governing Body that:

- an effective system of integrated governance, risk management and internal control is in place to support the delivery of the CCG's objectives and that arrangements for discharging the CCG's statutory financial duties are established;
- there were no areas reported by MIAA where weaknesses in control, or consistent non-compliance of key controls, could have resulted in failure to achieve review objectives. This applies to both 2018/19 and 2019/20; and
- In 2018/19, the Annual Audit Letter (ISA 260 Report) was reported by Grant Thornton to the May Audit Committee Meeting as part of the Annual Accounts approval process. This was followed by the publication of the Annual Audit Letter to the Governing Body in its September meeting. In 2019/20, the same process will be followed.

## **8 Recommendation**

The Governing Body is asked to note the content of this report by way of assurance.

### **Helen Nichols**

Lay Member - Governance  
NHS Southport and Formby CCG

**Appendix 1: Director of Audit's Opinion 2018/19**

**Appendix 2: Director of Audit's Opinion 2019/20**

## 1. Introduction

The purpose of this Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Governing Body which underpin the Governing Body's own assessment of the effectiveness of the organisation's system of internal control. This Opinion will assist the Governing Body in the completion of its Annual Governance Statement (AGS), along with considerations of organisational performance, regulatory compliance, the wider operating environment and health and social care transformation.

This opinion is provided in the context that the CCG like other organisations across the NHS is facing a number of challenging issues and wider organisational factors.

## 2. Executive Summary

This annual report provides the 2018/19 Head of Internal Audit Opinion for Southport & Formby CCG, together with the planned internal audit coverage and output during 2018/19 and MIAA Quality of Service Indicators.

Key Area	Summary
<b>Head of Internal Audit Opinion</b>	The overall opinion for the period 1 <sup>st</sup> April 2018 to 31 <sup>st</sup> March 2019 provides <b>Substantial Assurance</b> , that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
<b>Planned Audit Coverage and Outputs</b>	<p>The 2018/19 Internal Audit Plan has been delivered in accordance with the schedule agreed with the Audit Committee at the start of the financial year, including approved plan variations. This position has been reported within the progress reports across the financial year.</p> <p>Review coverage has been across governance and leadership, financial performance and financial sustainability, quality, workforce and information and technology.</p> <p>We have raised 7 recommendations as part of the reviews undertaken during 2018/19. All recommendations raised by MIAA have been accepted by management. MIAA has continued to undertake follow up reviews during the course of year.</p>
<b>MIAA Quality of Service Indicators</b>	MIAA operate systems to ISO Quality Standards. The External Quality Assessment, undertaken by CIPFA, provides assurance of MIAA's compliance with the Public Sector Internal Audit Standards.

### 3. Head of Internal Audit Opinion

#### 3.1 Roles and responsibilities

The whole Governing Body is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement (AGS) is an annual statement by the Accountable Officer, on behalf of the Governing Body, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievements of policies, aims and objectives;
- the purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process; and
- the conduct and results of the review of the effectiveness of the system of internal control, including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The organisation's Assurance Framework should bring together all of the evidence required to support the AGS requirements.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit (HoIA) is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee, which can provide assurance, subject to the inherent limitations described below. The outcomes and delivery of the internal audit plan are provided in Section 4.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led Assurance Framework. As such, it is one component that the Governing Body takes into account in making its AGS.

#### 3.2 Opinion

Our opinion is set out as follows:

- *Basis for the opinion*
- *Overall opinion*
- *Commentary*

### 3.2.1 Basis

The basis for forming our opinion is as follows:

Basis for the Opinion
1. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes.
2. An assessment of the range of individual assurances arising from our risk-based internal audit assignments that have been reported throughout the period. This assessment has taken account of the relative materiality of systems reviewed and management's progress in respect of addressing control weaknesses identified.
3. An assessment of the organisation's response to Internal Audit recommendations, and the extent to which they have been implemented.

### 3.2.2 Overall Opinion

Our overall opinion for the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019 is:

High Assurance, can be given that there is a strong system of internal control which has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed.	
<b>Substantial Assurance</b> , can be given that that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.	✓
Moderate Assurance, can be given that there is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some of the organisation's objectives at risk.	
Limited Assurance, can be given that there is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls impacts on the overall system of internal control and puts the achievement of the organisation's objectives at risk.	
No Assurance, can be given that there is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the organisation's objectives.	

### 3.3.3 Commentary

The commentary below provides the context for our opinion and together with the opinion should be read in its entirety.

Our opinion covers the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019 inclusive, and is underpinned by the work conducted through the risk based internal audit plan.

### Assurance Framework

**The organisation's Assurance Framework to meet the NHS requirements, is visibly used by the Governing Body and clearly reflects the risks discussed by the Governing Body.**

### Conflicts of Interest

As required by NHS England's Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (June 2017), an audit of conflicts of interest was completed following the prescribed framework issued by NHS England. The following compliance levels were assigned to each scope area:

Scope Area	Compliance Level	RAG rating
1. Governance Arrangements	Fully Compliant	●
2. Declarations of interests and gifts and hospitality	Fully Compliant	●
3. Register of interests, gifts and hospitality and procurement decisions	Fully Compliant	●
4. Decision making processes and contract monitoring	Fully Compliant	●
5. Reporting concerns and identifying and managing breaches / non compliance	Fully Compliant	●

### Risk Based Reviews

We issued

3 <b>high</b> assurance opinions:	<ul style="list-style-type: none"> <li>● Provider Contract Management</li> <li>● Key Financial Controls</li> <li>● Budgetary Control</li> </ul>
3 <b>substantial</b> assurance opinions:	<ul style="list-style-type: none"> <li>● Serious Incidents</li> <li>● Risk Management</li> <li>● Data Security &amp; Protection</li> </ul>
0 <b>moderate</b> assurance opinions:	N/A
0 <b>limited</b> assurance opinions:	N/A
0 <b>no</b> assurance opinions:	N/A

We raised no critical or high risk recommendations in respect of the above assignments.

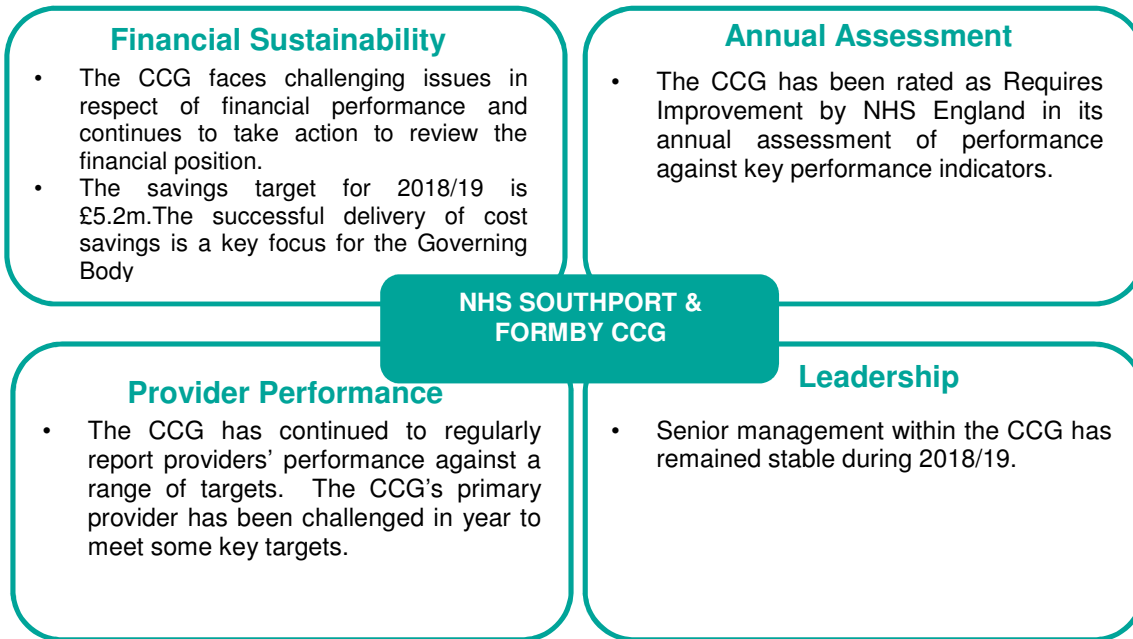


### Follow Up

During the course of the year we have undertaken follow up reviews and can conclude that the organisation has made **good progress** with regards to the implementation of recommendations. We will continue to track and follow up outstanding actions.

### Wider organisation context

This opinion is provided in the context that the Governing Body like other organisations across the NHS is facing a number of challenging issues and wider organisational factors.



The CCG is part of the Cheshire & Mersey Health and Care Partnership, working in partnership to deliver transformation across the region.

In providing this opinion I can confirm continued compliance with the definition of internal audit (as set out in your Internal Audit Charter), code of ethics and professional standards. I also confirm organisational independence of the audit activity and that this has been free from interference in respect of scoping, delivery and reporting.

*Tim Crowley*

**Head of Internal Audit, MIAA**  
**March 2019**

## 1. Introduction

The purpose of this Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Governing Body which underpin the Governing Body's own assessment of the effectiveness of the organisation's system of internal control. This Opinion will assist the Governing Body in the completion of its Annual Governance Statement (AGS), along with considerations of organisational performance, regulatory compliance, the wider operating environment and health and social care transformation.

This opinion is provided in the context that the CCG like other organisations across the NHS is facing a number of challenging issues and wider organisational factors.

## 2. Executive Summary

This annual report provides the 2019/20 Head of Internal Audit Opinion for Southport & Formby CCG, together with the planned internal audit coverage and output during 2019/20 and MIAA Quality of Service Indicators.

Key Area	Summary
<b>Head of Internal Audit Opinion</b>	The overall opinion for the period 1 <sup>st</sup> April 2019 to 31 <sup>st</sup> March 2020 provides <b>Substantial Assurance</b> , that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
<b>Planned Audit Coverage and Outputs</b>	<p>The 2019/20 Internal Audit Plan has been delivered in accordance with the schedule agreed with the Audit Committee at the start of the financial year, including approved plan variations. This position has been reported within the progress reports across the financial year, with the final report concluding completion of the Internal Audit Plan.</p> <p>Review coverage has been across governance and leadership, financial performance and financial sustainability, quality, workforce and information and technology.</p> <p>We have raised <b>9</b> recommendations as part of the reviews undertaken during 2019/20. All recommendations raised by MIAA have been accepted by management. MIAA has continued to undertake follow up reviews during the course of year.</p>
<b>MIAA Quality of Service Indicators</b>	MIAA operate systems to ISO Quality Standards. The External Quality Assessment, undertaken by CIPFA, provides assurance of MIAA's compliance with the Public Sector Internal Audit Standards.

### 3. Head of Internal Audit Opinion

#### 3.1 Roles and responsibilities

The whole Governing Body is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement (AGS) is an annual statement by the Accountable Officer, on behalf of the Governing Body, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievements of policies, aims and objectives;
- the purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process; and
- the conduct and results of the review of the effectiveness of the system of internal control, including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

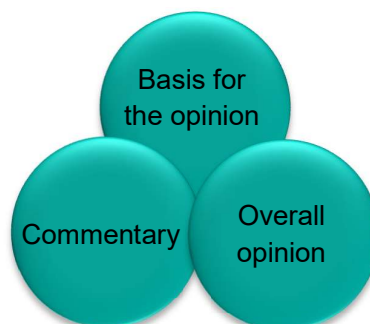
The organisation's Assurance Framework should bring together all of the evidence required to support the AGS requirements.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit (HoIA) is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee, which can provide assurance, subject to the inherent limitations described below. The outcomes and delivery of the internal audit plan are provided in Section 4.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led Assurance Framework. As such, it is one component that the Governing Body takes into account in making its AGS.

#### 3.2 Opinion

Our opinion is set out as follows:



### 3.2.1 Basis

The basis for forming our opinion is as follows:

Basis for the Opinion
1. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes.
2. An assessment of the range of individual assurances arising from our risk-based internal audit assignments that have been reported throughout the period. This assessment has taken account of the relative materiality of systems reviewed and management's progress in respect of addressing control weaknesses identified.
3. An assessment of the organisation's response to Internal Audit recommendations, and the extent to which they have been implemented.

### 3.2.2 Overall Opinion

Our overall opinion for the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020 is:

High Assurance, can be given that there is a strong system of internal control which has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed.	
<b>Substantial Assurance</b> , can be given that that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.	✓
<b>Moderate Assurance</b> , can be given that there is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some of the organisation's objectives at risk.	
Limited Assurance, can be given that there is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls impacts on the overall system of internal control and puts the achievement of the organisation's objectives at risk.	
No Assurance, can be given that there is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the organisation's objectives.	

### 3.3.3 Commentary

The commentary below provides the context for our opinion and together with the opinion should be read in its entirety.

Our opinion covers the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020 inclusive, and is underpinned by the work conducted through the risk based internal audit plan.

## Assurance Framework

Opinion	
<b>Structure</b>	The organisation's AF is structured to meet the NHS requirements.
<b>Engagement</b>	The AF is visibly used by the organisation.
<b>Quality &amp; Alignment</b>	The AF clearly reflects the risks discussed by the Governing Body.

## Conflicts of Interest

As required by NHS England's Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (June 2017), an audit of conflicts of interest was completed following the prescribed framework issued by NHS England. The following compliance levels were assigned to each scope area:

Scope Area	System Design		Operating Effectiveness	
	RAG Rating	Level	RAG rating	Level
1. Governance Arrangements	●	FC	●	FC
2. Declarations of interests and gifts and hospitality	●	FC	●	FC
3. Register of interests, gifts and hospitality and procurement decisions	●	FC	●	FC
4. Decision making processes and contract monitoring	●	FC	●	FC
5. Reporting concerns and identifying and managing breaches / non compliance	●	FC	●	FC

### Key

● Fully Compliant (FC)   ● Partially Compliant (PC)   ● Non Compliant (NC)

Overall there has been a consistent level of compliance with NHS guidance compared to previous years.

## Primary Medical Care Commissioning and Contracting Arrangements

The Primary Medical Care Commissioning and Contracting Internal Audit Framework for Delegated CCGs was issued in August 2018. NHSE require an Internal audit of delegated CCGs primary medical care commissioning arrangements. The purpose of this is to provide information to CCGs that they are discharging NHSE's statutory primary medical care

functions effectively, and in turn to provide aggregate assurance to NHSE and facilitate NHSE's engagement with CCGs to support improvement.

The 2019/20 **Primary Medical Care Commissioning and Contracting** reviews focused upon:

1. **Governance** and provided **Substantial Assurance**
2. **Contract Oversight & Management Functions** and provided **Full Assurance**

*(Assurance ratings provided as per the NHSE guidance).*

### Risk Based Reviews Issued

We issued:

4 <b>high</b> assurance opinions:	<ul style="list-style-type: none"> <li>• Accounts Payable</li> <li>• Accounts Receivable</li> <li>• Treasury Management</li> <li>• Budgetary Control</li> </ul>
2 <b>substantial</b> assurance opinions:	<ul style="list-style-type: none"> <li>• General Ledger</li> <li>• Commissioning for Quality</li> </ul>
0 <b>moderate</b> assurance opinions:	N/A
0 <b>limited</b> assurance opinions:	N/A
0 <b>no</b> assurance opinions:	N/A
1 briefing note reports (no overall opinion)	<ul style="list-style-type: none"> <li>• Data Security &amp; Protection Toolkit</li> </ul>

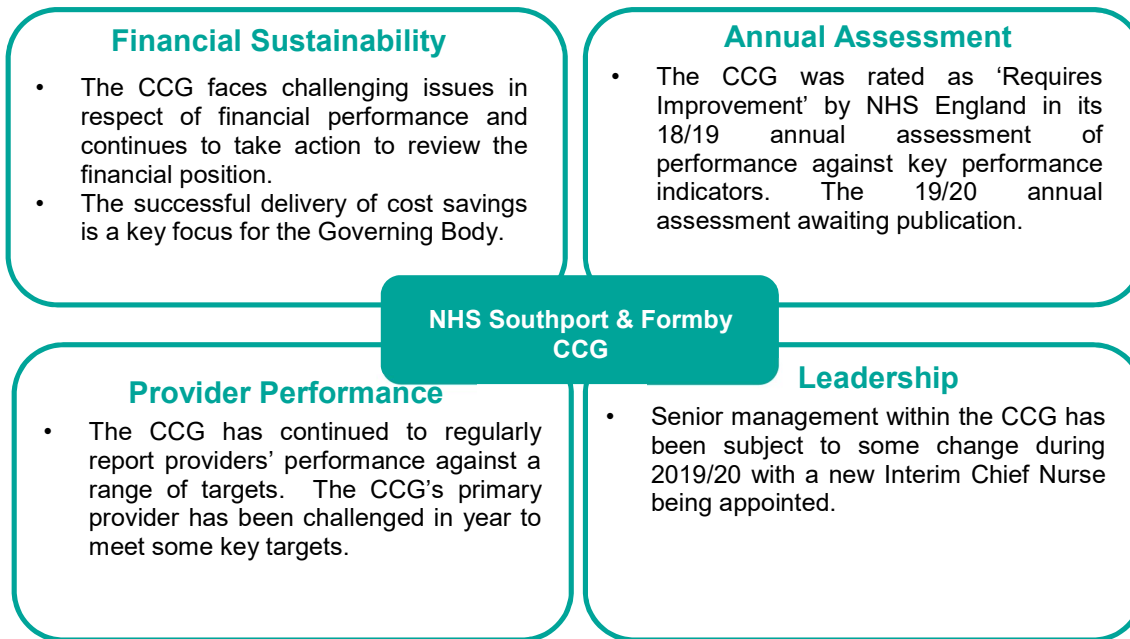
We raised no high risk recommendations in respect of the above assignments.

### Follow Up

During the course of the year we have undertaken follow up reviews and can conclude that the organisation has made **good progress** with regards to the implementation of recommendations. We will continue to track and follow up outstanding actions.

### Wider organisation context

This opinion is provided in the context that the Governing Body like other organisations across the NHS is facing a number of challenging issues and wider organisational factors.



The CCG is part of the Cheshire & Mersey Health and Care Partnership, working in partnership to deliver transformation across the health and social care system.

In providing this opinion I can confirm continued compliance with the definition of internal audit (as set out in your Internal Audit Charter), code of ethics and professional standards. I also confirm organisational independence of the audit activity and that this has been free from interference in respect of scoping, delivery and reporting.

*Steve Connor*

**Managing Director, MIAA**  
**March 2020**

## MEETING OF THE GOVERNING BODY June 2020

<b>Agenda Item:</b> 20/82	<b>Author of the Paper:</b> Helen Nichols Lay Member Helen.nichols3@nhs.net 0151 317 8454 (PA to CFO)
<b>Report date:</b> June 2020	
<b>Title:</b> Audit Committee Terms of Reference	
<b>Summary/Key Issues:</b>  The Audit Committee Terms of Reference (ToR) were reviewed at the Audit Committee meeting on 22 <sup>nd</sup> April 2020 as per the annual review process. It was noted at the meeting that the section on quorum refers to the Vice Chair of the committee but that the membership section does not specify a Vice Chair. It was noted that the Lay Member for Patient Experience and Engagement has previously undertaken the role of Vice Chair. The committee therefore proposed that the membership section of the Terms of Reference be amended to specify that the Lay Member for Patient Experience & Engagement is the Vice Chair of the committee. The proposed amendment is shown via track changes in the enclosed Terms of Reference.	
<b>Recommendation</b>	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to approve the enclosed Audit Committee Terms of Reference and the proposed update.	

### Links to Corporate Objectives 2020/21 (x those that apply)

	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).



	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

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	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			Audit Committee meeting – 22 <sup>nd</sup> April 2020.

## NHS Southport and Formby CCG

### Audit Committee

### Terms of Reference

#### 1. Authority

- 1.1. The Audit Committee shall be established as a Committee of the Governing Body to perform the following functions on behalf of the CCG Governing Body.
- 1.2. The principal functions of the Committee are as follows:
  - a) To support the establishment of an effective system of integrated governance, risk management and internal control, across the whole of the Group's activities to support the delivery of the Group's objectives;
  - b) To review and approve the arrangements for discharging the Group's statutory financial duties;
  - c) To review and approve arrangements for the CCG's standards of Business Conduct including:
    - i. Conflicts of Interest (Col);
    - ii. Register of Interests (Rol);
    - iii. Codes of Conduct, and
  - d) To ensure that the organisation has policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements, and to approve such policies.

#### 2. Membership

- 2.1. The following will be members of the Committee:
  - Lay Member (Governance) (Chair);
  - Lay Member (Patient Experience and Engagement) ([Vice Chair](#)); and
  - Secondary Care Doctor
  - Practice Manager Governing Body Member
- 2.2. A Vice Chair will be selected by the Committee from within its membership.
- 2.3. Other officers as required to be in attendance at the Committee are as follows:
  - Internal Audit Representative;
  - External Audit Representative;
  - Anti-Fraud Representative;
  - Chief Finance Officer (CFO);
  - Deputy CFO, and
  - Chief Accountant.
- 2.4. The Chair of the CCG will not be a member of the Committee although he/she will be invited to attend one meeting each year in order to form a view on, and understanding of, the Committee's operations.
- 2.5. Other senior members of the Group may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Officer.

- 2.6. At least once a year the Committee should meet privately with the external and internal auditors. Regardless of attendance, external audit, internal audit, Anti-Fraud Specialist and security management providers will have full and unrestricted rights of access to the Audit Committee.
- 2.7. Members are expected to personally attend a minimum of 75% of meetings held.
- 2.8. Relevant Officers from the CCG may be invited to attend dependent upon agenda items. Officers from other organisations including the Commissioning Support Unit (CSU) and from the Local Authority team may also be invited to attend dependent upon agenda items.

### **3. Responsibilities of the Committee**

The Audit Committee is responsible for:

- 3.1. reviewing the underlying assurance processes that indicate the degree of achievement of the Group's objectives and its effectiveness in terms of the management of its principal risks.
- 3.2. ensuring that there is an effective internal audit function which meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, the Chief Officer and the Group.
- 3.3. reviewing the work and findings of the external auditors and consideration of the implications of management responses to their work.
- 3.4. reviewing policies and procedures for all work relating to fraud, bribery and corruption as set out by the Secretary of State Directions and as required by the NHS Counter Fraud Authority.
- 3.5. reviewing findings of other assurance functions (where appropriate) and consider the implications for governance arrangements of the Group (e.g. NHS Resolution [formerly NHS Litigation Authority], Care Quality Commission etc.).
- 3.6. monitoring the integrity of the financial statements of the Group and to consider the implications of any formal announcements relating to the Group's financial performance.
- 3.7. responding on behalf of the Governing Body, to any formal requirements of the Group in relation to the audit process (e.g. the report from those charged with governance).
- 3.8. monitoring and review of the CCG Governing Body Assurance Framework (GBAF) to support the CCG's integrated governance agenda.

### **4. Duties of the Committee**

The Committee is delegated by the Governing Body to undertake the following duties and any others appropriate to fulfilling the purpose of the Committee (other than duties which are reserved to the Governing Body or Membership alone):

- 4.1. To review and recommend approval of the detailed financial policies that are underpinned by the Prime Financial Policies within the Group's Constitution to the Group's Governing Body.
- 4.2. Approve Risk Management arrangements.
- 4.3. To review and approve the operation of a comprehensive system of internal control, including budgetary control, which underpin the effective, efficient and economic operation of the group.
- 4.4. To review and approve the annual accounts.
- 4.5. To review and approve the Group's annual report on behalf of the Governing Body.
- 4.6. To review and approve the arrangements for the appointment of both internal and external audit and their annual audit plans.
- 4.7. To review and approve the arrangements for discharging the Group's statutory financial duties.
- 4.8. To review and approve the Group's Counter Fraud and Security Management arrangements.
- 4.9. To review the circumstances relating to any suspensions to the Group's constitution (as set out in the Scheme of Delegation and Reservation) and to report to the Governing Body and Wider Membership Council on the appropriateness of such actions.
- 4.10. To undertake annual review of its effectiveness and provide an annual report to the Governing Body to describe how it discharged its functions during the year.

## **5. Administration**

- 5.1. The Committee will be supported by an appropriate Secretary that will be responsible for supporting the Chair in the management of the Committee's business.
- 5.2. The agenda for the meetings will be agreed by the Chair of the Committee and papers will be distributed one week in advance of the meeting.
- 5.3. The Secretary will take minutes and produce action plans as required to be circulated to the members within 10 working days of the meeting.

## **6. Quorum**

- 6.1. The Audit Committee Chair (or Vice Chair) and one other member will be necessary for quorum purposes.
- 6.2. The quorum shall exclude any member affected by a Conflict of Interest under the NHS Southport and Formby CCG Constitution. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

## 7. Frequency and notice of meetings.

The Audit Committee shall meet on at least four occasions during the financial year. Internal audit and external audit may request an additional meeting if they consider that one is necessary.

## 8. Reporting

The ratified minutes of Audit Committee will be submitted to the Governing Body. Exception reports will also be submitted at the request of the Governing Body. The ratified minutes will also be sent to the Quality Committee to support its role in monitoring the Group's integrated governance arrangements.

## 9. Conduct

- 9.1. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members of the committee should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS Southport and Formby CCG procedure for the management of Conflicts of Interest as set out in the Constitution.
- 9.2. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

## 10. Date and Review

Date: ~~November 2019~~ April 2020

Future Review Dates ~~April 2020~~  
April 2021  
April 2022

## MEETING OF THE GOVERNING BODY June 2020

<b>Agenda Item:</b> 20/83	<b>Author of the Paper:</b> Judy Graves Corporate Business Manager <a href="mailto:Judy.graves@southseftonccg.nhs.uk">Judy.graves@southseftonccg.nhs.uk</a> 0151 317 8352									
<b>Report date:</b> May 2020										
<b>Title:</b> Published Registers 2019/20										
<b>Summary/Key Issues:</b>  The members are presented with the CCG's published registers as at 31 <sup>st</sup> March 2020. The report includes an update on the work undertaken in 2019/20 and the next steps planned for 2020/21, as reported to the Audit Committee in April 2020.										
<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 receive the report, noting the areas identified within the report and making recommendation for further consideration or improvement.</p>		<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 2020/21 (*x those that apply*)

x	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
x	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
x	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.

x	To progress a potential CCG merger to have in place an effective clinical commissioning group function.
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Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	<b>X</b>			Audit Committee, 22 <sup>nd</sup> April 2020.

## Report to the Governing Body June 2020

### 1. Executive Summary

The members are presented with the CCG's published registers as at 31<sup>st</sup> March 2020 and the progress through 2019/20 and as presented to the Audit Committee for the:

- Register of Procurements
- Register of Conflict Breaches
- Register of Sponsorship
- Gifts and Hospitality Register
- Register of Interests

This report also includes an update on the CCG's compliance with NHSE Managing Conflicts of Interest online training and the recent MIAA Managing Conflicts of Interest Audit undertaken through February and early March 2020.

### 2. Register of Procurements

The register captures the procurement decisions notified to 31<sup>st</sup> March 2020 (*appendix 1*)

The register has been reviewed and refreshed at various points throughout 2019/20 with regular updates published on the CCG website <https://www.southportandformbyccg.nhs.uk/what-we-do/who-we-buy-services-from/our-procurements/previous-procurements/>

#### Next steps

A review of the register is planned. This will look at the content, specifically in relation to capturing the information on the committee and those involved in making the procurement decision. For example obtaining a copy of the approved minutes from the meeting would provide details on the individuals involved, confirmation of the outcome and detail on any conflicts and how managed.

### 3. Register of Conflict Breaches

The register captures any CCG breaches as at 31<sup>st</sup> March 2020 (*appendix 2*)

The register has been reviewed and re-published at various points through 2019/20, although the CCG is only required to publish as part of an annual publication in April.

There have been no breaches identified or reported for 2019/20.

The latest version of the register can be found on the CCG website <http://www.southportandformbyccg.nhs.uk/about-us/our-constitution/>



#### 4. Register of Sponsorship

CCG staff, governing body and committee members, and GP member practices may be offered commercial sponsorship for courses, conferences, post/project funding, meetings and publications in connection with the activities which they carry out for or on behalf of the CCG or their GP practices. All known offers, whether accepted, declined or scheduled, have been included within the sponsorship registers:

- PLT and Nurse Events (*appendix 3*)
- Commercial Sponsorship – confirmed payments (*appendix 4*)

A review of the sponsorship data was commenced following a discussion mid 2019 regarding the need to include the ABPI sponsorship data. This highlighted a number of issues:

- The PLT and Nurse Events although detailed the sponsors but provided no financial data
- The ABPI is seemingly only updated at a certain point through the year. The data is provided by the pharmaceutical companies and the data published is minimal. The information doesn't provide any detail on date or what the payment is in relation to.
- The original CCG sponsorship register seems only to collate information on the larger sponsorship payments.
- The need to reconcile the differing systems.

The ABPI portal data has been reconciled against the actual payments made to the CCG. This has further highlighted that there are a number of payments made to the CCG which have not been declared to ABPI by the pharmaceutical companies. These payments have been included on the Commercial Sponsorship register (*appendix 4*).

The register is publicised on the CCG website <http://www.southportandformbyccg.nhs.uk/about-us/our-constitution/>

#### Next Steps

Having gained confirmation of actual CCG payments and a better understanding of the multiple sources of information, a system now needs to be created that links these into one confirmed register.

Furthermore:

- The discrepancies with the ABPI system will need to be raised. Noting that the system was created in 2016 so it is likely that any payments prior to that will not be recorded on their system.
- The CCG policy also refers to GP member practices. An understanding will need to be gained on how this feeds through.
- Consideration needs to be given to any potential areas of 'unknown' payments or areas where there is potential for payments to be missed.
- The aim is that this work will progress towards combining the Sponsorship and Gifts and Hospitality Registers, a recommended area of good practice by MIAA.
- The Audit Committee will be updated on this work as progress is made.

#### 5. Register of Gifts and Hospitality

The register presents the gifts and hospitality items as notified to the reporting officer up to the 31<sup>st</sup> March 2020 (*appendix 5*).

Members and employees are, on a quarterly basis, asked to review and update any declarations they may have. With which they are provided clear guidance on what can and can't be accepted and the process that should be followed for any items offered.

Guidance is also regularly provided in the form of:

- Links to the policy on the intranet
- Information leaflets with wage slips
- Information items and links in the staff bulletin
- Reminders at key times of the year to specific groups/individuals/team/line managers on what can and can't be accepted and the guidelines
- Template forms showing all the areas to be considered and completed.

The register is publicised on the CCG website <http://www.southportandformbyccg.nhs.uk/about-us/our-constitution/>

### Next Steps

Further work will be carried out on the register and the information submitted by the individuals. Specifically where there are any gaps in information and the value of items against the policy. This will be looked at in line with the work scheduled for the sponsorship data and the merging of the two registers.

The Audit Committee will receive an update on any developments of this work as progress is made.

The Gifts and Hospitality register will form part of the regular reporting to the Audit Committee.

## **6. Register of Interests**

A substantial amount of work has been put into developing and maintaining the register which has been reported to the Audit Committee through the year including:

### Process:

- Quarterly requests for updates.
  - On requesting updates individuals are requested to confirm their entries. This ensures clarity on register content. Changes could be needed as a result of input error, omissions, change in interests and lack of clarity or detail on information provided.
  - Differing register versions enables detailed process and information of that which the CCG has to record and maintain, both for internal business purposes (unpublished) and that which is required to be published
- Ad hoc interim updates as a result of meeting declarations or responses to queries or chasers for information
- Regular reminders of responsibilities via staff bulletin and information leaflets
- Reminders sent to those that facilitate meetings so as to ensure raised as a regular agenda item, forms circulated with agenda and/or meeting pack, minuted accordingly and that any such declarations are notified to the reporting officer
- Links provided to the policy and website information
- Improvements made to new starter and leaver process; information contained within the staff handbook, induction pack and leaver form.
- Updates made to the staff handbook
- Review of staff bulletin to capture any information on starters, leavers and any other changes
- Process introduced for the unpublished register that triangulates and identifies data from a number of differing sources; helps identify any gaps in process and those individuals that have not responded
  - Review of membership and committees. The CCG is only required to publish information on members and decision makers. The inclusion of the membership information was added in order to identify those entries that are required to be published.

- The identification of the members and decision makers also assists in the monitoring of responses from that cohort of individuals
- Information requests made to HR for information on starters, leavers, changes, individuals on long term sick, secondments, etc.

The latest version of the published register, as at 31<sup>st</sup> March 2020, can be seen in appendix 6 to this report and with the published registers on the CCG website

<http://www.southportandformbyccg.nhs.uk/about-us/our-constitution/>

## 7. NHSE Managing Conflicts of Interest Online Training for 2019/20

In order to support the CCGs to manage conflicts of interest, NHSE launched on-line training. The training has been developed in collaboration with NHS Clinical Commissioners and aims to raise awareness of the risks of conflicts of interest and how to identify and manage them.

Module 1 of the training is mandatory for:

- CCG Governing Body Members
- Executive members of formal CCG committees and sub-committees
- Primary Care Commissioning Committee members
- Clinicians involved in commissioning or procurement decisions
- CCG governance leads
- Anyone involved or likely to be involved in taking a procurement decision(s)

Modules 2 & 3 are optional but highly recommended for individuals in decision-making roles, including contract and performance managers, commissioning leads, primary care teams, strategy and planning teams, locality managers etc.

The round of training for 2019/20 was available from 1 February 2019 and expired 31 January 2020.

The online training is specific to roles and responsibilities, regardless of employment status i.e. contractor, member or employee.

The following was reviewed in order to determine those required to complete:

- Current staff listing taking into consideration starters, leavers and changers since the completion of the first tranche of NHSE training which concluded end May 2018. This included a review of employment status (*contractor, temporary, permanent, seconded, etc*) and learning accounts so as to minimise any impact on the individual's ability to access the training
- Committees and committee membership
- Clinical leads
- Governing body membership
- Statutory and mandatory training reports
- Individuals were notified of the requirement to complete the training.

Following initial notification of the requirement to complete the training:

- Weekly reviews were carried out on the compliance status for the CCG and individuals
- Targeted weekly chasers were sent to individuals regarding training completion. Nearer the deadline this was followed up with e-mails to line managers on team compliance.
- Updates were provided to the Audit Committee Chair on compliance status and action being taken.

The intense work was carried out with the expectation that the CCG would achieve 100% compliance as at the deadline of 31<sup>st</sup> January 2020. This was not achieved and the CCG is not able to confirm 100% compliance, with two individuals still required to complete the training as at 13<sup>th</sup> March 2020.

Please see here below detail on the status of compliance:

Date	Total individuals	Completed	Individuals not completed	Compliance %	To complete %
31/01/2020	134	121	13	<b>90.30</b>	<b>9.70</b>
07/02/2020	134	125	9	<b>93.28</b>	<b>6.72</b>
14/02/2020	*134	126	8	<b>94.03</b>	<b>5.97</b>
24/02/2020	*133	128	5	<b>96.24</b>	<b>3.76</b>
28/02/2020	133	129	4	<b>96.99</b>	<b>3.01</b>
13/03/2020	133	131	2	<b>98.50</b>	<b>1.50</b>

\*Individual left the organisation

Note: 2018/19 the CCG achieved 96.19% compliance as at the deadline date, with 100% compliance achieved within three weeks.

### 8. MIAA Managing Conflicts of Interest Audit for 2019/20

During February and March the CCG were audited by MIAA on managing its conflicts of interest. Following a number of meetings and substantial evidence submitted they have responded that the CCG is fully compliant in all areas.

	Scope Area	System Design		Operating Effectiveness	
		RAG Rating	Level	RAG rating	Level
1.	Governance Arrangements	●	FC	●	FC
2.	Declarations of interests and gifts and hospitality	●	FC	●	FC
3.	Register of interests, gifts and hospitality and procurement decisions	●	FC	●	FC
4.	Decision making processes and contract monitoring	●	FC	●	FC
5.	Reporting concerns and identifying and managing breaches / non compliance	●	FC	●	FC

Key

● Fully Compliant (FC)    ● Partially Compliant (PC)    ● Non Complaint (NC)

MIAA have based their opinion on the evidence received to date; further areas of evidence was requested including statements against a number of best practice areas however this was unable to be completed due to COVID and a decision was taken at that time to pause on the submission of any further evidence.

An initial review of the MIAA finding has been carried out and this has resulted in the removal of a recommendation/action and an addition to the areas of good practice carried out by the CCG.

#### Next Steps:

A full review of the MIAA report is due to which will be followed up by a formal response to MIAA.

## 9. Audit Committee Resolution: 22<sup>nd</sup> April 2020

The Audit Committee received the report and registers presented as at 31<sup>st</sup> March 2020 and:

- Noted the work and improvements carried out through 2019/20
- Noted the next steps planned for 2020/21
- Noted the compliance rating for the NHSE Managing Conflicts of Interest online training for 2019/20
- Noted the initial response from MIAA on the CCG's management of conflicts of interest for 2019/20
- Made no recommendation for further consideration or improvement.

## 10. Recommendation

The Governing Body is asked to receive the report, noting the areas identified and making recommendation for further consideration or improvement.

## 11. Appendices

- Appendix 1: Register of Procurements as at 31<sup>st</sup> March 2020 (published)  
Appendix 2: Register of Breaches as at 31<sup>st</sup> March 2020 (published)  
Appendix 3: Sponsorship Register: PLT and Nurse Events as at 31<sup>st</sup> March 2020 (published)  
Appendix 4: Commercial Sponsorship: actual payments notified as at 31<sup>st</sup> March 2020 (published)  
Appendix 5: Register of Gifts and Hospitality as at 31<sup>st</sup> March 2020 (published)  
Appendix 6: Conflicts of Interest Register as at 31<sup>st</sup> March 2020 (published)

**Judy Graves**  
**Corporate Business Manager**  
**May 2020**

Service Procured	Contract Term			Contract Value	Successful Bidder	Decision Taken and by Whom	Date of Decision	Conflicts of Interest Identified?	If Yes - What steps were taken to manage the conflicts?	Comment
	Start date	End date	Option to Extend							
Stoma Prescription Service	01/11/2019	31/10/2020	No	£0	Coloplast Ltd	QIPP Committee	November 2018	None identified	N/A	This is a pilot project and a procurement process is taking place during the pilot 12-month period for a contract start date of 1st November 2020
Community Anticoagulation Service (joint with Southport & Formby CCG)	03/06/2019	31/05/2022	Yes – 2 years	£3,250,000	Royal Liverpool & Broadgreen University Hospitals Trust	Governing Body Approved	Feb-18	None identified	N/A	Contract start was delayed and will run for 3 +2 years from 03/06/2019. A revised contract award notice has been placed on OJEU to inform the market of this. As at 19/11/19 contract not signed
Hospice at Home Service	01/04/2019	31/03/2022	Yes - 2 years	£160,000	Queenscourt Hospice	Governing Body Approved	4 July 2018	None identified	N/A	
GP Extended Access	01/10/2018	30/09/2020 extended to 31/3/2021	Y - 1 year	£6,960,000 and extension value: £379,461	Southport & Formby Health Limited	Approvals Committee Extension approved by Primary Care Commissioning Committee	6 June 2018 16 Jan 2020	None identified	N/A	PCCC agreed to extend contract to 31/3/21
Community Podiatry	01/05/2017	30/04/2020	Yes – 1 year	£1,644,000	Lancashire Care NHS Foundation Trust	Governing Body Approved	Jun-17	None identified	N/A	
Cardiology Pilot	April 2017	April 2018 Further extension from April 2019 to 31 March 2020	yes Extended for one year with an option to extend a further year (to 2020)	£233,354 per annum	Southport & Formby Health Limited	Approvals Committee	Feb 2017 Feb 2018	Yes	The CCG's Approvals Panel was created specifically to enable decision making to take place in respect of primary care services and the associated processes are consistent with section 14 of the CCG's policy in respect of conflicts of interest. The Panel does not comprise any GP representatives or any members that have a direct or in-direct material interest.  It was agreed by the Approvals Committee that the pilot will be monitored via the Clinical QIPP Advisory Group and the Joint QIPP Committee. Southport and Formby GP Federation members that sit on either of these meetings will not be permitted to attend any part of those meetings were a decision may be made in respect of those services. Representatives of the Federation, that are not directly involved in the business of the CCG will be invited to present updates and to take questions in respect of the performance of the pilot but only with the express, prior agreement of the Joint QIPP Committee Chair. For the Clinical Advisory Group, this will be with the permission of the Vice Chair as the Group is currently chaired by a Federation member.	

Community Services	01/05/2017	01/05/2021	yes	£45,786,168	Lancashire Care NHS Foundation Trust	Governing Body	30-Nov-16	Yes	The individual who had the conflict of interest was removed from the panel of assessors.	
Community Dermatology Service	01/04/2016	31/03/2019 Maximum to 31/3/2021	yes. Maximum 2 year extension agreed.	£1,205,160 £802,404	DMC Health Care	Governing Body	25 November 2015 6 September 2018	No	N/A	
Home Oxygen Assessment Service	01/04/2016	31/03/2019 Extension to 31/3/2020	Yes: contract for 3 years with an option to extend for a year. Option taken to extend for 1 year	£306,513 £102,171	Aintree Hospital	Governing Body	25 November 2015	No	N/A	
Improving Access to Psychological Services	01/04/2015	31/03/2018 Extension to 31/3/2020	yes Extended for 2 years	£3,303,159 2018/19 £1.058m 2019/20 £tbc	Cheshire & Wirral Partnership	Governing Body Approved	26 Nov 2014 and July 2018	No	N/A	Waiting national guidance regarding uplifts for 2019/20 contract value
Community Anticoagulation Therapy Service - LOT 2	01/07/2014	30/06/2017	no	£997,951	Aintree Hospital	Governing Body	26-Feb-14	No	N/A	Superceded with RLBH contract which commenced 01/08/2018 (as above)
Hospice at Home Service	01/04/2014	31/03/2017	Yes	£480,000	Queenscourt Hospice	Governing Body	27-Nov-13	No	N/A	Superceded with Queenscourt Hospice contract which is due to commence on 01/04/2019 (as above)

Register of Conflicts Breaches

Breach raised internally or externally	Date reported	Nature of breach	Impact of breach	Arrangements in place that could have prevented the breach	Lessons learning as a consequence of the breach	Remedial action required	Date reported to Audit Committee
Internally	3rd January 2019	Late publication of sponsorship register.	Breach		Policy and process reminder.	<ul style="list-style-type: none"> <li>- Register published</li> <li>- Findings of investigation reported to Caldicott Guardian 17 January 2019</li> <li>- Policy and process reminder circulated</li> <li>- Breach to be reported to the next Audit Committee</li> </ul>	Next meeting: 18 April 2019



**Event and Sponsor Log**

	Date	Booked	Walk-in	DNA	Total Attended	Subject	Speakers	Speaker Details	Event Sponsor
2014-2015	Feb-15					Primary Care on AF	Dr Bruce Taylor		
						AF & Stroke/Transient Ischaemic Attack	Dr Patrick McDonald		
						Stroke Prevention in AF	Dr Dave Thornton		
						NOACs - Moving Forward	Dr Caroline Shiach		
						Frailty	Dr Patrick McDonald		
2015-2016	May-15	No record	No record	No record	No record	Pneumonia	Sally Jones		
						Respiratory	Tracey Kirk		
						Implementing NICE	Annie Coppel		
	Jul-15	No record	No record	No record	No record	Child Sexual Exploitation	Kara Haskayne & Clare Lawson		
						Gastroenteritis	Kathryn Jackson & Helen Clough		
						The Impact of Maternal Obesity Epidemic	Alice Bird		
	18/11/2015	125	2	25	102	Gynaecology for GPs	Dr Paula Briggs		
						Clinical & Radiological Management	Dr Rebecca Hanlon & Dr Christophe Loh		
						Dermatology	Dr Chris Randall		
						Dermatology	Dr John Kellet & Dr Simon Johnson		
						Diabetes	Dr Cheong Ooi		
						Sexual Health	Dr Paula Briggs		
17/02/2016	132			105	Respiratory Medicine	Dr Biswajit Chakrabarti		CHIESI	
					Respiratory Pilot	Tracey Kirk		Boehringer-Ingelheim Eli Lilly & Company	
								GSK	
2016-2017	18/05/2016	164		32	132	Innovation	Gina Halstead		
						Dementia	Professor Alistair Burns		
						Lasting Powers of Attorney	Heather Lucas		
	20/07/2016	188	9	26	171	Dementia	Dr Lisa Williams		
						LSCB Audit Tool - Safeguarding	Dr Margaret Goddard & Bryony Kendall		Eli Lilly
						Domestic Violence	Colette Rice		Ipsen
						Private Fostering	Kara Haskayne		Daichi-Sankyo
						Red Flags 'catch 22'	Ellie Fairgrieve		
						Early Help	Trish Galloway (Mash Team)		
	05/10/2016	175	6	42	139	Child Protection	Dr Jackie Gregg		
						Prescribing for the Elderly	Dr Fraser Gordon		
						Anticoagulants	Dr Caroline Shiach		
	16/11/2016	164	14	29	149	Update on Opioid Management	Dr Bernhard Frank		
						Neuropathic Pain for Primary Care	Sarah Boyce		Independent Pharmacist
						An Overview of Hypertension	Dr Chris Harris		Chiesi
15/02/2017	166	6	34	138	Early Identification of Sepsis	Katie Whittle & Liz Kanwar		Lilly	
					Management & Self Monitoring Skills	Jan Proctor-King, ETAL		GSK	
					Relaunch of Community Gynae Services	Dr Anna Ferguson		Chiesi	
					Gastroenterology	Dr Graham Butcher		Lilly	
					Gastroenterology	Dr Phil Bliss		GSK	
					Headache Pathway (Neurology)	Dr Nick Silver		Daichi Sankyo	
2017-2018	17/05/2017	218		38	180	Acute Kidney Injury	Dr Thangavelu Chan		Teva
						Enhanced Training Hub	Dr Lindsay McClelland		Chiesi
						Transgender Health	Dr Anna Ferguson		Lilly
						HIV in Primary Care	Dr Parag Pandit		Daichi-Sankyo
						HPV Update	Chris Evans		GSK
						Different Ways of Work	Dr Chris Mimmagh		Teva
	19/07/2017	203		31	172	Dermatology	Dr Thiruselvan Thirunavukarasu		
						Hoarding (Fire Brigade)	Ian Mullen		Teva UK
						Domestic Violence U18's	Katy Ashcroft		Daichi-Sankyo
						Looked After Children	Carlene Baines		Chiesi
						Child Exploitation	Sally Murphy		Consilient Health
						DOLs	Margaret Daws		
15/11/2017	195			159	<b>Cancer Update</b>			Ipsen	
					Cancer Alliance Update	Dr Christopher Warburton		Consilient Health	
					How GPs support Cancer Pathways	Dr Debbie Harvey	Macmillan	Lilly	
Treating symptomatic Breast Patients in Primary Care	Mr Lee Martin		Chiesi						

						Living with and Beyond Cancer	Dr Graeme Allan	Macmillan	GSK	
						Prostate Cancer	Dr Rahul Mistry		Daiichi-Sankyo	
	21/02/2018	186	40	37	189	CVD Risk, Hypertension & Heart Failure	Dr Stuart Bennett		Chiesi	
						Stroke Management	Dr Claire Cullen		Lilly	
						Health & Well Being (Public Health)	Chris McBrien/		Consilient Health	
						COPD & Asthma Management	Dr Paul Walker		Daiichi-Sankyo	
									GSK	
2018-2019	18/04/2018	204	27	62	169	<b>National Diabetes Prevention Programme (NDDP)</b>	Tina Ewart & Jo Herndlofer	South Sefton CCG	Lilly	
						Update on Diabetes Management in Sefton	Dr Nigel Taylor	South Sefton CCG	Boehringer Ingelheim	
						Diabetes Q & A	Dr Cheong Ooi		Chiesi	
						Peripheral Neuropathy and Foot Related Problems	Dr Uzman Alam			
						Diabetes, Kidneys, CKD, Microalbuminuria & Hypertension	Dr Christopher Wong			
	20/06/2018	220	54	47	227	<b>Safeguarding Update</b>	Dr Wendy Hewitt	Safeguarding Lead	Nevro	
						Mental Health Capacity Act	Joanne Crichton	Hill Dickinson	Daiichi-Sankyo	
						Children Living with Disabilities (LeDer)	Bryony Kendall		Lilly	
						Consent, Confidentiality and Information Sharing	Dr Sunandini Sethurman		Chiesi	
						Red Flags 'catch 22'	Ellie Fairgrieve			
	19/09/2018	161	38	45	154	<b>EOL Difficult Conversations - The Art of Listening</b>	Dominic Bray	Aintree Hospital	Abbott	
						Infection Control	Martin Jones	Mersey Care NHS Trust	Chiesi	
						Identifying Patients Approaching EOL	Dr Ged Corcoran	Macmillan	Lilly	
						Prescribing for EOL Patients	Dr Kate Marley	Palliative Care, Aintree Hospital	Jpsen	
						Advance Care Planning/DNACPR	Dr Karen Groves	Consultant in Palliative Medicine	Leo	
						<b>7 day extended service</b>			MSD	
						Mentor Update (Nurses only)	Maggi Bradley		Roche	
						Glucose Meter Update (Nurses only)	Angela Greenwood & Eileen Power			
		21/11/2018	169	20	56	133	<b>Paediatrics</b>			Lilly
							Childhood Asthma	Dr Chris Grime	Alder Hey Children's Hospital	Novartis
						Lessons Learnt from Chris's Death	Joanna Lane		GSK	
						Paediatric Gynaecology	Dr Cara Williams	Alder Hey Children's Hospital	Roche	
						CAMHS	Dr Vicky Killen	Alder Hey Children's Hospital	MSD	
									Daiichi-Sankyo	
									Abbott	
	20/03/2019	148	32	43	137	Non Alcoholic Liver Disease	Dr Dan Cuthbertson, Prof John Wilding	University of Liverpool	Chiesi	
						Myeloma	Dr David Simister	West Lancs & Merseyside Myeloma Support Group	Lilly	
						Epilepsy Quality Improvement Plan	Prof Marson, Pete Dixon	Epilepsy Quality Improvement Plan	Abbott	
						Park Run	Dr Simon Tobin	Senior Practice, Norwood Practice	GSK	
						Sexual Health	Dr Anna Ferguson	Strand Medical Centre	Roche	
									MSD	
2019-2020	19/06/2019	221	34	34	221	<b>Safeguarding</b>	Dr Wendy Hewitt	Safeguarding Lead	No Paying Sponsors	
						Working Together - Key Changes For Safeguarding Practice	Karen Garside	South Sefton CCG		
						Curiosity - Disguised Compliance, Recognising Neglect & Fabricated Induced Illness	Dr Natalie Daniels	South Sefton CCG		
						Children in Care - New Ways of Working	Helen Case	South Sefton CCG		
							Emma Powell - CANCELLED			
						Child Sexual Exploitation in Sefton	Hayley Mulrooney & Emma Murphy	Catch 22		
						Supporting Sefton's Young Carers	John Hill	Sefton Carers Centre		
	18/09/2019	115	31	23	123	HIV	Darran McAteer	Royal Liverpool Hospital Trust	Chiesi	
						Rheumatology	Nicky Goodson	University of Liverpool / Aintree University Hospital	Eli-Lilly	
						Diabetes	Stephen Connolly	Diabetes UK	Daiichi	
						Sepsis	Elizabeth Kanwar	AQuA	Thornton & Ross	
	20/11/2019	153	24	46	131	<b>Cancer Update</b>	Dr Debbie Harvey	Macmillan GP South Sefton CCG	Chiesi	
						North Mersey and the Cancer Alliance	Mr Stephen Fenwick	Aintree University Hospital	Teva	
					Bowel Cancer 'When top refer and what's new'	Mr Paul Skaife (Consultant)	Aintree University Hospital	Lilly		
					Lung Cancer and what GPs need to know	Dr Chris McManus	Southport Hospital			
					Cardio Oncology and Primary Care	Dr Rebecca Dobson	Liverpool Heart & Chest Hospital	Macmillan (non paying)		
					Updates for Primary Care	Dr Debbie Harvey	Macmillan GP South Sefton CCG	CRUK (non paying)		
18/03/2020	CANCELLED DUE TO COVID-19					Emergency Oxygen in General Practice	Paul Walker	Aintree University Hospital	Chiesi	
						AF	TBC	TBC	Leo-Pharma	
						To Dip Or Not to Dip'	Martin Jones	Merseycare	Abbott	
									AstraZeneca	

Year	Date	Booked	Walk-in	DNA	Total Attended	Subject	Speakers	Speaker Details	Event Sponsor
2017-2018									
2018-2019	17.01.18								
	16.05.18								
	18.07.18								
	15.08.18								
	17.10.18								
	12.12.18								
	16.01.19								
02.02.19									
2019-2020	16.01.19								
	20.02.19					Travel Update			Sanofi
	10.04.19					Diabetes (1)			MSD
	15.05.19 (pm)					Asthma / Respiratory			Orion
	17.07.19	33	4	10	27	IAPT & Respiratory	Jenny Johnston & Amanda Comer		AstraZeneca
	21.08.19	24	6	6	24	Emergency Oxygen	Paul Walker	Aintree University Hospital	Chiesi
	Rheumatology					Denise Price/Jenny Fletcher	Aintree University Hospital		
	16.10.19	29	1	8	22	Diabetes Feet	Gemma Cartledge	MerseyCare Podiatry Service	Lilly
	11.12.19					Cardiology	Dr Douglas	Aintree University Hospital	Daiichi
	15.01.20					Childhood Asthma / Mentoring Update	Dr Christopher Grime Denise Dutton & Maggi Bradley	Alder Hey Edge Hill University & Southport & Formby ETH	Daiichi Sankyo & TEVA
19.02.20					Clinical Supervision / Digital Update	Colette Page	Sefton CCGs	AstraZeneca	
2020-2021	15.04.20					TBC			Chiesi
	20.05.20					Travel Health Update	sponsored by Beth Weston		
	15.07.20					TBC			AstraZeneca
	19.08.20					TBC		Andrea Keedy - tell Pauline	Chiesi
	21.10.20					TBC			AstraZeneca
	09.12.20					TBC			AstraZeneca
	20.01.21					TBC			Chiesi
	10.02.21					TBC			AstraZeneca

Year	Date	Booked	Walk-in	DNA	Total Attended	Subject	Speakers	Speaker Details	Event Sponsor	Event Sponsor
2017-2018	12.07.17					To Dip or not to Dip				
2018-2019	27.06.18					Motivtional Interviewing	Etal Training			
	12.07.18					Dip or not to dip	Martin Jones	Mersey Care NHS Trust		
	16.07.18					Hypertension	Etal Training			
	29.08.18					cancelled	re booked 05/11			
	05.11.18					ABPI update	Steve Westley	Huntleigh Healthcare	NAPP	AstraZeneca
	19.11.18					Inhaler Technique	Jon Bell			
	31.01.19					Clinical Supervision				
07.02.19					Clinical Supervision					
2019-2020	31.01.19					Clinical Supervision				
	07.02.19					Clinical Supervision				
	17.04.19					Diabetes	Tracy Kirk		NAPP	
	15.05.19 (pm)					Cancer Update			CCG funding	
	05.06.19					Diabetes (2)			MSD	
	26.11.19					Diabetes Study day 1 of 2 (PNs)	Tracy Kirk		NAPP	
	27.11.19					Diabetes Study day 2 of 2 (PNs)	Tracy Kirk		Novo Nordisk	
	04.12.19					Diabetes/ Clinical Skills(HCA)	Tracy Kirk		CCG funding	
	29.01.20					Asthma	Tracy Kirk		Orion	
	04.02.20					Clinical Supervision	Ashfield Services		CCG funding	
	06.02.20					Diabetes (Follow on Day from Nov)	Tracy Kirk		NAPP	
	11.02.20					Clinical Supervision (Practice)	In House		CCG funding	
25.02.20					COPD	Tracy Kirk		Orion & Chiesi		
2020-2021	06.05.20					Diabetes Foundation Day 1 of 2	Tracy Kirk		NAPP	
	14.05.20					Spirometry	Tracy Kirk		Grant from C&M Primary Care Academy	
	21.05.20					Diabetes Foundation Day 2 of 2	Tracy Kirk		NAPP	
	04.06.20					Motivational Interviewing		Et-AI	Grant from C&M Primary Care Academy	
	09.09.20					TBC	Tracy Kirk		NAPP	
	11.11.20					TBC	Tracy Kirk		NAPP	

	Date	Booked	Walk-in	DNA	Total Attended	Subject	Speakers	Speaker Details	Event Sponsor
2019-2020	04/07/2019 am (PNs)					Revision of Imms Essentials/ Influenza Flu & Imms in 2&3 Year Olds	Stacy Evans Charlorte Smith		Chiesi
	04/07/2019 pm HCAs)					Pneumonia/ Adult & Paediatric Shingles	Stacy Evans		Chiesi
	09/07/2019 am (HCAs)					Pneumonia/ Adult & Paediatric Shingles	Stacy Evans		NAPP
	09/07/2019 pm (PNs)					Revision of Imms Essentials/ Influenza Flu & Imms in 2&3 Year Olds	Stacy Evans Charlorte Smith		NAPP
2020-2021	01/07/2020 am (PNs)					Revision of Imms Essentials/ Influenza Flu & Imms in 2&3 Year Olds	Stacy Evans		CCG Funding
	01/07/2020 pm (HCAs)					Pneumonia/ Adult & Paediatric Shingles	Stacy Evans		CCG Funding
	06/07/2020 am (HCAs)					Pneumonia/ Adult & Paediatric Shingles	Stacy Evans		Chiesi & Grant from C&M Primary Care Academy
	06/07/2020 pm (PNs)					Revision of Imms Essentials/ Influenza Flu & Imms in 2&3 Year Olds	Stacy Evans		Chiesi & Grant from C&M Primary Care Academy

Southport & Formby CCG Register of Commercial Sponsorship

Recipient Name	Position	Date of Offer	Date of Receipt (if applicable)	Sponsorship	Estimated Value	Supplier/Offeror Name and Nature of Business	Details of Previous Offers or Acceptance by this Offeror/Supplier	Details of the Officer reviewing and approving the declaration made and date	Declined or Accepted?	Reason for Accepting or Declining	Other Comments	Signed off by...	Position	Date
Chapel Lane Surgery	Member Practice	19.06.18	Application		£74,310	BMS-Pfizer Alliance								
Southport & Formby CCG	Medicines Management	19.10.17		Medical Education Grant	£15,000	Boehringer Ingelheim			Accepted			S Lynch	Head of Medicines Management	19.10.17
Southport & Formby CCG	Medicines Management	19.04.17		Megs Medical Educational Goods and Services	*£10,000	Pfizer			Accepted	Financial grant is intended to enhance patient care not linked to prescribing or use of a specific medicine. Pfizer's involvement is limited and they do not receive any direct benefit in return. This will help support delivering our QIPP workstream.		S Lynch	Head of Medicines Management	15.5.17

\* Also listed on 'All Events'

**Payments received from: GSK**

Date	Invoice No	Payment Amount
15/03/2016		240.00
08/09/2016		240.00
22/09/2016		240.00
26/10/2016		240.00
08/12/2016		240.00
09/01/2017	7.013E+09	240.00
20/03/2017		240.00
27/06/2017	7.013E+09	240.00
08/01/2018	7.013E+09	240.00
21/02/2018		40.00
		<b>2,200.00</b>

**Payments received from Daiichi Sankyo**

Date	Invoice No	Payment Amount
18/10/2016		240.00
16/11/2016		240.00
16/11/2016		240.00
15/03/2017		240.00
06/07/2017	7.013E+09	240.00
20/07/2017	7.013E+09	240.00
06/12/2017	7.013E+09	200.00
21/02/2018		40.00
11/04/2018		200.00
07/01/2019		240.00
		<b>2,120.00</b>

**Payments received from Eli Lilly**

Date	Invoice No	Payment Amount
12/01/2016		240.00
12/04/2016		240.00
16/08/2016		240.00
25/10/2016	7.013E+09	240.00
13/12/2016	7.013E+09	240.00
28/02/2017	7.013E+09	240.00
25/07/2017	7.013E+09	240.00
15/05/2018		240.00
27/09/2018		240.00
04/10/2018		240.00
26/10/2018		240.00
30/10/2018		240.00
27/12/2018		240.00
		<b>3,120.00</b>

**Payments received from Pfizer**

Date	Invoice No	Payment Amount
22/09/2017	7.013E+09	*10,000.00

\* Educational goods and services. Detail provided in additional sheet.

**Payments received from: Astra Zeneca**

Date	Invoice No	Payment Amount
06/12/2016	7.013E+09	240.00
21/12/2018		120.00
21/02/2019		120.00
		<b>480.00</b>

**Payments received from: Santeen UK Ltd**

Date	Invoice No	Payment Amount	Event Notes
Jan-20		225.00	Ophthalmology Collaboration Event 22/1/20. Joint with S&F CCG-total £450.00 split 50/50

Register of gifts and hospitality

Recipient Name	Position	Date of Offer	Date of Receipt /Received (if applicable)	Details of Gift / Hospitality	Estimated Value	Supplier / Offeror Name and Nature of Business	Details of Previous Offers or Acceptance by this Offeror/ Supplier	Details of the officer reviewing and approving the declaration made and date	Declined or Accepted?	Reason for Accepting or Declining	Other Comments
Fiona Taylor	Chief Officer	10/03/2020	10/03/2020	Bouquet of flowers	£35.00	LMC	None		Accepted		
Fiona Taylor	Chief Officer	03/01/2020	03/01/2020	Bottle of Gin (sent direct to office)	£20.00	Carter Corson	None		Accepted		
Colette Page	Practice Nurse Lead	11/12/2019	11/12/2019	Provision of hospitality during a nurse educational meeting	£5	Daiichi-Sankyo			Accepted	DS sponsored nurse meeting on Atrial Fibrillation	Collaborative working to provide training free to nurses across the CCG
Alain Anderson	Medicines Management Technician	07/12/2019	07/12/2019	Christmas Party	£50.00	Christiana Hartley Medical Practice	As listed	Jennifer Johnston (line manager) Date of approval not provided	Accepted	Treated as part of their team	
Colette Page	Practice Nurse Lead	16/10/2019	16/10/2019	Provision of hospitality during a nurse educational meeting	£5	EiLilly			Accepted	EiLilly sponsored a nurse diabetes education meeting	Collaborative working to provide training free to nurses across the CCG
Colette Page	Practice Nurse Lead	21/08/2019	21/08/2019	Provision of hospitality during a nurse educational meeting	£5	Chiesi			Accepted	Chiesi supported nurse meeting	Collaborative working to provide training free to nurses across the CCG
Colette Page	Practice Nurse Lead	17/07/2019	17/07/2019	Provision of hospitality during a nurse educational meeting	£5	AstraZeneca			Accepted	AZ provided sponsorship for protected learning time for nurses and HCAs	Collaborative working to provide training free to nurses across the CCG
Colette Page	Practice Nurse Lead	09/07/2019	09/07/2019	Provision of hospitality during a nurse educational meeting	£5	Napp Pharmaceutical			Accepted	Napp funded the event venue and refreshment	Collaborative working to provide training free to nurses across the CCG
Colette Page	Practice Nurse Lead	04/07/2019	04/07/2019	Provision of hospitality during a nurse educational meeting	£5	Chiesi Pharmaceutical Industry			Accepted	Chiesi were funding the cost of the training event	Collaborative working with Chiesi to provide training free to nurses across the CCG
Fiona Taylor	Chief Officer	10/02/2019	23/03/2019	Annual LMC dinner	£50.00	LMC	24/03/2017		Accepted	On behalf of CCG	
Susan Fryer	Clinical Pharmacist	01/12/2018	01/12/2018	Box of Chocolates	£4.00	Roe Lane Surgery	Nil	K Walsh	Accepted	Christmas Gift	
Kay Walsh	Lead Pharmacist	23/11/2018	14/12/2018	Christmas Part Night at the Vincent Hotel Southport	£44.50	Ainsdale Village Surgery, GP Practice	None	S. Lynch, 12/12/18	Accepted	I am considered part of the team and the practice would be offended if I declined.	
Janet Spallen	Senior Manager, Commissioning and Redesign	09/11/2018		Box of Chocolates	Unknown	Consultants working on behalf of Newton Europe	None		Accepted	Thank you gift.	



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Debbie Fagan	Chief Nurse	14/08/2018	14/08/2018	Flowers	Unknown	CSU CHC Team	None	Debbie Fairclough	Accepted	As a thank you gift for support given.	
CCG (Community Teams)	Commissioning Team (Transformation)	26/01/2018	26/01/2018	19 Blood Pressure Wrist Watches	Unknown	Public Health		Debbie Fairclough	Accepted	Offered and accepted to support the cardiology pilot and community teams.	
Alain Anderson	Medicines Management Technician	22/12/2017	22/12/2017	Gift Voucher	£50.00	Christiana Hartley Medical Practice	As listed		Accepted		
Lisa Tate	Meds Management Tech	21/12/2017	21/12/2017	1litre Smirnoff Vodka	£15.00	Rawson Road & Orrell Park (joint gift)		Christine Barnes	Accepted		
Emma Dagnall	Medicines Management Pharmacist	20/12/2017	20/12/2017	M&S Voucher	£50.00	Christiana Hartley Medical Practice	As listed		Accepted	N/A	
Alain Anderson	Medicines Management Technician	15/12/2017	15/12/2017	Christmas Party	Unknown	Christiana Hartley Medical Practice	As listed		Accepted	Invited by Dr Farrell	
Sandra Craggs	Senior Pharmacist	02/12/2017	02/12/2017	Practice Christmas Meal	£50.00	Nonwood Surgery			Accepted		
Martin McDowell	Chief Finance Officer	13/10/2017		Invitation to private viewing at Tate Liverpool on 27 November	c£25	Grant Thornton (external auditors for CCG)	N/A		Declined	The gift is above a value of £6 and was therefore declined in accordance with the CCG policy.	
Emma Dagnall	Medicines Management Pharmacist	16/09/2017	15/12/2017	Christmas meal and drinks at Formby Hall	Unknown	Christiana Hartley Medical Practice	As listed		Accepted		

Recipient Name	Position	Date of Offer	Date of Receipt /Received (if applicable)	Details of Gift / Hospitality	Estimated Value	Supplier / Offeror Name and Nature of Business	Details of Previous Offers or Acceptance by this Offeror/ Supplier	Details of the officer reviewing and approving the declaration made and date	Declined or Accepted?	Reason for Accepting or Declining	Other Comments
Colette Riley	Governing Body Member (Practice Manager)	27/18 September 2017 and 01/02 November 2017	27/18 September 2017 and 01/02 November 2017	Leadership Course	No cost has been noted for this course; the funding went from NHSE to GP Forward View training arm of NHSE	NHSE			Accepted	Practice Manager at Hollies Surgery	
Fiona Taylor	Chief Officer	24/03/2017 13/10/17	24/03/2017 13/10/17	Annual LMC dinner and flowers Invitation to private viewing at Tate Liverpool 27 November 2017.	£70.00 £25.00 circa	LMC Grant Thornton (external auditors for CCG)			Accepted Declined	On behalf of CCG The gift is above a value of £6 and was therefore declined in accordance with CCG policy.	
Claire Campbell	Meds Management Tech	20/01/2017	20/01/2017	Marks and Spencer voucher	£70.00	42 Kingsway			Accepted	Going on Maternity Leave. Maternity gift for baby	
Claire Campbell	Meds Management Tech	15/01/2017	15/01/2017	Baby Clothes	£30.00	High Pastures			Accepted	Going on Maternity Leave. Maternity gift for baby.	
Jacqueline Smith	Medicines Management Technician	19/12/2016	19/12/16	Champagne	£20.00	The Hollies Surgery			Accepted	Work at practice as practice pharmacist on behalf of the CCG	
Alain Anderson	Medicines management technician	16/12/2016		Party night at Formby Hall	£60.00	Christiana Hartley Medical Practice	None	Janet Fay Line Manager 19/01/17	Accepted	I work as practice technician at the surgery	
Susanne Lynch	Head of Medicines Management	10/12/2016	10/12/2016	Christmas night out- food and drink paid for	£50.00	Chapel Lane Surgery	None		Accepted	Work at practice as practice pharmacist on behalf of the CCG	

Recipient Name	Position	Date of Offer	Date of Receipt /Received (if applicable)	Details of Gift / Hospitality	Estimated Value	Supplier / Offeror Name and Nature of Business	Details of Previous Offers or Acceptance by this Offeror/ Supplier	Details of the officer reviewing and approving the declaration made and date	Declined or Accepted?	Reason for Accepting or Declining	Other Comments
Emma Dagnall	Meds management pharmacist	16/09/2016	16/12/2016	Christmas meal and drinks at Formby Hall	£60.00	Christiana Hartley Medical Practice	Christmas meal accepted the year before		Accepted	Work at practice as practice pharmacist on behalf of the CCG	
The Marshside Surgery (Rob Cauldwell)	GP Lead for IT	01/07/2016		Discount on Lexacom software	£200.00	Lexacom			Accepted	Primary care software and no CCG relationship with Lexacom.	Rob Cauldwell declared as IT lead for CCG

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
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Graeme	Allan	Employee (Primary Care Cancer Lead)	MacMillan		✓		Direct		Clinical Lead for Cancer: information and support service locally in a voluntary capacity.  Note: position changed to Director as of July 2017 due to Macmillan Centre becoming a non-profit community company. The position continues on a voluntary basis.	2007 then July 2017	Current	Interest declared at relevant meetings  The role as Macmillan GP and centre volunteer has always been declared at meetings. GA has never taken part in any commissioning decisions regarding the service.	Only payment received is in relation to out of pocket travel and parking. This has been declared on the gifts and hospitality register.
Helen	Armitage	Representative on Governing Body	Sefton MBC										
Matthew	Ashton	Governing Body - Co-opted Member (Director of Public Health)	Nil										
Emily	Ball	Governing Body	The Hollies GP Practice (General Practice) Federation Member Practice Chapel Lane Surgery	✓ ✓ ✓			Indirect Indirect Direct		Salaried GP at member practice  Salaried GP at Federation Member practice  Partner	Jan 2015  Jan 2015  Nov 2019	Current  Current  Current	Excluded from decision making regarding General Practice. Interest to be declared at relevant CCG meetings	31/3/17: governing body position expired, however continued ad hoc Clinical Lead role.  1/6/18 Re-appointed to governing body

Southport and Formby CCG Register of Interests  
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Stuart	Bennett	Employee (CVD Clinical Lead)	Liverpool Heart and Chest Hospital  Southport Community Cardiology Clinic (pilot run by Southport & Formby Federation)	a			Direct	GPSI in Cardiology	2 Oct 2018	Nov 2019	Interest declared at relevant meetings	CVD clinical lead role for SFCCG. Involved in meetings looking at cardiology redesign at Southport and Ormskirk NHS trust, which has involved representatives from LHCH.	
				a			Direct	GPSI service provider	October 2018	Nov 2019	Interest declared at relevant meetings	<b>November 2019: no longer Clinical Lead</b>	
Gillian	Brown	Governing Body	British National Formulary Joint Formulary Committee  Jigsaw Homes Groups (formerly New Charter Housing until April 2018) Note: Subsidiary boards of Jigsaw: - Threshold Housing Project - New Charter Building Company	✓			Direct	Lay Member	12 May 2017	Current	Interest to be declared at appropriate and relevant CCG meetings		
				✓			Direct	Non Executive Director	7 August 2017	Current	Interest to be declared at appropriate and relevant CCG meetings	Position on governing body ceased 31st October 2019	
								also: Chair of the subsidiary boards ( <i>Threshold and New Charter</i> )	7 August 2017	Current	Interest to be declared at appropriate and relevant CCG meetings	Issue 39 Staff Bulletin October 2019	
Doug	Callow	Governing Body	Chapel Lane Surgery (General Practice)	✓			Direct	GP Partner - Chapel Lane Surgery	7th November 2001	current	Excluded from decision making regarding General Practice		
			Hightown Village Surgery	✓			Direct	Provision of services: temporary	1 April 2018	current	Excluded from decision making regarding General Practice		

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
Rob	Caudwell	Governing Body Member	The Marshside Surgery (General Practice)	✓			Direct		Partner – The Marshside Surgery	2004	Current	Excluded from decision making regarding General Practice	
			The Family Surgery (General Practice)	✓			Direct		Partner – The Family Surgery	2016	Current	Excluded from decision making regarding General Practice	
			Caudwell Medical Services LTD	✓			Direct		Director – Caudwell Medical Services LTD	2014	Current	Excluded from decision making regarding this organisation	
			West Lancs CCG (NHS)		✓		Indirect		Business Partner is the Contract holder for primary medical care in West Lancs CCG and anticoagulation services in West Lancs CCG	2016	Current	Interest to be declared at relevant CCG meetings	
			S&F GP Federation (NHS)		✓		Indirect		Practice Manager is director of S&F GP Federation	2015	Current	Interest to be declared at relevant CCG meetings	
Rob	Caudwell continued...	Governing Body Member	Anti-Coag Procurement	✓			Direct (potential)		Potential to bid for service	Sept 2017	tbc	No involvement in any discussion or work relating to the preparation of the spec. Interest declared at relevant CCG meeting	
			R&B Medical Properties Ltd	✓			Direct		Owner/Diretor - Owns GP premises and delivery of services	2016	Current	Interest to be declared at relevant CCG meetings	
			S&F Health Ltd GP Federation	✓			Direct		Member (via 2 practices) and rent room for Cardiology Community Service	2016	Current	Interest to be declared at relevant CCG meetings	
			Southport Aesthetics	✓			Direct		Owner - provides aesthetic procedures	2010	Current	Interest to be declared at relevant CCG meetings	
Rob	Caudwell continued...	Governing Body Member	West Lancs CCG			✓	Indirect		GP partner holds contract for delivery of GMS services	2016	Current	Interest to be declared at relevant CCG meetings	
			Coloplast Ltd	✓			Direct		Rent room for delivery of services	2018	Current	Interest to be declared at relevant CCG meetings	
			NHS LCFT	✓			Direct		Rent room for delivery of services	2017	Current	Interest to be declared at relevant CCG meetings	

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Rob	Caudwell continued...	Governing Body Member	Care Plus Pharmacy (Internet Pharmacy)	✓			Direct	Co-owner/Director of internet based pharmacy	October 2018	Current			
Rob	Caudwell continued...	Governing Body Member	Provider of Intermediate Care Beds GP	✓			Direct	Provider of Intermediate Care Beds GP cover for the CCG	01/04/2019	Current			
			Medloop Ltd/GMBH	tbc			Direct (tbc)	(Primary Care app provider) Advice and development	June 2019	Current	To be declared at relevant meetings		
Rob	Caudwell continued...	Governing Body Member					Prejudicial	GB SS PTII item GB19/111d and GB19/112d- Primary Care Commissioning Committee information items	04/09/2019	04/09/2019	It was noted that the items were to receive for information and therefore the interest raised did not constitute any material conflict		
							Prejudicial	GB SS PTII- GB19/121 ColN- Bandwidth Upgrades	04/09/2019	04/09/2019	It was agreed that these interests, with action taken, did not constitute any material conflict of interest with items on the agenda.		
							Prejudicial	GB SS PTII- GB19/124 Out of Hours	04/09/2019	04/09/2019	It was agreed that it was appropriate for the member to participate in discussion at this stage but would be required to withdraw from any subsequent discussions if there is any intention to procure the service.		
Rob	Caudwell continued...	Governing Body Member					Prejudicial	GB SS PTII GB19/156 Out of Hours	06/11/2019	06/11/2019	All GP members declared their interest in respect of the Out of Hours item noting that they could potentially bid for services. The Vice Chair HN assumed the role of Chair for that item and the GPs remained in the meeting but did not vote on the final option.		
Lyn	Cooke	Employee	Nil										

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Dil	Daly	Governing Body member (Lay member for patient and public involvement)	Age Concern Liverpool and Sefton  Voluntary Sector Consortium	✓			Direct  Direct	Employed by Age Concern Liverpool & Sefton until March 2nd 2020. Service is commissioned by the CCG to provide a befriending and enablement service.  Chair	November 2019  November 2019	2 March 2020  2 March 2020	Excluded  Refrain from discussions which involve this consortium or organisations involved with this consortium or leave meeting as decided by the Chair.	December 2019 bulletin	
Dil	Daly continued	Governing Body member (Lay member for patient and public involvement)					non-pecuniary	Chair of a voluntary sector consortium (the 800 Group) which includes Merseyside Society for Deaf People (MSDP) who are mentioned on the meeting agenda item 20/08 Diversity Update.	14/1/2020	14/1/2020	Excluded from decision making with regard to this organisation: declaration received in advance.  It was confirmed at the meeting that the item was an update and therefore constituted no conflict of business.		
Dil	Daly continued	Governing Body member (Lay member for patient and public involvement)					Direct Pecuniary	Audit Committee Item: Financial Control Planning and Governance Assessment 2019/20  Declared interest in relation to the role with Age Concern Liverpool & Sefton	15/01/2020	15/01/2020	Following review the Chair confirmed the declaration did not constitute any material conflict of interest with the items on the agenda.		
Dil	Daly continued	Governing Body member (Lay member for patient and public involvement)						F&R Committee 22/1/2020  Declared that he is employed by Age Concern which is funded for a befriending project by the CCG	22/01/2020	22/01/2020	Following review the Chair confirmed the declaration did not constitute any material conflict of interest with the items on the agenda.		



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Dil	Daly continued	Governing Body member (Lay member for patient and public involvement)						F&R Committee 19/2/2020	Declared that he is employed by Age Concern which is funded for a befriending project by the CCG	19/02/2020	19/02/2020	Following review the Chair confirmed the declaration did not constitute any material conflict of interest with the items on the agenda.	
Dil	Daly continued	Governing Body member (Lay member for patient and public involvement)						Remuneration Committee 17/3/2020 agenda item 20/7 MIAA Review and Remuneration Framework for Clinical Commissioners/ Contractors: Update	Item discusses the remuneration of Lay Members and their ability to claim travel expenses	17/03/2020	17/03/2020	tbc	
Billie	Dodd	Employee	Nil										
Jane	Elliot	Employee	Nil										
Debbie	Fagan	Employee	NHS South Sefton CCG (NHS)		✓		Direct		Joint appointment		Current		Stepped down from Governig Body position following secondment position.

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Debbie	Fairclough	Management Consultant	DF Consultancy	✓			Direct	Sole trader ( Owner)	May 2016	Current	excluded from decision making with regard to this organisation No action required		
			Knowsley CCG			✓	In-direct	Daughter (Danielle McCulloch) employed by as Commissioning Manager	May 2016	Current			
			South Sefton CCG	✓			Direct	Provide management consultancy support	May 2016	Current	Declarations at relevant meetings		
			Halton CCG		✓		Direct	Provision of consultancy support, QIPP, Financial Recovery and Governance.	March 2017	October 2019	No longer a conflict. Any governance support now provided at STP level is on behalf of CCG.		
			Warrington CCG		✓		Direct	Provides management consultancy support	July 2019	October 2019	Declarations at relevant meetings		
			Halton GP Federation		✓		Direct	Provide management consultancy support	February 2019	Current	Declarations to be made as appropriate		
			Multi Health Specialists (associate contractor)		✓		In-direct	Working at Birmingham and Solihull CCG: via Multi Health	May 2019		Declarations to be made as appropriate		
			Direct										
Vikki	Gilligan	Governing Body Member: Practice Manager Member	Nil (Kew Surgery)									Issue 39 Staff Bulletin October 2019	
Wendy	Hewitt	Employee	Nil										
Anna	Hunter (nee Ferguson)	Member practice	Strand Medical Centre	✓			Direct	GP Partner	2003	Current	To be excluded from decision making with regard to this organisation	Clinical Lead position for South Sefton CCG commenced August 2017  Partner of South Sefton CCG member practice	
		Clinical Lead	Sefton MBC	✓			Direct	Clinical Lead for Sexual Health	August 2012	Current			
		Clinical Lead	South Sefton CCG	✓			Direct	Clinical Lead for Transgender Service	August 2017	Current			

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Tracy	Jeffes	Employee	Nil										
Maureen	Kelly	Governing Body (co-opted from Healthwatch)	Nil										
Jan	Leonard	Employee	SF GP Federation (NHS)		✓		Indirect	Sister is a member of the SF GP Federation		current	Internal governance process mitigates this risk via committee / approvals process.		
Jane	Lunt	Governing Body Member	Liverpool CCG Southport & Formby CCG		✓		Direct	Chief Nurse (substantive post) and Interim Chief Nurse for S&F CCG	01/10/2019	30/06/2020	Conflict declared at each meeting as part of the regular joint declarations.	Conflict arises from being party to confidential or other information which has a material impact on substantive post.	
Susanne	Lynch	Employee	Cambridge Road Pharmacy (NHS)		✓		Indirect	Husband is a business partner and superintendent pharmacist for Cambridge Road Pharmacy	2014	Current	Excluded from signing off invoices for commissioned community pharmacy services. Delegate work involving this pharmacy to other senior pharmacists.		
Karl	McCluskey	Employee	Nil										Sick leave from mid October 2019
Martin	McDowell	Employee and Governing Body	NHS South Sefton CCG (NHS) Liverpool E&P Theatres		✓		Direct	Joint appointment as CFO at NHS Southport and Formby CCG and NHS South Sefton CCG	2013	Current	Protocols in place with Chairs, GB & SLT of both organisations		
							Indirect	Partner is Director of Finance	1/9/18	Current	Monitor decision making.		
Anette	Metzmacher	Governing Body Member and Urgent Care :Lead	Nil								Excluded from decision making regarding general practice. Interest declared at relevant meetings. Conflicts may arise as part of LQC or other GMS related work.	Salaried GP for ICRAS and works as a locum.	

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Hilal	Mulla	Governing Body Member	The Corner Surgery	✓			Direct		GP Partner - The Corner Surgery	1 April 2002	Current	Excluded from decision making regarding general practice. Interest declared at relevant meetings. Conflicts may arise as part of LQC or other GMS related work.	
			GTD Healthcare (Go to Doc)	✓			Direct		Sessional work for GTD, out of hours service	April 2013	Current	Excluded from decision making regarding this organisation. Interest declared at relevant meetings. Conflict may arise when awarding OOH contracts	
			Mulla Medical Services Ltd	✓			Direct		Private medical work	August 2016	Current	Interest declared at relevant meetings.	
			S & F Federation	✓			Direct		Is a member of the S&F Federation and could potentially gain financially from any contract awarded to the Federation.	November 2016	Current	Excluded from decision making regarding this organisation	
Hilal	Mulla continued	Governing Body Member					Prejudicial	GB-SS-PTI-item-GB19/111d-and-GB19/112d:-Primary Care-Commissioning-Committee-information-items	GP at member practice	04/09/2019	04/09/2019	It was noted that the items were to receive for information and therefore the interest raised did not constitute any material conflict	
							Prejudicial	GB-SS-PTII-GB19/121-CoIN-Bandwidth-Upgrades	Potential involvement	04/09/2019	04/09/2019	It was agreed that these interests, with action taken, did not constitute any material conflict of interest with items on the agenda.	
							Prejudicial	GB-SS-PTII-GB19/424-Out-of-Hours	Potential involvement	04/09/2019	04/09/2019	It was agreed that it was appropriate for the member to participate in discussion at this stage but would be required to withdraw from any subsequent discussions if there is any intention to procure the service.	

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Hilal	Mulla continued	Governing Body Member					Prejudicial	GB SS PTII GB19/156 Out of Hours	Potential to bid for service	06/11/2019	06/11/2019	All GP members declared their interest in respect of the Out of Hours item noting that they could potentially bid for services. The Vice Chair HN assumed the role of Chair for that item and the GPs remained in the meeting but did not vote on the final option.	
Helen	Nichols	Governing Body Member	Liverpool University			✓	Indirect		Spouse is Professor of Chemistry at Liverpool University	2000	Current	Interest declared at relevant meetings	
Helen	Nichols	Governing Body Member continued						Remuneration Committee 17/3/2020 agenda item 20/7 MIAA Review and Remuneration Framework for Clinical Commissioners/ Contractors: Update	Item discusses the remuneration of Lay Members and their ability to claim travel expenses	17/03/2020	17/03/2020	tbc	
Alison	Orrod	Employee	Mersey Care			✓	Indirect		Son is employed as Financial Support Officer as fixed term contractor.	3 January 2017	Current	Interest declared at relevant meetings. Exclusions from discussions/decision making where conflicted.	
Colette	Page	Employee and Governing Body	Merseycare NHS Trust (NHS)		✓		Indirect		Spouse Works for Merseycare Trust as Mental Health Liaison for the South Sefton area	November 2019	Current	Interest declared at relevant meetings	On secondment, permanent 3 days a week and fixed term for the other 2.

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Colette	Page continued	Employee and Governing Body	Merseycare NHS Trust (NHS)		✓		Indirect		Son works as support worker for Merseycare Mental Health Trust at Clock View Acute Inpatient Service	January 2015	Current		
			Merseycare NHS Trust (NHS)		✓		Indirect		Son works as support worker for Merseycare Mental Health Trust at PD South Sefton Community Hub	August 2019	Current	Interest declared at relevant meetings	

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Colette	Page continued	Employee and Governing Body	NHS South Sefton CCG (NHS)	✓			Direct		Joint employee with S&F CCG. Appointed Additional Nurse on SF CCG Governing Body	May-19	Current	Interest declared at relevant meetings	
Brendan	Prescott	Employee	Aintree Hospital (NHS)		✓		Indirect		Spouse is an employee at Aintree University Hospital	2013	Current		
Brendan	Prescott continued	Employee and Governing Body	NHS South Sefton CCG (NHS)		✗		Direct		<del>Joint employee with S&amp;F CCG. Standing in as Chief Nurse on Governing Body.</del>	May-19	Oct-19	Interest declared at relevant meetings	
Angela	Price	Employee	Nil										
Tim	Quinlan	Governing Body member	Ainsdale Medical Centre Southport Links ot HENW / RCGP NHS Collaborate - links ot NW Leadership Academy Chapel Lane Surgery	✓		✓	Indirect Direct Direct Direct		Wife is GP Partner GP Trainer Member Salaried GP	1 July 2017 25 July 2018 1 March 2018 1 February 2019	Current Current Current Current	Removal rom discussion relating to this provider Note conflict of interest when considering commissioning of medical postgraduate education Note links to these organisations when considering leadership training / consideration of innovation think-tanks to support CCG work	Position on governing body ceased December 2019. Issue 42 Staff Bulletin December 2019

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Tim	Quinlan	Governing Body Member					Prejudicial	GB-SS-PTI- item- GB19/111d- and- GB19/112d- Primary Care Commissioning- Committee- information- items	GP at member practice	04/09/2019	04/09/2019	It was noted that the items were to receive for information and therefore the interest raised did not constitute any material conflict	
							Prejudicial	GB-SS-PTII- GB19/121- CoIn- Bandwidth Upgrades	Potential involvement	04/09/2019	04/09/2019	It was agreed that these interests, with action taken, did not constitute any material conflict of interest with items on the agenda.	
							Prejudicial	GB-SS-PTII- GB19/124 Out of Hours	Potential involvement	04/09/2019	04/09/2019	It was agreed that it was appropriate for the member to participate in discussion at this stage but would be required to withdraw from any subsequent discussions if there is any intention to procure the service.	
Tim	Quinlan	Governing Body Member				Prejudicial	GB SS PTII GB19/156 Out of Hours	Potential to bid for service	06/11/2019	06/11/2019	All GP members declared their interest in respect of the Out of Hours item noting that they could potentially bid for services. The Vice Chair HN assumed the role of Chair for that item and the GPs remained in the meeting but did not vote on the final option.		



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Colette	Riley	Governing Body Member	The Hollies Surgery (General Practice)	✓			Direct		Practice Manager at The Hollies Surgery Formby	1997	28 Aug 2019	Excluded from decision-making regarding General Practice	
			St Helens & Knowsley NHS Trust (NHS)			✓	Indirect		Daughter employed by St Helens & Knowsley NHS Trust as Management Accountant (Whiston Hospital)	2016	Current	Interest declared at relevant meetings	
			St Helens & Knowsley NHS Trust (NHS)			✓	Indirect		secondment position to Vague Symptoms and head and neck oncology mdt	6 Aug 2019	Current	Interest declared at relevant meetings	
			Southport & Formby Health Federation. Chapel Lane Surgery			✓	Indirect		The Hollies Surgery is a member of the federation. Practice Manager		Current	Interest declared at relevant meetings	
				✓			Direct			2 Sept 2019	Current	Interest declared at relevant meetings	
Colette	Riley continued	Governing Body Member				Direct	Governing Body 5/6/19	Member of Primary Care Commissioning Committee	01/04/2019	ongoing	CR had provided advance notice of interest. However did not attend the meeting. It was clarified that should CR had been in attendance, CR would have been able to remain in the meeting given it was an information item.	Specifically raised in relation to an information item for 5/6/19. Was noted that this would be the same for each meeting.	
Jikta	Roberts	Seconded	tbc										

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Kati	Scholtz	Governing Body	Norwood Surgery (General Practice)	✓			Direct		GP Partner Norwood Surgery	2002	Current	Excluded from decision making regarding General Practice	
				Falcon Green Ltd. (Real Estate)	✓			Direct		Shares owned in Falcon Green Ltd. Falcon Green leases premises from the partnership at Norwood Avenue and sublets to a retail pharmacist (Whitworth's Chemist)	2002	Current	Excluded from decision making regarding this organisation
Kati	Scholtz	Governing Body Member continued					Prejudicial	GB SS PTH- GB19/114d and GB19/112d- Primary Care Commissioning Committee information items	GP at member practice	04/09/2019	04/09/2019	It was noted that the items were to receive for information and therefore the interest raised did not constitute any material conflict	
							Prejudicial	GB SS PTH- GB19/121- CoIN- Bandwidth Upgrades	Potential involvement	04/09/2019	04/09/2019	It was agreed that these interests, with action taken, did not constitute any material conflict of interest with items on the agenda.	
							Prejudicial	GB SS PTH- GB19/124 Out of Hours	Potential involvement	04/09/2019	04/09/2019	It was agreed that it was appropriate for the member to participate in discussion at this stage but would be required to withdraw from any subsequent discussions if there is any intention to procure the service.	
Kati	Scholtz	Governing Body Member continued					Prejudicial	GB SS PTH- GB19/156 Out of Hours	Potential to bid for service	06/11/2019	06/11/2019	All GP members declared their interest in respect of the Out of Hours item noting that they could potentially bid for services. The Vice Chair HN assumed the role of Chair for that item and the GPs remained in the meeting but did not vote on the final option.	

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Kati	Scholtz	Governing Body Member continued						Remuneration Committee 17/3/2020 agenda item 20/7 MIAA Review and Remuneration Framework for Clinical Commissioners/ Contractors: Update	Item includes proposals in relation to GP Clinical Directors which is the position held by KS	17/03/2020	17/03/2020	tbc	
Jeff	Simmonds	Governing Body	South Sefton CCG	✓			Direct		Governing Body member	Jan-18	Current	Protocols in place with Chairs, GB & SLT of both organisations and interest declared at relevant meetings	
Jeff	Simmonds	Governing Body continued						Remuneration Committee 17/3/2020 agenda item 20/7 MIAA Review and Remuneration Framework for Clinical Commissioners/ Contractors: Update	Item includes proposals in relation to Secondary Care Doctor which is the position held by JS	17/03/2020	17/03/2020	tbc	
Charlotte	Smith	Representative on Governing Body (on behalf of co-opted member)	nil - Sefton MBC										

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
Fiona	Taylor	Employee Governing Body Member	NHS Southport & formby CCG		✓		Direct	PTII Private GB meeting (May 2017 GB17/94 and GB17/95)	Joint appointment as CFO at NHS Southport and Formby CCG and NHS South Sefton CCG	2013	Current	Protocols in place with Chairs, GB & SLT of both organisations	
			St Ann's Hospice	✓		Direct	Trustee of St Ann's Hospice, Cheadle		1 January 2017	Current	Chair notified in advance, declaration declared at the commencement of the meeting, FLT vacated meeting whilst item was discussed.		
			AQuA	✓		Direct	Board Member for AQuA		1 January 2017	Current	No mitigation required		
			St Georges Central CE School & Nursery, Tyldesley		✓	Direct	Chair of Governors		September 2005	Current	Interest declared at relevant meetings		
						Direct				Current	No mitigation required		
William Nigel	Taylor	Employee and Clinical Lead	AQuA		✓		Direct		Member of Clinical Reference Group	2006	Current	All interests declared at relevant meetings and excluded from decision making as relevant and appropriate.	
			Primary Care Diabetes Society		✓		Direct		Member	2004	Current		
			Diabetes UK		✓		Direct		Member	November 1999	Current		
			British Heart Foundation		✓		Direct		Member	November 1999	Current		
			MSD Janssen, Sanofi, AstraZeneca	✓		Direct	Educational sessions and Chairing meeting services provided; honararium received.		November 1999	Current			
			C&M Diabetes SCN		✓	Direct	Member		2006	Current			
			Merseyside Retinal Screening Board		✓	Direct	Member		2007	Current			
			C&M Health & Care Partnerships		✓	Direct	Member of Diabetes Programme Board		March 2018	Current			
			Wirral University Teaching Hospital NHS Foundation Trust		✓	Indirect	Niece employed as Physiotherapist		August 2018	Current			
			Arrowe Park NHS Foundation Trust		✓	Indirect	Nephew-in-law employed as Physiotherapist		2015	Current			

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
William Nigel	Taylor continued	Employee and Clinical Lead	Clatterbridge Cancer Centre and Arrows Park NHS Foundation Trust			✓	Indirect	Niece employed as Physiotherapist	February 2018 and September 2015	Current	All interests declared at relevant meetings and excluded from decision making as relevant and appropriate.		
			Alder Hey Children's Hospital NHS Foundation Trust			✓	Indirect	Sister employed as Nursing Sister on ITU	(Since aprx 1985) 14 Feb 2014 in this employ/t	Current			
			South Sefton CCG			✓	Direct	- Clinical Lead for CVD for S&F and SS CCG.	Nov 2018	Current			
			South Sefton CCG	✓			Direct	- Diabetes Clinical Lead for SS CCG giving advise to SF CCG	Nov 2018	Current			
William Nigel	Taylor continued	Employee and Clinical Lead	Royal Liverpool & Broadgreen CCG		✓		Indirect	Niece employed as theatre nurse	June 2018	Current	All interests declared at relevant meetings and excluded from decision making as relevant and appropriate.	Payment received for work undertaken looking at guidance for patients recovering from Acute Kidney Injury (AKI RAND).	
			Member of Primary Care Academy of Diabetes Specialists		✓		Direct	Member of academy	September 2018	Current			
			Royal College of General Practitioners	✓			Direct	Ad hoc work	21 May 2019	Current			
			Health and Care Partnership Elective Care Board	✓			Direct	Primary Care Clinical Lead for Nephrology	September 2019	Current			
Cameron	Ward	Contractor	Nil										

Southport and Formby CCG Register of Interests  
Member Practices  
31 March 2020

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Nil	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
						Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Joanna	Ashberry	Member practice	Kew Surgery		Nil								
Sarah	Aylward	Member practice			Nil								
Jane	Ayres	Member Practice	Roe Lane Surgery 172 Roe Lane Churchtown Southport PR9 7PN	Roe Lane Surgery  Southport and Formby Health Ltd (GP Federation)		✓			Direct	Clinical Pharmacist Partner  Board Director of Southport and Formby Health Ltd (GP Federation)	tbc	Current	Interest declared at relevant meetings
Jill	Canavan	Member practice			Nil								
Annette	Cooper	Member practice			Nil								
Rachel	Cummings	Member practice	Cumberland House Surgery 58 Scarisbrick Road Southport PR8 6PG		Nil					GP Dr Tim Irvine involved with PCN and Locality Lead			
Deborah	Elliot	Member practice	Christiana Hartley Medical Practice		Nil								
Adele	Farrell	Member practice			Nil								
Deborah	Finn	Member practice			Nil								
Louise	Forshaw	Member practice			Nil								
Adam	Grey	Member practice	Litherland Practice		Nil								
Paolo	Giannelli	Member practice	Churchtown Medical Centre 137 Cambridge Road PR9 7LT		Nil								
Vikki	Gilligan	Member practice	Kew Surgery 85 Town Lane PR8 6RG		Nil								
Lydia	Hale	Member practice		Southport and Formby Health Ltd (GP Federation)			✓		Direct	Director of Southport and Formby Health Ltd (GP Federation)	2015	Current	Interest declared at relevant meetings

Southport and Formby CCG Register of Interests  
Member Practices  
31 March 2020

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Nil	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
						Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Elizabeth	Harwood	Member Practice	Eastview Surgery (SS CCG)					✓	In-direct	Married to Dr W N Taylor, Clinical Lead for respiratory and long term conditions Southport & Formby CCG and South Sefton CCG	14/02/2014	Current	Interest to be declared at relevant meetings
Timothy	Irvine	Member practice		Southport and Formby CCG (NHS)				✓	Direct	Locality Lead	2016	Current	Interest declared at relevant meetings
Christopher	Jackson	Member practice			Nil								
Simon	Johnson	Member practice	Formby Village Surgery		Nil					Locum GP			
Ian	Kilshaw	Member practice	Ainsdale Medical Centre		Nil								
Helen	King	Member practice	Lincoln House Surgery Birkdale Southport PR8 4PR		Nil								
Sue	Lowe	Member practice			Nil								
Lindsay	McClelland	Member practice		Southport and Formby Health Ltd (GP Federation)				✓	Direct	Director of local federation Southport and Formby Health Ltd.	2015	current	Interest declared at relevant meetings
Colette	McElroy	Member practice	Drs McElroy & Thompson 15 Sefton Road Litherland Liverpool L21 9HA		Nil								
Shaun	Meehan	Member practice			Nil								
Sam	Muir	Member practice	Norwood Surgery 11 Norwood Ave Southport PR9 7EG		Nil								
Kebsi	Naidoo	Member practice	Marshside Surgery Southport (working for multiple practices however Marshside is the main one)		Nil					Locum GP			

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Nil	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
						Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Halina	Obuchowicz	Member practice			Nil								
Maria	Parish	Member practice			Nil								
Danielle	Parkes	Member practice	St Marks / Trinity Practice										
Alasdair	Patrick	Member practice	The Hollies Surgery	West Lancashire Out of Hours (Vocare)		✓			Direct	Carry out work for Vocare			
Tanya	Patrick	Member practice	The Hollies Surgery	West Lancashire Out of Hours (Vocare)		✓			Direct	Carry out work for Vocare			
Elizabeth	Quinlan	Member practice			Nil								
Timothy	Quinlan	Member practice and Governing Body Member			Nil								
Christine	Randall	Member practice		Pharmacy First (NHS) Extracta Medico-Legal Ltd.		✓			Direct Direct	Rental income from onsite pharmacy Director at Extracta Medico-Legal Ltd.	2011 2010	Current Current	Interest declared at relevant meetings Interest declared at relevant meetings
Julia	Ronson	Member practice			Nil								
Alan	Ryan	Member practice	The Grange Surgery			✓			Direct	Partner at The Grange Surgery	1993	current	Interest declared at relevant meetings



First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Nil	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk	
						Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Colette	Riley	Member practice and Governing Body member	The Hollies Surgery Formby L37 4AF		Nil				Direct	Practice Manager at The Hollies Surgery Formby	1997	28 August 2019	Excluded from decision making regarding General Practice	
			St Helens & Knowsley NHS Trust (NHS)					✓	Indirect	Daughter employed by St Helens & Knowsley NHS Trust as Management Accountant (Whiston Hospital)	2016	Current	Interest declared at relevant meetings	
			St Helens & Knowsley NHS Trust (NHS)						✓	Indirect	Daughter (2nd) employed by St Helens & Knowsley NHS Trust as MDT Co-ordinator for Head/Neck/Skin	2 Nov 2017	2 Aug 2019	Interest declared at relevant meetings
			Vague Symptoms						✓	Indirect	then secondment position to Vague Symptoms and head and neck oncology mdt	6 Aug 2019	Current	Interest declared at relevant meetings
			Chapel Lane Surgery		Nil					Direct	Practice Manager	2 Sept 2019	Current	Excluded from decision making regarding General Practice
Robin	Scott	Member practice	Blundellsands Surgery		Nil									
Keith	Selvarajah	Member practice	Cumberland House Surgery		Nil									
Nabeel	Shaikh	Member practice			Nil									
Kim	Speed	Member practice		Southport and Formby CCG (NHS)				✓	Direct	GP New Ways of Working Steering Group	2016	Current	Interest declared at relevant meetings	

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Nil	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
						Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Octavia	Stevens	Member Practice	Ainsdale Village Surgery 2 Leamington Road, Ainsdale, Southport PR8 3LB			✓			Direct	GP Partner Clinical Lead for S&F CCG			

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Nil	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
						Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
David	Smith	Member Practice	The Corner Surgery, PR9 9XP	The Corner Surgery 117 Fylde Road, Southport, PR9 9XP		✓			Direct	GP Partner	August 2017	Current	Interest declared at relevant meetings
				Southport & Formby Health Ltd GP Federation		✓			Direct	Member practice	August 2017	Current	Interest declared at relevant meetings
				University of Liverpool School of Medicine				✓	Direct	Community Clinical Tutor	September 2015	Current	Interest declared at relevant meetings
				Sefton LMC				✓	Direct	Member. Also: Chairman	June 2017 April 2019	Current	Interest declared at relevant meetings
				North West Ambulance Service NHS Trust		✓			Indirect	Wife is a Paramedic	November 2014	Current	Interest declared at relevant meetings
				7-Day GP Service, Southport and Formby Health LTD		✓			Direct	Sessional GP	October 2018	Current	Interest declared at relevant meetings
				North Southport Primary Care Network		✓			Direct	Clinical Director	April 2019	Current	

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Nil	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
						Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Simon	Tobin	Member practice	GP Norwood Surgery	Greenhawk Services Ltd (Real Estate)		✓			Direct	Director of a residential property rental company, Greenhawk Services Ltd which owns shares in another company, Falcon Green Ltd. Falcon Green leases premises from the partnership at Norwood Avenue and sublets to a retail pharmacist (Whitworth's Chemist)	2004	Current	Interest declared at relevant meetings
				RCGP Overdiagnosis Group (NHS)				✓	Direct	Member of the RCGP Overdiagnosis Group	2014	Current	Interest declared at relevant meetings
				CIRC (NHS)				✓	Direct	Advisor to CIRC (Clinical Innovation and Research Centre)	2014	Current	Interest declared at relevant meetings
				Willowbrook Hospice				✓	Indirect	Wife, is a Consultant in Palliative Care and Medical Director of Willowbrook Hospice in St Helen's, Merseyside	2016	Current	
Simon	Tobin ...continued	Member practice		Health and Wellbeing				✓	Direct	Unpaid Ambassador for Health and Wellbeing for parkrun	2018	Current	None needed
				Real Food Campaign				✓	Direct	Unpaid Medical Director	October 2019	Current	
Nigel	Tong	Member practice	Blundellsands Surgery	NHS England (Cheshire and Mersey)	Nil	✓			Direct	Deputy Medical Director	1 Apr 2013	Current	
Alison	Trevor	Member practice	Roe Lane Surgery		Nil								
MJ	Vickers	Member Practice			Nil								
Fred	Weindling	Member practice			Nil								
Samantha	Weston	Member practice	St Marks Medical Centre		Nil								
Richard	Wood	Member practice	Ainsdale Medical Practice		Nil								

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Nil	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
						Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Stephanie	Woodcock	Member practice	The Corner Surgery 117 Fylde Road, Southport PR9 9XP	The Corner Surgery 117 Fylde Road, Southport PR9 9XP		✓			Direct	GP Partner at The Corner Surgery	2014	Current	Interest to be declared at relevant meetings
				University of Liverpool School of Medicine		✓			Direct	Community Clinical Tutor	2016	Current	Interest to be declared at relevant meetings
Abdul	Zubairu	Member practice		Norwood Surgery (General Practice)		✓			Direct	GP Partner at Norwood Surgery	August 2012	Current	Excluded from decision making regarding organisation
				Falcon Green Ltd (Real Estate)		✓			Direct	Director of Falcon Green Ltd ( Renting space to a retail pharmacy)	August 2012 2015	Current	Excluded from decision making regarding organisation
				Southport and Formby Health Ltd (GP Federation)			✓		Direct	Clinical Director of Southport and Formby Health Ltd (GP Federation)		Current	Interest declared at relevant meetings
				Royal College of GP		✓			Direct	Board Member	2010	Current	Interest declared at relevant meeting

## MEETING OF THE GOVERNING BODY June 2020

<b>Agenda Item:</b> 20/84	<b>Author of the Paper:</b> Judy Graves Corporate Business Manager <a href="mailto:Judy.Graves@southseftonccg.nhs.uk">Judy.Graves@southseftonccg.nhs.uk</a> 0151 317 8352
<b>Report date:</b> May 2020	
<b>Title:</b> Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map: Q4 2019/20	
<b>Summary/Key Issues:</b>  The members are presented with the updated Corporate Risk Register (CRR) and GBAF for Q4 2019/20 as at 31 March 2020. Also provided is a heat map which summarises the mitigated CCG risks scored 12 and above.  The documents have been reviewed and updated by the respective risk leads and, following analysis by the respective committees, presented through the review and scrutiny process.  Also presented is an update on the position of the risks for COVID-19, SEND and Fraud, Bribery and Corruption.	
<b>Recommendation</b>  Following review and scrutiny, the Governing Body is asked to: <ul style="list-style-type: none"> <li>• approve the report content and actions</li> <li>• note the actions of the Audit Committee</li> <li>• make recommendation for any further updates and actions</li> </ul>	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

### Links to Corporate Objectives 2020/21 (x those that apply)

x	To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.

X	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
X	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

Process	Yes	No	N/A	Comments/Detail (x those that apply)
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	<b>X</b>			<p>Reviewed by the respective risk leads, committees and Leadership Team.</p> <p>The documents were due to be presented to the Corporate Governance Support Group however this was cancelled due to COVID responsibilities.</p> <p>The documents are as presented to the Audit Committee in April 2020</p>

## Report to the Governing Body June 2020

### 1. Executive Summary

The paper provides an updated Corporate Risk Register (CRR), Risk Heat Map and Governing Body Assurance Framework (GBAF) as at 31 March 2020 (Q4 2019/20).

The GBAF has been presented to the risk leads for review and update.

The CRR has been presented to the risk leads for update and is reviewed by the respective committees as part of the risk process.

Also presented is an update on the position of the risks for COVID-19, SEND and the Fraud, Bribery and Corruption risks.

### 2. Position Statement 31<sup>st</sup> March 2020 (Q4 2019/20)

#### 2.1 Governing Body Assurance Framework (GBAF)

There are a total of 14 risks against the 6 strategic objectives.

#### GBAF Risk Positions (*appendix A*)

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

#### GBAF Highlights

GBAF risks 1.1 and 1.3 have been reduced in score due to final agreement of plans.

The majority of remaining risk scores have been increased as a result of the COVID-19 outbreak. The Department of Health and NHS England have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken.



## 2.2 Corporate Risk Register (CRR) and Risk Heat Map

Of the 45 operational risks on the CRR as at 31<sup>st</sup> March 2020 (Q4 2019/20), there are 23 rated high (score of 12) or above:

- Finance and Resource: 3
- Quality and Performance: 17
- Primary Care Commissioning: 3

The CRR presented (**appendix D**) now includes any risks reduced below the normal reporting threshold of 12 for one cycle. This is following discussion of the process for removing risks from the register and to assure the Audit Committee on mitigation of that risk. This is in addition to that is normally contained within the 'recent movement' section of the report (below).

Also listed are the risks which already sit below the reporting threshold that have been reviewed and recommended for removal and transfer to the 'closed' risk register.

Recent Movement ( <b>Appendix D</b> )	
○ 3 new risks	<ul style="list-style-type: none"> <li>○ QUA078: There is a risk to performance and quality at the AUH site LUHFT caused by the service reconfiguration as a result of the merger resulting in potential adverse impact on care and outcomes.</li> <li>○ JC30: Risk to sustainability of General Medical Service due to COVID-19</li> <li>○ QUA079: There is a risk to performance, quality and delivery of the CHC programme caused by COVID-19 resulting people being lost in the system, care packages not being appropriate to patient need and a post COVID-19 backlog of LR and assessments.</li> </ul>
○ 3 risks increased	All three financial risks increased in February due to the certainty at that time that the CCG will not deliver its financial plan or its statutory duty.
○ 16 risks remained static of which 3 have been recommended for removal:	<ul style="list-style-type: none"> <li>○ QUA051b: Risk relates to 12 hour trolley waits for patients presenting at AED at Southport &amp; Ormskirk Hospital caused by system pressures resulting in reduced quality and safety of care. The risk relates to a national issue. The CCG are not directly mitigating this risk. Assurances and updates are being obtained via meetings like CQPG and CF.</li> <li>○ QUA054: Risk relates to patient follow-ups being delayed caused by the number of overdue follow-up appointments across a number of specialities at Southport and Ormskirk hospital. The CCG are not directly mitigating against this risk. Assurances and updates are being obtained via meetings like CQPG and CF.</li> <li>○ QUA058: Relates to risk of delivering appropriate patient care caused by the high number of nursing vacancies at Southport and Ormskirk. The CCG are not directly mitigating against this risk. Assurances and updates are being obtained via meetings like CQPG and CF.</li> </ul>
○ 1 risk has reduced which remains above the reporting threshold of 12:	○ JC05: in relation to the continuity of patient care due to impact of delays in records transfers. Results of practice survey demonstrated that no issues experienced by some practices but those that did struggled to get resolution. Escalation process now put in place with NHSE. PCCC agreed to reduce risk.
○ 4 risks have reduced to below reporting	○ QUA025a: Risk that patients could be harmed or receive inadequate care caused by a lack of assurance and capacity within the

<p>threshold (but will remain on the lower level risk register), with 1 proposed for removal and subsequent transfer to the 'Closed' Risk Register:</p>	<p>commissioned Looked After Children's Health Team. Risk reduced as a result of additional appointments to team.</p> <ul style="list-style-type: none"> <li>○ QUA044: Risk to delivery due to capacity within the quality team. More joined up working with Liverpool CCG has enabled workloads to be covered.</li> <li>○ QUA066: Risk reduced as a result of the progress being made on the implementation of CQC recommendations and the anticipated closure of the action plan mid-April.</li> </ul> <p>Reduced and proposed for removal:</p> <ul style="list-style-type: none"> <li>○ QUA064: Risk reduced as a result of the PHB trajectories being met. Risk is recommended for removal.</li> </ul>
<ul style="list-style-type: none"> <li>○ Of the risks below the reporting threshold there are 6 proposed for removal by the risk leads and respective committees (and moved to the 'Closed' Risk Register):</li> </ul>	<ul style="list-style-type: none"> <li>○ QUA038: Risk in relation to a risk of a delay for the learning from the deaths of people with a learning disability, under the LeDeR programme. A clear strategy is now in place and is being applied. Risk is now significantly reduced.</li> <li>○ QUA055: Risk in relation to non-implementation of the recommendations from the Kirkup Report. When Kirkup was published there was initially concern that it needed to be read and digested by Trusts to ensure they understood the implications for their Trust. This has been evidenced through CQPGs.</li> <li>○ QUA059: Risk is in relation to a lack of ability to learn from incidents and serious incidents in Primary Care caused by low reporting. Strategies are in place to improve reporting.</li> <li>○ QUA067: Risk is in relation to the necessary systems and resources needed to support the MCA/DoLs process caused by amended legislation. It is recommended that this risk is removed as the risk has not yet presented itself and as such nothing to mitigate against.</li> <li>○ JC15: <u>PTII confidential</u> : Audit committee received detail and agreed closed.</li> <li>○ JC22: <u>PTII confidential</u> : Audit Committee received detail and agreed closed.</li> </ul>
<p>Aintree Risk to remain on register (QUA047)</p>	<ul style="list-style-type: none"> <li>○ QUA047: Risk is in relation to performance at Aintree University Hospital. Was previously recommended by the Audit Committee and Governing Body that this risk is not removed from the reporting register in light of ongoing issues. But is reviewed by the risk lead in relation to rationale for removing and score.</li> </ul> <p>Following review a more current and relevant risk has been added to the register (QUA078). Is proposed that this risk is now removed.</p>

### CRR Risk Positions (12+)

Risk	Score	Number of Risks
High	8-12	13
Extreme	15 – 25	10

## CRR Details and Highlights

The risk highlights can be seen in the heat map **appendix B**, with the detail being shown in the corporate risk register **appendix D**.

### 3. COVID-19 Risks

At the private Governing Body meeting held in March 2020, the members were presented the first COVID-19 risks on the CRR.

It had been noted that COVID-19 had progressed since those risks were added and needed further review.

At the time of writing this report a specific organisational COVID-19 Risk Register was being compiled.

### 4. SEND Risks

The Audit Committee were presented with a copy of the latest confidential SEND Continuous Improvement Board (CIB) risk register as at 31<sup>st</sup> March 2020.

There had been an action to incorporate the risks into the CCG's CRR. On review the SEND register uses a different scoring matrix to the CCG so this is not possible. However work will be carried out to ensure the risks are incorporated into the CCG's assurance process and work has already been done with the Associate Chief Nurse (Kerrie France) on producing a Heat Map for the SEND risks.

### 5. Fraud, Bribery and Corruption Risks

MIAA have developed a fraud risk matrix and process for considering which fraud risks should be considered for inclusion on organisations' risk registers; standard 1.4.

As part of this standard the CCG has had a comprehensive risk assessment to identify fraud, bribery and corruption risks, and counter fraud, bribery and corruption provision that is proportionate to the level of risk identified. It has been confirmed that the CCG's risks are recorded and managed in line with the organisation's risk management policy and are included on the appropriate risk registers. Measures to mitigate identified risks are included in an organisational work plan, progress is monitored at a senior level within the organisation and results are fed back to the audit committee (or equivalent body).

There are seven thematic fraud risks and one generic risk which have been scored against the CCG's risk management process that has been reviewed and added to the CCG risk register. The risks are all low to moderate level:

<b>1. Staff &amp; Payroll Frauds</b>	Risk of fraudulent or corrupt payroll-related payments to, or on behalf of, former, current or fictitious NHS employees.
<b>2. Recruitment Frauds</b>	Risk of the fraudulent or corrupt recruitment, appointment or promotion of unsuitable temporary, casual or permanent NHS employees (be they genuine or fictitious).
<b>3. NHS Financial Systems &amp; Performance (invoices,</b>	Risk of the fraudulent or corrupt manipulation of NHS finance and performance systems and data (including

procurement etc)	targets) potentially or actually causing a loss to the NHS and/or a gain to another.
<b>4. Bribery Risk Management</b>	Risk of bribery and corruption against the NHS through the failure to adopt appropriate governance requirements ('adequate measures') or to effectively apply management controls.
<b>5. NHS Asset Misappropriation</b>	Risk of the misuse or unauthorised removal / disposal of NHS assets / resources causing a loss to the NHS; or, the diversion of income intended for the NHS for private gain.
<b>6. Patient Frauds</b>	Risk of genuine patients and ineligible individuals misrepresenting themselves as patients, defrauding the NHS in order to obtain benefits to which they are not entitled.
<b>7. Other Third Party Frauds (originating externally to the health body)</b>	Risks of third parties, external to the health body, attempting to defraud the NHS or NHS employees.

## 6. Risk Review: Process Monitoring

A review has been carried out on the process for the management of the risks. This has included:

- Timeline of submission dates and mapping of process so as to ensure the risks are reviewed and updates submitted at each stage of the process
- Responsibilities of each committee lead/contact
- Review of content and process for each committee, including confirmation that each committee should (and do) review 'all' risks within their register
- Process and review support for risk owners and committee leads
- Risk leads had been requested to review their risks scored '5', either as a likelihood or consequence, so as to clarify risks scored at that level.

## 7. Audit Committee Recommendation: 22<sup>nd</sup> April 2020

At the Audit Committee meeting in April the membership:

- Following review and scrutiny approved the updates and report content
- Approved the following risks for removal as listed in section 2:
  - QUA051b
  - QUA054
  - QUA064
  - QUA038:
  - QUA055:
  - QUA059:
  - QUA067:
  - JC15: PTII confidential
  - JC22: PTII confidential
  - QUA047
- Reference was made to risk QUA058 (*risk to delivering appropriate patient care caused by the high number of nursing vacancies at Southport and Ormskirk NHS Trust*). This risk had been proposed for removal due to limited mitigation that can be directly applied by the CCG, and given that assurances and updates regarding the issue have been provided at meetings of the Clinical

Quality Performance Group and the Collaborative Forum. It was commented that this risk is an issue for both the Trust and the CCG. It was agreed that this issue and the status of the risk in relation to the CRR would be discussed further at the next Joint Quality and Performance Committee and updated through the next register update.

## **8. Appendices**

Appendix A – Governing Body Assurance Framework  
Appendix B – Risk Heat Map  
Appendix C – Risk Themes  
Appendix D – Corporate Risk Register  
Appendix E – Risk Matrix

**Judy Graves**  
**Corporate Business Manager**  
**May 2020**

## Southport and Formby CCG

### Governing Body Assurance Framework

2019/20

Update as at: 31 March 2020 (Q4 2019/2020)

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

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

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
1. To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.	1.1 Lack of partnership engagement	Karl McCluskey	9	2	<ul style="list-style-type: none"> <li>Engagement events and all partner agreement to Sefton2gether plan</li> <li>Regular progress report to bi-monthly formal all partner STB meetings</li> </ul>
	1.2 Reconfigurations of organisations detract from transformation agenda	Karl McCluskey	9	16	<ul style="list-style-type: none"> <li>Review implementation approach when Covid-19 concluded to allow business as usual to proceed.</li> </ul>
	1.3 Lack of partner and public engagement on developing the 5 year plan	Karl McCluskey	6	2	<ul style="list-style-type: none"> <li>Plan agreed with partners</li> </ul>
	1.4 Service change at Southport & Ormskirk raising public concern	Karl McCluskey	16	20	<ul style="list-style-type: none"> <li>Joint Committee review of work programme (currently paused due to Covid-19)</li> </ul>
2. To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.	2.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified	Karl McCluskey	16	16	<ul style="list-style-type: none"> <li>Joint Quality and Performance committee meetings continuing</li> <li>Review of performance and shortfall areas identified and pursued.</li> <li>Covid-19 will impact on provider abilities to meet standards</li> </ul>
	2.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a	Tracy Jeffes	16	8	<ul style="list-style-type: none"> <li>Statutory Lead in place</li> <li>NHSE approval of assurance against key standards.</li> <li>Full incident management team and cell arrangements established in response to of C-19</li> </ul>

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	<p>Category 2 responder.</p> <p>2.3 Failure to have in place plans in the event of a no-deal Brexit may result in adverse consequences for patients due to potential medicines supply issues</p> <p>2.4 Failure to have in place care home provider failure plans could adversely affect continuity of care for patients.</p>	<p>Jan Leonard</p> <p>Jane Lunt</p>	<p>20</p> <p>9</p>	<p>20</p> <p>3 20</p>	<ul style="list-style-type: none"> <li>• AO lead role for Sefton in wider system c-19 response</li> <li>• EU exit event attended</li> <li>• NHSE sitrep procedure now paused</li> <li>• NHSE EU exit webinars scheduled for forthcoming months for CCG leads</li> <li>• Business continuity exercise for leadership team completed for February 2020</li> <li>• CCG now responding to c-19 response through establishment of IMT and key cells</li> <li>• Care home provider failure plan in place and has been tested</li> <li>• CCG and LA lead have met to consider and review risks and remain in contact to ensure any new risks are identified and managed</li> <li>• The COVID19 outbreak will have a significant and adverse impact on delivery of this objective.</li> </ul>
3. To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan	3.1 Failure to deliver the CCGs overall QIPP plan	Martin McDowell	9	20	<ul style="list-style-type: none"> <li>• Transition Plan for 2020/21 being considered with partners for associated staffing support being quantified. Plan to be approved by STB on 8 January 2020. Pending agreement recruitment to commence on 9 January 2020.</li> <li>• The COVID19 outbreak will have a significant and adverse impact on delivery of this objective.</li> </ul>
4. To support primary care development through our	4.1 Current work pressures reduce ability to engage on the	Jan Leonard/	9	9	<ul style="list-style-type: none"> <li>• PCN expectation document completed</li> <li>• LQC for 2019/20 operational and</li> </ul>



Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton	transformation agenda.	Tracy Jeffes			<p>schemes live</p> <ul style="list-style-type: none"> <li>• Social prescribing link workers commenced in post December and now supporting C-19 response for most vulnerable</li> <li>• Extended access schemes all live. Monitoring of impact. Proposal for Formby to be presented to JOG</li> <li>• Draft quality dashboard being presented to PCCiC</li> <li>• PCNs have been completed plans and a maturity matrix for NHSE which will assist with planning and support from the CCG</li> <li>• Many areas of the PCN DES are now suspended due to C-19 but work on care homes continues.</li> </ul>
5. To advance integration of in-hospital and community services in support of the CCG locality model of care.	5.1 Lack of engagement of all providers in the development of the Provider Alliance.	Jan Leonard	12	42 20	<ul style="list-style-type: none"> <li>• Supporting the development of the Provider Alliance</li> <li>• Producing a project initiation document and project plan for the development of the Provider Alliance</li> <li>• Supporting monthly meetings of the Provider Alliance and the Operational Group</li> <li>• CCG co-Charing (with Public Health) Falls Work Stream</li> <li>• Work streams in place for falls and children's</li> <li>• Operational Delivery Group in place</li> <li>• The COVID19 outbreak will have a significant and adverse impact on delivery of this objective.</li> </ul>

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	5.2 Ability and capacity of PCNs to develop and to contribute to the integration model.	Jan Leonard	16	46 20	<ul style="list-style-type: none"> <li>• Phased development of PCNs</li> <li>• PCN progress reviewed by Prim</li> <li>• 4 PCNs now authorised</li> <li>• MOUs in place for Medicines Hub</li> <li>• Contractual monitoring in place for 7 day access service</li> <li>• Development sessions with Wider Group</li> </ul>
6. To advance the integration of Health and Social Care through collaborative working and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.	6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents the future development of integrated commissioning and the implementation of integration plans.	Tracy Jeffes	9	9	<ul style="list-style-type: none"> <li>• Integrated Commissioning Group established and plan for more ambitious joint working</li> <li>• Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements</li> <li>• <a href="#">Working together on implementation plan for the Health &amp; Wellbeing strategy and the 5 year plan</a></li> <li>• Steering Group established to monitor and further develop the ambitions within the pooled budget</li> <li>• ICG role and function review completed</li> <li>• Joint commissioning arrangements in development.</li> <li>• New BCF approved by council and governing bodies <a href="#">with s75 agreed</a></li> <li>• <a href="#">Many areas of development are paused to enable c-19 response</a></li> </ul>
	6.2 Organisation reconfiguration detracts from strategic commissioning	Tracy Jeffes	9	9	<ul style="list-style-type: none"> <li>• Working together on developing the Health &amp; Wellbeing strategy and the 5 year plan</li> <li>• Ensuring the primacy of “place” within NHS guidance as the key planning and integrated commissioning footprint, regardless of larger</li> </ul>

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
					<p>commissioning footprints for some other services.</p> <ul style="list-style-type: none"> <li>• Timescales for possible reorganisation of CCGs allows for the strengthening of place / integrated commissioning arrangements in advance of organisational change.</li> <li>• Joint Integration Commissioning Workshop action plan complete. Paper to go to both cabinet and governing body.</li> <li>• Ongoing positive engagement at Integrated Commissioning Group meetings.</li> <li>• <a href="#">Merger process now paused due to c19 response</a></li> </ul>

<b>Strategic Objective 1</b>	<b>To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.</b>		
<b>Risk 1.1</b>	<b>Lack of partnership engagement</b>		
<b>Risk Rating</b>	<b>Lead Director</b>		
Initial Score	<b>3 x 3 = 9</b>	Karl McCluskey	
Current Score	<b>1 x 1 = 2</b>	<b>Date Last Reviewed</b>	
		<b>9 April 2020</b>	
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>• STB with independent chair in place with all partnership engagement</li> <li>• Regular liaison with partners including Board to Board meetings and co-ordination meetings</li> <li>• Regular progress reports to bi-monthly formal STB meetings</li> <li>• Five year plan Sefton2gether agreed by partners.</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	Five year plan Sefton2gether agreed by partners.	Cameron Ward	
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>• .Monthly reviews at STB meetings</li> </ul>			
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		

<b>Strategic Objective 1</b>	<b>To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.</b>		
<b>Risk 1.2</b>	<b>Reconfigurations of organisations detract from transformation agenda</b>		
<b>Risk Rating</b> Initial Score <b>3 x 3 = 9</b> Current Score <b>4 x 4 = 16</b>	<b>Lead Director</b> Karl McCluskey <b>Date Last Reviewed</b> 9 April 2020		
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Focussing on business as usual</li> <li>Increased focussed on performance levels</li> <li>Clarity of roles and responsibilities during times of change</li> <li>Increased engagement and communications between partners</li> </ul> <p>Note – NHSE/I request all implementation of 5 year plans is paused due to Covid-19</p>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	Review implementation approach when Covid-19 concluded to allow business as usual to proceed.	Cameron Ward	31 July
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>			
<ul style="list-style-type: none"> <li>Reviews of performance levels across the system and of individual organisations</li> <li>Board to board meetings</li> </ul>			
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		

<b>Strategic Objective 1</b>	<b>To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.</b>			
<b>Risk 1.3</b>	<b>Lack of partner and public engagement on developing the 5 year plan</b>			
<b>Risk Rating</b>			<b>Lead Director</b> Karl McCluskey	
Initial Score	2 x 3 = 6		<b>Date Last Reviewed</b>	
Current Score	1 x 1 = 2		9 April 2020	
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Proactive engagement with partners, patient groups and voluntary sector</li> <li>Maintaining ongoing comms on progress reports</li> <li>Sense check meetings to confirm agreement on draft plans</li> <li>Review of plan at STB meetings</li> <li>Final of 3 engagement events with all partners held 9 October 2019</li> <li>Numerous engagement events concluded in November (29 November 2019)</li> </ul> <p>Plan signed off by all partners.</p>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>				
<ul style="list-style-type: none"> <li>Regular review of progress at Leadership Team meetings</li> </ul>				
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		

<b>Strategic Objective 1</b>	<b>To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.</b>		
<b>Risk 1.4</b>	<b>Service change at Southport &amp; Ormskirk raising public concern</b>		
<b>Risk Rating</b>	<b>Lead Director</b>		
Initial Score	Karl McCluskey		
Current Score	<b>Date Last Reviewed</b>		
	9 April 2020		
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Proactive engagement with partners, patient groups and voluntary sector</li> <li>Maintaining ongoing comms on progress reports to the public, Sefton Council, media</li> <li>Sense check meetings to confirm agreement on draft plans</li> <li>Joint Committee established between West Lancashire CCG and Southport &amp; Formby CCG to oversee the acute sustainability programme</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	Joint Committee review of work programme (currently paused due to Covid-19)	Cameron Ward	1 July 2020
	COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken.		
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Regular review of progress at Governing Body and Leadership Team meetings</li> </ul>			
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		

<b>Strategic Objective 2</b>	<b>To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.</b>			
<b>Risk 2.1</b>	<b>There is a risk that identified areas of adverse performance are not managed effectively or initially identified</b>			
<b>Risk Rating</b> Initial Score Current Score	4x4 = 16 4x4 = 16		<b>Lead Director</b> Karl McCluskey <b>Date Last Reviewed</b> 9 April 2020	
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Roll out of Aristotle Business Intelligence portal makes performance information available to all CCG staff at all times</li> <li>New Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated</li> <li>Performance Exceptions formally considered through respective CCFs and Joint Quality and Performance committee</li> <li>Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week.</li> <li>New management structure put in place with clear lines of accountability and responsibility</li> <li>Identified individuals update monthly through integrated performance meetings and SMT</li> <li>Links between Contracting team and CQPG to triangulate on quality aspects of performance</li> <li>CCG Improvement and Assessment Framework performance reported to Governing Body quarterly</li> <li>Continued monthly performance meetings internally</li> <li>On-going review of all standards by governing body</li> <li>Newly established escalation process has been developed for performance issues</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		Continued monitoring of associated risks	All	on-going
		Monthly performance calls with NHSE to review all constitutional targets. Key areas are highlighted as exceptions: <ul style="list-style-type: none"> <li>A&amp;E performance</li> <li>Diagnostic test waits performance</li> <li>Cancer wait times performance</li> <li>RTT performance</li> </ul>	All	On-going
		Performance issues highlighted during weekly meetings with CCG commissioning staff (initiated form November 2019)	Cameron Ward	On-going
		<b>Potential impact on performance with efforts focussed on Covid-19</b>		
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked</li> <li>Integrated Performance Report shows CCG understanding of issues and oversight of actions</li> <li>Integrated Performance Reports may show improved performance as a result of robust management by CCG</li> <li>Performance continues to be maintained</li> <li>Monthly check and challenge meetings with planned/unplanned care leads will become part of the QIUPP and Financial recovery meeting</li> </ul>				



Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.	
Risk 2.1	There is a risk that identified areas of adverse performance are not managed effectively or initially identified	
Additional Comments:	Link to Risk Register:	

<b>Strategic Objective 2</b>	<b>To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.</b>			
<b>Risk 2.2</b>	<b>Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.</b>			
<b>Risk Rating</b>	<b>Lead Director</b>			
Initial Score	<b>4x4=16</b>	Tracy Jeffes		
Current Score	<b>2x4=8</b>	<b>Date Last Reviewed</b>		
		14 <sup>th</sup> April 2020		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>• CCG Commissions EPRR and Business Continuity support from MLCSU</li> <li>• CCG has in place business continuity plans with plans and strategies refreshed September 2018</li> <li>• Emergency Planning training</li> <li>• CCG Statutory Lead Director of Place – North</li> <li>• NHSE Self-Assessment Assurance process completed. Development Plan in place.</li> <li>• Business Continuity Plans exercised, with an action plan being progressed as a result of the plan being implemented.</li> <li>• Mutual aid confirmed with neighbouring CCGs</li> <li>• Fast access laptops now in place to enable working at remote locations at all times</li> <li>• Deep Dive assessment of severe weather impact undertaken <a href="#">CCG now responding to c-19 response through establishment of IMT and key cells</a></li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	
			<b>Due By</b>	
		Action plan from exercising from Business Continuity Plans being implemented	Lisa Gilbert	Ongoing
		On-going training for key staff – multiagency response training event.	Tracy Jeffes	Ongoing
	Leadership training to take place in February 2020 - <a href="#">completed</a>	Programme Lead for Corporate Services	<del>February 2020</del> <a href="#">Completed</a>	
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>• NHSE assurance through self-assessment and improvement plan</li> <li>• Response received from NHSE assuring our assessment and plans. Substantial assurance received from NHSE against the EPRR core standards for 2018/19.</li> </ul>		<ul style="list-style-type: none"> <li>• System wide Pan Flu planning to be established</li> </ul>		
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		

<b>Strategic Objective 2</b>	<b>To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.</b>		
<b>Risk 2.3</b>	<b>Failure to have in place plans in the event of a no-deal Brexit may result in adverse consequences for patients due to potential medicines supply issues</b>		
<b>Risk Rating</b>	<b>Lead Director</b>		
Initial Score	Jan Leonard		
Current Score	<b>Date Last Reviewed</b>		
	9 December 2019		
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>CCG continues to participate in NHSE events on planning</li> <li>CCG MM lead is linked into national programme</li> <li>MM hub model will provide medicines resilience in primary care</li> <li>Communication from NHS England shared with practices and LMC asking for feedback on any specific issues.</li> <li>EU no deal NHSE Sitrep procedure now implemented</li> <li>EU exit lead attended planning workshop</li> <li>Business continuity plans and strategy have been updated and approved by LT 8.10.19</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	NHSE sitrep procedure now paused.	Programme Lead for Corporate Services	tbc
	NHSE EU exit webinars/call on planning and next steps scheduled for 18 <sup>th</sup> December and 9 <sup>th</sup> January and will be attended by CCG leads.	Programme Lead for Corporate Services	18 December 2019 and January 2020
	Business continuity exercise for leadership team to take place in February.	Programme Lead for Corporate Services	February 2020
	COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken.		
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		

<b>Strategic Objective 2</b>		<b>To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.</b>			
<b>Risk 2.4</b>		<b>Failure to have in place care home provider failure plans could adversely affect continuity of care for patients</b>			
<b>Risk Rating</b>		<b>Lead Director</b>			
Initial Score	<b>3 x 3 = 9</b>	Jane Lunt			
Current Score	<b>1 x 3 = 3 20</b>	<b>Date Last Reviewed</b>			
<b>Controls (what are we currently doing about the risk?):</b>		10 October 2019			
<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>					
<ul style="list-style-type: none"> <li>Care home provider failure plan in place and has been tested: enacted in the last 12 months with the safe transfer of patients. This was followed with a Lessons Learnt even to identify any areas of improvement. Actions were identified and put in place to mitigate for any future care home failures.</li> <li>CCG and LA lead have met to consider and review risks and remain in contact to ensure any new risks are identified and managed</li> <li>Plans taken through IPA (Individual Patient Activity Programme Board) for annual review.</li> <li>Good engagement with CSU and colleagues leading on patient assessment and placement</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>		
	COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken.				
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>			

<b>Strategic Objective 2</b>	<b>To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.</b>	
<b>Risk 2.4</b>	<b>Failure to have in place care home provider failure plans could adversely affect continuity of care for patients</b>	
<ul style="list-style-type: none"> <li>• A successfully tested care home provider failure plan in place</li> <li>• Monitoring of plans through IPA</li> </ul>		
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>	

<b>Strategic Objective 3</b>	<b>To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan</b>		
<b>Risk 3.1</b>	<b>Failure to deliver overall QIPP plan</b>		
<b>Risk Rating</b> Initial Score Current Score	<b>3 x 3 = 9</b> <b>4 x 5 = 20</b>	<b>Lead Director</b> Martin McDowell <b>Date Last Reviewed</b> 10 December 2019	
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>	
<ul style="list-style-type: none"> <li>STB with independent chair meets monthly to progress the transformation plan</li> <li>Working groups established to progress key aspects of the programme</li> <li>Maximising the existing resources and managing workloads within budget.</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>
		Transition Plan for 2020/21 being considered with partners for associated staffing support being quantified. Plan to be approved by STB on 8 January 2020. Pending agreement recruitment to commence on 9 January 2020.	Cameron Ward
		COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken.	
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>	
<ul style="list-style-type: none"> <li>Monitoring performance of transformation programme milestones</li> </ul>			
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>	

<b>Strategic Objective 4</b>	<b>To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton.</b>		
<b>Risk 4.1</b>	<b>Current work pressures reduce ability to engage on the transformation agenda</b>		
<b>Risk Rating</b> Initial Score Current Score	<b>3x3=9</b> <b>3x3=9</b>	<b>Lead Director</b> Jan Leonard / Tracy Jeffes <b>Date Last Reviewed</b> 14 <sup>th</sup> April 2020	
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Delegated Commissioners of Primary Medical Care services</li> <li>Primary Care Commissioning Committee established</li> <li>LQC for 19/20 in place</li> <li>Work plan for transformation in place</li> <li>New GP contract in place</li> <li>4 PCNs now authorised</li> <li>MOUs in place for Medicines Hub</li> <li>Contractual monitoring in place for 7 day access service</li> <li>PCN expectation document completed</li> <li>LQC for 2019/20 operational and schemes live</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	Many areas of the PCN DES are now suspended due to C-19 but work on care homes continues.	JL / TJ	
	Social prescribing offer being mobilised staff commencing in post December now in place and supporting covid response for vulnerable patients	JL / TJ	December 2019
	Extended access schemes all live. Monitoring of impact. Proposal for Formby to be presented to JOG	JL / TJ	December 2019
	Work underway for 20/21 LQC	JL/ TJ	March 20
	PCNs have been completing plans and a maturity matrix for NHSE which will assist with planning and support from the CCG	JL/ TJ	Jan 20
	Draft Quality dashboard being presented to PCCiC	JL	Dec 2020
	<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>	
<ul style="list-style-type: none"> <li>Aristotle primary care dashboard in development</li> <li>Transformation monitoring through Primary Care Commissioning Committee</li> <li>LQC monitoring</li> </ul>			
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		

<b>Strategic Objective 5</b>	<b>To advance integration of in-hospital and community services in support of the CCG locality model of care.</b>			
<b>Risk 5.1</b>	<b>Lack of engagement of all providers in the development of the Provider Alliance.</b>			
<b>Risk Rating</b>	<b>Lead Director</b>			
<b>Initial Score</b>	3 x 4 = 12	<b>Jan Leonard</b>		
<b>Current Score</b>	<del>3 x 4 = 12</del> 20	<b>Date Last Reviewed</b>		
		9 December 2019		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Supporting the development of the Provider Alliance</li> <li>Producing a project initiation document and project plan for the development of the Provider Alliance</li> <li>Supporting monthly meetings of the Provider Alliance and the Operational Group</li> <li>CCG co-Charing (with Public Health) Falls Work Stream</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		Confirmation of Provider Alliance priorities identified and being progressed on the three areas	TP	ongoing
		Work streams in place for falls and children's		ongoing
		Operational Delivery Group in place		ongoing
		COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken.		
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Regular review by the STB of Provider Alliance progress</li> </ul>				
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		



<b>Strategic Objective 5</b>	<b>To advance integration of in-hospital and community services in support of the CCG locality model of care.</b>		
<b>Risk 5.2</b>	<b>Ability and capacity of PCNs to develop and to contribute to the integration model.</b>		
<b>Risk Rating</b> <b>Initial Score</b> 4 x 4 = 16 <b>Current Score</b> <del>3 x 4 = 12</del> 20	<b>Lead Director</b> Jan Leonard <b>Date Last Reviewed</b> 9 December 2019		
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Phased development of PCNs</li> <li>PCN progress reviewed by Primary Care Commissioning Committee</li> <li>4 PCNs now authorised</li> <li>MOUs in place for Medicines Hub</li> <li>Contractual monitoring in place for 7 day access service</li> <li>Development sessions with Wider Group</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	PCNs develop plan for delivery (included in CCG offer of support). Directors of Place meeting with PCN Clinical Directors to support development of plans. Plans developed for NHSE. CCG to review.	JL / TJ	December 2019
	Work on ICT development with community provider underway. New post secured, no progress.	JL / TJ	January 2020
	COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models well affect the objective will be undertaken.		
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Review of PCN progress</li> </ul>			
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		
Links to risk 4.1			

<b>Strategic Objective 6</b>	<b>To advance the integration of Health and Social Care through collaborative working and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.</b>		
<b>Risk 6.1</b>	<b>There is a risk that financial pressures across health and social care impacts negatively on local services and prevents the future development of integrated commissioning and the implementation of integration plans</b>		
<b>Risk Rating</b> <b>Initial Score</b> <b>Current Score</b>	3x3=9 3x3=9	<b>Lead Director</b> Tracy Jeffes <b>Date Last Reviewed</b> 14 <sup>th</sup> April 2020	
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Health and wellbeing board executive in place</li> <li>Review of current BCF and Section 75 arrangements</li> <li>Integrated Commissioning Group established and plan for more ambitious joint working</li> <li>Making It Happen – joint approach to integration approved, with implementation agreed.</li> <li>Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements</li> <li>Finalised iBCF and BCF and aligned to “Making it Happen”</li> <li>Working together on developing the Health &amp; Wellbeing strategy and the 5 year plan</li> <li>Steering Group established to monitor and further develop the ambitions within the pooled budget</li> <li>Joint planning group established (refresh of HWB strategy and development of underpinning Sefton 5 year plan).</li> <li>ICG role and function review completed</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	<a href="#">Working together on implementation plan for the Health &amp; Wellbeing strategy and the 5 year plan</a>	Tracy Jeffes	
	Joint planning group continue to meet to refresh HWB Strategy and development of underpinning Sefton 5 Year Plan. Including approval of plan by governing body and HWB Board. CCG contribution to strategy narrative.	Cameron Ward	
	Membership widened and arrangements strengthened. Joint commissioning arrangements in development.		ongoing
	<a href="#">New BCF approved by council and governing bodies and new S.75 now ready to be signed.</a>	Tracy Jeffes	March 2020
	<a href="#">Many areas of development are paused to enable c-19 response</a>		
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Senior leader meetings</li> <li>Health &amp; Wellbeing Executive meetings</li> </ul>	<ul style="list-style-type: none"> <li>Capacity to deliver on all priority areas.</li> </ul>		
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		

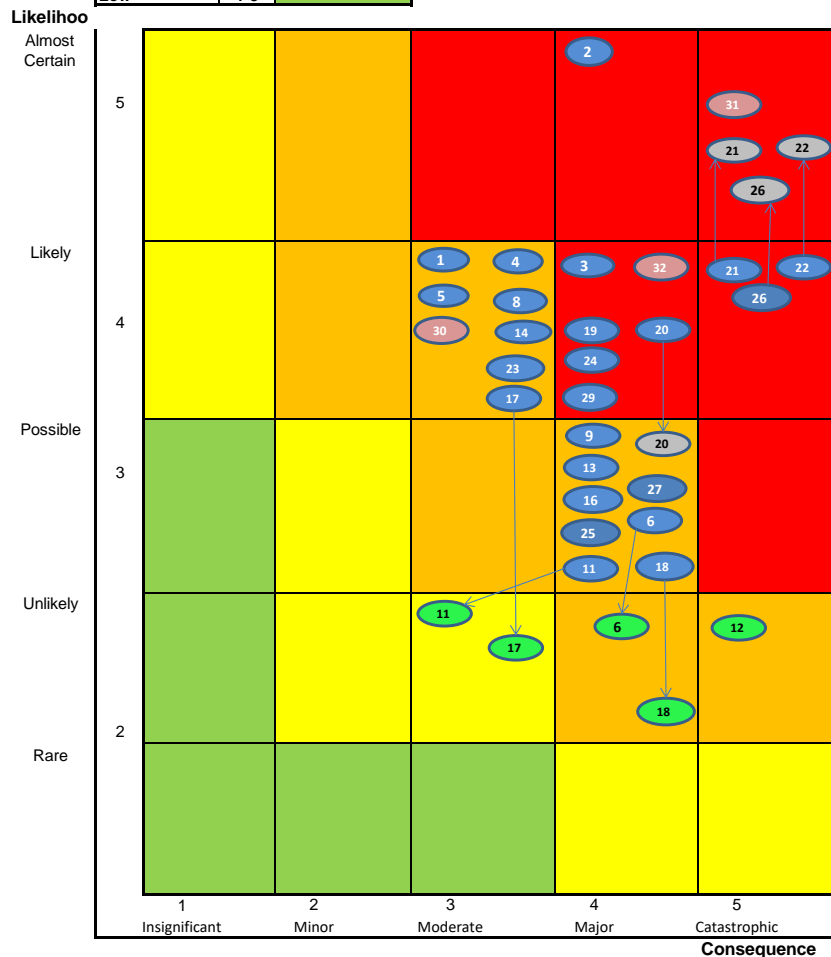
<b>Strategic Objective 6</b>	<b>To advance the integration of Health and Social Care through collaborative working and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.</b>		
<b>Risk 6.2</b>	<b>Organisation reconfiguration detracts from strategic commissioning</b>		
<b>Risk Rating</b> <b>Initial Score</b> <b>Current Score</b>	3x3=9 3x3=9	<b>Lead Director</b> Tracy Jeffes <b>Date Last Reviewed</b> 14 <sup>th</sup> April 2020	
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Focussing on business as usual</li> <li>Increased focussed on performance levels</li> <li>Clarity of roles and responsibilities during times of change</li> <li>Working with neighbouring CCGs to design a larger CCG which ensured locally responsive planning / commissioning through clear governance arrangements.</li> <li>Ensuring the primacy of “place” within NHS guidance as the key planning and integrated commissioning footprint, regardless of larger commissioning footprints for some other services.</li> <li>Timescales for possible reorganisation of CCGs allows for the strengthening of place / integrated commissioning arrangements in advance of organisational change.</li> <li>Joint Integration Commissioning Workshop action plan complete.</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	Paper to go to both cabinet and governing body recommendations for more integrated working.	Cameron Ward	February 2020
	Joint commissioning intention for 2020/21 in development and to be available from February 2020.	Cameron Ward	November 2019 February 2020
	Ongoing positive engagement at Integrated Commissioning Group meetings.	Cameron Ward	31 January 2020
	<a href="#">Development work on hold to deal with Covid 19</a>		
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Reviews of performance levels across the system and of individual organisations</li> <li>Board to board meetings</li> </ul>	Capacity to deliver on all priority areas.		
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		

SOUTHPORT AND FORMBY CCG - SUMMARY OF CORPORATE RISKS HEAT MAP Q4 2019/20  
(MITIGATED SCORES - 12 AND ABOVE)

Risk	Score	Risk Rating
Extre	15-25	
High	8-12	
Mod	4-6	
Low	1-3	

↑ Significant

- New to the Heat Map (new risk or an increase in risk score)
- Risk to be removed from heat map as reduced below 12+ threshold or closed/removed
- Change in risk score

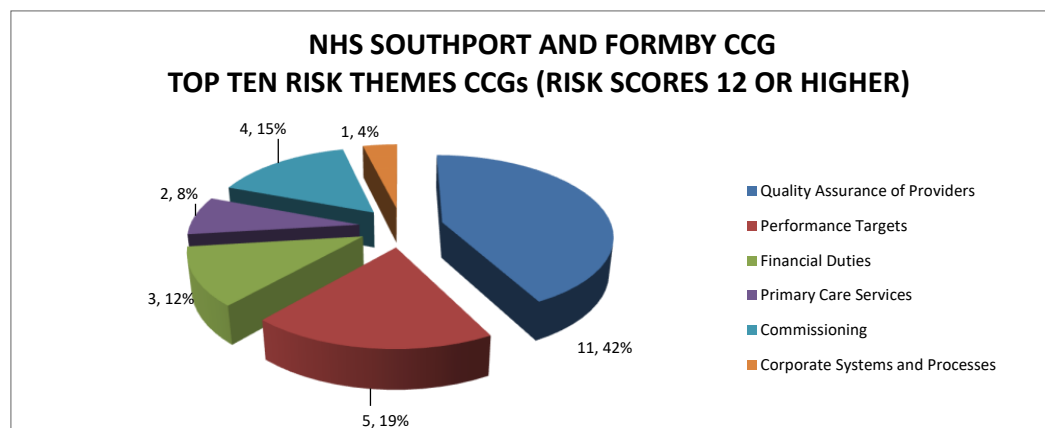


Key Risks	CRR ID	Score	Risk Owner	Equivalent SS Key
1 Not delivering National KPI Access Psychological Therapies	QUA002	12 (4x3)	KMcC	1
2 Sustainability of S&O Hosps - fin pressures, clinical staff shortages	QUA003	20 (5x4)	KMcC	x (N)
3 Quality of care - stroke services below performance & quality	QUA005	16 (4x4)	KMcC	x (N)
4 Non delivery A&E target - patient flow S&O	QUA006	12 (4x3)	KMcC	2 - similar
5 Infectory hospital admissions - poorly maintained nebuliser equipmt	QUA011	12 (4x3)	JO	3
6 Patient care - lack of assurance and capacity within commissioned LAC Health Team	QUA025a	8 (2x4)	BP	5
7				6
8 Extra service pressures due to lack of workforce planning and financial pressures	QUA026	12 (4x3)	TJ	7
9 Non delivery of SEND recommendations	QUA033	12 (3x4)	MMcD	8
10				9
11 Decreased lack of capacity in quality team impacts of assurance to governing body	QUA044	8 (2x3)	BP	10
12 Quality of care - AUH challenging performance	QUA047	10 (2x5)	BP	11
13 Quality and Safety of care at S&O A&E (12 hr trolley waits) at times of system pressure	QUA051b	12 (3x4)	BP	28
14 Safe and appropriate patient care - nursing capacity at S&O	QUA058	12 (4x3)	BP	12
15				13
16 Failure to meet national emergency ambulance responses - ARP	QUA063	12 (3x4)	JS	14
17 Failure to meet PHB trajectory	QUA064	8 (2x3)	TF	15
18 Non delivery of CQC recommendations	QUA066	8 (2x4)	HC	16
19 Non delivery of GP medical services	JC03	16 (4x4)	JL	17
20 Records transfer issues.	JC05	12 (3x4)	JL	18
21 Non delivery of the control total / statutory duty 2019/20 due to emerging pressures	FR0010	25 (5x5)	MMcD	21 and 23
22 Failure to deliver planned QIPP target for 2019/20	FR0010a	25 (5x5)	MMcD	22
23 Non delivery of 62 day target for cancer impacting diagnosis, treatment and outcomes	QUA071	12 (4x3)	KMcC	24
24 Service pressures due to capacity issues at S&O haematolgy and haemato-oncology	QUA074	16 (4x4)	KMcC	x (N)
25 Delay of patient follow-ups as a result of overdue follow-up appointments	QUA054	12 (3x4)	BP	x (N)
26 Failure to contain expenditure against opening budgets and reserves	FR0010b	25 (5x5)	MMcD	x (Y)
27 Risk to IAPT service delivery following notice by provider to cease provision 1.4.2020	QUA076	12 (3x4)	KMcC	26
28				27
29 Risk to Mental Health LTP ambitions due to lack of finances re challenging QIPP for 2021	QUA077	16 (4x4)	GJ	29
30 Performance and quality at AUH site LUHFT due to service reconfiguration from merger	QUA078	12 (4x3)	BP	TBA
31 COVID related-private	JC30	25 (5x5)	JL	TBA
32 COVID related - private	QUA079	16 (4x4)	Jlu	TBA

	Equivalent SS Key
No equivalent risk on SS Heat Map (N - and not on SS CRR)	x (N)
No equivalent risk on SS Heat Map (Y - but on SS CRR)	x (Y)
1 risk on SF but 2 risks to cover equivalent on SS Heat Map	21 and 23
Similar risk on Heat Map	2 - similar

NHS SOUTHPORT AND FORMBY CCG - MAPPING OF RISKS TO CCGs GBAF BENCHMARKING EXERCISE  
(MITIGATED SCORES - 12 AND ABOVE)

TOP TEN CCG AF RISK THEMES	
1	Corporate Systems and Processes
2	Partnership Working
3	Reconfiguration and Design of Services
4	Commissioning
5	Quality Assurance of Providers
6	Financial Duties
7	Public and Patient Engagement
8	Access to Services
9	Performance Targets
10	Primary Care Services



Key Risks	ID	Owner	Theme	
1	Not delivering National KPI Access Psychological Therapies	QUA002	KMcC	Quality Assurance of Providers
2	Sustainability of S&O Hosps - fin pressures, clinical staff shortages	QUA003	KMcC	Quality Assurance of Providers
3	Quality of care - stroke services below performance & quality	QUA005	KMcC	Quality Assurance of Providers
4	Non delivery A&E target - patient flow S&O	QUA006	KMcC	Quality Assurance of Providers
5	Infectory hospital admissions - poorly maintained nebuliser equipt	QUA011	JO	Quality Assurance of Providers
6	Patient care - lack of assurance and capacity within commissioned LAC Health Team	QUA025a	BP	
7				
8	Extra service pressures due to lack of workforce planning and financial pressures	QUA026	TJ	Quality Assurance of Providers
9	Non delivery of SEND recommendations	QUA033	MMcD	Performance Targets
10				
11	Decreased lack of capacity in quality team impacts of assurance to governing body	QUA044	BP	Commissioning
12	Quality of care - AUH challenging performance	QUA047	BP	
13	Quality and Safety of care at S&O A&E (12 hr trolley waits) at times of system pressure	QUA051b	BP	Quality Assurance of Providers
14	Safe and appropriate patient care - nursing capacity at S&O	QUA058	BP	Quality Assurance of Providers
15				
16	Failure to meet national emergency ambulance responses - ARP	QUA063	JS	Quality Assurance of Providers
17	Failure to meet PHB trajectory	QUA064	TF	Performance Targets
18	Non delivery of CQC recommendations	QUA066	HC	Performance Targets
19	Non delivery of GP medical services	JC03	JL	Primary Care Services
20	Records transfer issues.	JC05	JL	Corporate Systems and Processes
21	Non delivery of the control total / statutory duty 2019/20 due to emerging pressures	FR0010	MMcD	Financial Duties
22	Failure to deliver planned QIPP target for 2019/20	FR0010a	MMcD	Financial Duties
23	Non delivery of 62 day target for cancer impacting diagnosis, treatment and outcomes	QUA071	KMcC	Performance Targets
24	Service pressures due to capacity issues at S&O haematology and haemato-oncology	QUA074	KMcC	Quality Assurance of Providers
25	Delay of patient follow-ups as a result of overdue follow-up appointments	QUA054	BP	Quality Assurance of Providers
26	Failure to contain expenditure against opening budgets and reserves	FR0010b	MMcD	Financial Duties
27	Risk to IAPT service delivery following notice by provider to cease provision 1.4.2020	QUA076	KMcC	Commissioning
28				
29	Risk to Mental Health LTP ambitions due to lack of finances re challenging QIPP for 2021	QUA077	GJ	Commissioning
30	Performance and quality at AUH site LUHFT due to service reconfiguration from merger	QUA078	BP	Performance Targets
31	COVID related-private		JL	Primary Care Services
32	COVID related-private		Jlu	Commissioning









Governing Body Meeting	Responsible Committee/ Team	Committee/ Team ID	CRR ID/ SF	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What control systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Initial Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update on Mitigating Action (Update on the additional controls and progress)	Likelihood CRR Mitigation	Consequence CRR Mitigation	Score Post Mitigation	Owner Review Date	Comm. Review Date	18/19 Q4 Score	19/20 Q1 Score	Trend prior Q	19/20 Q2 Score	Trend prior Q	19/20 Q3 Score	Trend prior Q	Q4 Score	Trend prior Q	Overall Trend
PTI	Quality Committee	QUA05b	SF063	Dec 17: Q3 17/18	N/A	Brendan Prescott and Sharon Forrester	Quality	There is a risk of 12 hour trolley waits for patients presenting at A&E at Southport & Ormskirk Hospital caused by system pressures resulting in reduced quality and safety of care.	<ul style="list-style-type: none"> <li>Regular meetings with Trust on plans in place to ensure quality is maintained via CCGRM</li> <li>An additional 18 community beds commissioned by the CCG and additional transitional beds provided by the LA to support flow</li> <li>MADE event taken place at the trust to continue internal process issuing and promoting safe and appropriate discharge (May 2018)</li> <li>ECIP action plan now in place</li> <li>Integrated Discharge Planning Team now in place</li> <li>COO now appointed</li> </ul>	3	4	12	NM 12 hour breach policy to be adhered to including early escalation to system partners All 12 hour breaches to be avoided where ever possible Patient Safety, dignity and quality of care to be maintained at all times No delay of treatment or medication to be delayed as a consequence of the delay/breach 48 hr timeline to be completed followed by a full RCA at 60 days for lessons learned as per policy	<ul style="list-style-type: none"> <li>The trust have failed to meet the 0% target on 12 hour breaches each month so far 2019 due to continued pressure, however there has been an improvement from the previous year</li> <li>Southport declared 27 12-hour trolley breaches during Feb 19, the most declared in any one month during the last 13 months</li> <li>A&amp;E performance improving despite system pressure and increased attendances. NHS support continues with focus on A&amp;E and flow. Transition beds continue to be utilised with oversight from commissioning and redesign.</li> <li>June 19 (Q) - continued pressure within S&amp;O with over 80 12 hour breaches since October 2018. CCG requesting RCAs from trust for purposes of assurance in safety of care within A&amp;E. to be reviewed at CCG PQIRP and fed through to CCGRM</li> <li>Sept 19 - trust now not submitted 56 breach RCAs, this has been escalated via the Deputy Chief Nurse to the COO at S&amp;O and the CCG Leadership Team have been informed. This continues to be escalated to Head of Urgent Care via the Quality Team, the CCGs are still awaiting a position statement as to what is causing the delays and when the RCAs are expected to be submitted</li> <li>Nov 19 - RCAs received and reviewed at PQIRP. Out of 56 cases reviewed, 2 cases noted lesson learnt. Breaches are likely to continue however the department have provided the CCG with assurances on the safety of patients and quality of care being provided, a meeting has been arranged with NHSEI to ensure consistency of provider reporting/investigation of 12 hour breaches.</li> <li>Mar 20 - This is a National Issue, it is recommended this be removed as the CCG are not directly mitigating against this risk. Assurances and updates are being obtained via meetings like CQPG and CF.</li> </ul>	3	4	12	Mar-20	Mar-20	12	12	--	12	--	12	--	12	--	--
	Quality Committee	QUA05A	SF054	Dec 17: Q3 17/18	N/A	Brendan Prescott	Quality	There is a risk of patient follow-ups being delayed caused by the number of overdue follow-up appointments across a number of specialities at Southport and Ormskirk hospital resulting in patients potentially being put at harm.	<ul style="list-style-type: none"> <li>Provider/ commissioner and Regulator weekly meetings to review overdue list and oversee recovery plan.</li> <li>Daily situations reports being fed up to the weekly group to identify actions and review progress across the specialities.</li> <li>Any priority patients are being reviewed by the Trust and any harms identified being reviewed at the Trust's meeting of harm.</li> </ul>	4	4	16	<ul style="list-style-type: none"> <li>CCG reviewing capacity of commissioned services to support review of patients.</li> <li>Trust access policy being reviewed by the Trust.</li> </ul>	<ul style="list-style-type: none"> <li>Sept 18 - Trust CEO has reported lack of assurance on safety of patients and unable to provide full assurance until all patients have been reviewed. previous reports from Trust have highlighted no harm to patients as a result of the risk. Issue on assurance to be reviewed at S&amp;O CCG. Discussed at July CCGRM and update to July 2018 JOC.</li> <li>Nov 18 - CCG awaiting trust confirmation on recent cancer SI being linked to lost to follow up.</li> <li>Jan 19 - Confirmed 4 cases of harm including SI from November. Trust continues to review backlog in terms of potential harm to patients. Reported through to CCGRM. Trust exploring other providers to pick up activity - no decision made yet</li> <li>May 19 - Assistant Chief Nurse met with the trust COO on assurance of safety of patients being maintained whilst trust reviews and takes action on patient backlogs. No increase in cases of harm.</li> <li>Jun 19 - there have been no further cases of harm identified and work progresses in relation to patients lost to follow up - risk reduced to 04.</li> <li>September 2019. More cases of lost to follow up been identified, organisational wide issues with Mawley identified Trust has initiated twice weekly meetings to review cohorts of patients lost to follow up. CCG colleagues invited to meetings to discuss assurance with action plan in place. Deputy Chief Nurse to contact Trust MD on assurance of staff engagement and working to plan. Risk score increased to 12.</li> <li>Nov 19 - Trust now working through other specialities, no additional harms identified.</li> <li>Mar 20 - It is recommended this be removed as the CCG are not directly mitigating against this risk. Assurances and updates are being obtained via meetings like CQPG and CF.</li> </ul>	3	4	12	Mar-20	Mar-20	16	8	↓	12	↑	12	--	12	--	↓
PTI	Quality Committee	QUA05B	SF058	Mar 17: Q4 17/18	N/A	Brendan Prescott	Quality	There is a risk of deliver appropriate patient care caused by the high number of nursing vacancies at Southport and Ormskirk Trust resulting in compromised quality of care.	<ul style="list-style-type: none"> <li>Monitoring of Staffing reports developed by Trust via CCGRM on monthly basis with one to one meetings with CCG CN and Trust D&amp;H to ensure delivery of quality of care to patients at the Trust.</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>CCG will maintain established surveillance systems/processes to quality review services. (incidents, safe staffing, SI, complaints, sickness).</li> <li>Review S&amp;O workforce strategy.</li> </ul>	<ul style="list-style-type: none"> <li>July 2018 - staffing levels subject to review at both S&amp;O CF and S&amp;O CCGRM. Trust working on HR modelling regarding registered and non-registered staff. review at SIRG with provider presence at SIRG meetings. Triangulation of staffing pressures, RCAs and complaints reports discussed at CCGRM - Sept 18 - Concerns re staffing levels highlighted monthly at CCGRM. Trust confirmed international recruitment has been used to address certain areas e.g. an A&amp;E paediatric. CCG are awaiting latest quality compliance report for safer staffing levels from provider.</li> <li>Nov 18 - staffing levels remain a concern at S&amp;O. Trust undertakes daily monitoring of staffing levels. Safer staffing report presented at Oct 18 CCGRM and number of staffing incidents reported may link to current staffing levels. Trust requested to triangulate staffing levels and location of SIs. - Trust recruitment event provided some recruitment to HCA roles. Further recruitment events planned in Q4 18/19.</li> <li>May 19 - Number of nursing vacancies has reduced within the trust to monitor trajectory in order to review current risk score.</li> <li>Jan 19 - HR update provided at June 19 CCGRM indicating current deficit of 56 RN post and 60 HCA posts. Targeted recruitment to be conducted in older peoples care and acute medicine. Trust have re-visited 3x daily safer staffing reviews across trust to ensure staffing levels promote standards of care. September 2019 recruitment continues at the Trust with a continued decline in external nursing agency staff to fill shifts. Red flag incidents increased in August 2019 compared to July 2019 but no harm to patients identified. Nov 19 - trust continue recruitment and retention work. Recognition that this is a national issue of registered nurse vacancies. This is being regularly monitored via CCGRM.</li> <li>Mar 20 - It is recommended this be removed as the CCG are not directly mitigating against this risk. Assurances and updates are being obtained via meetings like CQPG and CF.</li> </ul>	4	3	12	Mar-20	Mar-20	12	12	--	12	--	12	--	12	--	
PTI	Quality Committee	QUA063	SF061	Jun 2018: Q1 2018/19	N/A	Janet Spallen	Commissioning and Delivery	There is a risk of failure to provide emergency ambulance responses that meet the national ARP programme. At a local level delays in handover times at providers impacts on ARP and ambulance availability resulting in decreased standards of patient care and safety. There has been a relaxation of target deadlines for the ARP programme following difficulty in implementing in 2018/19	<ul style="list-style-type: none"> <li>Weekly and daily performance monitoring</li> <li>Information shared with all CCGs on monthly basis at NNAS/NSHS11 meeting with NI commissioners present.</li> <li>Collaboration with other Providers who contribute to the Pathway e.g. acute trusts and ambulance handovers times. introduction of alternatives to transfer with community trust.</li> </ul>	3	4	12	The ambulance commissioning team will oversee the development and implementation of the SDIP with NNAS and feedback to CCGs.	<ul style="list-style-type: none"> <li>NW regional work continues with Aintree (due to high activity and trauma centre status) being one of six trusts identified for improvement work in handover. Focus on ED internal improvements required to reduce handover delays. As part of NNAS contract it has been agreed that work will continue with the first six trusts and that a further group will be identified for improvement work. On-going work with community trusts to develop alternatives to transfers for patients seen by NNAS who do not require conveyance but alternative support within the community. Ambulance commissioning team working with NNAS to develop SDIP to deliver performance within ARP standards and trajectories for reducing conveyance, improving handover delays and workforce/resources capacity. Will also link with roster review, continued transformation and delivery of new models of care and implementation of Carter recommendations.</li> <li>Nov 19 - The 2019/20 contract agreement with NNAS identified that the ARP standards must be met in full (with the exception of the CT mean) from quarter 4 2019/20. The CT mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards.</li> </ul>	3	4	12	Nov-19	Nov-19	12	12	--	12	--	12	--	12	--	

Governing Body/Meeting	Responsible Committee/Team	Committee/Team ID	CRR ID/SF	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Initial Score	Mitigating Action (What additional controls/systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood CRR Mitigation	Consequence CRR Mitigation	Score Post Mitigation	Owner Review Date	Comm. Review Date	18/19 Q4 Score	19/20 Q1 Score	Trend prior Q	19/20 Q2 Score	Trend to prior Q	19/20 Q3 Score	Trend to prior Q	Q4 Score	Trend to prior Q	Overall Trend			
																														19/20 Q4 Score	Trend to prior Q	Q4 Score
PT1	Quality Committee	QUA064	SF062	Aug 2018: Q2 2018/19	N/A	Tracy Forshaw	Quality	There is a risk that the CCG will not be able to meet the required trajectory for Personal Health Budgets (PHB) caused by a lack of awareness of PHBs resulting in patients not receiving PHB and a lack in the quality of the services provided by the CCG	<ul style="list-style-type: none"> <li>The CCG has a PHB lead in place. PHBs are a standing agenda item as the CHC Programme Board as a sub group of the Joint Quality Committee.</li> <li>Quarterly reporting via the Integrated Performance Report</li> <li>The CCG supported the finding of a complex care nurse within the CHC team to support the assessment of complex patient and PHBs until the end of March 2019.</li> <li>CHC / PHB Default Task and Finish Group in place</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>The PHB policy is under review to support the expansion of PHBs outside of adults CHC and Children CC</li> <li>The CCG commissions a home care services from Alder Hey. A paper has been submitted to SMT in June and July 2018 to confirm the CCGs intention to service notice on the block contract considering the risks of redundancy. The children's commissioner is working with children complex care nurse in MLCSU to support the PHB for 1 client.</li> <li>Chief Accountable Officer has requested the CCG DIPP lead to support prioritisation of PHBs and to consider if this can be delivered differently.</li> <li>The CCG does not have in place a CHC end to end service; the CCG is considering the model with MLCSU undertaking a piece of work which will come through the CHC Steering Group</li> <li>A meeting is to be arranged with Setlon Carers Centre, to review the costing as part of the PHBs</li> </ul>	<ul style="list-style-type: none"> <li>Wheelchair PHBs were tabled at the Integrated Commissioning Group with confirmation of engagement from Setlon MHC on 30/08/18 (Setlon CCG only)</li> <li>The CCG is exploring the possibility of PHBs for CHC end of Life fast tracks.</li> <li>Contact has been made with Warrington CCG and learning shared. The programme is being led by the lead commissioner for planned care for SFCOG and GP clinical lead as part of the CCG QIPP agenda.</li> <li>The CCG is exploring the possibility of PHBs for mental health and learning disabilities for S117 outside of NHS CHC, with attendance to NHS session on 17/10/19.</li> <li>Delays in the PHB process have been reviewed by CCG and MLCSU with MLCSU scheme of delegation now in place.</li> <li>The CCG has identified an alternative independent provider from the 3rd sector due to delays/issues with current CCG independent provider</li> <li>PHBs for adults living in their own home in receipt of CHC will be a default position from April 2019. This is an agenda item at the CCOGP, COGRM and CHC steering group for commissioned providers and MLCSU for clarification on how this will be delivered. A meeting to be arranged with Mersey Care contracts and commissioning leads to review the contract and service specification.</li> <li>Capacity issue identified by the Chief Nurse for the Quality Team to deliver the personalisation agenda - the CCG were unable to support additional resource at that time.</li> <li>Reports have been submitted to SMT in relation to under performance and recovery plans</li> <li>Nov 18 - CHC / PHB Default Task and Finish Group in progress with process mapping being completed. Discussions are taking place in parallel via contractual arrangements with the community providers</li> </ul>	2	3	6	Mar-20	Mar-20	12	12	--	12	--	12	--	12	--	6	↓	↓	
	QUA064 continued...	SF062	Dec 18: Q3 2018/19	N/A	Helen Case	Quality	There is risk that recommendations from the CCG review are not successfully implemented caused by delay or lack of effective implementation resulting in damage to the reputation of the CCG and the quality of safeguarding children and LAC services.	<ul style="list-style-type: none"> <li>Task and Finish meetings have been undertaken chaired by the Accountable Officer and will be on-going until the CCG recommendations have been implemented.</li> <li>Key stakeholders are members of the Task and Finish Group</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>The CCG is exploring the possibility of piloting Setlon Carers Centre as a PHB provider. A paper has gone to LT for 15th January 2019 to consider signing a letter signalling the CCGs intention and to work up a contract. The CCG has supported a Band 5 PHB commissioner - the post is to be developed in conjunction with Billie Dodd</li> <li>May 19 - PHB manager row in post to support new PHBs being developed with Setlon Carer Centre of support.</li> <li>Performance of PHBs now being led into COHC programme board for assurance</li> <li>Jun 19 - PHB support Manager leaves end of June 2019. Discussion with CCG COO on established and more senior support to project manage PHB workplan.</li> <li>Discussion for LT July 2019. Risk score remains the same. Setlon Carers Centre support to commence end of July 2019.</li> <li>Nov 19 - Quarterly plans for 2019/20 have been set with the expectation of the total number of PHBs for Quarter 2 to be 106, and to increase to 150 by Quarter 4. In quarter 2 the cumulative position shows 108 PHBs. This shows a significant increase over the previous two quarters and is now above the trajectory set by NHS England. NHS England has confirmed the lower boundary of 90 would be acceptable in terms of separations.</li> <li>Mar 20 - It is recommended that this risk be closed as both CCGs are meeting trajectories as a whole.</li> </ul>	2	4	8	Mar-20	Mar-20	12	12	--	12	--	12	↓	12	↓	8	↓	↓			
PT1	Primary Care Commissioning Committee in Common	JC03	SF	Mar 2017: Q4 2016/17	QUA037 (SSA43/S1042)	Jan Leonard	Commissioning	Pressure in primary medical care services resulting from workload, workforce and funding. Risk that GP Practices will be unable to continue to provide medical services.	Strategic priority of the CCG. Discussed at Joint Commissioning Committee. GPs/FPV plans, LOC funding to support transformation.	4	4	16	<ul style="list-style-type: none"> <li>Continued roll out of GPs/FPV workstreams. Resubmission of GPs/FPV plan. Reduced capacity in SF due to transformational post finishing. Identifying support to practices for 17/18 resilience funding.</li> </ul>	<ul style="list-style-type: none"> <li>International recruitment application due at end Nov 17. Primary care workshop planned for mid Nov to review Shajun Setlon plans. Visits from localities to be gathered to build plan. 2 year LOC to be considered. LOC planning meetings scheduled. Further clinical pharmacist application to be submitted, specification for Extended Access (7 days weekends) near finalised; to be presented to GB Feb 18 ahead of procurement. Despite GPs/FPV roll out no reduction in pressure in practices. Clinical pharmacist application submitted. LOC being finalised. LOC has been approved via approvals panel. Clinical Pharmacy pilot bid successful. Plan to mobilise clinical pharmacists progressing. Bids for Primary Care Network funding being progressed. Pilot is being trialled in North locality for 3 months then will be rolled out to all localities. 7 day access live, monitoring appointment usage and impact on core hours.</li> <li>7 of the 8 Localities have been successful in obtaining funds to develop Primary Care Networks.</li> <li>7 day access Hub is now live and offering appointment between 5pm and 8pm weekdays evenings and 10am to 1pm weekends. staff include GP, ANP, PN and physio from November 2018. Working through implications of new GP contracts and changes regarding PCN formation. LT will review applications on behalf PCCC. 7 PCNs have been authorised by the CCG and plans in place to cover populations of non PCN practice populations. PCNs asked to confirm plans to mobilise extended hours. CCG support offer made to PCNs for medicines management and social prescribing.</li> <li>Resilience funding secured for several practice with further application to be submitted by Sept 2019. PCNs have secured funding to enable a first five scheme and a last five scheme to be implemented which will support new GPs in their first five years and also GPs who are approaching retirement.</li> </ul>	4	4	16	Apr-20	Apr-20	16	16	--	16	--	16	--	16	--	16	--	--	--

Governing Body/Meeting	Responsible Committee/ Team	Committee/ Team ID	CRR ID/ SF	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What control/ systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Initial Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood (1-5)	Consequence (1-5)	Score Post Mitigation	Owner Review Date	Comm. Review Date	18/19 O4 Score	19/20 O4 Score	Trend to prior O4	19/20 Q2 Score	Trend to prior Q2	19/20 Q3 Score	Trend to prior Q3	Q4 Score	Trend to prior Q4	Overall Trend (1-5)	
		JC03	SF																											
	Primary Care Commissioning Committee in Common	JC05	SF	Apr 2017/ Q1 2017/18		Jan Leonard	Commissioning	Risk to continuity of patient care due to impact of delays in records transfers.	PCSE working groups, regular updates to practices. Discussed at Joint Committee and LMC liaison meetings.	5	4	20	LMC have been invited, it was noted that Rob Barnett (Liverpool LMC) attends on behalf of Liverpool and Selton	Attendance at meeting by CCG reps. JL has written to T Knight at NHSE regarding on-going situation and lack of progress, awaiting formal response. Issues raised at Regional Meeting, similar issues in other areas, await formal response. Issues continue with concerns over performers lists - meeting with NHSE Jan 18 to discuss actions. Issues continue to be raised and forwarded to NHSE / PCSE. JL to escalate to FT. No further updates although PCSE staff now based within Regatta Place with NHSE which may help with resolving issues. Issues continue, committee felt risk of likelihood has increased. Further incidents have been identified around children not being invited for screening. A subgroup has been set up to reduce further incidents. Practice views to be sought re current situation with PCSE in practice. It was agreed at POCIC that practices should be contacted on a quarterly basis to establish if problems are remaining with PCSE or if they continue. The first survey will take place in October 2019. The survey demonstrated that whilst some practices hadn't had an incident in recent months, those that did continued to struggle to get any resolution. Issues will be raised again with NHSE. The POCIC reviewed the survey and agreed that the risk can be reduced. Escalation process with T Knight at NHSE agreed. There is no escalation process in place at PCSE. Confirmation received that individual issues to be shared with NHSE on an individual basis.	3	4	12	Mar-20	Mar-20	16	16	++	16	++	16	++	12	↓	↓	
	Finance and Resource	FR0010	SF	Q1 2019/20	NA	Martin McDowell	Finance	There is a risk of non delivery of the CCG's control total / statutory duty (breakdown) in 2019/20 due to emerging pressures on expenditure or non delivery of its savings plan.	<ul style="list-style-type: none"> <li>Robust review of all CCG expenditure through monthly management accounting routines.</li> <li>Examination of QIPP savings and opportunities at beginning of financial year as part of financial planning. On-going monitor throughout the year.</li> <li>Scheme of delegation in place internally to limit authority to commit CCG resources to senior management.</li> <li>Joint QIPP Committee Reports and F&amp;R Committee Reports</li> <li>Monthly IPR to GB</li> </ul>	<ul style="list-style-type: none"> <li>NM Finance review and challenge Acting as One arrangements regarding delivery of joint reduction in expenditure to deliver system control total and organisational financial balance.</li> <li>CCG led system wide recovery plan due for submission (June 2019).</li> <li>QIPP Week scheduled for week commencing 1/7/19.</li> <li>Future QIPP Weeks to be held monthly - effective August 2019.</li> </ul>	4	4	16	<ul style="list-style-type: none"> <li>CCG Board to Board discussions regarding collaboration and joint working with partners and wider health economy to deliver QIPP projects</li> <li>On-going review and monitor of cost behaviours to provide an early warning system regarding emerging financial pressures.</li> <li>19/6/19 - Agreement at F&amp;R Committee meeting to increase consequence post mitigation score from 4 to 5. Initial Month 2 report indicates CCG behind on delivery of QIPP plan. Likely case deficit reported as £10.2m.</li> <li>QIPP Week held on week commencing 1/7/2019.</li> <li>19/19 - CCG led the preparation of a system wide recovery plan (including S&amp;FCOG, S&amp;O, S&amp;SCG and W&amp;LCOG), which was submitted to regulators on 2/8/19. A further update to the plan will be submitted on 13/9/19.</li> <li>Agreed at F&amp;R Committee meeting on 19/2/20 to increase likelihood post mitigation score from 4 to 5 due to the certainty at this stage in the financial year that the CCG will not deliver its financial plan or its statutory duty.</li> </ul>	5	5	20	Mar-20	Mar-20	N/A	20	N/A	++	20	++	20	++	20	↑	↑
	Finance and Resource	FR0010a	SF	Q1 2019/20	NA	Martin McDowell	Finance	There is a risk that the CCG will not fully deliver its planned QIPP target in 2019/20 caused by non delivery of high risk QIPP schemes resulting in a failure to deliver required levels of savings.	<ul style="list-style-type: none"> <li>Monthly review and monitoring of all QIPP schemes to assess delivery in year and highlight risks and issues affecting delivery of planned QIPP savings.</li> <li>Monthly RAG rated QIPP reporting and challenge at Joint QIPP and Financial Recovery Committee.</li> <li>Rapid mobilisation of QIPP projects and on-going review of timing of delivery.</li> <li>Joint QIPP Committee Reports.</li> <li>Monthly IPR to GB</li> </ul>	<ul style="list-style-type: none"> <li>Multi-disciplinary teams to work on development / progression of QIPP schemes.</li> <li>Progression and on-going development of future QIPP plans through to 2020/21.</li> <li>QIPP Week scheduled for week commencing 1/7/19.</li> <li>Future QIPP Weeks to be held monthly - effective August 2019.</li> </ul>	4	4	16	<ul style="list-style-type: none"> <li>Check and challenge sessions to provide assurance to the Joint QIPP and Financial Recovery Committee on the likelihood of delivery of QIPP schemes, review of estimated QIPP achievement and profiling of saving delivery.</li> <li>On-going development of assurance processes to ensure alignment and accuracy of QIPP reporting through monthly financial reports.</li> <li>19/6/19 - Agreement at F&amp;R Committee meeting to increase consequence post mitigation score from 4 to 5. Initial Month 2 report indicates CCG behind on delivery of QIPP plan. Likely case deficit reported as £10.2m.</li> <li>QIPP Week held on week commencing 1/7/2019.</li> <li>CCG led the preparation of a system wide recovery plan (including S&amp;FCOG, S&amp;O, S&amp;SCG and W&amp;LCOG), which was submitted to regulators on 2/8/19. A further update to the plan will be submitted on 13/9/19.</li> <li>Agreed at F&amp;R Committee meeting on 19/2/20 to increase likelihood post mitigation score from 4 to 5 due to the certainty at this stage in the financial year that the CCG will not deliver its planned QIPP target.</li> </ul>	5	5	20	Mar-20	Mar-20	N/A	20	N/A	++	20	++	20	++	20	↑	↑
	Finance and Resource	FR0010b	SF	Q1 2019/20	NA	Martin McDowell	Finance	There is a risk that the CCG will fail to contain expenditure against its opening budgets and reserves in 2019/20 caused by potential expenditure pressures resulting in increased costs and a reduction in the ability to achieve its control total and SFD.	<ul style="list-style-type: none"> <li>Defined budget holders, scheme of delegation in place and regularly reviewed internally to limit authority to commit CCG resources at an appropriate level of management.</li> <li>Monthly budget reports, budget holder training programme.</li> <li>F&amp;R Committee Reports</li> <li>Monthly IPR to GB</li> </ul>	<ul style="list-style-type: none"> <li>NM Finance review and challenge Acting as One arrangements regarding delivery of joint reduction in expenditure to deliver system control total and organisational financial balance.</li> </ul>	3	3	9	<ul style="list-style-type: none"> <li>Review of financial reporting to ensure continued relevance re. content and granularity of detail.</li> <li>On-going review of operational routines to ensure optimum efficiency to release resources to focus on supporting transformation and QIPP delivery.</li> <li>On-going development of relevant financial training including mandatory financial training on appointment.</li> <li>Agreed at F&amp;R Committee meeting on 18/9/19 to increase likelihood post mitigation score and consequence post mitigation score from 3X3 to 4X5, as the operational budget forecast (Q2.0m) is a significant financial pressure for the CCG, as it is above £2m.</li> <li>Agreed at F&amp;R Committee meeting on 19/2/20 to increase likelihood post mitigation score from 4 to 5 due to the certainty at this stage in the financial year that the CCG will not deliver its financial plan or its statutory duty.</li> </ul>	5	5	20	Mar-20	Mar-20	N/A	9	N/A	20	++	20	++	20	↑	↑	
	Quality Committee	QUA071	SF86	refreshed 10.5.19	SF001/ QUA007	Karl McGuckley (Sarah McGrath)	Commissioning and Delivery	There is a risk that the CCG will continue to fail the 16 day constitutional access target for cancer resulting in delays to cancer diagnosis and treatment and associated poorer clinical outcomes	S&O CRM and COPMG (monthly) S&O Cancer performance (monthly) S&O Cancer Locality meetings (quarterly) Strengthened process for sharing pathway level and 104 days Internal to CCG IPR meetings monthly fed through to Quality and performance group and an NHSE performance calls through KLOES	4	3	12	Awaiting NHSE agreement on standard operating procedure for RCA 104 day breaches to be added as contract variation	Recovery plan submitted but sustained recovery not anticipated in 2019/20 Chief Operating Officer cancer meetings in place	4	3	12	Nov-19	Nov-19	N/A	12	N/A	12	++	12	++	12	++	++	

Governing Body Meeting	Responsible Committee/ Team	Committee/ Team ID	CRR ID: SF	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Initial Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood (Q1) Mitigation	Consequence (Q1) Mitigation	Score (Q1) Mitigation	Owner Review Date	Comm. Review Date	18/19 Q4 Score	Trend to prior Q	19/20 Q1 Score	Trend to prior Q	19/20 Q2 Score	Trend to prior Q	19/20 Q3 Score	Trend to prior Q	Q4 Score	Trend to prior Q	Overall Trend: ↑ ↓ ↔		
																															Quality Committee	QUA074
PTI	Quality Committee	QUA076	SF	New Sept 19	N/A	Karl McCuskey and Geraldine O'Carroll	Commissioning and Delivery	Risk to the provision of IAPT services as a result of a failure to procure alternative service provision following CYP's notice to cease provision from April 2020.	Discussion with Procurement team at MLCSU re options paper to GB part II September 2020	3	4	12	Continued development of options dependant upon provider market which may be limited.	Sept 2019 update-procurement advice taken to LT 10/09/19 and agreed to publish an expression of interest invitation to test market. Nov 19 - EQI being evaluated and will inform further procurement approach	3	4	12	Nov-19	Nov-19	NA	NA	NA	12	N/A	12	↔	12	↔	12	↔	↔	↔
PTI	Quality Committee	QUA077	SF	Nov-19	N/A	Gordon Jones	Commissioning	There is a risk that the challenging QIPP financial target in 2021 will impact on Mental Health LTP ambitions, e.g. Crisis, IAPT, Individual Placement Support, SMI health checks and CYP, by the lack of available financial envelope for delivery.		4	4	16		Mental Health commissioning working with finance to understand the financial env	4	4	16	Nov-19	Nov-19	NA	NA	NA	NA	16	NA	16	↔	16	↔	↔	↔	
PTI	Quality Committee	QUA078	SF	Mar-20	N/A	Steven Prescott	Commissioning	There is a risk to performance and quality at the A&E site LUHFT caused by the service reconfiguration as a result of the merger resulting in potential adverse impact on care and outcomes.	Enhanced surveillance at CQPG, NHSE/I oversight at LUHFT CQPG	4	3	12		Feb 20 - Risk of performance presented and discussed at monthly CQPG, quarterly QSG and monthly JQPC with feedback into combined CF for provider action. Provider updates on monthly basis at CQPG on merger progress and any issues identified.	4	3	12	Mar-20	Mar-20	NA	NA	N/A	N/A	N/A	N/A	N/A	N/A	12	N/A	↔	↔	

### Risk Matrix

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

### Risk Ratings

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

↓ Significant Risks

### Significant Risks

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

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

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

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

## MEETING OF THE GOVERNING BODY June 2020

<b>Agenda Item:</b> 20/85	<b>Author of the Paper:</b> Kerrie France Associate Chief Nurse (SEND) <a href="mailto:Kerrie.france@southseftonccg.nhs.uk">Kerrie.france@southseftonccg.nhs.uk</a> 07799408283						
<b>Report date:</b> 20 <sup>th</sup> May 2020							
<b>Title:</b> SEND: Improvement Plan and Business Continuity arrangements for all health related actions in response to COVID 19 Pandemic							
<b>Summary/Key Issues:</b>  This report provides the Governing Body with an update on business continuity planning arrangements for SEND in response to the pandemic Covid19.							
<b>Recommendation</b>  The Governing Body is asked to receive this report.	<table style="float: right;"> <tr><td>Receive</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Approve</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Ratify</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

### Links to Corporate Objectives 2020/21

x	To support the implementation of Sefton2gether and it's positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To ensure delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
x	To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.

	To progress a potential CCG merger to have in place an effective clinical commissioning group function.
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Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement	x			Sefton Parent Carers have been consulted and involved in Business Continuity Plan development as members of the Health Performance Improvement Group
Clinical Engagement	x		x	SEND Provider leads have been consulted with and contributed to business continuity development as members of the Health Performance Improvement Group
Equality Impact Assessment			x	
Legal Advice Sought			x	
Quality Impact Assessment			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees	x		x	Business Continuity arrangements have been shared with the Performance sub group and the SEND Continuous Improvement Board on 23 <sup>rd</sup> April 2020.



## **Report to the Governing Body June 2020**

### **1. Executive Summary**

- 1.1 This report provides the Governing Body with an update on business continuity planning arrangements for SEND in response to the pandemic Covid19.
- 1.2 The CCG's recognise the importance of implementing all of the actions identified for children with SEND, Improvement Notice issued in June 2019. However, in view of World Health Organisation and Government escalation to pandemic status relating to Covid 19, it has been necessary to review all actions contained in the improvement plan to focus on re-prioritisation of responses and amend accordingly by;
- Review of actions that require completion in expected timescale;
  - Revision of actions that require alternative solutions;
  - Review of actions that require deferral in timescales.
- 1.3 The Business continuity plan is based on Guidance issued on 20<sup>th</sup> March 2020 by NHS England and Improvement entitled 'Covid 19 - Prioritisation within Community Health Services' and guidance issued on 22<sup>nd</sup> March 2020 on vulnerable children and young people. Plus, guidance issued by NHS England and NHS Improvement regarding 'Revised arrangements for NHS contracting and payment during the COVID-19 pandemic' contracts – issued 31<sup>st</sup> March 2020.
- 1.4 The Provider Trusts and Sefton Parent Carer Forum have been fully engaged in responding to this Business continuity plan and the partnership is fully committed to improving services for children with SEND in the Borough. The CCG's will continue to provide leadership oversight and ongoing functions of surveillance of all Business continuity arrangements across the health system.
- 1.5 It is expected that the Business continuity plan, will require on-going review as Government advice necessitates and revisions are required and planning for phase 2 recovery will take place during May and June 2020, with continued oversight of all performance maintained by the Health performance improvement group.

## 2. Introduction and Background

- 2.1 In December 2016, a written statement of action was issued in Sefton by Department for Education, and more recently in April 2019, resulting in an Improvement Notice issued in June 2019. A SEND Continuous Improvement Board and series of sub groups have been established across the partnership to drive forward the system-wide improvements identified.
- 2.2 The Sefton SEND improvement plan has been agreed by all partners with 5 key priority areas and actions 2, 3 and 5 of the improvement plan, specifically relate to health services.
- 2.3 A six month progress review meeting was held on 22<sup>nd</sup> January 2020 with NHS England and Improvement leaders and Department of Education, representatives from Sefton parent carers, local authority and schools. Reviewers noted some progress had been made, against the improvement plan and advised a focus on impact and pace is critical to evidence improvements in the quality of care delivery for children and families. A follow up progress review meeting was initially planned for summer 2020.
- 2.4 However, In light of recent events relating to global concerns of COVID 19, the World Health Organisation and Government have declared a pandemic status and it has been necessary for all Organisations to move to emergency planning preparedness.

## 3. Key Issues

- 3.1 The pandemic will impact on the partnership's ability to deliver on the SEND Improvement plan and as health leaders it has been necessary to review the SEND Improvement plan from a business continuity perspective to set out proposed revisions for the partnership and Board.
- 3.2 As part of business continuity arrangements, it has been necessary to review all actions contained in the improvement plan to focus on re-prioritisation of responses and amend accordingly by;
- Review of actions that require completion in expected timescale;
  - Revision of actions that require alternative solutions;
  - Review of actions that require deferral in timescales.

An initial timescale of 6 months has been applied in the first instance for any health related actions that require a deferral in timescale. This is to enable providers of health services to recover from dealing with NHS response to COVID 19. It is important to note that this timescale may require flexing, as evidence is developed and impact on health workforce is understood. For example, should the pandemic be resolved quicker than anticipated, this timescale will be adjusted to ensure there is a quick re-mobilisation of actions. An on-going review of the impact of the pandemic will be necessary and will be monitored and reported into the Joint sub group for performance and SEND Continuous Improvement Board.

3.3 The following health related actions and Key performance indicators are reporting as on track or better than expected for March 2020:

#### 3.4 KPI 1/ 5

3.4.1 As part of business continuity arrangements, this action requires completion in expected timescale and continues to achieve 100% of Education Health Care Plans are being completed in maximum of 6 weeks by health from the date of request from the local authority against a baseline target of 70% in January 2020.

#### 3.5 Actions 2 (KPI's 2/1 and 2/3)

3.5.1 All actions relating to Action 2 have been completed. The Designated Clinical Officer has produced a quarterly report in April 2020, outlining progress against the work plan. A provider survey was completed in December 2019 to assess understanding of health practitioners understanding of the role. 95% respondents demonstrated an understanding of the primary function of the role against a baseline target set of 50%. It has been necessary to defer survey completion from June 2020 to October 2020, as part of business continuity arrangements.

3.5.2 In order to mitigate against any relapse in improvements demonstrated, regarding understanding of role and functions, the DCO will remain in post and continuously promote her role during the pandemic and has been working with the CCG's communications department and local authority colleagues to ensure any regional or national developments for SEND are shared and communicated across the partnership.

3.5.3 The DCO will continue to be a member of SEND sub groups and co-chair the communications and co-production sub group. However, it will be necessary to stand down the SEND conference planned for May 2020, which the DCO had planned for health providers, to promote the role. Alternative methods of communication are being used, including emails, communications briefings via provider trusts to continue to promote the role, whilst maintaining social distancing.

#### 3.6 Actions 5 (KPI 5/1; 5/2 and 5/3)

3.6.1 In March 2020, the average waiting times for Sefton Paediatric Dietetics, Occupational Therapy and Speech and Language therapy are all on track in accordance with improvement trajectories established for January 2020. However, as a result of the impact of the pandemic on staffing levels and service delivery there was a slight increase in reported average waiting times as compared with February 2020, with the exception of occupational therapy.

3.6.2 The following health related actions and Key performance indicators are reporting slippage against SEND Improvement plan and have required further modification as part of business continuity arrangements:

3.7 **KPI 1/6 % *Improvement in the Quality of Health information contained in EHCP's/ Actions 3'*To improve the lack of awareness and understanding of health professionals in terms of their responsibilities and contributions to Education and Health Care Plans (EHCPs)' KPI 3/1 Health Practitioners routinely write health submissions for EHC plans for the children and young people. Plus KPI 3/2 workforce training**

- 3.7.1 The current status of the quality of health information has been monitored via the Designated Clinical Officer conducting multi-agency audits with local authority partners. On 10<sup>th</sup> March 2020 a presentation was delivered to the SENDCIB focusing on quality of plans. In February 50% of those audited from a multi-agency perspective for quality purposes were deemed at least consistently good (KPI 1/4) against a baseline of 50% for January 2020. Multi-agency audits will continue to be prioritised during the pandemic.
- 3.7.2 An exception report was shared with the Sefton SEND Continuous Improvement Board on 17<sup>th</sup> January 2020 and agreement was reached for a revision to the timescale for completion for the revised health process to be changed from December 2019 and to commence from April 2020.
- 3.7.3 A Task and finish group led by the Designated Clinical Officer have made revisions to the Pathway for the administration co-ordination of clinically led processes and quality assurance processes.
- 3.7.4 The lead Children's Commissioners in Liverpool and Sefton have led on preparing for contractual changes required for two providers (Alder Hey and Mersey Care).
- 3.7.5 A pilot was being conducted during quarter four to test out revised processes and amend processes accordingly based on learning from pilot in readiness for implementation in April 2020.
- 3.7.6 However, In order to minimise impact on children with SEND it has been necessary to review these plans. The pilot was suspended in March 2020 in response to the guidance set out for COVID 19 prioritisation within community health services for community paediatric services.
- 3.7.7 In order to minimise risk, provisional agreement has been reached with Mersey Care to remain as the acting co-ordinating provider for all health related advice. Mersey Care has the workforce available and has put plans in place to support their EHCP team to work remotely to support this function.
- 3.7.8 There is less risk associated with this approach, as due to suspension of the pilot, the revised processes have not been fully tested. Plus the impact of COVID 19 has impacted on planned roll out of training workforce plans in writing qualitative outcomes focused EHC plans (see KPI 3/2). Also in view of workforce impact on staffing levels as some health staff have been re-directed to acute trust response to pandemic.
- 3.7.9 In order to mitigate any risks as a consequence of this, Health have reviewed training figures and have significantly increased the number of staff trained in writing outcome focused EHC plans, so it is envisaged incremental improvements in the quality of plans will be evidenced in children's health records by those staff who participated in training.
- 3.7.10 A baseline of workforce training requirements has been produced and 232 staff in total require training with the National Association of Special Educational needs (NASEN) to enable them to develop skills in writing outcome focused qualitative education, health care plans (EHCP's).

3.7.11 Training sessions have been held on 2<sup>nd</sup> and 3<sup>rd</sup> March and to date 96 staff has completed training. 4 further training sessions have been postponed from April 2020 to September and October 2020. This will mean that the health partnership will no longer be able to meet improvement trajectory set for 75% workforce to be trained by June 2020 as per KPI 3/3.

3.7.12 The regional DFE advisor conducted a bespoke session with health staff in March 2020 to support improvements in the quality of health advice. Any learning from these sessions will not be lost; as feedback obtained from attendees was that the session provided them with practical tools to improve the overall quality of recording health outcomes.

3.7.13 Once pandemic response has ended, the pilot for revision to processes will be re-launched and new process implemented. The multi –agency audit process is well established and has been deemed necessary to continue during the pandemic, in order to demonstrate improvements in the quality of health practitioner’s contributions to children’s EHC plans.

**3.8 Action 5: To address the weakness of joint commissioning in ensuring that there are adequate services to meet local demand** as per action 5.1, a revised joint commissioning strategy has been presented to the Health and Wellbeing Board in March 2020 and a series of actions set out in the action plan.

3.8.1 As part of our business continuity preparedness, the CCGs’ commissioning teams are currently reviewing capacity to deliver on the joint commissioning strategy actions in light of the pandemic and impact it will have on provider services. Notably, much of the development work required to underpin the priority areas and actions was initiated prior to the pandemic outbreak and will continue, although it is acknowledged that the pace of this is likely to be impacted in the short term. With the exception of priority 3, which has a clear focus to implement a neurodevelopmental diagnostic pathway in Q1 2020 (see below), the other priority areas and actions are not due for completion until April 2021 to April 2022, providing time for plans to flex, if required. However, the CCGs and partners are ever mindful of the impact of the current situation on progress in these areas and is building on developments to date to strengthen its work with SEND Children and young people and their families wherever possible. For example, using the ‘local offer’ infrastructure and its networks to effectively communicate changes to services and provision as a result of the pandemic, so keeping families informed and engaged. Plus re-prioritisation and launching of 24/7 mental health provision for children in response to the pandemic.

3.8.2 In relation to action 5.2, an assessment and diagnosis pathway relating to Autism and Attention deficit Hyperactivity Disorder (ASD/ADHD) has been commissioned by the CCG’s and commencement date implemented from 1<sup>st</sup> April 2020 for any new referrals.

3.8.3 On reviewing business continuity arrangements, it is expected that the waiting times trajectory planned will be impacted for ASD and ADHD as well as community Therapy services (KPI 5/1- 5/4). The business continuity arrangements assumes that the provider will be unlikely to deliver the full level of activity planned in the service due to both impact on staff and partner agencies response such as impact of schools closure.

3.8.4 Alder Hey has identified priority clinical activities required to maintain safe services which include:

- Child protection medicals and wider safeguarding roles for the Trust;
- Prescription service( non-electronic) for controlled medications;
- Review of children on controlled medications- telephone consultations;
- Telephone hot line for advice and guidance led by a range of staff.

3.8.5 Alder Hey have made changes to the way ADHD and ASD clinics are delivered to maintain social distancing measures and are using telephone and virtual approaches such as video links. All activities which can be completed from the office or remotely, for example; clinical validation or virtual multi-disciplinary meetings and assessments, are planned to continue to support reduction in numbers waiting.

3.8.6 Alder Hey is working with partner providers (Axia and Healios) to continue to support those children waiting for assessment and diagnosis in order to adhere to the waiting list trajectories wherever feasible. The parent care forum is aware and families have welcomed this and engaged well in virtual assessments. For many families this is a great solution to being unable to travel and attend appointments.

3.8.7 Alder Hey continues to recruit to posts to support the implementation of the agreed improvements for ASD and ADHD but this ultimately will be impacted as a result of the pandemic. Community staff are currently receiving training to support acute care needs in the hospital over the coming weeks to ensure emergency preparedness and it is expected that workforce numbers will be affected as a result of the pandemic. For example, Junior Doctors in Community services have been relocated to acute services.

### **3.9 KPI 5/3 Paediatric physiotherapy average waiting times Sefton**

3.9.1 In March the average waiting time for physiotherapy was reported as 7.9 weeks against an improvement trajectory of 6 weeks. Alder Hey continue to prioritise children with SEND. Families are being contacted directly and alternative ways of working remotely are happening wherever feasible e.g. teleconference, Attend Anywhere video conferencing.

### **3.10 KPI 5/5 and 5/6**

3.10.1 Additional staged KPIs were agreed with specialist CAMHS and reporting commenced from January 2020. Reporting from March 2020 demonstrates a 68.9% referral to choice against a staged target of 92% and a 69.9% overall pathway wait against a staged target of 75%; as a result of the pandemic, both are below target and there was a deterioration in performance compared to February 2020. Whilst services continue to be delivered digitally, capacity has been redirected to implement and deliver the 24/7 mental health crisis service and to prioritise high risk patients.

### **3.11 Progress on establishment of additional Key Performance indicators**

3.11.1 Further work is on-going to establish key performance indicators for children and young people. A report has been produced for SENDCIB providing assurance by outlining progress made in the development of KPI's for Looked after Children and audit results to measure progress made in relation to concerns raised in the original written statement of action in 2016. This report will be presented to SENDCIB in April 2020.

- 3.11.2 Work has continued during the pandemic led by the CCG's contracting and commissioning teams to contractually agree KPI's commenced with adult health providers to identify and establish key performance indicators for young people with SEND up to 25 years. However, guidance issued on 31<sup>st</sup> March 2020 by NHS England and NHS improvement has impacted on implementation of these, as planned and once these are confirmed with providers, and they will be added to the performance dashboard.
- 3.11.3 A draft service development and improvement plan (SDIP) has been created for SEND and will be continue to be progressed with providers, to obtain assurance that qualitative measures such as audit, training, policies are reflective of children and young people's needs with SEND.

## 4. Conclusions

- 4.1 The purpose of the draft business continuity report for health is to outline proposed revisions in light of the COVID 19 pandemic. It has been necessary to review every action across health, establish current status and propose a suite of revisions. In the main, the ability to deliver against the improvement plan has been impacted by timescale delays, due to workforce reduction predictions, also impact of health staff requiring re-distribution to acute response to emergency preparedness. Children with SEND will continue to receive a health service, but this will be based on need and workforce availability, with priority being given to those with most complex needs. Across health, COVID 19- Prioritisation within Community Health Services' guidance has been adopted to facilitate health providers to determine priorities.
- 4.2 Alternative methods of delivering services have been implemented including telephone advice and video-conferencing where face to face appointments cannot be maintained for safety and social distancing reasons.
- 4.3 In order to support families, the CCG is working with health providers to ensure communication is timely. The Designated clinical officer has continued to provide online advice to families via the dedicated email. Plus Sefton Parent Carers Forum will continuously be engaged in this process, to maintain dialogue and obtain parents views regarding any revisions proposed in the interests of maintaining momentum on improving communication and co-production.
- 4.4 The pandemic has resulted in changing the way we deliver services, it will offer opportunities to evaluate traditional methods and use alternative approaches. Additional Information and support will be shared with parents from regional and national forums using information technology and other innovative and creative solutions, which have been developed. The local offer will be updated as information is published and Sefton Parent Carers Forum is requested to act as a conduit for sharing information with families.
- 4.5 The CCG's quality and contracts teams are working in partnership with the relevant health providers to progress additional key performance indicators. These KPI's are in addition to existing measures issued to providers.

- 4.6 It is envisaged that the additional KPI's are included in contractual monitoring processes for providers once the pandemic has ended. This is in light of latest guidance issued by NHS England and NHS Improvement 'Revised arrangements for NHS contracting and payment during the COVID-19 pandemic' contracts.

## 5. Recommendations

The Governing Body are asked to note;

- The business continuity planning arrangements related to all health actions contained in the SEND improvement plan.
- Assurance on current status as of end of March 2020, on all health related actions in the improvement plan.
- Assurance on progress made for planned improvements since DFE visit on 22<sup>nd</sup> January 2020 to develop at pace any improvements deemed necessary, in particular commissioning ASD provision and creation of additional KPI's for looked after children.
- Assurance of incorporation of Key performance Indicators into provider contracts for specialist CAMHS, ASD and ADHD.
- Achievement of actions 2 in SEND Improvement Plan relating to the Designated Clinical Officer.

## 6. Appendices

**Appendix 1** - COVID 19 – Prioritisation within community Health Services –Published 2<sup>nd</sup> April 2020 (*Link*)

[https://www.england.nhs.uk/coronavirus/publication/COVID-19-prioritisation-within-community-health-services-with-annex\\_19-march-2020/](https://www.england.nhs.uk/coronavirus/publication/COVID-19-prioritisation-within-community-health-services-with-annex_19-march-2020/)

**Appendix 2** -Coronavirus (COVID 19) – Guidance on vulnerable children and young people – updated 1<sup>st</sup> April 2020 (*Link*)

<https://www.gov.uk/government/publications/coronavirus-COVID-19-guidance-on-vulnerable-children-and-young-people/coronavirus-COVID-19-guidance-on-vulnerable-children-and-young-people>

**Appendix 3** - NHS England and NHS Improvement 'Revised arrangements for NHS contracting and payment during the COVID-19 pandemic' contracts – issued 31<sup>st</sup> March 2020 (*attachment*)

**Kerrie France**  
**Associate Chief Nurse (SEND)**  
**19<sup>th</sup> May 2020**



# Revised arrangements for NHS contracting and payment during the COVID-19 pandemic

NHS England and NHS Improvement



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## Introduction

Following publication of the [letter to NHS bodies from Sir Simon Stevens and Amanda Pritchard on 17 March 2020](#)), we are clarifying below the implications for contracting between commissioners and a) NHS Trusts/NHS foundation trusts and b) other non-NHS providers.

The principles of our approach are to

- provide certainty for all organisations providing NHS-funded services under the NHS Standard Contract that they will continue to be paid for the period April to July 2020; and
- minimise the burden of formal contract documentation and contract management processes, so that staff can focus fully on the COVID-19 response.

Further guidance is likely to be issued over time on specific arrangements to be put in place with providers of particular services. Commissioners and providers should follow the principles of the guidance below but be prepared to react to additional service-specific guidance as and when published.

## Contractual arrangements for 2020/21 with NHS trusts/NHS foundation trusts

NHS commissioners and NHS Trusts/NHS Foundation Trusts are not required to sign contracts between them for 2020/21 at this time. The nationally mandated terms of the NHS Standard Contract for 2020/21 will apply for these relationships from 1 April 2020. Commissioners and Trusts must not vary from the national terms.

The national deadline of 27 March 2020 for contract signature, set out in the NHS Operational Planning and Contracting Guidance 2020/21, no longer applies. The subsequent national process for mediation and arbitration for unsigned contracts will no longer apply.

Payment will be made on the block basis described in the Stevens/Pritchard letter for each month from April to July 2020. The specific amounts payable for each commissioner / Trust relationship for which direct payment continues to be required are being notified by NHS England and NHS Improvement via Sharepoint and the provider portal.

Payment in respect of all other CCG/Trust relationships for April to July 2020 will be managed nationally, as set out in the guidance on block payments issued separately.

These block payments are deemed to include CQUIN. The operation of CQUIN (both CCG and specialised) for Trusts will be suspended for the period from April to July 2020; providers need therefore not take action to implement CQUIN requirements, nor carry out CQUIN audits or submit CQUIN performance data. (Commissioners and Trusts should also take a pragmatic approach to agreement of the final payment amounts for the 2019/20 CQUIN scheme, and this should be on the basis of all currently available data. We will not be seeking the submission of 2019/20 quarter 4 data from providers via the national CQUIN data collection.)

Further guidance about payment and contracting beyond 31 July 2020 will be issued in due course.

Where commissioners and trusts have already agreed a new contract and/or financial deal for 2020/21, this should be set aside for the period April-July 2020. Where a commissioner and a trust already have a multi-year contract in place, extending into 2020/21, payment to that trust will nevertheless be made as described above, rather than in accordance with the existing contract.

The following should be noted in relation to contract management arrangements.

- Trusts must comply in a timely, complete and accurate way with mandatory data flows ('sit-rep' reports) in relation to COVID-19. They should also comply with other national reporting requirements (covered by NHS Digital Approved Collections and Information Standards) unless notified otherwise. Further guidance may be produced in the future on which national reporting requirements should be prioritised.
- The provisions of the Contract offer protection for providers from liability for failure to meet their contractual obligations, where they are unable to do so as a result of an event of force majeure and/or their response to an emergency situation. Trusts must do all that they reasonably can to continue to comply with the national service requirements stated in the Contract, but commissioners must recognise that these may not always be achieved in full during the COVID-19 outbreak.
- As set out in the Stevens/Pritchard letter, all contractual sanctions are suspended until further notice; commissioners must now not withhold funding from Trusts in relation to failure to achieve any of the national standards in Schedules 4A and 4B or local standards in Schedule 4C, or under the provisions in GC9 for remedial action plans, or under SC28 for information breaches.

Normal contract management meetings and processes should, in general, be suspended. Commissioners should focus on helping Trusts to prepare for and respond to the emergency and relax local reporting requirements (unless required for business-critical purposes such as drug commercial arrangements) and other local contractual measures which may be burdensome for provider staff, such as activity management, Prior Approval Schemes and audits. Commissioners must also waive the requirements in General Condition 28 of the Contract which require formal notification to be sent in relation to Events of Force Majeure.

In relation to payment for high-cost drugs and devices (HCDD):

- For CCGs, any HCDD payments will be included within the block payments described above.
- For specialised services commissioned by NHS England, HCDD will also be included within the initial block payments. Top up payments for material overperformance will be made as required. Note that this is slightly different to the arrangements set out in the Stevens/Pritchard letter.

NHS England and NHS Improvement will shortly publish the 2020/21 National Tariff Payment System. However, as the block payment arrangements above involve a departure from National Tariff prices and rules, commissioners will need to confirm the payment approach using a simple template document (also published as Appendix 1) and submit via [pricing@improvement.nhs.uk](mailto:pricing@improvement.nhs.uk).

Welsh commissioners which have material flows of patients to English trusts have agreed in principle to follow the same block payment approach described above. Any activity outside of these arrangements should be paid using the 2020/21 National Tariff prices.

## Contractual arrangements for 2020/21 with non-NHS providers operating under the NHS Standard Contract

**NOTE: This guidance does not apply to the commissioning of primary care.**

### Independent sector (IS) acute hospitals

As set out in the Stevens / Pritchard letter, national arrangements have been agreed to buy capacity and support from IS acute hospitals. These arrangements will be in place from 23 March 2020 and will run for at least 14 weeks. Further details, including the list of specific IS providers within scope, will be shared as soon as possible.

For the duration of these national arrangements, payment to the relevant IS providers will be made direct by NHS England and NHS Improvement. Other CCG or NHS England contracts (and sub-contracts from NHS trusts and foundation trusts) with these providers will be set aside for the period covered by the national arrangements. At least one month's notice will be given to terminate the national arrangements and revert to "business as usual".

In respect of IS acute hospitals covered by the national arrangements, the following will apply.

- Where an IS acute hospital provider either a) holds an existing multi-year contract with an NHS commissioner which does not expire at 31 March 2020 or b) has agreed a new 2020/21 contract with its NHS commissioners, then that contract should be suspended for the period for which the national arrangement is in force – and will then be re-activated on its conclusion, on the resumption of "business as usual".
- Where an IS acute hospital provider holds a contract with an NHS commissioner which expires at 31 March 2020 but has not yet agreed a new contract for 2020/21, there is no immediate requirement to put a new contract in place – because the new national arrangements will apply. Once notice has been given to terminate the national arrangements, the commissioners and the provider may, if they choose, enter into a new written contract to cover the remainder of 2020/21. Until and unless they do, however, the default position will be as set out below.
  - The provider will be able to continue to provide elective services – and be paid for providing them – on the same broad basis as under its 2019/20 contract.
  - The nationally-mandated terms of the 2020/21 NHS Standard Contract will apply, and the relevant national prices will be those set out in the 2020/21 National Tariff Payment System.
  - The locally-agreed content of the Particulars of the local 2019/20 contract will continue to apply (such as Service Specifications and Expected Annual Contract Value)
  - The provider will be commissioned to provide the same range of services commissioned under its 2019/20 contract (unless the commissioner has made clear, in writing prior to March 2020, its intention no longer to commission a specific service).

In this way, IS acute hospitals will be able to provide services under the national arrangements for the duration of the COVID-19 emergency, with confidence that they will be able to revert to normal contractual arrangements when “business as usual” resumes.

### **Other non-NHS providers commissioned under the NHS Standard Contract**

Outside acute hospitals, non-NHS providers provide a very wide range of different services. Depending on the specific services they run, providers will be affected by COVID-19 in different ways. Some will have an important, direct role to play in the response; some may be asked to expand, or change the nature of, the services they provide in order to support the response; and, with others, the services they provide may need to be scaled back or put on hold.

There is already national guidance covering how out-of-hospital services will need to respond to the COVID-19 pandemic – on services supporting discharge from hospital, for instance, and on community services more generally (for both, see <https://www.england.nhs.uk/coronavirus/>). Commissioners should have regard to this and further guidance which may be published relating to other sectors.

In this context – with providers which are not NHS bodies and services which are, in general, not covered by national prices – it is important from a governance perspective that written contracts for 2020/21 are agreed as soon as possible. Commissioners will need to exercise local discretion in terms of precise contractual arrangements, depending on the role an individual provider is likely to play in the COVID-19 response. General guidance is set out below.

- Contracts must be in the form of the NHS Standard Contract 2020/21, but they need not be complex; the shorter-form version of the Contract will often be appropriate.
- Commissioners are not mandated to take a block payment approach for the period of April to July 2020, fixing payment at historic 2019/20 levels – but such an approach will be appropriate in some circumstances.
- Where a provider provides services that will be essential to the local COVID-19 response (including but not limited to services designated as Commissioner Requested Services), and/or where a provider’s staff may readily be redeployed into other COVID-19 related activities, a block payment approach protecting the provider’s historic level of income should be adopted. This may include community nursing and therapy services, intermediate care, end of life care, mental health inpatient services and community teams, and patient transport services, for instance.

- In other instances – where providers provide elective services on an Any Qualified Provider basis (for example, some diagnostic and treatment services), where levels of activity are likely to reduce significantly during the pandemic, and where there is little scope for the provider’s staff to be redeployed – it will be more appropriate to retain an “activity x price” basis for payment. In such instances, where the provider’s income from NHS commissioners falls, it will have access to the wider financial protections offered by the government for businesses and employers (see <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-COVID-19/COVID-19-support-for-businesses>).
- CCGs, with local authority partners, will need to consider carefully making appropriate contractual arrangements with care homes. A mixed economy approach may be appropriate – continuing to pay for existing NHS Continuing Healthcare cases on the basis of a weekly rate, whilst also purchasing additional bed capacity to support hospital discharge on a block or similar basis.
- Contracts should cover core funding for the services commissioned; there will be separate arrangements for providers to claim exceptional additional costs reasonably incurred as a direct result of COVID-19 and the response to it. Details will be published in due course; to access such funding and avoid any unintended double-payment, providers will be required to adopt an open-book accounting approach.
- Although contracts should be put in place in this way, it is essential that contracting processes do not delay or impede the necessary response to COVID-19 from being put in place.

Of the arrangements described above for contracts with Trusts, the following also apply to non-NHS providers other than acute hospitals.

- CQUIN is also suspended for April to July 2020; commissioners should make CQUIN payments at the full applicable rate during this period.
- The Stevens / Pritchard letter made clear that the block payments made to Trusts for April to July 2020 would include the national uplift for inflation and CNST, but not the 1.1% increased efficiency requirement. This also applies for non-NHS providers for April to July 2020, except for those providers operating under national prices under the 2020/21 National Tariff on an “activity x price” basis; the national prices have both inflation and efficiency built in.



- The arrangements above for the suspension of contractual sanctions also apply for the period April to July 2020, as does the light-touch approach to contract management.

These arrangements will be reviewed before the end of July and will be extended as necessary; further guidance relating to the period beyond 31 July 2020 will be issued in due course.

Where monthly payments are being made in advance to non-NHS providers, based on an Expected Annual Contract Value, commissioners should consider whether they can bring forward payment timescales to align with the revised earlier timescales for Trusts set out in separate guidance.

Where block payment is not agreed, commissioners and providers must be prepared to show flexibility in relation to the strict application of the normal monthly timescales in the contract for invoice validation and payment. And it is essential that commissioners prioritise making agreed payments promptly to non-NHS providers, to protect their cashflow.

Normal arrangements for invoicing and payment will continue to apply to any non-contract activity carried out by non-NHS providers, but – given that most of this relates to routine elective activity – levels during the period April to July 2020 are expected to be minimal.



# Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 18<sup>th</sup> March 2020

Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>The CCG's likely case deficit is forecast to be £12.8m at the end of the financial year.</li> </ul>	<ul style="list-style-type: none"> <li>The CCG is not on target to deliver its financial plan or its statutory break-even duty for this financial year.</li> <li>Revised financial forecast outturn enacted. The CCG is on target to deliver its revised target.</li> </ul>	<ul style="list-style-type: none"> <li>The CCG must work alongside all system partners to engage and deliver savings identified as part of the financial recovery plan. All expenditure must be reviewed to deliver improvements in both efficiency and effectiveness of services.</li> <li>The CCG and system partners need to embark on a transformation plan to enable services to be provided in a cost effective manner. This requires clinical leadership in the CCG to engage with colleagues across the system and influence change which leads to improved quality and reductions in cost.</li> <li>The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain our approach to enable our membership to support implementation of our recovery plan.</li> </ul>

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

- The committee accepted final changes to the Management of Organisational Change Policy.
- The finance and resource risks remain unchanged.
  - The delivery of financial target remains the highest risk to the CCG.
- The committee received a comprehensive report on CHC.
  - It was noted that the CCG's Senior Leadership Team had made the recommendation to extend current provision for CHC assessment service

with Midlands & Lancashire CSU for two years through the use of the single tender waiver process.

- The committee received the Individual Funding Request Service Report for Q3 2019/20.
- The committee received the HFMA Briefing on primary care finance and Primary Care Networks. Briefing to be shared with GP practices; focus on GP registrars, foundation doctors and medical students.
- The committee received the Prescribing Report for month 9.
- IM&T Steering Group – the committee requested an update on removal of faxes from NHS organisations at next meeting.
- The committee discussed the potential impact of COVID-19 on finances and noted the process to recover excess costs.

# Key Issues Report to Governing Body



Joint Quality and Performance Committee held on 27<sup>th</sup> February 2020 Chair:  
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>Enhanced Surveillance KPIs to be agreed with LUHFT post-merger.</li> <li>Digitalisation of primary care records</li> <li>Serious Incident process changing.</li> </ul>	<ul style="list-style-type: none"> <li>There is a risk of oversight of both performance issues and staff surveillance will not be recorded for assurance.</li> <li>Information Governance risks of records involving third parties being released.</li> <li>Risk of oversight on Sefton Serious Incidents being reduced.</li> </ul>	<ul style="list-style-type: none"> <li>Interim Chief Nurse to meet and agree KPIs with Deputy Director of Nursing at LUHFT.</li> <li>SFCCG Chair to raise with IMerseyside to confirm if process has been delayed. Sefton specific Serious Incidents will be reviewed by GP Leads and input in to wider SIRG.</li> <li>Quality Team will continue to produce trends and themes reports.</li> </ul>

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

- None.

# Key Issues Report to Governing Body

Joint Quality and Performance Committee held on 26<sup>th</sup> March 2020

Chair:  
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>▪ PPE equipment – JL to take back to raise – raised from COVID 19 agenda item.</li> <li>▪ Primary Care feedback to IMT.</li> <li>▪ Reporting processes for trust to CCG's reduced.</li> <li>▪ SIRG – Stood down.</li> <li>▪ JQPC to be stood down.</li> </ul>		<p>GP Lead present on IMT update calls</p> <p>Virtual meeting pack to be sent to committee members for receipt and approval when appropriate.</p>

<ul style="list-style-type: none"> <li>▪ Trust report by exception not reporting in normal way.</li>   <li>▪ Pathways for SEND not moving at pace.</li>   <li>▪ Risk to patients with non-Covid19 symptoms could be at risk due to delays.</li> </ul>		<p>Assurance template developed to record issues by exception for provider feedback.</p> <p>SEND work continuing and any pathway development work to be given priority when capacity allows.</p> <p>Noted by IMT and providers to be requested to develop recovery plans to allow for both COVID and commissioned pathway work.</p>
<p><b>Information Points for South Sefton CCG Governing Body (for noting)</b></p>		
<ul style="list-style-type: none"> <li>• None.</li> </ul>		



# Key Issues Report to Governing Body



**Audit Committees in Common: Wednesday 15<sup>th</sup> January 2020  
NHS Southport & Formby CCG**

**Chair:  
Helen Nichols  
(CiC meeting chaired by Alan Sharples)**

Key Issue	Risk Identified	Mitigating Actions

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

- Significant long-standing debts relating to Southport & Ormskirk Hospital will be settled in January 2020.
- The committee ratified a tender and contract waiver form for the Mental Health Military Veterans Service provided by Greater Manchester Mental Health Services.
- The Gifts & Hospitality Register will be reported to Audit Committee in future.
- The committee approved the Whistleblowing Policy.
- The committee approved the Anti-Fraud Bribery and Corruption Policy subject to a minor change relating to names / appendix.
- The committee approved the External Audit Plan.
- The committee received an update on the Internal Audit Progress Report – no issues identified.
- Corporate Risk Register / Governing Body Assurance Framework – the committee asked that further moderation take place through SMT and LT to determine appropriate level of risks.
- The committee delegated approval of Data Security and Protection Toolkit to Audit Committee Chair / CFO upon receipt of final audit report (March 2020).

# Key Issues Report to Governing Body



**Audit Committee: Wednesday 22nd April 2020  
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 Data Security and Protection Toolkit submission deadline has been extended to 30<sup>th</sup> September 2020.
  - The update report highlighted that the CCG should continue to review training requirements in light of the 95% target.
- The committee received the draft CCG annual report 2019/20 – minor changes / typographical errors to be addressed.
- The committee approved the Annual Governance Statement 2019/20 subject to minor changes and review of the wording relating to key risks.
- The committee received the draft CCG annual accounts 2019/20.
  - The Audit Committee Chair and Chief Finance Officer thanked the Chief Accountant and finance team for production in short period of time.
- The following Single Tender Action (STA) forms were reported to the committee.
  - Provision of Continuing Health Care Service: 1 April 2020 – 31 March 2022
  - Occupational Health Contract: 1 April 2020 – 31 March 2021
  - Consultancy Support for CCG Response to COVID-19 / Governance / Corporate Service Arrangements: 1 April 2020 – 31 March 2021
- The CCG published registers, including the Register of Interests and Gifts & Hospitality Register, were received by the committee.
  - Further work to be carried out on the Gifts & Hospitality Register, including combining it with the Register of Sponsorship following internal audit recommendation.
  - The Audit Committee Chair thanked the Corporate Business Manager for work on the registers, and expressed confidence in terms of the accuracy and completeness.

- The committee agreed the Audit Committee Terms of Reference subject to an amendment to specify that the Lay Member for Patient Experience & Engagement is the Vice Chair of the committee. Updated Terms of Reference to be approved by the Governing Body.
- The committee received the Audit Committee Annual Report 2019/20.
- The committee received a completed template with responses to Enquiries of Those Charged with Governance. A separate management response was also received. Clarification to be made regarding number of reported frauds during the 2019/20 year.
- The committee received an updated External Audit Plan.
  - It was highlighted that COVID-19 will be a lesser risk for 2019/20 Value for Money opinion due to timing. The impact is likely to be more prevalent for the 2020/21 opinion.
- The committee received the MIAA Internal Audit Progress Report.
  - Predominantly high assurance for financial system key controls.
- The committee received the MIAA Head of Internal Audit Opinion 2019/20.
  - The overall opinion concludes: Substantial Assurance that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
- The committee approved the Internal Audit Plan 2020/21 – noted that timings may change to include national priorities as they arise.
- The committee received the MIAA Anti-Fraud Services Annual Report 2019/20.
  - The 19/20 standards compliance declaration has been completed and will need Audit Committee Chair and Chief Finance Officer approval – submission deadline extended to 31<sup>st</sup> May 2020.
- The committee approved the MIAA Anti-Fraud Services Work Plan 2020/21 – timings may change subject to national priorities as they arise.
- The committee approved the Governing Body Assurance Framework, Corporate Risk Register and Heat Map – subject to a review of risk QUA058.
- The committee noted that a COVID-19 governance checklist is in place to support the CCG in managing its response to the incident.
- The committee approved a temporary change to the Scheme of Reservation and Delegation to increase the limit for approval for packages of care agreed by senior clinical staff at Midlands & Lancashire CSU during the COVID-19 incident response.

# Key Issues Report to Governing Body



<b>Southport &amp; Formby Primary Care Commissioning Committee Part 1, Thursday 19<sup>th</sup> March 2020</b>	<b>Chair: Dil Daly</b>
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Key Issue	Risk Identified	Mitigating Actions
Digitisation of Lloyd George Records within General Practice. Issue with the quality of records that have been digitised.	Difficult to locate relevant information in patient records once digitised – this may affect future management plan of patient.	iMerseyside in discussion with LMC over this issue.

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

The committee discussed options for improving patient experience in general practice. It was noted that compared with the National average the CCG performs well however there is variation between practices which needs addressing.

There has been a gap in identified in the named GP for adult safeguarding. Work is on going to understand the impact of this and put a mitigation place.

Remote working options are being rolled out in light of Covid-19 pandemic.

The Workforce strategy was received by the Committee.

The Primary Care work plan was reviewed by the Committee.

# Finance and Resource Committee Minutes

Wednesday 18<sup>th</sup> March 2020, 10.30am to 12.30pm

Teleconference

<b>Attendees (Membership)</b>		
Helen Nichols	Lay Member (F&R Committee Chair), S&F CCG	HN
Dil Daly	Lay Member (F&R Committee Vice Chair), S&F CCG	DD
Susanne Lynch (items FR20/39-part and FR20/45)	Head of Medicines Management, S&F CCG	SL
Jan Leonard (item FR20/40 onwards)	Director of Place, S&F CCG	JL
Martin McDowell	Chief Finance Officer, S&F CCG	MMcD
Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
<b>Ex-officio Member*</b>		
Fiona Taylor	Chief Officer, S&F CCG	FLT
<b>In attendance</b>		
Billie Dodd	Deputy Director of Commissioning and Delivery	BD
Jane Keenan (items FR20/35-41)	Interim CHC Programme Lead, S&F CCG	JK
<b>Apologies</b>		
Karl McCluskey	Director of Strategy & Outcomes, S&F CCG	KMcC
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
<b>Minutes</b>		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

## Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	Mar 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Jan 20	Feb 20	Mar 20
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓
Dil Daly	Lay Member (Vice Chair) [Joined CCG in Dec 2019]									✓	✓	✓
Gill Brown	Lay Member (Vice Chair) [Left CCG at end of Oct 2019]	✓	A	✓	A	✓	✓	✓				
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
Colette Riley	Practice Manager & Governing Body Member	✓	✓	✓	A	✓	✓	✓	✓	✓	A	A
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	A	✓	A	A	A	A	✓	✓	✓	✓	✓
Debbie Fagan	Chief Nurse	A	A									
Jan Leonard	Director of Place	✓	✓	✓	A	A	✓	✓	✓	✓	A	✓
Susanne Lynch	Head of Medicines Management	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes			✓	✓	A	A	A	A	A	A	A
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	✓	*	*	*	*	*	*	*	✓

No	Item	Action
<b>General business</b>		
<b>FR20/35</b>	<p><b>Apologies for absence</b></p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the latest government guidance to limit social contact, the Finance &amp; Resource meeting today had been changed to a teleconference.</p> <p>Apologies for absence were received from Colette Riley and Karl McCluskey.</p> <p>The committee noted that Jan Leonard would be late in joining the meeting, as she was currently participating in another teleconference. The committee noted that Susanne Lynch would also be late in joining the meeting due to being engaged with Medicines Management arrangements to support patients and practices in the context of the developing situation with COVID-19. Due to this, item <i>FR20/45 Prescribing Report – Month 9 2019/20</i> would be covered directly after item <i>FR20/39</i> to allow Susanne Lynch to leave the meeting early to continue working on COVID-19 related arrangements. The rest of the meeting would follow the order of the agenda. The minutes of the meeting would be structured in line with the original order of the agenda.</p> <p>Billie Dodd was in attendance on behalf of the CCG's Director of Strategy and Outcomes.</p>	
<b>FR20/36</b>	<p><b>Declarations of interest regarding agenda items</b></p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport &amp; Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport &amp; Formby Finance &amp; Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via 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> </ul>	
<b>FR20/37</b>	<p><b>Minutes of the previous meeting and key issues</b></p> <p>The minutes of the previous meeting held on 19<sup>th</sup> February 2020 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
<b>FR20/38</b>	<p><b>Action points from the previous meeting</b></p> <p><b>FR19/134 Funded Nursing Care Update – October 2019</b></p> <p>AOR reported that the Terms of Reference has been agreed in relation to a post implementation review of the Adam Dynamic Purchasing System to be carried out by Mersey Internal Audit Agency. The review is due to commence in late March / early April 2020 subject to changing circumstances in relation to COVID-</p>	

No	Item	Action
	<p>19. Action to remain on the tracker until the review has commenced.</p> <p><b>FR19/152 CHC Benchmarking – Q1 2019/20</b> It was noted that the action in relation to benchmarking information around Personal Health Budgets and Section 117 packages of care has been superseded. Members noted that there was a comprehensive CHC update report for agenda item <i>FR20/41</i> and agreed to close this action.</p> <p><b>FR20/05 HR Policies</b> <u>Retirement Policy</u> TK reported that the flow chart to be included as an appendix to the Retirement Policy (which provides a practical guide on processes to follow by CCG management in relation to this policy) was still in progress. Action still open.</p> <p><b>FR20/19 Any Other Business</b> As JL had not yet joined the meeting, it was agreed to leave open the action regarding a review of access / communications and engagement work in relation to paediatric activity.</p> <p><b>FR20/24 Action points from the previous meeting</b> <b>FR19/97 CHC Benchmarking - Q4 2018/19</b> Information on the deep dive review of fast track packages undertaken by Lynne Savage (the CCG's Deputy Head of Clinical Quality and Safety) is within the CHC update report for item <i>FR20/41</i>. Action closed.</p> <p><b>FR20/24 Action points from the previous meeting</b> HM reported that he has been in communication with iMerseyside regarding performance issues with Optimise. He commented that he thought the issues were related to the software itself rather than the network and has been liaising with iMerseyside to resolve the issue. Further to discussion, it was agreed that a formal report regarding the software fix was no longer required for the IM&amp;T Steering Group, with members noting that any issues would be reviewed by iMerseyside on a case by case basis as required. Action closed.</p> <p><b><i>It was noted that all other actions on the action tracker following the February 2020 meeting had been completed; updates were provided on the action tracker which were taken as read. No queries were raised on the updates provided.</i></b></p> <p>TK referred to the agreed changes that had been actioned for the Management of Organisational Change Policy. She had sent an email to the F&amp;R Committee prior to this meeting, noting that the South Sefton F&amp;R Committee had agreed the same changes but also proposed the following two additional changes to the policy. The Chair of that committee had requested that the two additional changes be proposed to the Southport &amp; Formby F&amp;R Committee to ensure that the corresponding policies of the Sefton CCGs are consistent.</p> <p>1) Section 8.1: The opening sentence in this section is to be amended to clarify that this sentence would only apply to cases where a decision had been made (through HR advice) that recourse to formal procedures in this policy would be required. The South Sefton F&amp;R Committee had delegated authority to the CCG's HR advisers and Corporate Governance team to agree the wording.</p>	

No	Item	Action
	<p>2) A flow chart is to be included as an appendix to the policy, which provides a practical guide on processes to follow by CCG line managers in relation to this policy. The flow chart is to be agreed and finalised by the CCG's HR advisers and Corporate Governance team with liaison with CCG management as required.</p> <p><b><i>The Southport and Formby F&amp;R Committee agreed the two additional changes noted above; TK to inform the CCG's Corporate Governance Manager to action.</i></b></p>	TK
<i>Finance</i>		
FR20/39	<p><b>Finance Report - Month 11 2019/20</b></p> <p>AOR provided an overview of the year-to-date financial position for NHS Southport &amp; Formby CCG as at 29<sup>th</sup> February 2020. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> <li>• The CCG followed the protocol to change financial forecast out-turn procedure in month 10 as per NHS England / Improvement (NHSE/I) guidance and agreed a revised year-end forecast out-turn of £12.800m deficit with the regulators. The CCG is on target to deliver its revised target.</li> <li>• The main financial pressures relate to Continuing Care packages including Continuing Healthcare, Funded Nursing Care, Personal Health Budgets and Mental Health packages due to increased cost and volume of packages. There are also prescribing cost pressures related to increased prices for Category M drugs, as well as cost pressures in the independent sector due to an increase in activity during the year.</li> <li>• The CCG is on target to meet the year-end cash target.</li> <li>• An overview was provided of Appendix 4 of the report, which shows the risk adjusted position at month 11.</li> </ul> <p><b><i>SL joined the meeting.</i></b></p> <p>The committee had a detailed discussion regarding the CCG's financial position and the potential impact of COVID-19 on CCG finances. MMcD reported that NHSE/I have provided information regarding the next steps of the NHS response to COVID-19, including financial arrangements through to the end of July 2020. The information notes that block contracts should be agreed for 1st April to 31st July 2020. Initial guidance has been provided on the process to recover excess costs due to the pandemic.</p> <p>Committee discussion included activity levels in hospitals, workforce and the potential impact of any additional costs on year-end accounts. MMcD reported that further information on financial arrangements will be provided at a webinar with Julian Kelly (Chief Finance Officer, NHSE/I) on 20<sup>th</sup> March 2020, which will focus on the NHS finance community and the COVID-19 response. MMcD confirmed he will be joining this webinar.</p> <p><b><i>The committee received the finance report and noted the summary points as detailed in the report.</i></b></p> <p><b><i>JL joined the meeting.</i></b></p>	



No	Item	Action
	<p><i>Item FR20/45 was covered directly after this item to allow SL to leave the meeting early to focus on Medicines Management arrangements to support patients and practices in the context of the COVID-19 situation.</i></p>	
FR20/40	<p><b>Finance &amp; Resource Committee Risk Register</b></p> <p>MMcD presented the F&amp;R Committee Risk Register. The committee agreed that no changes were required to the risk register, noting that delivery of financial target remains the highest risk to the CCG.</p> <p><b><i>The committee approved the F&amp;R Committee Risk Register.</i></b></p>	
FR20/41	<p><b>Continuing Healthcare Update</b></p> <p>JK and AOR presented a comprehensive report providing a summary on the current status and progress against recommendations (made through reports shared with CCG committees) in relation to Continuing Healthcare (CHC). A detailed overview was provided of each section of the report, including progress to date in relation to the Adam Dynamic Purchasing System (DPS) and also the link to the future commissioning of the CHC end to end service. A detailed overview was also provided in relation to areas included in the overall work plan for CHC going forward, including the financial position relating to CHC and QIPP; a financial 'health check' for CHC; the alignment of key programme areas with CHC; and assurance around Fast Track and High Cost cases.</p> <p>Key points included the following:</p> <ul style="list-style-type: none"> <li>• A tender waiver to extend the current arrangement for CHC provision with Midlands &amp; Lancashire CSU (due to expire on 31<sup>st</sup> March 2020) for a further two years was discussed at the CCG Senior Leadership Team (SLT) meeting on 17<sup>th</sup> March 2020. The reasons behind the tender waiver were presented to SLT and were summarised within this CHC update report. The tender waiver was approved by FLT, as the value is within her delegated limit as Chief Officer, and will be presented to the Audit Committee for ratification in April 2020.</li> <li>• The contract for the Adam DPS has been extended beyond its initial 3 year contract until September 2020. The CCG is exploring options for the future beyond the end of the contract extension.</li> <li>• There are arrangements in place to proceed with a post implementation review of the Adam DPS by Mersey Internal Audit Agency, commencing in late March / early April 2020 subject to changing circumstances in relation to COVID-19. The findings will be reported back to the Leadership Team in the first instance.</li> <li>• The current financial position for CHC was presented in the report through Table 1.</li> <li>• The North Mersey CCGs will be working as a collective with Liaison Care to facilitate a retrospective financial review and financial 'health check' for CHC to provide assurance and areas of focus for further internal review.</li> <li>• There is a mapping exercise opportunity in relation to the CHC interface internally at the CCG and the alignment of key programme areas with CHC. It is recommended that the interdependencies of key areas of transformation and delivery are mapped against current CHC delivery requirements and trends to improving control around CHC and delivering the transformational agenda. An event regarding CHC and cross programme working is scheduled for 16<sup>th</sup> April 2020.</li> <li>• A draft Project Initiation Document (PID) for CHC joint work has been issued by Sefton Council. Commentary regarding this PID was provided in the</li> </ul>	

No	Item	Action
	<p>report for the committee to note. Discussions in relation to the PID are scheduled with the Project Lead for Sefton Council and the CCG's CHC Programme Lead.</p> <ul style="list-style-type: none"> <li>• An evaluation of business as usual processes for CHC will be carried out, including a review of the terms of reference for the IPA Programme Board and IPA Operational and Performance Group.</li> <li>• The NHSE/I Regional CHC Team have planned to host an event to share best practice and to drive forward the transformation of CHC at a Sustainability and Transformation Partnership / Integrated Care System level. This was scheduled to take place on 30<sup>th</sup> March 2020 but will now be rescheduled due to the COVID-19 situation.</li> <li>• Regular meetings have been taking place between colleagues from the CCG and Sefton Council regarding Funded Nursing Care, including invoicing arrangements effective from 1<sup>st</sup> April 2020.</li> <li>• A deep dive review was undertaken of 375 Fast Track cases processed from November 2018 to November 2019. The main objective of the review was to understand the appropriateness of the referrals received; details of the findings were within the report for the committee to note, and further work is being undertaken to understand the results.</li> <li>• A review of the top 30 High Cost cases in receipt of CHC funding for quarter 4 for both of the Sefton CCGs is scheduled to take place in April 2020 with CCG and Midlands &amp; Lancashire CSU colleagues.</li> </ul> <p>An extensive discussion took place regarding the report, including the CHC budget for 2019/20. Positive feedback was provided by members regarding the report and the work carried out to date.</p> <p><b><i>The committee received this report, noting and supporting the key points and ongoing work detailed within the recommendations section of the report and summarised above.</i></b></p> <p><b><i>JK left the meeting.</i></b></p>	
FR20/42	<p><b>Strategic Financial Plan 2020/21</b></p> <p>MMcD reported that a presentation on the CCG's strategic financial plan for 2020/21, which was delivered at the Governing Body Development Session on 4<sup>th</sup> March 2020, has been included in the F&amp;R Committee meeting pack for the committee's information. He noted that due to the timing of the presentation, the information does not incorporate financial measures relating to COVID-19.</p> <p><b><i>The committee received this presentation.</i></b></p>	
FR20/43	<p><b>Individual Funding Request Service Report Q3 2019/20</b></p> <p>JL presented the Individual Funding Request (IFR) Service Report for Q3 2019/20. She highlighted that the majority of referrals were received from GPs. The report includes reasons behind this, which were further explained by JL. She noted that the majority of IFR applications would be expected to be received from secondary care and that IFR referrals and approvals will in future be managed by the introduction of the Value Based Checker software. The introduction, however, may now be delayed due to the current situation in relation to COVID-19.</p> <p>JL reported that the recommendation in the report regarding Lymphoedema</p>	

No	Item	Action
	<p>would be reviewed via community services discussions. The CCG has also agreed a position regarding Pinnaplasty and Facial / Bell's Palsy and this has been communicated to other Cheshire &amp; Merseyside CCGs under the Criteria Based Clinical Treatments policy.</p> <p><b><i>The committee received this report.</i></b></p>	
FR20/44	<p><b>HFMA Briefing - Primary Care Finance and Primary Care Networks</b></p> <p>MMcD presented an HFMA briefing, which provides an overview of primary care finance and the financial arrangements to support evolving Primary Care Networks. The briefing is intended to give a basic understanding for those working in NHS finance teams or those who may be new to the financial management of primary care.</p> <p>MMcD commented that this is a useful briefing to be received by the committee, given that the CCG now has delegated approval for the commissioning of Primary Care Medical Services.</p> <p>HM commented that this briefing would be useful for GP registrars, foundation doctors and medical students. He requested that this briefing be circulated to all practices, noting that it is for the attention of GP registrars, foundation doctors and medical students; TK to ask the CCG's primary care team to action this.</p> <p>MMcD noted that the HFMA have produced a summary of Coronavirus cost reimbursement guidance and revised financial arrangements for 1st April – 31<sup>st</sup> July 2020. He confirmed he would circulate this document to the committee following this meeting.</p> <p><b><i>The committee received this briefing.</i></b></p>	<p>TK</p> <p>MMcD</p>
<i>Prescribing</i>		
FR20/45	<p><b>Prescribing Report – Month 9 2019/20</b></p> <p>SL provided an overview of the prescribing report for month 9 2019/20, noting that Southport &amp; Formby CCG is currently forecast to be overspent against the 2019/20 prescribing budget. It was noted that a number of cost pressures have meant overall costs have increased.</p> <p>SL notified the committee that the current priority for the Medicines Management team is to support patients and practices in the context of the developing situation with COVID-19. She confirmed she would be liaising with and providing relevant feedback to the CCG's COVID-19 Incident Management Team.</p> <p><b><i>The committee received this report.</i></b></p> <p><b><i>SL left the meeting.</i></b></p>	
<i>Committee Governance</i>		
FR20/46	<b>F&amp;R Committee 2019/20 Attendance Tracker</b>	

No	Item	Action
	<p>AOR reported that the F&amp;R Committee meeting attendance record for the Governing Body members of the committee will be included in the CCG's annual report for 2019/20. In preparation for this, members have been asked to approve the F&amp;R Committee attendance tracker to date for 2019/20, which was included within the meeting pack.</p> <p><b><i>The committee approved the F&amp;R Committee attendance tracker to date for 2019/20.</i></b></p>	
<b>Minutes of Steering Groups to be formally received</b>		
FR20/47	<p><b>Information Management &amp; Technology (IM&amp;T) Steering Group – January 2020</b></p> <p>The committee received the minutes of the IM&amp;T Steering Group meeting (January 2020).</p> <p>FLT referred to the phase-out of faxes within the NHS by 31<sup>st</sup> March 2020 and asked MMcD to raise this issue with the IM&amp;T team for an update.</p>	MMcD
<b>Closing business</b>		
FR20/48	<p><b>Any Other Business</b></p> <p>HN noted that the risks in relation to COVID-19 should be captured within a CCG risk register. FLT and MMcD confirmed this will be actioned.</p>	FLT / MMcD
FR20/49	<p><b>Key Issues Review</b></p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p><b>Date of next meeting:</b></p> <p>Wednesday 27<sup>th</sup> May 2020 10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

## Joint Quality and Performance Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

**Date:** Thursday 27<sup>th</sup> February 2020 at 9am – 12noon

**Venue:** 3A, Merton House, Stanley Road, Bootle, Liverpool L20 3DL

<b>Membership</b>		
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Billie Dodd	Head of Commissioning (SFCCG/SSCCG)	BD
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety (SSCCG/SFCCG)	BP
Jane Lunt	Chief Nurse (Secondment from LCCG) (SSCCG/SFCCG)	JL
Graham Bayliss	Lay Member (SSCCG)	GB
Dil Daly	Lay Member (SFCCG)	DD
<b>Ex Officio Member</b>		
Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
<b>In attendance</b>		
Ehsan Haqqani	Interim Primary Care Quality Lead (SSCCG/SFCCG)	EH
Tracey Forshaw	Assistant Chief Nurse (SSCCG)(SFCCG)	TF
Mel Spelman (for part of the meeting)	Programme Manager Quality and Risk (SSCCG/SFCCG)	MS
Lynne Savage	Deputy Head of Quality and Safety (SSCCG/SFCCG)	LS
Natalie Hendry-Torrance (for part of the meeting)	Designated Safeguarding Adult Manager (SSCCG/SFCCG)	NHT
Helen Roberts	Pharmacist (SSCCG/SFCCG)	HR
Lynne Savage	Deputy Head of Clinical Quality and Safety (SSCCG/SFCCG)	LS
Karen Garside (for part of the meeting)	Designated Nurse Safeguarding Children (SSCCG/SFCCG)	KG
<b>Apologies</b>		
Cameron Ward	Programme Director (SSCCG/SFCCG)	CW
Jennie Piet	Programme Manager Quality and Performance (SSCCG/SFCCG)	JP
Jane Lunt	Chief Nurse (SSCCG/SFCCG)	JL
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Martin McDowell	Chief Finance Officer (SSCCG/SFCCG)	MMcD
Graham Bayliss	Lay Member (SCCG)	GB
Fiona Taylor	Chief Officer (SSCCG/SFCCG)	FLT
<b>Minutes</b>		
Michelle Diable	PA to Chief Nurse and Deputy and Chief Nurse (SSCCG/SFCCG)	MD

**For the Joint Quality and Performance Committee to be quorate, the following representatives must be present:**

- Chair of the Joint Quality and Performance 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)

### Membership Attendance Tracker

Name	Membership	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20
Dr Rob Caudwell	GP Governing Body Member	✓	✓	N	✓	A	✓	✓	✓	A	A	N	✓	✓
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	A	N	✓	✓	✓	A	✓	✓	A	N	✓	A
Gill Brown	Lay Member for Patient & Public Involvement	✓	A	N	✓	✓	✓	✓	✓	A	-			
Dil Daly	Lay Member for Patient & Public Involvement											N	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A	✓	N	✓	✓	A	✓	✓	✓	A	N	A	A
Billie Dodd	Head of CCG Development	A	A	N	✓	✓	A	A	A	A		N	D	A
Debbie Fagan	Chief Nurse & Quality Officer	✓	A	N	-	D	D	D	D					
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	A	N	✓	-	✓	A	A	✓	✓	N	✓	✓
Martin McDowell	Chief Finance Officer	A	✓	N	✓	D	✓	A	A	A	A	N	✓	A
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	N	A	✓	A	A	✓	A	A	N	A	A
Jane Lunt	Chief Nurse (on Secondment from LCCG)									✓	✓	N	✓	A

- ✓ = Present
- A = Apologies
- L = Late or left early
- N = No meeting held
- D = Deputy attended

No	Item	Actions
20/19	<p><b>Welcome, Introductions &amp; Apologies</b></p> <p>Dr Rob Caudwell welcomed all to the meeting and round the table introductions were made.</p> <p>Apologies were noted from Martin McDowell, Dr Doug Callow, Jane Lunt, Graham Bayliss, Cameron Ward, Jennie Piet and Fiona Taylor.</p> <p>Dr Rob Caudwell confirmed that the meeting was quorate.</p>	
20/20	<p><b>Declarations of Interest</b></p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group. Declarations made by members of the Joint Quality and Performance Committee are listed in the CCG's Register of Interests. The register is available on the CCG website.</p> <p>Declarations of interest from today's meeting:-</p> <ul style="list-style-type: none"> <li>Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG.</li> </ul>	
20/21	<p><b>Minutes &amp; Key Issues Log of the previous meeting</b></p> <p>With the following amendment the minutes from the previous meeting held on 30<sup>th</sup> January 2020 were approved as an accurate reflection of the meeting:-</p> <ul style="list-style-type: none"> <li>Page 2, amend membership tracker to note Graham Bayliss's apologies.</li> </ul>	
20/22	<p><b>Matters Arising/Action Tracker</b></p> <p>The Committee received the following updates to the action tracker:-</p> <ul style="list-style-type: none"> <li><b>Agenda Item 19/36, GP Quality Lead Update.</b></li> </ul> <p>An action had been noted for Dr Gina Halstead to provide an update regarding the Committee's issues in relation to the Health Visiting Team changes from the GP Safeguarding Forum at the next meeting.</p> <p>Action completed.</p> <p>Dr Gina Halstead informed that the Health Visitor assigned to her practice had undertaken a period of sickness absence which was not covered. Tracey Forshaw advised that she would raise the issue with North West Boroughs Healthcare NHS Foundation Trust in relation to what contingency arrangements in respect Health Visitor's sickness absence.</p> <ul style="list-style-type: none"> <li><b>Agenda Item 19/85, Q1/Q2 Quality Assurance Report 2018-19 Urgent Care Greater Manchester and SFSS.</b></li> </ul> <p>An action had been noted for Brendan Prescott to obtain a sample review of home breaches and if satisfactory the action could be closed down.</p>	TF

<p>Brendan Prescott advised that Billie Dodd/Sharon Forrester would follow up this action. Action deferred to the next meeting.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 10/108, Safeguarding Quarterly Report.</b></li> </ul> <p>(i) Looked After Children (LAC) Action Plan to be presented to the Committee at a future meeting.</p> <p>It was noted that the LAC update is included in the Quarterly Safeguarding Report and is on the agenda. A full LAC update will be presented at the April Committee Meeting.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 19/168, Corporate Risk Register – Quality Update.</b></li> </ul> <p>Jane Lunt to discuss the pension issues at the next Quality Surveillance Group (QSG).</p> <p>It was noted that the next QSG Meeting is scheduled for March 2020. Action deferred to the next meeting.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 19/182, Deputy Chief Nurse Report.</b></li> </ul> <p>An action had been noted in relation to a patient with Barrett's Oesophagus not being recalled for scope at Aintree Hospital as part of the recent look back exercise of missed Barrett's recalls.</p> <p>It was suggested that the issue be raised at the CQPG meeting as if patients have not received a discharge letter, then it is a contractual breach. Jane Lunt and Brendan Prescott and determine a plan of action. Action deferred to the next meeting.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 19/183, Clinical Director Quality Update.</b></li> </ul> <p>An action had been noted for Tracey Forshaw to email Sian Williams, copying in Cameron Ward and Dr Gina Halstead requesting neurology waiting times to be included in the Integrated Performance Report (IPR) going forward.</p> <p>It was noted that neurology waiting times had not been included the IPR report but had been included in the report presented to Governing Body. It was suggested for it to be raised by Ali Picton, Senior Contracts Manager at NHS Liverpool CCG.</p> <p>Brendan Prescott advised that he had contacted Ali Picton and she advised that the Walton Centre is undertaking a national pilot in relation to neurology waiting times. She informed that the Walton Centre do not have to report Referral to Treatment data.</p> <p>Brendan Prescott tabled an Organisational Health Check for The Walton Centre produced by NHS Liverpool CCG.</p> <p>Concerns were raised by the Committee in relation to the data noted in the Organisational Health Check. Brendan Prescott advised that he would request that the data concerns be raised at the next Provider Meeting. Dr Gina Halstead and Dr Rob Caudwell to send examples of long waits for neurology appointments to Brendan Prescott.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 19/201, Clinical Director Quality Update</b></li> </ul> <p>(i) Jane Lunt to escalate the concerns in relation to Midwives not being trained to use EMIS to Caron Lappin, Director of Nursing and Midwifery at Liverpool Women's Hospital NHS Foundation Trust.</p>	<p><b>BP</b></p> <p><b>HC</b></p> <p><b>JL</b></p> <p><b>JL/BP</b></p> <p><b>BP GH/RC</b></p>
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	<p>Jane Lunt had informed that she had raised the Committee's concerns with Caron Lappin and would follow up the action and confirm the outcome at the next meeting. Action deferred to the next meeting.</p> <p>(ii) Jane Lunt to escalate the issue of Midwives not being commissioned to administer flu vaccinations to Public Health England.</p> <p>Action deferred to the next meeting.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 19/203, Corporate Risk Register Quality Update</b></li> </ul> <p>(i) Mel Spelman to present a Risk Register update at the next Committee Meeting.</p> <p>Risk Register update to be presented at the March 2020 Committee meeting.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 19/204, North West Ambulance Service and NHS 111 Update</b></li> </ul> <p>An action had been noted for Jane Lunt to take forward the action of identifying a Merseyside representative for quality.</p> <p>Jane Lunt advised that this would be raised at the next Quality Surveillance Meeting.</p> <p>Action deferred to the next meeting.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 20/05, Deputy Chief Nurse Report</b></li> </ul> <p>Martin McDowell to email the Ofsted SEND Report to Dr Gina Halstead.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 20/06, Clinical Director Quality Update</b></li> </ul> <p>(i) Martin McDowell to raise the concerns in relation to the digitalisation of patient records with Paul Shillcock and Louise Taylor at IMerseyside.</p> <p>The Committee queried if the primary care records digitalisation process had been placed on hold. Dr Rob Caudwell advised that he would contact IMerseyside to clarify.</p> <p>(ii) Brendan Prescott to escalate the concerns raised in relation to poor discharges at Southport and Ormskirk Hospital NHS Trust to Bridget Lees and to raise it at CQPG.</p> <p>Brendan Prescott advised that the issue of poor discharges at Southport and Ormskirk Hospital NHS Trust is being followed up by Director of Nursing's team.</p> <p>It was noted that the issues are not isolated to Southport and Ormskirk Hospital NHS Trust. They are system wide. It was also noted that Southport and Ormskirk Hospital NHS Trust do not have a Patient Advisory Liaison Service. Patients are therefore contacting the Local Authority for patient advice. Brendan Prescott advised that he would request that the issues be raised at the Quality Surveillance Group. It was suggested collating trends and themes and presenting them for discussion at the Joint Medicines Operational Group. Helen Roberts and Ehsan Haqqani to take forward the action of producing trends and themes data and to focus on specific areas to drive forward change.</p>	<p>JL</p> <p>JL</p> <p>MS</p> <p>JL</p> <p>RC</p> <p>HR/EH</p>
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	<p>(iii) Brendan Prescott to raise the concerns noted in relation to Aintree to Home Ward and the potential safety issues which would arise due to the lack of medical cover.</p> <p>Lynne Savage informed that she and a colleague from NHS Liverpool CCG undertook a quality site visit at Aintree to Home Ward recently. Root Cause Analysis and escalation processes were discussed and assurance was given around a clear escalation process being in place. The visit was positive overall. A further quality site visit will take place in 6 months. Lynne advised that she would draft the full details of the visit and present them at a future meeting.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 20/09, Integrated Performance Report</b></li> </ul> <p>It had been highlighted in the IPR report at the January 2020 Committee meeting in relation to TIA Assess and Treat 24 hours (target 60%) at Southport and Ormskirk Hospital NHS Trust was noted as being 4.5%. An action was noted for Brendan Prescott to raise the data recording issues at Southport and Ormskirk Hospital NHS Trust at the next CCF and CCQRM Meetings.</p> <p>It was noted that Stroke Nurses are ensuring care is being delivered and a safeguarding mechanism is in place allowing relevant treatment to be received. However narrative is not being received from the Trust which is being followed up with the Medical Director.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 20/10, Commissioning for Quality and Innovation (CQUIN) Framework Quarter 2 Report</b></li> </ul> <p>(i) Jane Lunt to raise the prevention of falls at the next at the next CQPG meeting which was one of the indicators not achieved at both Aintree Hospital and Southport and Ormskirk Hospital NHS Trust.</p> <p>It was noted that this action will be followed up at the March CQPG. Action deferred until next month's meeting.</p> <p>(ii) Jennie Piet to share next year's CQUIN indicators with Dr Gina Halstead and Dr Rob Caudwell.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 20/17, Any Other Business</b></li> </ul> <p>Michelle Diable to routinely include Primary Care Committee in Common Minutes in the Committee Meeting pack.</p> <p>Action completed and to be removed from the tracker.</p>	<p>LS</p> <p>JL</p>
20/23	<p><b>Deputy Chief Nurse Report</b></p> <p>Brendan Prescott presented the Deputy Chief Nurse Report which seeks to provide the Committee with an update regarding key issues that have occurred since the last report presented in January 2020.</p> <p>The following points were highlighted:-</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u> An on-going patient class action involving an ex-employee of the Trust who worked as an Orthopaedic Surgeon was noted. There are currently no cases meeting the StEIS threshold for reporting.</p>	

	<p><u>Mersey Care NHS Foundation Trust (Community)</u> Waiting lists for specialist services continue to be monitored. The Speech and Language Therapy Service is currently above the 18 week target. Telephone triage has been introduced to help in freeing up clinical capacity. It was suggested that nurses contact a Speech and Language Therapist for guidance prior to contacting the patient and ensure that the advice sought is detailed in the patient's notes.</p> <p><u>Joint Targeted Area Inspection (JTAI)</u> It was noted that positive feedback in relation to the on line counselling service. Brendan Prescott advised that he would feed that back to the JTAI Group. It was suggested ensuring that all practitioners are aware of the on line counselling service.</p> <p><b>Action: Brendan Prescott to relay the positive feedback received in relation to the on line counselling service to the JTAI Group.</b></p> <p><u>SEND Improvement Plan Update</u> It was noted that a SEND Workshop was facilitated by the Associate Chief Nurse for SEND in February 2020. The workshop reviewed the Sefton Improvement Notice, the SEND Improvement Plan and draft SEND Performance Dashboard.</p> <p>It was noted that the SEND Health Performance Improvement Group (Sefton) meet on a monthly basis with representation from all partners to drive forward the actions in within the Improvement Plan.</p> <p>The Committee requested for SEND Updates to be presented at Joint Quality and Performance Committee as well as to Governing Body. Tracey Forshaw advised that she would raise this with Jane Lunt.</p> <p><b>Action: Tracey Forshaw to request that SEND updates are received by the Joint Quality and Performance Committee with Jane Lunt.</b></p> <p>Dr Gina Halstead informed that she had requested sight of the Children's Dashboard at Governing Body but has not received it. Tracey Forshaw advised that a draft dashboard and KPI's are currently being developed and are discussed at the SEND Health Performance Improvement Group (Sefton) Meetings.</p> <p>It was noted that a paper would be presented to Governing Body in relation to CAMHS waiting times at Alder Hey Hospital.</p> <p><b>Outcome: The Committee received the Deputy Chief Nurse Report.</b></p>	<p>BP</p> <p>TF</p>
20/24	<p><b>Clinical Director Quality Update</b></p> <p>Dr Gina Halstead highlighted the following 2 issues:-</p> <ul style="list-style-type: none"> <li>(i) Concerns noted in relation to the quality of the digitalisation of primary care records. The records are lengthy and cannot be redacted which poses an issue in particular when patients request sight of their clinical records which cannot be edited. It is time consuming for clinicians to check through the lengthy PDF records before they can be shared with 3<sup>rd</sup> parties. The process in which the records are being processed for digitisation poses a risk.</li> <li>(ii) Concerns noted in relation to lack of Health Visitors provision and contingency cover for Health Visitor sickness absence.</li> </ul> <p><b>Outcome: The Committee noted the Clinical Director Quality Update.</b></p>	

20/25	<p><b>Overdue Appeals Ratio</b></p> <p>Brendan Prescott advised that the overdue appeals ratio refers to continuing health care activity. The CCG is not being made aware when any appeals have been upheld. MLCSU follow them up locally.</p> <p>The Committee noted there are currently 6 Retrospective Appeals for NHS South Sefton CCG.</p> <p>Brendan advised that when the End to End Service commences there will be one service reviewing patients.</p> <p><b>Outcome: The Committee noted the Overdue Appeals Ratio update.</b></p>	
20/26	<p><b>Integrated Performance Report</b></p> <p>Brendan Prescott presented the Integrated Performance Report which seeks to provide an overview of the activity and quality performance at the CCGs as at month 9.</p> <p>Cameron Ward was not in attendance, but had provided the following comments which were noted by the Committee:-</p> <p>“Revisions are being considered for the children’s section of the report. Discussions are underway with Alder Hey Hospital on the reports they produce to consider what else can be included for the two CCGs as well as a total position for Sefton. This includes performance information on SEND.</p> <p>Flag the cancer waiting times at LUFT which are being escalated following the non-response to a CPN.</p> <p>Regarding cancer we are pursuing a local agreement with providers on a maximum wait for patients included in the new 28 day target. This has emanated from patients referred for 2 week waits who have waited 50+ days. As commissioners we don’t know how many other patients have waited longer than 2 weeks or how long they have waited. As the 28 day target is being introduced from April we thought we would use that as the basis for initiating the maximum wait. The new target is being set at 70% for 28 day compliance which means 30% waiting longer. It is the 30% of patients we want to consider. Will keep the Committee updated on progress”.</p> <p><b>NHS South Sefton CCG</b> <u>IAPT</u> It was noted that there has been a dip in recovery rate, it had dropped to 27%.</p> <p><b>NHS Southport and Formby CCG</b> It was noted that counselling non-attendance figures has steadily fallen between October and December 2019.</p> <p><u>Stroke</u> It was noted that at month 9 NHS South Sefton was at 73.8% and NHS Southport and Formby was at 70.4%. Narrative is required explaining why patients are not being seen.</p> <p><b>Outcome: The Committee noted the Integrated Performance Report.</b></p>	

20/27	<p><b>CCG Safeguarding Team Q3 (2019-20) Safeguarding Quality Safeguarding Schedule Update and Quarterly Safeguarding Update</b></p> <p>Karen Garside and Natalie Hendry-Torrance jointly presented the Safeguarding Report which seeks to provide the Committee with an analysis of commissioned health services in respect of Quarter 3 (2019-20) Safeguarding Schedule.</p> <p>The Committee noted the following Key Issues:-</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u> Increasing CCG concerns regarding training compliance and lack of progress against agreed actions</p> <p><u>Liverpool University Hospitals NHS Foundation Trust – Aintree Hospital site</u> The merger is frequently sighted as the reason for delays in progress across the new organisation, however Aintree Hospital site is evidencing progress in most areas. It was noted that Jane Lunt is meeting with Colin Hont, Deputy Director of Nursing regarding surveillance indicators.</p> <p><u>Mersey Care NHS Foundation Trust, North West Boroughs Healthcare NHS Foundation Trust sub contract</u></p> <p>The new North West Boroughs Healthcare NHS Foundation Trust Children in Care Team has been demonstrating areas of improved quality of service and improved outcomes for Children in Care with on-going operational support from the Designated Nurse Children in Care. Whilst quality continues to improve, performance is not being sustained due to staffing resource issues which includes vacancies and sickness. The additional CCG funding to the Children in Care Team was notified to Mersey Care NHS Foundation Trust in November 2019, however there are on-going negotiations between the finance teams in the CCGs and Mersey Care NHS Foundation Trust, North West Boroughs Healthcare NHS Foundation Trust regarding existing funding streams and the subsequent additional CCG contract value.</p> <p>Given that the North West Boroughs Healthcare NHS Foundation Trust Children in Care Health Team will have an increased staffing resource by the end of March 2020. There is a formal exit strategy in place for the Designated Nurse Children in Care to withdraw the additional operational support to the Children in Care Team as of 1<sup>st</sup> April 2020. This will then increase the Designated Nurse's capacity to focus on strategic duties.</p> <p><u>MSAB Peer Review</u> The MSAB underwent a peer review in January 2020. Recommendations from the review will be discussed in full at the next MSAB Board Meeting and at the Board Development Day. An action plan to be developed and will be shared with the Committee.</p> <p><u>Learning Disability Mortality Review (LeDeR)</u> Additional monies have been secured to support the performance and sustainability of the LeDeR programme. Mersey Care NHS Foundation Trust is supporting the programme on behalf of the CCG and has identified a reviewer. There is no LeDeR administrative support allocated at the CCG.</p> <p>It was highlighted that the 7 minute briefing following a child death the most preferable form of communication. This has been raised at the Joint Operation Group (JOG) but it was opposed and convening a locality meeting was suggested instead. Tracey Forshaw informed that she would inform the JOG in relation to the use of the 7 minute briefing as it is the most preferable form of communication following the death of a child.</p>	
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	<p>Karen Garside advised that she would also feed that back to LSCB.</p> <p><b>Outcome: The Committee noted the CCG Safeguarding Team Q3 (20196-20) Safeguarding Quality Safeguarding Schedule Update and Quarterly Safeguarding Update.</b></p>	
20/28	<p><b>Serious Incident Report</b></p> <p>Mel Spelman presented the Serious Incident Report which seeks to provide a Quarter 3 update on the performance of serious incident management for both CCGs. It was noted that NHS Liverpool CCG will be managing the serious incident process going forward. This is as a result of the quality teams for Sefton CCGs and Liverpool CCGs are aligning work areas as well as the merger of the new LUHFT leading to the change in coordinating commissioner status to LCCG.</p> <p><b>NHS South Sefton CCG</b></p> <p><u>Liverpool University Hospital NHS Foundation Trust – Aintree Hospital site</u> 8 incidents reported, of which 80% were reported within 48 hours. Zero Never Events reported. 80% of 72 hour reports submitted. There are 7 incidents open 100+ days. There were 10 RCA's received during Quarter 3. A panel held by NHS Liverpool CCG is scheduled for every other Wednesday for Acute and Specialist Trusts. Either the Aintree Hospital Clinical Risk Manager or, Aintree interim Assistant Director of Governance will attend.</p> <p><u>Mersey Care NHS Foundation Trust – Community Services</u> 2 incidents reported, of which 80% were reported within 48 hours. Zero Never Events reported. 2 72 hour reports submitted in Quarter 3. There are 2 open serious incidents.</p> <p><u>NHS South Sefton CCG StEiSable Incidents</u> 1 serious incident reported and has subsequently closed.</p> <p>Dr Gina Halstead highlighted a risk of oversight of Sefton serious incidents being reduced. It was noted that Sefton specific serious incidents will be reviewed by GP Leads and input in to wider SIRG. The Quality Team will continue to produce trends and themes reports.</p> <p>It was noted that Julia Chambers, Quality Manager will send RCAs for Sefton registered patients to Dr Gina Halstead for review . It was requested that a blank copy of the evaluation form is sent to Dr Gina Halstead.</p> <p><b>Action: Mel Spelman to send the evaluation form template to Dr Gina Halstead.</b></p> <p>It was noted that there is an inaccuracy in the serious incident report whereby UC24 is referenced instead of PC24.</p> <p><b>NHS Southport and Formby CCG</b></p> <p><u>Southport and Ormskirk Hospital NHS Trust</u> 21 incidents reported, of which 100% were reported within 48 hours. Zero Never Events reported. 100% of the 72 hour report due for Quarter 3 was submitted. There were 13 open serious incidents. It was noted that performance has improved greatly, however this was over a long period of time. It was highlighted that clinical engagement can take time to embed. Another factor to note was that the Clinical Risk Manager was absent for 6 months. It was also noted that there is an open reporting culture at the Trust including the reporting of near misses.</p>	MS

	<p><u>Lancashire and South Cumbria NHS Foundation Trust</u> 3 serious incidents reported, of which 100% were reported within 48 hours. Zero Never Events reported. There were 6 serious incidents reported.</p> <p>Dil Daly queried if the CCG held serious incident data to use to compare with other Trusts. It was noted that NHSEI holds that type of data and would highlight any anomalies to the CCGs.</p> <p><b>The Committee noted the Serious Incident Report.</b></p>	
20/29	<p><b>Joint Medicines Operation Group (JMOG) Key Issues</b></p> <p>The Committee received the Key Issues Report arising from the JMOG meeting held on 7<sup>th</sup> February 2020 and noted the following 2 main issues:-</p> <ul style="list-style-type: none"> <li>• Poor quality of information from Acute Trusts which is an on-going concern. An interface Task and Finish Group has been established to work on issues identified.</li> <li>• The risk of harm to care home residents from medication errors is an on-going concern. The Medicines Management Care Home Team continue to provide medicines training for care home staff and post hospital discharge structured medication reviews for care home residents. New patient structured medication reviews are planned for care home residents.</li> </ul> <p><b>Outcome: The Committee noted the Joint Medicines Operation Group Key Issues.</b></p>	
20/30	<p><b>Serious Incident Review Group (SIRG) Minutes</b></p> <p>The Committee received the following minutes and key issues:-</p> <ul style="list-style-type: none"> <li>• NHS South Sefton CCG – 9<sup>th</sup> January 2020</li> <li>• NHS Southport and Formby CCG – 8<sup>th</sup> January 2020</li> </ul> <p><b>Outcome: The Committee noted the Serious Incident Review Group (SIRG) Minutes</b></p>	
20/31	<p><b>Health SEND Performance Improvement Group (Sefton)</b></p> <p>The Committee received the following minutes:-</p> <ul style="list-style-type: none"> <li>• Extraordinary Sefton Health SEND Strategic Working Group Minutes – 18<sup>th</sup> December 2019</li> </ul> <p>The Extraordinary Sefton Health SEND Strategic Working Group Meeting has been preceded by the Health SEND Performance Improvement Group (Sefton). The minutes and key issues from which will be included in the meeting pack going forward.</p> <p><b>Outcome: The Committee noted the Extraordinary Sefton Health SEND Strategic Working Group Minutes.</b></p>	
20/32	<p><b>Individual Patient Activity Programme (IPA) Board Minutes</b></p> <p>The Committee received the following minutes and key issues :-</p> <ul style="list-style-type: none"> <li>• NHS South Sefton CCG and NHS Southport and Formby CCG – 25<sup>th</sup> November 2019.</li> </ul>	

	<b>Outcome: The Committee noted the Individual Patient Activity Programme Board Minutes.</b>	
20/33	<p><b>NHS South Sefton CCG and NHS Southport and Formby CCG Primary Care Commissioning Committees in Common (Part 1)</b></p> <p>The Committee received the following minutes:-</p> <ul style="list-style-type: none"> <li>NHS South Sefton CCG and NHS Southport and Formby CCG Primary Care Commissioning Committees in Common (Part 1) - 19<sup>th</sup> December 2019.</li> </ul> <p><b>Outcome: The Committee noted NHS South Sefton CCG and NHS Southport and Formby CCG Primary Care Commissioning Committees in Common Minutes (Part 1).</b></p>	
20/34	<p><b>Engagement and Patient Experience Group (EPEG) Key Issues</b></p> <p>The Committee received the following key issues:-</p> <ul style="list-style-type: none"> <li>Engagement and Patient Experience Group (EPEG) Key Issues - 15<sup>th</sup> January 2020.</li> </ul> <p><b>Outcome: The Committee noted the Engagement and Patient Experience Group (EPEG) Key Issues.</b></p>	
20/35	<p><b>Any Other Business</b></p> <p>Brendan Prescott advised that Locality key issues will continue to be provided on a quarterly basis to Governing Body. Any quality issues will be raised through the Joint Operational Group and escalated accordingly to the Quality Team.</p>	
20/36	<p><b>Key Issue Log (issues identified from this meeting)</b></p> <p><b>The Committee noted the following Key Issues for both CCG's Governing Body:-</b></p> <p><u>Key Issue</u> Enhanced Surveillance KPIs to be agreed with Liverpool University Hospitals NHS Foundation Trust post-merger.</p> <p><u>Risk Identified</u> There is a risk on oversight of both performance risks and staff surveillance will not be recorded for assurance.</p> <p><u>Mitigating Action</u> Interim Chief Nurse to meet and agree KPIs with Deputy Director of Nursing at Liverpool University Hospitals NHS Foundation Trust.</p> <p><u>Key Issue</u> Digitalisation of Primary Care records.</p> <p><u>Risk Identified</u> Information Governance risks of records involving third parties being released.</p>	



	<p><u>Mitigating Action</u> NHS Southport and Formby CCG Chair to raise with IMerseyside to confirm if the process has been delayed.</p> <p><u>Key Issue</u> Serious Incident Process changing</p> <p><u>Risk Identified</u> Risk of oversight of Sefton serious incidents being reduced.</p> <p><u>Mitigating Action</u> Sefton specific serious incidents will be reviewed by GP Leads and input in to wider SIRG. Quality Team will continue to produce trends and themes reports.</p> <p><b>The Committee noted the following Key Issue for NHS South Sefton CCG Governing Body:-</b></p> <p><u>Key Issue</u> Quality Site Visit.</p> <p><u>Risk Identified</u> Risk of medical cover at Aintree to Home Ward.</p> <p><u>Mitigating Action</u> Site visit positive assurance on both nursing and medical cover.</p>	
	<p><b>Date of Next Meeting:</b> Thursday 26<sup>th</sup> March 2020, 9am – 12noon, Meeting Room 5A, Merton House, Stanley Road, Liverpool L20 3DL.</p>	

## Joint Quality and Performance Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

**Date:** Thursday 26<sup>th</sup> March 2020 at 9am – 12noon

**Venue:** Teleconference

<b>Membership</b>		
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Billie Dodd	Head of Commissioning (SSCCG/SFCCG)	BD
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety (SSCCG/SFCCG)	BP
Jane Lunt	Chief Nurse (Secondment from LCCG) (SSCCG/SFCCG)	JL
Graham Bayliss	Lay Member (SSCCG)	GB
Dil Daly	Lay Member (SFCCG)	DD
<b>Ex Officio Member</b>		
Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
<b>In attendance</b>		
Ehsan Haqqani	Interim Primary Care Quality Lead (SSCCG/SFCCG)	EH
Tracey Forshaw	Assistant Chief Nurse (SSCCG)(SFCCG)	TF
Helen Roberts	Pharmacist (SSCCG/SFCCG)	HR
Jennie Piet	Programme Manager Quality and Performance (SSCCG/SFCCG)	JP
Michele Brooks	Regional Strategic Lead for Children and Young People's Continuing Care (MLCSU)	MB
Cameron Ward	Programme Director (SSCCG/SFCCG)	CW
<b>Apologies</b>		
Jeff Simmonds	Secondary Care Doctor (SFCCG)	JS
Susanne Lynch	Head of Meds Management (SSCCG/SFCCG)	SL
<b>Minutes</b>		
Robert Foden	Quality Improvement Support Officer (SSCCG/SFCCG)	RF

**For the Joint Quality and Performance Committee to be quorate, the following representatives must be present:**

Chair of the Joint Quality and Performance 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)

## Membership Attendance Tracker

Name	Membership	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
<b>Dr Rob Caudwell</b>	GP Governing Body Member	✓	✓	N	✓	A	✓	✓	✓	A	A	N	✓	✓	✓
<b>Graham Bayliss</b>	Lay Member for Patient & Public Involvement	✓	A	N	✓	✓	✓	A	✓	✓	A	N	✓	A	✓
<b>Gill Brown</b>	Lay Member for Patient & Public Involvement	✓	A	N	✓	✓	✓	✓	✓						
<b>Dil Daly</b>	Lay Member for Patient & Public Involvement											N	✓	✓	✓
<b>Dr Doug Callow</b>	GP Governing Body Member /Clinical Quality Lead	A	✓	N	✓	✓	A	✓	✓	✓	A	N	A	A	✓
<b>Billie Dodd</b>	Head of CCG Development	A	A	N	✓	✓	A	A	A	A		N	D	A	-
<b>Debbie Fagan</b>	Chief Nurse & Quality Officer	✓	A	N	-	D	D	D	D						
<b>Dr Gina Halstead</b>	Chair and Clinical Lead for Quality	✓	A	N	✓	-	✓	A	A	✓	✓	N	✓	✓	✓
<b>Martin McDowell</b>	Chief Finance Officer	A	✓	N	✓	D	✓	A	A	A	A	N	✓	A	✓
<b>Dr Jeffrey Simmonds</b>	Secondary Care Doctor	A	A	N	A	✓	A	A	✓	A	A	N	A	A	A
<b>Jane Lunt</b>	Chief Nurse (on Secondment from LCCG)									✓	✓	N	✓	A	✓

- ✓ = Present
- A = Apologies
- L = Late or left early
- N = No meeting held
- D = Deputy attended

No	Item	Actions
20/37	<p><b>Welcome, Introductions &amp; Apologies</b></p> <p>Dr Rob Caudwell welcomed all to the meeting and round the table introductions were made.</p> <p>Apologies were noted from Jeff Simmonds and Susanne Lynch.</p> <p>Dr Rob Caudwell confirmed that the meeting was quorate.</p>	
20/38	<p><b>Declarations of Interest</b></p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group. Declarations made by members of the Joint Quality and Performance Committee are listed in the CCG's Register of Interests. The register is available on the CCG website.</p> <p>Declarations of interest from today's meeting:-</p> <ul style="list-style-type: none"> <li>• Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG.</li> </ul>	
20/39	<p><b>Minutes &amp; Key Issues Log of the previous meeting</b></p> <p>The minutes from the previous meeting held on 27<sup>th</sup> February 2020 were approved as an accurate reflection of the meeting.</p>	
20/40	<p><b>Matters Arising/Action Tracker</b></p> <p>The Committee received the following updates to the action tracker:-</p> <p><b>Action - Agenda Item 19/36, GP Quality Lead Update.</b> Dr Gina Halstead informed that the Health Visitor assigned to her practice had undertaken a period of sickness absence which was not covered. Tracey Forshaw advised that she would raise the issue with North West Boroughs Healthcare NHS Foundation Trust in relation to what contingency arrangements in respect Health Visitor's sickness absence.</p> <p><b>Update: Defer this action to June 2020.</b> Health Visitor work is now being carried out over the phone due to the COVID19 outbreak and they are only visiting those at high risk/safeguarding concerns at home.</p> <p>Questions around GP Practice protocols were raised in relation to Health Visitor working practices.</p> <p>Prioritising care for seriously ill patients and how work that is required to be carried out is set out in the COVID19 guidance, the work essentially requires that patients and staff caring for them is carried out in a safe way for both.</p> <p>Health visitors will be working in different ways and redeployed to priority areas, this work is being progressed. Staff safety is paramount. Work is being done around treating and ensuring safety for vulnerable people to alleviate the burden from Primary Care.</p>	

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	<p><b>Action - Agenda Item 19/85, Q1/Q2 Quality Assurance Report 2018-19 Urgent Care Greater Manchester and SFSS.</b> An action had been noted for Brendan Prescott to obtain a sample review of home breaches and if satisfactory the action could be closed down. Brendan Prescott advised that Billie Dodd/Sharon Forrester would follow up this action. Action deferred to the next meeting.</p> <p><b>Update: Defer this action to June 2020.</b> No update.</p>	
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	<p><b>Action - Agenda Item 19/108, Safeguarding Quarterly Report.</b> (i) Looked After Children (LAC) Action Plan to be presented to the Committee at a future meeting.</p> <p><b>Update: Defer this action to June 2020.</b> No update.</p>	
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	<p><b>Action - Agenda Item 19/168, Corporate Risk Register – Quality Update.</b> Tracey Forshaw had informed that the pension issue is a national one. She advised that the QSG needs to escalate the issues to NHS North. Jane Lunt advised that she will be attending the next QSG and will discuss the pension issues at that meeting. Jane Lunt informed that it can be requested that your tax bill is paid from the “pension pot” however this diminishes the pension. Jane Lunt to discuss the pension issues at the next QSG.</p> <p><b>Update: CLOSED</b> QSG Surveillance group was held couple of weeks ago, pension issue measures have come from Health / Social care and been extended to Clinicians and certain managers. Has been resolved to some extent, but senior staff staying in roles for longer periods and therefore not all elements have been covered.</p>	
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	<p><b>Action - Agenda Item 19/182, Deputy Chief Nurse Report.</b> An action had been noted in relation to a patient with Barrett's Oesophagus not being recalled for scope at Aintree Hospital as part of the recent look back exercise of missed Barrett's recalls. It was suggested that the issue be raised at the CQPG meeting as if patients have not received a discharge letter, then it is a contractual breach. Jane Lunt and Brendan Prescott and determine a plan of action.</p> <p><b>Update: Defer this action to June 2020.</b> No update.</p>	
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	<p><b>Action - Agenda Item 19/183, Clinical Director Quality Update.</b> Brendan Prescott tabled an Organisational Health Check for The Walton Centre produced by NHS Liverpool CCG. Concerns were raised by the Committee in relation to the data noted in the Organisational Health Check. Brendan Prescott advised that he would request that the data concerns be raised at the next Provider Meeting. Dr Gina Halstead and Dr Rob Caudwell to send examples of long waits for neurology appointments to Brendan Prescott.</p>	

	<p><b>Update: Defer this action to June 2020.</b> No update.</p> <p style="text-align: center;">--</p> <p><b>Action - Agenda Item 19/201, Clinical Director Quality Update.</b></p> <p>(i) Jane Lunt to escalate the concerns in relation to Midwives not being trained to use EMIS to Caron Lappin, Director of Nursing and Midwifery at Liverpool Women's Hospital NHS Foundation Trust.</p> <p>Jane Lunt had informed that she had raised the Committee's concerns with Caron Lappin and would follow up the action and confirm the outcome at the next meeting. Action deferred to the next meeting.</p> <p>(ii) Jane Lunt to escalate the issue of Midwives not being commissioned to administer flu vaccinations to Public Health England.</p> <p><b>Update: Defer this action to June 2020.</b> Caron Lappin has been informed regarding issue(i) and has been escalated to NHSE&amp;I.</p> <p>Action (ii) no update and deferred as above to June 2020.</p> <p style="text-align: center;">--</p> <p><b>Action - Agenda Item 19/203, Corporate Risk Register Quality Update.</b></p> <p>(i) Mel Spelman to present a Risk Register update at the next Committee Meeting.</p> <p>Risk Register update to be presented at the March 2020 Committee meeting.</p> <p><b>Defer this action to June 2020.</b> Was taken off this meeting's agenda</p> <p style="text-align: center;">--</p> <p><b>Action – Agenda Item 19/204, North West Ambulance Service and NHS 111 Update.</b></p> <p>An action had been noted for Jane Lunt to take forward the action of identifying a Merseyside representative for quality. Jane Lunt advised that this would be raised at the next Quality Surveillance Meeting.</p> <p><b>Update: CLOSED</b> NWAS have changed the way of their meetings with the CCG and how they engage. They now hold a Merseyside wide meeting and a representative from each CCG is invited.</p> <p style="text-align: center;">--</p> <p><b>Action - Agenda Item 20/06, Clinical Director Quality Update.</b></p> <p>(i) The Committee queried if the primary care records digitalisation process had been placed on hold. Dr Rob Caudwell advised that he would contact IMerseyside to clarify.</p> <p>(ii) Brendan Prescott to escalate the concerns raised in relation to poor discharges at Southport and Ormskirk Hospital NHS Trust to Bridget Lees and to raise it at CQPG.</p> <p>Brendan Prescott advised that the issue of poor discharges at Southport and Ormskirk Hospital NHS Trust is being followed up by Director of Nursing's team.</p>	
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It was noted that the issues are not isolated to Southport and Ormskirk Hospital NHS Trust. They are system wide. It was also noted that Southport and Ormskirk Hospital NHS Trust do not have a Patient Advisory Liaison Service. Patients are therefore contacting the Local Authority for patient advice. Brendan Prescott advised that he would request that the issues be raised at the Quality Surveillance Group. It was suggested collating trends and themes and presenting them for discussion at the Joint Medicines Operational Group. Helen Roberts and Ehsan Haqqani to take forward the action of producing trends and themes data and to focus on specific areas to drive forward change.

- (iii) Brendan Prescott to raise the concerns noted in relation to Aintree to Home and the potential safety issues which could arise due to the lack of medical cover.

Lynne Savage informed that she and a colleague from NHS Liverpool CCG undertook a quality site visit at Aintree to Home Ward recently. Root Cause Analysis and escalation processes were discussed and assurance was given around a clear escalation process being in place. The visit was positive overall. A further quality site visit will take place in 6 months. Lynne advised that she would draft the full details of the visit and present them at a future meeting.

**Update: Defer this action to June 2020**

- (i) Some reasonable progress has been made around Primary Care records being digitalised including discussions with Informatics. Facilitators will carry out some data quality checking and Informatics will commission some software to enable PDF files to be redacted easily. A further meeting was planned for this but has subsequently been cancelled. It was agreed that paper records will not be destroyed whilst work is ongoing.
- (ii) Trends and themes are still being looked at by Ehsan Haqqani & Helen Roberts who were to meet but this has been cancelled given COVID circumstances. Discharges from S&O Trust will still be a priority moving forward. Discharge information from the trust is vital to ensure patients critical information is known and available and is clear. Brendan Prescott has a scheduled telecom with Bridget Lees at S & O Trust on 26/03/20 regarding discharge guidance
- (iii) Aintree to home was discussed at the LUFT CQPG.

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**Action - Agenda Item 20/10, Commissioning for Quality and Innovation (CQUIN) Framework Quarter 2 Report.**

- (i) Jane Lunt to raise the prevention of falls at the next at the next CQPG meeting which was one of the indicators not achieved at both Aintree Hospital and Southport and Ormskirk Hospital NHS Trust.

**Update: Defer this action to June 2020.**

CQUIN data compliance submissions have been suspended due to COVID19.

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**Action - Agenda item 20/23, Deputy Chief Nurse Report.**

- (i) Brendan Prescott to relay the positive feedback received in relation to the on line counselling service to the JTAI Group.
- (ii) Tracey Forshaw to request that SEND updates are received by the Joint Quality and Performance Committee with Jane Lunt.

**Update: CLOSED**

	<p>--</p> <p><b>Action - Agenda item 20/28, Serious Incident Report.</b> Mel Spelman to send the RCA evaluation form template to Dr Gina Halstead.</p> <p><b>Update: CLOSED</b></p> <p>--</p>	
20/41	<p><b>Deputy Chief Nurse Report.</b></p> <p>Brendan Prescott presented the Deputy Chief Nurse Report which seeks to provide the Committee with an update regarding key issues that have occurred since the last report presented in March 2020.</p> <p>The following points were highlighted:-</p> <p><u>Liverpool University Hospitals NHS Foundation Trust (LUHFT)</u></p> <p>Main item to note was that COVID19 events had now taken over and work will be put on hold to deal with COVID19. There was Planned Prevention meeting to be held in April which has been cancelled.</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u></p> <p>No comments or questions raised.</p> <p><u>Mersey Care NHS Foundation Trust (Community)</u></p> <p>SALT service is experiencing significant wait times and performance issues, the 18 week wait target is being breached by 5 weeks and concern was raised about this and how Mersey Care moving forward will be able to reduce wait times.</p> <p><u>Joint Targeted Area Inspection (JTAI)</u></p> <p>BP informed that Fiona Taylor has been sighted on the JTAI Health Improvement Plan.</p> <p><u>Corona Virus Update</u></p> <p>Performance issues regarding speech and language therapy &amp; concerns around other aspects of health care that are not COVID19, not being addressed. Concerns over patients not being dealt with and routine care not taking place due to COVID19 being the priority at this time. Further discussions around enhanced surveillance of providers and how moving forward this will be progressed to be assessed and agreed.</p> <p>Concern was raised that lots of issues could be put to one side which could potentially impact on services due to re-deployment and services not staffed to normal level.</p> <p>Critical care beds cannot be staffed in the usual way due to the expected increase in patients.</p> <p>The committee highlighted the risk to patients as routine care is being suspended due to COVID19. The response for patients needs to be made as things progress and the impact of stopping some care services will reveal some unexpected consequences. Decision making will follow to minimise the impact on patients, the plan for this is not yet produced.</p>	



20/42	<p><b>COVID -19 Update</b></p> <p>Jane Lunt talked through what has been done from a CCG Perspective. Cheshire &amp; Mersey area have declared a major incident and working under the Civil Contingencies Act. NHSE&amp;I are in a Command &amp; Control Framework Setting.</p> <p>The main areas of NHS affected are Critical Care capacity and increasing this and Community Services responsibilities which are requiring a change to community work, some services will be stepped down whilst others are stepped up.</p> <p>Discharge guidance pathways components are being joined up to streamline the process. LUFT are using a discharge to assess model using 4 lanes of discharge patient type, 0, 1, 2, 3 –</p> <p>Lane 0 – Knee replacement fit to go home.  Lane 1 - Other long term condition/need – further support required.  Lane 2 – More complex patients.  Lane 3 – Most complex patients/CHC/Joint Funding completion/special residential care in place/packages of care required.</p> <p>All above lanes have different post hospital care responsibilities and different level support services are required for each including community work. NHS Volunteers are to help in the community with transporting patients and delivering food this will be stepped up in the next weeks.</p> <p>The interface with hospitals and community services will be supported by local authorities who will also ensure that pathways are in place for discharges. Questions around funding from a CCG perspective have been removed.</p> <p>Some care homes would like patients discharged from hospital to be tested for COVID19 before being admitted, question was asked what if they are not tested, can a care home legally refuse to admit a discharged patient?. It was discussed that care homes will need to think about dealing with all their patients during this time and potentially cohorting and isolating patients who have COVID19. Work is being done with care homes to take patients who have been discharged and doing all they can to take patients.</p> <p>Primary Care Commissioning in relation to GPs there has been some uncertainty. To support practice resilience advice was to use guidance and asked to make it clear to patients what they should do in relation to appointments, practices to “buddy up”, and use telecom appointments.</p> <p>A lot of concern was raised and uncertainty is felt by GPs regarding home visits and the risk GPs will have to put themselves or other staff in. There is currently no community respiratory team as they have gone back to support hospitals. Some GPs only have access to a plastic apron &amp; a surgical face masks. LCCG’s GPs are following guidance around PPE if they have to visit a home and normal PPE provision is deemed appropriate for home visits. PHE is making decision on what is appropriate and clinicians of all expertise feel it is not enough. Many people with COVID19 are asymptomatic and can still spread the virus unknowingly.</p> <p>At LUFT a hub has been created for PPE for mutual aid across the sites but unknown if this is for other providers and primary care as well.</p> <p><b>Key Issue regarding PPE equipment will be taken by JL to raise with NHSE&amp;I.</b></p> <p>CCG has established an Incident Management Team (IMT) made up of a core group of staff which links and feedback to other teams and cells.</p>	
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	<p>Lack of and unsuitable PPE &amp; supply and delivery will come out from the IMT meetings which are held daily. New guidance regarding PPE is being issued daily.</p> <p>There was no definite date as to when the PPE will be scaled up</p> <p>Committee expressed that PHE standard of equipment is not adequate to meet the WHO standards of what is needed in practice as per guidance. NHSE&amp;I are in a command and control status making decisions on behalf of the nation and challenges to decisions made need to be fed up frequently. GPs also raised the issue that a number of GPs are in the published risk categories themselves.</p> <p>The committee found the daily communications from the CCG very helpful and informative and are aware of all the background work that is being undertaken.</p> <p>If other channels were available to GPs in obtaining PPE they were advised to use them to negate any delays. It was felt that the PPE that had been issued has not been of expected standard or adequate.</p> <p>Routine service confirmation as to what services are being suspended by Mersey Care, needs to be clear about what is being suspended, what is continuing as routine, what is still operating and waiting confirmation re service.</p> <p>It was recognised that patients with non COVID19 may come to harm as many services across the health economy are suspended to provide care as COVID19 is the priority and patients may not turn up at GPs or want to go into hospitals during this time. Elective and non-urgent care has generally been stopped across the whole system.</p> <p>Serious Incident reporting has been changed due to COVID19. SI's will still be required to be input onto STEIS and a 72 hour report is still required to be produced to cover aspects and details of what occurred and any immediate measures put in place. Full RCAs will not be required until further notice. The SIRG meetings have been stepped down with the trusts and documents will be reviewed by the CCG when they are submitted.</p> <p>There will be no HCAI reporting other than COVID-19 and there will be no routine quality monitoring.</p> <p>Statutory targets have all now been stepped down.</p> <p>It was recognised a huge amount of work and clear up will be required post COVID19.</p> <p>It was recognised staff in all areas of the NHS and many providers are working in different ways and maybe redeployed. Therefore staff may not be available for their normal duties including meeting attendances &amp; reviewing reports. Non-clinical CCG staff could also be redeployed which would have the knock on effect of no admin to administer meetings at the CCG.</p> <p>There were ongoing discussions regarding the scheduled meetings, it was expected most will be stood down.</p>	
20/43	<p><b>Children &amp; Young People Joint Continuing Core Protocol</b></p> <p>Michelle Brooks gave an overview of the CYP Protocol which was contained in the meeting pack for attendees to read, it is the work done over the last couple of years between the CSU, the CCG and Social Care/LA. It details how CYP are assessed, managed and how decision making is carried out. It is based on the national framework (2016) the protocol is how it would be implemented locally to Sefton.</p>	

	<p>Once the protocol has been agreed it can be implemented.</p> <p>Work will continue on the framework and within the next year or so an updated framework is expected to be in place.</p> <p>There were no questions from the committee.</p>	
<b>20/44</b>	<p><b>CCG's SI Policy Minor Amendment</b></p> <p>The SI Policy was amended in light of a number of incidents with DMC, 4 incidents have recently been added to STEIS from DMC which had not been reported in the normal SI process framework.</p> <p>The SI policy has been amended for smaller providers to be more explicit in the action that they need to take should an SI occur within a provider and make it clear around their reporting.</p> <p>There were no questions from the committee.</p>	
<b>20/45</b>	<p><b>Integrated Performance Report</b></p> <p>Most of the performance reporting has now been taken over by COVID19.</p> <p>The CCG will have more of an observation role rather than impacting changes, and there will be a reporting by exception strategy, the majority of meetings with the trusts have or will be stepped down. CCQRM and CQPG meetings will be stepped down with a focus on COVID19.</p>	
<b>20/46</b>	<p><b>Primary Care Quality Report</b></p> <p>Ehsan Haqqani gave overview of the report and explained there had been 3 complaints received - 2 from SF patients, 1 from SS patient.</p> <p>Discussions were to be had with NHSEI scheduled for May but now postponed to a later date.</p> <p>Monies from NHSEI had come through and staff are in place to process the LeDeR reviews in which there has been good GP engagement.</p> <p>EMIS coding was briefly discussed and it was noted that there was no code on EMIS for a patient who had "not been brought".</p>	
<b>20/47</b>	<p><b>SEND Health Performance Improvement Group (Sefton) Minutes</b></p> <p>The SEND minutes were noted by the committee.</p> <p>Key issue and risk identified 6 months ago were only recently being worked on and it was questioned why there was such a delay. Money allocated for ASD &amp; ADHD pathways were now improving and impact during COVID19 will need to be reviewed.</p> <p>It was felt that development could have had more pace and that it potentially should have been prioritised.</p> <p>It was noted that initially it started well on some areas, but ASD and ADHD pathways more difficulties and though out the country Sefton is now one of the only areas with these pathways in place.</p>	

	As soon as services return to normal ASD/ADHD pathways should go to being one of the top of the priorities given the impact on Children and Young People. Issues around SEND are still being brought up at Governing Body.	
<b>20/48</b>	<b>Individual Patient Activity (IPA) Programme Board Minutes</b>  These minutes were not included in the meeting pack and BP informed they would be sent out.	
<b>20/49</b>	<b>JPQC Attendance 19/20 Annual Report</b>  No comments made.	
<b>20/50</b>	<b>Primary Care Committees in Common Minutes &amp; Key Issues</b>  Not in meeting pack, no comments made.	
<b>20/51</b>	<b>Any Other Business</b>  Meds Management Post Dating Prescriptions.  The issue of Meds Management working on postdating prescriptions for high risk patients. The team is issuing 4 postdated authorization prescriptions requiring GPs to read and process 4 individual requests coming through which is time consuming. Helen Roberts from Meds Management said she would look into this issue.	
<b>20/52</b>	<b>Key Issue Log (issues identified from this meeting)</b>  <b>The Committee noted the following Key Issues for both CCG's Governing Body:-</b>  Key issues were noted as per below: <ul style="list-style-type: none"> <li>▪ PPE equipment – JL to take back to raise – raised from COVID 19 agenda item.</li> <li>▪ Primary Care feedback to IMT.</li> <li>▪ Reporting processes for trust to CCG's reduced.</li> <li>▪ SIRG – Stood down.</li> <li>▪ JQPC to be stood down.</li> <li>▪ Trust report by exception not reporting in normal way.</li> <li>▪ Pathways for SEND not moving at pace.</li> <li>▪ Risk to patients with non-Covid19 symptoms could be at risk due to delays.</li> </ul>	
	<b>Date of Next Meeting: TBC</b>	

# Audit Committees in Common Southport and Formby CCG Minutes

Wednesday 15<sup>th</sup> January 2020, 1.30pm to 4pm  
Room 5A, South Sefton CCG, Merton House, Stanley Road, Bootle, L20 3DL

<b>Southport and Formby CCG Members present</b>		
Helen Nichols	Lay Member (S&F Audit Committee Chair)	HN
Dil Daly	Lay Member (S&F Audit Committee Vice Chair)	DD
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
<b>South Sefton CCG Members present</b>		
Alan Sharples	Lay Member (SS Audit Committee Chair)	AS
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
<b>In attendance</b>		
Martin McDowell	Chief Finance Officer, SFCCG and SSCCG	MMcD
Leah Robinson	Chief Accountant, SFCCG and SSCCG	LR
Michelle Moss	Anti Fraud Specialist, MIAA	MM
Georgia Jones	Manager, Grant Thornton	GJ
<b>Apologies (South Sefton CCG Members)</b>		
Graham Bayliss	Lay Member (SS Audit Committee Vice Chair)	GB
<b>Apologies (In attendance)</b>		
Robin Baker	Audit Director, Grant Thornton	RB
Alison Ormrod	Deputy Chief Finance Officer, SFCCG and SSCCG	AOR
Adrian Poll	Audit Manager, MIAA	AP
<b>Minutes</b>		
Tahreem Kutub	PA to Chief Finance Officer, SFCCG and SSCCG	TK

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

Name	Position	April 19	May 19	July 19	Nov 19	Jan 20
<b>Southport and Formby Audit Committee Membership</b>						
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓
Dil Daly	Lay Member (Vice Chair) [Joined CCG in December 2019]					✓
Gill Brown	Lay Member (Vice Chair) [Left CCG in October 2019]	✓	✓	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	✓	A
Leah Robinson	Chief Accountant	✓	✓	✓	✓	✓
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓			✓	✓
Adrian Poll	Audit Manager, MIAA	✓		✓	✓	A
Robin Baker	Audit Director, Grant Thornton	✓	A	✓	A	A
Georgia Jones	Manager, Grant Thornton	✓	✓	A	✓	✓

No	Item	Action
<b>General Business</b>		
<b>A20/01</b>	<p><b>Introductions and apologies for absence</b> Apologies for absence were received from Graham Bayliss, Robin Baker, Alison Ormrod and Adrian Poll.</p> <p>It was noted that Alan Sharples, Chair of the South Sefton Audit Committee, would chair this CiC meeting.</p> <p>The CiC welcomed Dil Daly, who recently commenced his role as lay member of the Southport &amp; Formby Governing Body.</p>	
<b>A20/02</b>	<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 on the CCG website via 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>• DD declared that he is employed by Age Concern Liverpool &amp; Sefton, which is funded for a befriending project by both of the Sefton CCGs. He has sent this declaration to the Sefton CCGs' Corporate Business Manager to be added to the Southport &amp; Formby CCG Register of Interests, and noted it as a direct pecuniary conflict of interest. The Chair reviewed the declaration and decided that this interest did not constitute any material conflict of interest with items on the agenda.</li> <li>• It was noted that GJ would have a conflict of interest in relation to item <i>A20/22: Appointment of Auditors</i>, as she is employed by Grant Thornton, the CCG's external auditors. As the committees would be discussing a potential extension of the external audit contract with Grant Thornton, the Chair decided that GJ could not be present for discussion during this item.</li> <li>• JS declared he is a member of both of the respective Governing Bodies and Audit Committees of 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>• 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> </ul>	
<b>A20/03</b>	<p><b>Minutes of the previous meeting and key issues</b> The Southport and Formby minutes of the Audit Committees in Common meeting on 14<sup>th</sup> November 2019 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from this meeting.</p>	



No	Item	Action
	<p>further details were within the report received by the committee.</p> <p>LR reported that she has received confirmation from Southport &amp; Ormskirk NHS Trust that three of the invoices will be paid this month. The invoice for the amount of £137k, which relates to Emergency Department – GP Assessment Unit follow ups, remains outstanding. MMcD provided the background to this invoice and confirmed that a verbal update on the status of this outstanding debt would be provided at the CCG's Finance &amp; Resource Committee meeting scheduled for 22<sup>nd</sup> January 2020.</p> <p><b><i>The Southport &amp; Formby Audit Committee received the Losses, Special Payments and Aged Debt report.</i></b></p>	MMcD
A20/06	<p><b>Financial Control Planning and Governance Assessment 2019/20</b></p> <p>LR presented a completed version of the financial planning, control and governance template for Southport &amp; Formby CCG for Q3. Paper versions of the report were tabled at the meeting. Submission of the template to NHS England for Q2 and annual review had been mandatory by 18<sup>th</sup> October 2019. LR noted that confirmation of a submission date for Q3 review has not been received to date but for best practice, the CCG will complete the template on a quarterly basis.</p> <p>The committee noted the contents of the report.</p> <p><b><i>The Southport &amp; Formby Audit Committee received this report.</i></b></p>	
A20/07	<p><b>Mental Health Military Veterans Service – Tender and Contract waiver forms</b></p> <p>MMcD presented a tender and contract waiver form to re-procure / extend the Mental Health Military Veterans Service. The service, provided by Greater Manchester Mental Health Services across the footprint of the 11 Cheshire &amp; Merseyside CCGs, is due to expire on 31<sup>st</sup> March 2020. It has been requested that the service is extended for 2 years (2020-2022) in line with NHS England commissioned services for Military Veterans. Further details, including the reasons for the waiver detailed within the form, were reported to the committee.</p> <p>MMcD confirmed that he has reviewed and approved the tender and contract waiver form, as the value is within his delegated limits. He noted that continuity of care is the key reason for the extension of the service.</p> <p><b><i>The Southport &amp; Formby Audit Committee ratified the sign-off of the tender and contract waiver form.</i></b></p>	
A20/08	<p><b>Register of Interests</b></p> <p>MMcD presented an update report on the Register of Interests which included the following:</p> <ul style="list-style-type: none"> <li>• Full and unpublished register of governing body members, employees and contractors as at 23<sup>rd</sup> December 2019.</li> <li>• Full and unpublished register of member practices as at 23<sup>rd</sup> December 2019.</li> <li>• Published register of governing body members, employees and contractors as at 23<sup>rd</sup> December 2019.</li> <li>• Published register of member practices as at 23<sup>rd</sup> December 2019.</li> </ul> <p>HN referred to the column that details committee membership and commented that not all the relevant committees seem to be listed on here where applicable. She asked for this column to be reviewed for both of the</p>	



No	Item	Action
	<p>Sefton CCGs to ensure that all the relevant committees are listed against each member where applicable. TK to forward this request to Judy Graves, the CCG's Corporate Business Manager.</p> <p>The committee discussed the Gifts and Hospitality Register and agreed that this should be presented to the Audit Committee, as part of this item, at future meetings. TK to liaise with the CCG's Corporate Business Manager to ensure this is presented at future meetings.</p> <p>HN noted that she has reviewed the CCG's Gifts &amp; Hospitality Register and requested that the CCG's governance lead review the register to ensure the entries are all compliant with the Conflicts of Interest and Gifts and Hospitality Policy. It was also requested that a review be undertaken to ensure anyone in receipt of gifts or hospitality from a potential supplier is not involved in purchasing decisions involving that supplier. TK to forward both requests to Debbie Fairclough, the CCG's governance lead.</p> <p><b><i>The Southport &amp; Formby Audit Committee received the CCG's Register of Interests.</i></b></p>	<p>TK</p> <p>TK</p> <p>TK</p>
<b>A20/09</b>	<p><b>Policy Tracker</b></p> <p>MMcD presented the policy tracker. The cover sheet for this item included a status update on the 11 policies that are out of their review dates, which was noted by the Audit CiC. A further verbal update on the Infertility Policy and Commissioning Policy would be provided under the next agenda item.</p> <p><b><i>The Audit CiC received the policy tracker.</i></b></p>	
<b>A20/10</b>	<p><b>Update on Infertility Policy and Commissioning Policy</b></p> <p>MMcD provided an update on the Infertility Policy and Commissioning Policy which are out of their review dates. Consultation is currently ongoing in relation to the review of both policies. The Commissioning Policy that is currently in use has had amendments to incorporate changes that have been made nationally. The Infertility Policy that is currently in use has been amended in line with NICE guidance and is therefore compliant with NICE.</p> <p>The CiC discussed this update and noted the importance of understanding the lessons learnt from the review process for both policies.</p> <p><b><i>The Audit CiC received this verbal update.</i></b></p>	
<b>A20/11</b>	<p><b>Update on Follow Up Actions / Response from MLCSU re. HR Case</b></p> <p>AS introduced this item and provided a background to the HR case referred to in the title. MMcD reported that a response from Midlands &amp; Lancashire CSU is yet to be received; he confirmed he would write to the CSU regarding a response. The Chair requested that the response be forwarded to both Audit Committee Chairs of the Sefton CCGs when received.</p> <p><b><i>The Audit CiC received this verbal update.</i></b></p>	MMcD
<b><i>Audit and Anti-Fraud Specialist</i></b>		
<b>A20/12</b>	<p><b>Anti-Fraud Bribery and Corruption Policy</b></p> <p>MM presented an updated Anti-Fraud Bribery and Corruption Policy, which was reviewed by the Corporate Governance Support Group in December 2019 and recommended for approval. MM reported that minor updates have been made to the policy, which were summarised within the Version Control Sheet of the policy.</p>	

No	Item	Action
	<p>The committee reviewed the policy and agreed that the sentence which notes, 'The CCG's nominated AFS is Michelle Moss' in section 5.5 of the policy should be moved to Appendix A. MM to action.</p> <p><b><i>The Southport &amp; Formby Audit Committee approved the updated Anti-Fraud Bribery and Corruption Policy subject to the minor amendment noted above.</i></b></p>	MM
A20/13	<p><b>Whistleblowing Policy</b></p> <p>MM presented an updated Whistleblowing Policy, which has been revised to incorporate recommendations from MIAA anti-fraud specialists. The policy now also includes details of the CCG's new Freedom to Speak Up Guardians.</p> <p>Members discussed the policy and requested that future policies presented to the committee show the amendments that have been made via track changes. MM to forward this feedback to Debbie Fairclough, the CCG's Interim Lead for Corporate Services.</p> <p>Members queried whether the Freedom to Speak Up Guardians have received training for this role. MM confirmed she would liaise with Debbie Fairclough regarding training for the Freedom to Speak Up Guardians.</p> <p>The committee enquired about staff communications regarding the updated policy, particularly in relation to the Freedom to Speak Up Guardians. Members commented that a one-page desktop type guide on processes to follow would be helpful for staff. MM confirmed she would liaise with Debbie Fairclough to provide the committee's feedback regarding staff communications in relation to this policy and the Freedom to Speak Up Guardians.</p> <p><b><i>The Southport &amp; Formby Audit Committee approved the updated Whistleblowing Policy.</i></b></p>	MM  MM  MM
A20/14	<p><b>Fraud Risk Matrix 2019/20</b></p> <p>MM presented a Fraud Risk Matrix for 2019/20, which has been produced in line with the new requirements of the NHS CFA Standards for Commissioners. Standard 1.4 of the 2019 NHS CFA Standards for Commissioners requires the CCG to carry out a comprehensive risk assessment to identify where the organisation is most at risk from bribery, corruption and fraud and to produce a work plan which prioritises mitigating actions.</p> <p>As the CCG's Anti-Fraud Specialist, MM carried out a comprehensive risk assessment in December 2019 with a total of seven 'thematic' fraud risks identified as part of this process. These risks will be assimilated into the CCG's risk management framework. The scores for each risk did not reach the threshold for inclusion in the Corporate Risk Register; the risks have therefore been provisionally allocated to the Audit Committee for ongoing monitoring and management. A new Risk Register will be produced for the Audit Committee and will be submitted to each meeting as required.</p> <p>The committee discussed the matrix and noted a typographical error in the column showing the Finalised Risk Register Scores for Key Fraud Risk 7; MM to correct.</p> <p><b><i>The Southport &amp; Formby Audit Committee received the Fraud Risk</i></b></p>	MM

No	Item	Action
	<b>Matrix 2019/20 and noted the control measures in place and progress of action plans.</b>	
A20/15	<p><b>Audit Committee Recommendations Tracker</b> LR presented the Audit Committee Recommendations Tracker and provided an update on progress against each recommendation, as detailed on the tracker. In reference to the external audit recommendation to disclose the names of Governing Body GP members in related party transactions, LR reported that the CCG has been considering the GDPR implications of disclosing individual names. Midlands &amp; Lancashire CSU have confirmed that names can be disclosed and have advised that the CCG contact the relevant members to inform them that this will be done.</p> <p>The committee discussed progress against recommendations in relation to Information Governance. Members noted that the Data Security and Protection Toolkit requires sign off before the end of March 2020 and delegated approval of this to the Chief Finance Officer and Audit Committee Chair.</p> <p><b>The Southport &amp; Formby Audit Committee received the Audit Committee Recommendations Tracker and delegated approval of the Data Security and Protection Toolkit to the Chief Finance Officer and Audit Committee Chair.</b></p>	
A20/16	<p><b>MIAA Internal Audit Progress Report</b> MM presented the MIAA Internal Audit Progress Report and noted that the 2019/20 internal audit plan is on track to be completed by the end of this financial year.</p> <p><b>The Southport &amp; Formby Audit Committee received the MIAA Internal Audit Progress Report.</b></p>	
A20/17	<p><b>External Audit Plan</b> GJ presented the External Audit Plan, setting out the detailed audit work planned for the 2019/20 audit of the CCG's financial statements. She presented the headlines in the report, including materiality, Value for Money arrangements and audit fees. She noted that the values relating to materiality has increased in 2019/20, as the CCG now has delegated approval for commissioning of Primary Care Medical Services.</p> <p>The committee discussed the External Audit Plan and raised queries, with answers and explanation provided by GJ.</p> <p><b>The Southport &amp; Formby Audit Committee approved the External Audit Plan.</b></p>	
A20/18	<p><b>Challenge Question: Insights from the spread of the Primary Care Home</b> MMcD introduced this item. The external audit progress report and sector update was reviewed at the last Audit CiC meeting on 14<sup>th</sup> November 2019. The report included a summary of emerging national issues and developments that may be relevant to CCGs, as well as a number of challenge questions in respect of these emerging issues which the Audit Committees may wish to consider.</p> <p>Members agreed that the following challenge question in relation to the 'Insights from the spread of the Primary Care Home' report be considered at the Audit CiC meeting in January 2020:</p>	

No	Item	Action
	<p>'What are the CCG's views on the four key lessons in the report and how these could be implemented to help reduce emergency admissions in your locality?'</p> <p>MMcD presented data provided by the Sefton CCGs' Business Intelligence (BI) team, showing the number of Accident and Emergency (A&amp;E) attendances and Non Elective admissions for care homes in each of the Sefton CCGs from July 2018 onwards. The Audit CiC had an extensive discussion regarding the challenge question and the data provided by the BI team. Further to discussion, MMcD confirmed he would request an update on high intensity users of A&amp;E and the social (particularly mental health) aspect in relation to A&amp;E attendances.</p> <p>The Chair enquired about the processes within the Sefton CCGs to manage the issues reported through the BI data. MMcD confirmed that he would check to ensure that the information presented is part of each of the Sefton CCGs' urgent care response / redesign of services.</p> <p>The Audit CiC agreed to consider further challenge questions where appropriate in future but asked that a written management response to the question is included in the meeting pack for review.</p> <p><b><i>The Audit CiC had an extensive discussion regarding the challenge question noted above. Future challenge questions to be considered by the Audit CiC are to include a written management response within the meeting pack.</i></b></p>	<p>MMcD</p> <p>MMcD</p>
<b>Risk</b>		
<b>A20/19</b>	<p><b>Governing Body Assurance Framework, Corporate Risk Register and Heat Map</b></p> <p>MMcD presented the Governing Body Assurance Framework (GBAF), Corporate Risk Register (CRR) and Heat Map. The Heat Map summarises all the mitigated risks for the CCG with a score of 12 and above. MMcD provided an overview and explanation of the Recent Movement table detailed on the cover report for this item.</p> <p>The committee had an extensive discussion regarding the risk related to performance at Aintree University Hospital caused by a number of pressures (risk QUA047 on the CRR; risk 12 on the Heat Map). As noted during item A20/04, members recommended that this risk go through the internal moderation process again, and that both the description and assessed post mitigation score require review.</p> <p>The committee noted that a review of the presentation of the risk documents will be undertaken by Debbie Fairclough (the CCG's lead for governance) in due course.</p> <p><b><i>The Southport &amp; Formby Audit Committee approved the updates to the Heat Map, CRR and GBAF, and agreed that risk QUA047 should go through the internal moderation process again.</i></b></p>	
<b>Committee Governance</b>		
<b>A20/20</b>	<p><b>Audit CiC / Committee Work Plan 2020/21</b></p> <p>MMcD presented the Audit CiC / Committee Work Plan for 2020/21. The work plan sets out the plan of agenda items / issues to be addressed by the</p>	

No	Item	Action
	<p>Audit CiC / Audit Committees during 2020/21.</p> <p>Members referred to the item regarding private discussions with internal and external audit and agreed that a half hour meeting between committee members and the auditors is to be arranged on the following dates:</p> <ul style="list-style-type: none"> <li>• 15<sup>th</sup> April 2020 – half hour meeting between Southport &amp; Formby Audit Committee members and the auditors. This is to be directly before or after the Southport &amp; Formby Audit Committee meeting scheduled on that day.</li> <li>• 16<sup>th</sup> April 2020 - half hour meeting between South Sefton Audit Committee members and the auditors. This is to be directly before or after the South Sefton Audit Committee meeting scheduled on that day.</li> <li>• October 2020 – half hour meeting between members of both of the Audit Committees of the Sefton CCGs and the auditors. This is to be directly before or after the Audit CiC meeting in October. [The October meeting date is to be confirmed further to discussion in the next item].</li> </ul> <p>TK to arrange the private meetings as noted above.</p> <p>The Audit CiC noted that the Fraud Risk Matrix 2019/20 had been added as a standing agenda item following the content in the report for item A20/14. MM commented this item may not need to be presented at every meeting and confirmed that she would notify TK accordingly when the agenda for each meeting is finalised.</p> <p><b>The Audit CiC received the Work Plan for 2020/21.</b></p>	TK
A20/21	<p><b>Audit CiC / Committee Meeting Dates 2020/21</b></p> <p>MMcD presented a paper which sets out the planned dates of the Audit CiC / Audit Committee meetings for 2020/21. Calendar invitations have been issued to members and regular attendees.</p> <p>It was noted that the meeting scheduled for 28<sup>th</sup> October 2020 is during half term. It was agreed for TK to try to rearrange this meeting depending on availability.</p> <p><b>The Audit CiC received the meeting dates for 2020/21.</b></p>	TK
<i>Other</i>		
A20/22	<p><b>Appointment of Auditors</b></p> <p><i>GJ left the meeting for this item due to a conflict of interest. Further details regarding the conflict of interest and the decision made by the Chair are in item A20/02: Declarations of Interest.</i></p> <p>MMcD provided background information to this item. He noted that the current contract with the CCG's external auditors, Grant Thornton, is due to end on the completion of the CCG audit for 2019/20 with an option to extend for a further two years. The joint auditor consortium panel has recommended that the contract be extended for a further two years up to the completion of the audit for 2021/22. MMcD confirmed that the appointment of auditors is a matter reserved to the Audit Committee in the CCG constitution.</p> <p>The committee had a detailed discussion and agreed to support the panel's recommendation with the condition that the impact of the proposed merger between Southport &amp; Formby CCG, South Sefton CCG, Liverpool CCG and</p>	

No	Item	Action
	<p>Knowsley CCG is considered. The committee agreed that discussions would be required with Grant Thornton in relation to the proposed merger, which would potentially impact the audit of the 2021/22 financial year.</p> <p><b><i>The Southport &amp; Formby Audit Committee supported the recommendation of the joint auditor consortium panel to extend the CCG external audit contract with Grant Thornton for a further two years up to the completion of the audit for 2021/22, providing the impact of the proposed merger is considered, as noted above.</i></b></p> <p><b><i>GJ rejoined the meeting.</i></b></p>	
<b>Key Issues of other committees to be formally received</b>		
<b>A20/23</b>	<p><b>Key Issues reports of other committees</b></p> <ul style="list-style-type: none"> <li>• Finance and Resource Committees October and November 2019</li> <li>• Joint Quality and Performance Committee October and November 2019</li> <li>• Primary Care Commissioning CiC October and December 2019</li> </ul> <p><b><i>The Southport &amp; Formby Audit Committee received the key issues of the Finance and Resource Committee, Joint Quality and Performance Committee and Primary Care Commissioning CiC meetings for the months detailed above.</i></b></p>	
<b>Closing business</b>		
<b>A20/24</b>	<p><b>Any other business</b></p> <p><u>MHIS Compliance Statement</u> MMcD raised the status of the Mental Health Investment Standard (MHIS) Compliance Statement as an AOB item. As noted under item A20/04, a publication date has not yet been confirmed. MMcD reported that the Senior Leadership Team (SLT) have delegated authority to sign-off the MHIS Compliance Statement prior to publication on the CCG's website. He proposed that the sign-off process is undertaken at the next SLT meeting so that the compliance statement is ready to be published once the publication date is confirmed. The committee agreed this proposal; MMcD to arrange. GJ noted that once the publication date is confirmed, external audit will require an email from SLT to confirm whether there have been any changes to the CCG's circumstances in terms of the MHIS from the date of SLT sign-off to the date of publication.</p> <p><u>Feedback on today's meeting</u> The Chair asked members to provide feedback on the meeting today, particularly on process, content and behaviours. JS commented that it is helpful that meeting packs are issued a week before the meeting, which allows a reasonable amount of time to review the papers. The Chair commented that a deep dive into certain aspects of the organisation could be a potential agenda item for consideration in the future.</p>	MMcD

No	Item	Action
	<p><u>CHC Retrospective Claim – ME. Southport &amp; Formby CCG Only</u>            This item was related to Southport &amp; Formby CCG only and was therefore covered at the end of the meeting after item A20/25: <i>Key Issues Review</i>. AS left the meeting after item A20/25 and before discussion commenced for this AOB item.</p> <p>MMcD provided the background to the case regarding ME. The committee discussed the current situation with the case and agreed that there is still insufficient substantiated evidence to support a payment for retrospective Continuing Health Care (CHC) costs. MMcD confirmed he would write to the representatives acting on behalf of the client to notify them of the committee's view and invite their client to meet with the CCG to discuss the matter further.</p> <p>The committee requested that the current policy in relation to CHC payments be reviewed by the CCG. It was agreed that if any changes are required to strengthen the policy, the updated version is to be presented at the next Audit Committee meeting for approval; if no changes are required, the current version is to be presented at the next meeting to be received by the committee. LR to action a review of the policy.</p> <p>HN enquired about whether there is any specific guidance around retrospective CHC payments; LR confirmed she would check this and report back to the committee.</p>	<p>MMcD</p> <p>LR</p> <p>LR</p>
A20/25	<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 Governing Body.</p>	
	<p><b>Date and time of next meeting</b>            Southport and Formby Audit Committee            Wednesday 15<sup>th</sup> April 2020, 1pm-3pm            Room 5A, Merton House</p>	