

Governing Body Meeting (Part I) Agenda

Date: Wednesday 2nd June 2021, 13:00hrs to 15:00hrs

Venue: Virtual Meeting: Teams

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
Chrissie Cooke	Interim Chief Nurse	CC
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 or Deputy	Director of Public Health, Sefton MBC	
Director or Deputy	Director of Social Services and Health, Sefton MBC	
Bill Bruce	Chair, HealthWatch	BB

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
General					13:00hrs
GB21/60	Apologies for Absence	Chair	Verbal	Receive	25 mins
GB21/61	Declarations of Interest	Chair	Verbal	Receive	
GB21/62	Minutes of previous meeting – 7 th April 2021	Chair	Report	Approve	
GB21/63	Action Points from previous meeting – 7 th April 2021	Chair	Report	Approve	
GB21/64	Business Update	Chair	Verbal	Receive	
GB21/65	Chief Officer Report	FLT	Report	Receive	
Quality					13:25hrs
GB21/66	Chief Nurse update	CC	Report	Receive	20 mins
GB21/67	Care Home Strategy	DB	Report	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
Finance and Quality Performance					13:45hrs
GB21/68	Chief Finance Officer update <ul style="list-style-type: none"> 2021/22 CCG Budget Approval 	MMcD	Report	Receive	30 mins
GB21/69	Integrated Performance Report	MMcD	Report	Receive	
GB21/70	Audit Committee Annual Report	HN	Report	Receive	
Governance					14:15hrs
GB21/71	Disciplinary Policies and Procedures	DFair	Report	Approve	30 mins
GB21/72	North Mersey Joint Committee for the Proposal for a Comprehensive Stroke Centre	FLT	Report	Receive	
GB21/73	Published Registers 2020/21	HN	Report	Receive	
GB21/74	Governing Body Assurance Framework, Corporate Risk Register and Heat Map: Q4 2020/21	HN	Report	Receive	
GB21/75	Joint Committee of the Cheshire & Merseyside Clinical Commissioning Groups (Overview & Terms of Reference)	FLT	Report	Receive	
Key Issues Reports to be received for "review, comment and scrutiny":					14:45hrs
GB21/76	Key Issues Reports: <ol style="list-style-type: none"> Finance & Resource Committee Quality & Performance Committee Audit Committee Primary Care Commissioning Committee PTI Leadership Team 	Chair	Report	Receive	10 mins
GB21/77	Approved Minutes: <ol style="list-style-type: none"> Finance & Resource Committee Audit Committee Joint Quality & Performance Committee Primary Care Commissioning Committee PTI 	Chair	Report	Receive	
Closing Business					14:55hrs
GB21/78	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB21/79	Date of Next Meeting Wednesday 1st September 2021 Venue/Format: Teams 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.				
Estimated meeting close					15:00hrs

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 7th April 2021, 13:00hrs to 15:00hrs

Format: To help the CCG respond to the Coronavirus pandemic, meetings are being held virtually, as per the published notice on the CCG website.

The Governing Body Members in attendance

Dr Rob Caudwell	Chair & Clinical Director	RC
Helen Nichols	Deputy Chair & Lay Member for Governance	HN
Dr Emily Ball	GP Clinical Director	EB
Bill Bruce	Health Watch Chair	BB
Dr Doug Callow	GP Clinical Director	DC
Chrissie Cooke	Interim Chief Nurse	CC
Vikki Gilligan	Practice Manager	VG
Dil Daly	Lay Member for Patient and Public Engagement	DD
Martin McDowell	Chief Finance Officer	MMcD
Dr Anette Metzmacher	GP Clinical Director	AM
Dr Hilal Mulla	GP Clinical Director	HM
Dr Kati Scholtz	Clinical Vice Chair & Clinical Director	KS
Colette Riley	Practice Manager	CR
Fiona Taylor	Chief Officer	FLT

Co-opted Members (or deputy) in Attendance

Deborah Butcher	Social Service & Health, Sefton MBC (co-opted)	DB
Charlotte Smith	Public Health, Sefton MBC (co-opted)	CS

In Attendance

Debbie Fairclough	Interim Programme Lead – Corporate Services	DFair
Jan Leonard	S&F CCG Director of Place (North)	JL
Denise Roberts	Deputy Chief Nurse NHS Halton CCG/ NHS Warrington CCG	DR
Terry Stapley	<i>Minute taker</i>	TS

Apologies

Colette Page	Additional Nurse
Dr Jeff Simmonds	Secondary Care Doctor

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Governing Body Membership	June 20	Sept 20	Nov 20	Feb 21	Apr 21
Dr Rob Caudwell	Chair & Clinical Director	✓	A	✓	✓	✓
Helen Nichols	Vice Chair & Lay Member for Governance	✓	✓	✓	✓	✓
Dr Kati Scholtz	Clinical Vice Chair (May 17) and GP Clinical Director	✓	A	✓	✓	✓
Director or Deputy	Director of Public Health, Sefton MBC (co-opted)	✓	A	✓	A	✓
Director or Deputy	Director of Social Service & Health, Sefton MBC (co-opted)	A	A	A	✓	✓
Dr Emily Ball	GP Clinical Director	A	✓	A	A	✓

Name	Governing Body Membership	June 20	Sept 20	Nov 20	Feb 21	Apr 21
Dr Doug Callow	GP Clinical Director	✓	✓	✓	A	✓
Dil Daly	Lay Member for Patient and Public Engagement	✓	✓	✓	✓	✓
Vikki Gilligan	Practice Manager	✓	A	✓	A	✓
Maureen Kelly	Chair, Health watch (co-opted)	✓	A	A		
Bill Bruce	Chair, Health watch (co-opted)				✓	✓
Jane Lunt	Interim Chief Nurse	✓	✓	✓		
Chrissie Cooke	Interim Chief Nurse				✓	✓
Dr Anette Metzmacher	GP Clinical Director	✓	✓	✓	✓	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Dr Hilal Mulla	GP Clinical Director	✓	✓	✓	✓	✓
Colette Page	Additional Nurse Member	A	A	✓	A	A
Colette Riley	Practice Manager	✓	✓	A	✓	✓
Dr Jeff Simmonds	Secondary Care Doctor	✓	A	A	✓	A
Fiona Taylor	Chief Officer	✓	✓	A	✓	✓

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
GB21/36	<p>Patient Story</p> <p>The Governing Body were presented with a patient story from Denise Roberts, Deputy Chief Nurse NHS Halton CCG/ NHS Warrington CCG. The presentation focused on a patient with an undiagnosed learning disability.</p> <p>Following the presentation, the members noted the importance of the CCG having a focus on patients with learning disabilities/difficulties (LD).</p> <p>DB advised members that there is a Sefton Transformation Care Partnership Group which has been formed which is a multi-agency board to help with integration and to help support patients with LD in a variety of ways.</p> <p>Members attention was brought to issues associated with coding which has led to a number of patients with moderate and mild learning difficulties not being coded and would not be brought to the attention of the LD teams.</p> <p>CC advised that there is a report going to the next Joint Quality and Performance Committee (JQPC) meeting which will provide an update on the quality of LD services.</p> <p>CC briefed members on the differences between a person with learning difficulties and a person with learning disabilities which leads to confusion during diagnosis within general practice. This in turn means the patient is not being correctly</p>	

No	Item	Action
	<p>identified and flagged on NHS systems, which could lead to the patient not being given the correct support when attending acute services.</p> <p>CC advised that a quarterly LD report will be taken through JQPC which will include all the recommendations from the patient story and any key issues will be reported back through to the governing body via the key issues report/Chief Nurse report.</p> <p>Members noted the importance around the annual health checks (passport) and that the issues noted are an important part of the CCGs agenda going forward.</p> <p>Resolution: The members received the update.</p>	
GB21/37	<p>Apologies for Absence</p> <p>Apologies were received from Jeff Simmonds and Colette Page.</p> <p>The Chair informed the members that the information on the governing body meetings had been updated on the CCG website to provide the public with an opportunity to continue to present questions to the members. No questions had been received for the meeting.</p>	
GB21/38	<p>Declarations of Interest</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 & Formby CCG.</p> <p>Those holding dual roles across both Southport & Formby CCG and South Sefton CCG declared their interest; Fiona Taylor, Martin McDowell, Chrissie Cooke.</p> <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 http://www.southportandformbyccg.nhs.uk/about-us/our-constitution/</p>	
GB21/39	<p>Minutes of Previous Meeting 3rd February 2021</p> <p>The members approved the minutes of 3rd February 2021 as a true and accurate record, noting an amendment was made to item GB21/11 to clarify that it was a very minor contravention of the Gifts and Hospitality rules and not in itself material..</p>	
GB21/40	<p>Action Points from Previous Meeting</p> <ul style="list-style-type: none"> • <u>3rd February 2021</u> <p><u>GB20/115 Integrated Performance Report (Quality)</u></p> <ul style="list-style-type: none"> • The members agreed to further discussion of the ADHD service at an upcoming Governing Body Development Session. <p>Resolution: Open</p> <p><u>Update:</u> This will be programmed in for update to the Governing Body following the Governing Body Development Session</p>	

No	Item	Action
	<p><u>GB20/148 Chief Officer Report</u></p> <ul style="list-style-type: none"> Update on the NHS People Plan to be provided at the next Governing Body Development Session. <p>Resolution: Open</p> <p>Update: FLT advised this has been to Governing Body Development Session, Sounding Board, Leadership Team and Ops Team. Final sign off will come through Governing Body.</p> <p><u>GB20/154 Emergency Preparedness Resilience and Response (EPRR) Assurance 2020</u></p> <ul style="list-style-type: none"> KF and RC to discuss further GP cover at the Health Performance Improvement Group. To ensure Primary care are sighted on SEND performance. <p>Resolution: Close</p> <p>Update: RC noted he has spoke to KF and noted this was part of Dr Wendy Hewitt's portfolio. RC to pick this back up with WH in relation to attendance.</p> <p><u>GB21/10(I) Integrated Performance Report</u></p> <ul style="list-style-type: none"> Figures relating to the number of children who are still on the ASD/ADHD Pathway to be included in April 2021 Chief Nurse Governing Body report. <p>Resolution: Close</p> <p>Update: CC to provide a verbal update during item GB21/43</p> <p><u>GB21/10(II) Integrated Performance Report</u></p> <ul style="list-style-type: none"> MMcD to gain more detail on how Southport and Formby CCG compare against other local CCGs in relation to Incomplete pathways waiting over 52 weeks. <p>Resolution: Open</p> <p>Update: MMcD noted the comparison nationally is included within the Integrated Performance Report, benchmarking locally has not yet been completed.</p>	FLT
GB21/41	<p><u>Business Update</u></p> <p>The Chair noted we have now entered the new financial and clinical year (2021/22). With an emphasis on back to business as usual and primary care Quality Outcomes Framework (QOF) catch up.</p> <p>The decision has been made by the PCN groupings not to deliver the COVID-19 vaccine to cohorts 10-12, this will allow practices to concentrate on QOF and the general work of general practice.</p> <p>RC brought members attention to the imminent establishment of single Southport and Formby PCN which every practice has indicated they are interested in signing up to. Work is in its final stages and should be established by the end of April 2021, noting this is a positive step forward for Southport and Formby.</p> <p>Resolution: The members received the update.</p>	

No	Item	Action
GB21/42	<p>Chief Officer Report</p> <p>FLT presented the Chief Officer report which focussed on those items not covered on today's agenda. FLT advised that the report templates will now include the refreshed strategic objectives for 2021/22. The governing body has also delegated responsibility to a relevant sub-committee or the leadership team to oversee delivery of each objectives and to identify and mitigate any risks that may have an adverse impact.</p> <p>In relation to EU Exit the CCG continues to monitor the potential impact that the exit from the EU may have on local health services but daily sitreps to NHS England will cease from 1st April 2021.</p> <p>Members attention was brought to section 4 and the relocation of the CCGs headquarters from Merton House to Magdalen House. Noting the medicines management team has now moved into Magdalen House and the governing body will receive further updates on when we will start a phased approach of moving the rest of the staff. In the meantime, as per government guidelines, the majority of staff will continue with remote working.</p> <p>FLT noted Midlands and Lancashire Commissioning Support Unit (MLCSU) have provided extensive support to the CCG throughout the pandemic not just on our response to COVID19 but also providing ongoing support to our business as usual activities and ensuring we were able to discharge our responsibilities. A copy of the MLCSU Annual Report 2020/21 was available to members as appendix 1 of the report.</p> <p>The Shaping Care Together programme continues and is overseen by the Joint Committee of NHS Southport and Formby CCG and NHS West Lancs CCG. The committee held a public meeting on 24th March and an update was provided by the Programme Director. Phase one of the engagement and communication process has concluded and work is underway to consolidate learning so far. The committee had also undertaken an annual review of its terms of reference that was led by the committee's current chair, Helen Nichols, Lay Member for Governance S&F CCG and minor changes were proposed. The terms of reference are for consideration and approval later on the agenda today.</p> <p>In relation to section 9 Cheshire & Merseyside has been confirmed as the first pilot site in Europe to test the ground-breaking Galleri blood test as part of the national NHS England-GRAIL Screening Study Partnership. They will be working with NHS England, GRAIL and the Cancer Prevention Trials Unit (CTPU) to deliver this work.</p> <p>FLT advised a Strategic Task & Finish Group has been established to oversee the development of an Integrated Care Partnership in Sefton. The Group held its first meeting in March and is being chaired by the Cabinet member for Health & Wellbeing. The CCGs are represented through Leadership Team members, with PCNs also represented by Clinical Directors.</p> <p>Finally, FLT presented members with the planning guidance for 2021/22 and provided a brief update on the 6 key aims and 13 priorities.</p> <p>Resolution: The members received the report.</p>	
GB21/43	<p>Chief Nurse update</p> <p>CC provided the Governing Body with an overview of the current key issues in terms of quality within the CCG commissioned services and the wider aspects of the Chief Nurse portfolio.</p>	

No	Item	Action														
	<p>The report identified issues that are of key importance to maintaining an oversight of quality of care and sets out clarity regarding revised quality monitoring arrangements for providers.</p> <p>CC highlighted that following the Covid response and the anticipated return to business as usual, all providers have been asked by NHSE to plan for restoration of services. This includes plans for recovering elective waiting times and stepping up harm reviews that may have occurred during waiting.</p> <p>In relation to harm from waiting, during the pandemic period the CCG gained early sight from the Trusts (via MLCSU) of all long waiters, monitoring the 36-week waiters, at speciality level for all contracted key providers. The CCG also received assurance information for the 52 week waits from each Trust on the issues and plans. This information is reported to Governing Body monthly via the Integrated Performance Report. Currently there are no Southport and Formby patients that have been identified.</p> <p>CC brought member's attention to appendix one of the report and the Mersey Care NHS Foundation Trust section advising that the CCG was made aware on 23rd February 2021, of Continuing Healthcare cases that were awaiting assessment and or review under the CHC Framework which were the responsibility of Mersey Care NHS Foundation Trust (Mersey Care). Further details are noted within the report.</p> <p>In February 2021 the Governing Body was alerted, in the Chief Nurses report to the ongoing risk to staffing and this has been recognised in the system level restoration plan. It includes strategies to support the resilience and recovery of our workforce and recognises this is paramount to ensure both a sustainable recovery and the best possible outcomes for our patients. It will include longer term investment, particularly in health and wellbeing, the flexible use of resources and support to staff to lead and transform.</p> <p>CC updated members on the Autism spectrum disorder (ASD) and Attention deficit hyperactivity disorder (ADHD) data following the action from the meeting in February 2021.</p> <p>The table below provides the update December 2020 – February 2021.</p> <table border="1" data-bbox="427 1323 1094 1552"> <thead> <tr> <th data-bbox="432 1323 794 1352">ASD</th> <th data-bbox="794 1323 1090 1352">Cases waiting (538)</th> </tr> </thead> <tbody> <tr> <td data-bbox="432 1352 794 1382">December 2020</td> <td data-bbox="794 1352 1090 1382">135 (16-25 years old)</td> </tr> <tr> <td data-bbox="432 1382 794 1411">February 2021</td> <td data-bbox="794 1382 1090 1411">210 (16-25 years old)</td> </tr> <tr> <td data-bbox="432 1411 794 1440"></td> <td data-bbox="794 1411 1090 1440"></td> </tr> <tr> <th data-bbox="432 1440 794 1469">ADHD</th> <th data-bbox="794 1440 1090 1469">166</th> </tr> <tr> <td data-bbox="432 1469 794 1498">December</td> <td data-bbox="794 1469 1090 1498">136 (16-25 years old)</td> </tr> <tr> <td data-bbox="432 1498 794 1527">February 2021</td> <td data-bbox="794 1498 1090 1527">144 (16-25 years old)</td> </tr> </tbody> </table> <p>Action – CC to send DD a copy of the restoration plan which looks at staff health and wellbeing, noted in section 2.2.2 of the Chief Nurse report.</p> <p><i>Helen Nichols left the meeting 14:20hrs</i></p> <p>FLT advised members of what the CCG Leadership Team is doing for staff health and wellbeing, with any issues being raised through Sounding board, Team meetings or via the staff wellbeing representatives.</p> <p>Members of the Governing Body had a discussion in relation to how to recalibrate Primary Care services for 2021 and moving the system forward following the COVID-19 pandemic.</p>	ASD	Cases waiting (538)	December 2020	135 (16-25 years old)	February 2021	210 (16-25 years old)			ADHD	166	December	136 (16-25 years old)	February 2021	144 (16-25 years old)	CC
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No	Item	Action
	<p>Action – Agenda item at the next Development Session re-calibration of Primary Care services for 2021.</p> <p>RC noted that there is a great deal of work being undertaken in providing support and wellbeing to staff but queried who is providing the support for Senior Managers in the CCG. FLT noted Senior Managers are supported by fellow colleagues within the CCG and externally, with all of Leadership Team having had an appraisal and the offer of coaching.</p> <p>Finally, CC advised there have been concerns raised in relation to the movement of Ward 35 to Stoddart house. She noted that there has been a great deal of work carried out in relation to the governance aspects and quality oversight. Weekly oversight meetings are being attended by the CCG, and currently there are no quality issues to note.</p> <p>Resolution: Members received the report.</p>	<p>JL / KS / FLT</p>
GB21/44	<p>Chief Finance Officer update</p> <p>MMcD provided the Governing Body with an overview of the Month 11 financial position for NHS Southport and Formby Clinical Commissioning Group as at 28th February 2021.</p> <p>The risk adjusted (likely case) financial position for 2020/21 was assessed in the CCG’s draft financial plan at £8.900m deficit. It should be noted that the draft plan was not approved by NHS England.</p> <p>For the first six months of the financial year, the CCG revised control total was breakeven and additional allocations were received to reimburse costs directly related to COVID and to adjust allocations to support actual expenditure incurred by the CCG. The CCG received additional allocations of £7.197m to support COVID related costs and other CCG cost pressures. All expenditure to Month 6 has been reimbursed and the Months 1-6 financial position is breakeven.</p> <p>MMcD advised the financial position at Month 11 is £0.867m overspend which includes an overspend relating to costs for the Hospital Discharge programme and Local Independent Sector contracts for which are yet to be reimbursed. The provisional year-end forecast is predicted at £1.151m deficit which includes costs for the Hospital Discharge Programme and Independent Sector Contracts forecast to the year end. The additional allocations have been received and will reduce the position to break even. Therefore, the CCG is on target to deliver its statutory duty and the target set out by Cheshire and Mersey Healthcare Partnership operating under the revised 2020/21 rules in the NHS (subject to external audit).</p> <p>FLT thanked MMcD and the finance team for their work throughout the year.</p> <p>MMcD noted that the CCG is still in legal directions, a paper has been submitted to the NHS England North West Regional team with evidence of improvements since 2015 and the request for legal directions to be lifted.</p> <p>Resolution: The Governing Body received the report noting that:</p> <ul style="list-style-type: none"> • The control total for Southport and Formby CCG was a surplus of £0.900m for 2020/21. The QIPP efficiency requirement to deliver the financial plan was £14.956m. A draft opening plan estimated the CCG’s likely case deficit at £8.900m. • Temporary arrangements have been implemented for the financial year which included a monthly reconciliation process for Months 1-6 to reimburse costs 	

No	Item	Action																		
	<p>directly related to COVID and adjust for actual expenditure incurred. The revised control total for the period to 30th September 2020 was breakeven.</p> <ul style="list-style-type: none"> The CCG has received additional allocations of £7.197m to date to support all COVID related costs and other cost pressures up to Month 6 and the financial position to Month 6 is breakeven. The planned deficit was revised to £1.591m following review in February 2021, agreed resources have been received in Month 11 and approved for Month 12 which will support the CCG to achieve a break even position for 2020/21. The Month 11 financial position is £0.867m overspent which includes an overspend relating to costs for the Hospital Discharge programme and Local Independent Sector Contracts which are awaiting a retrospective allocation adjustment. The provisional year-end forecast is predicted at £1.151m at this stage which includes cost pressures awaiting a retrospective allocation adjustment. The additional allocations when received will reduce the deficit to break even. 																			
GB21/45	<p>Integrated Performance Report</p> <p>MMcD lead the discussions advising, that the report provides summary information regarding the activity and quality performance on the key constitutional targets of Southport and Formby Clinical Commissioning Group.</p> <p>As part of an ambitious national COVID-19 vaccination programme Southport & Formby introduced two vaccination hub sites. They spent January inviting and vaccinating patients that fell within the Joint Committee on Vaccination and Immunisation (JCVI) cohorts 2-4. They are on target to successfully administer first dose vaccinations to this target population by the national deadline of 15th February 2021. The hubs have proven to be very successful and a combination of staff from GP practices, PCNs, CCGs, GP federation and community organisations have contributed to the daily running of the PCN sites. As part of the targeted approach to patients in priority groups, PCN, CCG and community colleagues also visited all care home patients and nursing home residents, where possible, administering first dose vaccinations to both staff and resident in the JCVI cohort 1. The figures as of 6th April 2021; 69,991 of the adult population in Southport and Formby have already had their first vaccination (breakdown below):</p> <table border="1" data-bbox="486 1429 1098 1720"> <tbody> <tr> <td>80+ (cohort 2)</td> <td>96.6%</td> </tr> <tr> <td>75-80 (cohort 3)</td> <td>96%</td> </tr> <tr> <td>70-74 (cohort 4)</td> <td>94.8%</td> </tr> <tr> <td>Clinically vulnerable (cohort 4)</td> <td>93.6%</td> </tr> <tr> <td>65-69 (cohort 5)</td> <td>92.9%</td> </tr> <tr> <td>16-64 at risk (cohort 6)</td> <td>81.8%</td> </tr> <tr> <td>Cohort 7</td> <td>90.4%</td> </tr> <tr> <td>Cohort 8</td> <td>87.8%</td> </tr> <tr> <td>Cohort 9</td> <td>85%</td> </tr> </tbody> </table> <p>MMcD noted the issues in relation to E-Referrals due to a number of clinics not being on the system and is the reason why performance is not 100% as expected.</p> <p>There were a total of 895 Southport & Formby CCG patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 226 patients were waiting over 52 weeks, an increase on last month when 112 breaches were reported. This is over the plan of 90 patients put in as part of the phase 3 response. Overall waiters for the CCG increased to 9,254 (December 7,782). Southport & Ormskirk had a total of 91, 52 week breaches in January,</p>	80+ (cohort 2)	96.6%	75-80 (cohort 3)	96%	70-74 (cohort 4)	94.8%	Clinically vulnerable (cohort 4)	93.6%	65-69 (cohort 5)	92.9%	16-64 at risk (cohort 6)	81.8%	Cohort 7	90.4%	Cohort 8	87.8%	Cohort 9	85%	
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Cohort 9	85%																			

No	Item	Action
	<p>showing no improvement from 39 reported last month. The 226 CCG breaches reported also represent 2.4% of the total waiting list, which is well below the national level of 6.6%. This good performance is due to the continuation of services continuing during the COVID surges at the Trust.</p> <p>The CCG and Trust are achieving 3 of the 9 cancer measures year to date.</p> <p>Performance in two week wait breast services remain under target for the third consecutive month due to breaches within LUHFT and the majority of breaches due to 'inadequate outpatient capacity'. The maximum wait for patients seen was 63 days for two week wait breast services. The median wait for Southport and Formby breast patients in January was 13 days compared to December when it was 21 days showing significant improvement. Plans to equalise breast waiting times across the two LUHFT hospital sites are in progress. The assurance is given by risk stratification of all patients across both the suspected cancer and symptomatic breast pathways to ensure those at greatest risk of cancer are given priority investigation. The CCG has also followed up with the lead commissioner for LUHFT on a recovery date.</p> <p>For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.25% in January and has therefore failed to achieve the 1.59% target a report has been requested by the CCG which will go to Senior Management Team and JQPC to gain an in-depth breakdown of the issues.</p> <p>MMcD advised members that the CAMHS waiting time position is being closely monitored by the Trust and the CCGs. The Trust is considering its response and is preparing a proposal for consideration by the CCGs. Notably the Cheshire and Merseyside partnership has been undertaking further modelling work and is predicting a 30% increase in demand for mental health services over the next 2 years.</p> <p>Members attention was brought to the month 10 figure for elective care and the £12.4m underperformance from what was predicted.</p> <p>Governing Body members noted the work which is being carried out in relation to CAMHS but still have concerns over the eating disorder clinic/service. Members highlighted their concerns that there were some gaps which means some work comes back to General Practice. Members noted the service requires review and any identified gaps should be addressed.</p> <p>Action – Development Session agenda item to discuss the gaps and proposals from Alder Hey with the CCGs Children's Commissioning Managers.</p> <p>BB reiterated his concerns around cancer waiting times / access. FLT advised that there is a return back to pre Covid levels for some but not all cancer groups, noting the cancer alliance is working on areas to restore focus to services which are noted to be higher prevalence in the area.</p> <p>Resolution: The Governing Body received the report.</p>	SW/PW
GB21/46	<p>NHS Southport and Formby CCG and NHS West Lancashire CCG Joint Committee Terms of Reference (Shaping Care Together)</p> <p>FLT presented the updated Joint Committee Terms of Reference which have been reviewed and updated following an annual review.</p> <p>The Governing Body are asked to review the changes and approve the NHS Southport and Formby CCG and NHS West Lancashire CCG Joint Committee Terms of Reference following approval at Joint Committee on 25th March 2021.</p>	

No	Item	Action
	Resolution: The Governing Body approved the Terms of Reference.	
GB21/47	Key Issues Reports: a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) Leadership Team Resolution: The Governing Body received the key issues reports	
GB21/48	Approved Minutes: a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Primary Care Commissioning Committee PTI: Resolution: The Governing Body received the approved minutes.	
GB21/49	Any Other Business FLT formally informed the Governing Body that Chrissie Cooke will be staying as the Interim Chief Nurse position within the CCG until the end of September 2021, with Debbie Fagan staying in her current position within Southport and Ormskirk Hospital. Resolution: The Governing Body received these items.	
GB21/50	Date and Time of Next Meeting Wednesday 7 th April 2021, 13:00hrs. Format to continue as Video Conferencing meetings unless otherwise advised. <u>Future Meetings:</u> The Governing Body meetings are held on the first Wednesday of the month. Dates for 2020/21 are as follows: 2 nd June 2021 All PTI public meetings will commence at 13:00hrs, format to be confirmed.	
Meeting concluded PTI meeting concluded using the Teams platform.		14:45hrs
Motion to exclude the public: Due to the format of the meeting the motion to exclude the public was not required.		

Governing Body Meeting in Public: Action Points

Date: Wednesday 7th April 2021

No	Item	Lead	Update
GB20/115	<p>Integrated Performance Report Quality</p> <ul style="list-style-type: none"> The members agreed to further discussion of the AHD service at an upcoming Governing Body Development Session. 	FLT	07/04/2021 <i>Update</i> - This will be programmed in for update to the Governing Body following the Governing Body Development Session
GB20/148	<p>Chief Officer Report</p> <ul style="list-style-type: none"> Update on the NHS People Plan to be provided at the next Governing Body Development Session. 	MMcD	07/04/2021 <i>Update</i> - FLT advised this has been to Governing Body Development Session, Sounding Board, Leadership Team and Ops Team. Final sign off will come through Governing Body.
GB21/10(II)	<p>Integrated Performance Report</p> <ul style="list-style-type: none"> MMcD to gain more detail on how Southport and Formby CCG compare against other local CCGs in relation to Incomplete pathways waiting over 52 weeks. 	MMcD	07/04/2021 <i>Update</i> - MMcD noted the comparison nationally is included within the Integrated Performance Report, benchmarking locally has not yet been completed.
GB21/43(I)	<p>Chief Nurse update CC to send DD a copy of the restoration plan which looks at staff health and wellbeing, noted in section 2.2.2 of the Chief Nurse report.</p>	CC	
GB21/43(II)	<p>Chief Nurse update Agenda item at the next Development Session re-calibration of Primary Care services for 2021.</p>	JL/KS/FLT	

No	Item	Lead	Update
GB21/45	Integrated Performance Report Development Session agenda item to discuss the gaps and proposals from Alder Hey with the CCGs Children's Commissioning Managers.	SW/PW	

MEETING OF THE GOVERNING BODY June 2021

Agenda Item: 21/65	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southsefton.ccg.nhs.uk 0151 247 7069	Clinical lead: N/A						
Report date: June 2021								
Title: Chief Officer Report								
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.								
Recommendation The Governing Body is asked to <ul style="list-style-type: none"> • <i>Receive the update</i> 		<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 30px;">X</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X							
Approve								
Ratify								

Links to Corporate Objectives 2021/22 (<i>x those that apply</i>)	
X	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To drive quality improvement, performance and assurance across the CCG's portfolio.
X	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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				
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

Report to the Governing Body June 2021

COVID19 updates

1. Mass Vaccination Programme

A number of changes to JCVI guidance regarding the cohorts and timing of second doses have been received and actioned by sites. For cohorts 10-12 increased provision through community pharmacy colleagues has been made available across Sefton.

We continue to work closely with PCNs, Local Authority, Voluntary Sector and HealthWatch Sefton colleagues to address vaccine hesitancy and address the needs of groups who may find it difficult to access vaccination.

General local and national updates

2. Headquarters – relocation

The CCG's Interim Programme Lead for Corporate Services is continuing to work with CCG colleagues, iMersey and Sefton Borough Council to conclude the relocation of the CCG's headquarters to Magdalene House in Bootle. Merton House was vacated during mid-March and the medicines management team and key administrative staff have been working from the fourth floor at Magdalene as an interim measure.

The CCG will have permanent premises on the first floor once the structural adaptations to the office space have been completed and the IT systems are in place.

The CCG had planned for a return to office based working, albeit an agile model comprising off site and on site ways of working, with effect from the 1st July, however there have been some delays with the media provider meeting the required timelines. The CCG is also required to comply with the landlords' health and safety and COVID secure guidelines in terms of the numbers of staff that can be on site at any one time.

In the meantime the CCGs and Sefton Borough Council continue to work collaboratively to support a return to office based working as soon as this is practically possible. The outputs of the internal staff survey that concludes on 28th May will inform the future operating model.

3. NICE Strategy 2021 to 2026: dynamic, collaborative, excellent

In April the National Institute for Clinical Excellence (NICE) launched a new 5 year strategy. The ambitious strategy marks a new era at NICE that remains committed to the core purpose of improving health and wellbeing by putting science and evidence at the heart of decision making.

However, NICE are aiming to become even more dynamic, flexible and responsive and their new strategy outlines how they will develop products, processes, and partnerships in the coming years. It sets out how they will cultivate our approach to be more responsive, using a range of sources of data and evidence, while retaining our independent, robust methods.

The strategy is available here [5 year strategy](#)

To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.

4. Shaping Care Together

The Shaping Care Together Programme has developed a place-based focus across Southport & Formby and West Lancashire, given the optimal solution for local residents is a sustainable model across all sectors. The programme received additional investment in 2020/21 to launch a joint engagement programme, across the CCGs and Trust. A more recent update on progress is provided below:

- **Engagement and Communication**

Joint sessions have taken place with NHS St Helens CCG and NHS Wigan Borough CCG. The group has met with New Hospitals Programme Communications & Engagement team to align and co-develop messaging.

Following SCT Governance decision and guidance, a refined, detailed timeline has been create alongside a new supplier engaged (Freshwater) to support with the additional capacity required to mobilise the plan at pace. Social media campaign clinician videos in development. Post purdah briefings are underway.

- **Clinical and care engagement and leadership:**

The second round of workshops are underway to define the clinical case for change and identify business intelligence (BI)/evidence requirements, with a third round planned to define the service level models of care booked in for June.

An update project plan has been produced and aligned with the revised C&E plan. Yorkshire & Humber Clinical Senate has been formally requested to be the critical friend, and the North West Clinical Senate has been formally requested as the stage 2 clinical assurance. A review of how to assess clinical leadership and engagement is underway.

- **Resources**

The 21/22 budget has been drafted with the finance leads across the 3 organisations. There is an uncertainty of costs related to estates expertise, BI expertise and finance expertise and remains an issue. A meeting was held with the system Directors of Finance/Chief Finance Officers on 12/05/21 and a resolution to the finance was agreed. Martin McDowell has agreed to be the Senior Responsible Officer for BI

5. 2020-21 CCG Self-Assessment

Each year NHS England is required to review CCG performance. Historically, this has been carried out under the auspices of the CCG Improvement and Assessment Framework, and more recently the NHS Oversight Framework. However, as a result of the continued impact of Covid-19 and the need for the NHS to set new and updated priorities across the different phases of the response, NHSE has introduced a simplified approach.

The CCG was advised that this year's annual assessment process will focus on CCGs' contributions to local delivery of the overall system plan for recovery, with emphasis on the effectiveness of working relationships in the local system.

The process comprised a self-assessment by the CCG and a follow up meeting on the 27th May 21, following which NHS England will advise the CCG of their findings and final assessment.

6. Staff Friends and Family Test (FFT) for provider organisations

On 21st May, NHS England wrote to providers with an outline of how the Staff Friends and Family Test would be rolled out this year.

Last year FFT was suspended due to the response to the Coronavirus pandemic. Building on the [People Pulse](#), the national pulse survey introduced last year, NHSE are changing the Staff FFT guidance so that it will now refer to the Quarterly Staff Survey (QSS). Trust will be required to participate in the QSS which now replaces the Staff FFT. This has a phased introduction, therefore during Quarter 1 2021/22 only organisations utilising the [People Pulse](#) participated in the QSS. However, from July 2021, all provider organisations are required to implement this new survey.

Formal guidance for the Quarterly Staff Survey is going through its final stages of approval, and we hope to share this with colleagues as soon as it is ready. The guidance will be housed [here](#). In the interim, NHSE has issued the following guidelines:

- On a quarterly basis (except for Quarter 3), during the months of April, July and January, each trust will need to ask staff the nine engagement theme questions from the annual NHS staff survey.
- All staff are to be provided with the opportunity to take part in the Quarterly Staff Survey during each of these quarters.
- The method of data collection is flexible and to be decided by each trust individually. Trusts can choose to utilise the national [People Pulse](#), existing internal surveys, or their current Staff FFT provider.
- If a trust chooses to use the national People Pulse, there is no requirement to submit the data. The data will be submitted centrally.
- For other methods of data collection, trusts will need to submit the data on the Strategic Data Collection Service, as previously completed for the Staff FFT.
- Nationally, the results will be available one month after submitting the data. This allows for the data to be validated, quality assured and published nationally. Locally, the results can be published and used before the national publication.
- The Quarterly Staff Survey will run alongside the annual NHS staff survey, providing a more regular insight into the working experience of our NHS people at a high level.

To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes.

7. Financial Framework

Due to the ongoing response to the COVID-19 pandemic, NHS England and Improvement (NHSE/I) have advised that the pre COVID-19 financial framework and contracting processes will continue to be suspended for the first half (H1) of the 2021/22 financial year. Planning guidance issued on 26th March 2021 refers to the requirement for the Cheshire and Merseyside system to break even in the first half of the 2021/22 financial year. CCG allocations for H1 are based on the second half of the 2020/21 financial year.

The CCG is working alongside all partners across the Cheshire and Merseyside area to manage within allocated resources and it is expected that the CCG will reach a break-even financial position in line with its allocation for the first six months of the financial year (known as H1). The CCG will continue to evaluate its expenditure on a monthly basis to respond to guidance relating to the second part of the financial year when it is published during the summer.

The Governing Body will receive further detail on the CCG's financial plan for H1 in the June Part 2 meeting.

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

8. Primary Care Network (PCN) – general update

The Primary Care Commissioning Committee authorised the establishment of a new Southport and Formby PCN, which includes all practices within the SFCCG membership. Representation from the four GP locality leads will ensure that the needs of those populations are addressed.

A key priority is for the PCN to work with key partners to deliver against the service specifications, whilst accessing the Additional Role Reimbursement funding to expand the workforce. Alongside this the PCN will work with the two other Sefton PCNs to contribute to the development of integrated working at borough and locality level.

9. PCN areas of focus for 2021-22

Each PCN has its own specific plans but in general key areas for focus for 2021/22 include:-

- Maintaining sustainability and delivery of general practice during the pandemic, including delivery of the Covid vaccination programme

- Progressing PCN development plans to become more robust and mature organisations and developing their longer term strategic priorities based on population need
- Contributing to the further development of Integrated Care Partnership working (ICP) including wider approaches to the reduction in health inequalities and population health management
- On -going delivery of the PCN contract and specifications for Enhanced Health in Care Homes, Cancer and other areas prioritised for 2021/22 in the national contract
- Further recruitment to new and innovative additional PCN roles such as social prescribing link workers, care co-ordinators, physicians associates, first contact physiotherapists, and mental health practitioners, fully embedding them in the work of the PCNs, integrated care teams and wider working across localities.

10. eConsult

Over the past 12 months practices have been utilising and eConsult model as a means of enabling appointments during the pandemic. As general medical services are now in the process of restoring to previous ways of working, it has become apparent that the consideration needs to be given to the use of eConsult. The increase in eConsults in the past few months is increasing the workload pressure on practices.

In discussion with the local medical committee (LMC) It has been agreed through the leadership team that the CCG wishes to support the ongoing contractual requirement for eConsult to be made available and subject to further support from the Primary Care Commissioning Committees in Common. The leadership team concluded the following:

- Practices have met their contractual obligations by making online consultations available in working hours.
- There is no contractual requirement for GP practices to have eConsult available outside of working hours
- There remains a clinical risk whereby patients may make a consultation in the out of hours period that is not picked up until working hours by which time harm may have occurred.
- Using the current online consultation software further increases inequalities by disadvantaging those residents who are unable to access online tools packages for a variety of reasons.

Any changes should be for an initial period of three months and then subject to review; the changes are optional for each practice and would also require consideration by the respective patient participation groups (PPGs) of the relevant practice.

To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

11. Borough based working

The Strategic Task & Finish Group is now well established, chaired by the Cllr Ian Moncur it has been meeting on a fortnightly basis since March 2021.

At the most recent meeting the progress the Group has made was demonstrated, with varied discussions ranging from the development of a Business Intelligence Hub to the work that is progressing at system level regarding the disaggregation of the CCGs functions between Cheshire and Mersey system and the borough of Sefton as we develop our integrated care partnership (ICP) The CCG has been an active participant in these discussions.

At May's informal Health & Wellbeing Board the Local Government Association presented a bespoke approach to the Board's development, so that it can adopt a place leadership role from April 2022 onwards. All partners were supportive of the recommendations. Work to align Living Well in Sefton and Sefton2gether is progressing through a joint working group, with initial strategic priorities likely to focus on mental wellbeing, obesity and community resilience. The Sefton Mental Health Review, which is also now well established with cross-partner representation, is to take a lead role in defining the priorities for mental wellbeing.

Further work is being undertaken to implement key partner strategies that were developed in 2020/21, including the Care Home and Intermediate Care Strategies. The Sefton Programme Delivery Group will have a key role in driving forward implementation.

12. Recommendation

The Governing Body is asked to

- *Receive this report.*

Fiona Taylor
Chief Officer
June 2021

MEETING OF THE GOVERNING BODY June 2021

Agenda Item: 21/66	Author of the Paper: Chrissie Cooke	Clinical Lead: N/A
Report date: June 2021	Interim Chief Nurse chrissie.cooke@southseftonccg.nhs.uk	

Title: Chief Nurse Report

Summary/Key Issues:

This paper presents the Governing Body with an update regarding key issues that have occurred since the last report which was presented in April 2021. The key issues to draw the committees attention to are the:

- Progress regarding the Reflective Practice Review of YP A (South Sefton CCG patient)
- Planned SEND DfE re-visit on 20 June 2021.
- Chief Coroners Reg 28: Prevention of Future Deaths Report for Southport and Ormskirk Hospitals NHS Trust (SOHT), following the death of a 4 year old girl in January 2020
- Serious incident reported from south Sefton Local Vaccination Site, following the incorrect data inputting. This has led to 3 people receiving a mixed vaccine schedule outside of local arrangements.
- Care Quality Commission (CQC) report published on 13 May 2021, following the unannounced inspection to SOHT in March, with improvements noted. There are recommendations against a number of should do's including; medical and nursing staffing and risk assessments.
- SOHT are required to submit response against the Ockenden audit by 20 June via the Local Maternity Systems (LMS) portal
- The Sefton Clinical Commissioning Groups (CCGs) have provided additional non recurrent investment to support the waiting times for; adult autistic spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) and improving access to psychological (IAPT) services. There are expected timescales for improvement to be noted including management of patients on the waiting lists.
- Stoddart House community bed base opened in April 2021, but below the CCGs commissioned number of beds. Impact on the acute trust is being monitored.

Recommendation

The Governing Body is asked to receive this report.

Receive	X
Approve	
Ratify	

Links to Corporate Objectives 2021/22 (x those that apply)	
	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To drive quality improvement, performance and assurance across the CCG's portfolio.
	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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	x			This report has been presented at the May Joint Quality and Performance Committee

Report to the Governing Body June 2021

1. Executive Summary

1.1 This paper presents the Governing Body with an update regarding key issues that have occurred since the last report which was presented in April 2021

1.2 The key risks to draw the committees attention to are:

- Progress regarding the Reflective Practice Review of YP A
- Planned SEND DfE re-visit on 20 June 2021.
- Chief Coroners Reg 28: Prevention of Future Deaths Report for Southport and Ormskirk Hospitals NHS Trust (SOHT), following the death of a 4 year old girl in January 2020
- Serious incident reported from south Sefton Local Vaccination Site, following the incorrect data inputting. This has led to 3 people receiving a mixed vaccine schedule outside of local arrangements.
- Care Quality Commission (CQC) report published on 13 May 2021, following the unannounced inspection to SOHT in March, with improvements noted. There are recommendations against a number of should do's including; medical and nursing staffing and risk assessments.
- SOHT are required to submit response against the Ockenden audit by 20 June via the Local Maternity Systems (LMS) portal
- The Sefton Clinical Commissioning Groups (CCGs) have provided additional non recurrent investment to support the waiting times for; adult autistic spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) and improving access to psychological (IAPT) services. There are expected timescales for improvement to be noted including management of patients on the waiting lists.
- Stoddart House community bed base opened in April 2021, but below the CCGs commissioned number of beds. Impact on the acute trust is being monitored.

2. System Issues

Progress regarding the Reflective Practice Review of YP A (South Sefton CCG patient)

2.1 Further to the update in the April 2021 Chief Nurse report regarding an incident in January 2021 and issues with the children and young people's mental health pathway. Eight strategic actions have been determined, with an overarching action plan in place with oversight from NHS EI C&M. The Chief Nurse for the Sefton CCGs, is ensuring the actions plans are progressed across Sefton. A report is in the process of being finalised, which JQPC should receive in June 2021. The Chief Nurse has a meeting arranged with the young person's mother to report against the progress of the action plan. In addition the CCG will convene an assurance review meeting, with system partners, in July to review progress and evidence of impact on the rapid action plan

Eight Strategic Actions

- Review the Dynamic Risk Register (DRR) to ensure the process is effective.

- Improve knowledge in school and communities by awareness raising, relationship development and improved communications.
- Improve response to requests for help by agreeing to a 'one front door' approach so that patients and families are not expected to work around referral processes.
- Review and improve commissioned services to address the gap in the long-term, confirm an agreement in the short-term that a combination of approaches would be managed through the care, education treatment review (CETR) route.
- Develop an inter-agency agreement regarding responsible clinician cover and escalation processes strengthened.
- Revise the pathway and approaches to young people in mental health crises, including a review of children and adolescent mental health services (CAMHS) provision across the system.
- Establish internal escalation process in place, including out of hours process.
- Establish health commissioner case management role for children and young people.

Joint Targeted Area Inspection (JTAI) Action Plan Update

2.2 There are no current changes to the JTAI action plan, with 5 actions remaining open, 1 RAG rated red and the remaining all amber. Further work is being undertaken with a view to consider closer for two actions, which will be confirmed at the May SEND health performance improvement group (SEND HPIG) meeting.

Special Education Needs and Disability (SEND) Update

2.3 Quality Assurance of education, health care plans (EHCP's) – an audit has been conducted between Jan – April 2021, noting a significant improvement in the quality of health advises within the EHCP's with 92% being reported as good or outstanding. This is on the expected target of 70%.

2.4 Designated Clinical Officer (DCO) – The permanent DCO post has been recruited to, with the person commencing in post on 31 May 2021. A survey conducted in March 2021 by Sefton Parent Carer Forum (SPCF) would indicate that although there is an improvement of the understanding of the DCO across health providers, further work is required to promote the role across SPCF.

2.5 C&YP SEND Mental Health Services: An exception report was presented to the April SEND CIB referencing the ongoing challenges across the system on the demand for C&YP mental health services for both Alder Hey and Mersey Care. The CCGs are awaiting further detail on the financial settlement to be received from the £79 million additional government funding to support recovery and a reduction in waiting times. Further detail is included in the Mental Health Deep Dove paper presented to JQPC in May 2021.

2.6 The DfE re-visit is expected to take place on 20 June 2021. Updates have been provided across health partners, to support the SEND Improvement action plan and to further inform the SEND risk register. In preparation a request has been made to health partners to submit additional evidence to demonstrate; co-production, sustainability for mental health support, evidence of consultation and impact on improvement of services and any additional training which has taken place from the last visit.

Office for Standards in Education (Ofsted) Focused Visit (March 2021)

2.7 Ofsted undertook a social care focused visit in March 2021, on how England's social care system has delivered child-centred practice and care within the context of the restrictions placed on society during the COVID-19 (coronavirus) pandemic. Whilst there was evidence of positive work Ofsted identified:

Areas for Priority Action:

- Timely application of the pre-proceedings stage of the Public Law Outline where risks for children are not reducing through child protection planning.
- Effectiveness of case supervision and the monitoring of children who are subject to child protection planning, including those children in the pre-proceedings process, to prevent drift and delay.

Improvements of Social Work Practice:

- The quality assurance arrangements and senior management oversight of social work practice.
- The strategic and operational focus on achieving change and reducing risk for vulnerable children, including disabled children and care leavers.
- Capacity in social work teams and the number of children on social workers' caseloads.

ICS/ICP Quality Development

- 2.10 A mapping exercise against safeguarding function has been completed for all CCGs. The work will now focus on how the system can; reduce variation, reduce duplication, share responsibilities and support resilience in service gaps. Further work is underway to consider the ICS approach to CHC with system wide workshop planned for the end of June.
- 2.11 Sefton ICP Development: The Executive Director of Adult Social Care (ED ASC) and leader at Sefton Place in conjunction with the CCGs, have produced a paper on the development of the governance framework that will be required as Place. Hill Dickinson are being requested to support the arrangements, to ensure the statutory roles and functions are robust from ICS to Place. The Chief Nurse is meeting regularly with the Director of Adult Social Care to progress the concept of an integrated quality function at place.
- 2.12 There are still a number of areas which require further clarification at both ICS and Place. This includes safeguarding, responsibilities under CHC, quality roles and functions and professional leadership.

eConsult

- 2.10 The CCG considered a request to allow practices to switch off eConsult out of core hours. They agreed to support the request and will update the Primary Care Commissioning Committee in June. The rationale for supporting this was
- Practices have met their contractual obligations by making online consultations available in working hours
 - There is no contractual requirement for eConsult to remain operational and accessible outside of working hours
 - There has been a significant increase in eConsults in the past few months which is increasing the workload pressure on practices.
 - There remains a clinical risk whereby patients may make a consultation in the out of hours period that is not picked up until working hours by which time harm may have occurred.

- Using the current online consultation software further increases inequalities by disadvantaging those residents who are unable to access online tools packages for a variety of reasons.

2.11 In order to progress this we will establish a clear process for practices to follow if they wish to turn off eConsult, part of this process will be communicating this to patients which should be via the practice website and notifying the relevant PPG. This arrangement would be in place for 3 months during which we review the impact this has as well as undertake further work on access with practices as part of the LQC.

3. Provider quality issues

3.1 The CCG quality team continue to work with CCG colleagues to monitor quality via the contract monitoring mechanisms already established. Specific issues and exceptions have been reported to the Joint Quality and Performance Committee.

Key issues

- 3.2 Covid Local Vaccination Site (LVS) incident: On the 19 May an SBAR was submitted to NHS EI C&M and the System Vaccine Operations Centre (SVOC) of an administration error that has taken place in February. This affected 41 individuals and the accurate recording of the vaccine received at their first dose. Consequently 3 people have received a mixed vaccine schedule, which is outside of local COVID vaccine administration arrangements. The incident has been reported on strategic executive information system (StEIS) with the investigation progressing, duty of candour has been completed, and discussion with general practitioner (GP) to support reassurance. The CCG is reviewing the reporting through to System Vaccination Operational Centre (SVOC) as part of the learning.
- 3.3 SOHT CQC Report: The CQC's report was published on 13 May 2021, following the unannounced focused inspection on the 3rd – 5th March 2021. This was on the back of concerns from the public re: patient safety, decision making of do not attempt cardiopulmonary resuscitation (DNACPR). The inspection team visited five of the medical wards, including older people's care and reported an improvement across all domains.

The inspection identified 7 areas for improvement. This includes:

- Improve review of patient risk assessments (including risk of absconding)
- Continue to improve involvement with patients and families re: DNA CPR decisions.
- Continue towards the electronic patient record
- Continue to improve discharge arrangements
- Continue to address the registered and unregistered nursing vacancies
- Continue to improve the assessment for nutrition and hydration
- Continue to address the medical staffing vacancies

The CQC inspection report is an agenda item at the May CCQRM.

3.4 Ockenden Audit - Following a meeting with NHS EI on 20 May it was confirmed, that all maternity services are required to submit information / evidence against the Ockenden audit via the LMS portal by the 14 June 2021. The LMS will be holding weekly meetings with each provider to ensure timely submission, and to address any issues. The CCG commissioner for Women's services is engaging with SOHT to support any task and finish groups.

- 3.5 Southport and Formby CCG (SFCCG) Community Contract - On the 1 May 2021, the contract for the Southport and Formby community services contract, transferred across to Mersey Care from Lancashire and South Cumbria NHS Foundation Trust (LSCFT). It has been agreed there will continue to be a Southport and Formby community CQPG and Mersey Care will to begin to report this area as a distinct division until the services are fully integrated. There are plans for a separate CCQRM to take place for the initial 3 months, with an expectation for the service to be included in the overarching Liverpool / Sefton Community CCQRM. The CCGs has requested the Trust mobilisation plan, which will come through to the June CCQRM. The CCG is making a formal request further clarification on services as part of the transition arrangements. This is also expected to come through at the June CCQRM;
- Winter funding, activity and capacity across community nursing and therapy teams
 - Treatment room activity including re-deployment of staff
 - Intermediate care remodelling and activity.
- 3.6 ASD/ADHD – The CCGs leadership team have approved the ADHD waiting list initiative funding submitted by the trust for £137.850. As a requirement against the non-recurrent money, the CCGs have requested further assurance and a plan from the trust to address;
- Reducing health inequalities and prioritising the most clinically urgent, including identification and prioritisation for those with SEND.
 - Triage, risk assessment and how patients will be communicated whilst waiting.
 - Trajectory on reducing the waiting times to 18 weeks
 - Trust future plans on service design and workforce model for both; assessments and reviews, taking into consideration a skill mix / multi-disciplinary team (MDT) approach.
- 3.7 Stoddart House - was opened in April, although at a reduced bed base (16) compared to the commissioned bed base from Sefton in place at the previous Ward 35. The total bed base will be open once recruitment has taken place. There are concerns on the effect this will have on LUHFT bed pressures. A dashboard has been shared with CCG commissioner, although a request has been made via the information subgroup, for like for like reporting in place for ward 35. There have been no patient safety issues reported, with inclusion and exclusion criteria being closely adhered to by the provider. There are some concerns following a datix report from LUHFT of patients who should be transferred to lower level community bed base, being moved to Stoddart House instead. Prior to the unit opening a visit took place with Liverpool and South Sefton CCG commissioners and quality team.

4 Recommendations

It is recommended that Governing Body receive this report for information.

Chrissie Cooke
Interim Chief Nurse
June 2021

MEETING OF THE GOVERNING BODY June 2021

Agenda Item: 21/67	Author of the Paper: Deborah Butcher Executive Director of Adult Social Care & Health (Sefton Council) Deborah.Butcher@sefton.gov.uk	Clinical Lead: N/A						
Report date: June 2021								
Title: Care Home Strategy 2021-2024								
<p>Summary/Key Issues:</p> <p>This strategy has been produced in recognition of the vital role care homes play in the Sefton Health and Social Care system and it represents our joint commitment to develop, support, invest and engage with the Sefton care home market.</p> <p>Whilst progress has been made to date, especially during the COVID-19 pandemic, we recognise that there is more to do, and we can build on this progress to achieve further outcomes and ensure that the market is supported to adapt to changes and to continue to support commissioning needs.</p> <p>Sefton care homes support some of the most frail and vulnerable people in Sefton so it is therefore essential that the care they provide meets the needs of the population, if of a high quality and is delivered by staff who are highly trained and recognised for their important role. Whilst this strategy may address issues such as technology, finance and market management it is important to highlight that underpinning all of this is the overall objectives of improving the outcomes for care home residents and ensuring that they receive high-quality services.</p>								
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>		<table style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="text-align: center; border: 1px solid black; width: 20px;">X</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="text-align: center; border: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="text-align: center; border: 1px solid black; width: 20px;"></td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X							
Approve								
Ratify								

Links to Corporate Objectives 2021/22 (*x those that apply*)

X	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To drive quality improvement, performance and assurance across the CCG's portfolio.

	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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	



South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

SEFTON LOCAL AUTHORITY & SEFTON'S CLINICAL COMMISSIONING GROUPS JOINT CARE HOME STRATEGY, 2021-2024

Delivering excellence, building for the future.

Abstract

A strategy to set out an integrated approach to Care Homes in Sefton. How we will work as one to support our Homes to achieve outstanding care and support, refresh and reset for future delivery and deliver a Care Market built around the needs of Sefton's older population.

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1. Forewords

“We are delighted to jointly launch this strategy which represents a shared commitment across the Health and Social Care system to further develop and support the Sefton care home market. Care homes have, and continue to, experience significant challenges and we recognise the vital work that they have conducted and the dedication that their staff have demonstrated during the Covid 19 pandemic.

The strategy builds on existing work and has been developed to describe how we will work in a continued integrated way with all stakeholders.

Care homes have, and will always be, an important element of the Health and Social Care system, caring for some of our most vulnerable residents. This strategy outlines how we will continue to support and develop the market with a strong focus on the provision of high quality services and improving outcomes for care home residents.

The strategy will be a working document, subject to regular review and engagement, in order to reflect factors such as impending changes to the Health and Social Care system. We are pleased that we have developed this strategy in advance of these changes as it demonstrates within Sefton our ability to build on our established commitment to working together.

This strategy is ambitious, and we will all work hard to deliver it”

Deborah Butcher

Executive Director of Adult Social Care & Health

&

Fiona Taylor

Chief Officer, NHS South Sefton and NHS Southport and Formby CCGs

“I am pleased to endorse this strategy which represents a shared commitment to working together on important issues. Now more than ever there is a need to focus on the Sefton care home sector and I feel that this strategy represents a clear direction of travel for this work.

Care homes support some of the most vulnerable people in Sefton and it is important that we have an ongoing commitment to developing and supporting the sector so that it continues to do so.

At the heart of this strategy are the people that require care home placements and ensuring that services meet their needs and deliver safe, good quality and outcome focussed services to them”

Councillor Paul Cummins – Cabinet Member, Adult Social Care

“Care and support to people when they need it in the community is a vital part of our health and care system. Care homes play a very important part in people’s lives whether they are people with long-term conditions and disabilities, older people or people nearing the end of their life

I am very pleased to have been involved in the development of the Sefton care home strategy. This strategy sets out a vision for care homes of the future. It aims to ensure that people are enabled to live in their own homes where ever possible for as long as possible, but it also places clear emphasis on the vital role that care homes play in our community.

This strategy shows how health and social care systems are going to work together to ensure that our care homes in Sefton are fit for the future and deliver excellent quality of care and an excellent experience for the people who use their services. I look forward to working with our partners to deliver it over the next three years”

Chrissie Cooke

Chief Nurse, NHS South Sefton CCG and NHS Southport and Formby CCG

2. Executive Summary / Key Themes

This strategy has been produced in recognition of the vital role care homes play in the Sefton Health and Social Care system and it represents our joint commitment to develop, support, invest and engage with the Sefton care home market.

Whilst progress has been made to date, especially during the COVID-19 pandemic, we recognise that there is more to do, and we can build on this progress to achieve further outcomes and ensure that the market is supported to adapt to changes and to continue to support commissioning needs.

Sefton care homes support some of the most frail and vulnerable people in Sefton so it is therefore essential that the care they provide meets the needs of the population, if of a high quality and is delivered by staff who are highly trained and recognised for their important role. Whilst this strategy may address issues such as technology, finance and market management it is important to highlight that underpinning all of this is the overall objectives of improving the outcomes for care home residents and ensuring that they receive high-quality services.

Following on from this, Sefton care homes need to be supported by Commissioners and given a clear sense of direction around current and future needs and co-ordinated services which can support them, and the outcomes we jointly need to achieve for our residents.

This strategy has been produced to provide an outline of how we wish the care home market to operate, how we will engage and support the market to adapt to wider strategic aims and objectives.

At the inception of the development of this strategy it was proposed that it would cover the five-year period of 2020-25, however it is recognised that at the present time the Sefton care home market, as with the national market, is operating in a time of unprecedented change. As a result, the timeframe for this strategy was reduced to the three-year period of 2021-24 in order to reflect the uncertainty around the impacts on the sector, but also to outline a vision for the sector and a co-ordinated structure and approach to various workstreams, which once embedded will inform longer-term work on the sector and future decisions. As a result, this strategy should be viewed as a 'working document' which outlines a future direction for the sector but will be regularly reviewed in order to take into account progress made, feedback from key stakeholders and wider national and local determinants.

The key themes of this strategy are summarised in the following diagram, but are also highlighted throughout this document;



Residents

Services continue to meet needs and adapt to changes in levels of need

- Residents will have equitable access to high quality safe Health and Care services, with a good personal experience of those services
- Residents remain part of their local communities
- Intention to see reduction in care home placements / Increased focus on Independence at Home and providing short-term interventions
- Family Members and Advocates are involved in service delivery arrangements and are kept informed



Care Homes & Their Workforce

Enhanced Health in Care Homes embedded to support homes

- Scoping exercise of current workforce and vacancy numbers and types
- Promotion of the role of the carer
- Engagement with Colleges and Learning Providers
- Staff development a priority and staff the necessary training and support they require - for example *My Home Life*
- Staff are supported by technological solutions that help them in their day-to-day delivery of care and support
- Staff are supported to deal with the impact of the COVID pandemic



Quality

Realise the ambition of getting care homes to an **Outstanding** rating

- Robust Quality Assurance mechanisms in place, supported by technological solutions that streamline reporting.
- Safeguarding processes which encompass identifying any trends
- Updated service specification which reflects drive to increase quality
- Continued intelligence sharing with partners such as CQC
- Development of a *Sefton Quality Mark*



Consultation & Engagement

Mechanisms are put in place to ensure more active engagement with the market - operating in a spirit of openness and partnership working

- The market is clear about what services are needed / commissioning intentions
- Timely engagement and consultation
- Partnership working takes place to develop / adapt the market to best meet needs - including supporting people with most complex needs
- Engagement mechanisms established at start of COVID-19 pandemic is continued and further developed



Commissioning / Finance / Analysis

Category Management approach adopted for the sector

- More Integrated Commissioning opportunities developed and implemented
- Contracts and Service Specifications are updated to better reflect desired outcomes
- Financial arrangements are reviewed to ensure they are as streamlined as much as possible, reflect current costs and represent Value for Money. New tools also created to formulate costings for specific placements

3. Introduction

Care Homes provide a crucial role in the Health and Social Care landscape delivering care to some of the most vulnerable people in Sefton. It is essential that the provision of care within Care Homes is high quality and meets the needs of the people who live there.

During the COVID-19 response we have been further reminded of the vital role care homes play in the Health and Social Care system and how vital it is to adopt a supportive and facilitative wrap around offer from the wider system to maintain services and ensure that care homes are supported and do not operate in isolation. It is clear that any strategy we have must detail how all parts of Social Care and Health must work together to engage understand and respond to the needs of the Care Home Market.

Looking forward we must work with the market to remodel and face the future financially and in terms of offer. The Market will need to adapt, and we will need to clearly articulate what we need from them supporting the market to evolve, considering alternative delivery where required. This will need to include working with Care Homes on resilience plans for the short, medium and long term. This will need to include aspects relating to workforce, finance, PPE, re-deployment of staff etc

The current Care Home Market in Sefton is uncoordinated in terms of development or strategic direction. This strategy describes a 3-year approach to this sector of care, providing a direction of travel for existing care Providers and a clear indication to new Providers wishing to become part of the Sefton Care Home market.

Essential to the success of this strategy is strong leadership at all levels and across all agencies. Success will revolve around a commitment to supporting and delivering high quality care and the development of trusting, committed partnerships. The strategy will enable us to develop and communicate the long-term commissioning intentions of Sefton Local Authority (SLA) and the Southport and Formby and South Sefton Clinical Commissioning Groups (CCGs).

As Commissioners we need to improve the communication of strategic visions around Care Home Development. Currently new Care Homes are built within the Borough with little discussion regarding the provision being offered nor consideration of the required support from community, primary or secondary care.

It is important to highlight that a key theme running through this strategy is improving the experiences of people that live in care homes and ensuring that people receive good quality care and support. The strategy also outlines the development of a model of care provision that leads to the individual remaining in their own home for longer. This will require a fundamental improvement in the availability of Intermediate Care related services, Domiciliary Care services, Extra Care housing, Community Equipment Services, access to adaptations in the home, wider use of Telecare and Telehealth tools and other community provision that supports people to live at home for longer.

4. High Level Vision / Desired Outcomes of this Strategy

Current Sefton Market

- High number of care homes in the borough
- Lack of engagement on proposed new care homes being built / opened in the borough
- High number of placements made (including out-of-borough placements)
- Commissioners working separately and operating under different frameworks and contractual arrangements
- Lack of clarity on fee rates and how they are formulated / historic payment arrangements still in place
- Low use of TECS and I.T. solutions to support service delivery / issues with timely updating and exchange of information
- Low level of engagement and consultation - including Commissioners outlining future needs and market engaging with Commissioners when seeking to develop new services
- Commissioners having in place separate commissioning / contract / monitoring / finance arrangements
- Un-coordinated 'support offer' to care homes, including training, staff support and wrap-around services

Strategy Delivery

Sefton Market of the Future

- Reduced number of long-term placements made, with increased focus on providing more short-term care to aid maintaining independence, such as through Intermediate Care and Extra Care services
- Greater integrated working between Commissioners
- Improved engagement - market is aware of commissioning intentions and needs, where appropriate, works with Commissioners to re-model services and is actively involved in the implementation of this strategy
- Updated cost-of-care exercise completed which implements new fee models and payment arrangements, which take into account different levels of Resident complexity
- Greater use of TECS and I.T. solutions to support independence and service delivery
- Enhanced Health in Care Homes embedded
- Focus on improving / maintaining quality - including workforce development and support issues and drive towards *Outstanding* CQC ratings
- Robust arrangements to review any proposals for new services and how any new developments can support meeting wider aims

5. Definitions

Care at home

Care at Home or Domiciliary care is care provided in the patient's home. This can be general or nursing and may be funded by the patient (depending on their financial status) or local authority. It generally includes a number of visits during the day but does not provide 24-hour support. In Sefton we will work to ensure access to high quality Care at a Fair cost of care that allows people to remain in their own home wherever possible, utilising the resource of residential or nursing home by those whose needs require it most.

Technology Enabled Care Services (TECS) & Equipment

Technology Enabled Care Solutions (TECS) is fast becoming the accepted description for a range of health and care technologies such as Telecare, Telehealth, Environmental Controls, mHealth and Telemedicine. The reason for developing a generic term for these technologies is to ensure that the patient or end user can benefit from the correct technology which they require at any time, and not be restricted by services or funding streams which are not person centric or do not meet the individual's needs.

However, it is important that Professional prescribers, Patients, Residents and Carers understand the different terms that make up the TECS and information.

In summary, the different elements of TECS and Equipment are;

- **Telecare** - Developed from Social Alarms services which have been supporting elderly and vulnerable people live more independently. Telecare services provide a 24/7 monitoring service which will escalate alarm activations to a named responder or, if appropriate, the emergency services.
- **Telehealth** - Telehealth systems support people with Long Term Conditions (LTC's) to self-manage their conditions, remain more independent, reduce hospital stays, allow early hospital discharge and reduce the dependency on primary health and GP services.
- **mHealth** - A number of the services described under Telehealth can also be accessed via mobile phone technology and Apps, these systems are often used by younger Residents and patients to allow them greater flexibility to access these services. Another mHealth application is the use of GPS and GPRS to provide safe walking services to people with dementia, early stage Alzheimers and learning disabilities.
- **Assistive Technologies (Environmental Controls)** – These allow people with severe disabilities to function as independently as possible by using devices that allow them to carry out day to day activities such as switching on lights, opening curtains, turning on the TV and using a computer through a range of switches and sensors which can be operated with only limited movement.

Environmental Controls can also be used in conjunction with Telecare and Telehealth systems.

- **Telemedicine** – this is the use of video technology to enable specialists and consultants to support patients and other professionals remotely by making a diagnosis and recommending treatments. Vital signs data, x-rays and other information can also be transmitted to enable a speedy diagnosis when a patient is located in a remote area or the expertise is not available locally. Telemedicine systems are mainly employed in an acute health environment.
- **Community Equipment** – Daily living aids to support independence in the home, it may be things like loo seat raisers or walking aids.
- **Adaptations to an individual's home** – This may include installing level access showers, Ceiling track hosts or stair lifts to support an individual's daily life and informal or formal care providers maintaining care provision.

Residential Homes

A Care Home is a residential setting which enables individuals to maintain their relationships and interests within a single site.

In addition to the accommodation, residents receive help and assistance with:

- Personal Hygiene, including help with washing, bathing, shaving, oral hygiene and nail care.
- Continence management, including assistance with toileting, skin care, incontinence laundry and bed changing.
- Food and Diet, including preparation of food and fulfilment of dietary requirements and assistance with eating.
- Counselling and support, including behaviour management, psychological support
- Simple treatments, including assistance with medication (including eye drops), applications simple dressings, lotions and creams.
- Personal assistance, including help with dressing, surgical appliances, mechanical or manual aids, assistance getting up or going to bed.
- Medication, Support with medication administration

Nursing Homes

These homes provide the same help and assistance as a general /residential care home but they also have professional registered nurses (although some residential homes do actually have Nursing staff) and experienced care assistants who can provide 24-hour nursing care services for more complex health needs.

In addition to being registered to provide general nursing care, many homes also offer rehabilitation services; different therapies, including physical, speech and pain therapies; and specialist health care including, dementia care, EMI nursing care,

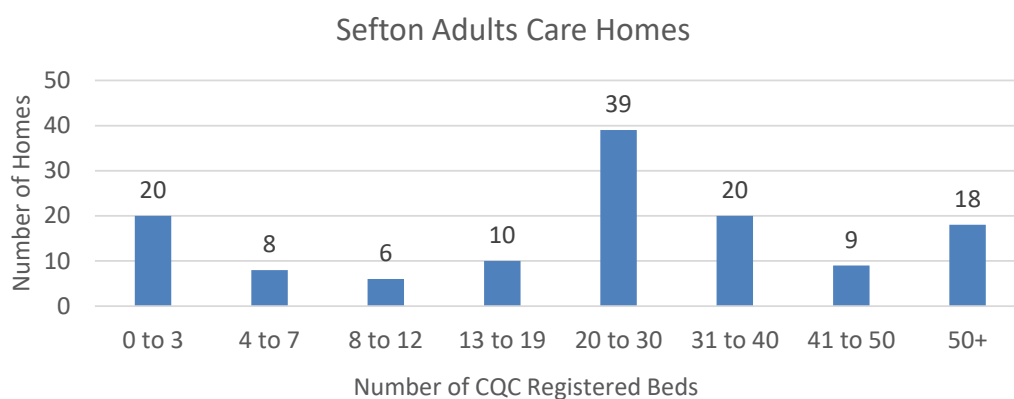
cancer care, services for younger people with physical disabilities (usually aged 18 - 64). These homes are for people who are very frail or for people who are unable to care for themselves, who have numerous health care requirements.

For the purpose of this strategy Nursing homes and Residential homes will be referred to collectively as Care homes

6. The Sefton Care Home Market / Current Commissioning Activity & Arrangements

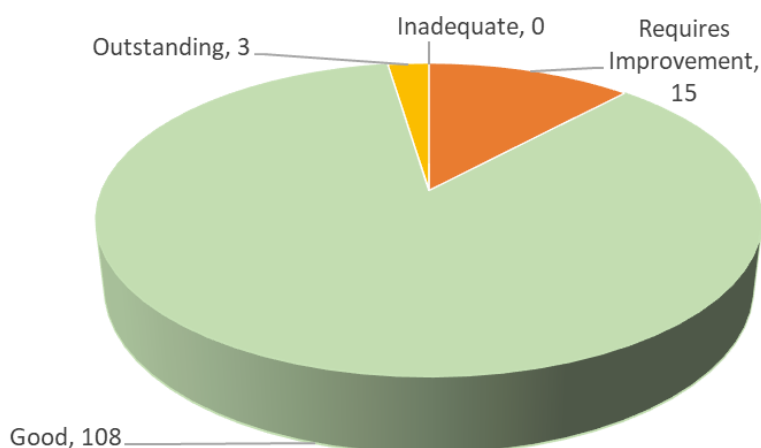
The Sefton Care Home Market

There are 130 Care Homes in Sefton with approximately 3,724 CQC registered beds (as at March 2021). There is a diverse number of services, including a mixture of small, and large homes, with homes consisting of on average 29 beds. The chart below shows the current breakdown of care homes by size;



Sefton has a high number of care homes, when compared to other (such as neighbouring) Local Authority areas and around 43% of care home beds are utilised by the Local Authority and 14% utilised by the Sefton CCGs. The remaining beds are typically utilised by self-funders (occupying around 1,000 of the beds) and placements made by other Local Authorities and other CCGs.

As summarised below, in general Sefton has a high proportion of Care Homes rated good or outstanding by the Care Quality Commission (CQC). This partly reflects the structure of the Care Home market in Sefton which relies on a significant number of small and medium independent providers rather than a single large national provider. Research suggests that in general small to medium homes receive better ratings than larger ones. We hold an ambition to get all our homes to good or outstanding and will work with Health colleagues and providers to develop a joined-up approach to supporting Quality and delivering the best we can to our older population.



(Source: CQC Active Locations Data, March 2021 – Services inspected under current inspection regime)

Local Arrangements

The Local Authority footprint of Sefton has two CCG's:

South Sefton CCG

South Sefton Clinical Commissioning Group (SSCCG) is made up of 30 GP practices in the area. Together, their aim is to improve the health and wellbeing of their 156,500 patients by commissioning services better tailored to their needs. The NHS is changing and SSCCG is leading local reforms. From April 2013 SSCCG's became responsible in deciding what health services should be provided for the population of South Sefton.

Southport and Formby CCG

NHS Southport and Formby Clinical Commissioning Group (SFCCG) bring together 19 doctors surgeries covering an area stretching from Ince Blundell in the south to Churchtown in the north. Together, their aim is to improve the health and wellbeing of their 122,000 patients by commissioning services better tailored to their needs. From April 2013, S&FCCG became responsible in deciding what health services should be provided for the population of Southport and Formby.

Primary Care Networks (PCN's)

PCNs will play a pivotal role, with local authority and community partners, in improving population health and reducing inequalities. They will assess localised populations who are at risk of unwarranted health outcomes and, working with local community services, make support available to those who need it most.

This includes making the social prescribing of community services and other activities more widely available and accessible.

In Sefton, the four characteristics of our Primary Care Networks (PCNs) are:

- Provision to a defined registered population of approximately 30 – 50,000
- An integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care
- A combined focus on personalisation of care with improvements in population health outcomes
- Aligned clinical and financial drivers

There are already seven PCNs across our eight long established GP practice locality footprints, which cover a population of around 30–50,000 people.

Integrated Care Teams

One of the key aligned priorities for Sefton Adult Social Care and the Sefton Provider Alliance is to develop highly effective Integrated Care Teams (ICTs) that serve a population of 30,000-50,000. Teams include social workers, primary care mental health practitioners, medicines management, voluntary sector, community matrons, district nurses, allied health professionals, and integrated care co-ordinators etc.

They will support a joined-up Sefton model of care and support that offers an aligned approach of wrap around support based on need of the individual from an ICT/Care Home and Complex Lives perspective. In addition, the progression of the Integrated Commissioning model will ensure services are designed and delivered to meet need, achieve outcomes and maximise independence. This will include intermediate care offer, falls service, increased telecare, community equipment and adaptations, as referenced later in this strategy.

Sefton Provider Alliance

This includes a number of organisations who are involved in joint community service delivery (GPs, social care and the voluntary sector) and pathway partners (acute trusts, out of hours services and care homes) who are linked to or impacted by community services and the way they are delivered.

The Alliance responds to the strategic commissioning strategy, delivers services as specified and agreed to improve outcomes, embeds population health management, develops and redesigns pathways and implements integrated care models.

Current Commissioning Arrangements & Processes

Sefton Local Authority typically supports around 520 clients in long-term nursing and 1,040 clients in long-term residential on any one day.

Combined Local Authority and Health annual gross expenditure is in the region of £63m (£53m by the Local Authority and £10m by Health) of which, 20% is spent on clients under 65 years of age.

At the time of writing this strategy (August - September 2020) average unit costs vary widely from £390 per week for clients aged 65+ with primarily physical disabilities in a residential home to £930 per week for clients aged 18-64 with primarily learning disabilities in a nursing home.

For **Sefton Council commissioned placements**, when an individual is assessed as requiring care and support, the person must be able to exercise their right to choose between different providers that offer a suitable care package. They should be presented with all the available options, including those beyond the council's geographical boundaries, on the condition that;

- The accommodation meets the person's needs;
- None of the services exceeds the amount specified in the person's personal budget for accommodation of that type;
- The accommodation is available; and
- The provider of the accommodation is willing to offer the service at the rate identified in the person's personal budget and agree to the council's terms and conditions

In exercising a choice, the Local Authority must ensure that the accommodation is suitable to meet a person's assessed needs and identified outcomes established as part of the care and support planning process.

For **CCG commissioned placements**, the Guidance and Regulations define NHS continuing healthcare (CHC) as an ongoing package of health and social care that is arranged and funded solely by the NHS where an individual is found to have a 'primary health need'. This includes accommodation. Such care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness. It is paid to people living in any setting to meet their assessed health and personal care needs.

The legislation gives CCGs the discretion to provide services which they consider are necessary to meet the reasonable requirements of the individuals for whom they have responsibility and appropriate for them to provide as part of the health service. Where individuals have needs or wants which do not flow from the primary health need, such as purely social, leisure or education needs, these could fall to the local authority to meet.

CCGs should carry out a needs assessment to determine if the quantity and/or quality of care needed to manage an individual's needs is beyond the limits of a local authority's responsibilities and thus fulfils the criteria for a primary health need. The question of whether or not someone is eligible for continuing healthcare turns on factors including the nature, intensity, complexity and unpredictability of their needs.

When a patient is deemed fit for discharge from the hospital, but requires long term nursing care, the patient's assessment is sent to the CCGs Commissioning Support Unit for screening. The application is processed via their ADAM Dynamic Purchasing System. The health needs are available for the care homes to view. Care homes then submit an expression of interest in being able to accommodate and meet the patient needs.

A number of homes may submit an expression of interest at any one time. Where this is the case the patient and their relatives will be advised of the homes that are available. Factors taken into consideration are quality, cost and location. And relative can then visit homes should they so wish to, and then choose their preferred choice.

Key Theme / Objective

As detailed later in this strategy, a key workstream will be commissioners exploring how commissioning, contracts, service specifications and quality and compliance arrangements and processes can be better aligned.

Care Home Placement Activity

For **Sefton Council commissioned placements**, recent analysis has shown that;

- Up until April 2020 on average there were approximately:
 - 16 new Long-term Nursing Placement client starts each month
 - 39 new Long-term Residential Placement client starts each month
 - 43 new Short-term Placement client starts each month
- In April 2020 to June 2020 on average there were approximately:
 - 5 new Long-term Nursing Placement client starts each month
 - 27 new Long-term Residential Placement client starts each month
 - 39 new Short-term Placement client starts each month
- Over the last two years numbers of Nursing Placement has gradually fallen in general from 560 in April 2018 to 500 at the end of February 2020. Over the last few months during the COVID-19 pandemic there has been a more significant fall to 416 clients with an open service in mid July 2020. However, there will be a need to monitor activity going forward.
- With respect to Out-of-Borough placements, and their Primary Support Reason, recent data shows that there are 224 placements, of which;
 - 37 were for Learning Disability Support
 - 41 were for Mental Health Support
 - 92 were for Physical Support (Personal Care Support)

For **CCG commissioned placements**, recent data shows that;

- Southport & Formby CCG;
 - 305 placements made in 2018/19
 - 520 placements made in 2019/20
- South Sefton CCG;

- 324 placements made in 2018/19
- 545 placements made in 2019/20

Analysis of the level of out-of-borough placements highlights the issue of the need to ensure that the Sefton market can respond to local needs and adapt to changes in dependency levels.

This is especially pertinent when looking at out-of-borough placements for people with complex needs. Sefton does have some homes that can meet the needs of these Residents, however it is sometimes the case that when Residents become more complex / have increased needs, they have to move to other care homes, such as those outside of Sefton.

We therefore want to reduce this occurring and support care homes to better manage increased needs. Placements made outside of Sefton also raise concerns with respect to how Commissioners can monitor the quality of care being provided and of contract monitoring of the placements.

Key Theme / Objective

Working with the Sefton care home sector to reduce the requirement for out-of-borough placements (particularly for complex Residents) and working to ensure that care homes can adapt to increases in need

Impact of the COVID-19 Pandemic

In addition to the above, we also need to assess the impact of the COVID-19 pandemic on placement activity of not just ourselves as Commissioners but also by other sources into the Sefton market, such as placements by self-funders.

To this end, a key workstream is to look at these issues, and is outlined in section 10 of this strategy.

7. Local and National Context

The Demographics of Sefton

Sefton has a population of approximately 274,600 (0.5% of the English population).

In summary;

- 52% of the Borough are female and 48% are male (slightly different to the 51% - 49% split seen across England).
- 23.1% of Sefton's population is 65 years old or over (63,300), with approximately one in five being aged under 18 (53,514).
- Sefton is ranked 18th out of 326 local authorities for the number of residents aged 65 or over.

Sefton faces significant challenges over the coming years because of the structure of its population. We have a much higher than average proportion of older people and we expect over the next few years to have increasing numbers of;

- People living alone with an increasing risk of social isolation, loneliness and depression.
- People with dementia.
- People with multiple and complex long-term needs.
- Unpaid carers, many of whom will be older people with their own care needs.

National Context

One in seven people aged 85 or over permanently live in a care home. People residing in care homes account for 185,000 emergency admissions each year and 1.46 million emergency bed days, with 35-40% of emergency admissions potentially avoidable.

Evidence suggests that many people living in care homes are not having their needs assessed and addressed as well as they could be, often resulting in unnecessary, unplanned and avoidable admissions to hospital and sub-optimal medication regimes.

Current / Future Needs and Aspirations

Older Peoples Mental Health

Given Sefton's high proportion of older people, and an aging population dynamic, it is unsurprising that there is and is likely to remain a need for nursing and complex support around memory and cognition (dementia).

Estimates are that 80% of Care Home Residents have Dementia or a memory related condition.

These needs can be divided into 2 elements:

- Functional mental health needs such as depression and anxiety disorders
- Organic mental health needs such as dementia and Parkinson's disease.

Many care home residents, like the elderly population in general may have more than one condition often increasing significantly the complexity of care. Delirium is also a frequent presentation with residents often becoming confused or more confused and

unwell as a result of physical health problems. This high prevalence of mental health issues in the care home population requires a specific and coordinated response.

One in six people aged 85 or over are living permanently in a care home yet data suggest that had more active health and health and rehabilitation support been available some people discharged from hospital from could have avoided permanent admission. Similarly, the Care Quality Commission and the British Geriatrics Society have shown that many people with dementia living in care homes are not getting their health needs regularly assessed and met. One consequence is avoidable admissions to hospital.

Older people and particularly older people living in care homes are disproportionately affected by COVID-19. There are more than 400,000 people living in care homes in the UK, more than 70% of which are living with some form of dementia. Many of these people also have other underlying health conditions (Alzheimer's Society, 2020).

The COVID-19 pandemic has required a change in practice in care homes which may be increasing the confusion and distress being experienced by residents. Most care homes have had to prohibit or severely restrict visiting and it is likely people living in care homes will be amongst the last group where restrictions will be lifted; isolating within a care home environment is challenging both physically and mentally; PPE whilst essential for safety can be disorientating particularly for residents living with dementia and residents are experiencing the death of their peers whilst fearing for their own and their families safety.

Particularly in residents living with dementia, where communication is harder, the factors listed above are likely to lead to increases in behaviours that challenge. If there is not psychologically informed support for these behaviours then the only alternative will be medicating residents to decrease distress which increases the risks of mobility issues, cerebral vascular problems and death. Simple and clear psychological strategies can be applied in care homes to support staff in understanding and responding to residents needs thereby reducing the frequency of distressed behaviours (Duffy, 2019). These strategies can include consultation to understand behaviour as well as activities to proactively promote wellbeing.

Mental Health

The Joint Strategic Needs Assessment outlines that Mental Health needs are increasing in Sefton. 10% of our population have diagnosed depression and 1.2% have a Severe Mental Illness. We have an excess rate of under 75 mortalities in our Adults with serious Mental Illness. We have a lower than national average rate of people with a Mental Health Condition in paid employment (at 2.5%).

Nationally the demand for social care related support is increasing and we see the demand outstrips supply, this may be due to factors such as;

- Better awareness and diagnostic practices amongst professionals.
- Increased opportunities for joint working and the integration of operational teams across health and social care.

- Increased access to NHS Mental Health services, subsequently resulting in higher referrals to social care.

Evidence shows that people with severe mental illnesses die between 15-20 years earlier than the average. Causes of premature death are mainly from chronic physical conditions such as coronary heart disease, type 2 diabetes and respiratory disease. All associated with external risk factors such as obesity, smoking and high blood pressure, and also the side effects of psychiatric medication.

The COVID-19 Pandemic will also impact on prevalence of Mental Health conditions, with the *Direct and indirect impacts of COVID-19 on health and wellbeing Rapid evidence review - July 2020* report produced by the Public Health Institute at Liverpool John Moores University highlighting that the measures taken to control the spread of coronavirus (including the social distancing and lockdown measures, school closures and the cancellation or delay of routine healthcare) have had wide ranging impacts on a number of the wider determinants of health.

Whilst we have the overall aim of further developing models of service relating to supporting Residents through a 'housing with care' offer, such as independent housing or shared accommodation, we recognise that Residential and nursing care will still be required for those with the highest care needs and where independent living is not possible.

These forms of care will need to meet specialised Mental Health needs, particularly with respect to conditions such as Korsakoff's and early on-set Dementia.

Learning Disabilities / Autism

According to national population estimates the total population in Sefton aged 18-64 predicted to have a learning disability will reduce from 3,799 in 2019 to 3,594 by 2030. Of these, the total predicted to have a moderate to severe learning disability (and hence likely to be in receipt of services) will change from 861 in 2019 to 824 by 2030.

Internal predictions indicate that Sefton will continue to have an above average age of Learning Disability Residents aged above 55 as well as younger people in transition and by 2025 we will see 350 extra people aged 18-64 with a Learning Disability or Mental health Concern. An identified issue is in relation to the growing number of people over the age of 65 who have a learning disability and associated frailty and an increasing number of people with complex and challenging needs.

In sefton we are looking to reduce the numbers of people under the age of 65 in long-term residential care provision and look to provide alternative, appropriate support for those who need this level of care, locally in the Borough. We are also looking to develop an enhanced short-break service for clients with complex Learning Disabilities / Autism to provide better care respite and allow carers to maintain their caring role and reduce the number of admissions to residential services going forward. For those complex Residents with Autism we will endeavour to have bespoke care home services with appropriate sensory surrounding and higher skilled staff teams to meet their needs and improve outcomes.

End of Life

Every year approximately half a million people die in England. 75% of these deaths are felt to be 'expected' and therefore with appropriate identification, conversations and planning there is an opportunity to maximise the care afforded to most of our patients as they approach the end of their lives.

When surveyed on where they would prefer to die, 65% of people state they would prefer to die where they usually live. We know that in South Sefton 2018 54% of deaths occurred in hospital in 2018.

The number of expected deaths is expected to increase by 3% per annum by 2030 as people live longer with more long-term conditions.

For Sefton, this translates to an additional 250 deaths per annum by 2030 **in each** of the Southport & Formby and South Sefton areas.

A key objective is for every individual and their family to retain their personal dignity, autonomy and choice throughout the years and months towards the end of their life, regardless of gender, ethnicity, race, religion, disability, sensory impairment, sexual orientation, diagnosis, or status.

We have been working on an End of Life Strategy, however recently it has been announced that there will be fundamental changes to the national focus on End of Life care with a requirement to include children and young people in all palliative and End of Life care planning. In addition, there will also be a national long-term strategy for palliative and End of Life Care. This is due to be published in September 2021. There will be 6 national work streams which Sefton will need to engage and align to and this will supersede any local strategy, however a key priority will be to localise any national document to the needs of Sefton's population.

Falls

Falls are multifactorial and a major cause of morbidity and mortality among those aged 65 years and over in the UK. Falls and fall related injuries are a major challenge to health and care systems and to the older people who suffer them.

Key national statistics are;

- The number of people aged 65 and over is projected to rise by over 40% in the next 17 years to more than 16 million.
- Thirty percent of people aged 65 and over will fall at least once a year. For those aged 80 and over it is 50%.
- In around 5% of cases a fall leads to fracture and hospitalisation.
- As the majority - around two thirds - of people aged >65 suffer from two or more long term conditions (multimorbidity), falls and fractures should not be viewed in isolation, but as particular events and injuries which have an adverse effect on an older person's overall health and wellbeing.

In Sefton, the issue of falls becomes even more prevalent as the over-65s share of the population is more than 25% higher than the national average and is anticipated to grow by almost a half by 2037, when the over-65s will account for 1 in 3 residents, with a consequential effect on the level of hospital admissions.

South Sefton and Southport and Formby CCGs both have a higher incidence of injuries from falls in this section of the population than either their peers or the national average. South Sefton has a higher incidence of falls than all of its comparator group of CCGs, with a third higher hospital admissions, and Southport and Formby rank 8th amongst its group of 11 and has 14% higher Hospital admissions.

All of this will have an impact on the Sefton Care home market. With an increasing ageing population and increasing number of people entering long term care, AED attendances / NEL hospital admissions / NWAS calls and Conveyances for falls and fragility fractures will continue to increase from care homes which will impact across both health and social care. Hospital admissions for falls, AED attendances and ambulance calls and conveyances will continue to rise. Increase in falls which could be reduced through meds reviews and physiotherapy assessments. Opportunities for recognising and documenting falls and falls interventions may be missed, there will be a failure to optimise residents' quality of life, there will be decreased confidence and mobility amongst residents as well as a lack of empowerment and lack of connectedness to other services. Residents will remain unable to maintain and maximise their independence. Care will continue to be reactive rather than proactive.

We will also be members of the Cheshire & Merseyside Falls Collaborative which seeks to ensure an integrated end to end falls pathway across Primary, Community, Secondary and Voluntary services utilising an evidence-based approach to managing falls.

Key Theme / Objective

Implement applicable elements of the Sefton Falls Strategy and Cheshire & Merseyside Falls Collaborative work, in care homes

Linkage to Local & National Strategies and Plans

This Care Home Strategy will therefore seek to support and deliver on the above. However, it is important to highlight that it will not be delivered in isolation. This strategy will inform, be informed by, and influence other strategies and plans of which the care home sector will play a vital role in.

In summary, the following diagram outlines some of the key associated strategies;



These linkages have contributed to the development of this Strategy, which in turn will also support the aims and objectives outlined in these other strategies.

The **Sefton Adult Social Care Vision** includes the achievement of the following three key aims;

1. **Help people to help themselves:** We work alongside people to help them to keep well and do as much as possible for themselves, for as long as possible;
2. **Help people when they need it:** Working with people in a timely way when they are in need of some intensive support for a short period OR providing people with some low-level support, such as equipment or assistive technology to prevent or reduce the need for ongoing support;
3. **Help people live their lives:** For those people who have needs that require longer term care and support we will ensure that services are focussed on what is important to them and on restoring, enhancing or maintaining their independence;

The vision also highlights that another key area is to work with Health partners to have a shared understanding of demand and supply, and to commission services where this makes sense, based on need and best practice and in the most effective way to meet outcomes.

These three aims, together with the above have therefore informed the development of this and other associated strategies and will be factored into work that takes place with the care home sector.

The **NHS Long-Term Plan** makes a commitment to guaranteed NHS support to people living in care homes and includes a commitment as part of the Ageing Well Programme to roll-out Enhanced Health in Care Homes across England by 2024, starting in 2020.

The Long-Term Plan states:

'We will upgrade NHS support to all care home residents who would benefit by 2023/24, with the EHCH model rolled out across the whole country over the coming decade as staffing and funding grows. This will ensure stronger links between primary care networks and their local care homes, with all care homes supported by a consistent team of healthcare professionals, including named general practice support. As part of this, we will ensure that individuals are supported to have good oral health, stay well hydrated and well-nourished and that they are supported by therapists and other professionals in rehabilitating when they have been unwell. Care home residents will get regular clinical pharmacist-led medicine reviews where needed. Primary care networks will also work with emergency services to provide emergency support, including where advice or support is needed out of hours. We will support easier, secure, sharing of information between care homes and NHS staff. Care home staff will have access to NHS mail, enabling them to communicate effectively and securely with NHS teams involved in the care of their patients.'
(The NHS Long Term Plan)

A key deliverable of the aims an objective is therefore to implement EHCH in Sefton, as outlined later in this strategy.

The White Paper "**Integration and Innovation: working together to improve health and social care for all**" outlines the Government's legislative proposals for a Health and Care Bill, with many of the proposals within it building on the NHS recommendations in the Long Term Plan.

The paper highlights that a central theme in the NHS Long Term Plan is the importance of joint working between Health and Local Government in order to reflect that neither party can address all the challenges facing the whole population on their own and that the ambitions (which are also outlined in this care home strategy) of supporting people to live more independent lives will require joint and cohesive efforts.

In summary, the White Paper outlines the aims of;

- Promoting integration of Health and Care System focused on health of the population not patients,
- Seeking to ensure that Health and Care operate seamlessly without artificial silos. Integrated Care Systems (ICS) will be funded to support Health outcomes in their area, held to account by CQC,
- Implementing integrated decision making at a local level by the NHS and Local Authority, removing bureaucracy, encouraging innovation and technology and is built on collaboration and strategic decisions; and
- Reducing inequalities, support people to live longer healthier and more independent lives through closer working at Place and system level, a data strategy for Health and Social Care and stronger financial arrangements.

As Commissioners we will need to work together to prepare for the legislative proposals outlined in the White Paper being implemented in 2022 and ensure that this strategy (which already heralds a commitment in Sefton to further integrated working) adapts to any new legislation and specific requirements around integration.

8. Future Commissioning Intentions / Proposed Care Home Market of the Future

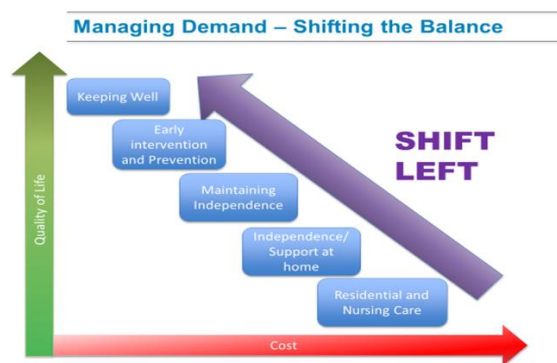
The intention in Sefton is to see less people being placed in care homes. At present we support and admit many more clients in Care Homes for all ages than the national average, suggesting a structural issue with over provision or insufficient levels of preventative or diversionary activity and a lack or underuse of alternatives.

We will therefore further develop community-based services to support people to remain living independently at home for as long as possible supplemented by responsive Social Care, Primary and Community Care services that are supported by Secondary Care and Intermediate Health Care Services.

Key Theme / Objective

Manage demand and shift the balance of services

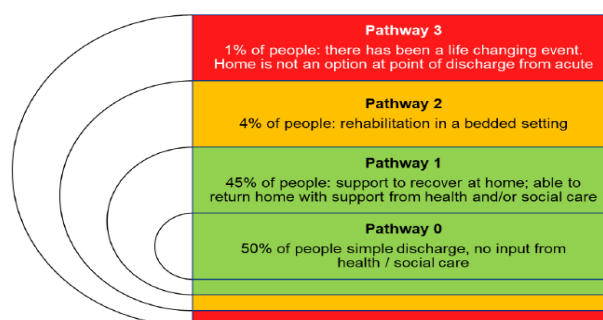
This is summarised in the following diagram;



This will reduce the reliance on Care Homes, in that this option is not seen as the first port of call when a person starts to deteriorate, has a hospital admission or a significant life change.

People in Sefton will be able to remain living in their own homes for as long as possible and will only be admitted to a Care Home when all other community options have been exhausted.

In addition, the under-utilisation of community-based services which aim to maintain people's independence is also highlighted when looking at the 'performance' of Sefton against the following Hospital Discharge pathways;



(Source: NHS COVID-19 Hospital Discharge Service Requirements, 2020)

We need to work on ensuring that the current numbers of people going into Pathways 3 and 2 are reduced and the number of people going into Pathway 1 is increased.

The implementation of **Sefton's Intermediate Care Strategy** will see the development of a range of integrated services that: promote faster recovery from illness; prevent unnecessary acute hospital admissions and premature admissions to long-term care; support timely discharge from hospital; and maximise independent living.

We will develop **Home Based Intermediate Care** which are community-based services that provide assessment and interventions for people in their own home or a care home setting, whether that is an older person or someone with a learning difficulty or other assessed needs. The aim is to prevent hospital admissions, support faster recovery from illness, support timely discharge from hospital, and maximise independent living. Care will be provided through a multidisciplinary health and social care approach with agreed goals and support tailored to individual need.

We will seek to expand the provision of the **Reablement** service. Fundamental to the objective of this service is the principle of helping people to support them rather than 'doing it for them' or 'doing it to them'. Evidence shows that timely bursts of Reablement, focusing on skills for daily living in people's own homes, can enable people to live more independently and, in most cases, appropriately reduce their need for ongoing longer-term services. We want to ensure that such services become the default pathway for people, thereby ensuring that when people do receive services, in the first instance they are supported to regain their independence as much as possible.

We will also develop **Bed Based Intermediate Care** in order to help people avoid hospital or get home sooner, recover from illness, and plan their future care.

In addition, we will also work on the development of **Extra Care Housing** across the borough as an alternative housing option. Extra care housing is recognised nationally as a welcome choice for older people since it offers suitable accommodation, with flexible care and support available when needed, and a sense of community to reduce

the risk of social isolation. It combines accommodation with care and support services. There are many different types and sizes of extra care housing, from small communities of flats and bungalows to large retirement villages. The facilities and care provided will vary, but extra care housing schemes usually include:

- Self-contained adapted flats or bungalows
- On-site care and support staff, providing personal care and domestic services
- Assistive Technology throughout the scheme, with 24-hour help available
- Communal facilities and services, such as a lounge, food offer and communal garden's

It is intended to enable and support older and vulnerable people to live independently for as long as possible, but with the reassurance that care and support services are available should they need them, either now or in the future.

We want to ensure we have enough provision that can support the residents of Sefton. Our goal is to deliver 1,306 extra care units by 2035 and this will then have significant impacts on our reliance on other services.

We also wish to expand the use of **Technology Enabled Care** (Telecare and Telehealth) as well as **Community Equipment** services, again, in order to support people to maintain their independence and remain at home as long as possible – as detailed later in this strategy.

9. Support to Care Homes and their Residents

However, the aims outlined in Section 4 of this strategy do not mean that we are seeking to reduce the pivotal role that care homes play in supporting the most vulnerable people in Sefton.

Key Theme / Objective

Ongoing Commitment to the Care Home Sector

In recognition of the continued important role that the care home sector will have in supporting the boroughs most vulnerable people, both now and in the future, a major element of this strategy is how we can support care homes. We are committed to supporting and developing the sector (as further outlined later in this strategy) and will work to ensure that;

- There will be a spread of Care Homes throughout the Borough to promote choice;
- There will be a range of Care Homes that can accommodate and care for people with a range of conditions such as dementia, neurological and degenerative conditions;

- People with a high level of need and complex conditions will be cared for and remain living in the Borough – thus reducing the need for the current level of out-of-borough placements;
- Care homes will be able to support people with complex needs through training and the implementation of mechanisms to support Residents to better manage their behaviours;
- There will be more homes that have dual residential and nursing registration to avoid people having to move if their needs increase; and
- Care homes are better able to adapt to changes in need, thus reducing the requirement for people to move out of their original care home placement when their needs increase. This will include care home staff being sufficiently trained to support residents who need more support in areas such as Moving & Handling, with care homes also accessing equipment and adaptations to help deliver this aim.

A key deliverable on meeting the objectives outlined in this strategy is the ongoing implementation of **Sefton2gether**. This is Sefton's response to the NHS Long-Term Plan and encourages a partnership approach between the NHS, Sefton Council, the voluntary, community and faith (VCF) sector and the people of Sefton. It represents a further commitment to Health and Social Care working closely wherever possible to link up where ambitions align, and work will be carried out under the umbrella of Sefton Health and Wellbeing Strategy and working within the finances available.

Having assessed the requirements of the NHS Long Term Plan, alongside other evidence around the health and care needs of the people of Sefton, such as the Joint Strategic Needs Assessment, and the feedback and evidence gathered throughout the engagement and development of the Sefton2gether plan, a priority is working to support the provision of care homes for the benefit of residents who live in them.

Key Theme / Objective

Implementation of Enhanced Health in Care Homes (EHCH)

To achieve this, a key element of this is the local implementation of **Enhanced Health in Care Homes (EHCH)** by the Primary Care Networks. In summary, EHCH reflects an ambition for the NHS to strengthen its support for the people who live and work in and around care homes.

To implement this locally, the following five elements will be developed;

1. **Enhanced Primary Care Support** - Access to a consistent named GP and wider primary care services, establishing the offer for care home residents by working with the identified GP Primary Care Networks to support delivery of NHSE GP contract and Primary Care Network specifications as part of the Integrated Care Team offer.

2. **Multi-disciplinary Team (MDT) Support** - Including Coordinated Health and Social Care - to establish dedicated CHAMP Teams to provide clinical leadership for personalised care and case management collaboratively with primary care and the care home staff. This will include;
 - **Care Home Matron role** – further development of this role to provide accountability using a person-centred structured approach delivering responsive and proactive care. This will improve patient outcomes, quality of care, partnership working and will lead to a more effective use of resources.
 - **Medicines Management** - The pharmacy technician roles focus on medicines safety and governance and review of care home medicines systems. The medicines safety audits completed are based on the key lines of investigation used within CQC inspections and provide clear insight of where care homes may be able to improve medicines standards to reduce medicines errors. Training on medicines reconciliation and medicines governance is delivered to care homes on an individual basis and adapted based on audit outcomes or reported incidents to ensure learning is consistent with training needs. The pharmacist's primary role centres on complex medication optimisation either during the MDT or outside of the MDT.
 - **Mental Health In-Reach Team** – who would take referrals and triage them based on low, medium and high intensity needs and then offer the care home a number of sessions with a team member to assess, formulate and develop a person-centred intervention plan and strategies to meet the underlying needs of the resident whilst training the care home staff and developing capacity within the care homes. This would enable the development of individualised person-centred plans for people with dementia experiencing distressed behaviours which the care home then implement with support from the team. The team would be locality based – North, South and Central and would be multidisciplinary consisting of nursing, psychology and Occupational therapy with oversight from consultant psychiatrist and may include nurse prescribers.
3. **Workforce Development** - The Care Home Matron will also provide and enable training and education with Care Home staff, providing an opportunity to empower the care home workforce by enhancing their knowledge and skills in order that they can support their care home residents and potentially lower the number of hospital admissions and avoidable harms.
4. **High quality End of Life and Dementia Care** - this will be delivered through the local implementation of the impending national strategy and the joined-up approach of this integrated care model, bringing together physical and mental health provision, and working collaboratively with other providers including the voluntary sector, hospices, and acute services.
5. **Data, I.T. and Technology** - To implement a digital offer, including shared information systems, telemedicine/ virtual triage and assistive technology to support timely, high quality clinical care.

Elements of the above aims are reflected in the following sections of this strategy.

Infection, Prevention & Control / Community Health Provider Offer

The COVID-19 Pandemic has highlighted the vital role that the local Community Infection Prevention & Control Team (delivered by a Community Provider) has in supporting care homes.

The team operate Monday-Friday 9-5 with wrap around out-hours support delivered by the local Public Health England Health Protection Team on-call over the weekend. The Team provide remote and on-site support and advice on a priority triaged basis. They support the reporting and oversight of outbreaks in Sefton and provide direct support to those experiencing an outbreak. This offer has been supplemented through support to care homes delivered by Sefton Council Environmental Health Officers, who work with the Community Infection Prevention & Control Team, supporting care homes with single suspected COVID-19 cases and outbreaks.

In addition to the funds allocated for to support the local COVID-19 community outbreak response, there is a planned permanent increase in the Community Infection Prevention and Control Service, that will include a focus on the management and prevention of COVID-19 outbreaks in care home settings.

In order to deliver on surge capacity mutual aid has been provided both within the community provider trust and from the Local Authority through Environmental Health Public Health has provided assurance to our community provider that it will underwrite the required surge capacity to support IPC across care homes during the pandemic, however Public Health and Adult Social Care have also committed to work together to build on the existing Infection Prevention Control service to expand to include dedicated care home elements.

In addition to exploring future sources of surge capacity support the Sefton Outbreak Plan will also include plans for utilising additional funding to develop the local offer for health protection, supporting contact tracing and outbreak response in complex and high-risk settings such as care homes, including consequence management.

Key Theme

**Further Development of Community Infection,
Prevention & Control Team**

Training, Education & Support

Linked to EHCH, it is crucial that front line staff in care homes receive readily accessible support and training and that they have key relationships with other providers in primary, community and secondary care.

We recognise that it is essential to support Care homes to enable them to care for their residents in their home and prevent unnecessary attendances and admissions to a hospital setting.

We have recently developed a multidisciplinary training offer that gives access to Care Homes to support and training resources from NHS Providers, the Council, SCIE, the Hospice sector and other national and local resources. We will continue to work with Care Homes to ensure an integrated offer is built on to support Care Homes to deliver the best quality care.

We will firstly map all training opportunities available to care homes in order to then explore the development of a co-ordinated offer of training for the EHCH model for care homes.

We will also explore and build on the concept developed during the COVID-19 Pandemic of buddy homes or establishing teaching Homes to help us spread the significant pockets of outstanding or good homes we have in Sefton.

We will also need to ensure that care home staff are sufficiently trained on issues such as Mental Capacity and the implementation of the **Liberty Protection Safeguards** and associated issues such as consultation with care homes and with those interested in the person's welfare.

We also wish to continue with support to care home staff with respect to them dealing with the impact of the COVID-19 Pandemic. We recognise that the pandemic has had a significant impact on health and wellbeing of care home staff, and we have implemented support mechanisms such as the QWELL online counselling service, but we need to assess the impacts more and engage with care home staff on this issue to identify what further mechanisms they feel can help them to deal with any more longer-term effects that the pandemic has, or may be beginning to have on them. This work will be a key element of our ongoing response to the pandemic and assessing the impacts that it has had.

As part of the above commitments, we will firstly implement **My Home Life**. This is a Leadership Support Programme for Care Home Managers / Leaders with a focus on real issues with the intention of achieving improvement and transformation in their care service. It recognises that individuals learn best when they learn with and from each other, by working on real issues and reflecting on their own experiences.

The content of the programme will reflect what has happened and is happening in response to COVID-19 and part of the programme will focus on working together with the wider system to learn together and plan for the future.

The initial programme will support Providers to achieve the following;

- Improved confidence and resilience, both personally and professionally.
- Improved engagement and involvement for people who live and work in the home and those connected with it.
- Improved leadership and responsiveness to change.

- Improved practice including consideration of equality, diversity, inclusion and human rights.
- Reflection and connection back to regulation requirements, quality improvement and local systems and relationships.

Following the initial phases of My Home Life we will also then explore the implementation of a further phase which would support care homes and wider groups to;

- Widen networks and open opportunities using our tools and resources including links to our own dedicated network.
- Reflect on the difference between a 'closed' and 'open' care home culture.
- Better understand what living and working in a care home is like and the contribution they bring.
- Create connections now and into the future as communities adapt to the impact of the pandemic.
- Participate in ongoing research which continues to develop evidence that community connections improve the quality of life for all involved.
- Develop care home community champions in local areas.

We will also seek to ensure that care homes adopt the **Queen's Nursing Institute "Standards of Education and Practice for Nurses New to Care Home Nursing (2021)."** This outlines specific education and practice standards required for a Registered Nurse new to working in the care home sector to enable them to work safely and effectively and we will factor these, and other standards into any new contract and service specification developed (as referenced in section 11) in order to better reflect the specialist roles required within care homes and that such roles encompass not only adherence to professional standards, but also a requirement to have additional skills such as that of leadership, management, facilitation and relationship building.

Key Theme

Further Development of Training 'offer' to Care Homes

Workforce Related Issues

The Care Home workforce is of vital importance. They will provide an invaluable contribution to meeting the aims and objectives outlined in this strategy as well as them continuing to deliver care and support to care home residents.

Workforce Development is a key enabler to ensure that Sefton achieves its vision for the Care Home sector by ensuring:

- The effective supply, recruitment and retention of our current and future workforce;
- A strong, confident and skilled workforce fit for the future:

- A vibrant and responsive health and social care sector able to meet the changing expectations of people using health and social care support

We want to work in partnership with providers as effective workforce planning can facilitate the development of new roles, support the recruitment of staff with the right values and attitudes, and ensure those people have the skills and knowledge to deliver high quality services.

Skills for Care estimates that Sefton had 9,900 jobs in adult social care in 2017 with Social Care employment accounting for around 18% of total employment in the Liverpool City Region.

In summary, in Sefton;

- About 8.1% of jobs remain unfilled, i.e. approximately 800 roles are open at any time (this compares to 7.8% nationally)
- We have 130 CQC regulated care home services
- The social care Workforce is ageing, with 28% aged over 55
- 81% of the social care workforce is female with an average age of 44.1 years, 93% have a British nationality, with 5% from the EU and 2% with non-EU nationalities.
- Only 54% of the adult social care workforce in Sefton holds a relevant qualification
- There are too many unfilled jobs meaning Sefton can pay more for care.
- There is excessive use of Agency staff, which results in higher costs for Providers and sometimes increased safeguarding and quality issues
- The DWP continue to report social care vacancies as “hard to fill” despite continuous marketing. Sefton@work also report little interest from workless residents seeking jobs in this sector.
- There are a greater number of people leaving the industry than joining
- High Turnover rates persist, with employers experiencing loss of qualified staff as “churn” to other areas of health/social care or to other sectors of employment.
- Pay, conditions, lack of investment in staff are cited among the reasons for poor retention in the workforce and can affect the quality of care. Sefton has an ageing workforce.
- Whilst turnover of staff is high, in Sefton we have a core of experienced workers, with an average rate of experience of 9 years. 73% of workers in the sector have been retained for more than 3 years but the workforce profile is ageing and too few younger workers are entering the sector.
- The over-reliance on EU workers may be an issue post-Brexit. Although this is considered low risk in relative terms, and along with arrangements for right to remain for Care Workers.

In addition, Sefton experiences the same following issues as other areas;

- Increased demands for care from an ageing population

- Welfare reform – the effect of Universal Credit and other changes have impacted on working patterns in this sector and beyond and have placed new obligations on people seeking work
- Perceptions from jobseekers continue about the sector being low skilled with low prestige and poor prospects for advancement. This affect application rates of potential new entrants, especially among graduates.
- Employer behaviours with respect to terms & conditions, pay, hours, etc contribute to the negative perceptions
- Ongoing financial constraints have required difficult choices to be made by commissioners, constraining growth for service delivery rates

In order to address this, we will firstly conduct a scoping exercise to map the current workforce and level/type of vacancies.

We will also work across the organisation and with stakeholders to shift perceptions about what working in this sector is really like, highlight great employment practice and promote better understanding of how much difference good care can make, making the sector more attractive to more people. We work closely with Skills for Care and actively encourage dialogue with the sector on how we work together with the sector to address these local and national challenges.

For example, through the *“Everyday is different campaign”* which will link local case studies and vacancies to this national campaign. promotion activities with employers to encourage applications, particularly among those supplies working for the Council, negotiation with employers on terms and conditions and Recruitment support programme for SMEs or utilising Social value aspects of Care Commissioning.

In terms of addressing the ageing population challenge work will be done to promote work placements to students on social care programme through employer engagement, visits, summertime working etc.

We will engage with our Colleges and learning providers to make social care a sector of choice for more of our younger residents, promoting work experience, work trials and other initiatives with our commissioned suppliers.

As Commissioners we will ensure that we optimise the benefits of social value requiring employers to work proactively with Sefton@work on improving terms and conditions and Invest Sefton on local supply chain benefit. Including consideration of the adoption of the Unison Ethical Care Charter.

We will seek to work with our workless residents to ensure they have greater information about the sector, and they have access to bespoke second chance learning to help them enter or re-enter the sector. For example, through Intelligence sharing with DWP on unfilled vacancy rates and Retention and productivity support for care employers

In summary, we want to see;

- More local residents will access better quality employment in the Borough.
- An increased availability of staff able to enter the sector in Sefton.

- A more reliable delivery of care packages commissioned by Sefton Council and greater confidence in control of costs.
- A more systematic involvement of commissioners with Sefton@Work on generating social value employment impacts and wider use of Employment related KPIs across other service areas.

Key Theme / Objective

Implementation of Workforce Strategy to improve retention and promote the role of the carer

Technology & Support Tools in Care Homes

Now more than ever we recognise the importance of technology and how it can support the care home workforce, aid the timely exchange of information, reduce the need for paper-based systems, ensure availability of real-time information and support interaction between people who can no longer rely on face-to-face contact. Practical support tools are also of great benefit in supporting day-to-day service delivery and wider objectives such as personalised care planning and the timely identification of any issues with Residents health conditions.

As part of a commitment to enhance service delivery arrangements in care homes we have already issued all Care Homes with Accurex technology to support virtual GP Appointments, and equipment and training to take vital observations to support this process. We will look to build on and expand this offer.

We have issued care homes with phones and supported the national roll-out of free l pads in order to provide further support and to ensure that technology can be used to ensure that alternative arrangements are in place for visits to care homes from relatives, friends and advocates.

All Care Homes are now signed up to the national NHS Capacity Tracker and reporting functionality will support our oversight of quality and delivery of the market.

We continue to support the roll out of NHS.net mail to all homes to support the safe sharing of care records and information.

We have established a **Digital Task & Finish Group** to advise and assist in the development of Digital Assistive Technology to ensure that it meets the present and future needs of Residents, operational delivery staff, therapists and clinicians and it will support Sefton Council's overarching Digital Strategy. Care homes will therefore be an important element of this work and Commissioners will be members of this group in order to identify future opportunities.

However, all of the above is only the start and we know that the implementation of more technological solutions can further support care homes, as well as Commissioners, to improve service delivery information and meet wider objectives.

Work is being progressed on the following initiatives

1. **EMIS** - We will pilot the use of EMIS in Care Homes as part of the work to further implement EHCH in Sefton and will explore and develop a sustainable long-term model to roll this out to support dynamic care planning, end of life and discharge processes. There are currently no I.T. infrastructures in any of the Care Homes across Sefton that allows systems to be interoperable with community service and Hospital Trusts and EMIS provides a solution to this. During the COVID-19 response it was clear that the residents of Care Homes need to have equality of access to the wider system of Care and Health that electronic links, that support dynamic Care Planning and the roll out of the impending national End of Life Strategy, Care Home Strategy and Intermediate Care Strategy. The outcomes of this pilot will be used to identify scope for wider roll-out to all care homes and if proven to provide quality, safety and value for money the scheme will be provided to all homes across Sefton. Other systems will be considered with input from care homes to ascertain what systems will work best in as a whole system approach.

2. **Falls Application Technology** – in order to support delivery of the Sefton Falls Strategy, we will seek to explore the implementation of a digital tool / app to assist with the management of risk and the occurrence of falls. this will be issued to care homes (potentially initially on a pilot basis to a small number of homes to assess its impacts). It is a secure, digital falls prevention web-based tool which helps manage the risk and occurrence of falls. It offers the following benefits;
 - a. Provides a full multifactorial risk assessment - enabling early identification of risks
 - b. Gives care homes a real-time dashboard - to understand at a glance what is happening across your care home, helping to identify trends and drive continuous improvement.
 - c. Creates a personalised action plan (from 50+ proven interventions) to reduce those risks
 - d. Tracks actions and interventions to prevent falls
 - e. Collects evidence of falls when they do occur - to drive continuous improvement
 - f. Creates a digital audit trail to satisfy regulatory inspection requirements (Health & Social Care Act 2008)

3. **RESTORE2 & NEWS2** – this is a physical deterioration and escalation tool specifically designed for care/nursing homes based on nationally recognised

methodologies including early recognition (Soft Signs), the national early warning score (NEWS2) and structured communications (SBARD). This will help improve communication between care homes and their serving GP practices to help reduce admissions where inappropriate. It has been designed to help care and nursing professionals to:

- a. Recognise when a resident may be deteriorating or at risk of physical deterioration
- b. Act appropriately according to the resident's care plan to protect and manage the resident
- c. Obtain a complete set of physical observations to inform escalation and conversations with health professionals
- d. Speak with the most appropriate health professional in a timely way to get the right support
- e. Provide a concise escalation history to health professionals to support their professional decision making

We will ensure our **Telecare and Assistive Technology Strategy** works alongside our care home to ensure the most effective and efficient use in our care homes, but also to ensure that care homes that deliver more short-term / Intermediate Care type services are aware of technology that Service Users they are currently supporting can access when they return to their own home and that care homes play an active role in making recommendations regarding longer-term care and support requirements.

Key Theme / Objective

Evaluate existing initiatives around technology supporting care homes and further explore how technology can support service delivery

Equipment & Single-Handed Care

Care homes must ensure that they meet CQC standards with regards to equipment provision. Care homes are required to have assessed that, for any potential new admission of a Service User, they can meet the person's needs in a regulation compliant way. Equipment considered essential for carrying out regulated activity should be available in sufficient quantity and type to meet the safety, independence, welfare and comfort needs of all the residents. Staff working in care homes play an important role in identifying equipment needs when a person commences living in a care home and also when their support needs change.

Whilst care homes need to have a variety of equipment and furniture to meet most needs, there will be some Residents that may have needs that require a specialist piece of equipment to be made. People living in care homes have the same rights to services, including the assessment for and provision of some equipment, as those living in their own homes. The Sefton Community Equipment Services (CES) is

commissioned jointly to provide community equipment on loan to individuals (both adults and children) following assessment by a health and/or social care practitioner. Any equipment issued is for the exclusive use for the Service User for which it is prescribed. The purpose of providing any such equipment is to increase or maintain functional independence, safety and wellbeing of residents and care staff as part of a risk management process. The CES also does important work on ensuring the safe and effective use of equipment.

As with other services the CES remains a vital element of the care home sector and we want to ensure that it continues to operate in a way which supports the sector continues to meet the present and future needs of Residents, Therapists, Clinicians and Providers.

Recently we have conducted an 'amnesty' of equipment, which was well supported by Sefton care homes, however we recognise that we may need to periodically do such exercises again in order to ensure that equipment provided remains fit for the purpose of which it was originally issued and to ensure the best use of resources, given the overall intention to support more people in their own homes.

As a result, we want to ensure that care homes;

- Have staff appropriately trained on the use of equipment;
- Conduct the required operational cleaning / disinfection of equipment and that they follow the required instructions and guidance for its use; and
- Are aware of their obligations around any loaned equipment and support the CES to ensure the best use of equipment resources.

However, we recognise that the use of equipment and the creation of greater independence applies just as much in care homes as it does in people's own homes. In Sefton the **Single-Handed Care** has been successfully implemented with Providers of community-based services where it was identified that good risk assessments, followed by suitable equipment and adaptations provided in a timely manner can ensure people are able to remain in their own home and reduce the need for double-handed (two carer) care packages.

We therefore want to explore the implementation of applicable elements of Single-Handed Care project in care homes.

Key Theme / Objective

Continue to ensure that equipment is provided (where required) to support care homes and to explore the implementation of Single-Handed Care in care homes

Capital Grants Programme

As part of the wider 'offer' of support to care homes we have implemented the opportunity for Sefton care homes to apply for capital grants to improve their homes in the following ways;

- Making physical improvements to care home environments
- Implementing technological solutions

The initial focus has been to make care homes more dementia friendly, to increase the positive experiences for Residents and their families/advocates and to support the wider aim of homes achieving and maintaining *Outstanding* Care Quality Commission ratings.

Examples of the types of proposals related to;

- Improvements to gardens /outdoor spaces/ communal areas to afford Residents and their Families improved opportunities to access outdoor spaces and use areas for improved social interaction and activities
- Improvements to communal areas within the care home to support greater social interaction
- Improvements to areas within the care home in order to make them more dementia friendly and to provide an environment which reduces Service User anxiety/ distress
- The purchasing of technological solutions/equipment (for example Interactive Tables, Robotic Pets and technology to support reminiscence therapy and contact with family) for use by Residents in order to improve their quality of life

Once these initial grants have been fully allocated and assessments conducted on the impacts that the improvements have made, we will continue to explore the potential for further capital investment into the sector and also opportunities for Commissioners to benefit from their 'buying power' to procure technological solutions / equipment for subsequent issuing to care homes.

We want to explore how any such funding can be used to support care homes, such as with respect to the provision of specialist equipment to meet prevalent / emerging needs.

Key Theme / Objective

Explore opportunities for further capital investment into the sector

Enhancing the 'voice' of Residents, Families and Advocates

We also want to ensure that there is a continued focus on gathering the views and opinions of people that receive services.

Whilst this can be addressed through quality monitoring work, we also want to work with partners such as **Healthwatch Sefton** to develop **Thematic Reviews** of the sector based on feedback gathered from Residents, Families, Carers and Advocates on what are the most important issues for them and what factors they think are important for the effective delivery of services.

10. Market Management

Over the next three years we will build a robust joint route for managing the market in terms of Quality, resource, supply and demand and building a strong culture of communication, openness and working together to deliver shared aims of robust high-quality serviced offers at a best valuable sustainable price.

It is recognised that a category management approach for this sector is required to provide assurances to Governing Bodies, Elected Members, Stakeholder and Interest Groups that this service area is effectively managed, and quality is effectively monitored with risks managed and mitigated.

This category of commissioned services / expenditure is significant in terms of risk (services to vulnerable people), budget oversight and Council and CCGs reputation. There is a need for greater oversight for this service category and budget, as the sector remains an integral element of meeting the needs of vulnerable people in Sefton.

We also need to address issues such as new care homes being built within the Borough with little discussion regarding the provision being offered or whether this provision falls within the commissioning direction of both health and social care. When considering such issues, we will also take into account the impact of any new care homes on the demands on primary and community care services which would result from the increased number of Residents needing to access such services.

This strategy, together with other associated strategies and policy documents, will be used to inform decisions on any new provision as well as being a document that potential new Providers can review, together with associated documents such as the Local Authority Market Position Statement, to ensure that their proposals meet the aims and objectives within it. When considering any new planning applications, we will also explore the potential for any new developments to also include the provision of new GP premises in order to meet wider aims.

We will therefore engage with our Planning partners to discuss proposed future developments and to outline our views as Commissioners on their ability to meet needs and the actual demand for any new services.

Whilst we are aware of each of our own commissioning activity information (as outlined in section 6 of this strategy) we recognise that this work needs to be expanded upon,

to gain a better understanding of the market and to inform other pieces of work such as the review of fee structures (see section 10).

A key element of the approach to market management will be **Viability Work**. At the time of writing this strategy our Care Homes are facing a significant challenge as they deal with the COVID-19 pandemic and look towards recovery from the pandemic.

The void rate within care homes has historically been in the region of 6-7% but is currently higher with some homes having experienced void levels more in the region of 15-20%. This, together with potential future decreases to the level of placements typically made by Commissioners, coupled with reduce demand from the 'private' sector, will have an impact on care home Providers.

A key immediate activity is therefore the ongoing monitoring of these issues and exploring how the Sefton care home market can adapt. We will continue to conduct work on assessing the impact on the market which will include analysis of;

- Local Authority and CCG commissioning trends / activity;
- Referrals and new placements being made into care homes – but not just referrals made by the Local Authority and the CCG. We also need to understand any changes to the 'private / self-funder' market for care home placements and quantify any changes between pre-COVID-19 and current referral levels;
- Financial matters such as analysis of Providers financial 'health' and cost pressures;
- Gathering more information on factors such as the physical condition / age of care homes in order to ascertain whether the building and facilities are well maintained and if there is flexibility / adaptability within the physical structure, e.g. the opportunity to create annexes for different client groups or needs; and
- Working with other Local Authorities and CCGs in order to reflect that we may 'share' the same Providers.
- Working with the market to develop its ability to respond to a higher level of acuity and ensuring we build on lessons learned during the COVID response to ensure we maximise the use of wrap around health offers to help support this.
- Working alongside the Sefton provider Alliance to deliver Enhanced Health in Care Homes as per our key objective detailed on page 26

Once we have an overall picture of the market and Providers, we will engage with them further to explore the issues and how we can offer further support.

In addition to local work, we will also work on a regional footprint to ensure we able to strategically manage the market and continue to meet the needs of individuals whom Care Home placements are the correct service offer for. This will include looking at specialist delivery and a higher acuity of residents. Market shaping and diversification of the market will need to be part of our future landscape.

Key Theme / Objective

Continued focus on assessing viability in the care home market

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Dealing with Provider Failure

Linked to any work on viability is the potential that provider failure may occur. Withdrawals from the market may take place as a result of the impacts of the COVID-19 pandemic and other factors which lead to a reduce demand for care home placements, either in general or for certain types of placements.

Both the Local Authority and the CCGs work closely with the Care Quality Commission to ensure that effective quality control and monitoring systems are in place for Providers, however it is recognised that there may be instances where Providers fail, and this issue is more pertinent than ever.

The Care Act 2014 makes provision for ensuring that if interruptions to care and support services occur, Local Authorities have powers and duties for ensuring that the support needs of those receiving services continue to be met.

The Care Act also sets out Local Authorities duties to gather market intelligence which is also relevant to responding to business failure and other service interruptions. Where alternative services need to be put in place, a thorough knowledge of the market is required. In addition, Local Authorities need to understand how their providers are coping with trading conditions. This includes Sefton Local Authority having good knowledge of the Provider market in the borough, offering assistance to Providers if it is possibly facing closure and what happens when a provider closes.

Whilst Sefton MBC and the CCGs have endeavoured to conduct commissioning which is sustainable, and which is based on a robust understanding of the market, it is recognised that instances will occur where Providers fail for various reasons.

In order to meet its Care Act 2014 obligations Sefton Local Authority and the CCGs will continue to;

- Develop a proactive and reactive role when working with providers and will proactively help anticipate and if appropriate work with a provider to prevent or delay closure.
- Share concerns they have about a Provider with other relevant organisations e.g. CQC, CCGs.
- Gather intelligence and information on providers and will share this with relevant stakeholders as appropriate e.g. CQC, other CCGs.

Sefton Local Authority and the CCGs will maintain a relationship with the CQC with a view to early warnings where Provider compliance issues may lead to CQC enforcement action or threaten the ongoing operation of a CQC regulated service. Safeguarding Teams will seek to identify early warning signs in regard to a Provider through safeguarding adult alerts.

In order to support this work, we will;

- Have awareness of the diversity of local providers to facilitate the transfer of care of individuals to another provider or owner in the event of market exit;

- Have good relationships with all providers serving their local population and through market intelligence and reporting be aware of any company financial distress;
- Have plans in place agreed with other relevant commissioning bodies to cope with the closure of a provider and to be clear about roles and responsibilities where the care people receive is commissioned by CCGs;
- Ensure that local people including Elected Members are informed about the change of a provider as appropriate, involve individuals, their families and carers in all decisions affecting their care;
- Ensure views of individuals and their families are taken into account to minimise disruption and act in line with their preferences wherever possible, making a best interest decision where this is relevant;
- Ensure that efforts are made to reduce stress and anxiety for individuals, their families and carers.

Market Exits

Should Providers need to withdraw from the Sefton care home market then we will work with them through this process and seek to support their workforce to identify future employment opportunities.

Needs Analysis

In order to manage the market, we need to continue to look at current and future needs. Work such as the Market Position Statement will support this as well as gaining feedback from Practitioners and Providers on trends they are seeing and changes in dependency levels.

We then need to share with information with Providers to support them to better understanding these needs and how their services can meet them.

11. Contracting, Quality, Compliance and Performance

As Commissioners we both wish to contract with the Care Homes delivering the highest quality care for people in Sefton.

As identified in this strategy, we recognise that as Commissioners we are asking Providers to operate under different frameworks, contractual arrangements and service specifications. Whilst some of this is 'beyond our control' we recognise that we can work together more, for both the benefit of us both as Commissioners, but also for the benefit of Providers with respect to providing a 'common voice' to the market, more streamlined business processes and shared monitoring arrangements.

We need to explore opportunities for;

- **Aligning commissioning arrangements** – including a shared 'brokerage' function for making placements and/or the establishment of joint working

arrangements in order to consider requests for high-cost services and to ensure that any services in scope to be commissioned will achieve the best outcomes for Residents and represent Value for Money or whether alternative services are available that better meet these aims. This in turn will then provide intelligence on emerging needs in order to then inform engagement with the Provider market on how they can adapt and meet these needs. However, given the anticipated statutory changes to the abolition of Clinical Commissioning Groups and the emerging Integrated Care System (ICS), it is highly likely that statutory responsibility for delivery of the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care will be placed at ICS level. There will however need to be place-based considerations in terms of how assessments and reviews will be undertaken, and care provision brokered. In this regard we will continue in the meantime to work together on plans as and when further direction from NHSE&I emerges.

- **Creating a new joint contract** – or at best aligning contractual arrangements with updated clauses to reflect factors such as;
 - New fee structures
 - Performance and outcomes measures
 - Information governance
 - Use of technological solutions
 - New legislative requirements and good practice – including those relating to information governance

- **Implementation of a shared service specification** – linked to the above, there is also the desire to implement an updated service specification which reflects a revised focus on;
 - Quality;
 - Outcomes for Residents / Carers;
 - Changes occurring due to the COVID-19 pandemic – such as the development of the Trusted Assessor model;
 - A partnership commitment to workforce development, including training and professional standards;
 - Any legislative and good practice changes such as the Liberty Protection Safeguards; and
 - Quality and performance measures and requirements.

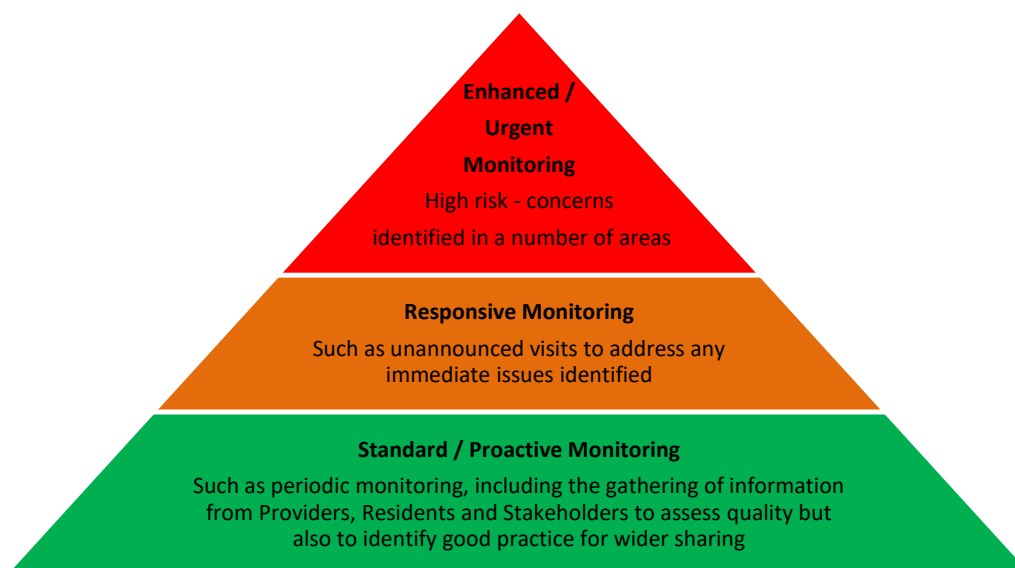
As a result, we will have new arrangements in place with Care Homes that reflect aims and objectives outlined in this strategy, are fit for purpose and promote high quality care and improvement that is supported by a robust improvement and quality monitoring processes.

Linked to these objectives and also the review of financial arrangements, we will explore the implementation of a **'Preferred Provider List'** of homes which have signed up to any new contract, which can then be made available to Residents and their Families. Should this be implemented, it is important to highlight that choice directives will still remain in place.

Compliance, Performance & Quality Monitoring

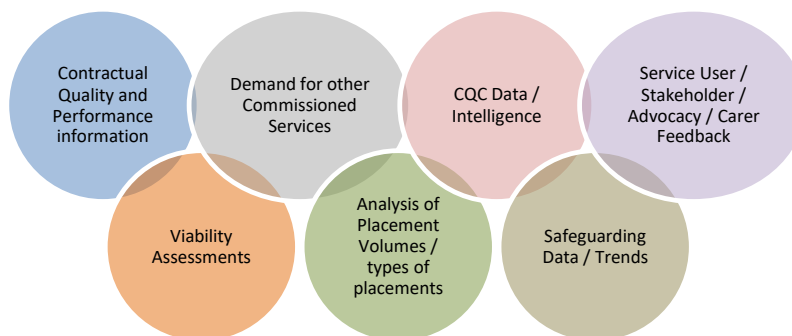
Monitoring the effectiveness of care homes and the services they provide is of vital importance. It enables us to identify any issues and risks and then to focus support on where it is needed. It also supports the aims of identifying and sharing good practice.

We want to enhance our monitoring so that it takes the following forms;



In order to support this work, and also our market management work, we will also work together on the development of a shared quality and performance monitoring function.

Assessments of Quality, performance and compliance are not just about analysing data. Data can only tell us so much and other intelligence needs to be gathered to support the overall assessment process, as summarised below;



We therefore need to ensure that we have robust arrangements in place which;

- Support the sharing of intelligence;

- Provide mechanisms for Residents, Families, Advocates, Staff, Professionals and Stakeholders to inform quality and performance monitoring activities;
- Enable real-time analysis of the market and individual Providers;
- Collate analysis of Safeguarding issues, as these are one of the key sources for the identification of concerns in care homes, in order to identify trends and also support the sharing of good practice; and
- Ensure that the quality monitoring process is not administratively burdensome for Providers.

To this end, we will seek to implement new tools for the collation and analysis of information to support and inform the Quality and Compliance process. This will also include the implementation of I.T. solutions to support this work and the timely exchange and submission of information.

We also wish to explore the development of a **Sefton Quality Mark** which would reflect the following elements;



We want to celebrate and promote good quality care homes and acknowledge the work they do to support their residents and staff.

Key Theme / Objective

Development of Shared Contracts, Service Specification and Quality Monitoring functions

12. Finance Related Issues

We recognise that financial matters will always be an important element of how the sector is managed, meets needs, adapts to changes in needs and links to work around managing the market, improving quality and assessing viability.

We also recognise that Care Home Providers have experienced significant cost pressures, both with respect to new expenditure as a result of the COVID-19 pandemic and reduced income through less placements being made, and other factors such as the EU Exit.

However, it is also important to acknowledge that funding also needs to be looked at in relation to the care home market that we want for the future, the focus on making less care home placements and the increased demand for other services. We will need to be open and honest with Providers on such issues given that we are working to constrained budgets.

Whilst previous market oversight exercises have resulted in cost of care tools being used, we recognise that there is a need to re-visit these. We need to understand Providers current costs as well as wider financial information such as levels of Third-Party Top-ups and how these are formulated. Currently, detailed information on fee rates levied is unclear and this leads to issues when analysing Value for Money and ensuring that rates reflect different levels of need.

As part of joint working, we will commence a project to review existing fee structures, which will include the scoping of the potential implementation of;

- Tiered pricing approach to reflect differing levels of Service User dependency and factors such as;
 - Behaviour
 - Cognition
 - Psychological and Emotional needs
 - Communication
 - Mobility
 - Nutrition & Hydration
 - Medication / Pain Management
- Costing tools to formulate costs which are based on individual Service User assessments and/or where additional 1:1 care is required to meet specific needs such as those related to Moving & Handling;
- Arrangements for assessing costs relating to S117 Aftercare and Joint Funded placements; and
- Fee rates against the availability of, and the accessing by, care homes of community based wraparound support services, I.T. solutions and Equipment, which can be utilised to address certain needs thereby reducing costs.

We want to have open and transparent dialogue with care homes on their costs in order to seek to implement fee structures and payment systems which are clear and reflect best practice in terms of;

- Commissioners assessments being clear to care homes in terms of level of assessed care and support needs, their decisions and rates to be paid;
- Considering requests for high-cost services and to ensure that any services in scope to be commissioned will achieve the best outcomes for Service Users and represent Value for Money or whether alternative services are available that better meet these aims;
- Greater transparency of existing costs when decisions such as that of CHC eligibility arise; and
- Reducing the requirement for specific negotiations to take place around costs for individual placements in order to streamline decision making and placement processes.

Linked to the above, is the Local Authority also reviewing its current payment arrangements with care homes. The current contractual arrangement is to pay providers the Local Authority contribution only; net of the client's personal financial contribution toward their assessed care needs and any agreed third-party top-ups for additional services. Care Home Providers are required to collect the client contribution and top-ups direct and feedback received as part of consultation on fee rates has highlighted this as an issue. We will therefore commence a specific workstream around the potential implementation of the Local Authority paying gross costs to Residential and Nursing Care Home Providers for all Residents placed by Sefton (including those with a deferred payment agreement in place).

We will also explore the further pooling of budgets in order to make the best use of resources, support other work on further integration and also to provide more seamless funding / payment mechanisms for Providers.

Key Theme / Objective

Review of Fees / mechanisms to calculate placement costs and exploration of further pooling of budgets

13. Consultation & Engagement

Key to the delivery of this Strategy is to enable the Sefton Care Home Market to be fit for the next 3 years and beyond. Engagement and approaching this challenge in partnership is key and a crucial part of this is increasing the dialogue between Commissioners, Providers and Stakeholders. This is something that has happened sporadically in Sefton historically and it is recognised that it needs to improve.

During the COVID-19 response, this galvanised into a co-ordinated, sustained, positive and proactive system of provider forums, bulletins, direct telephone calls, design thinking session and the production of system wide guidance and pathways to support the Care Home market. Providers and partners (such as Healthwatch Sefton, Advocacy services and Community Health Service Providers) have been engaged with in order to ensure that communications are timely and robust and that all parties are supported, and their expertise is utilised.

We wish to build on this and ensure that impetus gained so far is not lost and to also expand this work to promote the sharing of good practice and homes supporting each other through initiatives such as 'buddying' arrangements.

We also want to ensure that we engage with Groups established by care home Providers themselves so that we can communicate our commissioning intentions and proposals for supporting and developing the sector.

Key Theme / Objective

Consultation as part of delivery of this strategy and building on Consultation & Engagement mechanisms implemented to date

14. Implementation of this Strategy / Keeping it Under Review / Governance

This strategy is ambitious, and it has also been produced at a time of unprecedented change for everyone involved in the care home sector. Therefore, this strategy at this present time cannot outline definitive timescales on future work and dates for implementation.

However, a high-level implementation plan is included at the end of this section, which summarises key project workstreams and current proposed timescales.

The strategy needs to be a working document with detailed plans being developed and consulted upon relating to the specific aims and objectives we want to deliver.

This strategy will be reviewed on a periodic basis to ensure that it remains fit for purpose and to report progress on its delivery to established groups and governance structures such as the Sefton Health & Wellbeing Board, the Integrated Commissioning Group, Leadership Teams, Elected Members and Provider groups.

Workstream	Activity	2021-24 Strategy Lifetime											
		Quarter 1 - 2021/22	Quarter 2 - 2021/22	Quarter 3 - 2021/22	Quarter 4 - 2021/22	Quarter 1 - 2022/23	Quarter 2 - 2022/23	Quarter 3 - 2022/23	Quarter 4 - 2022/23	Quarter 1 - 2023/24	Quarter 2 - 2023/24	Quarter 3 - 2023/24	Quarter 4 - 2023/24
Strategy Implementation	Engagement with key Stakeholders on strategy implementation												
	Establishment of dedicated project groups to take forward strategy priorities												
	Development of linkages into emerging Integrated Care Partnership												
	Implementation of associated Strategies (Intermediate Care etc)												
	Engagement with LCR to explore issues such as Dynamic LCR DPS and alignment of LCR objectives												
	Year 1 review of Strategy / Production of Progress report / Formalisation of Year 2 priorities												
	Year 2 review of Strategy / Production of Progress report / Formalisation of Year 3 priorities												
COVID-19 Response / Analysis of Impact	Continued joint LA and CCGs response to the pandemic												
	Ongoing assessment of impact on market - vacancies, referrals etc												
	Further development and updating of market management / viability tools												
Finance Related Issues	2021/22 LA Fee Setting process												
	Ongoing analysis of impact of 2021/22 fee decisions												
	Analysis of Historic and current placement activity and costs - including Out-of-Borough placements												
	Cost of Care exercise / Development of Tiered Pricing Approach												

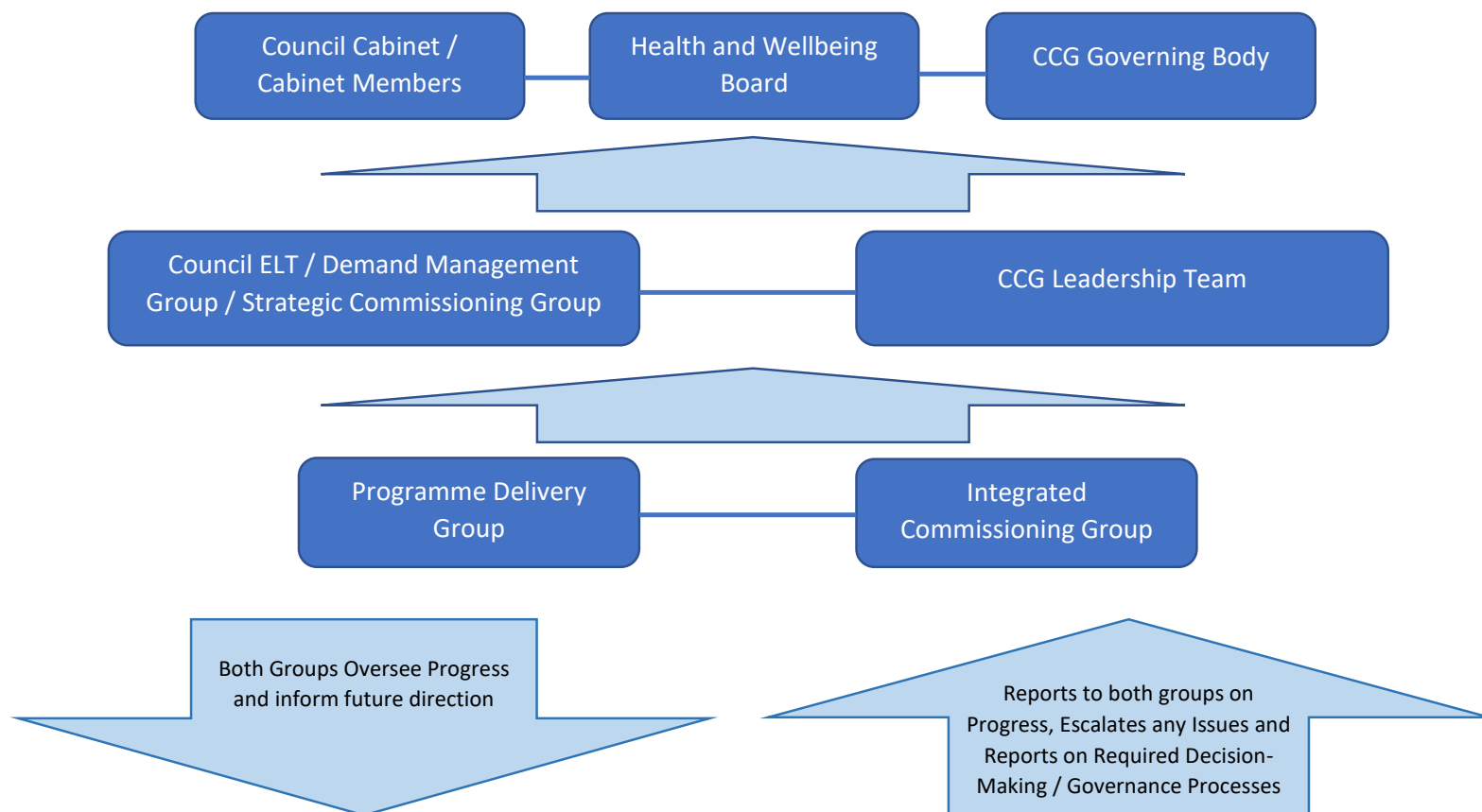
	Review of DPS system / Options appraisal on future placement brokerage arrangements																		
	Further scoping of implementation of Gross Payments (LA)																		
	Potential Implementation of Gross Payment - including potential pilot programme																		
Technology / Capital Improvements	Mapping of current national and regional technology working groups and funding streams																		
	EMIS Pilot - Delivery / outcomes measurement / proposals for next steps																		
	Research on applications available to support Falls monitoring																		
	Exploration of exercise to centrally procure technological solutions identified in grants programme																		
	Outcomes analysis for Capital Improvements Grant Programme																		
	Scoping of opportunities for further capital investment - including care planning I.T. solutions																		
Contracting / Quality Monitoring / Commissioning Arrangements	Scoping of current Commissioners activity / commissioning arrangements																		
	Formulation of proposals for integrated Quality Monitoring Team - including shared BI function																		
	Exploration of implementation of Quality Monitoring I.T. systems																		
	Development of revised contract and service specification																		
	Implementation of new contract and service specification																		
Support to Care Homes / Workforce Development	Further implementation / embedding of Enhanced Health in Care Homes																		
	Implementation and evaluation of <i>My Home Life</i> programme																		
	Exercise to gain feedback from staff on impact of pandemic and training / development needs																		

	Mapping of current training opportunities available & review of training offer																
	Review of current Recruitment support and recruitment and retention issues																
Consultation & Engagement	Ongoing pandemic Provider engagement - including gaining Provider feedback																
	Formulation of Proposals on long-term engagement mechanisms – including with established Provider and Stakeholder groups																
	Dedicated engagement with care homes to discuss Strategy progress to date and future priorities																
	Development of <i>Thematic Reviews</i>																

SEFTON CARE HOME STRATEGY 2021/24 - GOVERNANCE / DELIVERY STRUCTURE

This document outlines the proposed governance delivery structure for the joint Sefton Care Homes Strategy 2021-24.

It is proposed that the following governance and delivery structure be followed with the specific routes for individual decisions being based on factors such as the constitution of organisations and the financial impact. The structure will be subject to regular review in order to take into account any wider new governance arrangements implemented.



	Finance Related Issues Linkage to Existing Joint Finance Group	Support to Care Homes / Workforce Development	Contracting / Quality Monitoring / Commissioning Arrangements	Technology / Capital Improvements Sub-Group of Existing TECS Group	Consultation & Engagement
Delivery / Task & Finish Groups	<ul style="list-style-type: none"> • Fee setting • Analysis of current expenditure and placement activity • Development of new cost of care model – including Tiered pricing • Review of current commissioning arrangements / and future options (brokerage etc) • Gross Payments – LA Specific workstream 	<ul style="list-style-type: none"> • Implementation / embedding of Enhanced Health in Care Homes • Implementation and evaluation of My Home Life programme • Mapping of current training opportunities available & review of training offer • Care home workforce survey • Recruitment and Retention issues 	<ul style="list-style-type: none"> • Development of revised contract and service specification • Scoping of current Commissioners activity / commissioning arrangements • Exploration of integrated Quality Monitoring Team - including shared BI function • Implementation of implementation of Quality Monitoring I.T. systems • Viability work 	<ul style="list-style-type: none"> • Mapping of current local / national groups and initiatives • EMIS pilot • Exploration of Falls applications • Potential procurement of technological solutions • Evaluation of Capital Improvement Grant awards • Scoping of further capital improvements – including care planning I.T. solutions 	<ul style="list-style-type: none"> • Develop approaches to consultation and engagement for all delivery projects • Formulation of Proposals on long-term engagement mechanisms – including with established Provider and Stakeholder groups • Development of <i>Thematic Reviews</i> • Dedicated engagement with care homes to discuss Strategy progress to date and future priorities
Strategy Key Themes Link	<ul style="list-style-type: none"> • <i>Commissioning / Finance / Analysis</i> • <i>Residents</i> • <i>Consultation & Engagement</i> 	<ul style="list-style-type: none"> • <i>Care Homes & Their Workforce</i> • <i>Quality</i> • <i>Consultation & Engagement</i> 	<ul style="list-style-type: none"> • <i>Quality</i> • <i>Commissioning / Finance / Analysis</i> • <i>Residents</i> 	<ul style="list-style-type: none"> • <i>Quality</i> • <i>Care Homes & Their Workforce</i> • <i>Commissioning / Finance / Analysis</i> 	<ul style="list-style-type: none"> • <i>Consultation & engagement</i> • <i>Residents</i> • <i>Commissioning / Finance / Analysis</i> • <i>Care Homes & Their Workforce</i>

MEETING OF THE GOVERNING BODY June 2021

Agenda Item: 21/68	Author of the Paper: Martin McDowell Chief Finance Officer martin.mcdowell@southportandformbyccg.nhs.uk	Clinical Lead: N/A
Report date: June 2021	Rebecca McCullough Head of Strategic Financial Planning rebecca.mccullough@southseftonccg.nhs.uk	

Title: 2020/21 CCG Budget Approval (H1 April – September 2021)

Summary/Key Issues:

This paper presents the Governing Body with the proposed budgets for H1 2021/22 following publication of the H1 2021/22 planning guidance and the updated CCG financial plan.

NHS Planning Guidance has been published for April – September 2021 (H1) only and therefore, the budget presented for approval covers this period. Further approval will be requested for October – March 2021 (H2) when guidance for this period is available.

The draft budgets were presented to the Governing Body in March 2021 and the draft financial plan presented in May 2021. The CCG's financial plan is subject to further review with system partners and final approval by the Health Care Partnership as part of the system financial plan. The CCG QIPP target is also subject to change as a result of this process.

The draft financial plan identified a deficit of £4.435m, the CCG is working alongside all partners in the Cheshire and Merseyside area to manage within allocated resources and it is expected that the CCG will reach a break-even financial position in line with its allocation for the first six months of the financial year. Discussions are ongoing and the CCGs have received an additional funding allocation as consequence of these discussions, further work is required to undertake peer review amongst CCGs to ensure that this distribution is fair and equitable. The current situation is that the CCGs deficit/QIPP requirement has reduced to 0.627m although this is subject to further discussions during the first part of the financial year.

Further updates will be given to the Finance and Resource Committee and brought to the Governing Body through the usual reporting process

The proposed budgets achieve the Mental Health Investment Standard which requires investment in Mental Health services to grow at a rate equal to CCG programme growth for the financial year.

The budgets also include planned investments in Mental Health and Primary Care services relating to Service Development Funding (SDF) and Spending Review (SR) funding for which, additional allocations have been received.

Recommendation

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

The Governing Body is asked to approve this report.

- The Governing Body is asked to approve the proposed budgets for H1 2021/22 and to note that the budgets and QIPP requirement may be updated following further review with system partners.
- The Governing Body are asked to note the value of the QIPP requirement of £0.627m to deliver the CCG statutory financial duty of break even.
- The proposed budgets include COVID related costs and associated allocations including those related to the Hospital Discharge Programme.
- The CCG requires a robust deliverable QIPP plan if it is to meet its statutory financial obligations in H1 2021/22.
- The Governing Body are asked to recognise that the CCG faces a significant financial challenge which will require support for changes from all members, with a key role for Governing Body GP members and Programme Leads to:
 - Provide leadership required to deliver change.
 - Be clear on the risk adjusted pressures arising from QIPP scheme RAG ratings.
 - Make real savings during the year, through service integration and redesign through collaboration with system partners.

Links to Corporate Objectives 2021/22 (x those that apply)

x	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To drive quality improvement, performance and assurance across the CCG's portfolio.
x	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
x	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
x	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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		

Report to the Governing Body June 2021

1. Executive Summary

- 1.1 This paper provides details of the CCG's proposed budgets for April - September 2021 (H1) for consideration and approval. The budgets are in line with the draft financial plan presented to the Governing Body in May 2021, which has been updated following system discussions.
- 1.2 The NHS planning guidance for H1 2021/22 was published in March 2021. The guidance confirmed temporary arrangements to support the continuation of the financial arrangements implemented during 2020/21 in response to the COVID pandemic. Further guidance will be published for the remainder of the financial year.
- 1.3 The guidance confirmed CCG allocations, system financial envelopes and the requirement for systems to work together to achieve financial balance. The Government agreed additional funding of £8.1bn for COVID related costs and a further £1bn for elective recovery and £0.5bn for mental health recovery.
- 1.4 CCG allocations for H1 2021/22 are based on the revised allocations received in H2 2020/21 (October – March 2021) with additions for Service Development Funding (SDF) and Spending Review (SR) funding.
- 1.5 The budgets presented in this paper include the projected expenditure against the notified CCG allocations including COVID related costs and allocations and investments relating to SDF and SR funding. The draft budgets have been prepared using all available guidance for H1 2021/22 and include all anticipated expenditure including assumptions for growth and price increases as noted in the NHS Planning Guidance.
- 1.6 The proposed budgets achieve the Mental Health Investment Standard which requires investment in Mental Health services to grow at a rate equal to CCG programme growth for the financial year.
- 1.7 The CCG has a statutory financial duty for expenditure not to exceed the resource in each financial year. The budget has been prepared to deliver the CCGs statutory duty.
- 1.8 The QIPP target to deliver the required break even position in H1 2021/22 is £0.627m.
- 1.9 The budget does not include 0.5% contingency following joint review with system partners. The contingency requirement is noted as discretionary in the H1 guidance.
- 1.10 0.50% of the CCGs allocation to support the transformation work led by the Cheshire and Merseyside Health Care Partnership has been built into the financial plan.

- 1.11 There are further potential risks relating to continuing healthcare and prescribing costs which can be unpredictable. Potential mitigations can be identified in other budget areas and will be developed further.

2. Introduction and Background

- 2.1 The Government agreed an overall financial settlement for the NHS for the first half of the year providing an additional £8.1bn for COVID-19 costs above the original mandate. The financial settlement for months 7-12 will be agreed once there is greater certainty around the circumstances facing the NHS going into the second half of the year. In addition, £1bn funding has been allocated for elective recovery and £0.5bn for mental health recovery.
- 2.2 The financial framework for 2021/22 continues the focus on system funding, financial management and planning. The additional funding has been allocated at system level and the requirement is that systems will work together to achieve a break even position.
- 2.3 CCG allocations for H1 2021/22 are based on the revised allocations in H2 2020/21 (October – March 2021) with additions for Service Development Funding (SDF) for Mental Health and Primary Care and the Spending Review (SR) funding for Elective and Mental Health recovery.
- 2.4 The planning guidance includes expected uplifts to expenditure budgets including uplifts to provider contracts. Organisations can also claim reimbursement for COVID related costs including the Hospital Discharge Programme.
- 2.5 Growth funding held at system level is subject to further discussion and agreement.

3. Key Issues

- 3.1 The CCG Financial Plan is still to be finalised pending review with partners in the Cheshire & Merseyside system. The draft financial plan identified a deficit of £4.435m which was before system review of expenditure plans.
- 3.2 Following submission of draft financial plans on 6th May 2021, further work has progressed with the Health Care Partnership to review and agree actions to address the system financial deficit. The latest financial plan includes proposed actions to address organisational deficits.
- 3.3 The CCG revised financial plan is a deficit of £0.627m and there is a requirement for the CCG to deliver QIPP savings to address this deficit and achieve a break even position.
- 3.4 The CCG budgets for H1 2021/22 are based on the draft financial plan including the proposed actions and QIPP requirement to deliver the break even position, further work will continue across the system to peer review CCG expenditure plans and local actions.
- 3.5 **Table 2 - CCG Proposed Budget 2021/22**

Budget Area	2021/22 (H1)		
	Rec	Non Rec	Total
	£m	£m	£m
Resources			
CCG Programme Allocation	107.730		107.730
Running Cost Allowance	1.147		1.147
Primary Care Delegated Budget	9.661		9.661
System COVID / Growth Allocation		0.353	0.353
CCG Mental Health SDF and SR		0.427	0.427
CCG Other SDF/SR		0.253	0.253
Available Resources	118.538	1.032	119.570
Commissioning Budgets			
Acute Commissioning	60.271	0.000	60.271
Mental Health	12.122	0.000	12.122
Continuing Care	9.119	0.000	9.119
Community Health	10.849	0.000	10.849
Primary Care Delegated Budget	9.325	0.000	9.325
Prescribing	12.733	0.000	12.733
Other Primary Care	4.390	0.000	4.390
Corporate and Support Services	1.147	0.000	1.147
Other	4.048	0.000	4.048
Sub total Operational budgets	124.005	0.000	124.005
Reserves			
QIPP requirement		(0.627)	(0.627)
CCG Contingency 0.5%		0.000	0.000
Other Reserves		(3.808)	(3.808)
Sub total Reserves	0.000	(4.435)	(4.435)
Total Anticipated Spend	124.005	(4.435)	119.570
Surplus/ (Deficit)	(5.467)	5.467	0.000
Expressed as %			0.0%

4. Revisions since draft budget approval

4.1 Table 3 below shows the changes to the budget approved in March 2021.

Table 3 – Changes since draft budget

Operating Budgets	CCG Draft Budget (H1) 2021/22 £m	Revised Budget (H1) 2021/22 £m	INCREASE/ (DECREASE) £m
Acute Commissioning	61.570	60.271	(1.299)
Mental Health	11.368	12.122	0.754
Continuing Care	7.992	9.119	1.127
Community Health	10.563	10.849	0.286
Primary Care Delegated Budget	9.350	9.325	(0.025)
Prescribing	11.291	12.733	1.442
Other Primary Care	3.908	4.390	0.482
Corporate and Support Services	1.147	1.147	0.000
Other Programme	3.590	4.048	0.458
CCG Reserve Budget	(7.246)	(4.435)	2.811
Total Operating budgets	113.533	119.570	6.037

- 4.2 The CCG expenditure budget has increased overall due to additional allocations included as part of the temporary financial arrangements for H1. Assumptions included in the revised budget are in line with the planning guidance and are outlined below:
- Acute, Community and Mental Health NHS Commissioning – 0.5% uplift on current block contracts.
 - Non-NHS Commissioning – 1.4% tariff uplift.
 - Mental Health – additional investments are included in line with the Mental Health Long Term Plan, Mental Health Investment Standard, SDF and SR funding.
 - Continuing Healthcare – 1.56% uplift for price inflation and demand growth.
 - Funded Nursing Care – 2.00% uplift for price inflation and demand growth.
 - Prescribing – 20/21 outturn plus 0.68% increase.
 - Primary Care (non-delegated budget) – 1% increase
 - Primary Care (delegated budget) – in line with Primary Care inflation to match revised allocations for 2021/22.
 - The CCG planned financial position is breakeven for 2021/22
 - The CCG QIPP target is £0.627m.
 - The draft budget includes assumption for 0.5% contribution to the transformation schemes.

5. Conclusions

- NHS Planning Guidance has been published for April – September 2021 (H1). The budget presented for approval covers this period only. Further approval will be requested for October – March 2021 (H2) when the guidance for this period is available.
- The CCG's financial plan and QIPP target are subject to further review and final approval by the Health Care Partnership.
- The CCG planned deficit of £4.435m will reduce to £0.627m. The CCG will be required to deliver QIPP savings to address the remainder of the deficit and deliver a break even position.

6. Recommendations

- 5.1 The Governing Body is asked to approve this report.
- The Governing Body is asked to approve the proposed budgets for H1 2021/22 and to note that the budgets and QIPP requirement may be updated following further system review.
 - The Governing Body is asked to note the value of the QIPP requirement of £0.627m to deliver the CCG statutory financial duty of break even.
 - The proposed budgets include COVID related costs and associated allocations including those associated with the Hospital Discharge Programme.
 - The CCG requires a robust deliverable QIPP plan if it is to meet its statutory financial obligations in H1 2021/22.
 - The Governing Body are asked to recognise that the CCG faces a significant financial challenge which will require support for changes from all members, with a key role for Governing Body GP members and Programme Leads to:
 - Provide leadership required to deliver change.
 - Be clear on the risk adjusted pressures arising from QIPP scheme RAG ratings.
 - Make real savings during the year, through service integration and redesign through collaboration with system partners.

7. Appendices

Appendix 1 Analysis by Cost Centre - 2021/22 Budget compared to 2020/21 Outturn.

Comparison of 2021/22 Opening Budget to 2020/21 Outturn					
Cost Centre Number	Cost Centre Description	Budget Holder	Outturn 2020/21 £000	Annual Budget 2021/22 £000	Increase (Decrease) £000
Acute					
603571	Acute Commissioning	Director of Place	51,880	51,640	(220)
603576	Acute Childrens Services	Director of Place	605	605	(0)
603586	Ambulance Services	Director of Place	3,098	3,184	86
603591	Clinical Assessment and Treatment Centres	Director of Place	985	3,708	2,723
603596	Collaborative Commissioning	Director of Place	222	210	(12)
603606	High Cost Drugs	Head of Medicines Management	737	783	47
603616	NCAS / OATS	Director of Place	131	141	10
Sub-Total: Acute			57,639	60,271	2,632
Mental Health					
603501	Mental Health Contracts	Director of Place	104	105	1
603506	Child and Adolescent Mental Health	Chief Nurse	119	143	24
603511	Dementia	Director of Place	42	42	1
603521	Learning Difficulties	Chief Nurse	614	605	(9)
603531	Mental Health Services - Adults	Chief Nurse	86	101	15
603551	Mental Health Services - Older People	Chief Nurse	0	0	0
603556	Mental Health Services - Other	Director of Place	8,721	10,128	1,407
603557	Mental Health Services - S117 Mental Health	Chief Nurse	1,157	892	(160)
Sub-Total: Mental Health			10,852	12,122	1,271
Continuing Care					
603682	CHC Adult Fully Funded	Chief Nurse	4,754	4,430	(325)
603683	CHC Adult Fully Funded PHB	Chief Nurse	1,196	1,407	211
603684	Adult Joint Funded Continuing Care	Chief Nurse	1,438	871	(568)
603685	Adult Joint Funded Continuing Care PHB	Chief Nurse	221	180	(41)
603686	CHC Assessment & Support	Chief Nurse	426	308	(117)
603687	Childrens Continuing Care	Chief Nurse	196	198	3
603691	Funded Nursing Care	Chief Nurse	2,168	1,725	(443)
Sub-Total: Continuing Care			10,400	9,119	(1,281)
Community Health					
603711	Community Services	Director of Place	8,732	9,055	323
603721	Hospices	Director of Place	470	478	9
603726	Intermediate Care	Director of Place	2,768	1,316	(1,452)
Sub-Total: Community Health			11,969	10,849	(1,120)
Primary Care					
603646	Commissioning Schemes	Director of Strategic Partnerships	278	394	115
603651	Local Enhanced Services	Director of Place	2,081	1,936	(125)
603656	Medicines Management Clinical	Head of Medicines Management	374	440	66
603661	Out of Hours	Director of Place	668	638	(70)
603662	GP Forward View	Director of Place	400	383	(16)
603666	Oxygen	Director of Place	77	80	3
603671	Prescribing	Director of Place	12,372	12,733	361
603676	Primary Care IT	Chief Finance Officer	612	515	(93)
603678	PRC Delegated Co-Commissioning	Director of Place	8,541	9,325	783
Sub-Total: Primary Care			25,284	26,447	1,163
Corporate & Support Services					
605251	Administration & Business Support	Programme Lead - Corporate Services	101	119	18
605266	Business Informatics	Chief Finance Officer	141	157	16
605271	CEO / Board Office	Chief Officer	211	195	(15)
605276	Chairs & Non Execs	Programme Lead - Corporate Services	100	100	(0)
605292	Primary Care Support	Programme Lead - Corporate Services	57	67	10
605296	Commissioning	Programme Lead - Corporate Services	38	41	2
605301	Communications & PR	Programme Lead - Corporate Services	56	56	0
605311	Contract Management	Chief Finance Officer	61	75	14
605316	Corporate Costs & Services	Programme Lead - Corporate Services	127	111	(16)
605341	Equality & Diversity	Programme Lead - Corporate Services	9	10	1
605346	Estates & Facilities	Chief Finance Officer	38	18	(20)
605351	Finance	Chief Finance Officer	132	197	65
605426	Quality Assurance	Chief Nurse	26	0	(26)
Sub-Total: Corporate & Support Services			1,097	1,147	50
Other					
603756	Commissioning - Non Acute	Director of Place	2,327	2,676	249
603776	Non Recurrent Programmes	Chief Officer	277	205	(73)
603791	Programme Projects	Director of Strategic Partnerships	872	323	(550)
603796	Reablement	Director of Place	470	498	27
603801	Recharges NHS Property Services	Director of Place	97	71	(26)
603809	NHS 111	Director of Place	16	18	2
603810	Nursing & Quality Programme	Chief Nurse	128	215	86
603812	Clinical Leads	Director of Place	141	144	3
Sub-Total: Other			4,329	4,048	(281)
Reserves					
603761	Commissioning Reserve	Chief Finance Officer	(342)	(4,435)	(4,093)
603781	Non Recurrent Reserve	Chief Finance Officer	0	0	0
Sub-Total: Reserves			(342)	(4,435)	(4,093)
Grand Total I & E			121,228	119,570	(1,658)

MEETING OF THE GOVERNING BODY JUNE 2021

Agenda Item: 21/69	Author of the Paper: Martin McDowell Deputy Chief Officer Email: Martin.McDowell@southseftonccg.nhs.uk Tel: 0151 317 8350						
Report date: June 2021							
Title: Southport & Formby Clinical Commissioning Group Integrated Performance Report							
<p>Summary/Key Issues: This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group.</p> <p>Please note the effects of COVID-19 are noticed in month 12 across a number of performance areas.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>	<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 2021/22 (*x those that apply*)

	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To drive quality improvement, performance and assurance across the CCG's portfolio.
	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes.
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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

21.69

Southport & Formby Clinical Commissioning Group

Integrated Performance Report

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Summary Performance Dashboard

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals - NB reporting suspended on this metric this month															
<u>NHS e-Referral Service (e-RS) Utilisation Coverage</u> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	68.8%	74.1%	53.1%	44.7%	47.3%	57.6%	60.2%	59.2%	59.5%	58.4%	55.2%		58.01%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostics & Referral to Treatment (RTT)															
<u>% of patients waiting 6 weeks or more for a diagnostic test</u> The % of patients waiting 6 weeks or more for a diagnostic test	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	62.68%	63.67%	51.17%	32.35%	27.02%	22.43%	22.17%	16.74%	18.44%	21.10%	16.69%	15.07%	
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
<u>% of all Incomplete RTT pathways within 18 weeks</u> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	79.96%	70.87%	58.29%	54.96%	61.68%	70.53%	77.73%	80.71%	80.69%	75.05%	73.14%	73.97%	
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
<u>Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks</u> The number of patients waiting at period end for incomplete pathways >52 weeks	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	6	10	17	36	62	85	71	99	112	226	401	519	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
<u>Cancellations for non clinical reasons who are treated within 28 days</u> 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 & Ormskirk Hospital	RAG	R	G	G	R	R	R	R	R	R	R	G	R	R
		Actual	2	0	0	4	3	5	4	10	1	1	0	4	34
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Urgent Operations cancelled for a 2nd time</u> 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 & Ormskirk Hospital	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

Cancer Waiting Times																
<u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport & Formby CCG	RAG	G	G	G	G	G	R	R	R	R	R	R	R	R	
		Actual	94.39%	98.05%	99.3%	98.04%	93.17%	89.22%	84.81%	78.5%	74.74%	84.67%	88.67%	90.95%	88.98%	
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	
<u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport & Formby CCG	RAG	G	R	R	R	R	G	G	R	R	R	R	G	R	
		Actual	100%	91.67%	90.0%	90.32%	91.18%	94.44%	93.10%	37.14%	47.27%	64.10%	77.42%	96.88%	75.00%	
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	
<u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> 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 & Formby CCG	RAG	G	R	R	G	R	R	R	G	G	G	G	G	G	
		Actual	100%	94.87%	95.24%	98.41%	94.55%	93.15%	93.33%	96.05%	98.21%	96.51%	97.14%	96.00%	96.18%	
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	
<u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport & Formby CCG	RAG	G	G	R	G	R	R	G	R	R	R	G	R	R	
		Actual	100%	100%	70.0%	100%	91.67%	85.71%	100%	88.89%	86.67%	88.89%	100%	92.31%	91.60%	
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	
<u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport & Formby CCG	RAG	G	G	R	G	G	R	G	G	G	G	G	G	G	
		Actual	100%	100%	87.50%	100%	100%	90.48%	100%	100%	100%	100%	100%	100%	98.36%	
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
<u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport & Formby CCG	RAG	G	G	G	G	R	G	G	G	G	G	G	G	G	
		Actual	95.24%	100%	100%	100%	93.75%	100%	96.00%	95.24%	100%	100%	100%	100%	98.29%	
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	
<u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> % of patients receiving their first definitive treatment for cancer within 2 months (62 days) of GP or dentist urgent referral for suspected cancer	Southport & Formby CCG	RAG	R	G	R	G	R	R	R	R	R	R	R	R	R	
		Actual	71.88%	86.96%	76.47%	89.74%	83.33%	81.82%	84.09%	82.22%	84.91%	70.59%	70.59%	71.15%	79.16%	
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	
<u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> % of patients receiving 1st definitive treatment from an NHS Cancer Screening Service	Southport & Formby CCG	RAG	G		R					G	R	G	G	R	R	
		Actual	100%	No pats	0%	No pats	No pats	No pats	No pats	No pats	100%	66.67%	100%	100%	66.67%	75.00%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	
<u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport & Formby CCG (local target 85%)	RAG			G	G			G	G	G	G		G	G	
		Actual	84.21%	62.50%	88.24%	100%	83.33%	89.47%	87.50%	100%	87.50%	58.82%	89.47%	82.14%	85.25%	
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Accident & Emergency															
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	Southport & Formby CCG	RAG	R	G	G	R	R	R	R	R	R	R	R	R	R
		Actual	92.74%	95.78%	95.62%	93.27%	89.02%	89.61%	80.47%	82.96%	81.74%	77.76%	83.14%	86.83%	87.27%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport & Formby CCG	RAG													
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport & Formby CCG	RAG													
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
HCAI															
Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) cumulative	Southport & Formby CCG	RAG	G	R	R	R	R	R	R	R	R	R	R	R	R
		YTD	0	1	1	1	1	1	1	1	1	2	2	2	2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	Southport & Formby CCG	RAG	G	R	R	R	R	R	R	R	R	R	R	R	R
		YTD	3	7	12	12	17	19	20	24	27	30	33	34	34
		Target	3	5	7	9	11	14	16	19	22	25	28	30	30
Number of E.Coli Incidence of E.Coli (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G	R	G	R	R	R	R	R	R	R	R	R
		YTD	4	18	30	38	53	66	77	89	96	104	110	123	123
		Target	9	18	27	39	48	57	66	75	83	91	100	109	109

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport & Formby CCG	RAG	G			G			G			G			G
		Actual	97.3%			97.2%			100%			100%			98.20%
		Target	95%			95%			95%			95%			95%
Episode of Psychosis															
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport & Formby CCG	RAG	G			G			G			G			G
		Actual	77.6%			72.7%			90%			75%			78.8%
		Target	60%			60%			60%			60%			60%
Eating Disorders															
Eating Disorders Service (EDS) Treatment commencing within 18 weeks of referrals	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	56.96%	48.70%	33.75%	25.88%	31.61%	35.71%	30.77%	37.93%	40.74%	37.93%	30.30%	21.30%	34.95%
		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%
IAPT (Improving Access to Psychological Therapies)															
IAPT Recovery Rate (Improving Access to Psychological Therapies) 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 & Formby CCG	RAG	R	G	G	G	G	R	G	G	G	R	R	R	G
		Actual	37.66%	56.25%	58.56%	55.36%	54.55%	49.11%	50.00%	50.00%	53.23%	39.10%	46.30%	42.10%	50.40%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
IAPT Access 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 & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	0.63%	0.42%	0.70%	0.73%	0.72%	0.89%	0.88%	0.64%	0.49%	0.25%	0.93%	0.52%	7.81%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%
IAPT Waiting Times - 6 Week Waiters 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 & Formby CCG	RAG	G			G			G			G			G
		Actual	98.61%			97.44%			99.10%			97.14%			98.86%
		Target	75%			75%			75%			75%			75%
IAPT Waiting Times - 18 Week Waiters 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 & Formby CCG	RAG	G			G			G			G			G
		Actual	100%			100%			100%			100%			100%
		Target	95%			95%			95%			95%			95%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Dementia															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
Actual		65.20%	63.94%	63.68%	64.00%	63.97%	63.96%	63.50%	63.50%	63.72%	62.84%	62.00%	62.40%	63.66%	
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%	
Learning Disability Health Checks															
No of people who have had their Annual LD Health Check	Southport & Formby CCG	RAG	G			R			G			G			
Actual		18.6%			26.4%			59.0%			79.2%				
Target		17%			34%			50%			67%				
Severe Mental Illness - Physical Health Check															
															Rolling 12 month
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	Southport & Formby CCG	RAG	R			R			R			R			
Actual		32.10%			28.00%			25.40%			22.4%				
Target		50%			50%			50%			50%				
Children & Young People Mental Health Services (CYPMH)															
															Rolling 12 month
Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	Southport & Formby CCG	RAG	G			R			R						
Actual		17.80%			8%			6.10%			Q4 data due 13-6-21				
Target		8.75%			8.75%			8.75%			8.75%				
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport & Formby CCG	RAG	R			G			G			R			
Actual		86.70%			96.00%			96.70%			89.7%				
Target		95%			95%			95%			95%				
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport & Formby CCG	RAG	G			G			G			G			
Actual		100%			100%			100%			100%				
Target		95%			95%			95%			95%				

Wheelchairs

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

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
SEND Measures															
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	G	R	R	R	R	R	R
		Actual	36.8%	35.4%	58.9%	75.5%	72.4%	86.9%	93.2%	87.3%	85.0%	54.7%	37.3%	50.9%	64.5%
		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%
Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks - Alder Hey	Sefton	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	64.2%	61.4%	56.3%	40.0%	36.0%	63.6%	62.5%	51.9%	50.0%	52.2%	41.20%	70.6%	54.1%
		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%
Percentage of Autism Spectrum Disorder (ASD) assessments started in 12 weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G	G	R	R	G	G
		Actual	100%	100%	98%	95%	95%	96%	93%	93%	90%	87%	83%	91.0%	93.0%
		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%
Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		Actual	100%	100%	100%	100%	100%	100%	99%	98%	97%	93%	91%	90%	97.0%
		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%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks - Alder Hey	Sefton	RAG	G	G	G	R	R	R	G	G	R	G	G	G	G
		Actual	100%	100%	100%	88%	81%	89%	100%	100%	85%	100%	99%	97%	95.0%
		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%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey	Sefton	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
		Actual	100%	100%	100%	100%	100%	100%	98%	96%	96%	95%	91%	94%	98.0%
		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%
Average waiting times for Autism Spectrum Disorder (ASD) service in weeks (ages 16 to 25 years) - Mersey Care	Sefton	RAG													
		Actual					85.2	89.4	89.2	66.2	23.1	10.5	10.7	10.7	
		Target													

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).

Constitutional Performance for March and Q4 2020/21	CCG	S&O
Diagnostics (National Target <1%)	15.07%	14.58%
Referral to Treatment (RTT) (92% Target)	73.97%	81.47%
No of incomplete pathways waiting over 52 weeks	519	331
Cancelled Operations (Zero Tolerance)	-	4
Cancer 62 Day Standard (Nat Target 85%)	71.15%	70.91%
A&E 4 Hour All Types (National Target 95%)	86.83%	87.04%
A&E 12 Hour Breaches (Zero Tolerance)	-	1
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	22
Ambulance Handovers 60+ mins (Zero Tolerance)	-	1
Stroke (Target 80%) (February month in arrears)	-	29.20%
TIA Assess & Treat 24 Hrs (Target 60%) (February month in arrears)	-	28.60%
Mixed Sex Accommodation (Zero Tolerance)	Not Available	0
CPA 7 Day Follow Up (95% Target) 2020/21 - Q4	100.00%	-
EIP 2 Weeks (60% Target) 2020/21 - Q4	75.00%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.52%	-
IAPT Recovery (Target 50%)	42.10%	-
IAPT 6 Weeks (75% Target)	100.0%	-
IAPT 18 Weeks (95% Target)	100%	-

To Note:

Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response the decision was made to pause the collection and publication of several official statistics, these include Friends and Family Test (FFT), Mixed Sex Accommodation (MSA), Delayed Transfers of Care (DToc), cancelled operations, occupied bed days, CQC inspections, wheelchair return (QWC1), Oversight Framework (OF), Better Care Fund (BCF) and NHS England monthly activity monitoring. These measures will be updated as soon as the data becomes available and will be incorporated back into the report.

Data quality issues due to the impact of COVID-19 remain within the data flows for referrals and contract monitoring.

COVID Vaccination Update

The national COVID-19 vaccination programme continues to successfully provide dose one vaccinations for Southport & Formby residents. The two vaccination hub sites at Southport and Ainsdale Health & Well Being centres extended the cohorts eligible for vaccination to cover patient in cohorts 1-9 having successfully achieved the 85% target for cohorts 1-4 by the 15th February aspirational date. Dose 2 vaccinations have also started for patients in cohorts 1-4. The hubs have proven to be very successful and a combination of staff from GP practices, PCNs, CCGs, GP federation and community organisations have contributed to the daily running of the PCN sites. As part of the targeted approach to patients in priority groups, PCN, CCG and community colleagues also visited all care home patients and nursing home residents, where possible, administering first dose vaccinations to both staff and resident in the JCVI cohort 1. At the end of March 2021 there were 69,670 (65.3%) first dose vaccinations and 7,799 (7.3%) second dose vaccinations.

Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period and this has been clinically prioritised. Work is underway locally in the Southport & Ormskirk system to increase the available capacity to support urgent elective activity. This will include use of nationally agreed independent sector contracts following clinical assessment in terms of triage and prioritisation.

Southport and Ormskirk Trust have continued to deliver routine elective activity throughout the pandemic, with a focus on delivering greater theatre capacity utilising on site theatres and that of the independent sector. A greater proportion of outpatient activity is now being delivered via virtual systems (i.e. attend anywhere) in line with phase 3 requirements. Cheshire and Merseyside Hospital Cell has set out principles for elective recovery with a proposed recovery approach. This approach will look to focus on development of system level waiting list management to maximise the capacity available and to standardise waiting times where possible, with priority given to clinically urgent patients (P2) and long waiters (52 week plus) in the first instance, as well as developing feasibility assessments and plans, to sequence organisational recovery plans. Elective recovery is expected to be supported by the independent sector facilitated by the procurement of service via the increasing capacity framework (ICF). Additionally, operational planning guidance was received at the end of March. There was a particular focus on planned care, and prioritisation of collaborative working across the system and building upon the lessons learnt during the pandemic to transforming delivery of services and accelerate restoration of elective care. System transformation and recovery meetings are in operation, with the CCG participating in discussions regarding regional transformation schemes.

Secondary care referrals were below historic levels across all referral sources for the majority of 2020/21 but month 12 has seen peaks for both GP and consultant-to-consultant referral groups. At provider level, Southport Hospital has seen a -30.5% decrease in total referrals year to date at month 12. In terms of referral priority, all priority types have seen an increase at month 12 of 2020/21 when comparing to the previous month but remain well below historical levels. Although there remains a -37.3% year to date reduction in two week wait referrals when comparing to the previous year, analysis suggests a recovery for this priority grouping with the 708 referrals reported in July-20 representing the highest monthly total of the last 2 years. Referrals to General Surgery specialty as well as Breast Surgery, Dermatology and ENT are responsible for this increase and a secondary peak in two week wait referrals has occurred in March-21.

Reporting has been suspended on the e-RS metric this month due to issues with the accuracy of the data, it remains part of the outpatient strategy and an update will be provided in the next report.

The CCG failed the less than 1% target for Diagnostics in March, recording 15.07%, an improvement compared with February's performance (16.69%). Despite failing the target, the CCG is measuring well below the national level of 24.29%. Southport and Ormskirk reported 14.58% a small decline compared to last month when 13.54% was reported. The constitutional standard performance will continue to be challenging for the remainder of the year based on infection control, workforce constraints and the continued effect of COVID. Recovery trajectories are in place.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in March was 73.97%, a small improvement from last month's performance (73.14%). But the CCG is reporting well above the national level of 64.38%. Southport & Ormskirk Hospital reported 81.47%, an improvement to last month's performance when 73.14% was recorded.

There were a total of 863 Southport & Formby CCG patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 519 patients were waiting over 52 weeks, an increase on last month when 401 breaches were reported. This is over the plan of 104 patients submitted as part of the phase 3 response. Overall waiters for the CCG increased to 9,036 (February reported 8,601). Southport & Ormskirk had a total of 331, 52-week breaches in March, showing a further anticipated decline from 155 reported last month. The 519 52+ week CCG breaches reported represent 5.74% of the total waiting list, which is well below the national level of 8.81%. This good performance is due to the continuation of services continuing during the COVID surges at the Trust.

The CCG is achieving 4 of the 9 cancer measures year to date and 4 measures in March. The Trust is achieving 3 measure year to date and 3 in month.

Performance in two week wait breast services has now been achieved after being under target for the previous 4 months due to breaches within LUHFT.

For Cancer 62 Day standard the CCG is now measuring just below the national level of 73.94% recording 71.15% in March.

The numbers of CCG patients waiting over 104 days is just 1 in March, 1 less than the number reported last month.

The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services. Systems will be expected to meet the new Faster Diagnosis Standard (FDS) from Q3, to be introduced initially at a level of 75%. In March and year to date, the CCG performed above the proposed target for the 2-week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target.

For planned care, month 12 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS first phase response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain well below historical averages. Data had suggested that seasonal trends and the third national lockdown (initiated on 6th Jan-21) had resulted in a further decrease in planned care activity at lead providers for the CCG, however, March-21 has seen an increase in activity levels with this representing the highest monthly total of 2020/21. At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£8.6m/-42% against plan. Across all providers, Southport & Formby CCG has underperformed by -£13.8m/-34.1%.

Unplanned Care

In relation to A&E 4-hour waits for all types, the CCG and Southport & Ormskirk have failed the 95% target in March, reporting 86.83% and 87.04% respectively (this being around a 3.6% improvement on last month). The CCG and Trust are slightly above the nationally reported level of 86.14%. At Trust level the A&E 4-hour compliance continues to show failing assurance but there has been a notable improvement in March.

Southport & Ormskirk reported just 1, 12-hour breach in March, the same as reported last month and a significant decrease on January when 19 were reported. The avoidance of 12-hour breaches are a priority for the Southport and Ormskirk system and continue to be reviewed in accordance with the recently agreed processes with the CCG and NHSE/I. The provider submits a 48-hour review form to the CCG and NHSE/I to provide assurance of immediate actions taken and determine whether the patient has come to any harm. If the patient has come to moderate or severe harm as a result of the breach, then this will be declared as a serious incident and a full investigation undertaken to identify lessons learnt. No harms have been identified for the latest 12-hour breach, resulting in no serious incidents being reported. The CCG continue to receive and review 48-hour reports from providers following the declaration of a 12-hour breach.

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20 and has continues throughout 2020/21. Whilst targets were not met in full, in March, they show improvements with close achievements of Category 1 targets. March also shows further improvements with the Category 2 mean waits decreasing from 25 minutes 31 seconds to 21 minutes 55 seconds, and the Category 3 90th percentile achieving the target of less than or equal to 120 minutes. 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&E to release vehicles back into system.

All ambulance handovers between ambulance and A&E must take place within 15 minutes. Southport & Ormskirk reported a small decline in ambulance handover times in March compared to February. Handovers between 30 and 60 minutes increased to 22 from 13, and those above 60 minutes reported 1 the same as reported last month.

Following an MIAA audit, the recommendation is to report the stroke indicator one month in arrears. February being latest data. Southport & Ormskirk reported 26.2% of patients who had a stroke spending at least 90% of their time on a stroke unit in February. This is significantly below the 80% target and shows a decline on previous month (63.6%). The Trust reported that performance against this metric continues to present challenges. In February TiA was reported at 28.6% against the 60% target with 5 patient breaches out of a total of 7 patients. Following an MIAA audit an action plan has been developed to review the reporting process for this indicator.

The CCG reported no news cases of MRSA in March (2 year to date) and has failed the target for the year. Southport & Ormskirk have also failed the target for the year (reporting 2 year to date). Any further incidents will be reviewed as part of the Infection Prevention Control (IPC) meeting on a monthly basis, which the CCG now attend.

For C difficile, the CCG reported 1 new case in March (34 year to date) against a year to date plan of 30 so have failed the target for 2020-21. National objectives were delayed due to the COVID-19 pandemic and therefore the CCG is measuring performance against last year's objectives. Southport & Ormskirk Trust is also failing with 1 new case in March, 34 year to date against a threshold of 16 and have also failed their year to date target for the year, further assurance will be requested at the Trust appears to be an outlier in comparison across Cheshire and Merseyside.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in E.coli for 2020/21, therefore the CCG are reporting against last year's target of 109. In March there were 13 cases (123 year to date) against a year-end target of 109, therefore the CCG have failed the target for 2020-21. Southport & Ormskirk reported 16 new cases in March, bringing the year to date total to 185. There are no targets set for Trusts at present.

Southport & Ormskirk's Hospital Standardised Mortality Ratio (HSMR) was 80.2 in March, remaining under the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

For unplanned care, month 12 of the financial year 2020/21 continues to show reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. Although some recovery of activity was apparent following the first phase of the NHS response, year to date levels remain below historical averages and recent months suggested a steady decrease in activity numbers leading to the lowest monthly total reported since April-20 in January-21. This goes against the anticipated increases that formed part of CCG plans for the phase three NHS response to the pandemic and activity was comparable during February-21. However, a notable increase in activity has then occurred in March-21 with this representing the highest monthly total throughout 2020/21. At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£6.8m/-15% against plan. Across all providers, Southport & Formby CCG has underperformed by -£7.2m/-14.8%

Mental Health

The Eating Disorder service has reported 21.2% of patients commencing treatment within 18 weeks of referral in March, compared to a 95% target. 7 patients out of 33 commenced treatment within 18 weeks. This shows a decline on the previous month (30.3%). Demand for the service continues to increase and to exceed capacity. The Trust is working with Sefton and Liverpool Commissioners on a 3-year investment plan for Eating Disorders.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.52% in March and has therefore failed to achieve the 1.59% target. Year to date the CCG's performance recorded 7.81% which has failed the year-end target.

The percentage of people who moved to recovery was 42.1% in March, which is below the 50% target and a 5% decline on the previous month (47.2%). However, the CCG's year to date performance remains above the target at 50.4%. Long internal waits within IAPT are a major contributing factor to recovery rates.

Southport & Formby CCG is recording a dementia diagnosis rate in March of 62.4%, which is under the national dementia diagnosis ambition of 66.7%. This shows a small improvement on last month's performance (62%). The Memory Assessment Service operated by NHS Mersey Care Foundation Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. The CCG has approved a scheme to go into 2021/22 Local Quality Contract with primary care across Sefton to improve performance going forward.

The Sefton Autistic Spectrum Disorder (ASD) initiative commenced in November 2020. The initiative which is aimed at those aged 18-25 has resulted in waiting times reducing from 66.21 weeks in November to 10.7 weeks in March with 135 on the list, which represents the same waiting time position as reported last month. The Trust is expecting to have all those identified with SEND on the waiting list to have their diagnostic assessment to be completed by the end of May 2021.

In quarter 4 2020/21 year to date, 79.2% of Southport & Formby CCG patients identified as having a learning disability received a physical health check. This is above the CCG's year to date target of 67% and has achieved for 2021/22.

Adult Community Health Services (Lancashire & South Cumbria NHS FT)

Adult community services have been working hard restore community services via 2 weekly recover, restore and retain programme.

Children's Services

In its ongoing response to the pandemic, Alder Hey continues to focus on sustaining and improving pre-COVID levels of activity for community therapy services and Child and Adolescent Mental Health Services (CAMHS).

In respect of community therapy services provision, this has enabled services to focus on reducing the numbers of children and young people who have been waiting the longest whilst managing increases in referrals. Notably for SALT, there continues to be an ongoing increase in referrals which has been evident since the schools initially reopened in September. This is being closely managed by the service along with the impact of the recent lockdown on delivery in school settings. For March, SALT and continence services continue to fall below the 92% target, dietetics and occupational therapies continue to be maintained.

Pre-COVID a preliminary service review of the continence service identified a high number of low-level referrals to the service. The service review is being stepped up again with the aim of developing health visitor pathways to more appropriately deal with low level interventions, thus reducing demand for specialist support.

Notably, all community therapy service waiting times continue to achieve the SEND improvement plan average waiting time KPIs.

The Alder Hey CAMHS team continues to address the ongoing impact of the pandemic on the increase in demand for the service and the increasing number of high risk and complex cases, a position which is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic.

Due to these ongoing issues, waiting times for assessment and treatment have been challenged locally. Although there has been a general deterioration in performance since November 2020, there was an improvement in March 2021, in part due to the additional staff who commenced in post as a result of the CCGs' short-term resilience investment.

In response to the national increase in demand for CAMHS due to COVID, the government announced an additional £79 million of investment in 2021/22 to support recovery. The CCGs are

awaiting further details of the financial settlement for Sefton to facilitate the 2021/22 planning of these services locally. It is anticipated that the investment will support an increase in CAMHS capacity and a reduction in waiting times. In addition, Alder Hey is developing a full business case outlining the additional resource required to match the current and projected levels of demand to achieve the SEND 92% waiting time target. Once the additional mental health investment has been confirmed and Alder Hey's business case has been considered, revised COVID recovery plans and trajectories will be developed to achieve a staged and sustainable return to the 92% waiting time measure.

In the meantime, the CAMHS waiting time position continues to be closely monitored by the CCGs and the trust, and the local CAMHS partnership and third sector providers continue to offer additional support and capacity.

Reporting of the Eating Disorders Young People's Service (EDYS) will shortly move to monthly as the trust starts to include in its monthly contract statements. As with CAMHS, the impact of COVID has led to an increase in demand for the service and a high number of new and existing patients are presenting to the service at physical and mental health risk. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced. Whilst this has placed the service under significant pressure, staff have worked flexibly to manage the increase in demand: from June 2020 onwards, 100% of patients received urgent and routine treatment within the national waiting times standards, and this was sustained until January 2021. However, due to a further increase in referrals in February 2021, there have been a number of breaches in the routine treatment waiting time standards (28 days).

As with CAMHS, once the mental investment allocation is confirmed for Sefton, the CCGs will consider what additional investment is required to support recovery.

In the main, ASD/ADHD performance continues to be on target and the waiting list management plan and trajectory to reduce the backlogs to zero by June 2021 remain on target. There continues to be an increasing number of referrals to both services which is placing pressure on service capacity, and whilst the trust has a number of mitigating actions in place to manage this, discussions with local partners are underway to understand the drivers for this increase.

Whilst SEND performance for the community therapies is on track, there are ongoing concerns in respect of CAMHS performance which continues to fall short of the SEND KPIs. As outlined above, local, regional and national plans are in progress to address this as the management and delivery of the service will continue to be closely monitored.

CCG Peers

The CCG has 10 NHS RightCare peer CCGs who are most demographically similar to them. RightCare peer CCGs provide realistic comparisons and take into account demographic factors such as deprivation and age. For Southport & Formby these are Eastbourne, Hailsham & Seaford, Flyde & Wyre, Isle of Wight, Castle Point & Rochford, Wyre Forest, South Eastern Hampshire, Nottingham North & East, South Kent Coast, Nottingham and Fareham & Gosport CCGs. Where the data is available the CCG has been ranked against these CCGs for information, best performing being ranked first.

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			
	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2019/20 Actuals	+/-	%
April	2060	567	-1493	-72.5%	1980	886	-1094	-55.3%	4755	1860	-2895	-60.9%
May	2338	676	-1662	-71.1%	2169	1127	-1042	-48.0%	5319	2203	-3116	-58.6%
June	2018	1030	-988	-49.0%	1897	1641	-256	-13.5%	4610	3092	-1518	-32.9%
July	2391	1342	-1049	-43.9%	2326	1780	-546	-23.5%	5487	3585	-1902	-34.7%
August	1863	1038	-825	-44.3%	2069	1669	-400	-19.3%	4582	3177	-1405	-30.7%
September	1917	1338	-579	-30.2%	2192	1904	-288	-13.1%	4795	3821	-974	-20.3%
October	2187	1443	-744	-34.0%	2215	1710	-505	-22.8%	5275	3730	-1545	-29.3%
November	2205	1347	-858	-38.9%	2079	1804	-275	-13.2%	5051	3765	-1286	-25.5%
December	1644	1223	-421	-25.6%	1805	1805	0	0.0%	4066	3644	-422	-10.4%
January	2169	1226	-943	-43.5%	2242	1644	-598	-26.7%	5165	3389	-1776	-34.4%
February	1917	1192	-725	-37.8%	1983	1747	-236	-11.9%	4650	3492	-1158	-24.9%
March	1369	1464	95	6.9%	1622	2217	595	36.7%	3610	4303	693	19.2%
Monthly Average	2007	1157	-849	-42.3%	2048	1661	-387	-18.9%	4780	3338	-1442	-30.2%
YTD Total Month 12	24078	13886	-10192	-42.3%	24579	19934	-4645	-18.9%	57365	40061	-17304	-30.2%
Annual/FOT	24078	13886	-10192	-42.3%	24579	19934	-4645	-18.9%	57365	40061	-17304	-30.2%

Figure 1 - Referrals by Source across all providers for 2018/19, 2019/20 & 2020/21





Month 12 Summary:

- Secondary care referrals have remained below historical levels across all referral sources since the beginning of 2020/21. However, month 12 has seen a peak for referrals with the 4,303 reported representing a 19.2% increase when comparing to the previous year.
- This increase could potentially be linked to factors such as the national vaccination programme, easing of some national lockdown restrictions and the elective restoration programme.
- GP referrals are currently -42.3% down on the equivalent period in the previous year. However, month 12 has seen an increase in GP referrals and further analysis has established there have been approximately 4 additional GP referrals per day in March 2021 when comparing to the previous month.
- Overall, referrals to Southport Hospital have decreased by -30.5% (-13,374) year to date at month 12.
- Consultant-to-consultant referrals at Southport Hospital are -18.6% (-3,753) lower than in the equivalent period of 2019/20. An increase in consultant-to-consultant referrals was previously noted during 2019/20 as a result of ambulatory care pathways implemented at the Trust. Referrals from A&E have increased in month 12 following a peak in A&E attendances.
- Ophthalmology was the highest referred specialty for Southport & Formby CCG in 2019/20. Year to date month 12 referrals to this speciality in 2020/21 are approximately -42.5% (-1,818) lower than the previous year.
- In terms of referral priority, all priority types have seen an increase at month 12 of 2020/21 when comparing to the previous month but remain well below historical levels. The largest year to date variance has occurred within routine referrals with a variance of -37.3% (-14,623) to the previous year.
- Although there remains a -13.4% year to date reduction in two week wait referrals when comparing to the previous year, analysis suggests a recovery for this priority grouping with the 708 referrals reported in July 2020 representing the highest monthly total of the last 2 years. Referrals to General Surgery specialty as well as Breast Surgery, Dermatology and ENT are responsible for this increase. A secondary peak of 585 two week wait referrals has occurred in month 12.
- Other significant decreases have been evident within key (high volume) specialities in 2020/21 such as Gynaecology, ENT, Ophthalmology, Clinical Physiology, Gastroenterology, Urology and Trauma & Orthopaedics.
- Specialty code 822 (Chemical Pathology) has been excluded from April-20 onwards due to an issue found within Southport & Ormskirk data.
- Data is now being received for Alder Hey and Renacres Hospitals from month 4 onwards; however, this data has been excluded from the analysis to show a more accurate representation of referral trends. The new data shows that in March 2021, referrals to Alder Hey are 78.2% (115) up when comparing to March 2020 with Renacres referrals also showing an increase of 6.5% (17).



2.2 NHS e-Referral Service (e-RS)

Reporting has been suspended on the e-RS metric this month due to issues with the accuracy of the data, it remains part of the outpatient strategy and an update will be provided in the next report.

2.3 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-20	Jan-21	Feb-21	Mar-21	
		CCG	18.44%	21.10%	16.69%	15.07%	
		S&O	13.43%	17.04%	13.54%	14.58%	
		Previous year	Dec-19	Jan-20	Feb-20	Mar-20	
		CCG	2.57%	2.70%	1.06%	15.65%	
		S&O	1.44%	1.52%	0.35%	10.06%	
National Target: less than 1% Yellow denotes achieving 2019/20 improvement plan but not national standard							
Performance Overview/Issues:							
<ul style="list-style-type: none"> For the CCG, out of 2,833 patients, 427 patients were waiting over 6 weeks, (of those 165 were waiting over 13 weeks) for their diagnostic test. In comparison, March last year had a total waiting list of 1,473 patients, with 231 waiting over 6 weeks (of those 8 were waiting over 13 weeks). The majority of long waiters were for gastroscopy (145), colonoscopy (92) and CT (48) this makes up 66.74% of the breaches. Measuring against the CCG Peers, Southport & Formby CCG lies 3rd in the rankings (1st being best performing). The CCG is reporting well below the national level of 24.29%. The Trust saw a small decline in performance in March compared to previous month. New IPC (Infection Prevention Control) guidance is having an adverse effect on the available capacity. Reduced throughput in theatres a result of new IPC guidance. 							
Actions to Address/Assurances:							
<u>CCG Actions:</u>							
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going. The CCG to agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist. Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Clinical and Contract Quality Review Meeting (CCQRM) as appropriate. The CCG have reviewed its QIPP schemes to ensure that the focus of the schemes continue to support restoration, improving quality of services and ensure resilience with the health care system. Work with system partners to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid). Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. Work with National/Regional and acute leads on programmes such as 'waiting list validation' to support optimisation of acute resources i.e. Endoscopy. Implementation of low risk 'Faecal Immunochemical Test' is expected to positively impact trust diagnostic performance. CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity. 							
<u>Trust Actions:</u>							
<ul style="list-style-type: none"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery including discussing proposal with regards to surgical hubs and system PTL/waiting lists. The key elements to restore the elective programme will be to maximise the Ormskirk site and take advantage of the partnership arrangement in place with Renacres Ramsey HealthCare. This work is being progressed through the command and control arrangements. Renacres endoscopy theatre commissioned 1 theatre for 4 days to support improved endoscopic activity. Contract over-performing In a positive way. Participate in the national 'waiting list validation' exercise utilising the NHS E reviewer system to clinically validate waiting lists which will support the optimisation of acute resources. 							
When is performance expected to recover:							
No dates for recovery provided.							
Quality:							
No quality concerns raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Terry Hill			

2.4 Referral to Treatment Performance (RTT)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest				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.
RED	TREND		Dec-20	Jan-21	Feb-21	Mar-21	
		CCG	80.69%	75.05%	73.14%	73.97%	
		S&O	84.36%	82.40%	81.45%	81.47%	
		Previous year	Dec-19	Jan-20	Feb-20	Mar-20	
		CCG	91.48%	91.48%	91.45%	88.86%	
		S&O	92.93%	92.62%	92.60%	89.81%	
Plan: 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> For the CCG March is showing a similar performance from previous month, after months of decline due to the COVID-19 pandemic. The challenged specialties include Gynaecology, Neurosurgery, Plastic Surgery and Gastroenterology. Measuring against the CCG Peers, Southport & Formby CCG lies 1st in the rankings (best performing). The CCG is reporting well above the national level of 64.38%. New IPC (Infection Prevention Control) guidance is having an adverse effect on available capacity. Reduced throughput in theatres a result of new IPC guidance, however Trust endeavouring to maximise its current capacity within current staffing resource, utilising bank staff were available/necessary. Trust utilising 5 out of 7 in house theatres, and 1 theatre at Renacres (4 days a week) Staff vacancy impacting Trusts ability to maximise all theatres. Renacres has been under national contract for independent sector services in 2020-21 and is now back on an NHS standard contract from the 1st April 2021. Renacres has its own backlog of waiters and is also supporting S&O with elective recovery. 							
Actions to Address/Assurances:							
<u>CCG Actions:</u>							
<ul style="list-style-type: none"> As with diagnostics, continued collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers. The CCG have reviewed its QIPP schemes to ensure that the focus of the schemes continue to support restoration, improving quality of services and ensure resilience with the health care system. Work with National Elective care programme leads to develop and implement a system modelling tool in Ophthalmology, that will indicate changing levels of activity across the pathway, and support transformation of services, with expected positive impact on restoration and performance. Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. Implementation of low risk 'Faecal Immunochemical Test' and imminent implementation of Gastroenterology pathways is expected to positively impact trust RTT performance, with resulting reduction in outpatient activity/diagnostic activity.. CCG reviewing the 'Increasing Capacity' Framework for the commissioning of ISP activity, working closely with the acute Trust to ensure alignment in commissioning of an appropriate quantum of independent sector capacity. CCG attendance at ICS/OOH cell gold command meetings, to gain assurances regarding recovery trajectories. CCG participates in a system recovery meeting, supporting the co-ordination of system partners to support acute recovery. 							
<u>System:</u>							
<ul style="list-style-type: none"> Integrated care system (ICS)/Health care partnership co-ordinating planning rounds for H1, with expectations that CCGs submit expected activity/financial assumptions by 6th May 2021 and final submission in June 2021. System partners and National/regional leads to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid), including discussing proposal with regards to surgical hubs/Green sites, digital risk stratification (A21) and system PTL/waiting lists. 							
<u>Trust Actions:</u>							
<ul style="list-style-type: none"> Independent Sector (Renacres) theatres commissioned (1 general theatre 4 days a week and 1 Endoscopy theatre, 3 days a week) and utilised. Currently over-performing on current contract. Further work will be undertaken to understand the new 'Increasing capacity framework' (contracting model for IS providers until 31st March 2021), and how the system will utilise independent sector providers to ensure capacity is being fully utilised. Work is also ongoing with the clinical teams to improve throughput of elective theatres. Review of Patient initiated follow ups (PIFU) across appropriate specialties (increase capacity as part of the Outpatients programme area). Rheumatology identified as a pilot service, with initial scoping of the project jointly progressing with CCG colleagues. Review agency staffing to understand opportunity to open up further theatre capacity. Review of performance trajectories, and improved productivity. Increase utilisation of video consultation in line with national expectations. Trust participating in national work to develop system modelling tool in Ophthalmology. 							
When is performance expected to recover:							
No dates for recovery provided.							
Quality:							
No quality issues raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Terry Hill			

2.4.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				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.	
RED	TREND		Dec-20	Jan-21	Feb-21			Mar-21
		CCG	112	226	401			519
		S&O	39	91	155			331
		Previous year	Dec-19	Jan-20	Feb-20			Mar-20
		CCG	0	0	1			0
		S&O	0	0	1			0
Plan: Zero								
Performance Overview/Issues:								
<ul style="list-style-type: none"> • Of the 519 breaches for the CCG, there were 182 at Southport & Ormskirk, 82 at LUHFT and 255 at 18 other Trusts. • Measuring against the plan the CCG are reporting 415 over plan. • Measuring against the CCG Peers, Southport & Formby CCG lies 1st in the rankings (best performing). The 519 breaches reported also represent 5.74% of the total waiting list, which is well below the national level of 8.81%. • Of the 331 breaches at Southport & Ormskirk (catchment), 70 were in Gastroenterology, 66 in gynaecology, in 54 were in General surgery and the remainder over spanned over the other specialties. • Impact of COVID-19 pandemic and national guidance to suspend all non-urgent clinical contacts resulted in increased levels of 52 week breaches. • Regionally Trust experiencing further delays due to some patients being reluctant to attend during the pandemic, such patients are not to be discharged as per national guidance. 								
Actions to Address/Assurances:								
<u>CCG Actions:</u>								
<ul style="list-style-type: none"> • Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going. • Review of acute provider action plans, and gain assurances that risk stratification processes are in place and patients appropriately prioritised. 								
<u>System:</u>								
<ul style="list-style-type: none"> • Integrated care system (ICS)/Health care partnership co-ordinating planning rounds for H1, with expectations that CCGs submit expected activity/financial assumptions by 6th May 2021 and final submission in June 2021 • System partners and National/regional leads to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid), including discussing proposal with regards to surgical hubs/Green sites, digital risk stratification (A21) and system PTL/waiting lists. 								
<u>Trust Actions:</u>								
<ul style="list-style-type: none"> • Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. • Trust to continue to prioritise clinically urgent patients (Priority 1 and Priority 2 patients) and focus on long waiters. • Trust continue to review patients on the waiting list and have processes in place to escalate patients if clinically required. • National guidance in relation changes to nationally policy awaited, which may support patient pathways being temporarily paused were patients choose not to continue with treatment, citing COVID. 								
When is performance expected to recover:								
No dates for recovery provided. Expectation that the number of 52 week breaches will increase as a result of delayed treatments of patients <18 weeks pre-COVID-19 elective activity pause and subsequent reduced levels of activity.								
Quality:								
No quality concerns raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Martin McDowell		Rob Caudwell		Terry Hill				

Figure 2 – CCG RTT Performance & Activity Trend

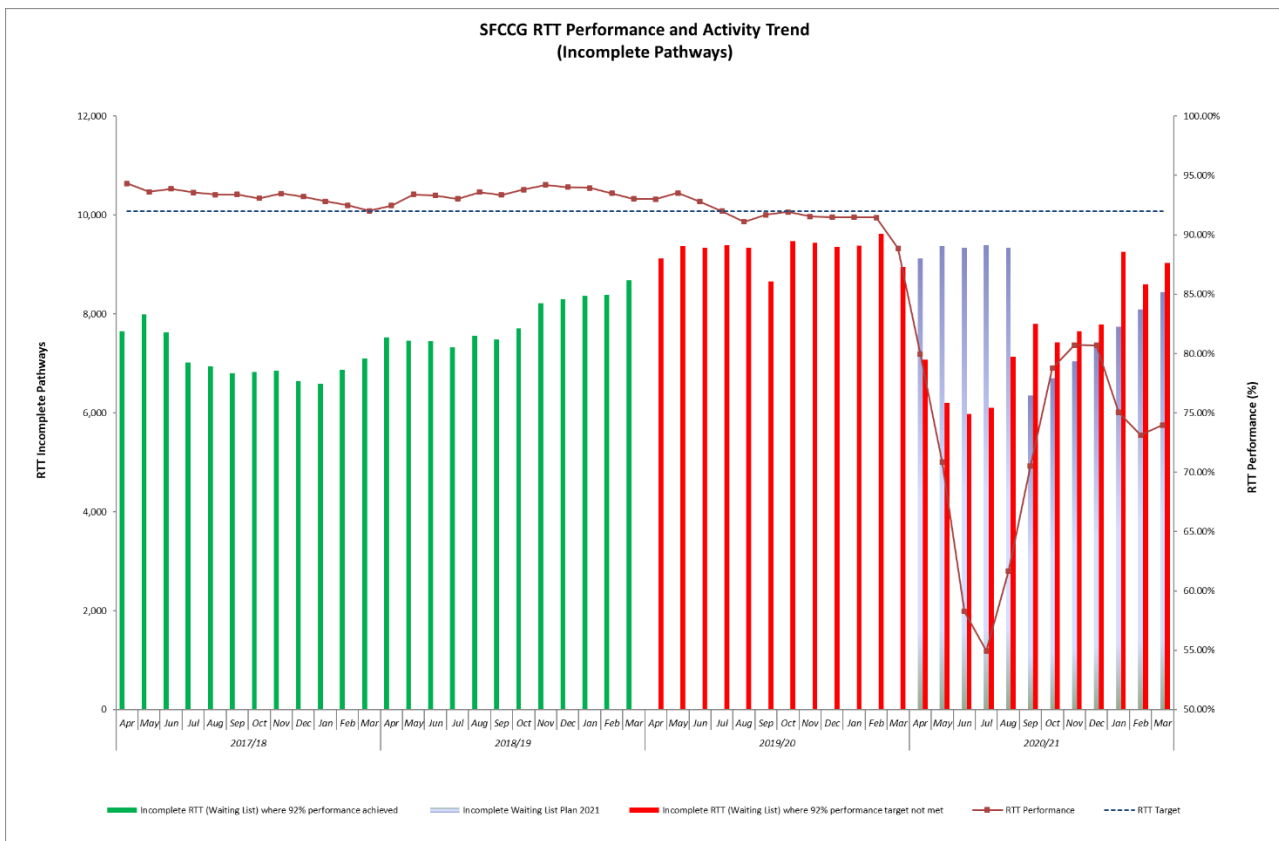


Figure 3 - Southport & Formby CCG and Southport & Ormskirk Trust Total Incomplete Pathways

Southport & Formby CCG - new plans

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
New Plans from Sept 2020	9,126	9,367	9,331	9,392	9,337	6,350	6,698	7,046	7,394	7,742	8,090	8,438	8,438
2020/21	7,072	6,204	5,983	6,101	7,135	7,794	7,723	7,646	7,782	9,254	8,601	9,036	9,036
Difference	-2,054	-3,163	-3,348	-3,291	-2,202	1,444	1,025	600	388	1,512	511	598	598
52 week waiters - Plan	0	0	0	0	0	52	64	74	84	90	97	104	
52 week waiters - Actual	6	10	17	36	62	85	71	99	112	226	401	519	
Difference	6	10	17	36	62	33	7	25	28	136	304	415	

S&O

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	11,189	11,242	11,050	11,171	11,041	11,118	11,158	10,891	10,986	11,264	11,532	9,903	9,903
2020/21	7,603	6,485	6,140	6,463	6,903	7,796	8,105	6,558	7,800	8,078	8,615	9,896	9,896
Difference	-3,586	-4,757	-4,910	-4,708	-4,138	-3,322	-3,053	-4,333	-3,186	-3,186	-2,917	-7	-7

New plans for incomplete pathways and 52 week waiters started from September as part of the NHSE phase 3 response to the COVID-19 pandemic; the April to August waiting list plan was based upon actual performance during the last financial year and was an interim plan. In March, the CCG is currently over the new plan by over by 598. The CCG's main provider Southport & Ormskirk accounts for 55.52% (5,017) of all incomplete pathways in March.



2.4.2 Provider assurance for long waiters

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVV)	121	182	Recovery plans are in place across all specialities and a Restoration Plan has been submitted. Currently meeting targeted restoration activity levels as per national guidance. Five all day theatre sessions per day have been in place at Ormskirk District General Hospital since 4th May 2021 due to the return of the Theatre Teams and staff members that had been shielding or redeployed. Risk stratification is performed for all appropriate patients and weekly PTL meetings are taking place to track patients and escalate issues and OSM daily monitoring continues. The Trust has been providing virtual appointments where possible. There has been a review of job plans to maximise capacity and Service reviews underway. Based on the current restoration plan, it is forecasted that 52-week waiters would be resolved by early 2022. A new regional patient treatment list is being implemented on a system level in a bid to restore RTT to pre-Covid levels.
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	50	82	The Trust's elective programme was restricted in January and February to manage the latest COVID surge. Theatre staff were redeployed to critical care, and outpatient staff were redeployed to wards. As a result, elective activity was prioritised for cancer patients and clinically urgent patients. Work through the Elective Access Strategic Oversight Group and Outpatient Improvement Programme will focus on the sustained and extended use of virtual appointments where clinically appropriate. A Trust wide overarching Reset Plan has been developed with oversight and performance monitored by the Operations and Performance Executive Lead Group (OPELD).
RENACRES HOSPITAL : (NVC16)	69	79	Since March 2020, the Trust has been working together with NHS Trusts across the country to deliver urgent care during the COVID-19 pandemic. Unprecedented strain has been placed on the health service, but the priority still remains the same, to ensure that patients can access the care they need. Ramsay has treated the highest volumes of NHS patients in the independent sector throughout the pandemic.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	25	65	Elective surgery has been severely impacted by COVID-19 but patients are being transferred to neighbouring hospitals where possible. Two new theatres came back on line in February which has helped to treat patients that have been waiting a long time for treatment.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	34	36	Patient Tracking List meetings are held twice weekly with service leads in attendance. All long wait patients are monitored individually, and additional capacity is available to enable them to be booked as soon as feasible or the patient agrees. STHK expect a high level of recovery to pre COVID-19 levels due to their 'hot' and 'cold' site arrangements. Urgent patients and long waiters remain the priority patients for surgery. All theatres were fully re-opened from April 2021 as shielding staff were able to return.
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	9	22	Work continues in line with the national clinical prioritisation programme for prioritising patients and communicating with patients who are delayed where their procedures are not deemed to be urgent. Harm reviews of 52+ week waits and deep dive reviews of specialities with long waits are reported to Safety and Quality Committee. There is mutual aid from ICS as required and an ICS elective recovery programme is in place with work on shared PTL being developed. Capital bids supports more day case theatres in Q1 2021/22. The Trust will continue to utilise IS capacity.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (ROA)	3	9	Manchester University has continued with the ongoing performance management of Hospital delivery and clinical validation, and priority work to ensure that the number of long waiters is minimised where possible. The Group MESH (Manchester Emergency & Elective Surgical Hub) has been mobilised to ensure oversight and effective use of resources across the Trust sites, including Independent Sector capacity. Outputs from the site-based meetings prioritise access to theatre capacity, to ensure that the patients with the highest clinical priority are operated on first and that there is equity of access across specialities and sites. Further focus has been undertaken to convert face to face appointments to telephone and virtual.
SPIRE LIVERPOOL HOSPITAL : (NT337)	7	8	The National Framework contract commenced on 31st December 2020. The hospital has discussed displaced elective cases with Liverpool CCG as lead commissioner and restarted its elective programme based on the clinical prioritisation programme mandated by NHSEI. It is expected that Spire Liverpool will continue to support LUHFT with long wait NHS cases as its own elective capacity has been severely impaired. Outpatient appointments cancelled due to the pandemic have now all been rebooked providing an accurate outlook of wait times for patients wishing to access the hospital's services.
EUXTON HALL HOSPITAL : (NVC05)	6	7	Since March 2020, the Trust has been working together with NHS Trusts across the country to deliver urgent care during the COVID-19 pandemic. Unprecedented strain has been placed on the health service, but the priority still remains the same, to ensure that patients can access the care they need. Ramsay has treated the highest volumes of NHS patients in the independent sector throughout the pandemic.
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST : (RJR)	0	6	There will be a specific focus on these patients. The Trust has insourced capacity and utilised commissioned capacity at the Independent Sector. All new referrals continue to be clinically triaged. Patients continue to exercise their personal choice to delay appointments and treatments. The Trust continues to conduct the Clinical Validation exercise where extended clinic consultation has been required on all urgent, fast-track and over 30 week waiting patients on RTT pathways. Following a conversation with NHSI regarding the challenges the Trust in terms of estates, workforce, IPC guidance and behaviours, the Trust has requested support from ECIST in order to gain support and insight on increasing productivity. Due to the prolonged Covid surge a large proportion of elective activity required suspension to release space and workforce for COVID-19 management. This has set back the recovery programme which will be reinstated to maximum potential as soon as Critical Care numbers subside to a level where increased space and workforce provision is required. The Trust has requested earliest possible consideration of Mutual aid from the Region as it has been regionally recognised that the Countess has been one of the 3 hospitals who have been hit 'hardest and longest' by the pandemic.
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	9	5	In line with national requirements the Trust continues to review waiting lists for those patients who have to wait longer for routine treatment due to the pandemic, specifically for benign gynaecology. All referrals have clinical triage, patients on the admitted pathway have all had Consultant review to prioritise patients. The Trust has met required recovery trajectories for outpatients and elective activity to date, however, anticipates future challenges with long waiting (52 week) patients. At the end of March 2021, the Trust began to restore the elective programme. The Trust now regularly delivers over 2,000 non face to face appointments per month which assists greatly with recovery. Following successful recruitment in theatre services the Trust will be able to maximise a 38-session week from mid-May which allows the service to address the long wait backlog.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST : (RWY)	0	3	Clinical validation and prioritisation is in place. 'Buddies' contact patients and give information when validated as high P value. Phone and Virtual appointments are still in place as a large number of face to face clinics have been cancelled or replaced with phone consultations. Divisional CAS co-ordinators have been employed.
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST : (RBQ)	3	3	Referral to treatment waiting times remain below target as expected due to the significant backlog accumulated during the surge. All patients undergo a harm review by the consultant responsible for the patients care. Elective restoration remains hampered by the high levels of Covid positive inpatients occupying beds and the need to provide clean pathways and capacity. Phased plans to increase elective capacity will be allocated in accordance with the greatest clinical need. The Trust remains on track to deliver normal levels of day case capacity.

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	0	3	P1 and P2 categories of patients (those requiring immediate treatment or treatment within 4 weeks) has continued with the independent sector being engaged to reduce the backlog. A small number of P3 patients are being treated at Clatterbridge or being outsourced to the independent sector. There are plans to use insourcing at weekends through 18 week support from May. All patients who breach 52 weeks have a harm review undertaken.
SALFORD ROYAL NHS FOUNDATION TRUST : (RM3)	2	2	The Greater Manchester Mobile Endoscopy Unit will add capacity in support of reducing times to diagnosis for urgent cancer & routine pathways over the coming months. Support for other complex diagnostics is being sought from across Greater Manchester. Independent Sector volumes of activity are being agreed to support capacity constraints in the Acute Sector. The Northern Care Alliance Surgical Prioritisation Group continues to embed with strong clinical engagement and a focus on dating all priority 1 and 2 patients. Teams continue to focus on the safety aspects of growing waiting lists to mitigate harms and poor patient experience.
THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST : (RL1)	0	2	The Trust submitted plans on 6th May 2021 for the highest possible levels of activity across elective services, which maximise physical and workforce capacity and prioritise the most urgent patients. Also incorporating clinically led reviews and validation of the waiting list, maintain effective communication with patients, and address the longest waiters and health inequalities. Also need to safeguard the health and wellbeing of staff. The Trust hopes to rapidly implement Phase 2 of the restore plan – to reallocate waiting lists according to capacity, split percentage wise per speciality, pending full restore of Job Plan. For all over 52 week waiters the Trust continues to work on validating patients and assessing any potential for patient harm.
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST : (RRV)	0	2	The Trust is working closely with other providers on clinical prioritisation. COVID-19 admissions have reduced significantly and the Trust is rapidly decommissioning COVID-19 wards and reinstating their original functions. The Trust is working closely with other North Central London providers and is at the forefront of developing innovative approaches to clearing the backlog, for example by introducing colon capsules and cyto-sponges removing the need to perform a colonoscopy or screening gastroscopy.
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST : (RQM)	0	1	Focus is on clinical prioritisation of 52 week waiters, monitoring and supporting any patient cohorts that are not getting surgery due to capacity constraints.
ISIGHT : (NCR)	0	1	TCI 26/05/2021
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST : (RTX)	0	1	Working with the elective care recovery group (ECRG) for the ICS the Trust has mutually agreed a number of local aspirations. Moving to developing and managing our elective plan at an ICS level wherever possible, working together as a system to maximise efficiencies and commit to optimising equity of access to elective care for patients across the ICS. A number of schemes have been developed which if funded would accelerate restoration and recovery. The majority of this cost is directed at additional Inpatient Elective and Day Case capacity to improve the restoration rates and reduce 52 week waits and cancer treatment times.
Other Trusts	6	0	No Trust Information.
	344	519	

2.5 Cancelled Operations

2.5.1 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-20	Jan-21	Feb-21	Mar-21	
		1	1	0	4	
		Dec-19	Jan-20	Feb-20	Mar-20	
		8	2	8	8	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Trust information show there was a decline in cancelled operations in March after reporting none in February. The Trust indicated the reasons for the cancelled operations as 2 ward beds being unavailable, 1 needs SDGH and 1 Inpatient at SDGH had transfer problems. 						
Actions to Address/Assurances:						
<u>CCG Actions:</u>						
<ul style="list-style-type: none"> Performance discussed at Contract and Clinical Quality Review Meeting (CCQM), with accompanying narrative requested for any breaches reported. 						
<u>System:</u>						
<ul style="list-style-type: none"> ICS/HCP partners developing a programme of work called 'Theatre lite/Theatre smart', to develop principles that will support more effective use of theatre capacity, potentially increasing available capacity and reducing theatre cancellations. 						
<u>Trust Actions:</u>						
<ul style="list-style-type: none"> 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. Insourcing, outsourcing and interim solutions are being implemented in the specialities with workforce challenges. Additionally the CCG have been informed that the Trust reviewed opportunities to insourced anaesthetist activity subject to demands/staffing issues resulting from a second surge of COVID-19. 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. Trust also negotiating with Renacres in relation to utilising private anaesthetists to support full utilisation of theatres. 						
When is performance expected to recover:						
Recovery anticipated next month.						
Quality:						
No quality concerns raised.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Terry Hill		

2.6 Cancer Indicators Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer Measures		Previous 3 months, latest and YTD					122a (linked)	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.
RAG	Measure		Dec-20	Jan-21	Feb-21	Mar-21		
	2 Week Wait (Target 93%)	CCG	77.74%	84.67%	88.67%	90.95%	88.98%	
		S&O	89.47%	88.27%	88.86%	90.60%	91.32%	
	2 Week breast (Target 93%)	CCG	47.27%	64.10%	77.42%	96.88%	75.00%	
		S&O	Not applicable					
	31 day 1st treatment (Target 96%)	CCG	98.21%	96.51%	97.14%	96.00%	96.18%	
		S&O	100%	98.46%	98.48%	98.75%	96.81%	
	31 day subsequent - drug (Target 98%)	CCG	100%	100%	100%	100%	98.36%	
		S&O	No Pats	No Pats	No Pats	No Pats	No Pats	
	31 day subsequent - surgery (Target 94%)	CCG	86.67%	88.89%	100%	92.31%	91.60%	
		S&O	No Pats	100%	100%	100%	100%	
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	100%	100%	100%	98.29%	
		S&O	No Pats	No Pats	No Pats	No Pats	No Pats	
	62 day standard (Target 85%)	CCG	84.91%	70.59%	70.59%	71.15%	79.16%	
		S&O	82.76%	66.37%	72.83%	70.91%	76.90%	
	62 Day Screening (Target 90%)	CCG	66.67%	100%	100%	66.67%	75.00%	
		S&O	0%	No Pats	100%	No Pats	80.00%	
	62 Day Upgrade (Local Target 85%)	CCG	87.50%	58.82%	89.47%	82.14%	85.25%	
		S&O	88.73%	65.31%	85.92%	89.53%	88.01%	

Performance Overview/Issues:

- The CCG is achieving 4 of the 9 cancer measures year to date and 4 measures in month 12.
- The Trust is achieving 3 of the 9 cancer measures year to date and 3 measures in month 12.
- The 2 week standard for breast symptoms has recovered in month 12.
- For Cancer 62 Day standard the CCG is now measuring just below the national level of 73.94% recording 71.15% in March.
- Reasons for breached pathways recorded on the National Cancer Waits database can only be recorded as a limited number of categories for the primary delay cause and do not take into account multiple delays in the same cancer pathway which is a common scenario. Please note the reason categories have not yet been expanded to reflect COVID-19 related themes for delays.

Key points to note:

- Urgent suspected cancer referrals remain high with latest reported period at 20% above pre-pandemic levels.
- Since the start of the COVID-19 pandemic, the focus has shifted from performance standards relating to patients who have been seen or treated in the given month to the backlog of patients still waiting on cancer diagnostic and treatment pathways. The NHS Operational Planning Guidance asks for the focus to be returned to performance standards as soon as possible.

Actions to Address/Assurances:

The Cheshire and Merseyside Cancer Alliance is providing system leadership and operational oversight for the restoration of cancer services. The restoration is focusing on three objectives, namely:

- To create sufficient capacity to ensure that patients who have had their care pathways disrupted are delayed no further, and ensure that all newly referred patients are diagnosed and treated promptly;
- To ensure equity of access across the system so that patients are not disadvantaged because of local capacity constraints;
- To build patient confidence – patients need to be reassured that their diagnosis and treatment will take place in an environment and manner that is safe.

A Cancer Alliance level live daily PTL from all providers is being implemented from early 2021. This will facilitate:

- Direct visibility of patient tracking list (PTL) data for live reporting.
- Live information on PTL by provider, by CCG and at speciality level down to PCN and GP practice level.
- Predicted performance information.
- Proactive rather than reactive management.
- Brings together like for like data for Alliances across the North West.
- Support to cancer management teams on activity volumes / growth.
- Tracking of key issues – such as 104 day breaches.

When is performance expected to recover:

The planning submission to support restoration of cancer services includes trajectories for months 1-6 for:

- Numbers of patients receiving 1st outpatient appointment by day 14 following referral from a general practitioner.
- Numbers of patients on an active Cancer PTL - numbers waiting 63 days or more after referral.
- Numbers of patients receiving a 1st definitive cancer treatment within a month of decision to treat.

Providers have submitted their cancer restoration plans to NHSE. Overall these factor in growth of 10% on suspected cancer referrals and growth in treatment and diagnostic volumes to address backlogs.



Quality:

The Cheshire and Merseyside Cancer Alliance hosts a weekly clinical prioritisation meeting to discuss individual cases and ensure equitable access to available capacity at surgical hubs based on clinical need.




Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	Dr Graeme Allan	Sarah McGrath

2.6.1 104+ Day Breaches

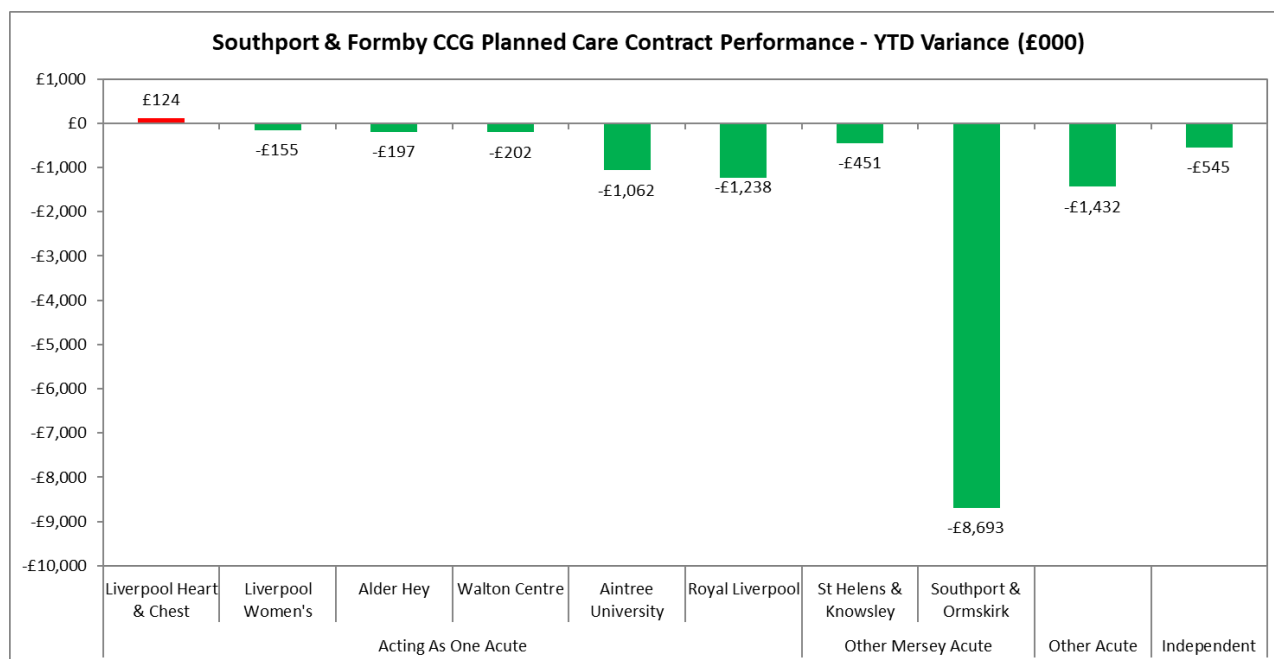
Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - S&O		Previous 3 months and latest				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		6	4	2	1	
Plan: Zero						
Performance Overview/Issues:						
<ul style="list-style-type: none"> The single 104 day breach in March was a complex diagnostic pathway for a urological patient who was waiting 177 days. Local root cause analyses of breaching pathways have identified issues relating to patients' COVID status and preference to defer hospital treatment because of COVID-related anxieties. There will be a review of harm and the details of all breaching pathways will be reviewed by the Performance & Quality Investigation Review Panel (PQIRP) when re-established. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> See actions and assurances in the main cancer measures template, above, and reference to 3rd phase letter priorities and immediate plan to manage those waiting more than 104 days. 						
When is performance expected to recover:						
Providers have submitted trajectories for months 1-6 to reduce all over 62 day waits to pre pandemic levels.						
Quality:						
The local agreement for management of long waiting cancer patients has been updated to include patients on cancer pathways which have not originated from a 2 week referral. Southport and Formby CCG is working with the provider to strengthen the assurance process around harm reviews for very long waiting patients and feed thematic reviews into the CCQRM. Harm reviews and Root Cause Analyses of pathway breaches are reviewed by the CCG's PQIRP Group.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Dr Graeme Allan		Sarah McGrath		

2.6.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD					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.	
RAG	Measure	Dec-20	Jan-21	Feb-21	Mar-21	YTD		
	28-Day FDS 2 Week Wait Referral	CCG 74.02%	67.53%	71.63%	73.65%	73.69%		
		Target	75% Target from Q3 2021-22					
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG 80.00%	78.95%	77.42%	87.50%	85.80%		
		Target	75% Target from Q3 2021-22					
	28-Day FDS Screening Referral	CCG 63.64%	61.11%	44.83%	41.38%	52.17%		
		Target	75% Target from Q3 2021-22					
Performance Overview/Issues:								
<ul style="list-style-type: none"> The 2021/22 Priorities and Operational Planning Guidance has a strong focus on full operational restoration of cancer services. Systems will be expected to meet the new Faster Diagnosis Standard (FDS) from Q3, to be introduced initially at a level of 75%. In March and year to date, the CCG performed above the proposed target for the 2 week breast symptom FDS indicator. However, the two week and screening referral indicators performed below target. RAG is indicating what the measures would be achieving when the target comes live from Q3 2021-22. 28 Day FDS overall is reporting 72.87% for March and 73.68% year to date, just under the proposed 75% target. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> Actions to achieve the 28 days standard are consistent with actions aimed at shortening the referral to diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section. The Guidance also states that Systems should, as soon as possible also ensure a renewed focus on improving performance against the existing Cancer Waiting Times standards. Cancer Alliances are asked to draw up on behalf of their ICS(s) an action plan for improving operational performance, with a particular focus on pathways which are most adversely affecting overall performance. 								
When is performance expected to recover:								
Not applicable.								
Quality:								
Not applicable.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Martin McDowell		Dr Debbie Harvey		Sarah McGrath				

2.7 Planned Care Activity & Finance, All Providers

Figure 4 - Planned Care - All Providers



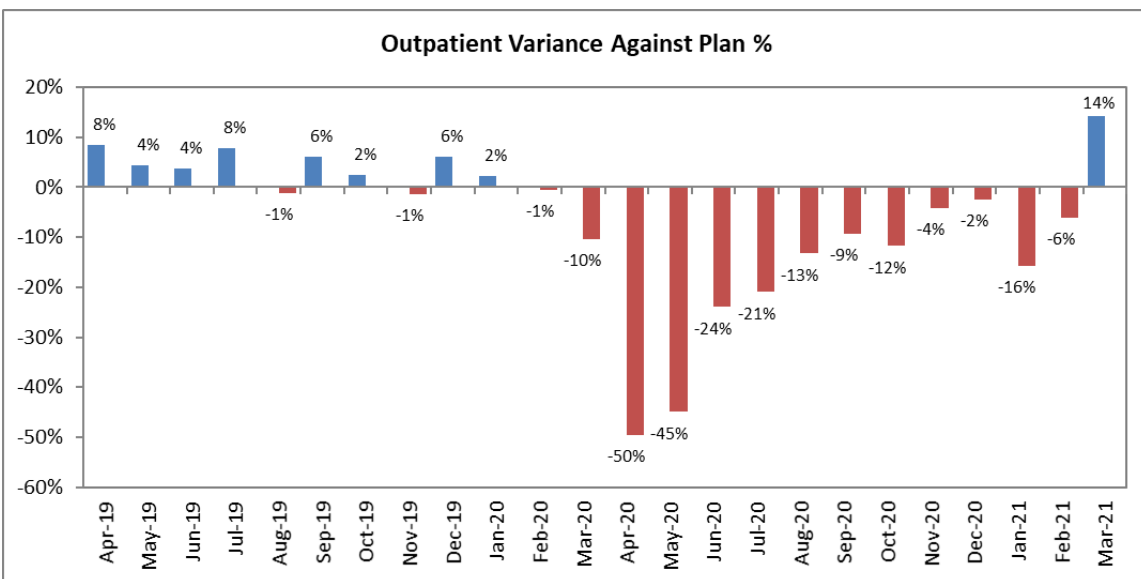
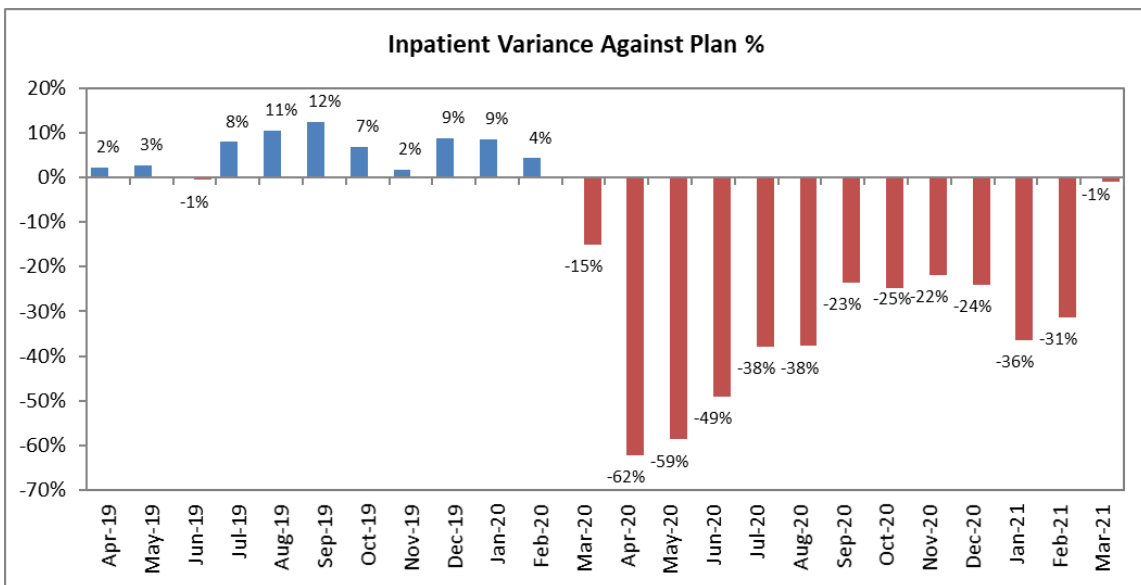
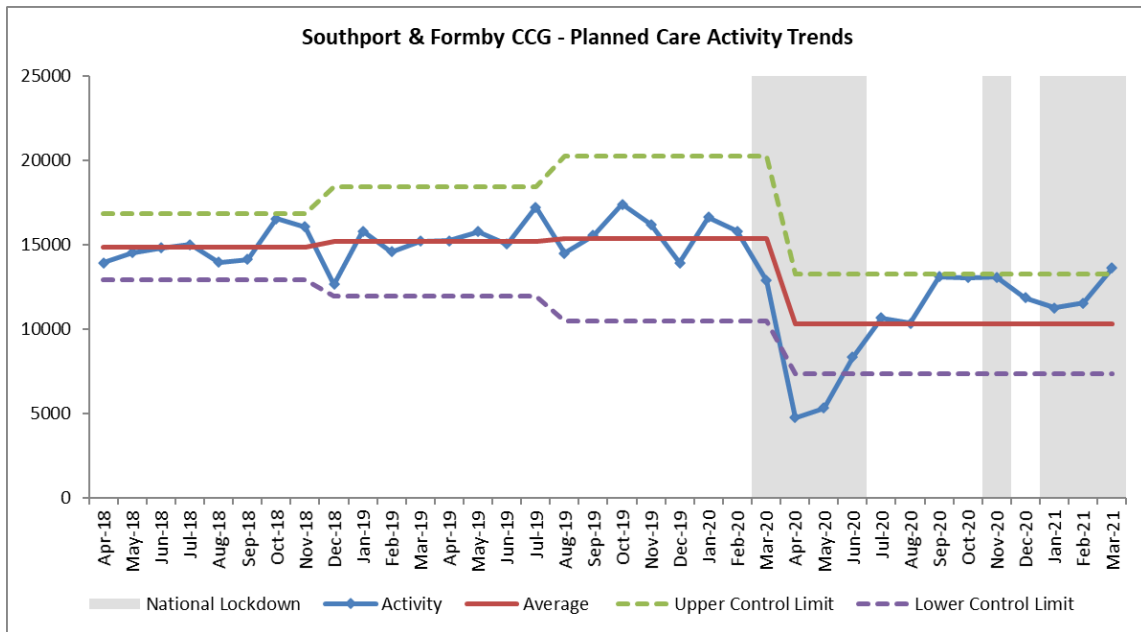
For planned care, month 12 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS first phase response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain well below historical averages. Data had suggested that seasonal trends and the third national lockdown (initiated on 6th Jan-21) had resulted in a further decrease in planned care activity at lead providers for the CCG, however, March-21 has seen an increase in activity levels with this representing the highest monthly total of 2020/21.

At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£8.6m/-42% against plan. Across all providers, Southport & Formby CCG has underperformed by -£13.8m/-34.1%.

NB. Due to the COVID-19 pandemic, a number of month 12 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans were not formally agreed with a number of providers. Therefore, for consistency, the contract performance values included in the above chart relate to variances against 2019/20 month 12 year to date actuals.

There will be 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.

Figure 5 - Planned Care Activity Trends, Inpatient and Outpatient Variance against Plan



2.7.1 Southport & Ormskirk Hospital NHS Trust

Figure 6 - 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	10,907	6,232	-4,675	-43%	£5,729	£3,203	£-2,526	-44%
Elective	1,113	626	-487	-44%	£3,344	£1,610	£-1,734	-52%
Elective Excess Bed Days	292	77	-215	-74%	£77	£21	£-56	-73%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	743	459	-284	-38%	£150	£96	£-54	-36%
OPFASPCL - Outpatient first attendance single professional consultant led	15,383	10,511	-4,872	-32%	£2,706	£1,839	£-868	-32%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	928	948	20	2%	£105	£110	£5	5%
OPFUPSPCL - Outpatient follow up single professional consultant led	43,990	23,406	-20,584	-47%	£3,881	£2,008	£-1,873	-48%
Outpatient Procedure	26,432	14,979	-11,453	-43%	£3,616	£2,224	£-1,392	-38%
Unbundled Diagnostics	11,785	9,477	-2,308	-20%	£1,144	£950	£-195	-17%
Grand Total	111,573	66,715	-44,858	-40%	£20,753	£12,060	£-8,693	-42%

*PbR only

Underperformance at Southport & Ormskirk Hospital is evident against all of the (PbR - national tariff) planned care points of delivery with a total variance of -£8.6m/-42% for Southport & Formby CCG at month 12. This is a continuation of the NHS response to the outbreak of the COVID-19 pandemic. Referrals to Southport & Ormskirk Hospital have also seen a substantial reduction in 2020/21 when comparing to the previous year with a variance of -30.5% across all referral sources combined.

Although not included in the above table (due to not being coded as 'PbR' activity), there have been significant increases in outpatient non face to face activity for first and follow up appointments in 2020/21 to date. This reflects a change in working patterns at NHS providers to support the wider population measures announced by Government (i.e. 'stay at home' guidance, social distancing, IPC guidelines and supporting shielded patients).

The small amounts of activity to take place within an inpatient (day case and elective) setting during the first two months of 2020/21 were largely for same day chemotherapy admissions and intravenous blood transfusions although minimal admissions/procedures were also recorded against various HRGs. Since then, a number of diagnostic scopes have also taken place from June-20 onwards, which suggests some recovery of activity within the General Surgery/Medicine service at the lead provider. The majority of these scopes are recorded as a day case procedure for 'Diagnostic Endoscopic Upper Gastrointestinal Tract Procedures with Biopsy, 19 years and over'. There were 104 of these procedures undertaken in March-21 for Southport & Formby patients which is the highest monthly total since February-20.

NB. 2020/21 plans were not formally agreed with Southport & Ormskirk Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 12 year to date actuals (PbR only).

2.7.2 Isight

Figure 7 - 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	1,728	1,279	-449	-26%	£961	£614	-£347	-36%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,516	1,133	-383	-25%	£209	£153	-£56	-27%
OPFUPMPCL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	3	0	-3	-100%	£0	£0	£0	-100%
OPFUSPCL - <i>Outpatient follow up single professional consultant led</i>	4,194	2,283	-1,911	-46%	£254	£137	-£116	-46%
Outpatient Procedure	1,874	1,822	-52	-3%	£128	£120	-£9	-7%
Grand Total	9,315	6,517	-2,798	-30%	£1,552	£1,024	-£528	-34%



As with other providers (NHS and Independent sector), Isight has seen a considerable reduction in activity levels during 2020/21 as a result of the COVID-19 pandemic. The total cost variance when comparing to the previous year is currently -£528k/-34%. There has been some recovery of activity (including outpatient first appointments and cataract procedures) with activity during February-21 and March-21 comparable to a monthly average from the previous year.

In 2019/20, Isight over performance had previously been reported against all planned care points of delivery. Day case procedures accounted for the majority of the over performance reported, particularly for the HRG - Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1.

Southport & Formby CCG are currently in the process of reviewing aspects of coding at this provider and are looking to implement coding changes in any future contracts. 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).

NB. 2020/21 activity plans were not formally agreed with Isight. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 12 year to date actuals.



2.8 Smoking at time of delivery (SATOD)

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	Risk to CCG 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. Risk to Patients 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.
RED	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		14.01%	9.38%	8.76%	6.47%		
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		5.88%	9.69%	7.73%	11.30%		
		National ambition of 6% or less of maternities where mother smoked by 2022					
Performance Overview/Issues:							
<ul style="list-style-type: none"> During Quarter 4 Southport and Ormskirk have achieved 6.47%, against the National ambition of 6%; with 201 maternities, of which just 13 were smokers at the time of delivery. This is a 2.29% improvement in performance since the last quarter, and we have seen a sustained improvement at each reporting point throughout 2020/21. As an overall year end figure, Southport and Formby achieved 9.67% with 79 mothers reported as smoking at the time of delivery out of 817 pregnancies. The impact of COVID should not be underestimated in terms of the stress brought on by loss of jobs, earnings and relationship struggles thus explaining the reported increase in ex-smokers as starting up again mid-pregnancy. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> To combat the specific impact of COVID the Trust has maintained 100% referral rate to the specialist smoking cessation teams, awareness and knowledge amongst Midwives who have the first contact with pregnant women and they have given telephone support to the women at every available opportunity. Serial scans have remained in place for pregnant smokers throughout, and wherever possible are seen by the specialist midwife after each scan. The smoking cessation service is commissioned by Public Health via the Local Authority and CCG influence is indirect. The CCG supports Public Health in discussions with providers in respect of ensuring compliance and timely testing/referrals to the stop smoking service. The CCG and Public Health are working together with the Health Care Network partners as part of the Transformation work to improve all aspects maternal health. The Cheshire and Merseyside Local Maternity Service (LMS) meetings are the forum to share performance relating to SATOD as well as taking part in a series of collaborative meetings planned and facilitated by AQuA to explore peer learning, workshops, masterclasses and networking in relation to opportunities and challenges of developing Saving Babies lives and Safety culture at different levels in our area. Following our Qtr3 report in February 2021, Public Health Sefton have since been able to confirm that they are continuing to fund the dedicated Smoking in Pregnancy midwife based at Southport and Ormskirk due to the positive impact that she has had. There is commitment for the next 3 years with the option to extend for a further two. <p>Given that many pregnant women from Sefton are also seen at the Liverpool Women's Hospital Trust and it is an ambition of the CCG in this coming year, to explore the potential for joint funding in partnership with Public Health for a similar Smoking in Pregnancy midwife for the Sefton population who attend the LWH Trust .</p>							
When is performance expected to recover:							
Continuous performance improvement is anticipated and evidence should be reflected in the next quarter reporting .							
Quality:							
<ul style="list-style-type: none"> No specific quality issues reported. The dedicated Smoking in Pregnancy/stop smoking midwife will continue in post for the next 3 years with an opportunity to extend for a further two. As services are able to re-open face to face meetings, it is expected that this will strengthen the support offered by the Stop smoking service. The Cheshire and Merseyside Local Maternity Service (LMS) meetings are the forum to share performance relating to SATOD as well as taking part in a series of collaborative meetings planned and facilitated by AQuA to explore peer learning, workshops, masterclasses and networking in relation to opportunities and challenges of developing Saving Babies lives and Safety culture at different levels in our area. 							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Fiona Taylor		Wendy Hewit		Tina Ewart			



3. Unplanned Care

3.1 Accident & Emergency Performance

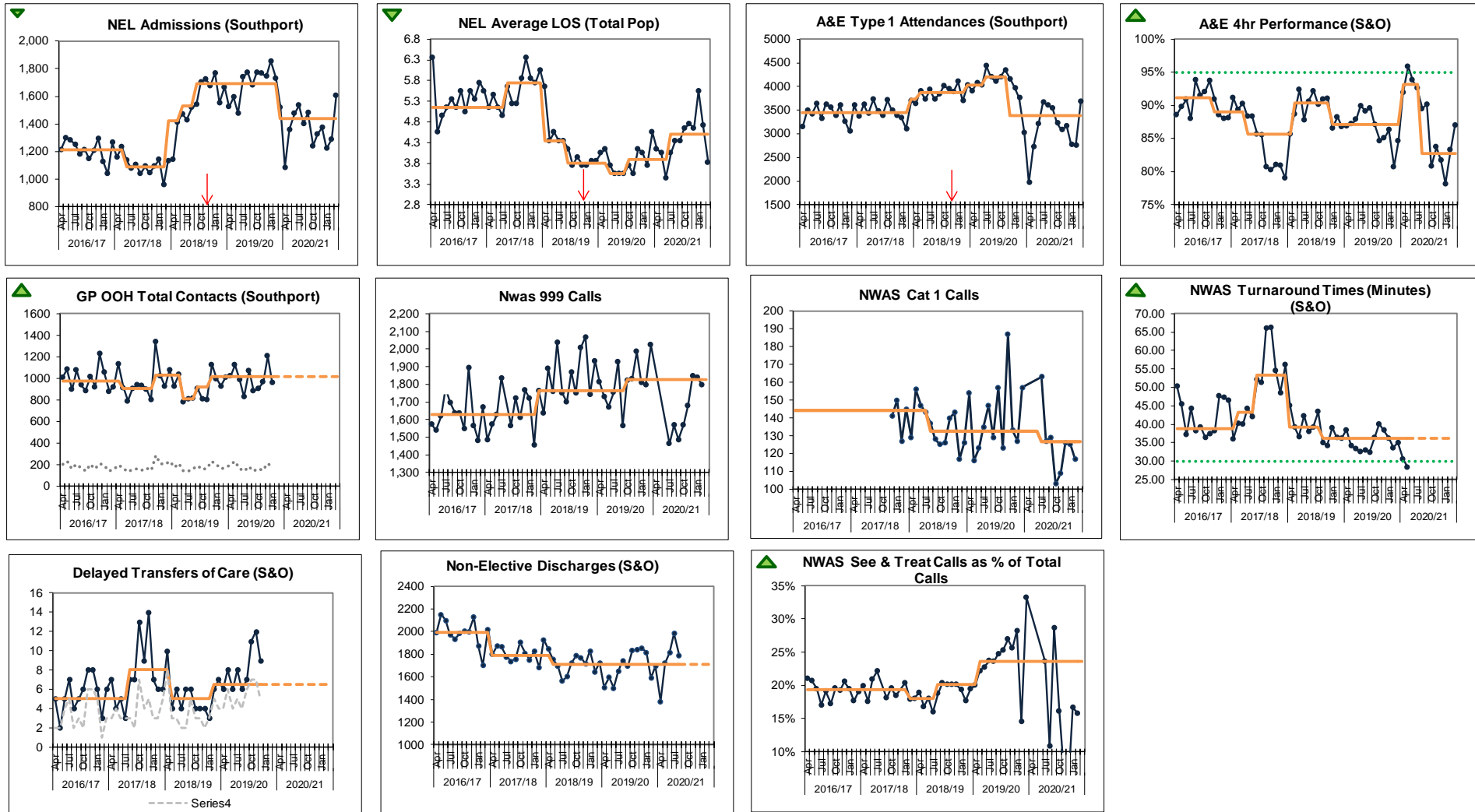
3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					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.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21	YTD		
		CCG All Types	81.74%	77.76%	83.14%	86.83%	87.27%	
		CCG Type 1	74.14%	68.03%	78.45%	81.93%	82.06%	
		Previous year	Dec-19	Jan-20	Feb-20	Mar-20	YTD	
		CCG All Types	83.08%	84.40%	83.23%	86.56%	85.61%	
			Dec-20	Jan-21	Feb-21	Mar-21	YTD	
		S&O All Types	81.71%	78.15%	83.28%	87.04%	87.43%	
S&O Type 1	73.90%	68.53%	75.94%	82.37%	82.18%			
National Standard: 95% No improvement plans available for 2020/21								
Performance Overview/Issues:								
<ul style="list-style-type: none"> March data shows the CCG and Trust remain under the 95% target. In March 2021, the total number of A&E attendances reported for the Trust was 8,662, an increase from the 6,381 attendances reported in February. This also represents an increase on the attendances in March 2020 which was 7,502. CCG A&E performance in March is slightly higher to the national level of 86.14%. Admissions vs Discharges is in a negative balance – deficit widens at weekends due to dip in weekend discharges <ul style="list-style-type: none"> Improvement plan - discharge ambition set against predicted admission data the aim of which to achieve more discharges v's admissions and reduce bed occupancy levels. Work towards 7 day service provision to support internal flow and discharge. ED trajectory set to achieve above 85% by 30th June 2021. 								
Actions to Address/Assurances:								
The 95% 4 hour standard target not met however despite this there is clear evidence of improvement in patient flow within the ED department.								
CCG Actions:								
There are a series of actions at system level to drive improvement against the standard:								
<ul style="list-style-type: none"> Development of 111 1st care navigators at front door in collaboration with CCGs and Merseycare to deflect patients to the most appropriate setting. Enhance Directory of Service for 111 1st for local community and primary care provisions Review opportunity to co-locate PC24 GP offer within ED at SDGH Review access to admission avoidance services with all partners including Mental Health Review of check and challenge governance processes (RFD) with System Urgent Care. Enhance home first function in ED integrating with community teams to facilitate admission avoidance for over 65s Continued focus on daily discharge trajectory across the system Escalation pathways across the system Re-establishment of frailty pathway modelling - extended the support provided by Frailty Network to reinstate the pathway work across system now including NNAS with view of alternate to transfers pathways. Short Stay Therapy Beds in place in community setting to provide 14 intense therapy for patient that meet the criteria – a review of the criteria and possible additional beds is underway. 								
Trust Actions:								
<ul style="list-style-type: none"> The Emergency Department has adopted and reconfigured both sites to support safe and effective delivery of urgent and emergency care services in line with the expected COVID-19 challenges anticipated by NHS England, which has contributed to the performance improvement. While Emergency Department attendances are down the Trust still need to manage the normal levels of emergency admission activity and therefore in-hospital flow has needed to be responsive. The Trust has ensured daily senior review of all inpatient care plans throughout this period and full compliance to Board Round MDTs to promote the QI methodology of Red and Green day to manage internal delays. 								
When is performance expected to recover:								
Southport & Ormskirk ED trajectory is set to achieve above 85% by 30th June 2021.								
Quality:								
No quality issues reported.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Annette Metzmacher			Sharon Forrester			












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

Indicator		Performance Summary					Potential organisational or patient risk factors
A&E Performance 12 hour breaches		Previous 3 months and latest				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.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21		
		27	19	1	1		
		Dec-19	Jan-20	Feb-20	Mar-20		
		22	13	9	10		
		Plan: Zero					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Southport & Ormskirk reported just 1, 12-hour breach in March, the same as last month and a significant decrease on January when 19 were reported. The avoidance of 12 hour breaches are a priority for the Southport and Ormskirk system and continue to be reviewed in accordance with the recently agreed processes with the CCG and NHSE/I. The provider submits a 48-hour review form to the CCG and NHSE/I to provide assurance of immediate actions taken and determine whether the patient has come to any harm. If the patient has come to moderate or severe harm as a result of the breach, then this will be declared as a serious incident and a full investigation undertaken to identify lessons learnt. No harms have been identified for the latest 12 hour breach, resulting in no serious incidents being reported. The CCG continue to receive and review 48 hour reports from providers following the declaration of a 12-hour breach. 							
Actions to Address/Assurances:							
<u>CCG actions:</u> <ul style="list-style-type: none"> All 48 hr timelines are reviewed within nursing and quality governance arrangements and a 60 day RCA requested should there be any evidence of harm incurred as a result of the breach. The trust to escalate early to the CCG if any mitigating actions are identified to avoid the breach. Breaches are reported in clusters and have recently been due to occupancy issues within the Trust and on transfer to mental health facilities. 							
When is performance expected to recover:							
Performance recovery in coming months.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Annette Metzmacher			Sharon Forrester		



3.2 Urgent Care Dashboard





Definitions

Measure	Description	Expected Directional Travel	
Non-Elective Admissions	Spells with an admission method of 21-28 where the patient is registered to a Southport and Formby GP practice.		Commissioners aim to reduce non-elective admissions by 15%
Non-Elective Admissions Length of Stay	The average length of stay (days) for spells with an admission method of 21-28 where the patient is registered to a Southport and Formby GP practice.		Commissioners aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances	Southport and Formby registered patients A&E attendances to a Type 1 A&E department i.e. consultant led 24 hour service with full resus facilities and designated accommodation for the reception of A&E patients.		Commissioners aim to see fewer patients attending Type 1 A&E departments.
A&E 4hr % S&O - All Types	The percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. Refers to Southport & Ormskirk Hospital Trust catchment activity across all A&E department types (including walk-in centres).		Commissioners aim to improve A&E performance to ensure that it meets/exceeds the 95% target.
Go to Doc Out of Hours Activity	Total contacts to the Southport and Formby out of hours provider.		Commissioners aim to see an increase in out of hours contacts.
NWAS Turnaround Times - S&O	Average time of Ambulance arrival (geofence or button press) to Ambulance clear and available (of All attendances) at Southport & Ormskirk Hospital.		Commissioners aim to see a reduction in average turnaround times so that they are less than or meet the 30 minute standard.
NWAS 999 Calls	Southport and Formby - The total number of emergency and urgent calls presented to switchboard and answered.		Commissioners aim to see a decrease in the number of emergency calls.
NWAS Cat 1 Calls	Southport and Formby - A combination of Red 1 and Red 2 Calls. Red 1 refers to life-threatening requiring intervention and ambulance response. Red 2 refers to immediately life-threatening requiring ambulance response.		Commissioners aim to see a decrease in the number of life-threatening emergency calls.
NWAS See & Treat Calls	Southport and Formby - The number of incidents, following emergency or urgent calls, resolved with the patient being treated and discharged from ambulance responsibility on scene. There is no conveyance of any patient.		Commissioners aim to see an increase in the number of patients who can be seen and treated on scene (where possible) to avoid an unnecessary conveyance to hospital.
Delayed Transfers of Care	The number of patients who are ready to be transferred from Southport & Ormskirk University Hospital which are delayed.		Commissioners aim to see fewer delayed transfers of care.
Non-Elective Discharges	The number of discharges from Southport & Ormskirk Hospital from patients who were admitted as Non-Elective.		Commissioners aim to see more Non-elective discharges than admissions.

3.3 Ambulance Performance Indicators



Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1, 2, 3 & 4 performance		Previous 2 months and latest					Category 1 - Time critical and life threatening events requiring immediate intervention Category 2 - Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - 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.
RED	TREND	Category	Target	Jan	Feb	Mar		
		Cat 1 mean	<=7 mins	00:09:00	00:07:45	00:07:12		
		Cat 1 90th Percentile	<=15 mins	00:17:06	00:14:55	00:13:03		
		Cat 2 mean	<=18 mins	00:42:15	00:25:31	00:21:55		
		Cat 2 90th Percentile	<=40 mins	01:34:57	00:56:33	00:45:27		
		Cat 3 90th Percentile	<=120 mins	03:24:28	01:46:41	01:40:50		
Cat 4 90th Percentile	<=180 mins	12:44:32	03:56:27	06:27:47				
Performance Overview/Issues:								
<ul style="list-style-type: none"> The original target was to meet all of the ARP standards by end of Q1 20/21. This has not been met due to COVID impact which began to hit service delivery in Q4 19/20 and then all the way through Q1 20/21 and has continued throughout 2020/21. Whilst targets were not met in full they show improvements with close achievements of Category 1 targets. March shows further improvements with the Category 2 mean waits decreasing from 25 minutes 31 seconds to 21 minutes 55 seconds, and the Category 3 90th percentile achieving the target of less than or equal to 120 minutes. The Category 4 performance has deteriorated again having shown positive improvement in February. 								
Actions to Address/Assurances:								
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&E to release vehicles back into system.								
The following actions are part of an ongoing work programme:								
<ul style="list-style-type: none"> NWAS recovery plan: Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date. Integrated UEC: Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability. Patient Transport Service (PTS) redesign: Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWAS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings. NHS 111 First and direct booking into ED: GP direct book in same day emergency care, both schemes designed to avoid ED overcrowding. 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 all at the right time. Latest cumulative data shows around 73% of incidents have avoided A&E and not conveyed, average age of patient seen was 79 and the average response time 11:08 minutes. 								
When is performance expected to recover:								
The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that NWAS needs to meet demand and the targets, including the ratio of double crewed ambulance (DCA) v rapid response vehicle (RRV) and staffing. This review will take circa 15 weeks and is scheduled to report at the end of September, beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards.								
Quality:								
CCG incidents are reviewed with peers at NWAS/NHS111 commissioners meeting to identify issues and lessons learned. These do occasionally refer to priority categorisations and waiting times for ambulance arrival, although this is rarely the only issue identified.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Annette Metzmacher			Sharon Forrester			

3.4 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-21	Feb-21			Mar-21
		(a)	30-60 mins	28	13			22
		(b)	60+ mins	5	1			1
			Indicator	Jan-20	Feb-20			Mar-20
		(a)	30-60 mins	240	135			94
	(b)	60+ mins	62	23	16			
				Plan: Zero				
Performance Overview/Issues:								
<ul style="list-style-type: none"> The A&E department successfully implemented the infection prevention measures and 2 metre social distancing, but this had an impact on 30 to 60 minutes handover times. Ambulance handovers have shown a small decline for 30-60 minutes in March. 								
Actions to Address/Assurances:								
<p>AED attendances are increasing making it difficult to maintain social distancing measures and prevent ED overcrowding. This presents challenges for NWSA crews to offload vehicles and maintain handover performance.</p> <p>Non elective demand management meetings continue within the trust and is clinical led by the ED team. Improvement schemes are focused around</p> <ul style="list-style-type: none"> ED streaming tool and Care navigator role. Majority of costs of the tool covered by NHSD and planning on a shared financial risk for the navigator role between SFCCG and S&O. Plan to update the NHS 111 First SOP with inclusion of ED tool and set out clear clinical governance between all partners. Back pain pathway. The aim is to have a redirect from ED pathway and from NHS 111 (possibly via the CAS) through a back pain pathway into therapies. <p>ERS referrals into ED and ACU in place and GP referrals into ACU have been steadily increasing, demonstrating improvements in monitoring referrals coming into ACU and GP's feeling assured using the pathway.</p> <p>Reducing occupancy levels and improving flow in ED is pivotal to maintaining handover performance, this is the work that the system is focusing on collectively. Engagement from primary care improving although remains challenged due to conflicting work priorities due to the role out of the vaccination programme.</p>								
When is performance expected to recover:								
Recovery hard to predict due the unknown impact on recovery and lifting of social restrictions on public behaviour.								
Quality:								
Performance has improved due to redirection of resource within NWSA from planned service to urgent services. The current capacity is meeting current demand. The services have full PPE in place. There has been no reports through to the CCG of any serious untoward incidents.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Martin McDowell		Annette Metzmacher			Sharon Forrester			

3.5 Unplanned Care Quality Indicators



3.5.1 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-20	Jan-21	Feb-21	Mar-21		
 	a)	56.3%	63.6%	29.2%	Not available		
	b)	No relevant patients	0.0%	28.6%	Not available		
	Previous year	Dec-19	Jan-20	Feb-20	Mar-20		
	a)	70.4%	87.9%	78.8%	76.9%		
	b)	11.8%	70.0%	No data	No data		
	Stroke Plan: 80% TIA Plan: 60%						
Performance Overview/Issues:							
<ul style="list-style-type: none"> Following an MIAA audit, the recommendation is to report this indicator 1 month in arrears. Refer to February for latest data. The recommendations from the MIAA audit included the change to reporting from the time the patient arrives at A&E. This has impacted compliance in February. 7 out of the 24 patients spent more than 90% of their hospital stay on a stroke unit in March. TiA reported 28.6% the 5 patient breaches out of a total of 7 patients. Following an MIAA audit, an action plan has been developed to review the reporting processes for this indicator. The Trust have reported that performance against this metric continues to present challenges. 							
Actions to Address/Assurances:							
Trust Actions:							
A stroke Improvement Group has been established with membership from clinical and operational teams; there are a number of underpinning workstreams including a dedicated team to review patient flow processes. Following the MIAA audit it was recognised that a full review of the pathway is required including benchmarking with other trusts to understand how they are working to achieve this very stringent target.							
Key actions for delivery include: <ol style="list-style-type: none"> 1. Timely and accurate identification of patients who have suffered a stroke in ED and on the wards to assist admission to the ASU. 2. Enhancements to Medway to include a Stroke Alert. 3. AMU ensuring speciality patients are escalated timely to ensure admission to specialty beds including ASU. 4. Expansion of Early Supported Discharge for West Lancs residents and continuation of the Southport and Formby service to ensure effective flow in and out of the ASU – awaiting CCG funding. 5. Recruitment to Stroke Nurse vacancies. 							
CCG Actions:							
<ul style="list-style-type: none"> The extensive work of the Merseyside Stroke Board has been reinstated and is working on the finalisation of the pre-consultation business case which will come to stakeholders for sign off. The Clinical senate has performed a remote review on 26th April, the outcome of which is expected imminently. The Early Supported Discharge (ESD) service is now staffed and the CCG has worked with WLCCG to ensure provision in both CCG areas subject to finalising funding. The stroke network have commenced a further gap analysis relating to gold standard rehab provision and CCGs have been asked to commit to future developments through commissioning intentions. This is likely to include a request for resource to be identified to support the progress of the transformation programme. Failure to meet targets for stroke and the lack of identified TIA patients for last 3 months have been escalated to the Chief Nurse and the contract team for discussion with the Director of Nursing (DoN) at Southport & Ormskirk. 							
When is performance expected to recover:							
Unknown due to COVID impact above.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Vacant		Billie Dodd			



3.5.2 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.	Due to the increased strengthening of IPC control measures due to the ongoing COVID-19, risks have been mitigated.	
RED	TREND		Dec-20	Jan-21	Feb-21			Mar-21
		CCG	1	2	2			2
		S&O	1	2	2			2
		Previous year	Dec-19	Jan-20	Feb-20			Mar-20
		CCG	2	2	2			2
		S&O	1	1	1			1
Plan: Zero								
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG and Trust have failed the target for 2020/21 reporting 2 cases against the zero tolerance target. Measuring against the CCG Peers, Southport & Formby CCG lies 2nd in the rankings (1st being best performing). 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> A full root cause analysis (RCA) was completed and lessons learnt and outcomes will be reported through the Infection Control Assurance Committee at the Trust. As with all the Infection Prevention Control (IPC) indicators the COVID pandemic has had an impact with an improved situation due to the enhanced focus. 								
When is performance expected to recover:								
As a zero tolerance target, the performance will not recover for 2020/21.								
Quality:								
Any further cases will be reviewed by exception.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Chrissie Cooke		Doug Callow		Jennifer Piet				

3.5.3 Healthcare associated infections (HCA): 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)				<p>2020/21 Plans No new National Objectives to measure actuals against. Measuring against last year's objectives: CCG: <= 30 YTD Trust: <= 16 YTD</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the Trust</p>	
RED	TREND		Dec-20	Jan-21	Feb-21		Mar-21
		CCG	27	30	33		34
		S&O	27	31	33		34
		Previous year	Dec-19	Jan-20	Feb-20		Mar-20
		CCG	26	30	34		38
		S&O	24	26	29		33
		CCG - Actual 34 YTD - Target 30 YTD S&O - Actual 34 YTD - Target 16 YTD					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG do not have the new objectives/plans for c.difficile for 2020/21 as these have not been released Nationally. The decision has been made to measure against last year's objectives. The CCG and Trust have both failed their plan for 2020/21. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Infection control panels meet bi-monthly and are chaired by the Director of Infection Prevention Control will be critical in 2020/21 and will provide further assurance. 							
When is performance expected to recover:							
Further assurance has been requested and a trajectory for recovery although this is an issue facing a number of trusts due to the increased antibiotic prescribing due to COVID.							
Quality:							
<ul style="list-style-type: none"> An action plan has been developed which includes, senior oversight of junior doctors prescribing/ceasing of treatment; reviewing the usage of prebiotic and probiotic treatment pathways that other trusts have initiated; antimicrobial resistance (AMR) usage has increased due to COVID in both acute and primary care settings including care homes; review of cleaning pathways in line with revised national guidance. Oversight of the action plan will continue from the CCG to ensure assurance and all risks are mitigated, reducing any harm. 							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Chrissie Cooke		Doug Callow		Jennifer Piet			

3.5.4 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)				<p>2020/21 Interim Plan: <= 109 YTD <i>There are no Trust plans at present numbers for information</i></p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.</p>
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
 	CCG	96	104	110	123	
	S&O	144	157	169	185	
	Previous year	Dec-19	Jan-20	Feb-20	Mar-20	
	CCG	117	128	141	150	
	S&O	189	202	226	242	
CCG - Actual 123 YTD - Target 109 YTD						
Performance Overview/Issues:						
<ul style="list-style-type: none"> NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG do not have the new objectives/plans for E.coli for 2020/21. The decision has been made in the interim to measure against last year's plan of 109. The CCG has failed the plan for 2020/21. The spinal unit continues to remain an outlier within the Trust due to the level of care required within the unit. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings reconvened, but to reduce duplication NHSE/I have had further discussions and this group will now merge with the Antimicrobial resistance group to provide a more joined up approach. The Trust have rolled out plans which include a trial of catheter passport, monitoring of catheter care and its appropriateness of use, the spinal unit continues to remain an outlier within the Trust, as above. 						
When is performance expected to recover:						
This is a cumulative total has shown improvement and monitoring of the numbers and exception reporting will continue, although as the Trust is now working with COVID-19 audits and training will be refocused upon to improve compliance.						
Quality:						
This is being monitored through the BI Monthly Infection Prevention Control (IPC) meeting which is chaired by the Trust Director of Infection Prevention Control with CCG attendance.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Chrissie Cooke		Doug Callow		Jennifer Piet		

3.5.5 Hospital Mortality – Southport & Ormskirk Hospital NHS Trust

Figure 8 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	20/21 - Mar	100	80.2	↓

HSMR is lower than reported last month at 80.2 (with last month reporting 81.6) and still shows a continued trend of improving performance with 12 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. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI is at 1.06 and within expected parameters, for reporting period November 2019 - October 2020. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occurred in hospital and deaths which occurred outside of hospital within 30 days (inclusive) of discharge. The SHMI gives an indication for each non-specialist acute NHS Trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

3.6 CCG Serious Incident (SI) Management – Quarter 4

Number of Serious Incidents Open for Southport and Formby CCG

As of Q4 2020/21, there are a total of 26 serious incidents (SIs) open on StEIS where Southport and Formby CCG are either responsible or accountable commissioner. See table below for breakdown by Provider.

Provider and Current SI status	Total
SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST	19
Awaiting RCA – overdue (stop the clock applied)*	1
Awaiting RCA – on target	2
RCA report received further assurances requested	5
RCA report received to be reviewed at SIRG	1
RCA reviewed, closure agreed, awaiting Patient CCG closure	5
Si to be downgraded – awaiting formal rationale from provider	1
RCA reviewed (closed at the time of writing report)	4
SOUTHPORT AND FORMBY CCG	5
RCA to be reviewed at SIRG and since been closed (ISight legacy SI)	1
RCA report received and reviewed at SIRG – awaiting further assurances (Mental Health Matters previously Insight)	1
RCA report received further assurances requested (Chapel Lane Surgery)	1
Awaiting RCA – on target (Mental Health Matters)	1
LANCASHIRE AND SOUTH CUMBRIA NHS FOUNDATION TRUST	1
RCA received and reviewed awaiting further assurances	1
CHESHIRE WIRRAL PARTNERSHIP	1
Awaiting RCA – on target	1
TOTAL	26

* This SI was reported following the review of multiple patients who have had knee / Hip revisions. A report has been completed by the Royal College of Surgeons. This is currently being reviewed by the provider and will be taken through internal governance in May 2021. Once the report has been agreed, the Stop the Clock will be lifted and the SI investigation commenced.

Number of SIs Closed during Q4 2020/21

The Southport and Formby Serious Incident Review Group (SIRG) panel convenes on a monthly basis to review completed investigations (RCAs) and subsequent action plans put in place following the reporting of SIs, for all Southport and Formby CCG commissioned providers. During Q4 2020/21, the SIRG panel closed 9 SIs.

Number of SIs open within 20 days of RCA

As per the SI Standard Operating Procedure (SOP), the CCG should aim to close/review SIs within 20 days of receiving the RCA. As such, All RCAs received during Q4 2020/21 were tabled at the nearest possible SIRG (please note, RCAs will not normally be tabled within one week of the next SIRG unless there are reasons for agreeing otherwise).

Number of Serious Incidents (SIs) by Type Reported in Quarter 3 2020/21 There have been a total of 7 SIs reported in Q4 2020/21 where Southport and Formby CCG are either responsible or accountable commissioner. The following table shows the types of SIs reported by Provider during this reporting period.

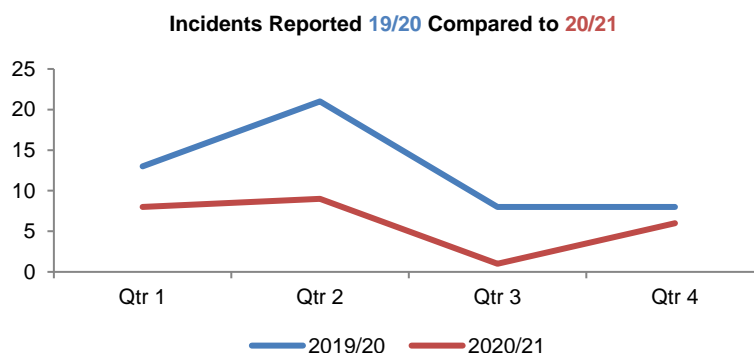
Provider and SI Type	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST	8	9	3	6
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	0	2	1	1
Accident e.g. collision/scald (not slip/trip/fall) meeting SI criteria	0	1	1	1
Sub-optimal care of the deteriorating patient meeting SI criteria	1	1	1	0
Slips/trips/falls meeting SI criteria	1	2	0	1
Maternity/Obstetric incident meeting SI criteria: baby only	2	1	0	0
Pressure ulcer meeting SI criteria	2	1	0	0
Treatment delay meeting SI criteria	1	1	0	3
HCAI/infection control incident meeting SI criteria	1	0	0	0
SOUTHPORT AND FORMBY CCG*	0	0	2	1
Pending Review (Parklands – reported at request of NHSE/I)	0	0	0	1
Apparent/actual/suspected self-inflicted harm meeting SI criteria (Insight)	0	0	1	0
Slips/trips/falls meeting SI criteria (Renacres)	0	0	1	0
LANCASHIRE AND SOUTH CUMBRIA NHS FOUNDATION TRUST	0	0	1	0
Sub-optimal care of the deteriorating patient meeting SI criteria	0	0	1	0
CHESHIRE WIRRAL PARTNERSHIP	0	0	1	0
Apparent/actual/suspected self-inflicted harm meeting SI criteria	0	0	1	0
TOTAL	8	9	7	7

*N.B. Southport and Formby CCG will report any SIs for Providers that do not have access to the StEIS database.

Southport and Ormskirk Hospitals NHS Trust

Total SIs reported for 2020/21 and 2019/20

The following graph shows the number of SIs reported in 2020/21 compared with 2019/20.



The above graph indicates an increased in the reporting of SIs from Q3 to Q4 2020/21. This figure is more comparable with the previous year's performance.

Number of Never Events reported

There have been no never events reported in 2020/21.

SIs reported within 48 Hour Timescale

The provider has also maintained 100% target of reporting all SIs within 48 hours YTD.

72 Hour report submitted

The SI framework requires the submission of a 72-hour report following the reporting of an SI. This should be submitted to the CCG by the reporting organisation within 72 hours. Of the 6 SIs reported in Q4 2020/21, all 72-hour reports were submitted.

RCAs due during Q4 2020/21

For Southport and Ormskirk, there were 6 RCAs due for Q3 2020/21. Of these, 3 were received within the 60-day timescale and are awaiting review by SIRG, 1 was closed, 1 extension has been granted and 1 was downgraded.

Provider Quality Improvement/Patient Safety update

Serious Incident Management

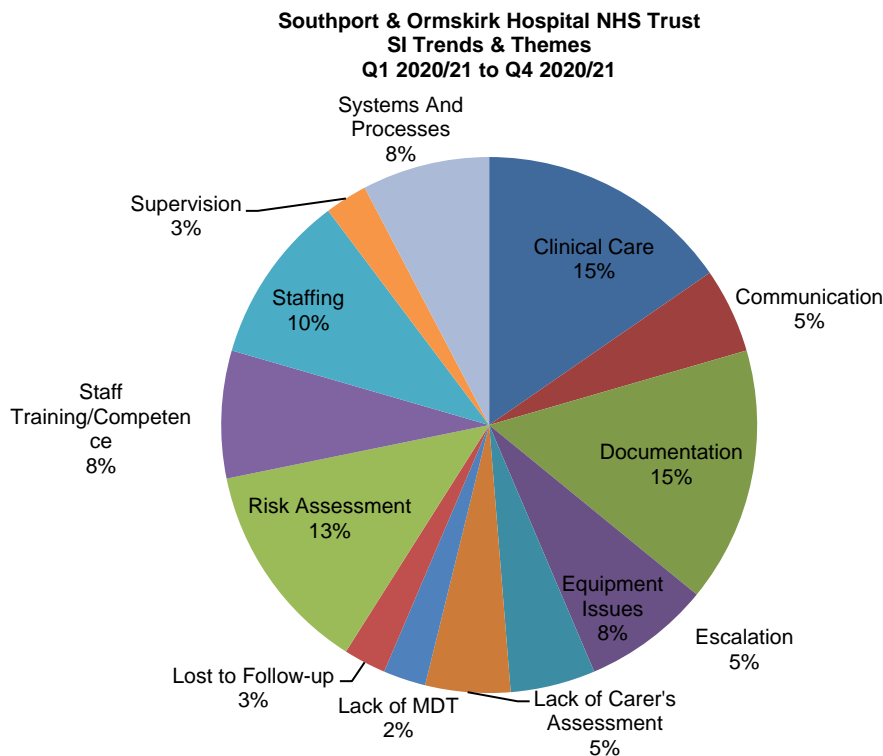
The provider continues to provide assurance in relation to adherence to the SI framework and process timescales. However, the CCG has noted and raised some concerns regarding the length of time it is taking to receive a response in relation to feedback following review of RCAs at the CCG SIRG panels.

This has been discussed with the Provider and the CCG have been assured that all outstanding responses will be submitted for May 2021. The provider was informed that any potential delays would need to be communicated to the CCG with the appropriate rationale provided.

Trends and Themes

For the RCAs that have been reviewed and closed, the trends and themes identified have been collected and are illustrated in the chart below.

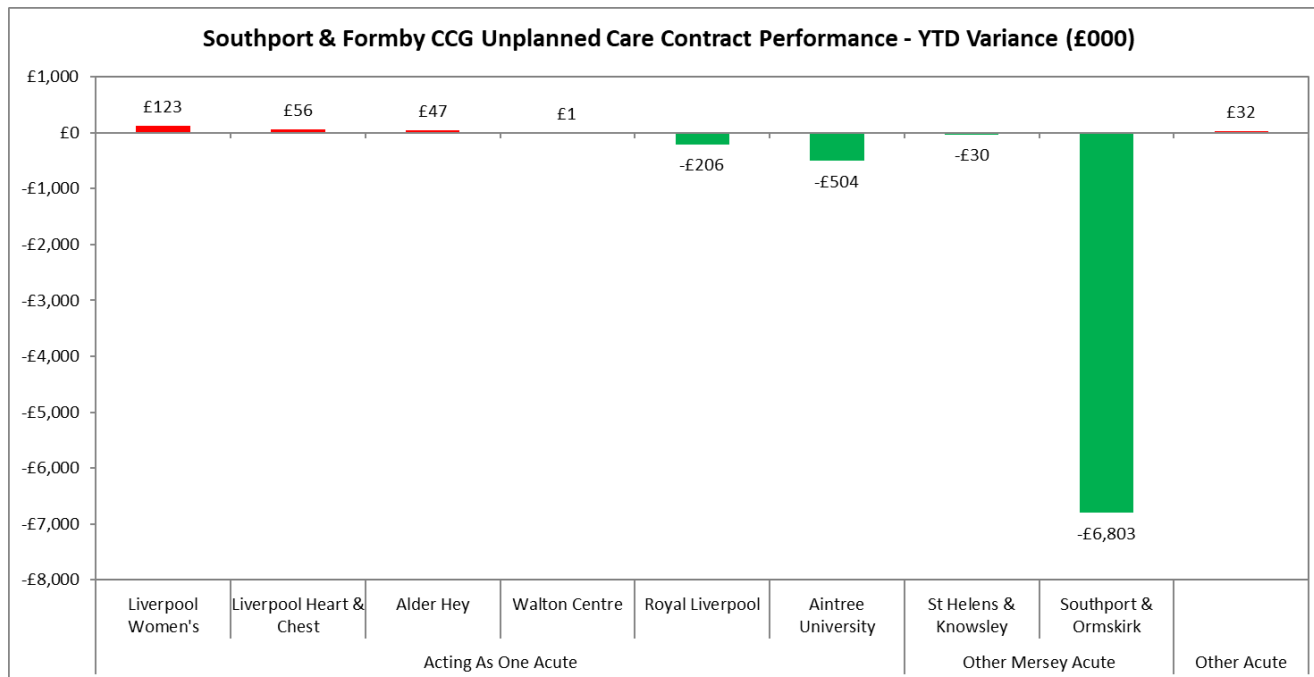
N.B. In some cases reviewed multiple trends and themes may have been identified.



3.7 Unplanned Care Activity & Finance, All Providers

3.7.1 All Providers

Figure 9 - Unplanned Care – All Providers



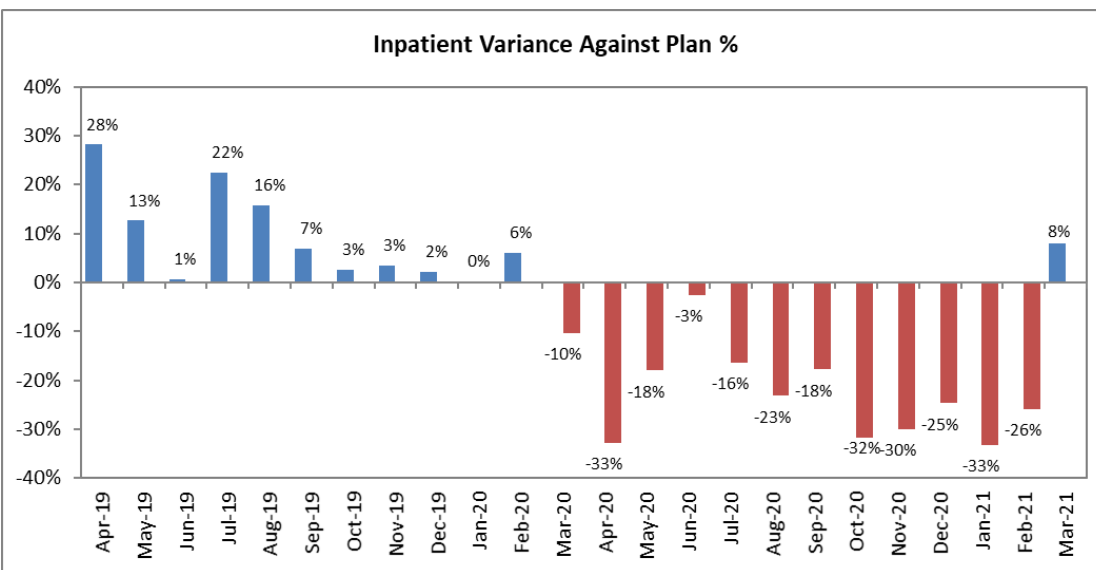
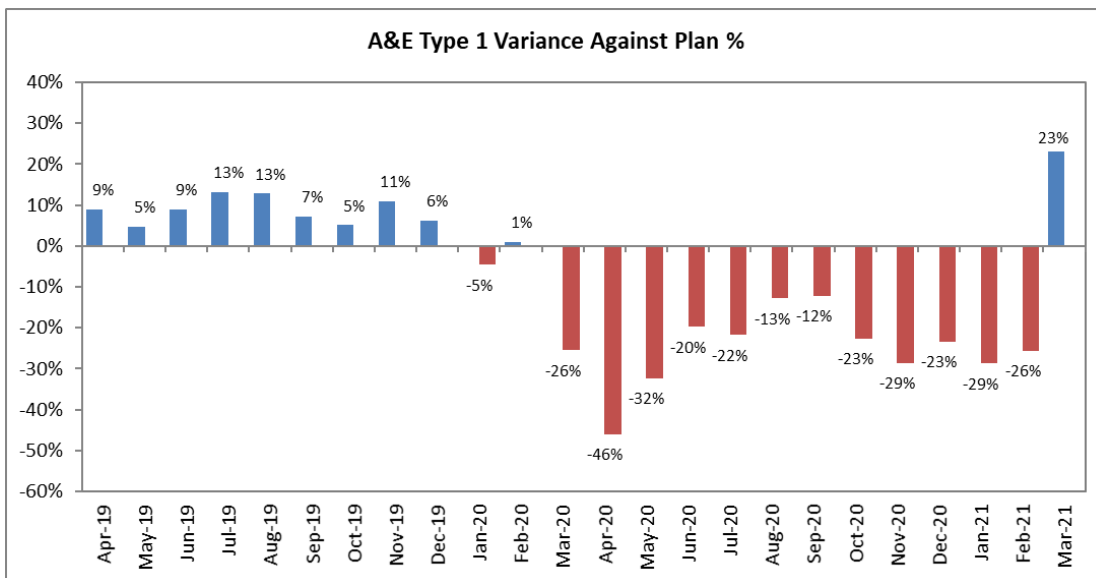
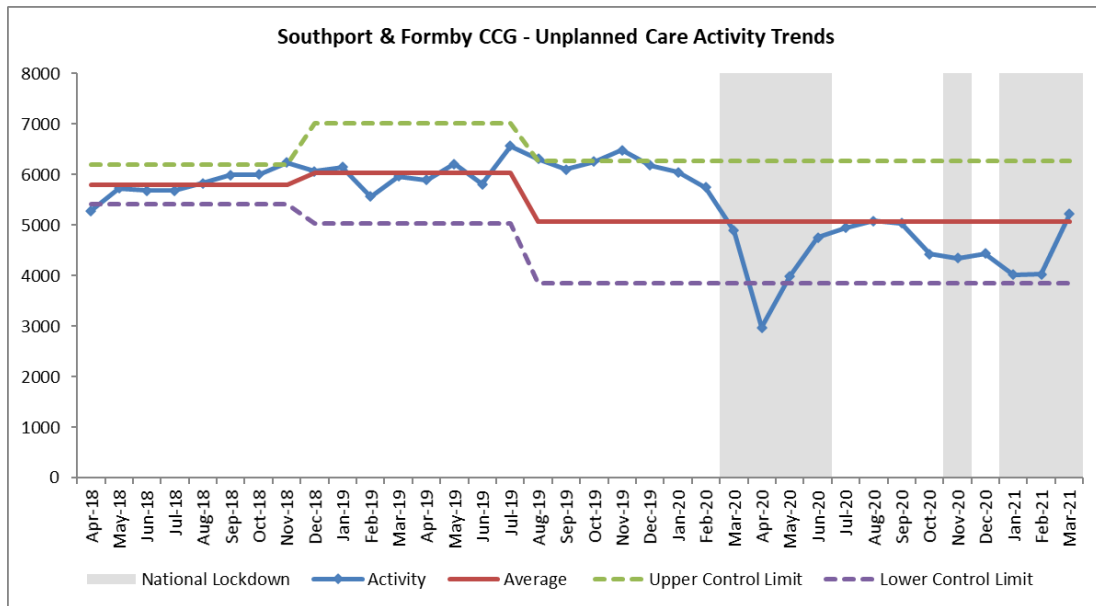
For unplanned care, month 12 of the financial year 2020/21 continues to show reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. Although some recovery of activity was apparent following the first phase of the NHS response, year to date levels remain below historical averages and recent months suggested a steady decrease in activity numbers leading to the lowest monthly total reported since April-20 in January-21. This goes against the anticipated increases that formed part of CCG plans for the phase three NHS response to the pandemic and activity was comparable during February-21. However, a notable increase in activity has then occurred in March-21 with this representing the highest monthly total throughout 2020/21.

At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£6.8m/-15% against plan. Across all providers, Southport & Formby CCG has underperformed by -£7.2m/-14.8%

NB. Due to the COVID-19 pandemic, a number of month 12 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans have not been formally agreed with a number of providers. Therefore, for consistency, the contract performance values included in the above chart relate to variances against 2019/20 month 12 year to date actuals.

There will be 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.

Figure 10 - Unplanned Care Activity Trends, A&E Type 1 and Inpatient Variance against Plan



3.7.2 Southport & Ormskirk Hospital NHS Trust

Figure 11 - 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	43,647	33,704	-9,943	-23%	£7,252	£5,887	£-1,365	-19%
NEL - Non Elective	14,487	11,449	-3,038	-21%	£31,323	£27,138	£-4,185	-13%
NELNE - Non Elective Non-Emergency	1,180	919	-261	-22%	£2,400	£2,324	£-75	-3%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	56	37	-19	-34%	£16	£3	£-13	-82%
NELST - Non Elective Short Stay	3,301	1,988	-1,313	-40%	£2,342	£1,466	£-876	-37%
NELXBD - Non Elective Excess Bed Day	2,799	1,594	-1,205	-43%	£720	£432	£-288	-40%
Grand Total	65,470	49,691	-15,779	-24%	£44,053	£37,249	£-6,803	-15%

*exclude ambulatory emergency care POD



Underperformance at Southport & Ormskirk Hospital is evident against all unplanned care points of delivery at month 12. The largest activity reductions have occurred within A&E type 1 with a variance of -23% for Southport & Formby CCG. This can be attributed in large to the COVID-19 national response and the 'stay at home' guidance issued to the public from 23rd March 2020. Attendances increased for four consecutive months up to August-20 followed by decreases in the months following which resulted in a low of 2,485 attendances during February-21. However, this has been immediately followed by 3,355 attendances – the highest monthly total throughout 2020/21. Both A&E sites are back to pre-covid levels and A&E has seen a surge in minors for 0-30 year olds. A&E paed is back to pre-COVID levels and a correlation between A&E and Walk-in Centre attendances is taking place via the Information Sub-Group.

S&O are now admitting more Non-electives than they have for over a year. Non-elective admissions followed a similar trend with increases during the summer months of 2020 followed by a general decrease. However, as with A&E attendances, admissions have peaked in March-21 with the 1,145 reported being the highest monthly total of 2020/21. Further analysis suggests that these were non-COVID related admissions and that COVID admissions have decreased significantly during month 12 (currently 2 patients receiving COVID treatment)



NB. 2020/21 activity plans have not been formally agreed with Southport & Ormskirk Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 12 year to date actuals.

4. Mental Health



4.1.1 Eating Disorder Service (EDS)

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 123b Patient safety. Reputation.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		40.70%	37.90%	30.30%	21.20%	
		Dec-19	Jan-20	Feb-20	Mar-20	
		62.50%	33.33%	50.00%	73.68%	
Plan: 95%						
Performance Overview/Issues:						
<ul style="list-style-type: none"> • Long standing challenges remain in place (see Quality section below). • Out of a potential 33 Service Users, 7 started treatment within the 18 week target (21.2%), which shows a decline from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. • Comparing to last year there has been a decline of 52.5 percentage points. 						
Actions to Address/Assurances:						
Trust Actions:						
<ul style="list-style-type: none"> • The service has adapted its model with therapy and assessments are being delivered via telephone or Attend Anywhere. • Group therapy using ZOOM has been established. • A well-being call is being offered to all on the waiting list following which a psycho-education group is being offered for those who wish to attend from the waiting list. • Low weight service users are being offered Therapy kitchen provision digitally via Attend Anywhere. • Recruitment has begun to fill vacancy for a clinical psychologist. Interviews were held on 30th March 2021. • One assistant psychologist post have been recruited to (6-month fixed term) • The Trust and CCGs recognise that considerable investment is required for the Eating Disorder service to be compliant. It is agreed that ED developments need to be phased in line with wider mental health investment over the period 2021/22 – 2023/24 and £106k for has been agreed as an initial investment in the service. 						
When is performance expected to recover:						
Expectation is that performance will begin to improve in Q1 2021/22 but achievement of the target is not guaranteed.						
Quality:						
It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care. Both CCGs and the Trust have raised concerns around assurance of safety of individuals on the waiting list. Proposed service developments over the next 3 years should address this issue.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

4.1.2 Falls Management & Prevention: All adult inpatients to be risk assessed using an appropriate tool



Indicator		Performance Summary					Potential organisational or patient risk factors
Falls Management & Prevention: All adults inpatients to be risk assessed using an appropriate tool		Previous 3 months and latest				KPI 6a	Patient safety
GREEN	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		98.4%	100.0%	100.0%	100.0%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Trust overall had 6 inpatients risk assessed using an appropriate tool in quarter 4. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified. 							
When is performance expected to recover:							
Performance continues to be maintained.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Gordon Jones			

4.1.3 Falls Management & Prevention: of the inpatients identified as a risk of falling to have a care plan in place



Indicator		Performance Summary					Potential organisational or patient risk factors
Falls Management & Prevention: Of the inpatients assessed and identified at risk of falling should have a care plan in place		Previous 3 quarters and latest				KPI 6b	Patient safety.
GREEN	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21		
		100%	100%	100%	100%		
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		92.31%	90.00%	62.50%	88.90%		
		Plan: 98% - 2020/21					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For Southport & Formby CCG the Trust had 5 inpatients who had their care plan in place in quarter 4. Comparing to last year there has been an improvement of 11.1 percentage points 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Modern Matrons have been tasked with ensuring the review and completion of Falls Risk Assessment Tool (FRAT) and care plan where identified. The Clinical Quality Performance Group (CQPG) pick up and review care plans. 							
When is performance expected to recover:							
Performance continues to exceed target in quarter 4							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
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. Demand for the service continues to increase and exceed capacity.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21		
		0.49%	0.25%	0.93%	0.52%		
		Dec-19	Jan-20	Feb-20	Mar-20		
		0.62%	0.92%	0.73%	0.78%		
		National Monthly Access Plan: 1.59%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month and current performance is significantly under this threshold. 							
Actions to Address/Assurances:							
To address underperformance the following actions are being undertaken:							
Recruitment <ul style="list-style-type: none"> 1 x Clinical lead recruited and commenced on 6th April 2021. 3 x Psychological Wellbeing Practitioner (PWP) trainees commenced on 24th March 2021. 4 x High Intensity Therapists have been recruited and are expected to commence duties in April/May 2021. 4 x PWP posts are currently vacant and are advertised. 							
Assessment Weeks Further assessment weeks are being planned to take place in 2021/22.							
Marketing Ongoing marketing of the service.							
When is performance expected to recover:							
There is an expectation that numbers entering the service will increase but achievement of the 19% access standard will be challenging within the first two quarters of 2021/22.							
Quality:							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
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-20	Jan-21	Feb-21	Mar-21		
		53.2%	39.1%	46.3%	42.1%		
		Dec-19	Jan-20	Feb-20	Mar-20		
		62.8%	42.6%	58.8%	44.1%		
Recovery Plan: 50%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Recovery rate saw a decline of 4.2 percentage points in March from previous month and is failing the target. The new provider Mental Health Matters took over the contract in January 2021. Long internal waits are having an impact on the onward recovery of individuals and therefore the 50% IAPT recovery standard. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The provider has been asked to submit an options paper detailing the actions/costs/trajectories required to improve internal waits and corresponding recovery rates. The newly recruited clinical lead for the service will review non recovered cases and work with practitioners to improve recovery rates. Lengthy internal waiters will be prioritised and will be offered an appointment as soon as possible, but in the meantime will also receive fortnightly risk management calls. Group work is planned to start at the end of April. This will reduce the number of clients added to the Step 2 waiting list each month, but not sufficiently to prevent a continued upward trend. 3 x PWP trainees have started in the service and will begin to contribute to treatment capacity in September 2021. 4 x newly recruited High Intensity Therapists will impact on the Step 3 internal waits from the end of June 2021. 							
<u>Service users waiting over 52 weeks:</u>							
<ul style="list-style-type: none"> - Are being contacted and risk assessed. - Anyone who discloses anything other than low risk will either: <ul style="list-style-type: none"> • Be referred to a more appropriate service e.g. Secondary Care or; • Contacted every two weeks to review until in treatment. 							
<u>Service users waiting over 18 weeks:</u>							
<ul style="list-style-type: none"> - Are being contacted and risk assessed. - Dependent on level of risk disclosed, action will be taken as above - Alternative options are being explored with clients e.g. Silvercloud (digital), telephone, group work 							
When is performance expected to recover:							
Expectation is for recovery to improve from Quarter 2 onwards.							
Quality:							
Lengthy internal waits will impact as individuals having had their initial assessment were unable to progress to follow up treatment in a timely manner.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Gordon Jones			

4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	COVID-19 Pandemic has forced the temporary closure of memory services across Sefton. In addition GP practices are limiting face to face contacts, so fewer referrals / assessments will take place during this time.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21		
		63.7%	62.8%	62.0%	62.4%		
		Dec-19	Jan-20	Feb-20	Mar-20		
		67.7%	67.7%	68.0%	67.9%		
Plan: 66.7%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Memory Assessment Service operated by NHS Mersey Care Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. It will also likely increase waiting times once recovery starts. Compared to last year the measure has declined by 5.5%. Measuring against the CCG Peer CCGs, Southport & Formby CCG lies 2nd in the rankings (1st being best performing). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Sefton CCGs have approved the following scheme to go into 21/22 Local Quality Contract with primary care across Sefton: <ol style="list-style-type: none"> Identify a practice lead for dementia (not necessarily clinical). Provide an annual GP review for patients with a diagnosis of mild cognitive impairment until such time transient state resolves or progresses to dementia. Support identification of carers for people with dementia. <p>The above LQC scheme should help to support the dementia referral pathway and over time increase the dementia diagnosis rates across Sefton.</p> <ul style="list-style-type: none"> As the Pandemic restrictions are gradually lifted over the coming weeks the CCG would expect to see the resumption of face to face sessions within the memory service across Sefton. NHS MCFT should be issuing information about recovery actions very soon. This will enable referrals from primary care, to the memory service to resume, and will benefit diagnosis rates. The commissioned voluntary sector (VCF Sector) in Sefton are providing telephone support to all known clients which includes people with dementia, cognitive impairment and their carers. As the Pandemic restrictions ease, face to face contacts will resume, benefitting people referred to the VCF support services. 							
When is performance expected to recover:							
Recovery is unlikely to take place until restrictions are lifted and face to face assessments can resume with no date identified. It is possible the CCG would see an increased trend in referrals and diagnosis rates from June / July 2021 onwards.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Jan Leonard		Hilal Mulla		Kevin Thorne			

4.4 Serious Mental Illness (SMI) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors		
<p>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</p>		<p>Previous 3 quarters and latest</p>				<p>123g</p> <p>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.</p>	<p>Risk that CCG is unable to achieve nationally mandated target.</p> <p>SMI patients are in the JCVI vaccination groups and will be called forward for COVID vaccination.</p>		
								RED	TREND
				32.1%	28.0%			25.4%	22.4%
				Q1 19/20	Q2 19/20			Q3 19/20	Q4 19/20
		<p>26.4%</p>				25.5%	34.2%	38.2%	
		<p>Plan: 50%</p>							
Performance Overview/Issues:									
<ul style="list-style-type: none"> In Quarter 4 of 20/21, 22.4% of the 1,437 of people on the GP SMI register in Southport & Formby CCG (322) received a comprehensive health check. COVID-19 will have impacted on the delivery of some of the 6 interventions which make up the indicator (e.g. bloods). 									
Actions to Address/Assurances:									
<ul style="list-style-type: none"> For 2021/22, QOF will include all six elements of the comprehensive annual physical health check for patients with schizophrenia, bipolar affective disorder and other psychoses as defined in the NHS Long Term Plan. Inclusion in the QOF should include uptake of the SMI health checks. 									
When is performance expected to recover:									
Performance should improve in Quarter 1 2021/22 onwards.									
Quality:									
No quality issues reported.									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead		Managerial Lead					
Geraldine O'Carroll		Hilal Mulla		Gordon Jones					

5. Community Health

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

Adult community services have been working hard restore community services via 2 weekly recover, restore and retain programme.

The following services remain in surge; District nursing services due to an increase in end of life care, rehabilitation and therapy services.

There has been an increase in the level of acuity of patients on caseloads due to deep deconditioning and long COVID. Data shows a step change increase in the community of use of specialist equipment such as lifting aids, standing aids, hospital beds and air-filled mattresses. They have reported a short fall in training in the use of this equipment which has impacted on single handed care and an increase in the need of staff to double up on domiciliary visits which is impacting on capacity.

There has been an improvement in treatment room services due to the direct referral from NHS 111 first and closer working with minors in ED. The extension of service provision to a 7-day service has ensured that the service has increased capacity to clear outstanding back logs and the ability to provide a wider range of general treatments.

The community services have continued to deliver despite the demobilisation of Lancashire South Cumbria Foundation Trust contract and the mobilisation of Mersey Care as the incoming provider from 1st May 2021.

The main focus has been on a safe landing, health and wellbeing of the community workforce and staff retention.

5.1.1 Quality

Since the 1st May 2021 Mersey care NHS Foundation Trust became the commissioned provider for Community Services for Southport and Formby. Meetings will be held separately from the South Sefton meeting to ensure enhanced surveillance whilst the service becomes embedded within the area. Service users should not notice any difference in the service they receive and the organisation is working to ensure all staff are supported throughout this period.

5.2 Any Qualified Provider (AQP)

Merseyside CCGs commission AQP Audiology from LUHFT, S&O, Specsavers, St H&K, Scrivens. Contracts have been rolled forward pending a wider Liverpool led engagement exercise on an updated Adult Hearing Loss specification and wider collaboration across a Cheshire & Merseyside footprint.

The summary table below for Southport & Formby CCG shows how activity has changed in 2020-21 due to the COVID pandemic with activity levels recovering in the last few months. The vast majority of activity for the CCG is undertaken by their respective local NHS provider and Specsavers. Note that activity for the CCG across all providers has been significantly lower than in 2019/20.

Costs for the NHS trusts are indicative only as these are on a block contract basis, but Specsavers and Scrivens are cost per case as per national guidance.



Total Activity & Cost for Southport & Formby CCG By Provider				
Provider Name	2019/20		2020/21	
	Activity	Cost	Activity	Cost
Specsavers	937	£258,472	532	£149,516
Liverpool University Hospitals	11	£2,352	11	£1,441
Southport & Ormskirk	1,218	£364,412	596	£147,498
Grand Total	2,166	£625,236	1,139	£298,455

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)



Quarter 4 will be updated next report, data due 13th June 2021.

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		Previous 2 quarters, latest and rolling 12 month				Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase
GREEN	TREND	Q1 20/21	Q2 20/21	Q3 20/21	Rolling 12 Mth Rate	
		17.8%	8.0%	6.1%	37.8%	
		Q1 19/20	Q2 19/20	Q3 19/20	Rolling 12 Mth Rate	
		17.0%	5.6%	4.8%	34.0%	
		Annual Access Plan: 35% (RAG and Trend on Q1 data)				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Quarter 3 data shows a deterioration on Quarter 2 as this is a seasonal trend. However, this is an improved position compared to 19/20 and the current rolling 12 months access rate is set to exceed the 35% target. The CCG now receives data from a third sector organisation Venus and the online counselling service Kooth both submit data to the Mental Health Services Data Set (MHSDS) and are included in this dataset. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Since moving into phase 3 of the pandemic recovery and response, there has been an increase in face to face support which has improved access for those CYP who do not have digital equipment. The start of the Venus and Kooth data flows have continued to have a positive impact on performance, which is anticipated to continue throughout the 2020/21 financial year. As well as an increase in Kooth capacity in response to COVID-19, further funding has been secured via the Violence Reduction Partnership which will further increase capacity in Quarters 3 and 4. The initial projected access rate for 2020/21 indicates a year end position of approximately 44% which represents a marked improvement on previous years. It is anticipated that Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) will begin to submit data to the mental health data set (MHDS) in Q4 of this financial year, which will further contribute to the access rate. In response to the challenges of COVID-19, service resilience and increasing demand for mental health support, the CCG has agreed additional short term investment for Alder Hey CAMHS and third sector providers, Venus and Parenting 2000. It is anticipated that this will positively impact access rates in Q4. 						
When is performance expected to recover:						
Performance is on track to exceed the 35% access plan.						
Quality:						
There are no identified quality issues.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

6.1.2 Waiting times for Routine/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 (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 20/21	Q2 20/21	Q3 20/21	Q4 20/21	
		86.7%	96.0%	96.7%	89.7%	
		Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		95.2%	84.6%	82.6%	89.3%	
		National standard 95%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> For Q4 the Trust reported 89.7% against the 95% National Standard. As the service has relatively small numbers breaches have a large impact on performance. For quarter 4, of the 29 completed pathways, 5 patients started treatment within 1 week and 21 patients in weeks 1 to 4, leaving 3 patients starting their treatment between 4 and 12 weeks. The demand for this service exceeds capacity and there has been an increase in demand for the service as a result of the pandemic, particularly escalation of risk for existing patients. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> All breaches are clinically tracked monthly and always related to patient choice (which the metric doesn't account for). Nationally, all services have capacity issues. Additional investment to fund increased capacity as part of national commitments (MHIS) has been confirmed and the CCG is planning negotiations with AHCH about the additional capacity to be provided and to agree a trajectory for planned increase in activity. This work has been delayed due to covid. The Trust has reported an increase in demand for the service and escalation of risk with existing cases due to covid. This is being monitored. The service has made adaptations in response to covid and is providing online sessions for CYP, parents and carers where possible; face to face contact is being maintained for high risk patients and telemedicine has been secured so young people can be physically monitored at home. 						
When is performance expected to recover:						
Any required recovery plans will be confirmed alongside any agreed increases in funding/capacity.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

6.1.3 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 12 and 30 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		Latest and previous 3 months				The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management: <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		90.0%	87.0%	83.0%	91.0%	
Plan: 90% of referrals: Assessments started within 12 weeks						

Performance Overview/Issues:

- In March 91% of ASD assessments started within 12 weeks of referral, which has seen an improvement compared to previous months and now above the planned target.
- Referrals to the service continue to increase, with referrals in March 21% higher than the previous month and averaging 85 per month since November 2020
- At the end of March there was a backlog of open referrals for the ASD pathway of 485 referrals against the trajectory of 252 so behind plan (Q4). This information is reported on a quarterly basis.

Actions to Address/Assurances:

- A number of actions have been agreed to mitigate the risk of the increased demand on the service including increased use of independent sector providers to support assessments for new assessments and further revisions to referrals forms to ensure the referral process is as efficient as possible.
- To understand the drivers for the continued increase in demand, the trust is instigating discussions with local partners.
- There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021; although the target reduction was not achieved in Q4, most available assessment slots in May and June will focus on the backlog which will provide sufficient capacity to clear this by the end of June as planned.

When is performance expected to recover:



Achieving the 90% target.

Quality impact assessment:

For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Sue Gough	Peter Wong

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management: <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves.
GREEN	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		97%	93%	91%	90%	
Plan: 90% of referrals: Assessments completed within 30 weeks						

Performance Overview/Issues:

- 90% of ASD assessments were completed within the 30 week target, which is the planned target, but has declined over the last couple of months.
- Performance has declined since December due to the impact of increasing referrals on service capacity.

Actions to Address/Assurances:

- To mitigate the risk of increasing demand, the service is making greater use of independent sector providers - Axia and Healios - to support the assessment process.
- Positive feedback on the effectiveness and quality of the digital assessments has been received from CYP, families and carers, many commenting that they prefer this approach.

When is performance expected to recover:

Achieving the target of 90%.



Quality impact assessment:



No quality issues reported.

Indicator responsibility:

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Sue Gough	Peter Wong



6.1.4 Children and Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 12 and 30 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves. • Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		85%	100%	99%	97%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In March, 97% of assessments started within 12 weeks of referral and the pathway continues to meet the agreed performance targets. • There has been a sustained month on month increase in referrals to the service: 52 were received in March compared to 33 in February. • The backlog of open referrals continues to reduce and is ahead of the waiting list management plan: at the end of March the number waiting was 68 against the planned level of 119 (Q4). This information is reported on a quarterly basis. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021, which is on track and currently ahead of trajectory. 						
When is performance expected to recover:						
Performance is on target.						
Quality impact assessment:						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				<p>The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management:</p> <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Ongoing impact of COVID-19 and future waves.
GREEN	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		96%	95%	91%	94%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • 94% of ADHD assessments were completed within the 30 week target, which exceeds the planned target of 90% and shows an improvement from last month. • There are currently 179 young people who are in the process of being assessed by the service, compared to 131 in February. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Although the number of young people open to the service is increasing, the service continues to achieve the agreed performance targets. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

6.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		85.0%	54.7%	37.3%	50.9%	
		Staged Target by March 2020: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen an improvement in compliance with the agreed 6 week standard in March. Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been a general deterioration in waiting times since December 2020. The service experienced a 20% increase in referrals from August through to December 2020 compared to the same period in 2019. There has been an increase in the number of urgent cases referred to the service. Between December and February 2021 there has been a 73.5% increase in urgent choice appointment activity compared to same period last year. This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The service continues to monitor urgent and routine referral rates and aims to flexibly use capacity as needed to provide first assessments as soon as possible. All CAMHS referrals are risk assessed and prioritised. For urgent children and young people, Alder Hey offers an appointment within two weeks. Using the CCGs' additional short term investment to support service resilience, two new therapists commenced in post in March to provide additional service capacity and to support a reduction in waiting times. This short term investment has also been awarded to third sector providers, Venus and Parenting 2000, who have been able to increase their capacity to support children, young people and their families and reduce the impact on specialist CAMHS. Across the Sefton CAMHS partnership, there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021. The Trust has introduced a new "COVID support team" which commenced in December 2020 on a fixed term basis to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic. In response to the national increase in demand for mental health support, the government has released an additional £79 million investment to support CYP mental health COVID recovery in 2021/22. The CCGs are awaiting further details of the financial settlement for Sefton. This investment will support an increase in capacity and a reduction in waiting times. Alder Hey is developing a full business case outlining the additional resource required to match the current and projected levels of demand to achieve the SEND 92% waiting time target. 						
When is performance expected to recover:						
Once the additional mental health investment has been confirmed and Alder Hey's business case has been considered, revised COVID recovery plans and trajectories will be developed to achieve a staged and sustainable return to the 92% waiting time measure.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2.2 % Referral to Partnership within 18 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Partnership within 18 weeks		Latest and previous 3 months				Due to ongoing impact of COVID, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as a result of the ongoing impact of the pandemic.
RED	TREND	Dec-20	Jan-21	Feb-21	Mar-21	
		50.0%	52.2%	41.2%	70.6%	
		Staged Target by March 2020: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> There has been a significant improvement in waiting times in March as the service has seen a higher number of children and young people within 18 weeks. This is due in part to a high number of urgent partnership appointments required for high risk and complex young people. Due to the ongoing impact of the pandemic on increasing demand, capacity continues to be challenged and there has been a general deterioration in waiting times since December 2020. The service experienced a 20% increase in referrals from August through to December 2020 compared to the same period in 2019. There has been an increase in the number of urgent cases referred to the service. Between December and February 2021 there has been a 73.5% increase in urgent choice appointment activity compared to same period last year. This position is reflected regionally and nationally. Current modelling across Cheshire and Merseyside suggests that demand for mental health services could increase by 30% over the next two years, with the majority of this demand in crisis and urgent mental health support. Notably the 30% figure is twice the initial 15% estimate modelled at the outset of the pandemic. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> All children and young people who have been waiting over 18 weeks for a partnership appointment are regularly contacted to undertake an up-to-date risk assessment and review of clinical urgency, enabling the team to expedite an earlier appointment, if clinically indicated. Using the CCGs' additional short term investment to support service resilience, two new therapists commenced in post in March to provide additional service capacity and to support a reduction in waiting times. This short term investment has also been awarded to third sector providers, Venus and Parenting 2000, who have been able to increase their capacity to support children, young people and their families and reduce the impact on specialist CAMHS. Across the Sefton CAMHS partnership, there has been a general increase in mental health provision and support for low level mental health support needs in response to the pandemic. This includes the renewed contract for the online counselling platform Kooth, the roll out of mental health training to schools, the introduction of the Emotional Health and Wellbeing toolkit and the implementation of the Mental Health Support Teams in schools which began a phased roll out in April 2021. The Trust has introduced a new "COVID support team" which commenced in December 2020 on a fixed term basis to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic. In response to the national increase in demand for mental health support, the government has released an additional £79 million investment to support CYP mental health COVID recovery in 2021/22. The CCGs are awaiting further details of the financial settlement for Sefton. This investment will support an increase in capacity and a reduction in waiting times. Alder Hey is developing a full business case outlining the additional resource required to match the current and projected levels of demand to achieve the SEND 92% waiting time target. 						
When is performance expected to recover:						
Once the additional mental health investment has been confirmed and Alder Hey's business case has been considered, revised COVID recovery plans and trajectories will be developed to achieve a staged and sustainable return to the 92% waiting time measure.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.3 Children's Community (Alder Hey)



6.3.1 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 continue to deliver on all aspects of the SEND improvement plan as the SALT waiting times cannot be sustained due to the ongoing impact of COVID.</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>
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks				
		Dec-20	Jan-21	Feb-21	Mar-21	
		90.40%	86.30%	82.80%	72.90%	
		Total Number Waiting				
		Dec-20	Jan-21	Feb-21	Mar-21	
		186	187	186	210	
		Target 92%				<p><=92%: Green</p> <p>> 92%: Red</p>
Performance Overview/Issues:						
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 14.7 weeks. For open pathways, the longest waiter was 35 weeks in March compared to 31.3 weeks in February. Overall there has been a steady increase in new referrals since September when the schools reopened, the service received 59 in March from 48 in February. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The COVID recovery plan trajectory to reduce the longer 18+ waits to the 92% standard by December 2020 was achieved, however, due to the ongoing increase in referrals to the service open pathways waits have increased. All referrals are clinically triaged at the point of receipt and prioritised in accordance with need ie; urgent or routine Urgent appointments are prioritised for initial assessment as clinically indicated and routine referrals are placed on a waiting list for assessment and sent information on how to access resources including those on the service web page. Waiting times have increased over the past month as the trust has reduced the number of new initial assessment appointments offered in order to allocate cases waiting for follow up appointments. The objective is to reduce the risk for those patients waiting for follow-up, improve throughput and discharge rates. To manage the long waiters, the service is producing a monthly breach report to ensure that there are plans/appointment dates for any children waiting over 18 weeks. Work continues with the early years services to support early intervention and reduce need for specialist support. The SEND average waiting time target continues to be achieved. 						
When is performance expected to recover:						
As referrals continue to be above expected levels waiting times will be challenged over the coming months. Referral rates are likely to fall over the summer and this will enable the service to work towards RTT compliance.						
Quality:						
There are no identified quality issues.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Martin McDowell		Rob Caudwell		Peter Wong		



6.3.2 Paediatric Dietetics

Indicator		Performance Summary				Potential organisational or patient risk factors	
Alder Hey Children's Community Services: Dietetics		Latest and previous 3 months				Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.	
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Dec-20	Jan-21	Feb-21	Mar-21		
		100.0%	100.0%	100.0%	100.0%		<=92%: Green > 92%: Red
		Total Number Waiting					
		Dec-20	Jan-21	Feb-21	Mar-21		
		39	29	31	46		
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 5.3 weeks. For open pathways, the longest waiter was 14 weeks in March compared to 12 in February. New referrals to the service remain steady, 40 were received in March and 22 in February. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically, as performance is exceeding target for the seventh consecutive month. 							
When is performance expected to recover:							
Performance on target.							
Quality:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Peter Wong			

6.3.3 Paediatric Occupational Therapy (OT)

Indicator		Performance Summary				Potential organisational or patient risk factors	
Alder Hey Children's Community Services: OT		Latest and previous 3 months				Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.	
GREEN	TREND	RTT: Open Pathways: % Waiting within 18 wks					
		Dec-20	Jan-21	Feb-21	Mar-21		
		97.9%	97.1%	97.4%	100.0%		<=92%: Green > 92%: Red
		Total Number Waiting					
		Dec-20	Jan-21	Feb-21	Mar-21		
		53	34	38	51		
Target 92%							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 5.3 weeks. For open pathways, the longest waiter was 8 weeks in March compared to 12.7 weeks in February. Overall there has been a steady increase in referrals since August, the service received 52 in March and 26 in February. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> None specifically, as performance is exceeding target for the sixth consecutive month. 							
When is performance expected to recover:							
Performance is achieving the target.							
Quality:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Martin McDowell		Rob Caudwell		Peter Wong			

6.3.4 Paediatric Children's Continence Promotion Service

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: Children's Continence Promotion Service		Latest and previous 3 months					<p>Potential quality/safety risks from non attendance and/or long waits ranging from deterioration in condition to increase in symptoms/medication or treatment required.</p> <p>Potential increase in waiting times/numbers as a result of the ongoing impact of the pandemic.</p>
RED	TREND	RTT: Open Pathways: % Waiting within 18 wks				<=92%: Green > 92%: Red	
		Dec-20	Jan-21	Feb-21	Mar-21		
		60.0%	75.0%	69.2%	87.0%		
		Total Number Waiting					
		Dec-20	Jan-21	Feb-21	Mar-21		
		30	36	26	23		
		Target 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The average number of weeks waiting referral to 1st contact in March is 22.6 weeks a big decrease from 11.6 weeks in February. For open pathways, the longest waiter was 32.3 weeks in March compared to 35.5 weeks in February. Referrals to the service remain steady, 13 were received in March and 11 in February. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Referrals to the service are triaged and risk assessed to ensure those children and young people requiring urgent support/treatment are prioritised. Pre-COVID a preliminary service review commenced which identified a high number of low level referrals to the service. The service review is being stepped up again with the aim of developing health visitor pathways to more appropriately deal with low level interventions thus reducing demand for specialist support. 							
When is performance expected to recover:							
Performance will fluctuate dependent on number of referrals and capacity; target performance will be consistently achieved once the new service model is developed and implemented.							
Quality:							
No quality issues to report.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Martin McDowell		Rob Caudwell			Peter Wong		

7. Third Sector update – Q4 2020-21

Introduction

This report details activity and outcomes for each of the organisations detailed below for Q4 2020-21. Each of the following organisations has successfully adapted to new ways of working, all have continued to provide services to residents of Sefton during these unprecedented times. Service provisions and needs of the community have changed dramatically during this year but the determination and commitment of the VCF has continued to provide the most vulnerable residents of Sefton with help, support and companionship which has proven to dramatically reduce the need for acute mental health services and hospital admissions.

Age Concern – Liverpool & Sefton

During Q4 clients have received at least one phone call per week from the Befriending and reablement service; the team made a total of 2,512 calls to clients. The team have also supported 208 clients via a mix of ongoing welfare calls and more traditional befriending support.

The recruitment of volunteer befrienders has dropped during Q4. Between lockdowns volunteer recruitment increased significantly but has now started to slow to a more usual rate for this time of year. During year a total of 45 volunteers were recruited. Volunteers are continuing to offer telephone befriending support to more than one client with an average of 3 clients per volunteer. During Q4 37% of clients were allocated a volunteer befriender after the initial 6 weeks.

Referrals have mainly been via other VCF organisations, there were no referrals received from Sefton GPs or NHS Trusts; communications to GP practices and NHS Trusts are to be initiated shortly.

The service has supported clients with the following:

- Feelings of abandonment, isolation and depression
- An explanation of new lockdown rules.
- Support in arranging a care package
- Reassurance for those missing their families
- Referrals for benefit advice
- Anxiety support
- Encouragement of exercise and adopting a healthy lifestyle
- Healthy eating guidance
- Support with finding a gardener
- Occupational Therapist assessment referral

Alzheimer's Society

All face to face activities provided by Alzheimer's Society ceased on the 23rd March 2020. Instead the society offered existing Service users who had recently contacted the Service welfare calls. During this quarter the service have made 265 Welfare Calls to 98 service users and dealt with 41 new referrals.

Over the year over 1169 Welfare Calls were achieved; there were 137 referrals recorded the service has reported the following;

Dementia Patients in care homes have faced severe difficulty during the pandemic; 70% of people living in care homes have a dementia. Service users have not been able to see loved ones which has caused a significant decline in mental health.

During Q2 204 Welfare Calls were made to 265 service users the service also received an additional 38 new referrals.

The service continue to work with Southport Memory Clinic, negotiations are underway for the inclusion of Alzheimer's Society within the post diagnostic pathway moving forward.

The service does not plan to resume face to face services such as Memory Cafes, Singing for the Brain or Reading groups until government guidelines are revised. Although from May 2020 the services launched 2 virtual cafes and Singing for the Brain programmes via Zoom these have proven popular and have seen 16-20 attendances weekly.

Citizens Advice Sefton

Advice sessions are currently delivered via telephone or online meetings to in-patients of Clock View Hospital, Walton by an experienced social welfare law advisor with specialist knowledge of mental health issues.

During Q3 22 new referrals were received; the main type of advice required was mainly in regard to benefits including tax credits, Universal Credits and appeals. During this quarter, Sefton residents received a total of £224,308 in new or backdated awards as a result of the work carried out by the advisor. The total so far of successful backdated benefit claims is £698,715.

Crosby Housing and Reablement Team (CHART)

CHART works with Sefton residents who are in contact with secondary mental health services experiencing accommodation issues. They also work with those who are homeless and in-patients at secondary care mental health services; CHART enables swifter hospital discharges and assists those in the community preventing unnecessary hospital admissions.

CHART are continuing with a mixture of working from home and office. Face to face appointments have been carried out as necessary with full PPE, either in peoples' homes or on hospital wards. There were 59 new referrals during Q4.

One member of staff left at the end of March, CHART are recruiting a Tenancy Support Worker and interviews are to be held shortly.

The office, although open, is closed to the public, the majority of assessments have been carried out via telephone, however, face to face is starting to slowly increase.

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 an average of 85 existing service users have accessed the service at the Bowersdale Centre, there were no new referrals received during the period. Telephone support and text messaging services have continued and the use of virtual IT to support has proven to be popular. The centre is following government guidelines and will slowly start to re-introduce face to face group sessions shortly. A booking system for attendance at the centre will be put in place. A new timetable for activities has been introduced; these include a walking group, painting with Bob Ross and Mental Health Group.

Imagine independence - IPS

Imagine Independence drastically needed to change how services were delivered during the lockdown period. Services which were centred around 1:1 service user support were delivered via telephone or online Zoom catch-ups. It was essential that Peer Support, Social Inclusion and Employment Services could continue to eliminate the risk of mental health relapse; individual support plans were agreed with clients, the frequency of calls was increased whilst the service also offered extended support to vulnerable service users including emotional support. Connections on behalf of service users who were shielding were also made with local services delivering food parcels and medicines. These ways of keeping in touch proved vital to those shielding and reduced social isolation to the most vulnerable. Vocational support continued to be offered but issues were identified around the lack of digital skills and equipment amongst service users to progress vocational aims during lock down.

Referrals to the service were also affected as CMHT's concentrated on Essential Care. Some service users decided to suspend their service until the lockdown eased but some clients have wanted daily calls due to anxiety and loneliness.

The need for IPS services, including employment retention is vital due to the high volume of clients being Furloughed and at risk of redundancy. Despite the current situation, a number of clients made redundant from their employment due to COVID have since managed to find paid work at local supermarkets.

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.

Staff & Volunteers at the centre are coping well and adjusting to change in service provided. A shopping service has been provided this has been particularly popular but is now starting to tail off due to the lockdown ease of restrictions. Letters from local schoolchildren to the elderly and vulnerable have been included within food parcels helping to keep morale up amongst the vulnerable and isolated. The befriending service continues to be extremely busy, demand for this service has been overwhelming at times but staff have adjusted well.

A number of issues have been at the forefront for staff at the centre these include increased alcohol consumption amongst service users, not eating properly and debt management. Issues have also been identified amongst some service users who have been shielded who did not have agoraphobic symptoms prior to lockdown now feel they have and are worried about leaving the home. Increased support has been given for families where children would have received a meal at school does not receive packed lunch from the centre.

Service users known to the team at Upstairs @83 have intervened with 2 clients contemplating taking an overdose. In addition, significant funding gaps have been identified; staff working from home have donated money used for their daily commute to the office to help fund activity packs posted to the

isolated and packed lunches for children in the community. Some group work has recommenced, all are run in accordance to government guidelines

Parenting 2000

Services provided by P2000 are continuing via regular zoom and telephone calls, this has been welcomed particularly by children aged 11+ younger clients have struggled due to lower attention span. Some children have stopped counselling sessions during the lockdown as they were no longer attending school, most access this service to help with issues around bullying.

A bicycle voucher scheme was launched to help lower income families purchase and repair bikes, the aim to keep families fit and active during lockdown. Waiting lists for counselling continue to be high although some service users have dropped out for the moment demand is still extremely high.

As groups were introduced back into the centres, there was a need for smaller groups. The cost of hosting more groups has increased; the organisation are seeking extra funding from charitable sources to help with the shortfall.

The service envisage issues for those experiencing lifestyle changes particularly for some children who had been privately educated and parents may not be able to continue to pay for this following COVID-19. Family debt is also an issue; Furloughed parents spending during lockdown then are made redundant with no means of paying off debts.

Sefton Advocacy

Sefton Advocacy has still received a high volume of referrals during Q1 & Q2. Staff are working remotely and are currently involved in cases including child protection conferences, safeguarding issues, DOLS for elderly residents in care homes. There were no Personal Health Budget assessments carried out during the lockdown, these have now recommenced and staff are dealing with the backlog. Issues have been identified around Children in Need assessments; council policy had been changed eliminating parents from assessments, Sefton Advocacy has challenged this decision.

The service has had greater success with a number of DWP claims appealed against, then granted. Concerns have been raised around people suffering with cancer and not attending appointments, this continues to be an issue and the increased waiting times for some treatments are posing potential for risk to lives.

The service anticipates the increased needs for people requiring social care needs, suffering poor mental health and experiencing unemployment, physical and mental well-being are likely to suffer as further economic hardship takes hold. There has also been an increase of emotional and physical abuse taking place in the home during the lockdown period.

The base for Sefton Advocacy has also been reviewed during Q1 & Q2, premises have now been secured in the Houghton Street area of Southport making the venue accessible to all and reducing rent charges during these unprecedented times.

Sefton Carers Centre

Performance against targets remains challenging due to the limitations placed on services due to the Covid pandemic, there has been an increase by 166% in the number of new carers registered with the Centre compared to Quarter 1; there were 268 new carers and 43 parent carers registered during the quarter. The centre made 1,501 telephone calls to carers during Q4 alone, this is been the main form of contact with carers during the pandemic and has been a lifeline to most. There were 44 remote Counselling sessions delivered and a further 288 calls made by the listening ear service. There were 170 appointments for benefits advice took place during the quarter, securing £220K of benefits for Carers. There are currently 252 registered tier 2 young carers receiving support from the centre. Face to face support is to be re-introduced gradually as per government guidelines.

Sefton Council for Voluntary Service

BAME Service update

Sefton CVS are working closely with the CCGs and St Marks regarding asylum seekers, the service are also working with Merseyside Police in regard to hate crime. Work is on-going in supporting the needs of migrant groups of parents and children at Holy Trinity school. The service has seen a degree of reluctance within some BME families to challenge poor employment practice for fear of losing their position. An increase of emotional and physical abuse has also been seen.

High Intensity Users

The team of 5 staff running this service are currently working from home.

The service are receiving referrals for Sefton residents requiring support with shopping and deliveries, prescription collections, support to get online and support with loneliness and isolation. Regular liaison with local services is key to ensuring service lists are kept as up to date as possible. This list includes local shops providing deliveries, pharmacies and mental health services. Some residents require intense ongoing support, these vulnerable service users are allocated to a volunteer who provides weekly well-being phone calls.

The most frequent requests from residents have been seeking support with supermarket delivery slots, staff have assisted with registration for online supermarket shopping and the government vulnerable list. CVS have raised many safeguarding concerns, liaised with social workers regularly and have linked in with the contact centre regularly for urgent requests.

A worrying gap in provision has been identified for those families who usually work but have had to reduce hours. Coping with balance of home schooling and working from home, Furlough or made redundant as a result of businesses going into liquidation. Debt is starting to pose a problem to many households across Sefton.

Although lockdown is beginning to lift, a number of residents have anxieties over going out; many haven't left their home for some time, the team are helping to deal with anxiety and uncertainty.

Reablement Service

All home visits ceased during the pandemic and the service commenced remote telephone support only. This proved difficult because staff rely heavily on how a persons' home environment and body language to determine best interests and support for their needs. Not being able to observe a patient in this way has proven difficult, more intensive questioning has been key to ensuring needs are met. A few patients were admitted to hospital, some for covid-19. The HWBT have been undertaken some very intensive and emotional phone calls with patients. This has proven extremely difficult for some staff who usually rely on colleagues for support.

The lack of provision in the community (due to closures of services) for those not online or able to access digital support has been a considerable barrier for social prescribing. Being responsive to emerging emergency need in the early days of the response meant it was difficult to plan effectively and often capacity was stretched within the team.

Social Prescribing

The lack of provision in the community (due to closures of services) for those not online or able to access digital support has been a considerable barrier for social prescribing link workers.

Being responsive to emerging emergency need in the early days of the response meant it was difficult to plan effectively and often capacity was stretched within the team. The team focus was redirected to helping those most vulnerable within Sefton. Matching Service users with volunteer befrienders and oversight of volunteers has been a key part of the role during the pandemic. Practical tasks were undertaken where necessary if no community-based provision was able to respond, these included shopping; prescriptions; emergency food parcel deliver, etc. The service has also dealt with a number of complex people awaiting counselling from IAPT services, a meeting took place between the Social Prescribing team and IAPT; both will work together to ensure long waiting patients are seen by the most appropriate service asap.

ECM Co-ordinator –Children and Families Development Officer

Drop in referral are usually through schools, there are concerns about the safety of some vulnerable children. The lack of IT equipment has posed a significant barrier to children accessing therapy, support and home schooling. Families that would not usually need support of services are not able to manage financially but may not have access to benefits; parents may have reduced working hours, Furloughed, or faced redundancy. A number of families have put off or have been afraid to access support available e.g. A&E and GP due to fear of catching COVID.

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. The service currently has 12 qualified counsellors delivering services remotely, these methods include telephone support, online counselling, telephone counselling and text support. In addition, assessments are taking place via telephone or online. A number of support groups are also taking place online.

Practical challenges include women not having a safe or quiet space that they can access counselling from in their home. Some women have opted to wait until the centre opens before accessing counselling.

More Complex cases are emerging as a result of lockdown restrictions, SWACA has said there is a need look more closely at the Trauma Informed model and joint working with other relevant organisations. It has also been noted that there has been a rise in Children and young people inflicting abuse on parents during restriction period.

Risk assessments are carried out to ensure services provided are safe to both staff and service users. Most women do not like to be referred on as there is distrust in some large/ public organisations, SWACA are mindful that those who wish to remain within the service as assessed regularly.

SWACA has communicated that whilst the current situation has presented some opportunities to think differently and provide support in a different way, issues have emerged around funding streams to the service. The charity shop has remained closed during the pandemic and donations have been extremely low. Other funding opportunities are currently being explored.

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.

The post stroke service is currently under review, the contract comes to an end on 30th June 2021, commissioning intentions are to be communicated shortly. Aintree Stroke Unit also asked if the Stroke Association could pick up 6 monthly reviews via telephone. The service has offered to assist whilst some capacity available, but this is only a short-term arrangement (end of May).

Face to face services with stroke survivors have ceased, staff and volunteers are providing online assessment of needs and online support is offered via telephone.

Not all stroke survivors have the technology available to communicate online and some carers have limited skills in setting up internet connections or accessing online support. Some families have struggled as other family members have not been able to assist due to the restrictions in place. Most have access to a phone, but this is not as helpful when supporting stroke survivors and carers.

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. The centre opened for a short time during the first lockdown then closed again. The centre are looking to re-introduce face to face therapies gradually and within government guidelines. The service are currently delivering the following services remotely; counselling, online support groups, telephone support, befriending services and weekly check in for vulnerable women. Counsellors at The Swan Centre are now BACP approved; each counsellor was required to undertake 80 hours of training. The cost of this was met by funds at the centre; this was not budgeted for but considered vital to deliver quality services to women across Sefton.

The issues identified include the following; women having a safe/quiet space at home to access counselling. Some women have opted to wait until the centre opens before accessing counselling. This is due to the above as well or perhaps they are not comfortable with this technology or they simply prefer face to face support.

Macmillan Cancer Support Centre – Southport

During Q4 there were a total of 72 new referrals to the service, significantly more than Q3. This is as a direct result of the Social Prescribing Link Worker - Cancer Specialists (SPLW CC) in the Formby and Ainsdale & Birkdale Primary Care Networks. Nearly half of all referrals seen this quarter were via the SPLW CCs. The service plans to engage further with practices not referring patients once restrictions are relaxed. The service continues to offer a listening ear and regular wellbeing or welfare calls to service users who were shielding.

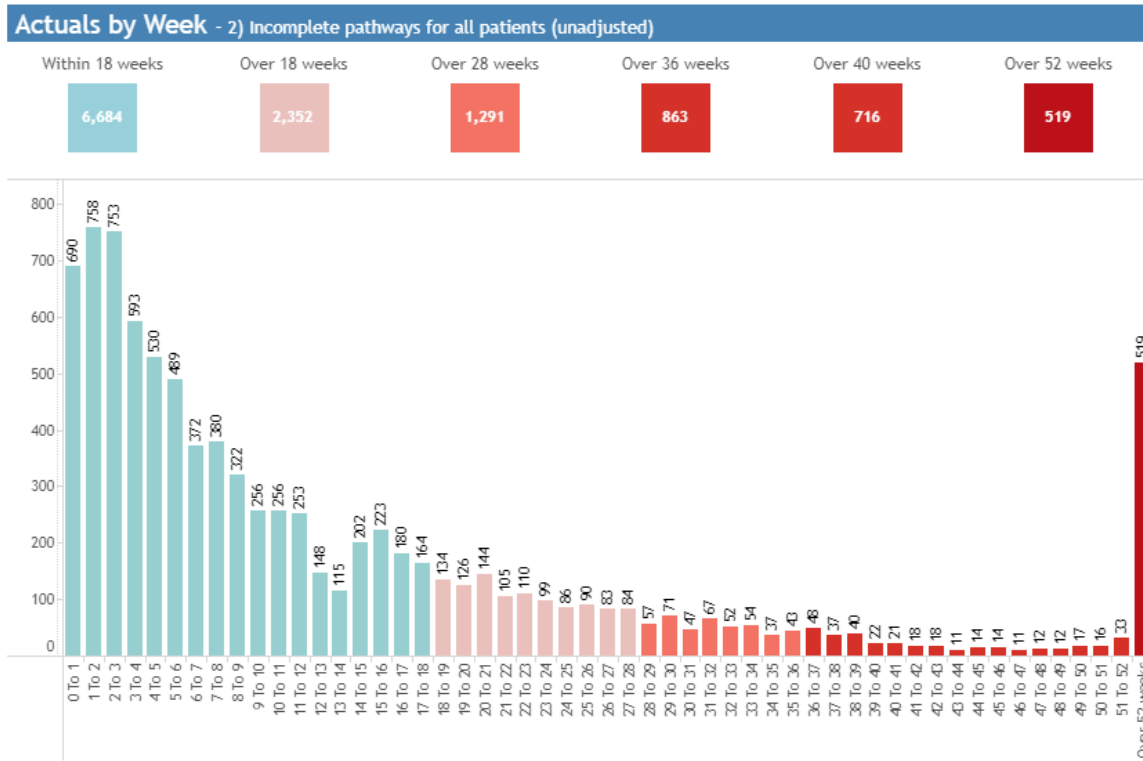
The Macmillan RBY funding for the Community Navigator posts ended in November 2020, the CCGs provided some additional funding for the non PCN practices in Southport and Formby.

The centre reviewed the decision taken at the beginning of the year to suspend face to face appointments and made the decision to resume offering face to face appointments in the Centre including counselling and the prosthesis service. Initially this will be an appointment only basis and service users will only be seen if they can prove that they have had a negative test result the same day. This is explained to the patient when making the appointment. Government advice is followed stringently at the centre and safety for staff and patients is paramount. The service aims to resume the drop-in service as soon as is safe to do so. During Q3 the service observed that more patients were now under the Palliative Care Team and needing additional support from the centre. A number of newly referred patients are presenting at a more advanced stage of disease, it is anticipated that this trend will continue for at least 6 months as service users have experienced delayed diagnostics, treatment and breaks in treatment.

8. Appendices

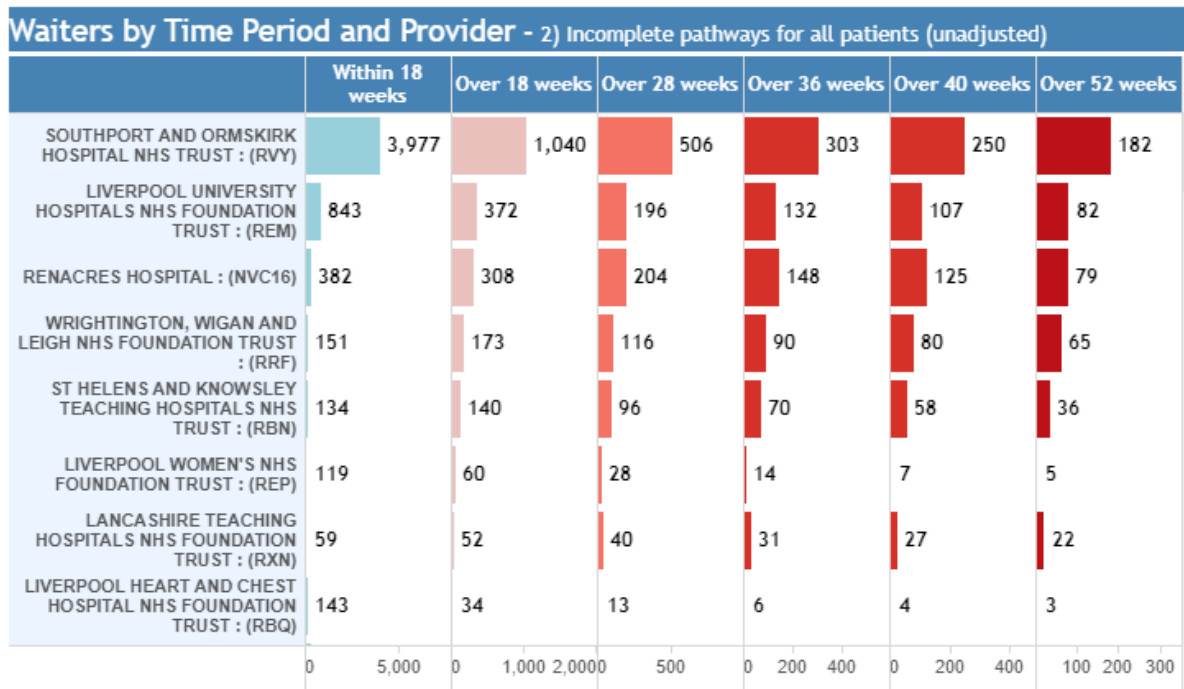
8.1.1 Incomplete Pathway Waiting Times

Figure 12 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



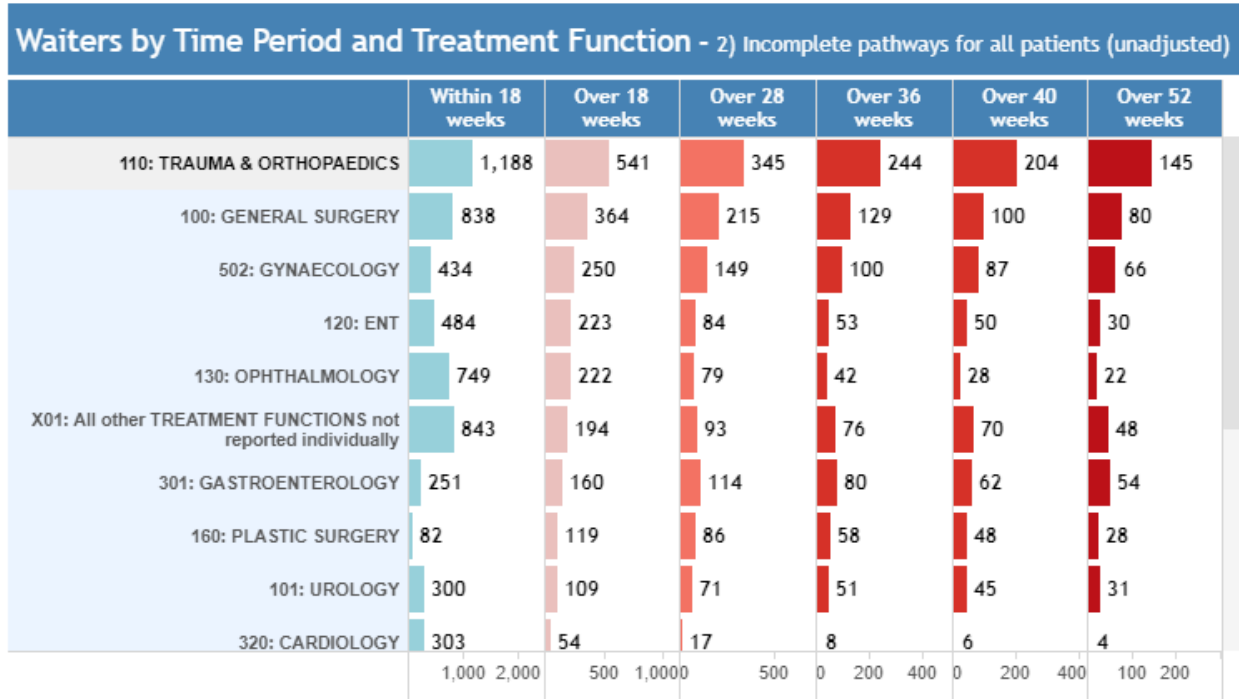
8.1.2 Long Waiters analysis: Top Providers

Figure 13 - Patients waiting (in bands) on incomplete pathway for the top Providers



8.1.3 Long waiters analysis: Top Provider split by Specialty

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



MEETING OF THE GOVERNING BODY June 2021

Agenda Item: 21/70	Author of the Paper: Helen Nichols Governing Body Lay Member, Governance Chair of Audit Committee helen.nichols3@nhs.net	Clinical Lead: N/A						
Report date: June 2021								
Title: Audit Committee Annual Report 2020/21								
Summary/Key Issues: The enclosed report sets out the work of the Audit Committee through the 2020/21 financial year.								
Recommendation The Governing Body is asked to receive this report.		<table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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Links to Corporate Objectives 2021/22 (*x those that apply*)

	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To drive quality improvement, performance and assurance across the CCG's portfolio.
	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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 21 st April 2021

Audit Committee Annual Report 2020/21

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 six times during 2020/21 in April, June (to sign off the accounts), July, October, January and March. The meeting in March was an Extraordinary Meeting called to review and approve changes to the Whistleblowing/ Raising Concerns – Freedom to Speak Up Policy. As a consequence of the Covid 19 pandemic, all meetings took place virtually.

The membership of the Committee comprises:

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

All are members of the Clinical Commissioning Group Governing Body.

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 2020/21 was as follows in respect of the above mentioned members/attendees:

Name	Position	Apr 20	Jun 20	July 20	Oct 20	Jan 21	Mar 21
Southport and Formby Audit Committee Membership							
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓	✓
Dil Daly	Lay Member (Vice Chair)	✓	✓	✓	✓	✓	✓
Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓	A	✓	✓	✓
Vikki Gilligan	Practice Manager Governing Body Member	A	✓	A	A	✓	A
In attendance							
Martin McDowell	Chief Finance Officer, SFCCG	✓	✓	A	✓	✓	
Alison Ormrod	Deputy Chief Finance Officer, SFCCG	✓	✓	✓	✓	✓	
Clare Ingram	Financial Accountant, SFCCG [Joined CCG in September 2020]				✓	✓	
Leah Robinson	Chief Accountant, SFCCG [Maternity leave - end of June 2020]	✓	✓				
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓			✓	✓	
Adrian Poll	Audit Manager, MIAA	✓		✓	✓	✓	
Joanne Brown	Partner - Audit, Grant Thornton	A	A	A	A	A	
Andy Ayre	Manager – Audit, Grant Thornton	✓	✓	✓	✓	✓	

✓ 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. The impact of Covid-19 has meant that MIAA has stated that it has adopted a pragmatic approach to delivery of Internal Audit services during 2020/21, with the focus being on the delivery of the Head of Internal Audit Opinion in line with Internal Audit Standards Advisory Board guidance. Progress has been monitored throughout the year in Audit Committee meetings.

MIAA has carried out seven core and risk based reviews in the year. Five of these have received high assurance opinions, one a substantial assurance opinion and one a moderate assurance opinion. The latter was in respect of an ADAM Dynamic Purchasing System Post implementation review and resulted in one high risk recommendation.

In addition, MIAA has undertaken a review of compliance with the Managing Conflicts of Interests Statutory Guidance (required by NHS England and Improvement [NHSE/I]) and found the CCG was fully compliant in all areas.

Finally, the Primary Medical Care Commissioning and Contracting Internal Audit Framework for Delegated CCGs was issued in August 2018 and NHSE/I 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/I's statutory primary medical care functions effectively, and in turn to provide aggregate assurance to NHSE/I. The 2020/21 Primary Medical Care Commissioning and Contracting review focused upon Finance and provided Full Assurance (assurance rating as per NHSE/I guidance).

All recommendations made by MIAA have been accepted by the CCG and their implementation is monitored by the Audit Committee throughout the year.

At the meetings in both April 2020 and April 2021 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 2021 (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 19/20 audit:

- Grant Thornton gave the following opinions:
 - an unqualified audit report on the CCG's Financial Statements

- a qualified regularity opinion as a consequence of the CCG breaking two of its statutory duties by reporting a deficit for the period under review.
- 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, except for in relation to the under delivery of QIPPs.

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 2019/20 compliance statement for the Standards for Commissioners issued by NHS Counter Fraud Authority in time for the deadline of 31 May 2020. The CCG received an overall rating of 'Green'.

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 2020/21 and reviewed by Adrian Poll from MIAA. The feedback and action plan were considered in the January meeting.

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 2019/20 in time for the revised deadline of 30 September 2020 with delegated authority.
- The CCG Risk Register and Governing Body Assurance Framework 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);

- MIAA issued governance guidance and two checklists to support the CCG in light of Covid-19. The Audit Committee received the checklists that had been completed by CCG staff and reviewed by MIAA and which provided assurance in respect of on-going governance during the pandemic.
- In the October and January meetings the Audit Committee considered challenge questions that had been suggested by Grant Thornton.
- The Whistleblowing / Raising Concerns – Freedom to Speak Up Policy was updated and approved at an extraordinary meeting in March. The changes incorporated had arisen as a result of the practical experience of the Freedom to Speak Up Guardians and updates to national guidance.

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 eighth 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 2019/20 and 2020/21; and
- In 2019/20, the Annual Audit Letter (ISA 260 Report) was reported by Grant Thornton to the June 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 2020/21, 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 2019/20

Appendix 2: Director of Audit's Opinion 2020/21

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
Head of Internal Audit Opinion	The overall opinion for the period 1 st April 2019 to 31 st March 2020 provides 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.
Planned Audit Coverage and Outputs	<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 9 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>
MIAA Quality of Service Indicators	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.

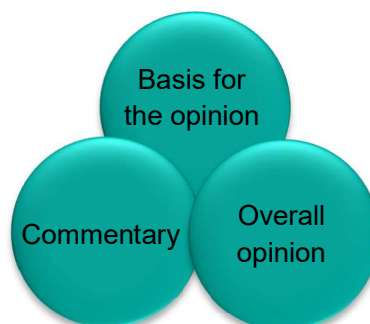
The organisation's Assurance Framework should bring together all of the evidence required to support the AGS requirements.

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 1st April 2019 to 31st 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.	
Substantial Assurance , 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 1st April 2019 to 31st March 2020 inclusive, and is underpinned by the work conducted through the risk based internal audit plan.

Assurance Framework

Opinion	
Structure	The organisation's AF is structured to meet the NHS requirements.
Engagement	The AF is visibly used by the organisation.
Quality & Alignment	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 high assurance opinions:	<ul style="list-style-type: none"> • Accounts Payable • Accounts Receivable • Treasury Management • Budgetary Control
2 substantial assurance opinions:	<ul style="list-style-type: none"> • General Ledger • Commissioning for Quality
0 moderate assurance opinions:	N/A
0 limited assurance opinions:	N/A
0 no assurance opinions:	N/A
1 briefing note reports (no overall opinion)	<ul style="list-style-type: none"> • Data Security & Protection Toolkit

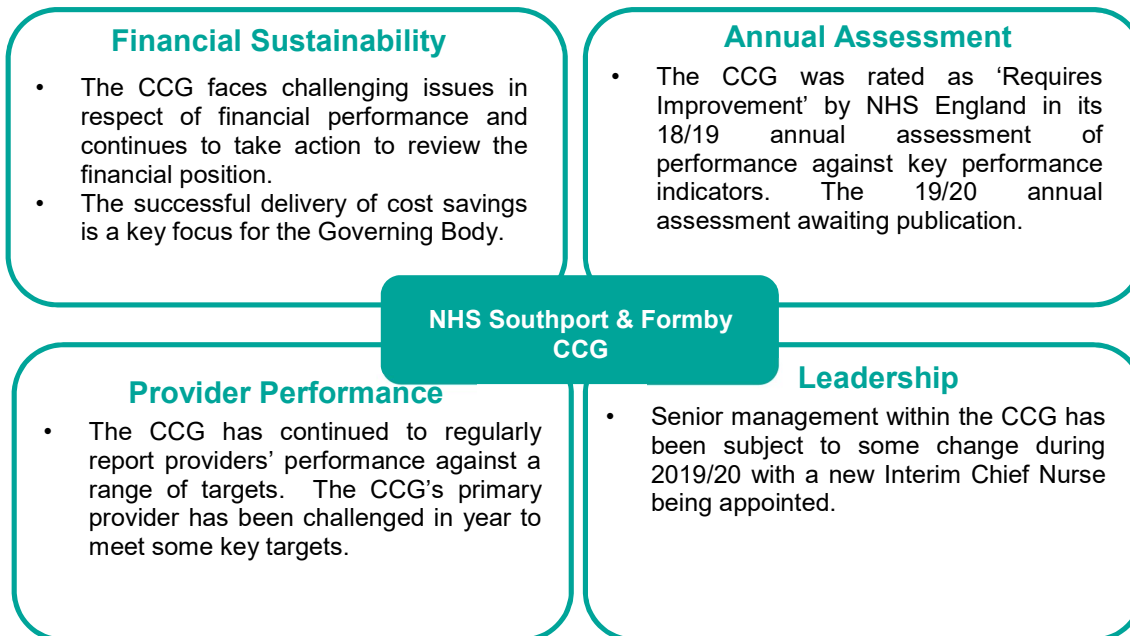
We raised no high risk recommendations in respect of the above assignments.

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

4 Head of Internal Audit Opinion

4.1 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.

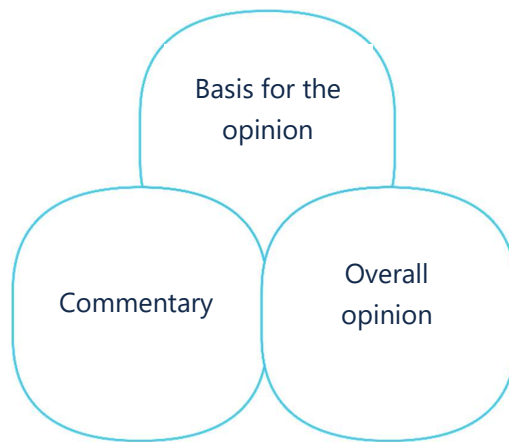
The organisation's Assurance Framework should bring together all of the evidence required to support the AGS requirements.

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.

4.2 Opinion

Our opinion is set out as follows:



4.2.1 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 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.

4.2.2 Overall Opinion

Our overall opinion for the period 1st April 2020 to 31st March 2021 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.	
Substantial Assurance , 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.	

4.3.3 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 1st April 2020 to 31st March 2021 inclusive, and is underpinned by the work conducted through the risk based internal audit plan.

Assurance Framework

Opinion

Structure	The organisation's AF is structured to meet the NHS requirements.
Engagement	The AF is visibly used by the organisation.
Quality & Alignment	The AF clearly reflects the risks discussed by the Governing Body.

Core & Risk Based Reviews Issued

We issued:

5 high assurance opinions:	<ul style="list-style-type: none"> • General Ledger • Accounts Payable • Accounts Receivable • Treasury Management • Budgetary Control
1 substantial assurance opinions:	<ul style="list-style-type: none"> • Finance & Resources Committee Effectiveness
1 moderate assurance opinions:	<ul style="list-style-type: none"> • ADAM DPS Post Implementation
0 limited assurance opinions:	N/A
0 no assurance opinions:	N/A

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	●

Primary Medical Care Commissioning and Contracting: Finance

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 2020/21 Primary Medical Care Commissioning and Contracting review focused upon **Finance** and provided **Full Assurance** (assurance rating provided as per the NHSE guidance).

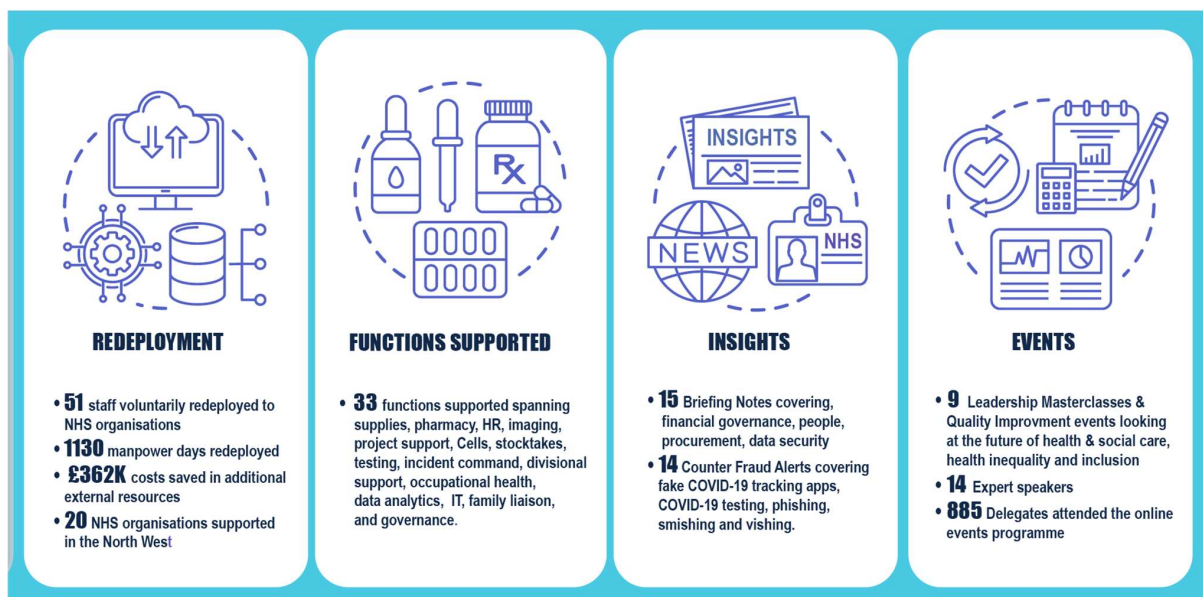
Follow Up

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.

We have raised **13** recommendations as part of the reviews undertaken during 2020/21. All recommendations raised by MIAA have been accepted by management.

Of these recommendations: **1** was a **high risk recommendations** in relation to the review of ADAM DPS post-implementation.

MIAA Insights: Thinking Differently During COVID-19



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 particularly with regards to the ongoing pandemic response. The COVID-19 pandemic led to changes to the NHS financial framework, the establishment of the control and command structures both regionally and within individual organisations and an ongoing focus on the emergency response. This has required NHS organisations to operate in a different way to previous ‘business as usual’ practice. Guidance was clear that financial constraints must not stand in the way of taking immediate and necessary action but that there was no relaxation in fiduciary duties. This has meant that rapid actions and decisions needed to be and continue to be made in relation to key governance processes and internal control arrangements. The challenge for organisations has been to strike a practical balance between documenting the basis for decisions and not slowing down the decision-making processes.

During the Covid response, there has been an increased collaboration between organisations as they have come together to develop new ways of delivering services safely and to coordinate their responses to the pandemic. This focus on collaboration will continue as the NHS progresses on its journey towards integrated care systems.

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 2021

MEETING OF THE GOVERNING BODY JUNE 2021

Agenda Item: 21/71	Author of the Paper: Gillian Roberts Senior HR Business Partner Gillian.roberts13@nhs.net 07919290783	Clinical Lead: N/A						
Report date: June 2021								
Title: Disciplinary Policy								
Summary/Key Issues: The purpose of this report is to highlight to the CCG's Governing Body the key changes to the Disciplinary Policy and the rationale behind the changes. The full report can be found at Appendix 1 .								
Recommendation The Governing Body is asked to receive this report.		<table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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Links to Corporate Objectives 2021/22 (*x those that apply*)

	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
	To drive quality improvement, performance and assurance across the CCG's portfolio.
	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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	

Appendix 1

Disciplinary Policy Review March 2021

Updates required for the Cheshire and Merseyside CCGs.

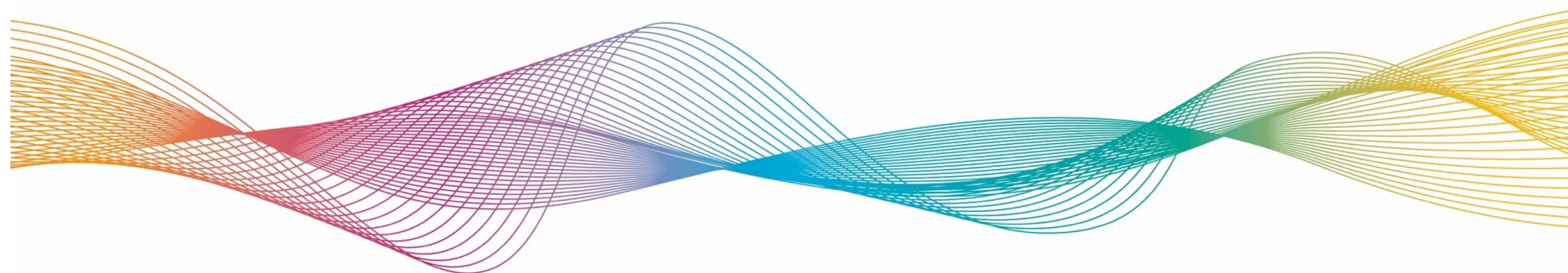


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1. Purpose

The purpose of this report is to highlight to the CCG the key changes to the Disciplinary Policy. The review has been undertaken by Midlands and Lancashire CSU People Services team on behalf of the CCGs and a copy of those proposed changes can be seen at Appendix 1.

Local Trade Union Representatives, Vicky Knight and David McKnight and Staff Side Chair, Carole Adebayo have been engaged with and were asked to provide comment on the proposed changes.

Reference	Key Changes (if any)
Disciplinary Policy	<p>In May 2019, NHS Improvement circulated recommendations for NHS disciplinary procedures, developed by an independent panel that examined the suicide of nurse Amin Abdullah in 2016 (Appendix 3).</p> <p>These included giving better support to staff through disciplinary procedures, further training for those conducting investigations and hearings, and regular written updates to staff under investigation if their case is delayed.</p> <p>Imperial College Healthcare NHS Trust, where Amin worked, has completely redesigned its disciplinary procedures following his tragic death, and published the revised policy on its website.</p> <p>Black, Asian and minority ethnic (BAME) staff have suffered disproportionately from NHS disciplinary procedures.</p> <p>In December 2020, NHS England and NHS Improvement issued further action (Appendix 2) to benchmark current Disciplinary Policies and Procedures against the Imperial College Policy (Appendix 4) and good practice by the end of the financial year.</p> <p>Therefore, this policy has been benchmarked and there are suggestions to improve the policy highlighted with tracked changes in Appendix 1.</p>

	The EIA has been updated to reflect the above changes and has been approved by the Equality and inclusion team.
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2. Recommendations

The CCG is asked to:







- Note the contents of this report;
- Note the details of changes outlined above;
- Progress the formal internal ratification of the amended Disciplinary Policy.

3. Next Steps




Subject to agreement, approval and ratification in line with internal governance requirements, the policy reviewed will replace previous versions across Cheshire and Merseyside CCGs.

Following ratification, the policies will be circulated and communicated to all staff and where necessary, associated training and guidance will be provided by the People Services team to ensure managers and staff are aware.

4. Appendices

Policy	
Disciplinary Policy	 Disciplinary%20Polic y%20March%202021
December 2020 NHS England and Improvement Letter	 201201 Letter to NHS HRDs-Imperial C
May 2019 NHS Improvement Letter	 Enclosure 1 - Dido Harding Letter to Cha
Imperial College Policy	 Enclosure 3 - Imperial College Heal
Equality Impact Assessment	 EHIIRA%20STAGE2% 20DISCIPLINARY%20
NHS Chief People Officer letter April 2021	 210401 HRD Letter - review of all disciplin

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DISCIPLINARY POLICY

Policy Author(s)	
Accountable Manager(s)	
Ratified by (Committee/Group)	
Date Ratified	
Target Audience	All CCG Employees
Review Date	
Published	Staff Intranet

VERSION HISTORY

Issue* Date (* Uploaded)	Version No	Brief Description of Change

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1 INTRODUCTION

The ~~overall~~ aim of this policy is to help correct inappropriate behaviour or conduct in a fair and consistent manner.

The Clinical Commissioning Group (the CCG); expects all employees to meet high standards of behaviour. It is important, therefore, that employees understand their obligations and rights regarding this aspect of their employment.

This document sets out the general standards of conduct expected of all employees (see Section 5), identifies the circumstances in which disciplinary action may be taken and explains the sanctions available to Managers.

This policy will apply where an employee's conduct is considered to be unsatisfactory. Where health and performance ~~capability~~ issues are identified, please refer to the CCG ~~Capability-Performance Management~~ and Attendance Management Policies.

Breaches of discipline ~~should-will~~ be handled constructively and disciplinary decisions should be taken in a consistent, fair and reasonable manner. The aim ~~should-is~~ always be to encourage improvements in conduct ~~and performance~~.

The fair treatment of staff supports a culture of fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame. An objective and prompt examination of the issues and circumstances should be carried out to establish whether there are truly grounds for a formal investigation and/or for formal action. Would training for the employee, support, guidance or informal management be more appropriate and productive?

This policy has been developed in consultation with the Trust CCG's recognised trade unions and is in accordance with the ACAS Code of Practice on disciplinary and grievance procedures.

Where an employee's ability to do their job is affected by a lack of skill, ~~or~~ knowledge, or ill health, this will be managed by following the Performance Management and ~~Capability~~ Attendance Management ~~Policy~~ Policies.

This policy will be applied equally to all staff covered by the policy and in accordance with the CCG Equal Opportunities Policy. The fair and equitable implementation of this policy will be monitored by Human Resources.

2 SCOPE

This policy will apply to all employees of the CCG, including Medical and Dental staff where a matter of personal conduct is concerned. Medical & Dental professional misconduct/competency issues will be investigated separately in line with Maintaining High Professional Standards.

3 POLICY STATEMENT

~~The employee will have the right of representation by a recognised Trade Union Representative or workplace colleague through all formal stages of the disciplinary procedure.~~

Employees will not normally be dismissed for a first offence except in cases of gross misconduct/negligence.

Employees will have the right of appeal against any disciplinary sanction applied.

The procedure may be implemented at any stage dependent upon the individual circumstances of each case. Sanctions need not be applied sequentially.

Disciplinary cases will be treated sensitively and confidentially. Information will only be shared with those who have a legitimate right to be informed in accordance with Data Protection Act and GDPR regulations 2018 and the Common Law Duty of Confidentiality. Breaches of confidentiality by any party may result in disciplinary action. Standard Operating Procedures agreed between Human Resources and the CCG Data Protection and GDPR Office Lead will be followed.

All managers who Chair or sit on hearing Panels must have appropriate and up to date knowledge and skills on managing / chairing disciplinary cases and this will be provided by the HR representative support at that point in time.

4 RESPONSIBILITIES

This policy and related procedures have been written and agreed through a partnership of managers, Trade Union representatives and Human Resources.

4.1 Responsibility of the CCG

The responsibility for the provision of an agreed Disciplinary Policy lies with the CCG Senior Management Team.

The CCG accepts that they will have responsibility for the smooth running of the organisation and to ensure that any such disputes are settled in a fair and consistent manner.

4.2 Responsibility of Human Resources

To provide ~~advice~~ advice and support to managers in relation to the application of this policy.

To ensure that the Disciplinary procedure is applied fairly, equitably and consistently throughout the CCG.

Human Resources will monitor all formal disciplinary activity across the CCG and organise relevant training sessions.

To provide advice and support at all stages of the formal disciplinary process.

4.3 Responsibility of Managers

It is the responsibility of all managers employed within the CCG to make sure they are aware of the Disciplinary Policy and how to handle disciplinary issues, both informally and through a formal procedure.

Managers should ensure that they follow the guidelines of this policy, paying specific attention to the timescales set out under each stage.

Managers should try to resolve minor matters of concern informally. If informal approaches do not bring about improvement or if misconduct is sufficiently serious, formal stages of this procedure should be followed.

Managers will ensure that all action taken under this policy and procedure is reasonable and proportionate. At an early stage, employees will be told why disciplinary action is being considered and they will be given the opportunity to respond to allegations before decisions about formal sanctions are taken.

4.4 Responsibility of Employees

Employees should ensure that they are aware of the general standards of conduct as outlined in this policy.

4.5 Responsibilities of Accredited Trade Union Representatives

Upon a member request, Trade Union representatives have a duty to advise and represent their members, ~~when~~ if they are subject to disciplinary proceedings or required to provide information as part of a formal disciplinary investigation.

5 GENERAL STANDARDS OF CONDUCT

It is important that all employees are clear about the standards of conduct expected by the CCG. The following list, which is not intended to be exhaustive, outlines some specific examples of the standards required:

- ✓ Employees are representatives of the CCG and, as such, it is important to present patients, their relatives, friends and other visitors with a professional and caring image that is reinforced with attitudes and behaviours demonstrating courtesy, responsiveness, friendliness and appropriate work attire.
- ✓ Employees should attend work punctually and regularly.
- ✓ Reasonable requests/instructions from the employee's Manager should be carried out promptly and efficiently to the required standard.
- ✓ Employees must not absent themselves from duty without first notifying or gaining appropriate authorisation from their Manager.
- ✓ All types of leave with the exception of sickness absence must be approved in advance by the appropriate authority, usually the employee's Manager.
- ✓ Regarding the notification of sickness absence, employees must comply with the Attendance Management Policy and should follow the local arrangements. Breaches in sickness reporting may result in payments being stopped and could lead to disciplinary action being taken.
- ✓ Employees must comply with all CCG policies and procedures, the principles of the NHS Constitution and adhere to professional body guidelines and codes of conduct, as appropriate. Senior managers should abide by the Code of Conduct for NHS Managers (October 2002). Governing body members are required to abide by the Professional standards authority 'Standards for members of NHS Boards and CCG Governing bodies in England'
- ✓ Health and Safety policies and guidelines must be observed at all times.
- ✓ Use of telephones, mobile phones, email and internet must comply with the CCG policies regarding the use of such equipment.
- ✓ Employees must comply with the CCG Equal Opportunities Policy and must treat other workers, patients, their relatives, friends and other visitors with dignity and respect, free from intimidation and harassment.
- ✓ Employees must treat confidential information responsibly in line with the principles of the Data Protection Act 1998 and the GDPR 2018 regulations. This includes no misuse or inappropriate access of patient/confidential information systems (such as ~~records-~~ information held on ~~Contact Point and other~~ patient record keeping systems).
- ✓ Any work undertaken outside of the CCG employment must not adversely affect, hinder or conflict with the interests of the CCG.

6 RIGHT TO BE ACCOMPANIED

Employees have the right to be accompanied at any stage of the Formal Procedure by either an accredited Staff Representative(s) or full-time official(s) of a recognised staff organisation, or by a ~~Fellow Worker~~ workplace colleague who must be an employee of the CCG. Where reference is made in the procedure to an “accredited Staff Representative” this should also be taken to mean full-time official as appropriate.

However it would not normally be reasonable for employees to insist on being accompanied by a ~~companion-workplace colleague~~ whose presence would prejudice the hearing ~~nor would it be reasonable~~ for an employee to ask to be accompanied by a ~~companion-workplace colleague~~ from a remote geographical location if someone suitable and willing was available on site.

The ~~companion-workplace colleague~~ should be allowed to address the hearing to present the employee’s case, respond on their behalf to any views expressed at the hearing and confer with them during the hearing. They ~~companion does~~ not however have the right to answer questions on the employee’s behalf, address the hearing if the employee does not wish it, or prevent the employee from explaining their case.

If an employee’s ~~companion-workplace colleague~~ is unavailable, it is the responsibility of the employee to arrange a replacement or request to reschedule the meeting, so long as it is deemed reasonable to suggest another date which is not more than 5 working days after the original date of the Hearing or Appeal Hearing.

Employees have no right under this procedure to be accompanied by anyone else (e.g. a spouse, partner, other family member, or legal representative) other than those persons previously referred to.

If an employee has a Disability, reasonable adjustments will be considered to ensure that the employee has appropriate representation.

7 ACCREDITED STAFF REPRESENTATIVES

Disciplinary action against an accredited Staff Representative can lead to a serious dispute if it is seen as an attack on their functions. Whilst normal disciplinary standards apply to their conduct as employees, the relevant full-time official must be notified of any action (including suspension) which it is proposed to take. In any event, disciplinary action must not be taken against an accredited Staff Representative until the relevant full-time official can be present at any formal Disciplinary Hearing.

8 TIME LIMITS

It is acknowledged that all action outlined in this procedure should take place in a prompt and timely manner without unreasonable delay. The time limits set out in this procedure are based on working days and may only be varied by mutual agreement. Any investigation and subsequent hearing or appeal should be actioned as soon as is reasonably practicable to ensure the accurate recording of events. Managers and employees should ensure that they take all reasonable steps to ensure that time delays do not occur.

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9 CRIMINAL OFFENCES

An employee who is charged with a criminal offence (including a receipt of a summons) must inform their Manager as soon as possible. Notification about criminal proceedings, or a conviction (including being bound over and cautions), will not be treated as automatic reasons for dismissal, or for any other form of disciplinary action being taken. Following disclosure the CCG will determine what action, if any, should be taken after the incident has been thoroughly investigated and facts of the case established.

The main consideration should be whether the charge/conviction is one that makes-renders the employee unsuitable for their job and reference will be made to any reputational issues that may affect the CCG. Similarly, an employee should not be dismissed solely because they are absent from work as a result of being remanded in custody until sentenced. If an employee is in prison, it may be fair for the CCG to dismiss the employee by reason of their conduct, or because they are unable to perform the job.

The CCG should consider factors such as the nature of the offence, the length of the sentence, the nature of the employee's job, the effect of the employee's absence on the business and the damage (if any) to the employer's reputation.

If during an investigation, it becomes apparent that an incident needs reporting to the police it is important to maintain confidentiality and ensure that any evidence is made available to the relevant authority.

If an employee is subject of a police investigation, they are obliged to inform their manager so that the manager can consider whether any steps are required, e.g. to protect the safety of others.

Where allegations that occur outside of the TrustCCG are brought to the attention of the TrustCCG by other agencies or professional bodies, and those allegations have the potential to bring the reputation of the TrustCCG into disrepute or may affect the suitability of the employee to continue in TrustCCG employment, the Trust-CCG will investigate as reasonably as is practical. If after a detailed investigation it is considered that the actions of the employee damage the relationship of trust and confidence with the TrustCCG, action up to and including dismissal may be taken.

In situations where the police or any other regulatory body e.g. Health and Safety Executive, Nursing and Midwifery Council, General Medical Council or General Dental Council is investigating an event, it is important that any internal investigation or disciplinary hearing should continue concurrently.

10 FRAUD

If a Manager suspects that fraudulent activity has taken place they should contact Human Resources in the first instance, who will be able to advise on the process for making contact with the Local Counter Fraud Team prior to any informal or formal disciplinary process taking place.

11 POLICY IN PRACTICE: Procedure for Handling Allegations and Investigating The Facts

Handling Allegations of Misconduct and Investigating the Facts

- 11.1 Allegations of misconduct will be carefully assessed by the relevant manager, with HR advice, to decide if the matter can be managed informally where possible or whether there are grounds for further investigation and/or formal action.
- 11.2 The manager will carry out some initial fact finding and meet the employee to establish their version of events. The manager may also meet with other relevant individuals to get a good understanding about what has happened
- 11.3 Where it is decided that further investigation and/or formal action is appropriate, this must be approved by a senior manager (8c and above). The senior manager will have no previous involvement in the case and will provide independent oversight.

~~4.12~~

4.12.1 Informal Approach (Outside of Formal Procedure)

Whenever possible, an informal approach should be the first step taken to help, guide or advise employees in improving their conduct ~~or performance~~. Dealing with minor disciplinary breaches through the formal stages of the procedure should only be considered if misconduct continues.

When dealing with unauthorised absence from work, it is important to determine the reasons why the employee has not been at work. If there is no acceptable reason, the matter should be treated as a conduct issue and dealt with as a disciplinary matter.

If the absence is due to genuine (including medically certified) illness, the issue becomes one of incapacity and the Attendance Management Policy should be followed.

Where levels of performance are unsatisfactory for example poor quality of work, missed deadlines or low volume of work, this needs to be managed in a constructive and supportive framework and the ~~Capability Performance Management~~ Policy should be followed.

Where managers are addressing minor conduct issues with employees, an informal meeting should take place between ~~an~~the employee and Manager to identify and examine the area(s) of concern, ensure future expectations are clearly understood and, where appropriate, develop an action plan leading to improvements.

In many cases additional training, coaching and advice may be needed. When there are concerns about conduct, managers will talk to the person in private as soon as possible, normally within a few days. This will be a two-way discussion, aimed at talking through shortcomings and encouraging improvement.

Where an improvement in conduct is required, the manager will make sure the employee understands what needs to be done, and over what period of time, if appropriate. The required improvement, the length of the review period and **any sanctions imposed relevant to the misconduct, for example issues relating to punctuality or poor timekeeping may result in the withdrawal of flexi time until an improvement is achieved.** will be confirmed in writing following the meeting and the letter will also include the consequences of a failure to improve.

Further meetings will be held to review progress during, and at the end of, the review period. Notes of all meetings will be taken and agreed.

If, during the initial discussion, it becomes obvious that the matter may be more serious, the meeting will be adjourned and the employee advised that an investigation will be instigated under the formal stages of the disciplinary procedure.

If managed informally there is no right to be accompanied by a staff side representative or workplace colleague to the meeting with the line manager. **However, in exceptional circumstances it may be mutually agreed.**

Where appropriate, managers may also summarise concerns and expectations in writing, a copy of which will be placed on the employee's personal file. If informal action does not bring about the required improvement, or the misconduct is too serious to be classed as minor, formal disciplinary action may be considered.

~~Where conduct does not meet acceptable standards, the employee should be advised in writing that the matter will be referred to the formal stages of the disciplinary procedure.~~

12.2 Formal Stages of the Disciplinary

Procedure Investigation Process

Investigations will be carried out without unreasonable delay. All cases that could lead to dismissal will be investigated by a trained investigator. The manager will be responsible for commissioning the investigation and for clearly defining what is to be investigated.

The purpose of the investigation is to:

- ✓ Ascertain the facts as far as is reasonably practicable
- ✓ Give the employee an opportunity to offer an explanation

- ✓ Enquire into the circumstances surrounding the alleged misconduct
- ✓ Take a balanced view of the information that emerges
- ✓ To prepare an investigation report detailing the main findings

It is important and in the interests of both employer and employee to keep written records during the disciplinary process. These should include:

- ✓ The complaint against the employee
- ✓ The employee's explanation / defence
- ✓ Findings made and actions taken
- ✓ The reason for actions taken
- ✓ Whether an appeal was lodged

For the investigation to commence, a Commissioning Manager will be appointed to oversee the Investigation– this is usually a Functional-Head of Department or Service-Director

The manager leading an investigation will be referred to as the Investigating Manager for the purposes of this procedure. The CCG will appoint an appropriate Investigating Manager with suitable authority who may be from within or external to the CCG. The Investigating Manager should not be directly or personally connected with the issues involved. The Investigating Manager will not sit on the Disciplinary panel, but will be present at the Disciplinary Hearing to present the management case.

A record should be kept of either the date of receipt of a complaint/allegation, or the date when a complaint/allegation is identified as a potential breach of conduct, ~~– capability issue or poor performance.~~

An employee who has had a complaint/allegation made against them will, as part of the investigation, be invited to attend a fact-finding interview in order to clarify the circumstances and facts relating to the complaint/allegation. A letter detailing the complaint/allegation and the right to be accompanied should be sent to the employee giving her/him/them a minimum of five days notice of the meeting. Where known, this letter will be copied to the employee's representative.

It is important to ensure that the employee understands the allegations made against them particularly for example, if there is a difficulty with reading or English is not their first language or if the employee has a Disability. ~~–Appropriate support should be put in place to remove any barriers which may prevent the employee from fully understanding the allegations made against them.~~

– Confidentiality for all those involved must be respected at all times. However, when conducting an investigation resulting in possible disciplinary action, information must be provided to those

involved (which might include non - employees) and employees are obliged to co-operate with these procedures. The investigation should only involve those people necessary in gathering sufficient information to make a decision on the correct course of action, whilst making it clear to those interviewed that a breach of the CCG principles on confidentiality could be a disciplinary offence.

Copies of meeting records should be given to the employee including copies of any formal minutes that may have been taken. In certain circumstances, it may be permissible for the employer to withhold some information e.g. to protect a witness.

The identity of the individual who has raised a concern will be protected upon request and will not be disclosed without consent. However, the employee must be made aware that they may be asked to present evidence to substantiate any allegations made and/or to provide a written statement, without which investigations may not be able to proceed.

Victimisation of staff who raise concerns reasonably and responsibly is prohibited under the Public Interest Disclosure Act and the CCG will ensure that staff are protected from victimisation in these circumstances. The CCG may be held vicariously liable for co-workers acts of bullying/harassment. Please refer to the Whistleblowing policy for further guidance.

Records should be kept no longer than is necessary in accordance with the Data Protection Act 1998 and GDPR 2018 regulations.

Wherever possible, investigations should be completed, including the fact-finding interview with the employee, within a span of twenty working days, unless otherwise mutually agreed. However, it is recognised that this timespan may need to be extended due to the availability of witnesses or others contributing to the investigation

Statements from any witnesses and any other relevant documentary information should be obtained by the Investigating Manager without delay. Adequate time and notice, however, should be given to employees producing statements, which may include gaining any support/guidance from their accredited Staff Representative, as appropriate.

It is the Investigating Manager's responsibility to investigate and obtain all relevant information and take all reasonable steps to determine the validity and accuracy of the ~~complaint/allegation made against the employee~~ circumstances which have led to the investigation.

It is the Investigating Manager's responsibility to advise if there is any case to answer and recommend if the employee should be invited to a disciplinary hearing. The Investigating Manager will clarify the allegations and present the case against the employee at any disciplinary hearing.

The Commissioning Manager decides, based on the recommendations of the Investigating Officer, whether there is a case to answer and arranges for any further action in line with the Disciplinary Policy. The possible outcomes of the investigation listed below are intended as a guide and should not be seen as an exhaustive list:

- No case to answer, no further action required
- Case to answer, refer to a Disciplinary Hearing for further investigation
- Case to answer, refer to the Disciplinary Hearing for further investigation – Suspension if required
- Counselling/ supervision required
- Training needs identified
- Performance Management required
- Referral to Occupational Health

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- Signposting employee to Support Groups/Charities

11.212.3 Suspension

In most cases, suspension from work will not be necessary and the employee will be able to continue doing their normal job while matters are investigated.

The decision to suspend an employee from duty should not be taken lightly or without careful consideration of all the circumstances and the nature of the ~~complaint/allegation~~ made ~~circumstances that have led to the investigation~~. Suspension is not in itself a disciplinary measure; it is a means of carrying out further enquiries unimpeded.

When considering suspension, managers must assess the risks of the employee remaining at work and seek HR advice. Where a manager wishes to suspend an employee, they must seek approval from a senior manager (8c or above) and a HR Business Partner.

During suspension the employee will receive their normal pay in accordance with her/his/their ~~planned-usual~~ working arrangements, providing they are otherwise available for work.

The following list, whilst not exhaustive, provides an indication of the types of situation when suspension may be appropriate:

- ✓ where ~~Gross-gross Misconduct~~ misconduct is suspected or alleged;
- ✓ where it would not be possible to carry out a thorough investigation with the employee still present in their normal workplace; ~~or~~
- ✓ where there is a concern that further offences may occur
- ✓ where there is a high risk to life or limb ~~the health and safety of individuals~~
- ✓ where a work permit has been suspended or expired
- ✓ where criminal proceedings are undertaken alongside internal investigations

Alternatives to suspension must be considered, with HR advice where appropriate and could include the employee temporarily:

- being moved to a different area of the workplace
- changing their working hours
- being placed on restricted duties including having reduced access to Trust CCG systems where appropriate
- working under supervision
- being transferred to a different role within the organisation (the role should be of a similar status to their normal role, and with the same terms and conditions of employment).
- Other meaningful activities that the individual could do should be actively explored. This could include working remotely from home, carrying out activities such as audits, research or teaching.

~~However, such actions should not be taken without advice from Human Resources or consideration of alternative actions which may include:~~

- ~~— assignment in a similar role in another service or location~~
- ~~— restricted duties in existing role or location~~
- ~~— assignment to a different role which is within the knowledge and skills of the employee~~
- ~~— supervision~~

Communicating the Decision to Suspend and Supporting Employees

The authority to suspend staff sits with any manager with line management responsibility. Whenever possible, a meeting should be held with the employee and ~~her/his~~ their accredited Staff Representative to advise ~~her/him~~ them of the decision to suspend ~~her/him~~ them from duty. However, the unavailability of a representative will not prevent the suspension from taking place. When a manager is thinking of suspending someone, they manager should try to contact the on-call trade union representative or companion via the switchboard to notify them of the time and venue of the meeting, advise the employee of their intent and allow them to contact their Trade Union. However, this should not unduly delay the suspension meeting.

The manager communicating the decision to suspend will:

- Explain the reasons for the suspension and how long it is expected to last.
- Explain the employee's responsibilities during their suspension.
- Provide a point of contact (usually the line manager) that they can contact if they have any concerns.*
- Agree how they will keep in regular contact with the employee throughout
- Give details about support from CONTACT, the Staff Counselling and Stress Management Service on 020 3313 2747 or 020 3313 2424, the Occupational Health and Staff Support providers.
- If it is necessary to explain the employee's absence, the manager will discuss with the employee how they would like it to be explained to colleagues and/or patients.

~~The Manager making the decision to suspend an employee must ensure the following steps are taken:~~

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- ~~the employee must be informed of the reason(s) why they are being suspended from duty;~~
- ~~the employee must be advised that her/his suspension from duty is not a form of disciplinary action;~~
 - ~~that s/he will receive a letter confirming and summarising the reason(s) for the decision to suspend.~~

The employee should also be advised that:

- ~~they must remain contactable and available during their normal daytime working hours (i.e. 9.00 a.m. to 5.00 p.m.)~~ in order that they can attend meetings as required and not work for any another employer during the working hours that they would normally work for the CCG;
- they must notify the CCG of any changes of address/telephone number;
- they must not, under any circumstances, have contact with, or seek to influence, anyone associated with the complaint/allegation investigation, or enter any of the CCG premises without having gained authorisation from the Investigating Manager;
- the suspension will be reviewed every ten-five working days by the Investigating Manager in conjunction with Human Resources and ~~that~~ the outcome of the review will be confirmed in writing to the employee;
- they can contact a nominated HR representative for support and status updates as appropriate;
- Counselling services via Occupational Health are available.

~~The employee will be given the name and contact details of someone who will keep in regular contact with them and updated on progress of the investigation. This will normally be their line manager, or a second named individual if the line manager is unavailable~~

Timescales for Suspension

~~Suspension will be for the minimum time necessary and will be reviewed every 5 days and lifted when the reason for suspension no longer exists.~~

~~Most investigations should be concluded within two weeks of suspension. Where this is not possible, ~~people~~the employee should be informed that they remain suspended and told when the investigation is likely to be completed. This should be followed up in writing (see Appendix 3). Managers should make themselves available to meet employees to discuss the progress of the investigation.~~

~~If the employee ~~wants~~wishes to go on holiday during their suspension, they must still make a request to take annual leave and advise the Investigating Manager of the dates as soon as possible. If the annual leave is approved, the suspension and the terms and conditions will continue and so the annual leave will be during the suspension period.~~

Suspension will cease in the following circumstances:

- ✓ where the Investigating Manager has decided that there is no case to answer and no requirement for the employee to attend a Disciplinary Hearing;
- ✓ where the investigation has been concluded and dismissal is not a possible outcome;
- ✓ where the Disciplinary procedure has been completed.

12.4 Arranging Disciplinary Hearings

Preparing for the Hearing

The CCG is committed to ensuring Panels are diverse in representation, have appropriate seniority and have the knowledge, skills, experience and training that are relevant to the case in question and cater for factors the protected characteristics under the Equality Act such as BAME status, disability status, etc. Panel members will be reasonably selected to achieve this, and where appropriate taking into account the allegations, additional panel members will be recruited

Panel members will have no previous involvement in the case or any conflict of interest that could influence decision making.

In order to ensure that meetings do not have to be delayed or postponed at ~~the last minute~~ short notice, the Manager hearing the case should agree a mutually convenient time and date for the Hearing with the employee(s) and their accredited Staff Representative or workplace colleague in accordance with the time limits set out in this procedure.

Where the accredited Staff Representative or workplace colleague cannot attend on the date proposed, the employee(s) can offer an alternative time and date so long as it is reasonable and falls before the end of a period of five days. In proposing an alternative date the employee(s) should have regard to the availability of the Manager. For instance it would not normally be reasonable to ask for a new date for the meeting where it was known the Manager was going to be absent on business or on leave.

A letter containing details of the complaint/allegation, enclosing copies of all statements and/or written material gathered during the investigation, should be sent to the employee at least five working days in advance of the date set for the Disciplinary Hearing, unless otherwise mutually agreed. The letter should also disclose the name of the Manager(s) who will be hearing the case and details of any witnesses who will be present to give evidence at the Hearing. It should also inform the employee that they have the right to be accompanied at the meeting by an accredited Staff Representative or ~~Workplace workplace Colleague-colleague~~ and that a possible outcome of the meeting, after due consideration of all the facts and circumstances, may be disciplinary action. The employee should also make available copies of any statements and/or written material which ~~s/he~~ they intends to refer to, along with details of any witnesses who will be present to give evidence, no later than 3 working days prior to the Hearing.

Failure by either party to disclose written material in accordance with the above guidelines may result in this information being inadmissible at the Disciplinary Hearing. The Manager hearing the presentations will decide whether to admit information following discussion with the individuals present and having assessed the reason(s) for the late disclosure, including the possible significance of the information.

If the employee fails to attend a disciplinary hearing following two re-arrangements at their request without reasonable reasons, the case will be heard in the employee's absence and the Disciplinary Policy Version 3 June 2016

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outcome of the hearing will be confirmed in writing to the employee.

Hearing Format - for Full Details See Appendix 1

At the hearing, the manager will present the case and where applicable invite any witnesses. Where an investigation has been carried out, the investigator/Investigating Officer will be invited to the hearing to present their findings and answer any questions.

The employee will be given the chance/opportunity to set out their case, answer any allegations, ask questions, show evidence, call relevant witnesses (with good notice), respond to any information given by witnesses.

In considering the sanction, the hearing Chair/Panel will take account of the employee's previous work record and other mitigating factors.

Witnesses will be called if they have a significant contribution to make to the case. If statements from Trust/CCG employees are presented as evidence, every reasonable effort will be made to ensure that they attend the meeting, unless it is agreed with the member of staff that the facts are not in dispute and/or the presence of one or more witnesses would serve no material purpose.

The outcome of a hearing will be notified in person by the Chair of the hearing. Only where this is not possible or the individual requests otherwise, should notification be by phone or in writing.

The outcome of the meeting will also be confirmed in writing, normally within seven calendar days. If disciplinary action is taken, the letter will include details of the complaint, the improvement required (if appropriate) and the right to appeal where a formal sanction is issued. It will also state that further disciplinary action may be taken if there is not a satisfactory improvement.

Hearings may result in no formal sanctions being issued; however standard setting, training and/or departmental/individual recommendations may be put in place, if appropriate.

13. Supporting Employees

Being subject to allegations of misconduct can be very upsetting and stressful for the employee and other colleagues affected.

It is important throughout the procedure for the manager to keep talking with both the employee and any other staff affected. Clear, regular and confidential communication can help make sure employees are kept informed of what is happening, have the opportunity to ask questions and can avoid stress and other mental health issues.

Managers are responsible for maintaining communications and will make every effort to ensure employees receive clear, timely, comprehensive and sensitive information about the allegations and regular progress updates on any investigation until the matter is concluded.

Where there are concerns about an employee's health or wellbeing, Occupational Health advice will be obtained.

Employees, including those who are involved as witnesses, will be supported by an appropriate manager and will have access to the Trust's Contact service and offered support from a Staff Liaison Officer.CCG's Occupational Health and Staff Support services.

44.312.5 Departure from CCG employment Mid-Proceedings

Should the employee being investigated leave the CCG's employment midway through the process (either during or pending a full investigation or hearing), depending on the nature of the allegations, the investigation or hearing may be conducted in their absence and the outcome confirmed to the individual in writing, regardless of the date of leaving.

41.412.6 Grievances raised during the Disciplinary Process

Where an employee raises a Grievance during any stage of the formal Disciplinary Process, the disciplinary process may be temporarily suspended and the Grievance should be investigated in line with the CCG Grievance and Disputes Policy and Procedure. Where there is clear evidence to suggest that the Disciplinary and Grievance cases are related, it may be appropriate to deal with both issues concurrently.

42.13 DISCIPLINARY ACTION

Decisions relating to the level of disciplinary action to be taken, if any, will be a matter of judgement for the Manager(s) who has listened to the information presented during the Disciplinary Hearing. Managers will, however, need to consider:

- ✓ the seriousness of the disciplinary breach in question;
- ✓ the relevance and context of facts/information presented;
- ✓ the employee's previous employment record;
- ✓ issues relating to fairness, consistency and the substantial merits of the information presented; and
- ✓ whether any relevant disciplinary warnings are currently in existence.

42.13.1 Scheme of Delegation

The Scheme of Delegation as outlined in the table below will be applied during the formal stages of the disciplinary procedure. CCG Managers with appropriate authority to issue sanctions will be agreed and confirmed locally within the CCG.

All sanctions will be confirmed in writing following the Hearing.

PRIVATE DISCIPLINARY SANCTION	TYPE OF MEETING:	SANCTION ISSUED BY:	WHO TO APPEAL TO:
WRITTEN WARNING	Disciplinary hearing followed by warning	CCG Manager with appropriate authority to issue sanction	CCG Manager with appropriate authority to issue sanction who has not previously been involved in the case
FINAL WARNING	Disciplinary hearing followed by written warning	CCG Manager with appropriate authority to issue sanction	CCG Manager with appropriate authority to issue sanction who has not previously been involved in the case
DISMISSAL	Disciplinary hearing followed by written statement of dismissal	CCG Manager with delegated authority to dismiss	<u>Accountable Officer or</u> Governing Body Member <u>Chair</u>

It may be necessary for other managers to be present at disciplinary interviews in addition to the above. Individual members of staff and their representatives will be informed of this in the "Notification of Disciplinary Hearing" letter as appropriate.

42.213.2 Written Warning

Where an informal approach has failed to have the desired affect, or if the infringement is of a more serious nature, the employee should be ~~given~~ issued with a Written Warning. The employee should be advised, in writing within five working days of the hearing, of the reason for the warning, the improvement or change in behaviour required, the consequences of any repetition or failure to improve and of their right of appeal. A copy of the Written Warning should be kept on file ~~but should be and~~ disregarded for disciplinary purposes after twelve months from the date of issue.

42.313.3 Final Written Warning

Where a Written Warning has failed to have the desired effect, or where the infringement is sufficiently serious, the employee should be ~~given~~ issued with a Final Written Warning. The employee should be advised, in writing within five working days of the date of the hearing, of the reason for the warning, the improvement or change in behaviour required, that any repetition or failure to improve or modify their behaviour may lead to dismissal and of their right of appeal. A copy of the Final Written Warning should be kept on file ~~but should be and~~ disregarded for disciplinary purposes after two years from the date of issue.

13.4 Formal Warnings and Pay Progression

Employees who have a live formal warning will not be able to progress to their next pay step in line with the Agenda for Change Pay Progression standards. This does not include investigations, informal warnings, counselling or other informal activities. Employees should refer to the CCG Pay Progression Policy for the process on delaying a pay step due a live formal disciplinary sanction.

42.413.5 Dismissal

The decision to dismiss will only be taken by a Manager with delegated authority to dismiss. Notification of dismissal will be confirmed within five working days of the Disciplinary Hearing. Dismissal on the grounds of lack of capability through ill health will be conducted as per the Attendance Management Policy.

Dismissal is the ultimate sanction against employees and will only be invoked where an employee's record does not improve after reasonable warnings, in accordance with the Disciplinary Policy. Where a single offence of gross misconduct warrants dismissal (~~gross misconduct~~), this may be immediate with no entitlement to notice. Incorporated in this procedure at Appendix 1 is a list of offences which could, in certain circumstances, lead to dismissal. It is not a fully comprehensive or exhaustive list but is provided as a guide for staff and managers.

Following a Final Written Warning, no employee will be dismissed for disciplinary reasons unless:

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- ✓ a full investigation into the latest alleged incident(s) has been carried out
- ✓ the employee has been given the opportunity of stating their case at a disciplinary hearing.

Where the Final Written Warning has failed to have the desired effect, or where the infringement constitutes a breach of the CCG Disciplinary Rules-Directives (see Appendix 1), then the employee should be dismissed with appropriate notice and advised whether or not they are required to work their notice.

Where an employee is accused of an act of Gross Misconduct s/he may be suspended while the alleged offence is investigated. If, on completion of the investigation and the full disciplinary procedure, Management is satisfied that Gross Misconduct has occurred, the result will normally be summary dismissal without notice or payment in lieu of notice. Previous stages need not necessarily have been followed.

12.513.6 Alternative Sanctions to Dismissal

In exceptional circumstances and as an alternative to dismissal under this procedure, Managers may (depending on the offence) consider the following options:

- ✓ transfer to another available post within the CCG at the same band;
- ✓ demotion to another available post within the CCG at a lower band; and/or
- ✓ downgrading their substantive role

These sanctions would not attract any form of pay protection and each of these measures would be ~~accompanied with~~ in addition to a Final Written Warning. The demotion / downgrading will last for a period of 2 years, after which time they will return to their previous band. during-

~~During which this~~ time the employee will not be eligible to apply for any post at the CCG above the pay banding of the post they are transferred to. After this period the employee will be eligible to apply for any post they choose to.

The Final Written Warning should advise the employee of the reason for the warning, the improvement or change in behaviour required, that any repetition or failure to improve or modify their behaviour may lead to dismissal and of their right of appeal. A copy of the Final Written Warning should be kept on file ~~but should be and~~ disregarded for disciplinary purposes after two years from the date of issue.

The proposal to transfer the employee to another available post within the CCG when demotion or downgrading is involved must be with the full agreement of the employee.

Employees should be placed on the redeployment register by Human Resources for a period of 12 weeks and if no suitable alternative employment is found during this time period, the Employee will be dismissed from the CCG.

The Manager cannot impose this decision on the employee. Where the employee does not wish to consider an alternative sanction to dismissal then the Manager hearing the case should confirm the dismissal decision.

1314 RIGHT OF APPEAL

An employee may choose to appeal because:

- ✓ they think a finding is unfair
- ✓ new evidence comes to light that may be significant enough to influence the decision/sanction issued
- ✓ they believe the process was not followed correctly

Appeals should be made to the relevant person as outlined in the scheme of delegation within ten working days of the date on the letter confirming the disciplinary action clearly stating the grounds for appeal.

13.114.1 Appeal Process

As far as is reasonably practicable, the appeal will be heard within twenty working days of receipt of the ~~request for an~~ appeal.

The employee will be given ten working days notice of the date of the hearing.

The documents used during the Disciplinary Hearing will be forwarded to the person hearing the appeal by the HR Team. Details of any witnesses the employee may wish to call and any additional documentation relating to the allegations that they would like the panel to consider should be forwarded at least five working days before the date of the Appeal Hearing.

The CCG Appeal Hearing will follow the procedure set out in Appendix 2.

The decision of the CCG Appeal Hearing will be final. Any sanction or penalty applied as a result of the outcome of the disciplinary hearing can be reviewed by the Appeal Panel but the sanctions cannot be increased by the Appeal Panel.

4415 Monitoring

Human Resources will:

- ✓ Have responsibility to monitor the effectiveness of this policy on an annual basis.
- ✓ Make recommendations to the Governing Body.

DISCIPLINARY RULES

The purpose of this appendix is to give an indication of the standards of behaviour expected of all staff by the CCG. It is not possible to specify all standards and those listed here are intended as a guide and should not be seen as an exhaustive list.

1. Gross Misconduct

It is important that all staff understand that there are certain behaviours that are deemed so serious by the CCG that, if proven, ~~the outcome may be~~ may result in dismissal from the CCG. This dismissal may be summarily, that is without notice.

- ✓ Theft or attempted theft – unauthorised removal with the intent to steal of property or money belonging to the CCG or belonging to other employees, patients or members of the public.
 - ✓ Fraud / Deception – any deliberate attempt to obtain money or goods belonging to the CCG, ~~other~~ employees, patients or members of the public, through the falsification of any records or documents.
 - ✓ Violence or assault – physical, verbal, sexual abuse or harm.
 - ✓ Serious bullying and/or harassment of others.
 - ✓ Indecency or sexual offences.
 - ✓ Malicious damage – deliberate destruction or damage to CCG property.
 - ✓ Corruption – including receipt of favours for contracts or information.
 - ✓ Failure to disclose a criminal conviction - either at appointment or during employment.
 - ✓ Giving false information and deliberate concealment at selection.
 - ✓ Inappropriate use of computers – the use of computers to access inappropriate websites or the excessive use of computers inappropriately during working hours including accessing ~~Pornographic~~ pornographic, offensive or abusive materials.
 - ✓ Contravention of a statutory requirement - working while contravening an enactment, or breach of rules laid down by statutory bodies such as erasure from the General Medical Council register, or the United Kingdom Central Council register, or loss of driving licence where driving is an essential component of the duties of the post.
 - ✓ Unauthorised employment with another organisation whilst on sick leave
 - ✓ Wilful negligence – any action or failure to act that threatens the health and safety of any patient, member of staff or member of the public.
 - ✓ Being unfit for duty – either due to alcohol or substance abuse.
 - ✓ Deliberate disclosure of confidential information - this includes abuse/misuse of patient information systems.
 - ✓ Health and Safety – disregarding safety rules and regulations or serious negligence that endangers self or others.
 - ✓ Discrimination/harassment – actions or language of a discriminatory nature that infringes the CCG Equal Opportunities policy.
 - ✓ Abusive and insulting behaviour – the use of threatening and abusive language or behaviour towards ~~to other~~ employees, patients and members of the public.
 - ✓ Criminal convictions ~~outside work~~ – convictions relating to activities outside work that have a direct bearing on an employee's employment with the CCG.
 - ✓ Bringing the CCG into disrepute.
- ~~—~~ Unauthorised use of CCG Property / Equipment
- ✓
- ✓ Any other act of gross negligence – a failure to exercise a duty of care which adversely

affects the welfare of others.

✓ Covert Recording of ~~informal or formal~~ meetings and/or discussions relating to or during the Disciplinary Investigation and procedure may be deemed as Gross Misconduct

21.71

~~Any other act of gross negligence – a failure to exercise a duty of care which adversely affects the welfare of others.~~

2. Examples of ~~Other Standards of Conduct~~ Minor Misconduct

- ✓ Poor timekeeping
- ✓ Being rude to colleagues, patients or members of the public
- ✓ Failure to follow a reasonable management request or instruction.
- ✓ Consistent and deliberate eErrors
- ✓ Unauthorised absence
- ✓ Minor breaches of health and safety
- ✓ Refusal to work with a colleague for an unacceptable or discriminatory reason
- ✓ Smoking in contravention of the CCG No Smoking Policy
- ✓ Engaging in employment outside the normal working hours of the CCG that adversely affects, hinders or conflicts with their work with the CCG and/or the interests of the CCG
- ✓ Failure to follow CCG policies and procedures

Conduct of at Disciplinary Hearings

The Manager(s) hearing the presentations at the Disciplinary Hearing should not have had any prior involvement in the investigation.

The Hearing should be conducted in accordance with the following procedure:

Introductions: The Manager hearing the case should introduce all present and their role in the Hearing, explain the purpose of the meeting (i.e. to consider whether disciplinary action is necessary) and explain how the hearing will be conducted. If the employee is accompanied by a staff side representative or workplace colleague it should be noted that they will be able to present and sum up the employees case but cannot answer direct questions made to the employee.

Statement Of Complaint/Allegation: The Manager hearing the case should establish precisely what the complaint/allegation is and invite the Investigating Manager to present her/his/their findings, including the tabling of all previously circulated statements and/or written materials gathered during the investigation and the calling of any witnesses.

Employee's Reply: The employee should be given the opportunity to state their case and present evidence, including the tabling of all previously circulated statements and/or written materials and the calling of any witnesses.

Civility: ~~The Hearing should be conducted courteously and fairly, with the emphasis being to establish the facts. To this end, all parties should be free to ask questions politely and comment appropriately.~~

Summing Up: After general questioning and discussion, both parties ~~the Investigating Manager, followed by the employee (or their representative or workplace colleague)~~ should be given the opportunity to summarise their main points, with the employee having the right to go last.

Adjournment: The Manager(s) hearing the case should consider their decision in private. If it is necessary to recall one of the parties to clear any points of uncertainty on evidence already given, then both parties should be invited to return notwithstanding only one is concerned with the point giving rise to doubt.

The Decision: All appropriate parties (excluding witnesses) should be recalled and the Manager(s) hearing the case inform them of their decision. This will be confirmed in writing within five working days of the hearing.

Should a decision not be made on the day, the panel will recall and inform all appropriate parties (excluding witnesses) that a decision has not been made, but made but will confirm the outcome in writing within five working days of the hearing.

The employee should be given a written copy of the notes of the hearing for information purposes only. **Civility:** ~~The Hearing should be conducted courteously and fairly, with the emphasis being to establish the facts. To this end, all parties should be free to ask questions politely and comment appropriately.~~

Procedure for Disciplinary Hearings

1. Introduction by manager chairing the hearing
 - Introduce those present
 - Confirm purpose of the hearing is to consider whether disciplinary action should be taken in accordance with the Disciplinary Policy and Procedure
 - Confirm that all parties have received the necessary paperwork
 - Outline procedure for the hearing

 2. ~~Manager or investigator~~ Investigating Manager presents their case
 - Investigating Manager outlines their findings
 - Investigating Manager calls any witnesses
 - Employee/representative/ accompanying person and chair/HR Adviser may question the witnesses
 - Investigating Manager may ~~re-examine~~ask the witnesses any further questions
 - Employee/representative and Chair/HR Adviser may ask questions about the case in order to clarify facts

 3. Employee/representative/ workplace colleague responds to the management case
 - Employee/representative/ ~~accompanying person~~workplace colleague responds to the allegation, offers an explanation for the alleged misconduct and/or raises any special or mitigating circumstances to be taken into account
 - Employee/representative/ workplace colleague calls any additional witnesses
 - Manager and chair/HR Adviser may question the witnesses
 - Employee/representative/ workplace colleague may ~~re-examine~~ask the witnesses any further questions
 - Manager and chair/HR adviser may ask questions of the employee in order to clarify facts

 4. Summing up – no new evidence can be presented at this stage
 - Investigating Manager sums up
 - Employee/representative/ accompanying person sums up

 - 4.5. Adjournment for Chair/Panel ~~manager~~ to consider case
 - Agree with all parties how and when the decision will be notified to the employee / representative / workplace colleague if time does not permit the decision to be given in person following the adjournment.
 - Where the conduct of more than one member of staff is being considered in relation to the same incident, the adjournment between the Disciplinary Hearing and the outcome letter may be a few days, until all the Disciplinary Hearings have been completed.

 6. Reconvene for decision – ~~manager~~Chair verbally informs employee/representative/ workplace colleague of
 - The outcome of the hearing/disciplinary action
 - The right of appeal
 - The outcome of the hearing to be confirmed in writing within five working days of the date of the hearing
- Civility:** The Hearing should be conducted courteously and fairly, with the emphasis being to establish the facts. To this end, all parties should be free to ask questions politely and comment appropriately.

CCG APPEAL HEARING

At the hearing of an appeal against dismissal the following procedure shall be observed:

All appeal hearings will be heard by a CCG Appeal Panel as detailed below.

~~Appellant's~~ **Complainant's Case:**

- ~~The **Complainant Appellant** or the **Complainant's Appellant's** Representative~~ will put their case in the presence of the Management Representative and may call witnesses.
- ~~The Management Representative will have the opportunity to ask questions of the **Complainant Appellant** and the **Complainant's Appellant's** Representative and witnesses.~~
- ~~The members of the Appeal Panel will have the opportunity to ask questions of the **Complainant Appellant** and the **Complainant's Appellant's** Representative and witnesses.~~
- The ~~**Complainant Appellant**~~ or the ~~**Complainant's Appellant's**~~ Representative will have the opportunity to re-examine witnesses on any matter referred to in their examination by members of the Appeal Panel or the Management Representative.

Management's Case:

- ~~The Management Representative will state Management's case in the presence of the **Complainant Appellant** and the **Complainant's Appellant's** Representative and may call witnesses.~~
- ~~The **Complainant Appellant** or **Complainant's Appellant's** Representative will have the opportunity to ask questions of the Management Representative and witnesses.~~
- ~~The members of the Appeal Panel will have the opportunity to ask questions of the Management Representative and witnesses.~~
- The Management Representative will have the opportunity to re-examine witnesses on any matter referred to in their examination by members of the Appeal Panel, the **Complainant Appellant** or the **Complainant's Appellant's** Representative.

Summing-Up:

Both parties will have the opportunity to sum up their respective cases, with the **Complainant Appellant** having the right to go last. No new information may be introduced or referred to at this point in the appeal procedure.

General: Notwithstanding the above procedure, members of the Appeal Panel may at any time invite either party or a representative to ~~elucidate or amplify~~ clarify or explain any statement they may have made, or may ask questions to ascertain whether or not they propose to call any evidence in respect of any part of their statement. Alternatively, if the parties concerned are in fact claiming that the matters are within their own knowledge, they will be subject to ~~examination-~~ questions as witnesses as described above.

The Panel may, at its discretion, adjourn the appeal in order that further evidence may be produced by either party to the ~~grievance/dispute~~ circumstances which led to the Investigation or for any other reason.

Adjournment: The Management Representative, the **Complainant Appellant**, the **Complainant's Appellant's** Representative and witnesses will withdraw. The Appeal Panel will consider their decision in private only recalling both parties to clear points of uncertainty on evidence already given. If recall is necessary both parties shall return even if only one party is concerned with the point giving rise to doubt.

The Decision: When the Appeal Panel has reached its decision both parties will be recalled and

| the Chair ~~of the Panel~~ will inform them of their decision. The Chair ~~to the Appeal Panel~~ will write to both parties to confirm the Panel's decision within five working days of the Appeal Hearing including a copy of the notes of the meeting for information purposes.

APPENDIX 2

Prerana Issar

To:

- NHS trust CEOs, HR directors, workforce directors
- NHS foundation trust CEOs, HR directors, workforce directors

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

01 December 2020

Dear Colleagues,

Re: Sharing good practice to improve our people practices

I hope you are doing well in these challenging times.

In May 2019 we shared with you an important piece of work in response to a tragic event that occurred at Imperial College Healthcare NHS Trust (ICHT) four years ago. Sadly, Amin Abdullah, a nurse who at the time was the subject of an investigation and disciplinary procedure, tragically took his own life. Details of the investigation, conducted by an appointed advisory group, together with the reasons for its commission, are provided in the enclosed letter (enclosure 1).

The advisory group made a series of recommendations, many of which were used as the basis for the provision of additional guidance to provider organisations (also at the enclosure). In addition, in November 2019, I wrote to healthcare professionals and regulatory bodies, encouraging review and examination of any guidance and standards provided to members and registrants to address the issues highlighted to support compassionate leadership and improvement across the healthcare system (enclosure 2).

Since Amin's passing, ICHT has worked collaboratively with Amin's partner Terry Skitmore and his advocate Narinder Kapur, alongside other stakeholders, to create a revised policy for handling staff related concerns or complaints. I am writing to share this with you as an example of good people practice, albeit arising from such tragic circumstances (enclosure 3).

The shared learning from Amin's experience has demonstrated the need for us to work continuously and collaboratively, to ensure that our people practices are inclusive, compassionate and person-centred, with an overriding objective as to the safety and wellbeing of our people. These values are central to our recently published [People Plan](#) and [People Promise](#).

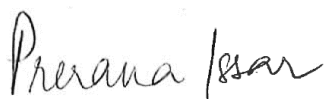
Our collective goal is to ensure we enable a fair and compassionate culture in our NHS. I urge you to honestly reflect on your organisation's disciplinary procedures, review the recommendations we issued in May 2019 and the attached example of good practice, and consider what has worked well and what could be further improved.

Where action is required, I urge NHS organisations to commit to tangible and timely action to review on a yearly basis and by the end of this financial year, all disciplinary procedures against the recommendations and that these are formally discussed/minuted at a **Public** Board or equivalent. We will continue work with the CQC to embed the learning from these reviews to form part of the formal oversight framework. I would also like to suggest your policy is made available on your organisation's public website by the end of the financial year.

As we prepare for the second wave of COVID-19, our staff should feel supported in every sense, including demonstrating a sensitive and compassionate approach to colleagues throughout the disciplinary procedure and process.

Many thanks for everything you are doing to provide services during this challenging time.

Best wishes,



Prerana Issar

NHS Chief People Officer

Enclosure

1. Learning lessons to improve our people practices – Letter to all NHS trust and NHS foundation trust chairs and chief executives, 24 May 2019.
2. Guidance and standards for registrants in relation to local investigations and disciplinary procedures - Letter from Prerana Issar to healthcare professional and regulatory bodies, 04 November 2019.
3. Imperial College Healthcare NHS Trust - Disciplinary Policy and Procedure, July 2020.

To:
NHS trust and NHS foundation trust chairs and chief executives

24 May 2019

Dear colleagues

Learning lessons to improve our people practices

I am writing to share with you the outcomes of an important piece of work recently undertaken in response to a very tragic event that occurred at a London NHS trust three years ago.

In late 2015, Amin Abdullah was the subject of an investigation and disciplinary procedure. The protracted procedure culminated in Amin's summary dismissal on the grounds of gross misconduct. Tragically, in February 2016 just prior to an arranged appeal hearing, Amin took his own life. This triggered the commissioning of an independent inquiry undertaken by Verita Consulting, the findings of which were reported to the board of the employing Trust and to NHS Improvement in August 2018. The report concluded that, in addition to serious procedural errors having been made, throughout the investigation and disciplinary process Amin was treated very poorly, to the extent that his mental health was severely impacted. Verita's recommendations were accepted by the Trust, in full, and have largely been implemented.

Subsequently, NHS Improvement established a 'task and finish' Advisory Group to consider to what extent the failings identified in Amin's case are either unique to this Trust or more widespread across the NHS, and what learning can be applied. Comprising of multi-professional stakeholders and subject matter experts representing both the NHS and external bodies, together with an advocate for Amin's partner, the Group conducted an independent analysis of both the Verita findings and several historical disciplinary cases, the outcomes of which had attracted criticism in Employment Tribunal proceedings and judgements. HR directors of provider organisations were advised of the Group's activity and invited to share details of any local experiences and/or examples of measures being taken to improve the management of employment issues.

The analysis highlighted several key themes associated with the Verita inquiry which were also common to other historical cases considered. Principal among these were: poor framing of concerns and allegations; inconsistency in the fair and effective

NHS England and NHS Improvement



application of local policies and procedures; lack of adherence to best practice guidance; variation in the quality of investigations; shortcomings in the management of conflicts of interest; insufficient consideration and support of the health and wellbeing of individuals; and an over-reliance on the immediate application of formal procedures, rather than consideration of alternative responses to concerns.

The NHS England and NHS Improvement People Committees in Common received a detailed report on the outcomes of the Advisory Group's activities, which included recommendations that aim to ensure the captured learning is used to best effect in informing positive changes across the NHS. The Committees recognised that, sadly, Amin's experiences are far from unique and acknowledged there needs to be greater consistency in the demonstration of an inclusive, compassionate and person-centred approach, underpinned by an overriding concern to safeguard people's health and wellbeing, whatever the circumstances. This view certainly echoed many of the comments we have received from across the NHS during our recent People Plan engagement.

Some of the proposed recommendations will require further discussion with key stakeholders, including regulatory and professional bodies (in particular, I am keen that consideration and assessment of the 'health' of organisational culture, including aspects relating to the management of workplace issues, is given more prominence in the 'well-led' assessment domain). The majority, though, can be immediately received and applied.

Enclosed with this letter is additional guidance relating to the management and oversight of local investigation and disciplinary procedures which has been prepared based on the Advisory Group's re-commendations. You will recognise the guidance as representing actions characteristic of responsible and caring employers and which reflect our NHS values. I would ask that you, your HR team and your Board review them and assess your current procedures and processes in comparison and, importantly, make adjustments where required to bring your organisation in line with this best practice. I would draw your attention to item 7 of the guidance and ask you to consider how your Board oversees investigations and disciplinary procedures. Further, with respect to any cases currently being considered and all future cases, I would ask you to review the following questions (and, where necessary, take corrective action in response):

- Is there sufficient understanding of the issues or concerns, and the circumstances relating to them, to justify the initiation of formal action?
- Considering the circumstances, in the eyes of your organisation and others external to it, would the application of a formal procedure represent a proportionate and justifiable response (i.e. have other potential responses and remedies, short of formal intervention, been fully assessed before being discounted)?
- If formal action is being or has been taken, how will appropriate resources be allocated and maintained to ensure it is conducted fairly and efficiently; how are you ensuring that independence and objectivity is maintained at every stage of the process?

- What will be the likely impact on the health and wellbeing of the individual(s) concerned and on their respective teams and services, and what immediate and ongoing direct support will be provided to them? Further, how will you ensure the dignity of the individual(s) is respected at all times and in all communications, and that your duty of care is not compromised in any way, at any stage.
- For any current case that is concluding, where it is possible that a sanction will be applied, are similar questions being considered?

In highlighting these issues, which I know will be important to you and your teams, I would like to thank all those colleagues who directly contributed to and informed the work completed by the Advisory Group. I would particularly like to acknowledge the endeavours of Amin's partner Terry Skitmore and his advocate Narinder Kapur, without whose dedication and sacrifices the Amin Abdullah inquiry and subsequent development work by NHS Improvement would not have taken place.

I know that we are all keen to ensure we treat our people fairly and protect their wellbeing. Implementing the attached guidance consistently well across the NHS will contribute to that goal. It is tragic that we are learning these lessons after Amin's death, but we owe it to him and the others who have suffered in similar circumstances to act now.

Thank you for your attention to these vital issues.

Best wishes



Baroness Dido Harding
Chair, NHS Improvement

Enclosure:

Additional guidance relating to the management and oversight of local investigation and disciplinary procedures

Copies:

Chair, Care Quality Commission
Chair, NHS Providers
Chair, Nursing and Midwifery Council
Chief Executive, NHS Employers

Additional guidance relating to the management and oversight of local investigation and disciplinary procedures

1. Adhering to best practice

a) The development and application of local investigation and disciplinary procedures should be informed and underpinned by the provisions of current best practice, principally that which is detailed in the Acas 'code of practice on disciplinary and grievance procedures' and other non-statutory Acas guidance; the GMC's 'principles of a good investigation'; and the NMC's 'best practice guidance on local investigations' (when published).

b) All measures should be taken to ensure that complete independence and objectivity is maintained at every stage of an investigation and disciplinary procedure, and that identified or perceived conflicts of interest are acknowledged and appropriately mitigated (this may require the sourcing of independent external advice and expertise).

2. Applying a rigorous decision-making methodology

a) Consistent with the application of 'just culture' principles, which recognise that it is not always appropriate or necessary to invoke formal management action in response to a concern or incident, a comprehensive and consistent decision-making methodology should be applied that provides for full and careful consideration of context and prevailing factors when determining next steps.

b) In all decision-making that relates to the application of sanctions, the principle of plurality should be adopted, such that important decisions which have potentially serious consequences are very well informed, reviewed from multiple perspectives, and never taken by one person alone.

3. Ensuring people are fully trained and competent to carry out their role

Individuals should not be appointed as case managers, case investigators or panel members unless they have received related up to date training and, through such training, are able to demonstrate the aptitude and competencies (in areas such as awareness of relevant aspects of best practice and principles of natural justice, and appreciation of race and cultural considerations) required to undertake these roles.

4. Assigning sufficient resources

Before commencing investigation and disciplinary procedures, appointed case managers, case investigators and other individuals charged with specific responsibilities should be provided with the resources that will fully support the timely and thorough completion of these procedures. Within the overall context of 'resourcing', the extent to which individuals charged with such responsibilities (especially members of disciplinary panels) are truly independent should also be considered.

5. Decisions relating to the implementation of suspensions/exclusions

Any decision to suspend/exclude an individual should not be taken by one person alone, or by anyone who has an identified or perceived conflict of interest. Except where immediate safety or security issues prevail, any decision to suspend/exclude should be a measure of last resort that is proportionate, timebound and only applied when there is full justification for doing so. The continued suspension/exclusion of any individual should be subject to appropriate senior-level oversight and sanction.

6. Safeguarding people's health and wellbeing

a) Concern for the health and welfare of people involved in investigation and disciplinary procedures should be paramount and continually assessed. Appropriate professional occupational health assessments and intervention should be made available to any person who either requests or is identified as requiring such support.

b) A communication plan should be established with people who are the subject of an investigation or disciplinary procedure, with the plan forming part of the associated terms of reference. The underlying principle should be that all communication, in whatever form it takes, is timely; comprehensive; unambiguous; sensitive; and compassionate.

c) Where a person who is the subject of an investigation or disciplinary procedure suffers any form of serious harm, whether physical or mental, this should be treated as a 'never event' which therefore is the subject of an immediate independent investigation commissioned and received by the board. Further, prompt action should be taken in response to the identified harm and its causes.

7. Board-level oversight

Mechanisms should be established by which comprehensive data relating to investigation and disciplinary procedures is collated, recorded, and regularly and openly reported at board level. Associated data collation and reporting should include, for example: numbers of procedures; reasons for those procedures; adherence to process; justification for any suspensions/exclusions; decision-making relating to outcomes; impact on patient care and employees; and lessons learnt.

Trust-Wide Policy	
Version:	v3.0
Policy Category:	People and Organisation Development
Target Audience:	All Trust Staff
Review Date:	21.07.2020

Disciplinary Policy and Procedure

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Foreword by Professor Tim Orchard

I am pleased to write the foreword for this new disciplinary policy, although it was triggered by a set of very tragic circumstances: Following his dismissal from the Trust in December 2015, Nurse Amin Abdullah tragically took his own life in February 2016. The Trust commissioned an independent consultancy Verita to carry out an investigation, the findings of which were accepted in full by the Trust.

On receiving the report we immediately implemented a range of measures to ensure cases are thoroughly assessed before any investigation or formal procedures are followed, and have subsequently introduced a team of trained investigators, trained managers who hear cases at formal hearings and expanded our pastoral support for employees. Following the introduction of these measures we have reduced formal disciplinary investigations and hearings by a third. We have also reduced the likelihood of staff from a Black, Asian and Minority Ethnic background being subject to a disciplinary hearing to a level where our BAME staff are now no more likely to be subject to disciplinary action than their white colleagues.

However, after the Verita investigation we committed to a full review of our Disciplinary Procedure. Inevitably as a large employer as part of upholding standards for our patients, there are times when we need to follow formal procedures, but in these circumstances it is essential that we treat people with dignity and kindness in line with our values, regardless of the circumstances.

We are also committed to combatting any bias or discrimination in our employment and management practices and like many NHS Trusts have been deeply concerned by the disproportionate number of BAME employees that have been subject to disciplinary procedures in the past.

I am grateful for the commitment and continuing input from Amin's partner, Terry Skitmore and Dr Narinder Kapur who have provided robust but constructive challenge in the creation of this policy and more generally on how we have responded in the wake of Amin's tragic death. They were also key in shining a spotlight on these issues at a national level, and this procedure reflects the Recommendations from the NHS Improvement group convened in response to the Verita Report and communicated to NHS Trusts in 2019 by Baroness Dido Harding, Chair of NHS Improvement.

I also want to thank staff-side representatives and regional trade union colleagues who provided valuable insight and advice, and for input from the national advisory, conciliation and arbitration service (ACAS). Not only does this procedure reflect the ACAS Disciplinary Code of Practice, but their expertise has been invaluable in training our managers.

Any allegations of misconduct in the Trust now start from a different basis: As part of our commitment to developing a just and learning culture cases are thoroughly assessed to ensure there is sufficient understanding of the issues or concerns, and the circumstances relating to them, to justify the initiation of formal action. We should always be asking ourselves whether our actions are proportionate and justifiable and whether managing situations informally achieves a more productive outcome.

I am pleased to say that we have clearly made progress, but we know that we cannot be complacent. We need to continually reflect and challenge ourselves to ensure everyone is treated fairly and build a culture of openness and transparency to ensure we are doing the right thing by our people.

As I said in 2018, I very much regret that Amin is not here to be offered an apology for the mistakes that we made and the way he was treated and to hear the personal commitment from me that we will act on all the learning from his case. This Disciplinary Procedure is another small step to building on that commitment and I hope contributes to our ambition of becoming an exemplar of good practice in this area.

Professor Tim Orchard

Chief Executive

Imperial College Healthcare NHS Trust

1. Introduction

1.1 Imperial College Healthcare NHS Trust requires high standards of conduct from everyone and is committed to helping people improve and learn from mistakes. This policy and procedure is designed to ensure a fair, systematic and consistent approach is taken when an employee's behaviour or action is in breach of workplace rules or falls short of the expected standards.

1.2 The fair treatment of staff supports a culture of fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame. An objective and prompt examination of the issues and circumstances should be carried out to establish whether there are truly grounds for a formal investigation and/or for formal action. Would training for the employee, support, guidance or informal management be more appropriate and productive?

1.3 This policy has been developed in consultation with the Trust's recognised trade unions and is in accordance with the ACAS Code of Practice on disciplinary and grievance procedures.

1.4 Where an employee's ability to do their job is affected by a lack of skill or knowledge, or ill health, this will be managed by following the Performance and Capability Management Policy.

2. Purpose & Scope

2.1 The Disciplinary Policy and Procedure provides a framework to manage concerns about someone's conduct in a fair and timely way. It aims to help people achieve and maintain required standards of conduct.

2.2 The Policy applies to everyone employed by Imperial College Healthcare NHS Trust. It applies to all categories of misconduct by non-medical and medical staff. For further information about managing the conduct issues of Doctors and Dentists see the Handling Concerns about Doctors and Dentists' Conduct, Performance and Health Policy and Procedure.

3. Policy Statement

3.1 Managers are responsible for ensuring their team is aware of the required standards of conduct and for bringing any concerns to the attention of employees at the earliest opportunity.

3.2 Managers should try to resolve minor matters of concern informally. If informal approaches do not bring about improvement or if misconduct is sufficiently serious, formal stages of this procedure should be followed.

3.3 Managers will ensure that all action taken under this policy and procedure is reasonable and proportionate. At an early stage, employees will be told why disciplinary action is being considered and they will be given the opportunity to respond to allegations before decisions about formal sanctions are taken.

3.4 Employees can be accompanied and represented, at a disciplinary hearing by a work colleague, trade union representative or other companion from any background, not acting in a legal capacity.

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- 3.5 Disciplinary cases will be treated sensitively and confidentially. Information will only be shared with those who have a legitimate right to be informed in accordance with Data Protection Act 2018 and the Common Law Duty of Confidentiality. Breaches of confidentiality by any party may result in disciplinary action. Standard Operating Procedures agreed between Human Resources and the Data Protection Office will be followed.
- 3.6 All managers who Chair or sit on hearing Panels must have appropriate and up to date training on managing / chairing disciplinary cases. Such training should involve appropriate refreshers within three years of the hearing.
4. **Handling Allegations of Misconduct and Investigating the Facts**
- 4.1 Allegations of misconduct will be carefully assessed by the relevant manager, with HR advice, to decide if the matter can be managed informally where possible or whether there are grounds for further investigation and/or formal action.
- 4.2 The manager will carry out some initial fact finding and meet the employee to establish their version of events. The manager may also meet with other relevant individuals to get a good understanding about what has happened.
- 4.3 Where it is decided that further investigation and/or formal action is appropriate, this must be approved by a senior manager (8c and above). The senior manager will have no previous involvement in the case and will provide independent oversight.
- 4.4 Investigations will be carried out without unreasonable delay. All cases that could lead to dismissal will be investigated by a trained investigator. The manager will be responsible for commissioning the investigation and for clearly defining what is to be investigated.
- 4.5 Employees can be accompanied at investigation meetings by a work colleague, trade union representative or other companion from whatever professional background but not acting in a legal capacity, where this does not unreasonably delay the investigation. Employees can seek trade union representation and advice at any time.
- 4.6 Once the investigation is complete, the manager will consider the findings and with HR advice decide if further action is required; whether the matter can be dealt with informally or whether formal disciplinary action may be appropriate. Where the manager proposes to proceed to a formal disciplinary hearing this must be approved by a senior manager (8c or above).
- 4.7 If the manager believes there is a case to answer at a formal hearing, they will ensure a report is prepared setting out the case and the investigation findings. The manager should ensure all relevant information is presented at the hearing including background information about the employee, their work record and any mitigating factors to ensure a full and balanced case is presented for the hearing to consider.

5. **Referrals to Professional Bodies and Other Agencies**
- 5.1 Depending on the allegations, where an employee is registered with a professional body, such as a registered nurse, midwife or nursing associate, the regulatory body may be notified. This decision will be taken by the most senior professional lead from the directorate, in conjunction with the relevant professional lead for the Trust such as the Divisional Director of Nursing, the Director of Nursing, Chief Pharmacist, Chief of Allied Health Professionals or Head of Pathology Services. All NMC referrals will be logged and overseen by the Lead nurse for workforce, regulation & revalidation. For more information, see Professional Registration Policy and Procedure and NMC referrals procedure.
- 5.2 Where allegations concern the safeguarding of children or vulnerable adults, the Trust's Safeguarding lead must be notified without delay.
- 5.3 Where appropriate, investigations by the counter fraud team, other agencies such as police or social services, may be carried out separately from investigations under this procedure. The Trust will give full cooperation to try to ensure any such external investigations are carried out to a high standard. In these circumstances the Trust will only delay carrying out internal investigations and following the disciplinary procedure where absolutely necessary.
- 5.4 Where cases include serious personal data breaches likely to result in a risk to the rights and freedoms of data subjects, the Trust has a legal duty to report such cases to the Information Commissioner's Office within 72 hours via the Trust's Data Protection Office.
6. **Informal Management**
- 6.1 The Trust recognises that cases of minor misconduct are best dealt with informally and quickly. A quiet word is often all that is needed.
- 6.2 In many cases additional training, coaching and advice may be needed. When there are concerns about conduct, managers will talk to the person in private as soon as possible, normally within a few days. This will be a two-way discussion, aimed at talking through shortcomings and encouraging improvement.
- 6.3 Feedback should be constructive with an emphasis on finding ways to improve. The manager will make sure the employee understands the standards expected and will explain how their conduct will be monitored and set a clear timescale for improvement. Managers will discuss with employees any support or training they may need. Managers should keep brief notes of any informal action for reference purposes.
- 6.4 Where appropriate, managers may also summarise concerns and expectations in writing, a copy of which will be placed on the personal file. If informal action does not bring about the required improvement, or the misconduct is too serious to be classed as minor, formal disciplinary action may be considered.
7. **Formal Procedure**
- 7.1 Once the matter has been investigated and it has been established that there is a case to answer, a disciplinary meeting 'hearing' will be arranged.
- 7.2 The hearing should be held as soon as possible after the investigation. Managers, employees and their representatives must make every effort not to unreasonably delay meetings.

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- 7.3 To proceed to a hearing where dismissal may result, approval must be obtained from a People Business Partner or a more senior member of the People & OD team after careful consideration of the evidence gathered to date.
8. **Hearing Panel**
- 8.1 All disciplinary cases will be heard by a trained manager (Chair).
- 8.2 Cases that may result in a formal warning will be heard by a Panel of two people: a trained manager (Chair) of appropriate seniority and an HR Advisor.
- 8.3 Cases that may result in dismissal will be heard by a Panel of three or more members. The Chair will normally be a member of the divisional or directorate management team or an Executive Director where appropriate. If the employee is a senior divisional manager or consultant-level appointment, the Panel will always be chaired by an Executive Director. The remaining two Panel members will consist of an HR advisor from the Trust and a member external to the trust who has knowledge, skills and experience that reflect the background and/or specialty of the employee in question.
- 8.4 The Trust is committed to ensuring Panels are diverse in representation, have appropriate seniority and have knowledge, skills, experience and training that are relevant to the case in question and cater for factors such as BME status, disability status, etc. Panel members will be selected to achieve this, and where appropriate additional panel members will be recruited. If employees have any concerns in relation to diversity or possible bias of the Panel, they can raise this with their Divisional Director of People or the Director of People & OD.
- 8.5 Panel members will have no previous involvement in the case or any conflict of interest that could influence decision making.
9. **Preparing for the Hearing**
- 9.1 People will be given at least seven calendar days' notice of the hearing in order to have time to prepare. The employee will be provided with two copies of the management report (investigation report) and any related documents including witness statements to be presented at the hearing. Any personal patient information will be redacted.
- 9.2 Prior to the hearing, the employee will be advised of the potential outcome such as a formal warning or dismissal.
10. **Who the Employee Can Bring with Them**
- 10.1 Employees are encouraged to attend formal hearings accompanied by an accredited trade union representative, colleague or other companion, of whatever professional background but not acting in a legal capacity. It is the responsibility of the employee to arrange their companion and to inform the Panel who they would like to attend.
- 10.2 Disabled employees may also wish to be accompanied by a second person as a support worker or someone with knowledge of the disability and its effects.
- 10.3 Where action is proposed involving an accredited trade union representative, the appropriate full time officer will be contacted before action is taken.

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- 10.4 When an allegation arises which might result in formal disciplinary action managers should advise employees to seek trade union advice and ask the employee for the name and contact details of their trade union representative. When it is necessary to organise meetings at which people are entitled to representation, if the manager knows the name of the trade union representative, managers should liaise with the representative to try to agree a mutually convenient date.
- 10.5 Employees should make every effort to attend meetings and notify their manager as soon as possible if they cannot attend. If an employee or their companion/representative is unable to attend, they must suggest an alternative date so that the hearing takes place within five working days from the original date. If an employee is unable to attend a rescheduled meeting, alternative arrangements such as telephone conference, representative attending on their behalf or written submissions may be considered or the meeting may proceed in their absence.
11. **Hearing Format – for Full Details See Appendix 1**
- 11.1 At the hearing, the manager will present the case and where applicable invite any witnesses. Where an investigation has been carried out, the investigator will be invited to the hearing to present their findings and answer any questions.
- 11.2 The employee will be given the chance to set out their case, answer any allegations, ask questions, show evidence, call relevant witnesses (with good notice), respond to any information given by witnesses.
- 11.3 In considering the sanction, the hearing Chair/Panel will take account of the employee's previous work record and other mitigating factors.
- 11.4 Witnesses will be called if they have a significant contribution to make to the case. If statements from Trust employees are presented as evidence, every reasonable effort will be made to ensure that they attend the meeting, unless it is agreed with the member of staff that the facts are not in dispute and/or the presence of one or more witnesses would serve no material purpose.
- 11.5 The outcome of a hearing will be notified in person by the Chair of the hearing. Only where this is not possible or the individual requests otherwise, should notification be by phone or in writing.
- 11.6 The outcome of the meeting will also be confirmed in writing, normally within seven calendar days. If disciplinary action is taken, the letter will include details of the complaint, the improvement required (if appropriate) and the right to appeal where a formal sanction is issued. It will also state that further disciplinary action may be taken if there is not a satisfactory improvement.
- 11.7 Hearings may result in no formal sanctions being issued; however standard setting, training and/or departmental/individual recommendations may be put in place, if appropriate.
- 11.8 Template letters can be obtained from the intranet but managers are advised to seek HR advice when confirming formal disciplinary sanctions in writing.
- 11.9 Separate procedures and guidance for managing misconduct of medical and dental staff can be found in Handling Concerns about Doctors and Dentists' Conduct, Performance and Health Policy and Procedure.

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- 11.10 It is the Trust's policy to audio record all formal hearings that may result in dismissal and appeal hearings. Audio recordings can be made available on request to employees who are subject to formal disciplinary/capability proceedings and, with their consent, to their representative. Audio recordings will be destroyed after one year.
12. **Supporting Employees**
- 12.1 Being subject to allegations of misconduct can be very upsetting and stressful for the employee and other colleagues affected.
- 12.2 It is important throughout the procedure for the manager to keep talking with both the employee and any other staff affected. Clear, regular and confidential communication can help make sure employees are kept informed of what is happening, have the opportunity to ask questions and can avoid stress and other mental health issues.
- 12.3 Managers are responsible for maintaining communications and will make every effort to ensure employees receive clear, timely, comprehensive and sensitive information about the allegations and regular progress updates on any investigation until the matter is concluded.
- 12.4 Where there are concerns about an employee's health or wellbeing, Occupational Health advice will be obtained.
- 12.5 Employees, including those who are involved as witnesses, will be supported by an appropriate manager and will have access to the Trust's Contact service and offered support from a Staff Liaison Officer.
- 12.6 CONTACT is available to offer counselling and support to any employee affected by the matters covered in this policy. For staff at Hammersmith & Charing Cross, please ring 32747 (020 3313 2747 if external) and for staff at St. Mary's 21519 (020 3312 1519 if external). More information about the service is available on the intranet.
13. **Formal Disciplinary Sanctions**
- 13.1 Once all the facts have been considered by the hearing Panel a decision will be taken on the appropriate action. Depending on the findings, this may result in no action being taken, informal management action or a disciplinary sanction.
- 13.2 The seriousness of the misconduct will determine the level of disciplinary action to be taken. The procedure may be entered at any stage.
- 13.3 **Stage 1 - First Written Warning:** If the employee fails to meet required standards following informal action or if the offence is sufficiently serious to warrant moving straight to the formal stages, a First Written Warning may be given. First Written Warnings are confirmed in writing and apply for 6 months after which time they lapse.
- 13.4 **Stage 2 - Final Written Warning:** If the failure to meet required standards continues or if the offence is one of sufficiently serious (but not gross) misconduct, a final written warning may be given. Final written warnings are confirmed in writing and apply for 12 months after which time they lapse. In exceptional circumstances, where a final written warning is an alternative to dismissal, final written warnings may be live for up to 24 months.

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- 13.5 **Stage 3 – Dismissal:** If conduct remains unsatisfactory or if the offence constitutes gross misconduct, dismissal will normally result. Except in cases of gross misconduct, dismissal will be with notice. Cases of gross misconduct may result in summary dismissal, i.e. dismissal without notice. Dismissals may be reported to the relevant professional body as appropriate.
- 13.6 **Additional action as a result of being issued with a disciplinary warning:** If a first or final written warning is issued, the member of staff will not be awarded an annual pay increase on the pay step date in the twelve months after the issue of a warning. The Chair of a hearing will ask the line manager to action this via the ESR manager self-service function. For staff commencing NHS employment or those who moved to a higher banded role on or after 1 April 2019, if a first or final written warning is issued, the member of staff will not progress to the next pay step point if the warning is live on their pay step date. In those situations, the manager should initiate a pay step review meeting before the expiry of the warning and if all other requirements have been met, the member of staff will progress to the next pay step effective from the date after the warning expires.
- 13.7 In addition, to the issue of a final written warning for up to 24 months the following actions may be appropriate:
- Transfer to another department / site.
 - Demotion or downgrading (without pay protection).
 - Change of shift or working pattern.
14. **Appeals**
- 14.1 Everyone has the right to appeal against any formal disciplinary action. Appeals will be handled in accordance with the Appeals Policy and Procedure.
- 14.2 Appeals against dismissal will be heard by a Panel of at least three members. The Chair will be an Executive Director (CEO will hear appeals from Executive Directors and the Chairman for an appeal from the CEO). The remaining Panel members will include a member external to the trust who has appropriate training and experience and a senior member of the People & OD team.
- 14.3 The Trust is committed to ensuring Appeal Panels are appropriately diverse in representation, experienced and trained. Panel members will be selected to achieve this. If employees have any concerns in relation to bias or diversity of the Panel, they can raise with their Divisional Director of People or the Director of People & OD.
- 14.4 Appeal Panel members will have no previous involvement in the case or any conflict of interest that could influence decision making.
15. **Examples of Misconduct**
- 15.1 The following list gives examples of the circumstances that could lead to disciplinary action (this list is not exhaustive).
- Employees are expected to combine prompt and efficient service with respect for the feelings of others, including patients, visitors and colleagues, whatever their background.
 - Bullying and harassment
 - Refusing to work
 - Employees must be honest, open and truthful in all their dealings with patients, colleagues and the public.
 - Employees are expected to attend for duty for the hours laid down in their contracts of employment and as agreed with their managers.
 - Being absent without permission. In cases of sickness or sudden domestic

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emergency, employees must inform their manager in accordance with departmental notification rules.

- During sickness absence, employees are expected to keep their manager informed of their progress and submit sickness certificates promptly.
- Misuse of social media affecting the reputation of the Trust or causing colleagues distress/offence
- Employees must carry out reasonable instructions.
- Anyone undertaking other employment outside their contractual hours must ensure that it does not hinder or conflict with the interests of their employment with the Trust or their duty to abide by relevant professional codes of conduct or have any adverse effect upon their work performance. Employees should inform their managers of employment outside working hours.
- Breach of confidentiality
- Misuse of authorised access to information and systems, unauthorized access to information and systems, and any activity that could breach the security of the Trust ICT Infrastructure and any other breach of the Trust Information Security Policy
- Sleeping on duty (this does not include sleeping during agreed breaks or out of hours arrangements)
- Employees are expected to comply with health and safety requirements.
- Employees are expected to treat Trust facilities and property with respect.
- Employees must inform their managers of any charge, caution or conviction, relating to acts committed on or off duty, at the earliest possible opportunity.
- Failure to maintain professional registration where it is a requirement of the job (see requirements as per Trust Professional Registration policy)
- Employees should at all times undertake their work in accordance with Trust and departmental policies and procedures and, where appropriate, their professional codes of conduct.
- People are expected to display positive attitudes and supportive behaviours in line with Trust values in their interactions with other people
- Breaches of professional codes of conduct and Trust policies
- Behaviour outside of work that could affect the professional reputation of the individual or the reputation or operations of the Trust.

16. **Gross Misconduct**

- 16.1 Some acts count as 'gross misconduct' because they are very serious or have very serious effects.
- 16.2 Where there may have been gross misconduct, a full investigation must still be carried out and the full disciplinary procedure followed.
- 16.3 In cases of gross of misconduct a hearing Panel can decide to dismiss without notice or payment in lieu of notice.
- 16.4 Examples of gross misconduct could include (this list is not exhaustive):
- Serious lack of care to duties or other people which could result in serious loss, damage or injury ('gross negligence')
 - Theft
 - Fraud
 - Deliberate falsification of records or documents
 - Working without valid "Right to Work" documentation
 - Working without statutorily required qualifications
 - Working elsewhere whilst on sick leave

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- False declarations made during the recruitment process
- Receipt of money, goods, favors or excessive hospitality in respect of services rendered while a Trust employee
- Physical violence
- Verbal abuse
- Harassment or bullying
- Unlawful discrimination
- Being unfit for duty through the effects of alcohol or drugs
- Abuse, misuse or deliberate damage of Trust property or equipment
- Serious breach of data security requirements, any activity that could breach security of the Trust ICT Infrastructure and any other serious breach of the Trust Information Security Policy including serious misuse of authorised access / unauthorized access to information and systems.
- Serious breach of Health and Safety and other statutory rules
- Serious breach of a professional code of conduct as determined by the professional body
- Failure to act impartially or to declare interest in a contract or business in which the Trust is engaged or considering
- Scientific Misconduct - Fabrication, falsification, plagiarism or deception in proposing, carrying out or reporting results of research
- Serious breach of trust and confidence - Any act which causes irreparable damage to the relationship of trust and confidence between the employee and the Trust.

17. **Suspension (Exclusion)**

- 17.1 In most cases, suspension from work will not be necessary and the employee will be able to continue doing their normal job while matters are investigated.
- 17.2 Suspension is not a disciplinary sanction and there is no assumption of guilt.
- 17.3 The decision to suspend will only be taken if genuine risks are identified and all alternative options have been ruled out.
- 17.4 Suspensions will be managed sensitively and confidentially.
- 17.5 When considering suspension, managers must assess the risks of the employee remaining at work and seek HR advice. Where a manager wishes to suspend an employee, they must seek approval from a senior manager (8B or above) and a People Business Partner.
- 17.6 If a sufficiently senior manager is not available when an incident occurs which appears to warrant suspension, the most senior member of staff on duty may ask the person to go home pending an appropriate manager taking charge of any subsequent action no later than the next working day.
- 17.7 Suspension will only normally be considered if there is a serious allegation of misconduct and:
- working relationships have severely broken down
 - there is a risk of the employee tampering with evidence, influencing witnesses and investigation
 - there is a risk to the employee themselves, other employees, property or patients
 - the employee is the subject of criminal proceedings which may affect whether they can do their job.

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- 17.8 Alternatives to suspension must be considered, with HR advice where appropriate and could include the employee temporarily:
- being moved to a different area of the workplace
 - changing their working hours
 - being placed on restricted duties including having reduced access to Trust systems where appropriate
 - working under supervision
 - being transferred to a different role within the organisation (the role should be of a similar status to their normal role, and with the same terms and conditions of employment).
 - Other meaningful activities that the individual could do should be actively explored. This could include working remotely from home, carrying out activities such as audits, research or teaching.
18. **Communicating the Decision to Suspend and Supporting Employees**
- 18.1 Every effort will be made for the manager to meet with the employee to inform them of the decision to suspend. This will be followed up in writing within three working days (Appendix 2).
- 18.2 Employees can be accompanied by a trade union representative or companion when informed of suspension. However, the unavailability of a representative will not prevent suspension from taking place. When a manager is thinking of suspending someone, the manager should try to contact the on-call trade union representative or companion via the switchboard to notify them of the time and venue of the meeting.
- 18.3 The manager communicating the decision to suspend will:
- Explain the reasons for suspension and how long it is expected to last.
 - Explain the employee's responsibilities during their suspension.
 - Provide a point of contact (usually the line manager) that they can contact if they have any concerns.
 - Agree how they will keep in regular contact with the employee throughout.
 - Give details about support from CONTACT, the Staff Counselling and Stress Management Service on 020 3313 2747 or 020 3313 2424.
 - If it is necessary to explain the employee's absence, the manager will discuss with the employee how they would like it to be explained to colleagues and/or patients.
- 18.4 The terms of the suspension and the employee's obligations will also be provided which includes:
- not doing anything that could interfere with the investigation
 - treating the matter confidentially
 - seeking permission from the manager to contact colleagues
 - if they wish to contact witnesses to support their case, they should do this via their manager or, if different, the manager dealing with the matter or their Trade Union representative or companion
 - except for medical appointments, they must not visit Trust premises unless given permission by the line manager or a named deputy to attend for a specific purpose, e.g. a meeting a representative, an investigation meeting, a counseling appointment, a medical consultation
 - the requirement to remain available between 9.00 am to 5.00pm, Monday to Friday, excluding public holidays, to attend meetings. Permission for any periods of absence, e.g. annual leave, must be requested

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- 18.5 If deemed necessary, the suspending manager may ask the employee to hand in Trust property such as keys, ID card, Trust mobile phone, bleep, laptop or any other mobile device at the time of exclusion. The manager may also temporarily revoke remote access if in use or remove / restrict access to Trust systems by referral to the Data Protection Office. In these circumstances, the manager and employee must agree alternative methods of keeping in contact.
- 18.6 The employee will be given the name and contact details of someone who will keep in regular contact with them and updated on progress of the investigation. This will normally be their line manager, or a second named individual if the line manager is unavailable
- 18.7 The employee will be supported by the Staff Liaison Officer from the Trust's Contact Service and will have full access to counseling and support services.
19. **Timescales for Suspension**
- 19.1 Suspension will be for the minimum time necessary and will be reviewed every 5 days and lifted when the reason for suspension no longer exists.
- 19.2 Most investigations should be concluded within two weeks of suspension. Where this is not possible people should be informed that they remain suspended and told when the investigation is likely to be completed. This should be followed up in writing (see Appendix 3). Managers should make themselves available to meet employees to discuss the progress of the investigation.
- 19.3 If the employee wants to go on holiday during their suspension, they must still make a request to take annual leave.
20. **Pay during Periods of Suspension**
- 20.1 Suspension is on normal pay, i.e., the pay the person would have received if they had been at work based on a 12 week reference period (excluding pay for bank shifts). People receive no pay when they are suspended because they have allowed their professional registration to lapse or because they have lost their entitlement to work under the Immigration and Asylum Act. People on zero hours/bank contracts receive no pay during suspension.
- 20.2 If in receipt of pay on suspension from the trust, a suspended person must not undertake any paid work during the hours for which they are contracted to work. People suspended for clinical / professional reasons must not undertake any work, paid or unpaid, without prior permission from the appropriate manager. Where an employee holds employment outside of the Trust and is suspended from the Trust, the employee is obliged to declare their alternative place/s of work and the suspension information may be shared with another employer if it is in the public interest.
21. **Medical and Dental Staff**
- 21.1 Exclusion arrangements for Medical & Dental Staff are outlined in the Policy and Procedure for Handling Concerns about the Conduct, Performance and Health of Doctors and Dentists.

22. **Criminal Offences and Offences Committed Outside Work**
- 22.1 If an employee is charged or convicted for an offence, whether committed on or off duty, the Trust will consider whether the offence renders the employee unsuitable for continued employment and may take formal action up to and including dismissal. The Trust reserves the right to take action independently of any legal proceedings.
- 22.2 Where the offence or police investigation relate to mistreatment of a child or an “at risk” adult, the manager should inform the trust safeguarding team who will consider whether it is necessary to make a report to the Local Authority Designated Officer (LADO).
- 22.3 If an employee is subject of a police investigation, they are obliged to inform their manager so that the manager can consider whether any steps are required, e.g. to protect the safety of others.
- 22.4 Where allegations that occur outside of the Trust are brought to the attention of the Trust by other agencies or professional bodies, and those allegations have the potential to bring the reputation of the Trust into disrepute or may affect the suitability of the employee to continue in Trust employment, the Trust will investigate as reasonably as is practical. If after a detailed investigation it is considered that the actions of the employee damage the relationship of trust and confidence with the Trust, action up to and including dismissal may be taken.
23. **Duties**
- 23.1 Appendix 4 sets out roles and responsibilities involved in managing cases of misconduct. This section outlines responsibilities for upholding standards of conduct.
- 23.2 **Managers** must ensure that their people are aware of the required standards of conduct and handle disciplinary concerns fairly and promptly in accordance with this policy and procedure. They are responsible for promoting a culture in which concerns are dealt with openly and fairly, with an emphasis on learning from mistakes. Managers must seek advice about formal disciplinary cases from their Senior HR Advisor.
- 23.3 **Employees** are required to maintain good standards of behaviour and comply with the policy and procedure. Employees are expected to raise concerns about colleagues’ behaviour to an appropriate manager, especially where there could be consequences for patient safety. The Raising Concern Policy applies.
- 23.4 **People Business Partners** will advise and coach managers to develop the skills necessary to deal with cases confidently and effectively. The HR team will, with trade union representatives, ensure that the policy is regularly reviewed and monitored.
- 23.5 **Trade Union representatives** will work in partnership with managers to ensure that the policy and procedure is applied in a fair and consistent manner. Where an allegation arises, trade union representatives will work with other stakeholders to ensure that decisions can be taken promptly, thereby minimising staff anxiety. If an accredited Trade Union representative’s request for time off to attend a meeting under the Disciplinary Procedure is refused and they believe the refusal to be unreasonable, they should raise the matter with the Divisional Director of People.

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24. **Misapplication of the Procedure**
- 24.1 If an employee believes that the policy has not been applied properly, they can submit a statement of grievance. If the concern is related to an on-going disciplinary process, the concern should be raised and will be addressed as part of the disciplinary procedure.
25. **Policy Implementation and Dissemination**
- 25.1 The policy and procedure will be notified to heads of operations, clinical and professional leads and cascaded to all supervisory levels of management, with instruction that it replaces all previous documents, via e-mail and the intranet. The existing policies and procedures will be archived on the intranet and replaced with this document. Induction and any relevant training courses will be updated accordingly.
- 25.2 Advice and support on the application of this policy and procedure can be obtained from your Divisional HR team and trade union representatives.
- 25.3 Managers will ensure that the disciplinary procedure is applied fairly. The application of the formal procedure by ethnicity, gender, disability and age is monitored by the Directorate of People and Organisation Development. Data on the application of the procedure will be discussed at the Partnership Committee and management team meetings and reported in the Trust's annual Workforce Equality Information Statistical Report.
26. **References**
- Advisory, Conciliation and Arbitration Service (ACAS) <https://www.acas.org.uk>
 - NHS Improvements Dido Harding letter 24 May 2019 with guidance relating to the management and oversight of local investigation and disciplinary procedures <https://www.england.nhs.uk/2019/06/provider-bulletin-5-june-2019/>
 - Verita report <https://www.imperial.nhs.uk/about-us/news/investigation-disciplinary-process-actions-and-learning-for-trust>
 - NHS Resolution "Being fair - Supporting a just and learning culture for staff and patients following incidents in the NHS" <https://resolution.nhs.uk/wp-content/uploads/2019/07/NHS-Resolution-Being-Fair-Report-2.pdf>

27. **Monitoring Arrangements**

Lead	Policy Objective	Method	Frequency	Responsible Committee / Group
Employee Relations Function	Review of policy to ensure all information remains current	Review	Every 3 Years	Chief Executive / Executive Committee

28. **Supporting Information**

Current Document Information	
Document Lead:	Fiona Percival, Divisional Director of People & Organisation Development
Responsible Executive Director:	Kevin Croft, Director of People & Organisation Development
Date Approved by Policy Approval Group:	13.07.2020
Date Ratified by Executive Committee:	21.07.2020

Current Document Replaces	
Previous Document Name and Version:	Disciplinary Policy v 2.0

Supporting References	
Keywords:	
Related Trust Documents:	Appeals Procedure; Policy and Procedure for Handling Concerns about the Conduct, Performance and Health of Doctors and Dentists; Grievance Policy and Procedure; Professional Registration Policy; Information Security Policy; Data Protection, Confidentiality and Information Sharing Policy.

Contributing Authors	
Individuals:	Anita Niczyporuk, Associate HR Business Partner
Committees / Groups	Partnership Committee; Staff Side

Consultation		
	Sent to	Date
Committee / Groups:		
Departments / Individual:		

Version Control History			
Version	Date	Policy Lead	Changes
1.2	06.09.2010	Employee Relations	Approved
2.0	28.03.2017	Corporate Governance	Final ratified
2.1	03.09.2018	Anita Niczyporuk	Amendments to process made
3.0	21.07.2020	Compliance Unit	Final ratified.

Procedure for Disciplinary Hearings

- 1. Introduction by manager chairing the hearing**
 - Introduce those present
 - Confirm purpose of the hearing is to consider whether disciplinary action should be taken in accordance with the Disciplinary Policy and Procedure
 - Confirm that all parties have received the necessary paperwork
 - Outline procedure for the hearing

- 2. Manager or investigator presents case**
 - Manager outlines findings
 - Manager calls any witnesses
 - Employee/representative/ accompanying person and chair/HR Adviser may question the witnesses
 - Manager may re-examine the witnesses
 - Employee/representative and chair/HR Adviser may ask questions about the case in order to clarify facts

- 3. Employee/representative responds to the management case**
 - Employee/representative/ accompanying person responds to the allegation, offers an explanation for the alleged misconduct and/or raises any special or mitigating circumstances to be taken into account
 - Employee/representative calls any additional witnesses
 - Manager and chair/HR Adviser may question the witnesses
 - Employee/representative may re-examine the witnesses
 - Manager and chair/HR adviser may ask questions of the employee in order to clarify facts

- 4. Summing up – no new evidence presented at this stage**
 - Manager sums up
 - Employee/representative/ accompanying person sums up

- 5. Adjournment for manager to consider case**
 - Agree with all parties how and when the decision will be notified to the employee / representative if time does not permit decision to be given in person following the adjournment. [Where the conduct of more than one member of staff is being considered in relation to the same incident, the adjournment between the Disciplinary Hearing and the outcome letter may be a few days, until all the Disciplinary Hearings have been completed.

- 6. Reconvene for decision – manager verbally informs employee/representative of**
 - The outcome of the hearing/disciplinary action
 - The right of appeal
 - The outcome of the hearing to be confirmed in writing within five working days of the date of the hearing

**Template Suspension Letter
To be sent within 3 days following suspension**

Name Address

Date

Dear *****

RE: Suspension from duty

Further to our meeting on [DATE] I am writing to confirm your suspension with effect from [DATE].

I have decided to suspend you from duty because it is alleged that [INSERT REASON].

I would like to reassure you that suspension is not a form of disciplinary action or an assumption of guilt, but is necessary to allow a full investigation to be carried out. You should however realise that once the investigation has been completed, the allegations may be considered at a disciplinary meeting.

I do not expect your suspension to last more than 2 weeks but I will update you if the suspension needs to be extended.

I OR **** NAME/TITLE [DELETE AS APPROPRIATE] will carry out an investigation over the next few days. NAME/TITLE [Normally line manager] will keep in regular contact with you and update you on progress of the investigation.

EITHER

You are invited to a meeting on **** at *** in *** to discuss the allegations against you. If you find it helpful you can submit a written statement in advance of the meeting.

OR

I OR **** NAME OF INVESTIGATOR will contact you shortly to invite you to a meeting to discuss the allegations against you. If you find it helpful you can submit a written statement in advance of the meeting.

While you are suspended you should bear in mind the following conditions:

- You must not do anything that might interfere with the investigation.
- You are not allowed to contact your work area or approach anyone involved, or likely to be involved, in the case.
- If you would like to contact witnesses who may support their case you should contact me, ***** NAMED DEPUTY, or your trade union representative, in the first instance.
- Except for medical appointments you are required to remain off Trust premises unless you have my permission to attend a meeting with your trade union representative, an investigation meeting, a counselling appointment, a medical consultation etc
- You have to be available Monday to Friday from 9.00 am to 5.00pm to attend meetings, except during periods of annual leave already agreed
- If you would like to request annual leave or other types of leave during your period of suspension, you should do so in line with normal departmental procedures
- You must immediately notify me of any changes to your contact details

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- You are not allowed to undertake any paid work during the hours for which you are contracted to work for the Trust.
- If you become ill, you must notify me and follow agreed reporting procedures.

While suspended you will receive normal pay / you will not receive pay [DELETE AS APPROPRIATE] – please see the section 20 of the disciplinary procedure for more information.

With your agreement, I will ask the Staff Liaison Officer from the Trust's Contact Service to contact you to provide support.

I appreciate that the position is a stressful one. If you would like support from CONTACT, the Staff Counselling and Stress Management Service, you should phone 020 3313 2747 or 020 3313 2424. Alternatively, if you would like me to arrange for someone from CONTACT to contact you let me know.

I will endeavour to conclude the investigation within a reasonable timescale and ensure you are kept informed of progress.

Yours sincerely,

NAME OF MANAGER

JOB TITLE

Cc Name of Trade Union Representative if known

**Template Follow-up Suspension Letter
To be sent if member of staff still suspended after two weeks**

Name
Address

Date

Dear

RE: Suspension from Duty

Further to my letter of [INSERT DATE], I am writing to advise you that the investigation has not yet been completed and it is therefore necessary for you to remain suspended from duty.

I appreciate that this is particularly stressful for you. I hope the investigation will be completed by [INSERT DATE].

In the meantime, should you wish to discuss the progress of the investigation I am happy for you to telephone me on the above number. Alternatively, we can meet if you would find this more helpful.

I appreciate that the position is a stressful one. If you would like support from CONTACT, the Staff Counselling and Stress Management Service, please phone 020 3313 2747 or 020 3313 2424 or let me know if you would like me to arrange for them to contact you.

Yours sincerely,

**NAME OF MANAGER
JOB TITLE**

Cc Name of Trade Union Representative if appropriate

Roles and Responsibilities Involved in Managing Cases of Misconduct

Line manager is responsible for ensuring this policy is followed and for:

- Gathering initial facts in relation to misconduct, speaking to the employee and put the allegations to them and get their account of what has taken place. Take notes.
- Speaking to other witnesses or colleagues who are relevant and may be able to give an account of what took place. Take notes.
- Using this checklist to think through their approach
- Seeking HR Advice
- Seeking approval from a senior manager (8c) or above before carrying out a formal investigation or proceeding to formal action. Make sure they are fully briefed.
- Where necessary and where approval has been given, commissioning an investigation, setting out what needs to be investigated and agreeing a deadline for completion with the investigator.
- Letting the employee know what is going to happen next for example that the matter will be investigated, ideally face to face and make sure they are properly supported and referred to the Staff Liaison Officer and Contact Service. Confirm in writing.
- Letting the employee know the name of the investigator and that they will be in touch
- Informing witnesses if they need to be interviewed as part of the investigation and confirm the name of the investigator who will contact them. Make sure they are properly supported throughout.
- Regularly checking in with employees who are subject to investigation and/or formal action and ensure they are kept informed about what is happening and have the opportunity to ask questions and are advised about timescales and what will happen next.
- Providing support to ensure the investigation runs smoothly and the Investigator is provided with access to materials, documentation, systems and relevant employees and witnesses.
- Having regular check ins with the investigator to get a progress update and ensure the investigation is running promptly.
- Managing the health and wellbeing of staff involved seeking advice from Occupational Health where appropriate.
- Ensuring details of the investigation are only shared on a strictly need to know basis and that any staff involved in the investigation are aware of the duty of confidentiality
- At the conclusion of the investigation, considering the findings and with advice from a HR Advisor decide appropriate actions you wish to take.
- Fully briefing the 8c manager on the investigation findings and seeking approval for next steps e.g. managing informally or proceeding to a formal hearing.
- The HR Advisor will assist and advise managers on preparing for formal hearings, ensuring all documentation is distributed, and any witnesses are invited and briefed.
- Presenting case at a hearing and where applicable invite the Investigator to present their findings.

HR Advisor

- Provides timely advice to managers on managing misconduct, advising on the range of options and whether informal or formal action is appropriate in the circumstances.
- Ensures misconduct is handled consistently and proportionately across the Trust and in accordance with its policies and procedures and legal responsibilities.
- Provides challenge and examine cases to ensure no biases or conflicts of interest exist.
- Ensures all parties are treated fairly and impartially and the Trust's Disciplinary procedures are followed.
- Advises on options available to the manager and identify any risks.
- Provides the manager and investigator with timely advice throughout the handling of misconduct
- Actively ensures matters are progressing in a timely way.

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- Ensures the right support is in place for any employees and referrals are made to the Staff Liaison Officer, Contact and Occupational Health where appropriate.
- Ensures regular contact is in place with employees.
- Fully considers the findings of the investigation and advise the manager on options of future actions including whether formal or informal action is appropriate
- Ensures relevant approval is obtained.
- Advises on the selection of Panels and support the preparation of hearings ensuring everyone involved is properly briefed and trained.
- Attends hearing and advise the Panel on proceedings.

Investigator - carries out a thorough and impartial investigation. Their role is to:

- Meet with the commissioning manager at the outset of the investigation to agree the terms of reference.
- Develop the terms of reference and an investigation plan and get it signed off by the commissioning manager.
- Conduct investigation interviews, write up interviews and get the interviewee to check and sign off.
- Provide regular updates on the progress of investigations to the commissioning manager and the Senior HR Advisor.
- Escalate any additional allegations or concerns that emerge during the investigation to the commissioning manager and the Senior HR Advisor including any issues that are delaying the investigation.
- Produce a reporting presenting the investigation findings for the commissioning manager.
- Attend hearings, if required, to answer questions arising from the Investigation Report.

Senior Manager (8C or above)

Provides impartiality and oversight to decision making in cases of misconduct. The role of the senior manager is to provide constructive challenge and seek assurance on behalf of the Trust that cases are being handled fairly and proportionately, that decisions are well informed and the welfare of employees is given priority. The senior manager will seek to establish the following:

- Clarity about the allegations and assurance that the manager has gathered enough initial information to support their proposed course of action
- The action proposed by the manager is necessary, proportionate and justifiable in the circumstances and consistent with similar cases
- That all alternatives have been fully explored to ensure the matters is being dealt with in the most constructive way and in accordance with just culture principles.
- If further investigation is needed, whether the manager can carry this out (has the time and appropriate skills) or if a trained investigator should be commissioned. For cases that may result in dismissal a trained investigator must carry out the investigation.
- That the welfare of the employee and anyone else affected by the issues has been properly considered and a plan for support and communications has been developed and carried out.
- That the manager themselves is getting the right support.
- That no biases or conflicts of interest are potentially influencing the proposed actions
- That there are sufficient grounds and understanding of the issues and circumstances to conclude there is a case to answer at a formal hearing.

Chair of hearing

- Ensures the fair conduct of the hearing in accordance with the Trust's Disciplinary Policy.
- Makes sure that the employee is aware of their right to be accompanied
- Explores if any adjustments should be made to proceedings to support employees and particularly for disabled employees or those with health conditions.
- Explains the procedure to be followed, introduce the parties taking part
- Checks that each side has all relevant documents
- Ensures each side has the opportunity to state their case

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- Makes sure all relevant evidence is considered
- Considers whether further investigation is required if new matters arise
- Adjourns to consider the decision and weigh up all the evidence presented
- Decides whether allegations are substantiated on balance of probabilities
- Takes account of mitigating factors
- Considers any 'live' warnings
- Decides on sanction with advice from other panel members and HR support
- Acts consistently with previous decisions.
- Informs the employee of the decision and the reasons for it
- Informs the employee of their right of appeal.
- Ensures adaptations and adjustments are made to proceedings to support disabled employees and those with particular needs.

Other panel members

- Support the Chair of the hearing in ensuring the fair conduct of the hearing and compliance with the Trust Disciplinary Policy.
- Ask questions or clarify any issues raised during the hearing
- Consider on the balance of probability whether allegations are proven
- Help the Chair determine the appropriate sanction taking account of mitigation offered, the seriousness of the case, the sanctions applied in similar cases in the past, any previous warnings which are still in effect, the nature of the employee's job, the work record of the employee.

Staff Liaison Officer - provides emotional support to staff going through a disciplinary or formal process within the Trust. The service is offered by the CONTACT team and it is a confidential service which also provides counselling.

Equality Impact Assessment

Title of Policy: Disciplinary Policy and Procedure

Policy Version: v3.0

Document Lead: Fiona Percival, Divisional Director of People & Organisation Development

Responsible Executive Director: Kevin Croft, Director of People & Organisation Development

Please review the policy and ensure that during the development or review and consultation phases the below characteristics have been considered. If there are any impacts on any of the protected groups, please list the impact and the action taken.

Protected Group	Is There An Impact (Yes / No)	Comments and Action To Mitigate
Age	Yes / No	No impact identified
Disability	Yes / No	No impact identified
Gender Reassignment	Yes / No	No impact identified
Marriage or Civil Partnership	Yes / No	No impact identified
Pregnancy and Maternity	Yes / No	No impact identified
Race	Yes / No	No impact identified
Religion or Belief	Yes / No	No impact identified
Sex	Yes / No	No impact identified
Sexual Orientation	Yes / No	No impact identified

Equality, Health Inequality Impact and Risk Assessment (EHIIRA)

Stage 2

Template for Services, Policies and Function

Title of Service / Policy / Function:

Disciplinary Policy – Cheshire and Merseyside CCGs



EQUALITY, HEALTH INEQUALITY IMPACT AND RISK ASSESSMENT – STAGE 2

Please complete all sections
Guidance documents available

Name of Organisation: Cheshire and Merseyside CCGs

Assessment Lead: Cath Owen

Responsible Director/CCG Board Member for the assessment: Cath Owen

Who is involved in undertaking this assessment:
Stephanie Graham – HR Business Partner
Jen Mulloy – Equality and Inclusion Business Partner

Start date: 27/01/2021

Completed data: 19/02/2021

Who is impacted by the service / project / change?

Yes

No

Indirectly / Possibly

Patients, Service Users

x

Carers or Family

x

General Public

x

Staff

x

Partner Organisations

X

Summary information of the service / policy / function being assessed:

This is a revised Disciplinary Policy for staff.

Aims and objectives of service / policy / function:

To provide staff with a policy on disciplinary procedures.

If this assessment relates to a review / current service or policy, what are the main changes proposed and reason why:

<p>In May 2019, NHS Improvement circulated recommendations for NHS disciplinary procedures, developed by an independent panel that examined the suicide of nurse Amin Abdullah in 2016.</p> <p>These included giving better support to staff through disciplinary procedures, further training for those conducting investigations and hearings, and regular written updates to staff under investigation if their case is delayed.</p> <p>Imperial College Healthcare NHS Trust, where Amin worked, has completely redesigned its disciplinary procedures following his tragic death, and published the revised policy on its website.</p> <p>In December 2020, NHS England and NHS Improvement issued further action on benchmark current Disciplinary Policies and Procedures against the Imperial College Policy and good practice by the end of the financial year.</p> <p>Therefore, this policy has been benchmarked and there are suggestions to improve the policy highlighted with tracked changes.</p> <p>The change is also a recommendation within the WRES action plan as Black, Asian and minority ethnic (BAME) staff have suffered disproportionately from NHS disciplinary procedures.</p>	
<p>What engagement work is planned / or carried out and how will you involve people from equality groups to ensure that their views inform decision making:</p> <p>None required – but the benched marked policy from the Imperial College Hospital Trust did undergo engagement.</p>	
<p>Does the proposal or change help to reduce health inequalities? NO</p> <p>If yes, please summarise these:</p> <p>No – but will ensure that staff wellbeing is considered.</p>	
<p>Does the proposal relate to impacts due to COVID-19? NO</p> <p>If yes, please summarise these:</p>	
<p>Evidence section</p> <p>What evidence have you considered within this assessment? (this can include NICE / research / engagement work / demographics)</p> <p>Review work carried out by NHS England and NHS Improvement and subsequent Advisory Group recommendations.</p>	
<p>If this assessment relates to a policy / strategy, has an equality statement been added or planned to be added?</p> <p>If no, please state why not:</p>	<p>Yes</p>

IMPACT ASSESSMENT:

This section should record any known or potential impacts on equality groups and other groups at risk of poorer health outcomes. Impacts may be both negative and positive. Think about barriers to access and how different groups may be disproportionately impacted. You can copy and paste this tick: ✓

Age	Positive effect	Negative effect	Neutral
			X

Explanation:

The policy applies to all age groups.

Disability	Positive effect	Negative effect	Neutral
	X		

Explanation:

There is some anecdotal evidence that workers with a disability are more likely to enter into disciplinary procedures. The policy will ensure that the process is followed correctly and includes making reasonable adjustments. This may include the right to representation to be extended.

Sexual Orientation	Positive effect	Negative effect	Neutral
			X

Explanation:

The policy applies to all staff regardless of sexual orientation. People from LGB backgrounds are at risk from discrimination and hate crime. There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.

Gender Reassignment	Positive effect	Negative effect	Neutral
			X

Explanation:

Trans groups are at risk from discrimination and hate crime. There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.

Sex	Positive effect	Negative effect	Neutral
	X		

Explanation:

The policy applies to sex. There is supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying. In the cases of disciplinary cases regarding sexual harassment, consideration will be given to requests for investigating officers that are female / male (depending on the request).

There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.

Race	Positive effect	Negative effect	Neutral
	X		

Explanation:

The changes to the policy include making reasonable adjustment to the investigating panel – that considers how race related cases will be processed. This includes consideration for representation of panel members from Black, Asian and Ethnic Minority groups for disciplinary cases involving staff from ethnic minority groups.

Within the policy, any information contained in letters also include access to language services – in order that any translation needs are met.

There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.

Religion and Belief	Positive effect	Negative effect	Neutral
			X

Explanation:

The policy applies to all groups. There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.

Pregnancy and Maternity	Positive effect	Negative effect	Neutral
			X

Explanation:

The policy applies to all groups. If someone was pregnancy, the organisation will be mindful of wellbeing and health. Related policies and referrals to occupational health will be available. There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.

Marriage and Civil Partnership	Positive effect	Negative effect	Neutral

			X
<p>Explanation:</p> <p>The policy applies to all groups.</p> <p>There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.</p>			
Other groups at risk of poorer health outcomes:			
Carers	Positive effect	Negative effect	Neutral
			X
<p>Explanation:</p> <p>The policy applies to all groups.</p> <p>There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.</p> <p>Reasonable adjustments will be given for workers with caring responsibility such as time of meetings.</p>			
Socio-economic deprivation	Positive effect	Negative effect	Neutral
	X		
<p>Explanation:</p> <p>There should be no financial implications to workers entering into the disciplinary process. If staff are working remotely they may not have access to printers. Arrangements would be put in place if the workers need documentation printing.</p> <p>The policy applies to all groups.</p> <p>There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.</p>			
Other groups e.g. Asylum Seekers, Homeless, Sex Workers, Military Veterans, Rural communities – please state	Positive effect	Negative effect	Neutral
			X
<p>Explanation:</p> <p>The policy applies to all groups.</p>			

There are supporting HR policies to deal with incidents of discrimination, harassment, victimisation and bullying.

Equality Legal Duties – compliance

Has the CCG given due regard and given consideration for the following:

Eliminating unlawful discrimination, harassment, and victimisation <i>Unlawful discrimination takes place when people are treated 'less favourably' as a result of having a protected characteristic</i>	Yes
--	-----

Advancing equality of opportunity between people who share a protected characteristic and those who do not <i>Making sure that people are treated fairly and given equal access to opportunities and resources</i>	Yes
--	-----

Fostering good relations between people who share a protected characteristic and those who do not <i>Creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference</i>	Yes
--	-----

Are there any potential Human Rights concerns If yes – please seek advice from the E&I team to discuss carrying out specific human rights assessment	No
--	----

Compliance to the NHS Contract In relation to Service Conditions (SC13) which includes Accessible Information Standard	N/A
--	-----

Supporting narrative to support the above responses: This section must be completed

The policy has given consideration to the equality act and those with protected characteristics. The policy has also considered other 'underserved groups' such as carers and those on lower incomes. The policy has included an equality statement and will make reasonable adjustments for individuals depending on their circumstances.

Equality Related Risk Assessment Section

If you have identified an equality risk, please use the table below to work out the risk score. If you have a score of 9 and above you should escalate to risk management procedures.

Level of consequence	Level of risk				
	RARE: 1	UNLIKELY: 2	POSSIBLE: 3	LIKELY: 4	VERY LIKELY:5
1.Negligible	1	2	3	4	5
2.Minor	2	4	6	8	10
3.Moderate	3	6	9	12	15
4.Major	4	8	12	16	20
4.Catastrophic	5	10	15	20	25

If you have identified an equality risk: What is the consequence? What is the likelihood? Risk score = consequence x likelihood	Risk Score = 4
--	----------------

Any narrative relating to risk score:

Equality Action Plan with target dates

Please include any related recommendations arising from this assessment. A target date is required for all actions

Action required	Lead person	Target date	Further comments
Ongoing monitoring of the policy to check for any equality issues	HR leads	ongoing	

Date for this assessment to be shared with governance processes: **DD/MM/YYYY**
(All assessments should have governance oversight)

Final Section: Approval from Equality and Inclusion Team

Date received by E&I Team for assurance check: 27/1/2021 (first draft)

Person completing the assessment template: Stephanie Graham

Date and E&I Team member completing assurance check: Jennifer Mulloy

What next?

1. Regularly review the action plan and update EHIIRA accordingly
2. Save a finalised copy for your records and share with your governance processes and the E&I Team / E&I Business Partner
3. Follow any internal advice from the E&I Team – if provided

Version revised 19/6/2020

1 April 2021

Dear Colleagues

I hope you are keeping well during this very challenging time.

In December 2020 I wrote to ask that by the end of March 2021 you should have reviewed all disciplinary policies and procedures against the recommendations issued in May 2019 (in a [letter from the Chair of NHSI about improving our people practices](#)). Specifically, I asked that:

- your disciplinary policy is reviewed and discussed at a public Board or equivalent and
- your updated policy is made available on your organisation's public website.

I also cited as a good practice reference point the policy Imperial College Hospitals NHS Trust has [published on its website](#)

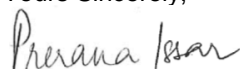
Since I wrote in December, the pandemic reached unprecedented levels and I know that you have been busy ensuring your organisations are fully focused on responding to Covid-19. Thank you so much for your continued efforts, which is making a massive difference to patients, our people and our NHS overall.

I appreciate, therefore, that the pandemic may well have delayed your intentions to review your disciplinary policies by the end of March. However, as we think about staff recovery and prioritising their health and wellbeing, it's important we ensure that HR policies and processes are compassionate, supportive and inclusive.

Therefore, could you please update your Regional Director of Workforce and OD with your progress by the end of April, and confirm to them your status on completing the stated actions by end of June 2021.

I hope you all manage to take some leave in the next few months to ensure you are looking after yourself. My heartfelt thanks for all your efforts.

Yours Sincerely,



Prerana Issar
NHS Chief People Officer

NHS England and NHS Improvement



MEETING OF THE GOVERNING BODY June 2021

Agenda Item: 21/72	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk	Clinical Lead: N/A
Report date: June 2021		
Title: Joint Committee for the Proposal for a Comprehensive Stroke Centre		
Summary/Key Issues: The purpose of this report is to seek approval for decisions regarding a Comprehensive Stroke Centre be delegated to a joint committee comprising Liverpool, Southport and Formby and South Sefton and West Lancashire CCGs.		
Recommendation The Governing Body is asked to:		Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
a) Approve the delegation of decision-making regarding the proposal for a Comprehensive Stroke Centre to the joint committee; b) Approve the extension of membership of the North Mersey joint committee to include West Lancashire CCG, limited to the proposal for a Comprehensive Stroke Centre.		

Links to Corporate Objectives 2021/22 (x those that apply)

	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To drive quality improvement, performance and assurance across the CCG's portfolio.
	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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			Committees in Common 19 th May 2021

Report to the Governing Body June 2021

1. Executive Summary

A proposal to establish a North Mersey Joint Committee was approved by the four North Mersey Governing Bodies in May 2018.

This paper proposes that the work programme of the existing joint committee is extended to include consideration of the Comprehensive Stroke Centre proposal.

The joint committee currently has membership from Knowsley, Liverpool, South Sefton and Southport and Formby CCGs. It is proposed that the membership of the Joint Committee is extended to West Lancashire CCG just for this particular service proposal, an overview of which is contained in this report.

2. Background

The purpose of this paper is to seek approval for decisions regarding a Comprehensive Stroke Centre be delegated to a joint committee comprising Liverpool, Southport and Formby and South Sefton and West Lancashire CCGs.

A proposal to establish a North Mersey Joint Committee was approved by the four North Mersey Governing Bodies in May 2018. This Joint Committee had a defined work programme which included:

- The proposal for a single trauma and orthopaedics service for North Mersey, which is approved in 2019.
- The proposal for a new Liverpool Women's Hospital, which is yet to be progressed.

This paper proposes that the work programme of the existing joint committee is extended to include the Comprehensive Stroke Centre proposal.

The joint committee currently has membership from Knowsley, Liverpool, South Sefton and Southport and Formby CCGs. It is proposed that the membership of the Joint Committee is extended to West Lancashire CCG just for this particular service proposal.

3. Purpose of a joint committee

The NHS Act 2006 (as amended) ('the NHS Act'), was amended through the introduction of a Legislative Reform Order ("LRO") to allow CCGs to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may form a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act. Joint committees are statutory mechanisms which enable CCGs to undertake collective strategic decision making.

Decisions are taken by members of a joint committee in accordance with the authority delegated from member CCG governing bodies. Decisions are restricted to proposals approved for delegation by each Governing Body. In delegating specific decisions to be made by the joint committee, those decisions would be binding on member CCGs.

The joint committee is required to make decisions in the best interests of the whole population affected, with members of the committee representing this wider constituency rather than the population of the Governing Body they are drawn from.

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

4. Background to the comprehensive stroke centre proposal

The case for change for a Comprehensive Stroke Centre is to ensure that hyper-acute stroke services across the North Mersey hospital system meet national clinical standards and best practice guidelines. The case for change is driven by a number of key challenges in meeting the stroke national clinical standards locally:

- None of the 3 current North Mersey Hyper Acute Stroke Units (HASUs) at the Royal, Aintree and Southport hospital sites admit patients to the clinical standard of 90% of patients treated within 4 hours;
- A stroke unit needs to undertake adequate volumes of activity to maintain clinical quality. North Mersey HASUs do not achieve the minimum recommended number of strokes per annum;
- 90% of stroke patients should remain on a stroke unit for 90% of their care to ensure specialist support. For North Mersey we achieve only 62%;
- There is insufficient number of stroke consultants and other specialist staff to ensure consultants assess 95% of patients within 24 hours.
- Following a brain scan, suitable patients should have thrombolysis within 1 hour of arriving at hospital. In North Mersey thrombolysis was provided to 7.2% of patients, the target in the NHS Long Term Plan is 20% by 2025
- Patients requiring medical thrombectomy should receive it as soon as possible and within 5 hours of arriving at hospital. In North Mersey 1.4% of patients received this in 2019/20, the NHS Long Term Plan target is 10% by 2022
- Patients should be transferred home as soon as possible with early supported discharge. In North Mersey, there is variation between CCG populations in quality of the early supported discharge pathway

A review of North Mersey hyper acute stroke services began in July 2019, with the intention of:

- Providing the best stroke service in the country;
- Enabling patients to receive the right care in the right place first time;
- Having a service that is sustainable clinically and financially;
- Improving patient outcomes;
- Giving patients the best possible experience.

The proposal that has emerged has been co-designed by clinical staff from the three trusts that currently provide stroke care locally - Liverpool University Hospitals NHS Foundation Trust (LUHFT), Southport and Ormskirk Hospital NHS Trust and The Walton Centre NHS Foundation Trust, which provides a thrombectomy service, which is part of the stroke pathway for some patients. Commissioners, patients who have experienced hyper acute stroke services and the Stroke Association have also been closely involved in the process, to ensure a collaborative, whole-system approach.

The preferred clinical model that emerged from an options appraisal process was for a centralised HASU on the Aintree site for the first 72 hours of care, co-located with specialist services provided by the Walton Centre and with post 72 hours care provided closer to home at either Aintree, Broadgreen

or Southport hospitals. This clinical model would bring together stroke clinicians across the system into one networked team, providing a single comprehensive stroke service for this population.

The development of the proposal was paused during the Covid-19 pandemic. However, an interim service change was put in place during the first wave of Covid-19 to enable patients to receive urgent stroke care, with services temporarily relocated to the Walton Centre, with clinicians from both LUHFT and The Walton Centre delivering stroke care. The service subsequently returned to LUHFT. This temporary change provided valuable learning to inform the proposal.

In the autumn of 2020, the North Mersey Stroke Board, which has overseen this programme, reconvened to take forward the proposal. The Pre-Consultation Business Case (PCBC) was updated with refreshed data and further clinical engagement was undertaken which reconfirmed the preferred option.

As part of the NHS England assurance process, this proposal has recently been reviewed by an independent Clinical Senate to ensure there is a sound clinical evidence base and compliance with best practice in relation to clinical quality. The feedback from the Clinical Senate will inform the final pre-consultation business case.

The programme is now at the stage to undertake the NHS England assurance process for major service reconfiguration proposals, followed by a decision by commissioners to put the proposal to patients, public and stakeholders in a formal public consultation.

The decisions that would be made by the Joint Committee, subject to approval by CCG Governing Bodies to delegate to the joint committee for this proposal would be to:

- Approve the pre-consultation business case;
- Approve a formal public consultation on the proposal;
- Approve the final business case, incorporating the findings and mitigations from the public consultation. This decision would enable the proposal to be implemented by providers.

5. Joint committee membership

The CCGs serving the populations of Knowsley, Liverpool, Southport and Formby, South Sefton and West Lancashire would form the membership of the Joint Committee to consider this specific proposal.

There is a track record of collaboration in commissioning across North Mersey. A Committee(s) in Common (CIC) was established across Liverpool, South Sefton and Knowsley CCGs in October 2014. Southport and Formby CCG joined the CIC in 2017. The CIC provides a commissioning forum for the development of collaborative service change proposals. It makes recommendations for decisions to each Governing Body or a joint committee, it is not a decision-making committee.

6. Membership and decision-making

The membership of the joint committee would be updated to reflect West Lancashire representation, purely for the consideration of this specific proposal.

The current membership comprises three representatives from each of the four North Mersey CCGs. For the purpose of the extended joint committee specifically for the stroke proposal, the membership would be extended to three representatives from West Lancashire CCG.

Each CCG Governing Body would receive assurance through representation on the committee as well as the submission of minutes to each Governing Body.

7. Next steps

The next steps and indicative dates for the progression of the stroke proposal are as follows:

- Undertake NHS England Assurance process to obtain support for the proposal and approval to go to formal public consultation – June 21
- Convene the joint committee to approve the pre-consultation business case and plans for a formal public consultation – July 21
- Engage with each local authority Overview and Scrutiny Committee (OSC), which will consider the establishment of a joint OSC for scrutiny of this proposal – July 21
- Formal public consultation to commence – July – Oct 21
- Findings from consultation will inform the full business case – Dec 21
- A final business case to be approved by commissioners and provider boards – Jan/Feb 2022

8. Financial implications and risk

The establishment of a joint committee does not have any financial implications in itself. However, the stroke proposal does potentially have financial implications for the system in respect of both revenue and capital consequences should the case be approved, with an anticipated increase in recurrent costs to deliver an enhanced, integrated service capable of realising improved health outcomes for people who experience stroke. The financial impact need will be incorporated into the pre-consultation business case for the system to consider with clear governance routes for sign off in respect funding availability and prioritisation of resources.

9. Conclusion

This proposal to extend the work programme and the membership of the Joint Committee to include West Lancashire CCG for this particular service proposal, is intended to streamline decision-making for a service change that will deliver improved health outcomes for people across this whole population.

Fiona Taylor
Chief Officer
June 2021

MEETING OF THE GOVERNING BODY June 2021

Agenda Item: 21/73	Author of the Paper: Terry Stapley Corporate Business Manager terry.stapley@southseftonccg.nhs.uk	Clinical Lead: N/A						
Report date: June 2021								
Title: CCG Published Registers								
Summary/Key Issues: The members are presented with the CCG's published registers as at 31 st March 2021. The report includes an update on the work undertaken and the next steps planned for 2021/22, as reported to the Audit Committee in April 2021.								
Recommendation The Governing Body is asked to receive the report, noting the areas identified within the report and making recommendation for further consideration or improvement.		<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center;">X</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black;"></td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X							
Approve								
Ratify								

Links to Corporate Objectives 2021/22 (x those that apply)	
X	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To drive quality improvement, performance and assurance across the CCG's portfolio.
X	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes.
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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, 21 st April 2021

Report to the Governing Body June 2021

1. Summary

The members are presented with an update on the published registers as at 31st March 2021 for:

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

2. Register of Procurements

The register captures the procurement decisions and is published on the CCG website.
<https://www.southportandformbyccg.nhs.uk/what-we-do/who-we-buy-services-from/our-procurements/previous-procurements/>

Next steps: Update

The information received in the last request for updates have been added into the register which has now been published on the CCG website.

Additional documentation is still being requested in support of any register updates including copies of approved minutes and meeting declaration forms. From 1st April 2021 the document will include a column with the name of the CCG Clinical Lead, the CCG Contract Manager, and the name of any other individuals with decision-making responsibility as per MIAA recommendation.

The intention is to review the format of the register once the documentation is received. This is to ensure any changes capture the necessary information.

The request for the additional information is to ensure that any potential conflicts have been dealt with accordingly and that individuals are not making decisions where they are conflicted.

3. Register of Conflict Breaches

The register captures any CCG breaches as at 31st March 2021.

There have been no breaches identified or reported since the last report.

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.

The current register is published on the CCG website and can be found here

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

Next Steps: Update

Work is continuing on the previous update provided to the committee.

- Contacting the finance team to ensure there is a process for reporting any sponsorship payments on a regular basis; this is still yet to be determined whether it would be monthly or quarterly update.
- Review the information on the ABPI system and compare with information previously exported from the system.
- Report any discrepancies to ABPI (as described below).

Having gained confirmation of actual CCG payments and a better understanding of the multiple sources of information, a system still 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 captures the current gifts and hospitality.

The register is publicised on the CCG website and can be found here:

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

Next Steps

The information received in the last request for updates have been added into the register which has now been published on the CCG website

6. Register of Interests

There is a fully compliant process in place for the management of the CCG conflicts. This includes:

Process:

- Quarterly requests for updates

- 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
- Information requests made to HR for information on starters, leavers, changes, individuals on long term sick, secondments, etc.

Content

- 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; unpublished and published
- 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 that have not responded
- Regular data cleanse of items that have elapsed for more than circa 7/8 months
- 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 position of governing body member superseded the need for any further committee information.
- The identification of the members and decision makers also assists in the monitoring of responses from that cohort of individuals

The latest version of the published registers, as at 31st March 2021, can be found on the CCG website here <http://www.southportandformbyccg.nhs.uk/about-us/our-constitution/>

Next Steps: Update

The information received in the last request for updates have been added into the register which has now been published on the CCG website.

7. NHSE Conflicts of Interest Training

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.

Next Steps: Update

As a recommendation from MIAA, compliance rates for mandatory conflicts of interest training will be reported to the Audit Committee on a regular basis.

8. Recommendations

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

Terry Stapley
Corporate Business Manager
June 2021

MEETING OF THE GOVERNING BODY June 2021

Agenda Item: 21/	Author of the Paper: Terry Stapley Corporate Business Manager Terry.Stapley@southseftonccg.nhs.uk	Clinical Lead: N/A						
Report date: June 2021								
Title: Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map: Q4 2020/21								
<p>Summary/Key Issues:</p> <p>The members are presented with the updated Corporate Risk Register (CRR) and GBAF for Q4 2020/21 as at 31 March 2021. Also provided is a heat map which summarises the mitigated CCG risks scored 12 and above.</p> <p>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.</p> <p>Also presented is an update on the COVID-19 risks which have now been incorporated into the main CRR and the latest SEND Risk Register that is reviewed by the SEND Continuous Improvement Board.</p> <p>Leadership Team received and reviewed the GBAF and CRR and Debbie Fairclough advised of the moderation activities that took place at committee level to ensure that scoring was consistent and appropriate.</p>								
<p>Recommendation</p> <p>Following review and scrutiny, the Governing Body is asked to:</p> <ul style="list-style-type: none"> • receive the report content and actions • note the review, scrutiny and approval by the Audit Committee in April 2021 • make recommendation for any further updates and actions 		<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 5px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 20px;">X</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X							
Approve								
Ratify								

Links to Corporate Objectives 2021/22 (x those that apply)

X	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
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X	To drive quality improvement, performance and assurance across the CCG's portfolio.
X	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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			Reviewed by the respective risk leads, committees, SMT and Leadership Team. Audit Committee 21/04/2021

Report to the Governing Body June 2021

1. Executive Summary

The paper provides an updated Corporate Risk Register (CRR), Risk Heat Map and Governing Body Assurance Framework (GBAF) as at 31st March 2021.

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 COVID-19 risks which have now been incorporated into the main CRR and the latest SEND Risk Register which is reviewed by the SEND Continuous Improvement Board.

2. Position Statement 31st March 2021

2.1 Governing Body Assurance Framework (GBAF)

There are a total of 12 risks against the 6 revised and updated strategic objectives for 2020/21.

GBAF Risk Positions (*appendix A*)

Risk	Score	Number of Risks
Low	1-3	0
Moderate	4-6	1
High	8-12	7
Extreme	15 - 25	4

GBAF Highlights

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. Work progresses on the next phase.

2.2 COVID/Corporate Risk Register (CRR) and Risk Heat Map

The COVID risks ('C' reference) have been incorporated into the Corporate Risk Register and aligned to the CCG committees to be presented through the review and scrutiny process. These will be monitored to ensure aligned correctly and reviewed by the risk leads in terms of risk themes. Of the 16 COVID-19 risks, there are 4 rated as high (score of 12) or above and currently aligned to:

- Access to Services: 2
- Quality Assurance of Providers: 1
- Primary Care: 1

Of the 66 operational risks on the CRR as at 31st March 2021 (Q4 2020/21), there are 27 rated high (score of 12) or above:

- Financial Duties: 1
- Quality Assurance of Providers: 8
- Primary Care Services: 6
- Access to Services: 2
- Commissioning: 5
- Corporate Systems and Processes: 1
- COVID-19: 1
- Performance Targets: 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 at Audit Committee of the process for removing risks from the register and to assure the committee on mitigation of that risk before removal, as included in the below:

Recent Movement of Operational Risks	
<ul style="list-style-type: none"> • 6 new risks 	<ul style="list-style-type: none"> • JC39: There is a risk that the COVID Mass Vaccine programme will not deliver the required number of vaccines resulting in continued and sustained risk of COVID19 infection within the community and in care home settings if workforce is not available. • JC40: Risk to the quality of patient care due to partnership breakdown resulting in negative impact on staffing within the practice. (<i>Risk score of 9</i>) • JC42: Risk that patients will move practices due to practice merger (destabilising other practices) (<i>Risk score of 6</i>) • QUA090: The Sefton LMC does not support the deployment of primary care high risk FIT due to the medico-legal implications for GPs. This could prevent rollout into Sefton primary care. • QUA091: There is a risk that acute providers do not engage in planned care transformation schemes due a lack of clarity regarding CCGs role in the post covid restoration and recovery programme and/or divergent priorities resulting in difficulties implementing QIPP schemes. • QUA092: Private & Confidential Risk

<ul style="list-style-type: none"> 4 risks increased (12+) 	<ul style="list-style-type: none"> QUA063: There is the 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 refocus of target deadlines for the ARP programme following difficulty in implementing in 2018/19 <ul style="list-style-type: none"> Rationale: No further update on above. Local reporting stood down again due to COVID pressures. FR011a: There is a risk that the CCG will not fully deliver its planned QIPP target in 2020/21 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"> Rationale: The F&R Committee agreed to increase the likelihood residual score and consequence residual score from 4x4 to 5x5. This is in line with the risk matrix rationale, as the CCG is almost certain to have missed its QIPP target by over £2m. The financial regime in place as a result of the COVID-19 pandemic has limited the ability to remove costs and make savings in 2020/21. QUA078: There is a risk to performance and quality at the AUH site LUHFT caused by the service reconfiguration due the merger resulting in potential adverse impact on care and outcomes. <ul style="list-style-type: none"> Rationale: Coordinating Commissioner has formally requested CQC action plan from the Trust as not presented by beginning of March 21. QUA084: There is the Risk that children's and young people's mental health needs are not met due to an increasing demand for support and treatment as a result of Covid-19, which could be further exacerbated by lockdown 3 measures. Increased demand is being seen in CAMHS providers. Reported 20% increase in referrals for last 6 months of 2020 compared to same time in 2019. Reported increase in urgent referrals and an increase in complexity. <ul style="list-style-type: none"> Rationale: CCG agreed additional resource in response to increasing demand due to covid-19. Meetings scheduled on implementation of additional CCG investment with CAMHS providers and progress towards stabilising waiting times.
<ul style="list-style-type: none"> 23 risks have remained static of which 2 have been recommended for removal: 	<ul style="list-style-type: none"> JC32: There is currently a shortage in access to phlebotomy within primary care and community care services. This will have an impact on the overall care for patients and the making of clinical decisions including prescribing of certain drugs <ul style="list-style-type: none"> Rationale: Situation improved, additional capacity remains in place. Proposal to close risk following review at PCCCIC JC37: There is a risk that the PCNs will be unable to administer the COVID Mass Vaccine programme if appropriate premises are not identified for the receipt, storage and administration of the vaccine resulting in continued and sustained risk of COVID19 infection within the community and in care home settings <ul style="list-style-type: none"> Rationale: Proposal to close risk following review at PCCCIC
<ul style="list-style-type: none"> 2 risks have reduced to below the reporting level 	<ul style="list-style-type: none"> FR0011: There is a risk of non-delivery of the CCG's control total in 2020/21 due to emerging pressures on expenditure or non-delivery of its savings plan. <ul style="list-style-type: none"> Rationale: The F&R Committee agreed to reduce the likelihood

	<p>residual score and consequence residual score from 4x5 to 3x3. This is in line with the risk matrix rationale, as the overall financial pressure is now below £1m and the likelihood of the risk materialising has reduced. The financial pressure is at £700k after the expected additional funding from the C&M HCP.</p> <ul style="list-style-type: none"> • QUA085: Southport and Ormskirk Trust are currently not achieving the 95% of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E dept. causing overcrowding and the inability to practice safe social distancing <ul style="list-style-type: none"> ○ Rationale: AED delivery board identified work streams - Non elective demand management, Internal patient flow and intermediate care board. Work to progress regarding improving patient flow and discharge. <p>NHS 111 First now fully operational and evolution meetings planned to develop service further.</p>
<ul style="list-style-type: none"> • Of the risks below the reporting level of 12: 6 have been recommended for removal (<i>see register</i>) 	<ul style="list-style-type: none"> • QUA080: There is a risk to the delivery and quality of phlebotomy service as it resumes business as usual in line with COVID restrictions - significant loss in capacity and potential increases in access times <ul style="list-style-type: none"> ○ Work underway to review service specification and delivery model to meet new ways of COVID working. Waiting times fluctuate with remedial action to resolve. Recommend removing from risk register and moving to business as usual. • JC29: Non Medical Prescribing (NMP) . Risk that without robust NMP policy in place staff may be being asked to work outside the scope of their role. <ul style="list-style-type: none"> ○ Proposal to close risk following review at PCCCIC • FR0012: There is a risk that the CCG will experience potential increased cost pressures should the CCG fail to satisfactorily manage outstanding 2019/20 contract differences between the CCG and Southport and Ormskirk NHS Trust. <ul style="list-style-type: none"> ○ The F&R Committee agreed to close this risk, further to confirmation by the CFO that the issue has been resolved. • JC35: Private & Confidential Risk • JC36: Private & Confidential Risk • JC38: There is risk over access to certain community services due to lack of access <ul style="list-style-type: none"> ○ Proposal to close risk following review at PCCCIC
COVID Risks	
<ul style="list-style-type: none"> • 0 risks have been recommended for removal 	N/A

COVID-19 Risk Positions (12+)

Risk	Score	Number of Risks
High	8-12	6

Risk	Score	Number of Risks
Extreme	15 – 25	4

CRR Operational Risk Positions (12+)

Risk	Score	Number of Risks
High	8-12	26
Extreme	15 – 25	17

Heat Map: 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**.

The Heat Map shows the position of the current operational risks and the movement since the last quarter.

3. SEND Risks

The Audit Committee was presented with a copy of the latest SEND Continuous Improvement Board (CIB) risk register as at 4th March 2021, which sits separate due to the differing risk score matrix.

4. Fraud, Bribery and Corruption Risks

The fraud risks devised by MIAA have been incorporated into the CCGs risk register and are all a low to moderate level. As part of the main register the risks are presented through the risk review process and will be monitored by the respective committee.

5. Risk Review: Process Monitoring

A review has been carried out on the process for the management of the risks. Further work will be done on this over the coming months and will include:

- 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, ensuring continual review by each committee of 'all' risks within the register or their domain, which will now include:
 - COVID risks
 - Fraud, Bribery and Corruption risks
 - SEND risks (*sits as a separate document due to the differing risk matrix used*)
- Process and review support for risk owners and committee leads

6. Audit Committee Recommendation

At the Audit Committee meeting in April 2021 the membership reviewed and discussed the documents and approved it for submission to the governing body subject to the following::

- Review and if satisfied approve the risks for removal as listed in section 2:
 - QUA080, FR0012, JC29, JC32, JC35, JC36, JC37 and JC38

- The Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map will be reviewed at Senior Management Team on a monthly basis for completeness.

7. 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

Terry Stapley

Corporate Business Manager

June 2021

Southport and Formby CCG
Governing Body Assurance Framework
2020/21

Update as at: [Quarter 4 - 13.04.2021](#)

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 support the implementation of the Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.	1.1	Diversion of supporting and recovering from COVID-19	Stephen Williams	12	9	<ul style="list-style-type: none"> • Sefton2gether plan agreed by all partners • Implementation plan prepared. • Implementation suspended due to Covid-19 (national request) • Recovery underway to incorporate Sefton2gether implementation • Phase 3 planning includes recovery and focus on addressing health inequalities incorporating Sefton2gether objectives • Planning underway for 2021/22 commissioning intentions to re-focus on Sefton2gether ambitions and objectives • Maintain communications with all stakeholders • Strategic Task & Finish Group launched in March in 2021 with senior representation from all key partners. • In April 2021 the Group approved the development of a single plan with a single set of indicators that will incorporate the key elements of Sefton2gether and Living Well in Sefton. • Operational Planning Guidance released in March 2021. Planning Leads identified across the CCGs. Work progressing to set out how key

Strategic Objective	Principal Risk identified		Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
						<p>national aims will be delivered in Sefton.</p> <ul style="list-style-type: none"> Successful vaccination programme in place allowing focus on restoration and recovery.
	1.2	Reconfigurations of organisations detract from implementation agenda	Stephen Williams	9	9	<ul style="list-style-type: none"> Review implementation approach alongside potential organisational changes The development of a Sefton Integrated Care Partnership has been agreed with key structures being developed HR framework is due to be released in summer 2021 covering CCG reconfiguration. All staff below Board level will have guaranteed roles. A phased approach to aligning staff to the Sefton Integrated Care Partnership (ICP) has been agreed with the Council.
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	Stephen Williams Martin McDowell	16	16	<ul style="list-style-type: none"> Joint Quality and Performance committee meetings continuing Review of performance and shortfall areas identified and pursued. Covid-19 will impact on provider abilities to meet standards Cancer Alliance supporting providers on cancer performance shortfalls
	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	Debbie Fairclough	16	8	<ul style="list-style-type: none"> All arrangements below to remain in place until any official declaration that the incident has been stood down Statutory Lead in place NHSE approval of assurance against

Strategic Objective	Principal Risk identified		Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
		Category 2 responder.				<p>key standards.</p> <ul style="list-style-type: none"> • Full incident management team and cell arrangements established in response to of C-19 • AO lead role for Sefton in wider system c-19 response • IMT continuing to operate with the focus solely on the Mass Vaccine effort • Sefton Mass Vaccine Strategic Group of stakeholders now established to co-ordinate a local response • Vaccine programme continues to successfully progress across Sefton
	2.3	Failure to have in place plans in the event of a no-deal Brexit after the transition period may result in adverse consequences for patients due to potential medicines supply issues	Debbie Fairclough	20	4	<ul style="list-style-type: none"> • EU exit event attended • NHSE sitrep procedure now paused • NHSE EU exit webinars scheduled for forthcoming months for CCG leads • Business continuity exercise for leadership team completed for February 2020 • EU Exit planning arrangements to recommence • UK left EU on 31.1.20 • NHSE will issue guidance in October 2020 setting out the NHS operational response requirements. • Interim Programme Lead – Corporate Services is the identified “UK end of transition SRO” for the CCG. • CCG liaises with LA in respect of traffic management risk assessments in the context of the supply of medicines not being disrupted particularly in relation to

Strategic Objective	Principal Risk identified		Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
						<ul style="list-style-type: none"> the COVID19 Mass Vaccine Programme CCG responding to c-19 response through establishment of IMT and key cells The UK exited the EU at the end of the transition period NHSE Sitrep reporting was stood down with effect from 1.4.21 as a consequence of no adverse impacts transpiring due to EU Exit
	2.4	Failure to have in place care home provider failure plans could adversely affect continuity of care for patients.	Jane Lunt Chrissie Cooke	9	20	<ul style="list-style-type: none"> Care home provider failure plan in place and has been tested CCG and LA lead have met to consider and review risks and remain in contact to ensure any new risks are identified and managed The COVID19 outbreak will have a significant and adverse impact on delivery of this objective. CC-As we come out of restrictions for the pandemic we are also seeing a reduction in covid cases. However this is remains a high risk situation as the staffing for care homes remains fragile.
3. 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	3.1	Failure to deliver the CCGs overall QIPP plan	Martin McDowell	9	20	<ul style="list-style-type: none"> The COVID19 outbreak will have a significant and adverse impact on delivery of this objective.

Strategic Objective	Principal Risk identified		Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
and the Integrated Commissioning Group.						
	3.2	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. (prev 6.1)	Tracy Jeffes	9	9	<ul style="list-style-type: none"> • Integrated Commissioning Group membership expanded and joint development programme commenced. undertaken. established and plan for more ambitious joint working • Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements • Working together on implementation plan for the Health & Wellbeing strategy and the 5 year plan • BCF steering group is actively reviewing commissioning activity in BCF plan • Accelerated joint working on the development of the Sefton Integrated Care Partnership. Strategic Task and Finish group established to steer the development of both integrated commissioning and provision. • ICG role and function review completed and workplan established with clear objectives for the three new joint commissioning posts. in place and AQuA sessions agreed. • New BCF approved by council and governing bodies with s75 agreed • Many areas of development are paused to enable c-19 response, however now recommencing.
4. To support primary care development ensuring robust and resilient general practice	4.1	Current work pressures reduce ability to engage on the transformation agenda.	Jan Leonard/ Tracy	9	9	<ul style="list-style-type: none"> • On-going CCG support for development of PCNs. External OD support in place to develop new SF PCN's plans and

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
services and the development of Primary Care Networks (PCNs).		Jeffes			<p>implementation of new governance arrangements</p> <ul style="list-style-type: none"> • Support for PCNs in relation to the C-10 vaccination programme in relation to staffing, finance and contractual requirements. PCN expectation document completed • LQC for 2019/20 operational and schemes live components paused to enable C-19 response and rolled forward to 2021-22 • On-going recruitment by PCNs to deliver additional roles in primary care including social prescribing, first contact physio, care co-ordinators, physicians associates • PCN Social prescribing link workers commenced in post December and now supporting C-19 response for most vulnerable are working to further develop the service offer, but are constrained by more limited onward referral routes due to C-19. Two additional roles commenced and a further two in recruitment. • Social prescribing link workers commenced in post December and now supporting C-19 response for most vulnerable • Extended access schemes on going. all live. Monitoring of impact. Proposal for Formby to be presented to JOG • Draft quality dashboard in place being presented to PCCiC • PCNs have been completed plans and a maturity matrix for NHSE which will assist with planning and support from

Strategic Objective	Principal Risk identified		Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
						<p>the CCG</p> <ul style="list-style-type: none"> • Many areas of the PCN DES are now suspended due to C-19 but work on care homes continues. <ul style="list-style-type: none"> • Collaborative work across Sefton with partners to deliver the PCN care home DES • PCN leads are key system partners in the emerging ICP.
<p>5. 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.</p>	5.1	<p>Lack of engagement of all providers in the development of the Provider Alliance.</p>	Jan Leonard	12	12	<ul style="list-style-type: none"> • The COVID19 outbreak has had a significant and adverse impact on delivery of this objective but work has now recommenced • Accelerated joint working on the development of the Sefton Integrated Care Partnership. Strategic Task and Finish group established to steer the development of both integrated commissioning and provision. • Supporting the development of the Provider Alliance into the Programme Delivery Group. • Work underway to further develop a Population Health Management approach to inform future priorities for delivery of the HWBB strategy and Sefton2tegether in an integrated approach. • Work on Integrated Care Teams and Children's work streams ongoing. • Producing a project initiation document and project plan for the development of the Provider Alliance • Supporting monthly meetings of the Provider Alliance and the Operational Group • CCG co-Charing (with Public Health)

Strategic Objective	Principal Risk identified		Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
						<p>Falls Work Stream, Comms and Engagement and Social Prescribing</p> <ul style="list-style-type: none"> • Work streams in place for falls and childrens and social prescribing • Operational Delivery Group being reviewed to improve effectiveness •
	5.2	Ability and capacity of PCNs to develop and to contribute to the integration model.	Jan Leonard	16	16	<ul style="list-style-type: none"> • Phased development of PCNs • PCN progress reviewed by PCC • On-going CCG support for development of PCNs. External OD support in place to develop new SF PCN's plans and implementation of new governance arrangements. • Development plan for Integrated Care Teams in SF in place and work commenced. • SF PCN Clinical Director is member of ICP Task and Finish Group and Provider Alliance • 2 PCNs now re-authorized and work to ensure PCN services are offered to populations of non-participating practices in development • MOUs in place for Medicines Hub • Contractual monitoring in place for 7 day access service • Development sessions with Wider Group

Strategic Objective	Principal Risk identified		Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
6. To progress a potential CCG merger to have in place an effective clinical commissioning group function.	6.1	Organisation reconfiguration detracts from strategic commissioning (prev 6.2)	Tracy Jeffes	9	9	<ul style="list-style-type: none"> Working together on developing the Health & Wellbeing strategy and the 5 year plan 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. Timescales for possible reorganisation of CCGs allows for the strengthening of place / integrated commissioning arrangements in advance of organisational change. Joint Integration Commissioning Workshop action plan complete and further development planned to integrate functions more closely. Ongoing positive engagement at Integrated Commissioning Group meetings. Merger process was paused due to c19 response and strategic discussions now underway to agree way forward in the context of the White paper and the creation of the ICS in Cheshire and Merseyside.

Strategic Objective 1	To support the implementation of the Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.		
Risk 1.1	Diversion of supporting and recovering from COVID-19		
Risk Rating	Lead Director Stephen Williams Date Last Reviewed 13 April 2021		
Initial Score	3 x 4 = 12		
Current Score	3 x 3 = 9		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Informal Senior Leaders Oversight Group to be established with independent facilitator Strategic Task & Finish Group established and chaired by the Elected Member for Health & Wellbeing Group has agreed the development of a single plan and single dashboard to support implementation of Living Well in Sefton and Sefton2gether. Regular liaison with partners including Board to Board meetings and co-ordination meetings Recovery groups in place for the S&O and Liverpool systems involving providers and commissioner Implementation Plan prepared Five year plan Sefton2gether agreed by partners. 	Action	Responsible Officer	Due By
	Preparing commissioning intentions for 2021/22	Stephen Williams	31.12.20
	Await feedback on Phase 3 Sefton Place Plan, activity and finance submissions	Stephen Williams	31.10.20
	Single implementation plan prepared and agreed	Stephen Williams	31.03.21 30.06.21
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Review progress at Leadership Team Single plan in place supported by partners Review progress at Strategic Task & Finish Group 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 1	To support the implementation of the Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.		
Risk 1.2	Reconfigurations of organisations detract from implementation agenda		
Risk Rating Initial Score 3 x 3 = 9 Current Score 3 x 3 = 9	Lead Director Stephen Williams Date Last Reviewed 13 April 2021		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> • Focussing on business as usual • Increased focussed on performance levels • Working in partnership with the Council and wider partners to develop a Sefton Integrated Care Partnership (ICP) • Aligning CCG staff (starting with Leadership Team roles) to working with the Council to design the future form of planning and delivery at place level • Working with the Cheshire & Merseyside ICS to influence the design process at system level • Developing a single set of priorities and implementation plan • Clarity of roles and responsibilities during times of change • Increased engagement and communications between partners 	Action	Responsible Officer	Due By
	Continuing to emphasise business as usual in all CCG dealings Implementation of HR framework once released in June / July 2021	Stephen Williams Fiona Taylor	31.12.20 31.07.21
Assurances (how do we know if the things we are doing are having an impact?):			
<ul style="list-style-type: none"> • Reviews of performance levels across the system and of individual organisations • Board to board meetings • Meetings within Cheshire & Merseyside Health & Care Partnership 			
Additional Comments:	Link to Risk Register:		

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		
Risk Rating Initial Score Current Score	4x4 = 16 4x4 = 16		Lead Director Stephen Williams Martin McDowell Date Last Reviewed 30 September 2020
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Roll out of Aristotle Business Intelligence portal makes performance information available to all CCG staff at all times 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 Performance Exceptions formally considered through respective CCFs and Joint Quality and Performance committee Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week. New management structure put in place with clear lines of accountability and responsibility Identified individuals update monthly through integrated performance meetings and SMT Links between Contracting team and CQPG to triangulate on quality aspects of performance CCG Improvement and Assessment Framework performance reported to Governing Body quarterly Continued monthly performance meetings internally On-going review of all standards by governing body Newly established escalation process has been developed for performance issues 	Action	Responsible Officer	Due By
	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"> A&E performance Diagnostic test waits performance Cancer wait times performance RTT performance 	All	On-going
	Potential impact on performance with efforts focussed on Covid-19		
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked Integrated Performance Report shows CCG understanding of issues and oversight 			

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	
of actions <ul style="list-style-type: none"> • Integrated Performance Reports may show improved performance as a result of robust management by CCG • Performance continues to be maintained • Monthly check and challenge meetings with planned/unplanned care leads will become part of the QIPP and Financial recovery meeting 		
Additional Comments:	Link to Risk Register:	

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 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 Category 2 responder.		
Risk Rating	Lead Director		
Initial Score	4x4=16	Tracy Jeffes-Debbie Fairclough	
Current Score	2x4=8	Date Last Reviewed	
		8 th April 2021	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> • CCG Commissions EPRR and Business Continuity support from MLCSU • CCG has in place business continuity plans with plans and strategies refreshed September 2018 • Emergency Planning training • CCG Statutory Lead Director of Place – North • NHSE Self-Assessment Assurance process completed. Development Plan in place. • Business Continuity Plans exercised, with an action plan being progressed as a result of the plan being implemented. • Mutual aid confirmed with neighbouring CCGs • Fast access laptops now in place to enable working at remote locations at all times • Deep Dive assessment of severe weather impact undertaken • Leadership Training completed in February 2020 for Programme Lead for Corporate Services • Incident Management Team in place and has remained in place since outset of the pandemic • IMT continuing to operate with the focus solely on the Mass Vaccine effort • Vaccine Programme continues to be successfully rolled out across Sefton 	Action	Responsible Officer	Due By
	Action plan from exercising from Business Continuity Plans being implemented	Lisa Gilbert	Ongoing
	On-going training for key staff – multiagency response training event.	Debbie Fairclough	Ongoing
	AO lead role for Sefton in wider system c-19 response	Fiona Taylor	Ongoing
	Sefton Mass Vaccine Strategic Group of stakeholders now established to co-ordinate a local response.	Fiona Taylor	Ongoing
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> • NHSE assurance through self-assessment and improvement plan • Response received from NHSE assuring our assessment and plans. Substantial assurance received from NHSE against the EPRR core standards for 2018/19. 	<ul style="list-style-type: none"> • System wide Pan Flu planning to be established • Sefton COVID19 Mass Vaccine plan to be finalised and implemented 		
Additional Comments:	Link to Risk Register:		

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
Risk 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 Category 2 responder.

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.			
Risk 2.3	Failure to have in place plans in the event of a no-deal Brexit after the transition period may result in adverse consequences for patients due to potential medicines supply issues			
Risk Rating	Lead Director			
Initial Score	4x5=20	Jan Leonard-Debbie Fairclough		
Current Score	2x2=4	Date Last Reviewed		
		15 January 2021		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> CCG continues to participate in NHSE events on planning CCG MM lead is linked into national programme MM hub model will provide medicines resilience in primary care Communication from NHS England shared with practices and LMC asking for feedback on any specific issues. EU no deal NHSE Sitrep procedure now implemented EU exit lead attended planning workshop Business continuity plans and strategy have been updated and approved by LT 8.10.19 Business continuity exercise for leadership team held February 2020. The UK exited the EU at the end of the transition period 		Action	Responsible Officer	Due By
		NHSE sitrep procedure now paused.	Programme Lead for Corporate Services	tbc
		EU Exit planning arrangements to recommence		
		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.		
		EU Sitrep daily process in place which enables continued vigilance on any post transition impacts	Debbie Fairclough	Daily
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
Additional Comments:		Link to Risk Register:		

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 2.4	Failure to have in place care home provider failure plans could adversely affect continuity of care for patients		
Risk Rating	Lead Director		
Initial Score	3 x 3 = 9	Jane Lunt–Chrissie Cooke	
Current Score	4x5=20	Date Last Reviewed	
Controls (what are we currently doing about the risk?):		14 January 2021	
Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):			
<ul style="list-style-type: none"> 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. CCG and LA lead have met to consider and review risks and remain in contact to ensure any new risks are identified and managed Plans taken through IPA (Individual Patient Activity Programme Board) for annual review. Good engagement with CSU and colleagues leading on patient assessment and placement 	Action	Responsible Officer	Due By
	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.		
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):	
<ul style="list-style-type: none"> A successfully tested care home provider failure plan in place Monitoring of plans through IPA 			
Additional Comments:		Link to Risk Register:	

Strategic Objective 3	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.			
Risk 3.1	Failure to deliver overall QIPP plan			
Risk Rating Initial Score Current Score	3 x 3 = 9 4 x 5 = 20	Lead Director Martin McDowell Date Last Reviewed 30 September 2020		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> STB with independent chair meets monthly to progress the transformation plan Working groups established to progress key aspects of the programme Maximising the existing resources and managing workloads within budget. Additional support staff now in place for Sefton provider Alliance, integrated commissioning, digital and Shaping Care Together. 		Action	Responsible Officer	
		Transition Plan for 2020/21 being considered with partners for associated staffing support being quantified.	Stephen Williams	
		Chief Officer oversight of transition continues with independent support	Fiona Taylor	31.12.20
		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.		
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Monitoring performance of transformation programme milestones 				
Additional Comments:		Link to Risk Register:		

Strategic Objective 3	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.
Risk 3.1	Failure to deliver overall QIPP plan

Strategic Objective 3	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.		
Risk 3.2	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		
Risk Rating	Lead Director		
Initial Score	3x3=9	Tracy Jeffes- Stephen Williams	
Current Score	3x3=9	Date Last Reviewed	
		30 March 2021	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Health and wellbeing board executive in place Review of current BCF and Section 75 arrangements now complete; approved and signed off. Integrated Commissioning Group established and plan for more ambitious joint working – work now significantly progressed Making It Happen – joint approach to integration approved, with implementation agreed. Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements - review underway Finalised iBCF and BCF and aligned to “Making it Happen” Implementation plan for the Working together on developing the Health & Wellbeing strategy and the 5 year plan Steering Group established to monitor and further develop the ambitions within the pooled budget Joint planning group established (refresh of HWB strategy and development of underpinning Sefton 5 year plan). ICG role and function review completed 	Action	Responsible Officer	Due By
	Working together on implementation plan for the Health & Wellbeing strategy and the 5 year plan	Tracy Jeffes Stephen Williams	Complete
	Joint planning group continue to meet to refresh HWB approved by governing body and HWB Board. Joint delivery plan to de agreed	Stephen Williams	July 2020
	Membership widened and arrangements strengthened. Joint commissioning posts in place, Aqua session planned and joint work programme established		July 2020 Complete
	New BCF approved by council and governing bodies and new S.75 now signed.	Tracy Jeffes	Complete
	Many areas of development were paused to enable c-19 response but recommencing in July 2020		Complete
	Review of joint integrated commissioning workplans	Stephen Williams	31.03.21
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Senior leader meetings Health & Wellbeing Executive meetings 	<ul style="list-style-type: none"> Capacity to deliver on all priority areas. 		

Strategic Objective 3	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.			
Risk 3.2	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			
Additional Comments:	Link to Risk Register:			
Strategic Objective 4	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs)..			
Risk 4.1	Current work pressures reduce ability to engage on the transformation agenda			
Risk Rating Initial Score Current Score	3x3=9 3x3=9	Lead Director Jan Leonard / Tracy Jeffes Date Last Reviewed 31 March 2021		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Delegated Commissioners of Primary Medical Care services Primary Care Commissioning Committee given rating of significant assurance by MIAA LQC for 20/21 reviewed as a result of COVID and revised, changes agreed by Approvals Panel and scheme now live. Work plan for transformation in place New GP contract in place PCNs reauthorized with 2 PCNs covering Formby and Ainsdale & Birkdale. Network services to Central and North delivered by SF Health (GP Fed) Medicines Hub operational and medicines offer to PCNs has been accepted. Engagement plans for PCNs covering non participating practices to go to PCCC Contractual monitoring in place for 7 day access service Working with PCNs to support their development 		Action	Responsible Officer	Due By
		Additional roles reimbursement returns being worked through and plans in place with PCNs to support plans.	Jan Leonard / Tracy Jeffes	Complete and on-going
		Social prescribing remains in place and extended	Jan Leonard / Tracy Jeffes	On going
		Changes to QoF being reviewed as local agreement with commissioners required for income protected indicators.	Jan Leonard	Nov 20
		IIF fund launched by NHSE in October 20. Targeted at PCNs, impact on non participating practices	Jan Leonard / Tracy Jeffes	complete
		Enhanced Health in Care Homes service to commence in October	Jan Leonard / Tracy Jeffes	On-going
		Plans to maintain and expand COVID response through winter being mobilised	Jan Leonard	complete
		PCN additional roles allocation plans submitted to NHSE/I	Tracy Jeffes / Jan Leonard	complete
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Aristotle primary care dashboard in development Transformation monitoring through Primary Care Commissioning Committee LQC monitoring 				

Strategic Objective 4	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs)..		
Risk 4.1	Current work pressures reduce ability to engage on the transformation agenda		
Additional Comments:	Link to Risk Register:		
Strategic Objective 5	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.		
Risk 5.1	Lack of engagement of all providers in the development of the Provider Alliance.		
Risk Rating	Lead Director		
Initial Score	3 x 4 = 12	Jan Leonard	
Current Score	3 x 4 = 12	Date Last Reviewed	
		31 March 2021	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Supporting the development of the Provider Alliance and wider ICP development Supporting monthly meetings of the Provider Alliance and the Operational Group CCG co-Charing (with Public Health) Falls Work Stream Ensuring alignment of provider alliance priorities with work of Integrated Commissioning Group 	Action	Responsible Officer	Due By
	Work on priorities being reviewed post COVID	Jan Leonard / Tracy Jeffes	ongoing
	New Chair in place presents opportunity to refocus group	Jan Leonard / Tracy Jeffes	complete
	Establishment of Partnership Assembly via HCP reinforces importance of Place / Borough	Jan Leonard / Tracy Jeffes	Dec 20
	New Strategic Task and Finish Group in place to steer the future development of the ICP in Sefton	Fiona Taylor	February 2021
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
•			
Additional Comments:	Link to Risk Register:		

Strategic Objective 5	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.		
Risk 5.2	Ability and capacity of PCNs to develop and to contribute to the integration model.		
Risk Rating Initial Score 4 x 4 = 16 Current Score 4 x 4 = 16	Lead Director Jan Leonard Date Last Reviewed 31 March 2021		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> • Phased development of PCNs • PCN progress reviewed by Primary Care Commissioning Committee • 2 PCNs now re-authorised – now merging to create a single SF PCN • MOUs in place for Medicines Hub • Contractual monitoring in place for 7 day access service • MOU in place with SF Health to offer network services to non-participating practices and now working as part of the single SF PCN for April 2021 	Action	Responsible Officer	Due By
	Regular meetings in place with CDs to support PCN development, opportunity to expand to Sefton wide meetings	Jan Leonard / Tracy Jeffes	March 2021 - complete
	Work on ICT development with community provider recommenced post COVID	Jan Leonard / Tracy Jeffes	In progress
	Workforce support and Development being progressed	Jan Leonard / Tracy Jeffes	Ongoing
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> • Review of PCN progress 			
Additional Comments:	Link to Risk Register:		
Links to risk 4.1			

Strategic Objective 6	To progress a potential CCG merger to have in place an effective clinical commissioning group function.		
Risk 6.1 (prev 6.2)	Organisation reconfiguration detracts from strategic commissioning		
Risk Rating Initial Score 3x3=9 Current Score 3x3=9	Lead Director Tracy Jeffes Date Last Reviewed 31 March 2021		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Focussing on business as usual Increased focussed on performance levels Clarity of roles and responsibilities during times of change Working with neighbouring CCGs to design a larger CCG which ensured locally responsive planning / commissioning through clear governance arrangements. 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. Timescales for possible reorganisation of CCGs allows for the strengthening of place / integrated commissioning arrangements in advance of organisational change. Joint Integration Commissioning Workshop action plan complete. Paper presented to cabinet and governing body. Joint Commissioning Intention for 2020/21 developed and available Joint integrated commissioning posts now operational 	Action	Responsible Officer	Due By
	Paper to go to both cabinet and governing body recommendations for more integrated working.	Stephen Williams	Complete
	Joint commissioning intention for 2020/21 in development and to be available from February 2020.	Stephen Williams	Complete
	Integrated Commissioning Group plans to be progressed with support from HWBB Executive	Stephen Williams	June 2020
	Strategic discussions underway regarding future configuration of CCGs	Fiona Taylor	On-going
	Publication of the white paper singles the creation of an ICS which will deliver on CCG functions. Development of ICP and place working to maintain local decision making	Fiona Taylor	October 2021
	Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):	
<ul style="list-style-type: none"> Reviews of performance levels across the system and of individual organisations Board to board meetings 	Capacity to deliver on all priority areas.		
Additional Comments:	Link to Risk Register:		

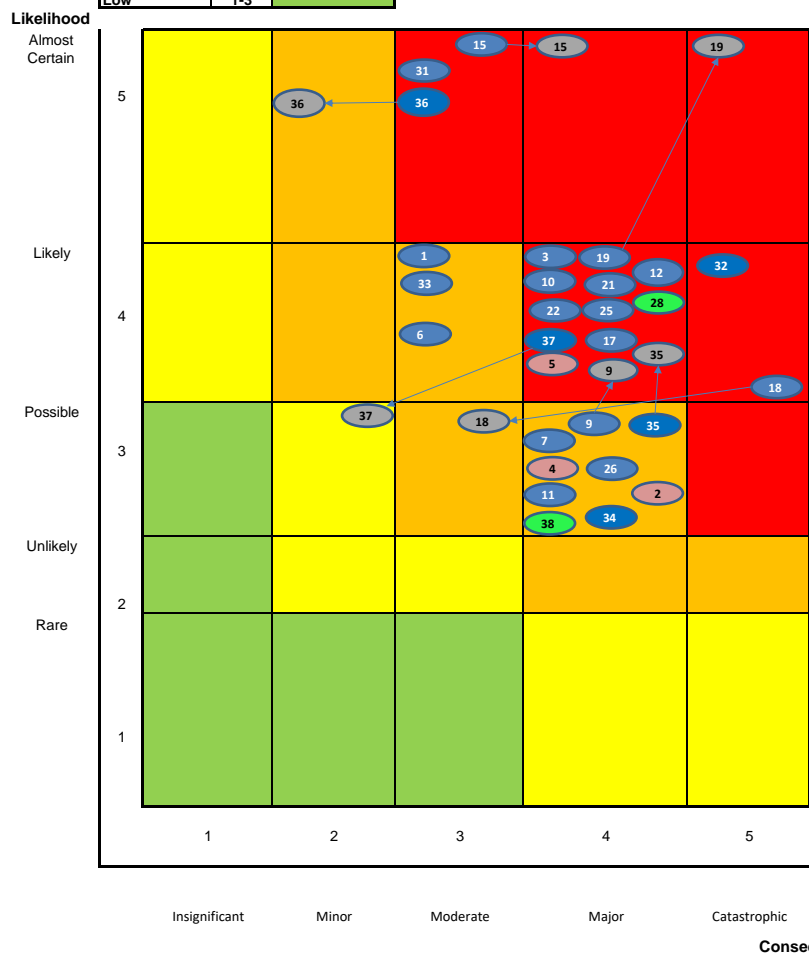
SOUTHPORT AND FORMBY CCG - SUMMARY OF CORPORATE RISKS HEAT MAP Q4 2020/21

(MITIGATED SCORES - 12 AND ABOVE)

Risk	Score	Risk Rating
Extr	15-25	Red
High	8-12	Orange
Mod	4-6	Yellow
Low	1-3	Green

↑ 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)	JL/GOC	1
2	There is a risk that the COVID Mass Vaccine programme will not deliver the required number of vaccines	JC39	12 (3x4)	JL	3
3	Quality of care - stroke services below performance & quality	QUA005	16 (4x4)	SW	x(N)
4	The Sefton LMC does not support the deployment of primary care high risk FIT	QUA090	12 (3x4)	RmcD	5
5	Risk that acute providers do not engage in planned care transformation schemes	QUA091	16 (4x4)	BD/TH	7
6	Extra service pressures due to lack of workforce planning and financial pressures	QUA026	12 (4x3)	TJ	4
7	Non delivery of SEND recommendations	QUA033	12 (3x4)	CC	6
9	Failure to meet national emergency ambulance responses - ARP	QUA063	16 (4x4)	SW/JS	8
10	Non delivery of GP medical services	JC03	16 (4x4)	JL	9
11	Records transfer issues.	JC05	12 (3x4)	JL	10
12	Service pressures due to capacity issues at S&O haematology and haemato-oncology	QUA074	16 (4x4)	SW	x(N)
15	Performance and quality at AUH site LUHFT due to service reconfiguration from merger	QUA078	20 (5x4)	BP	16
17	Risk to performance, quality and delivery of the CHC programme caused by COVID-19	QUA079	16 (4x4)	CC	18
18	Non delivery of CCG control total/savings plan in 2020/21 due to emerging pressures	FR0011	9 (3x3)	MMcD	19
19	Not deliver planned QIPP target in 2020/21 due to non-delivery of high risk QIPP	FR0011a	25 (5x5)	MMcD	20
21	Increase in size of elective care waiting lists, caused by reduced activity due to COVID-19	C3	16(4x4)	BD/TH	22
22	Risk of reduced survival outcomes due to delays in diagnosis and treatment of cancer	C10	16(4x4)	SMc	23
23	Risk of delays to cancer diagnosis and treatment	C11	16(4x4)	SMc	24
25	Risk regarding primary care access to routine referrals into secondary care	C33	16(4x4)	AP	26
28	Shortage in access to phlebotomy within primary care and community care services	JC32	16(4x4)	JL	29
31	Adult ASD service, waiting times continue to remain under review	QUA081	15(5x3)	GJ	32
32	Adult Eating Disorder service has long standing challenges around achieving 18 week waits.	QUA082	20(4x5)	GJ	33
33	Risk that the CCG will continue to fail the 62 day constitutional access target for cancer	QUA071	12(4x3)	SMc	x(N)
34	The risk that the health related targets of the SEND improvement plan will not be met due to the impact of covid-19	QUA083	12(3x4)	PW	34
35	There is the risk that childrens and young people's mental health needs are not met due to an increasing demand for support and treatment as a result of Covid-19	QUA084	16(4x4)	PW	35
36	Southport and Orkirk Trust are currently not achieving the 95% of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E dept. causing overcrowding and the inability to practice safe social distancing	QUA085	10 (5x2)	SF	36
37	There is a risk that Southport and Orkirk Trust will incur 12 hour ED breaches from decision to admit due a lack of accessibility in patient beds due to the need to cohort Covid-19 patients	QUA086	6 (3x2)	SF	x(N)
38	There is a risk that the PCNs will be unable to administer the COVID Mass Vaccine programme if appropriate premises are not identified for the receipt, storage and administration of the vaccine	JC37	12(3x4)	JL	37

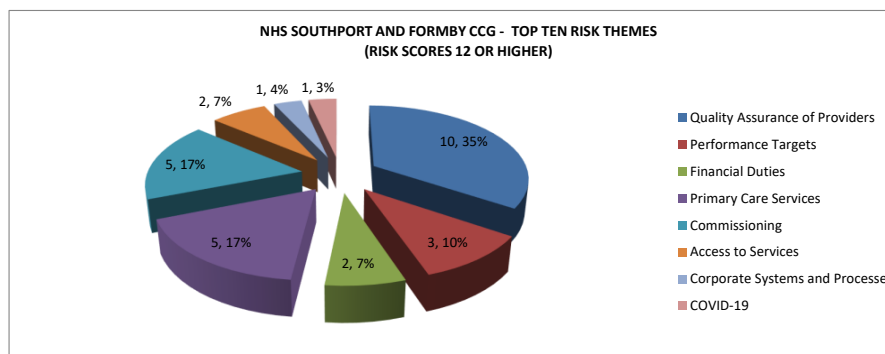
Equivalent SS Key
x (N)
x (Y)

No equivalent risk on SS Heat Map (N - and not on SS CRR)

No equivalent risk on SS Heat Map (Y - but on SS CRR)

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	CRR ID	Owner	Theme
1	Not delivering National KPI Access Psychological Therapies	QUA002	JL/GOC	Quality Assurance of Providers
2	There is a risk that the COVID Mass Vaccine programme will not deliver the required number of vaccines	JC39	JL	Primary Care Services
3	Quality of care - stroke services below performance & quality	QUA005	SW	Quality Assurance of Providers
4	The Sefton LMC does not support the deployment of primary care high risk FIT	QUA090	RmcD	Commissioning
5	Risk that acute providers do not engage in planned care transformation schemes	QUA091	BD/TH	Commissioning
6	Extra service pressures due to lack of workforce planning and financial pressures	QUA026	TJ	Quality Assurance of Providers
7	Non delivery of SEND recommendations	QUA033	CC	Performance Targets
9	Failure to meet national emergency ambulance responses - ARP	QUA063	SW/JS	Quality Assurance of Providers
10	Non delivery of GP medical services	JC03	JL	Primary Care Services
11	Records transfer issues.	JC05	JL	Corporate Systems and Processes
12	Service pressures due to capacity issues at S&O haematology and haemato-oncology	QUA074	SW	Quality Assurance of Providers
15	Performance and quality at AUH site LUHFT due to service reconfiguration from merger	QUA078	BP	Performance Targets
17	Risk to performance, quality and delivery of the CHC programme caused by COVID-19	QUA079	CC	COVID-19
18	Non delivery of CCG control total/savings plan in 2020/21 due to emerging pressures	FR0011	MMcD	Financial Duties
19	Not deliver planned QIPP target in 2020/21 due to non-delivery of high risk QIPP	FR0011a	MMcD	Financial Duties
21	Increase in size of elective care waiting lists, caused by reduced activity due to COVID-19	C3	BD/TH	Quality Assurance of Providers
22	Risk of reduced survival outcomes due to delays in diagnosis and treatment of cancer	C10	SMc	Access to Services
23	Risk of delays to cancer diagnosis and treatment	C11	SMc	Access to Services
25	Risk regarding primary care access to routine referrals into secondary care	C33	AP	Primary Care Services
28	Shortage in access to phlebotomy within primary care and community care services	JC32	JL	Primary Care Services
31	Adult ASD service, waiting times continue to remain under review	QUA081	GJ	Commissioning
32	Adult Eating Disorder service has long standing challenges around achieving 18 week waits.	QUA082	GJ	Commissioning
33	Risk that the CCG will continue to fail the 62 day constitutional access target for cancer	QUA071	SMc	Performance Targets
34	The risk that the health related targets of the SEND improvement plan will not be met due to the impact of covid-19	QUA083	PW	Quality Assurance of Providers
35	There is the isk that childrens and young people's mental health needs are not met due to an increasing demand for support and treatment as a result of Covid-19	QUA084	PW	Quality Assurance of Providers
36	Southport and Ormkirk Trust are currently not achieving the 95% of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E dept. causing overcrowding and the inability to practice safe social distancing	QUA085	SF	Quality Assurance of Providers
37	There is a risk that Southport and Ormkirk Trust will incur 12 hour ED breaches from decision to admit due a lack of accessibility in patient beds due to the need to cohort Covid-19 patients	QUA086	SF	Quality Assurance of Providers
38	There is a risk that the PCNs will be unable to adminster the COVID Mass Vaccine programme if appropriate premises are not identified for the receipt, storage and administration of the vaccine	JC37	JL	Primary Care Services

COVID-19

Update: Q4 2020/21: 31 March 2021

Details of Risk										Initial Score			Residual Risk Q4 2020-21			Lead Review Date		Comm Review Date		Mitigating Actions					Review				
Committee	Area/Team Ref	SF	date	Area/Team/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)	Owner	Likelihood	Consequence	Score	Key controls and assurances in place (and actions completed) (What controls/ systems are already in place to prevent the risk from being realised...)	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action	Action Owner/Lead	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Trend to prior Q	Overall Trend	Theme					
Quality and Performance Committee	C3	SF	Q1 15/4/20 (C-19)	Planned care	There is a risk that an increase in size of elective care waiting lists, caused by reduced activity during COVID-19 pandemic, will have adverse effects on wait times for patients and possibly health outcomes.	Billie Dodd / Terry Hill	4	4	16	Weekly calls with Avanti Trust (S&Q) and neighbouring CCG leads (Liverpool CCG) to understand impacts of COVID19 and aligning strategies - S&Q to provide elective care updates, including date re-waiting lists (or waiting list numbers of 6-weeks behind current position).	4	4	16	Mar-21	Mar-21	Understand potential size of waiting list in conjunction with capacity available within the system to deliver activity, and in line with developing recovery plans with providers. Deliver proposed QIPP transformational projects and support the trusts to release capacity that will reduce waiting lists. Trust has in place a process to contact services if conditions deteriorate. Trust is risk stratifying all the patients in line with the clinical validation work led nationally No update	Billie Dodd/Terry Hill	N/A	16	16	16	↔	↔	Quality Assurance of Providers					
Quality and Performance Committee	C10	SF	Q1 15/4/20 (C-19)	Planned Care/Cancer	There is a risk of reduced survival outcomes due to delays in diagnosis and treatment of cancer	Sarah McGrath	5	4	20	Guidance on stratification for treatment Cancer Alliance SITREP weekly reporting referrals, waiting times and waiting list sizes Use of surgical hubs to provide safer capacity Established Endoscopy Recovery Team- national cancer services recovery plan dec 2020	4	4	16	Mar-21	Mar-21	Introduction of use of symptomatic FIT testing to risk stratify colorectal patients Expectation of public facing comms to encourage primary care presentation with symptoms suspicious of cancer System overview being taken on serious incidents associated with harm resulting from delayed cancer diagnosis and treatment in patients waiting 104 days or longer from referral. March 21 risk to remain 16 until recovery plans are understood and there is a robust plan to address	Cancer Alliance NHSE	N/A	16	16	16	↔	↓	Access to Services					
Quality and Performance Committee	C11	SF	Q1 15/4/20 (C-19)	Planned Care/Cancer	There is a risk of delays to cancer diagnosis and treatment from gaps in safety netting processes between primary and secondary care	Sarah McGrath	4	4	16	EMIS safety netting system communications to primary care	4	4	16	Mar-21	Mar-21	Need for consistent referral management processes across providers, work with Liverpool CCG Communications encouraging patients to take ownership and make contact if they have not heard from hospital or have worsening symptoms Work with Digital Strategy Lead re assurance on approach to referrals returned to primary care using eRS when these are rejected from cancer pathways due to not evidently meeting NICE guidelines or requiring more clinical information to enable triage or prioritisation. Assurance is required that re-referrals with additional information are using the same UBRN on eRS to preserve referral date. A review of practice cancer safety netting policies has also been undertaken by the CCG cancer clinical and managerial leads. Good practice to be shared with stakeholders	Sarah McGrath	N/A	16	16	16	↔	↔	Access to Services					
Primary Care Commissioning Committee in Common	C33	SF	Q1 15/4/20 (C-19)	Primary Care	Risk regarding primary care access to routine referrals into secondary care	Jan Leonard	5	5	25	NHSE guidance to primary care is to continue referring as normal, however no similar instruction has been issued to trusts who were advised to stop elective activity at the beginning of the COVID outbreak. North Mersey CCGs are in discussion with LIFT and other Trusts to ensure all services are open again ASAP. Advice given to primary care regarding use of Advice and Guidance, adding as much detail as possible to referral letter to aid secondary care triage, use of 2sw urgent pathways, and safety netting processes within general practice	4	4	16	Mar-21	Mar-21	Further discussions have resulted in a consensus for secondary care/primary care to work together to enable a seamless interface. Meetings continue between secondary and primary care to establish safe working mechanisms to return to BAU. Concern over the clinical review of referrals prior to being sent back to practices. Risk increased. Situation has improved, however is variable across specialities. Interface group addressing issues. Less of an issue in SF CCG for referrals to S&O. Interface meetings being held, impact of 2nd wave of COVID to be understood. Primary Care Risk has been reduced but will leave on CRR and update as and when appropriate	Jan Leonard	N/A	9	16	16	↔	↓	Primary Care Services					
Quality and Performance Committee	QUA002	SF	Jan 15: Q4 2014/15	Commissioning and Delivery	There is risk of patients being harmed or receiving inadequate care caused by failure to deliver against National Key Performance Indicator for IAPT (Improving Access to Psychological Therapies) resulting in the potential for reduced levels of patient care.	Karl McCluskey (Jan Leonard & Geraldine O-Carroll)	4	3	12	Monthly performance and contractual meetings and reporting process in place Enhanced open access provision for patients to self refer including easier on line referral. Group sessions and LTC pilot in place Business case for additional investment approved. Following procurement, Mental Health Matters have taken over the service from 1 January 2021. No further update	4	3	12	Mar-21	Mar-21	Early indications of reduced DNAs and significant heightened levels of self-referral - New Access Target remain challenging in terms of patient numbers. Requested expert team to support the CCG in improving performance - Year to date performance 1810 (August) was suboptimal but improved when compared to similar period of 1778. Self-referrals have increased within the Access to Self-referral service in August 21. Further initiatives in place focusing on specific GP practices, community groups and local employers. Group sessions are also in place. Access target increased to 19% in 2018/19. 23% of the increase are by LTC/IAPT as part of the MHSEV. Commitment to integrated Long Term Conditions working. Additional staff have been recruited however there remains a risk that the 23% access target for 2019/20 will not be achieved. New 10 Expressions of interest invited following Provider giving notice to cease provision - evaluation currently being undertaken with outcome expected to inform procurement approach. Additional focus on reducing Internal Waits and Did Not Attend Increased IAPT group work. no update, work ongoing with new provider Increasing access and continuing focus on reducing internal waits	Karl McCluskey (Jan Leonard & Geraldine O-Carroll)	12	12	12	12	↔	↔	Quality Assurance of Providers					
Quality and Performance Committee	QUA005	SF	Q1 2016/17	Commissioning and Delivery	There is a risk that stroke services fall below the required performance and quality standards caused by gaps and unwarranted variation across the stroke pathway resulting in decreased standards of patient care.	Stephen Williams/Billie Dodd	4	4	16	Strategic model of care developed and agreed across North Mersey and the C&M Healthcare Partnership North Mersey Stroke Based established. Outline project timetable through to PCBC development in place which is monitored through the stroke board through to committee in common stroke board reinstated following COVID and progressing with PCBC	4	4	16	Mar-21	Mar-21	Formerly written to S&O CEO requesting business continuity plan to maintain existing services while North Mersey programme is progressed - Expected by the end of June 2019. Developing North Mersey programme project support as part of the Avanti - Royal PMO mergers team - New 10 - evaluation being undertaken of commissioned ESD services and gaps - To be presented to Dec 19 stroke group as requested - Likely project funding requirements expected and will be addressed as project progresses with respective CCG partners - Stroke network leadership identified to support further development of ESD work to support implementation of stroke proposals. S+O developing business case for future funding via SMS. March 21: reviewed by CCG and response being developed	Stephen Williams/Billie Dodd	16	16	16	16	↔	↔	Quality Assurance of Providers					

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Quality and Performance Committee	QUA026	SF	Jun 2016: Q1 2016/17	Corporate	There is a risk that gaps in workforce across the healthcare system caused by insufficient national workforce planning and funding pressures resulting in additional pressure on services.	Tracy Jeffes	4	3	12	<ul style="list-style-type: none"> Link into C&M Healthcare Partnership Workforce Development work stream. Continue to work with Seflon Council on wider strategies to promote Seflon as a 'great place to work'. Development of workforce element in Seflon Transformation Programme. Seflon work force group established and working on the development of a workforce plan for Seflon - paused for C-19 but will resume. 	4	3	12	Mar-21	Mar-21	<p>Greater connection with wider strategic HR Workforce and OD groups through COVID response to be maintained.</p> <p>Baseline work completed on current workforce challenges in Seflon as part of Transformation Programme. CCG level and Seflon-wide People Plan in place to mirror C&M HCP People Plan. Workforce redeployment to support COVID response which is generating further pressure on the workforce. Health and Wellbeing plans have key priority within the People Plan and clear action to support staff.</p>	Tracy Jeffes	12	12	12	12	↔	↔	Quality Assurance of Providers
Quality and Performance Committee	QUA033	SF	Mar 2017: Q4 2016/17	Quality	There is a risk of non-delivery of recommendations from the joint SEND CCG/OFSTED inspection caused by a lack of implementation and the CCG financial position resulting in loss of reputation and non-compliance.	Christie Cooke	3	3	9	<ul style="list-style-type: none"> Monitoring of SEND Action Plan via local and internal governance arrangements (including JQC) with regular progress updates being reported to Chief Officer. Formal monitoring meetings established with DFE & NHS with outcome reporting to DoH in place. New model for DCO developed across the health system. Funding arranged from existing resource within the CCG and providers. Letter received from the Minister in March 2018 acknowledging the progress to date. ASD Diagnostic element of the pathway approved by CCG. Health SEND strategic Group established and meet bi-monthly. Financial position reported through to SMT, SLT and governing body. Commitment made for up to £100k recurrent for NDP / ASD / ADHD and up to £50k recurrent to support SALT reducing waiting lists / input into the NDP diagnostic pathway. Included as regular agenda item for governing body meetings, senior leadership team, leadership team and joint quality committee in order to monitor and review action plan and progress. SEND performance continues to be monitored by the SEND CIB. Interim DCO now in place 	3	4	12	Jan-21	Mar-21	<p>Nov 2020 - Performance trajectory continues to show improvement and development of ASD pathway is currently underway to address the short term waiting list issues. Interim DCO now in post and linking with Designated Network and maintaining oversight of partner contributions to plan. Awaiting SEND revisit on 08/12/20.</p> <p>January 2021 - Post inspection visit report on 08/12/20 highlighted areas of improvement and demonstrated positive work across 5 action areas. Further assurance on sustainability will be required by June 2021, main risk is concerned with access to Specialist Mental Health Services for Children with SEND. CCG has committed further investment over the next two Quarters to improve access to Mental Health Services.</p> <p>March 2021 - Therapeutic service performance has been maintained (slight deterioration in physio performance but expected to return to trajectory in April 2021). DCO function to transfer April 2021 to a Seflon/Liverpool role with no expected change in focus to maintain provider performance. CAMHS therapy waits remain under performing and escalation paper to LT in March 2021.</p>	Tracey Forshaw	12	12	12	12	↔	↑	Performance Targets
Quality and Performance Committee	QUA063	SF	Jun 2018: Q1 2018/19	Commissioning and Delivery	There is the 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 refocus of target deadlines for the ARP programme following difficulty in implementing in 2018/19	Stephen Williams (Janet Spallen)	3	4	12	<ul style="list-style-type: none"> Weekly and daily performance monitoring M4 Information shared with all CCGs on monthly basis at NWAS/NHS111 meeting with NM commissioners present. 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. 24/6/20 - In addition to above there has been a renewed focus in 19/20 with Ambulance Response Programme agreed and range of initiatives introduced to improve service delivery. Action plan agreed with commissioners with timescales for achievement up to end of Q1 2021 9/11/20 Work has been refocused following failure to meet ARP targets by Q1 2021 and impact of COVID-19 pandemic. NWAS recovery plan: Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and/or consolidate many of the beneficial actions and changes implemented to date. Integrated UEC: Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability. Patient Transport Service (PTS) redesign: Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWAS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings. NHS 111 First: Implementation group in place to support roll out to the LUHFT system by November 2020. 4/1/21 - No significant change to above position. 	4	4	16	Mar-21	Mar-21	<p>NW regional work continues with Aintree (due to high activity and trauma centre status) being one of six trusts identified for improvement work in handovers. Focus on ED internal improvements required to reduce handover delays. As part of NWAS 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 NWAS who do not require conveyance but alternative support within the community. Ambulance commissioning team working with NWAS to develop SDIP to deliver performance within ARP standards and trajectories for reducing conveyances, improving handover delays and workforce/resource capacity. Will also link with roster review, continued transformation and delivery of new models of care and implementation of Carter recommendations.</p> <p>Nov 19 - 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> <p>24/6/20 Ambulance Response Programme agreed (19/20) and range of initiatives introduced to improve service delivery:</p> <ul style="list-style-type: none"> Reprofiling vehicle fleet to increase response vehicles Improving call pick up times in Emergency Operation Centres Use of Manchester triage tool to support hear and treat and see and treat and reduce conveyances to hospital Realignment of staffing resources to meet demand with roster review <p>11/9/20 - No further update on above due to COVID 19 stand down of formal reporting. Plans in place to return reporting to business as usual</p> <p>9/11/20 - Plans in place as outlined in key controls and assurances but with no further updates on how actions progressing.</p>	Stephen Williams (Janet Spallen)	12	12	12	12	↑	↑	Quality Assurance of Providers
Quality and Performance Committee	QUA063 continued	SF																						

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Primary Care Commissioning Committee in Common	JC03	SF	Mar 2017: Q4 2016/17	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.	Jan Leonard	4	4	16	4	4	16	Mar-21	Mar-21	International recruitment application due at end Nov 17. Primary care workshop planned for mid Nov to review Shaping Sefton plans. Views from localities to be gathered to build plan. 2 year LQC to be considered. LQC planning meetings scheduled. Further clinical pharmacist application to be submitted. specification for Extended Access (7 days services) near finalised, to be presented to GB Feb 18 ahead of procurement. Despite GPFV roll out no reduction in pressure in practices. Clinical pharmacist application submitted. LQC being finalised. LQC 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. 7 of the 8 Localities have been successful in obtaining funds to develop Primary Care Networks. 7 day access Hub is now live and offering appointment between 5pm and 8pm weekday evenings and 10am to 1pm weekends. staff include GP, ANP, PN and physio from November 2018. Working through implications of new GP contract 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. 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 GP's in their first five years and also GP's who are approaching retirement. 2nd C19 doses still need to be carried out so risk is still active	Jan Leonard	16	16	16	16	--	--	Primary Care Services			
Primary Care Commissioning Committee in Common	JC03 continued																									
Primary Care Commissioning Committee in Common	JC05	SF	Apr 2017: Q1 2017/18	Commissioning	Risk to continuity of patient care due to impact of delays in records transfers.	Jan Leonard	5	4	20	3	4	12	Mar-21	Mar-21	Attendance at meeting by CCG reps. JL has written to 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 update although PCSE staff now based within Regatta Place with NHSE which may help with resolving issues. Survey undertaken, poor response rate identified issues with pensions rather than operational 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 PCCC that practices should be contacted on a quarterly basis to establish if problems are resolving 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 PCCC 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. A further survey will be undertaken within general practice to establish current situation.	Jan Leonard	12	12	12	12	--	1	Corporate Systems and Processes			
Quality and Performance Committee	QUA071	SF	refreshed 10.5.19	Commissioning and Delivery	There is a risk that the CCG will continue to fail the 62 day constitutional access target for cancer resulting in delays to cancer diagnosis and treatment and associated poorer clinical outcomes	Stephen Williams (Sarah McGrath)	4	3	12	4	3	12	Mar-21	Mar-21	S&O CRM and CQRG (monthly) S&O Cancer performance meetings (monthly) S&O Cancer Locality meetings (quarterly) Strengthened process for sharing pathway level and 104 days brochures with CCG Return to CCG for meetings monthly fed through to Quality and performance group and at NHSE performance calls through KLOES Superseded by Covid arrangements led by Cheshire and Merseyside Cancer Alliance Weekly Sirep reporting Focus on PTL size rather than performance Trajectories reviewed for reduction of very long waiters > 104 days											Performance Targets

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Quality and Performance Committee	QUA074	SF	NEW 9.5.19	Commissioning and Delivery	There is a risk to continuity of service provision for haematology and haemato-oncology services due to a consultant vacancy at Southport and Ormskirk Hospital resulting in the need to re-direct activity and delays to treatment and follow up for cancer and non-cancer patient cohorts leading to potentially poorer clinical outcomes.	Stephen Williams (Sarah McGrath/Terry Hill)	4	4	16	4	4	16	Mar-21	Mar-21	Strategic approach – paper to Committee in Common – June 2019 Sept 2019 update. Regular meeting with S&O re local solution including primary care Programme Executive re-starting July 2020, inc LUFT, CCC, S&O to develop a safe and sustainable operating model across the 3 providers. March 21 SSCOG taking change assurance to NHSE 22nd March for transfer of specialist care from Aintree hospital to the CCC-L site and progress plans at SOHT for further integration. Weekly haematology project meetings with S&O Single consultant has returned from retirement as a locum but contract ends June 21. March 21 plan in place to provide stable service provision. Service has re-opened to 2 week wait referrals Presentation of new clinical model to Southport and Ormskirk Executive 29.9.20 Cancer element progressing with CCC, non cancer requires further system consideration and as such will be reviewed by system management board Jan 21. March 21 outcome escalation as a vulnerable service at exec level. Plan developed as above to stabilise provision, risk rating to remain at 16 until plan for recovery is received and assurance received re stabilisation	Stephen Williams (Sarah McGrath/Terry Hill)	16	8	8	16	→	→	Quality Assurance of Providers
Quality and Performance Committee	QUA080	SF	NEW 01.06.2020	Commissioning	There is a risk to the delivery and quality of phlebotomy service as resumes business as usual in line with COVID restrictions – significant loss in capacity and potential increases in access times	Stephen Williams (Janet Spallen)	3	4	12	2	2	4	Mar-21	Mar-21	Collaborative project group established across Sefton and Liverpool Local capacity and demand increase underway Opportunities to increase workforce short term being explored Issues more prominent in south Sefton at present but Southport & Formby also included in scope as may also be affected as routine referrals re-incorporated into service going forward Sept 2020 Detailed action being progressed with additional capacity created through COVID initiatives supported by GP Federations in S&F and SG. Focus on workforce, profiling future demand and capacity required to support. Nov 2020 Local action plan progressing well towards recovery of pre-COVID service capacity but has required intensive system approach with GCG support. Going forward service model being worked up to support future philosophy model that is sustainable for primary, community and acute needs with recognition of COVID social distancing and use of virtual consultations changing where patients are supported. Jan 2021 Operational delivery position significantly improved following local action plan to recover capacity and develop workforce. Waiting times mainly in line with KPIs as previous to COVID-19. March 2021 Work underway to review service specification and delivery model to meet new ways of COVID working. Waiting times fluctuate with remedial action to resolve. Recommend removing from risk register and moving to business as usual.	Stephen Williams (Janet Spallen)	N/A	9	12	4	→	↓	Commissioning
Quality and Performance Committee	QUA078	SF	Mar-20	Commissioning	There is a risk to performance and quality at the AUN site LUHT caused by the service reconfiguration due the merger resulting in potential adverse impact on care and outcomes.	Brendan Prescott	4	3	12	5	4	20	Jan-21	Mar-21	Jun 20 - Enhanced Surveillance indicators agreed with Trust and Commissioners. Jul 20 - LCCG has revised the agenda and work plan for the CQPG and Commissioning Forum (CF) meetings so as to focus on areas of greatest risk post COVID19. The current administration arrangements have been revised to reduce risk and fragmentation of approach, with LCCG leading this. Oct 20 - enhanced surveillance indicators have been agreed with the trust to monitor the impact of the merger with both an operational and OD focus. The trust has experienced recent and intensive pressures on performance as a result of COVID with impact on both staffing and operational delivery. A single item QSG has been convened for October 20 to review stakeholder concerns. Nov 20 - Follow up SIGSG with regulators and commissioners planned once CQC have published inspection report. This is expected December 2020. Focus areas at CQPG to receive assurance on IPC, workforce and staffing, VTE, MUST, and Never Event thematic identification. January 21 - CQC report published and highlighted issues with leadership, governance, culture and risk escalation. Report will be discussed through CCF and Exec CQPG with LCCG as coordinating commissioner. March 21 - Coordinating Commissioner has formally requested CQC action plan from the Trust as not presented by beginning of March 21.	Tracey Forshaw	12	12	15	15	↑	↑	Performance Targets
Primary Care Commissioning Committee in Common	JCC3	SF	26/02/2020	Commissioning	Non-Medical Prescribing (NMP) – Risk that without robust NMP policy in place staff may be being asked to work outside the scope of their role.	Jan Leonard	3	3	9	3	3	9	Mar-21	Mar-21	NMP policy being reviewed. This will be presented through appropriate GCG governance process for approval and the LMC, then shared with all GP Practices. Review of NMP policy delayed due to COVID, will now pick up this work. Staff policy went to JMG and LMC to review. LMC are in the process of reviewing this document. Policy to be presented to Quality Committee for approval. Proposal to close risk following review at PCCCC	Jan Leonard	9	9	9	9	→	→	Commissioning
Quality and Performance Committee	QUA079	SF	Mar-20	Commissioning	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 referrals and assessments.	Chrissie Cooke	4	4	16	4	4	16	Jan-21	Mar-21	November 20 - Review of Sefton deferred continues and is currently on trajectory to complete by March 2021. CSU colleagues working with LA to determine whether patients require CHC assessments or if needs have changed over the last 9 months. January 21 - Deferred assessment work for Sefton cases still on track to complete despite 2 week suspension of work. Business as usual processes since September 2020 remain consistent with weekly ratification of cases. MIAA audit due for delivery February 2021. March 21 - MIAA audit returned to author following factual accuracy check and will be presented to Finance and Resource Committee. Deferred assessment cases on track to be completed by end of March 21. However, MCF have identified a new cohort of cases which will require assessment. This will not be completed by end of March 21. Service spec for CHC pathway to be reviewed in March 21 and embedded in new contract 21/22. Performance activity report reviewed in March 21 and to be presented to providers in April 21 to provide further assurance on CHC performance.	Chrissie Cooke	16	16	16	16	→	→	COVID-19

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Finance and Resource	FR0011a	SF	Q1 2020/21	Finance	There is a risk that the CCG will not fully deliver its planned QIPP target in 2020/21 caused by non-delivery of high risk QIPP schemes resulting in a failure to deliver required levels of savings.	Martin McDowell/ Stephen Williams	4	4	16	5	5	25	Mar-21	Mar-21	<ul style="list-style-type: none"> CCG needs to continue to focus upon the delivery of new models of care arising from COVID arrangements and QIPP work plans to ensure mobilisation and inclusion in future contracting processes. QIPP Progression suspended during the COVID emergency response and revised financial regime implemented nationally. NHS England and Improvement published guidance on 15th September 2020 on the financial and contracting framework for the remainder of 2020/21. Contracting processes for 2020/21 have been suspended, which limits the scope to achieve cash releasing savings in 2020/21. Funding arrangements will be managed at system level with fixed system funding envelopes and the requirement for the CCG to achieve financial balance within these envelopes. PMO work to develop QIPP processes and governance arrangements has progressed in the year to date. 17/02/21 - the F&R Committee agreed to increase the likelihood residual score and consequence residual score from 4x4 to 5x5. This is in line with the risk matrix rationale, as the CCG is almost certain to have missed its QIPP target by over £2m. The financial regime in place as a result of the COVID-19 pandemic has limited the ability to remove costs and make savings in 2020/21. 	Martin McDowell	N/A	16	16	16	↑	↑	Financial Duties
Primary Care Commissioning Committee-in-Common	JCS2	SF	00/07/2020	Primary Care	There is currently a shortage in access to phlebotomy within primary care and community care. This will have a negative impact on the overall care for patients and the making of clinical decisions, including prescribing of osteoarthritis.	Jan Leonard	3	3	9	4	4	16	Mar-24	Mar-24	<ul style="list-style-type: none"> A borough wide meeting will be taking place to review the overall review of Phlebotomy services with Merseycore CCG including Primary Care representative - July update - issue existing clinical delay - additional capacity being commissioned via Federations, community services increasing routine provision. Anecdotality practices are starting to see an improvement in access to phlebotomy. A further practice in Bootle has indicated capacity to accept referrals from neighbouring practices which can be funded via the LCC. Situation improved - additional capacity remains in place - issues remain with access to domiciliary service SF CCG - Risk reduced - Proposal to close risk following review at PCCCIC 	Jan Leonard	N/A	9	16	16	↔	↑	Primary Care Services
Finance and Resource	FR0042	SF	Q3 2020/21	Finance	There is a risk that the CCG will experience potential increased cost pressures should the CCG fail to satisfactorily manage outstanding 2019/20 contract differences between the CCG and Southport and Ormskirk NHS Trust.	Martin McDowell	2	4	8	2	3	6	Jan-24	Jan-24	<ul style="list-style-type: none"> Ongoing discussions between the CCG and Trust executives via the System Management Board The NHS financial and contracting regime in 2020/21 - the F&R Committee agreed to close this risk, further to confirmation by the CFO that the issue has been resolved. 	Martin McDowell	N/A	8	6	6	↔	↓	Financial Duties
Quality and Performance Committee	QUA081	SF	New Sep 20	Commissioning and Delivery	Adult ASD service, waiting times continue to remain under review. The high waits will also impact on SEND arrangement in particular the transition of CYP to adult services.	Gordon Jones	3	5	15	5	3	15	Mar-21	Mar-21	<ul style="list-style-type: none"> Provider has undertaken capacity and planning exercise Provider is developing investment case Investment will have to be considered by CCG and if approved funding can be released to reduce waits with an agreed improvement trajectory. Clinical Quality and performance meetings - SEND relationship meeting with MCT. In November the CCG approved a waiting list initiative for £100k to enable the service to target the long waits in lieu of the Business Case which was received in December 20 Business case has not yet been agreed, update to follow. 	Access to services	N/A	N/A	15	15	↔	↔	Commissioning
Quality and Performance Committee	QUA082	SF	New Sep 20	Commissioning and Delivery	Adult Eating Disorder service has had long standing challenges around achieving 18 week waits. In addition the service is not NICE compliant	Gordon Jones	4	5	20	4	5	20	Mar-21	Mar-21	<ul style="list-style-type: none"> Provider has developed investment case update this was done in December 2020 which will need to be considered by CCG Investment will have to be considered by CCG and if approved funding can be released to reduce waits with an agreed improvement trajectory. On 21 August a CAS alert was issued describing the discontinuation of Prilidol. In an effort to ensure all patients have equitable access to their medicines, prescribers are reminded NOT to over-prescribe and community pharmacies are urged to NOT stockpile lithium medicines. Joint risk with risk management. GERALDINE INVESTIGATING CURRENT POSITION CCGs (including Liverpool) have agreed that funding for eating disorders needs to be on a phased basis 	Access to services	N/A	N/A	20	20	↔	↔	Commissioning
Quality and Performance Committee	QUA083	SF	NEW: 10/11/20 updated: 10/3/21	Commissioning and Delivery	The risk that the health related targets of the SEND improvement plan will not be met due to the impact of covid-19 on progress and ability to deliver, specifically the waiting times for therapy services and CAMHS. This may impact on the provision of services to SEND CYP and result in reputational damage for the CCGs and SEND partnership. Lockdown 3 may impact on the provision of services to SEND CYP and result in reputational damage for the CCGs and SEND partnership. The SEND improvement plan targets for therapy waiting times were met in October 2020 and CAMHS improvement trajectories were also on track, a position that is currently being sustained, despite covid. However, since the 3rd lockdown the impact on continuing improvements and delivery of services is at risk, due to increasing levels of staff sickness, school closures etc.	Peter Wong	4	4	16	3	4	12	Mar-21	Mar-21	<ul style="list-style-type: none"> Monitored via the SEND partnership's governance structures ie: the SEND Continuous Improvement Board (SEND CIB) and subgroups Waiting times reported and monitored monthly via SEND Health Improvement Group and internal IPR process Covid-19 Business Continuity Plan agreed by SEND CIB and implemented - can be adapted and updated as required Covid-19 service recovery and restoration plans developed and implemented by providers - can be adapted and updated as required Additional CAMHS investment agreed by CCGs to provide extra capacity and resilience to the service - extra resource implemented January 2021 Case studies demonstrating impact and covid-19 adaptations have been collated - these practices and adaptations are in place to respond to impact of lockdown 3 on delivery of services. CCGs working jointly with Liverpool CCG to secure additional short term SEND funding to support priority areas as outlined in the improvement plan e.g: ASD post diagnostic support 	Access to services	N/A	16	12	12	↔	↓	Quality Assurance of Providers

Update: Q4 2020/21: 31 March 2021																									
Details of Risk										Initial Score		Residual Risk Q4 2020-21			Lead Review		Comm Review		Mitigating Actions				Review		Theme
Committee	Area/Team Ref	SF	date	Area/Team/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)	Owner	Likelihood	Consequence	Score	Key controls and assurances in place (and actions completed) (What controls/ systems are already in place to prevent the risk from being realised...)	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action	Action Owner/Lead	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Trend to prior Q	Overall Trend ↑ ↓	Theme	
Quality and Performance Committee	QUA084	SF	NEW: 10/11/20 Updated: 10/3/21	Commissioning and Delivery	There is the risk that children and young people's mental health needs are not met due to an increasing demand for support and treatment as a result of Covid-19, which could be further exacerbated by lockdown 3 measures. Increased demand is being seen in CAMHS providers. Reported 20% increase in referrals for last 6 months of 2020 compared to same time in 2019. Reported increase in urgent referrals and an increase in complexity.	Peter Wong	4	4	16	<ul style="list-style-type: none"> Alder Hey implemented the 24/7 crisis service following NHSEI national mandate Alder Hey developed a covid-19 recovery plan which is being closely monitored and has been used to inform CCGs decision to provide additional short term CAMHS investment In November 2020, CCGs agreed additional short term investment to local CAMHS services, providing additional capacity and resilience Alder Hey introduced a new "COVID support team" in December 2020 to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic, on a fixed term basis. Impact and provider performance being closely monitored via IPR, Alder Hey CQRM and SEND partnership governance structures Key CAMHS partners are members of the local Covid-19 mental health cell and Cheshire and Merseyside mental health hub and are working collaboratively across the north Mersey footprint to manage impact Funding for Koohi has been agreed for a further 4 years, including an increase in capacity and an extension to the age range to 25 as per the enhanced covid-19 offer. The CAMHS partnership is collaborating to provide covid-19 specific resources and communications eg. an updated EHWB toolkit for schools and a CAMHS covid-19 bulletin CCGs and partners continue to bid for additional short term covid-19 mental health funding where possible eg. CCGs successful in securing E30k Violence Reduction Partnership monies 	4	4	16	Mar-21	Mar-21	<ul style="list-style-type: none"> CCGs are considering additional short-term funding to enhance the resilience of the locally commissioned CAMHS services Providers are managing increases in demand by using additional capacity in existing team and agency staff. In collaboration with LAs, the Koohi contract has been renewed and additional funding agreed to continue to provide the enhanced covid-19 service from 2021 – 2024. Using national lottery funding, Alder Hey is setting up a short term 'covid support team' for CYP across Liverpool and Salford. The CAMHS partnership has been successful in securing £720k for 2 x Mental Health Support Teams which are being set up to support CYP mental health in schools. CCG agreed additional resource in response to increasing demand due to covid-19. Meetings scheduled on implementation of additional CCG investment with CAMHS providers and progress towards stabilising waiting times. 	Peter Wong	N/A	16	9	12	↑	↔	Quality Assurance of Providers	
Primary Care Commissioning Committee in Common	IC32	SF	17/11/2020	Primary Care	There is a risk that the PCNs will be unable to administer the COVID-19 Mass Vaccine programme if appropriate premises are not identified for the receipt, storage and administration of the vaccine resulting in continued and sustained risk of COVID-19 infection within the community and in care home settings	Jan Leonard	5	6	30	<ul style="list-style-type: none"> Mass Vaccine project team now established to oversee the Mass Vaccine programme CCG is working with LA to identify premises across all PCN areas. These are being reviewed by NHSE for approval CCG Medicines Management Lead, Primary Care Lead, Mass Vaccine lead and Corporate Services lead represent the CCG on the Mass Vaccine cell SOPs for how the COVID-19 Mass Vaccine clinics will be managed now been shared with CCGs 	3	4	12	Mar-24	Mar-24	CCG to continue to work with all relevant parties to ensure there is a robust response to the mass vaccine programme. Working with NHSE to understand requirements. Awaiting details of enhanced service. Proposal to close risk following review at PCCCCIC	Jan Leonard	N/A	N/A	N/A	12	↔	↓	Primary Care Services	
Primary Care Commissioning Committee in Common	IC38	SF	17/11/2020	Primary Care	There is risk over access to certain community services due to lack of access	Jan Leonard	3	3	9	<ul style="list-style-type: none"> Contract monitoring in place with community services discussion with SF Health regarding provision of some of these services 	3	3	9	Mar-24	Mar-24	CCG to continue to work with all relevant parties to ensure there is a robust response to the mass vaccine programme. Working with NHSE to understand requirements. Awaiting details of enhanced service. Proposal to close risk following review at PCCCCIC	Jan Leonard	N/A	N/A	N/A	9	↔	↔	COVID-19	
Primary Care Commissioning Committee in Common	IC39 new	SF	21/01/2021	Primary Care	There is a risk that the COVID Mass Vaccine programme will not deliver the required number of vaccines resulting in continued and sustained risk of COVID-19 infection within the community and in care home settings if workforce is not available.	Jan Leonard	4	4	16	<ul style="list-style-type: none"> Mass Vaccine strategic group established to oversee the Mass Vacc programme across all PCN areas. Support from CCG Medicines Management Lead, Primary Care Lead, Mass Vacc lead and wider CCG team. CCG representation on the CCG on the C&M Mass Vaccine group. Systems in place to define key risks within sites, rates reviewed and risks to delivery escalated appropriately. Process in place to attract and increase workforce to sustain delivery longer term. Mutual aid also being explored. Good progress through cohorts. Plans for second doses under way. NHSE inviting sign up for cohort 10-12 delivery. 	3	4	12	Mar-21	Mar-21	PCN groupings have worked through cohorts 1-9 for first doses. Targeted work has been undertaken for hard to reach groups. Expansion of offer as new groups brought into current cohorts. Guidance updated and adopted due to changes in vaccine SOPs. PCN groupings opted not to vaccinate cohorts 10+, CCG working with NHSE to look to bring in more provision for these cohorts.	Jan Leonard	N/A	N/A	N/A	12	↔	↓	Primary Care Services	
Quality and Performance Committee	QUA090 new	SF	10/02/2021	Planned Care	The Salford LMC does not support the deployment of primary care high risk FIT due to the medico-legal implications for GPs. This could prevent rollout into Salford primary care.	Rob McDonald	3	4	12	<ul style="list-style-type: none"> Planned Care gastro lead working with CCG cancer leads and C&M cancer alliance to find a solution. 	3	4	12	Mar-21	Mar-21	Planned Care gastro lead working with CCG cancer leads and C&M cancer alliance to find a solution.	Rob McDonald / Sarah McGrath	N/A	N/A	N/A	12	N/A	↔	Commissioning	
Quality and Performance Committee	QUA091 new	SF	11/03/2021	Planned Care	There is a risk that acute providers do not engage in planned care transformation schemes due a lack of clarity regarding CCGs role in the post covid restoration and recovery programme and/or divergent priorities resulting in difficulties implementing QIPP schemes.	Billie Dodd/Terry Hill	4	4	16	<ul style="list-style-type: none"> Planned care leads are linking in with acute providers to understand restoration and recovery plans, and understand how those plans align with CCG QIPP opportunities. Director of commissioning and strategy?? to liaise with Hospital Cell leads to understand CCG role in recovery, and with Neighbouring CCG AG's to discuss alignment of priorities. 	4	4	16	Mar-21	Mar-21	Alignment of Priorities with that of neighbouring CCGs and understanding of the role that CCG has in acute recovery & restoration and during transition to ICS/RCP	Billie Dodd/Terry Hill	N/A	N/A	N/A	N/A	N/A	↔	Commissioning	

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

Risk Matrix

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

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

MEETING OF THE GOVERNING BODY
June 2021

Agenda Item: 21/75	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk	Clinical Lead: N/A
Report date: June 2021		
Title: Joint Committee of Cheshire and Merseyside CCGs: Overview of the establishment of the nine Cheshire and Merseyside CCGs		
Summary/Key Issues: This report is to provide members of the Governing Body with background, purpose, principles, responsibilities and representation of the Joint Committee of the nine Cheshire & Merseyside CCGs. It also outlines the key next steps over 2021/22 to support the ICS Statutory establishment		
Recommendation The Governing Body is asked to receive this report.		Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives 2021/22 (x those that apply)

x	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To drive quality improvement, performance and assurance across the CCG's portfolio.
x	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
x	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
x	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

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	

Report to the Governing Body June 2021

1. Executive Summary

The Cheshire and Merseyside Health and Care Partnership (C&M HCP) is on a journey to be designated as an Integrated Care System (ICS) by April 2021. Key to this is developing the system architecture to support consistent operating arrangements for the future ICS.

In response to this, the nine Cheshire and Merseyside CCGs have established a Joint Committee of CCGs to make commissioning decisions 'at scale' across Cheshire and Merseyside.

2. Introduction and Background

Discussions on the Joint Committee of Cheshire and Merseyside CCGs have been undertaken with Governing Bodies, system leaders, and on a one-to-one basis, which included CCG Accountable Officers, CCG Chairs, Local Authority Chief Executives and Place leads, and Health and Care Partnership leads.

There has been agreement to the establishment of a Joint Committee, the membership is currently being agreed. The outstanding issue is agreement on the proposed initial work plan. There is general agreement that Primary Care services, Community Care services and Voluntary Care services should continue to be commissioned at Place. There was also consensus that there was merit in exploring services that could be commissioned at scale and following initial discussions with CCGs Governing Bodies the revised work plan is now being shared for agreement.

An overview of the establishment of the Joint Committee is attached along with the revised work plan and draft Terms of Reference.

3. Next steps

Key next steps for the Joint Committee are to:

- Determine the required constitutional changes and CCG sign-off route, per CCG, engaging governance leads and/or legal support where required.
- Enact changes to CCG constitutions which includes:
 - Completion of variation request applications for NHS England/Improvement.
 - Receive authorisation letters from NHS England/Improvement.

- Refinement of supporting Standard Financial Instructions and Scheme of Reservation and Delegation to allow the Joint Committee of CCGs to make binding decisions against agreed budgets.

4. Appendices

Appendix 1 - Overview of the establishment the Joint Committee of the nine Cheshire and Merseyside CCGs

Appendix 2 – Terms of Reference

Fiona Taylor
Chief Officer
June 2021

Joint Committee of Cheshire and Merseyside CCGs

Overview of the establishment the Joint Committee of the nine Cheshire and Merseyside CCGs

May 2021



 Cheshire Clinical Commissioning Group	 Halton Clinical Commissioning Group	 Knowsley Clinical Commissioning Group
 Liverpool Clinical Commissioning Group	 Southport and Formby Clinical Commissioning Group	 South Sefton Clinical Commissioning Group
 St Helens Clinical Commissioning Group	 Warrington Clinical Commissioning Group	 Wirral Clinical Commissioning Group

Title	Establishment of the Joint Committee of the nine Cheshire and Merseyside CCGs		
Author(s)	Dianne Johnson, Lucy Davies		
Version	V0.2		
Target Audience	Cheshire & Merseyside Health Care Partnership Board		
Date of Issue	14/05/2021		
Document Status (Draft/Final)	Final		
Description	This document sets out the background, purpose, principles, responsibilities and representation of the Joint Committee of the nine Cheshire and Merseyside CCGs. It also outlines the key next steps over 2021/22 to support the ICS statutory establishment.		
Document History:			
Date	Version	Author	Notes
29/04/2021	0.1	Dianne Johnson/ Lucy Davies	Initial draft
14/05/2021	0.2	Dianne Johnson/ Lucy Davies	Final for HCP Board
Reviewed by:			Dianne Johnson

Distribution			
Version	Group or Individual	Date	Comments
0.2	Cheshire & Merseyside Health and Care Partnership	14/05/2021	For update



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1. Introduction

The Cheshire and Merseyside Health and Care Partnership (C&M HCP) is on a journey to be designated as an Integrated Care System (ICS) by April 2021. Key to this is developing the system architecture to support consistent operating arrangements for the future ICS.

In response to this, the nine Cheshire and Merseyside CCGs have established a Joint Committee of CCGs to make commissioning decisions 'at scale' across Cheshire and Merseyside.

This document sets out the background, purpose, principles, responsibilities and representation of the Joint Committee of the nine Cheshire and Merseyside CCGs. It also outlines the key next steps over 2021/22 to support the ICS statutory establishment.

The purpose of this document is to provide C&M HCP with an update on the establishment of the Joint Committee of the nine CCGs across Cheshire & Merseyside.

2. Background & process

2.1 Background

Discussions on the Joint Committee of Cheshire and Merseyside CCGs have been undertaken with Governing Bodies, system leaders, and on a one-to-one basis, which included CCG Accountable Officers, CCG Chairs, Local Authority Chief Executives and Place leads, and Health and Care Partnership leads.

There was consensus on the need for the majority of commissioning to remain local at Place. There was general agreement that Primary Care services, Community Care services and Voluntary Care services should continue to be commissioned at Place. There was also consensus that there was merit in exploring services that could be commissioned at scale and that CCGs should consider establishing a Joint Committee of Cheshire and Merseyside CCGs.

Proposals for the purpose, principles, responsibilities, outline workplan, representation and terms of reference were taken to each of the 9 Governing Bodies for discussion and approval between December 2020 and March 2021. Included within this were 3 recommendations:

- I. It is recommended that the CCG Governing Body approves the proposed purpose and principles of the Joint Committee of Cheshire and Merseyside CCGs.
- II. It is recommended that the CCG Governing Body approves the proposed responsibilities, focus and outline initial workplan of the Joint Committee of Cheshire and Merseyside CCGs.
- III. It is recommended that the CCG Governing Body approves Option 3 for the representation of the Joint Committee of Cheshire and Merseyside CCGs and identifies the individuals it wishes to put forward.

The proposal and recommendations received a high-level of engagement and great feedback which has been utilised to refine the Joint Committee. All Governing Bodies supported the recommendation with caveats for further work required on the workplan and more detail needed around the representation. The inaugural Joint Committee was held on the 22nd April where the thematic responses were discussed and concluded (thematic responses can be found in Appendix A).



2.2 Process

In order to establish the Joint Committee of Cheshire and Merseyside CCGs, a process of engagement and discussion has been undertaken. This has included:

- 28 one-to-one discussions with system leaders were undertaken in October and November 2020. This included: CCG Accountable Officers, CCG Chairs, Local Authority Chief Executives and Place Leads and Health and Care Partnership leads.
- Participants were asked the following key questions:
 - What are your thoughts on the commissioning function(s) that should happen locally at Place?
 - What are your thoughts on the commissioning function(s) needed at a C&M level?
 - What are your thoughts on establishing a robust joint decision-making forum at a Cheshire and Merseyside level by April 2021?
 - What support would you need to help your membership or elective members consider and hopefully approve new arrangements by March 2021?
- Collective discussions were held at a workshop on the 4th November attended by 23 of these leaders.
- Follow-on discussions have taken place at the CCG Accountable Officer regular meeting on the 16th, 23rd, 30th November and 7th December 2020.

Using this engagement and a review of the Collaborative Commissioning Forum minutes, a list of potential services¹, which could be commissioned 'at scale' on a Cheshire and Merseyside footprint was developed, which was refined by the CCG Accountable Officers.

The list of services, outline workplan, proposed membership and Terms of reference for the Joint Committee were then shared for approval in each Governing Body between January 2021 and March 2021.

¹ Focus of discussions has been on the CCG function of 'commissioning healthcare services to meet the reasonable needs of the persons for whom they are responsible'.

3. Joint Committee of Cheshire and Merseyside CCGs

3.1 Purpose

The Joint Committee of Cheshire and Merseyside CCGs has been established with the primary purpose of enabling Cheshire and Merseyside CCGs to work effectively together and make binding decisions on agreed service areas, for the Cheshire and Merseyside population. Members will represent the whole Cheshire and Merseyside population and make decisions in the interests of all patients.

In addition, the Joint Committee will also provide a forum for the nine CCGs to consider national initiatives and/or new policy implementation. Working collaboratively, the CCGs will review, determine at which level commissioning should take place i.e. C&M scale or at 'Place' and, where appropriate, agree common standards.

Joint Committees require an annual workplan to be agreed by each constituent CCG however in a changing NHS landscape there is a need to be flexible and be able to respond to change in year. It should be noted that any addition to the agreed annual workplan will be approved by each constituent CCG.

The nine CCGs in Cheshire and Merseyside are:

- NHS Cheshire CCG
- NHS Halton CCG
- NHS Knowsley CCG
- NHS Liverpool CCG
- NHS South Sefton CCG
- NHS Southport and Formby CCG
- NHS St Helens CCG
- NHS Warrington CCG
- NHS Wirral CCG

3.2 Principles

The commissioning of health and care services in the Cheshire and Merseyside system, whether undertaken at a Place or 'at scale', should align with the strategic priorities of the C&M HCP and contribute towards the achievement of these in order to improve outcomes for our population.

The C&M HCP strategic aims are aligned to the NHS Long Term Plan (2019) which focuses on improving and modernising our health and care services by:

- delivering safe and sustainable high-quality services;
- improving the health and wellbeing of local communities and tackling health inequalities; and
- delivering better joined up care closer to home.

Therefore, in identifying service areas which could be managed 'at scale', the following principles, aligned to these strategic priorities have been agreed.

Figure 1: Principles

HCP strategic aims	Principles for identifying service areas which could be managed 'at scale'
a) Delivering safe and sustainable high-quality services	<p>The service requires a critical mass beyond a local Place level to deliver safe, high quality and sustainable services;</p> <ul style="list-style-type: none"> ▪ A level of activity required to ensure optimal patient outcomes ▪ Clinical evidence base ▪ A scarcity in the workforce required to deliver a safe and sustainable service ▪ Working at scale will result in efficiencies and greater value for money than would be achieved otherwise ▪ Reduce inequalities and improve all aspects of quality ▪ To undertake activities in such a way as to support provider collaboratives to develop and mature
b) Improving the health and wellbeing of local communities and tackling health inequalities	<p>Working together collaboratively to tackle collective health inequalities across Cheshire and Merseyside</p> <ul style="list-style-type: none"> • Must require a C&M approach • Levelling up approach – prioritising one area must not lead to increased inequalities in another area
c) Deliver better joined up care closer to home	<p>Working together will achieve greater effectiveness in improving health and care outcomes</p> <ul style="list-style-type: none"> • Low volume/high cost • Activities must complement local arrangements and support integration at place • Brings together a team of talents to look at more complex issues

3.3 Responsibilities

For these agreed service areas, to be jointly commissioned 'at scale', the responsibilities of the Joint Committee of CCG would include:

- Ensuring the Joint Committee of Cheshire and Merseyside CCGs conducts its activities cognisant of the statutory duties and responsibilities of CCGs;
- Population analysis of needs which should be addressed at a Cheshire and Merseyside level;
- Setting common standards across the agreed commissioned service areas, to be adhered to across Cheshire and Merseyside and aligned to where services are commissioned outside of Cheshire and Merseyside;
- Monitoring standards and providing assurance;
- Overseeing and co-ordinating any public consultation or engagement required in relation to these agreed service areas (individual CCGs would undertake the public consultation and engagement and remain accountable); and
- Allocating spend related to the decisions made on the agreed service areas.
- Influencing services which are provided at scale such as ambulance services, specialist services etc

3.4 Membership

The membership of the Joint Committee of Cheshire and Merseyside CCGs has been developed based upon constraints developed through discussion and is outlined in Figure 2.

Constraints:

- Each of the nine CCGs in Cheshire and Merseyside should be represented.
- Each CCG Accountable Officer(AO) must be part of the Joint Committee, where an AO is the AO of 2 CCGs then the CFO will act for one of the 2 CCGs.
- The Joint Committee will be NHS based with the decisions in the Joint Committee made by CCGs.

Figure 2: Joint Committee of Cheshire and Merseyside CCGs makeup

Roles: voting members
<p>Per CCG, one member with statutory duties</p> <ul style="list-style-type: none"> • CCG Accountable Officer (x7) • CCG Chief Finance Officer (x2)* <p>*When an AO is the AO of 2 CCGs</p> <ul style="list-style-type: none"> • x1 Chair** • x1 Vice Chair** <p>**To be appointed from Incumbent Chairs/Vice Chairs</p> <p>Each CCG to provide one of the following Governing Body roles</p> <ul style="list-style-type: none"> • x4 Clinical Leads • x1 Secondary Care Doctor • x1 Registered Nurse • x1 Lay Member – audit & governance • x1 Lay member - PPI • x 1 Quality Lead
In attendance
Healthwatch representative
Cheshire & Merseyside ICS representative
Public Health representative

The Joint Committee of Cheshire and Merseyside CCGs will co-opt representatives from other partners as required to deliver the workplan.

3.5 Support to the Joint Committee of Cheshire and Merseyside CCGs

To enact the business of the Joint Committee of Cheshire and Merseyside CCGs and progress the workplan for agreed service areas, dedicated administrative resource will be required. This is in the process of being identified.

The Joint Committee of Cheshire and Merseyside CCGs will establish task and finish groups as well as subgroups as required to deliver the agreed workplan e.g. to ensure effective clinical commissioning expertise. The established Cheshire & Merseyside Collaborative Commissioning Forum provides a natural environment for some of development work required to continue supporting the Joint Committee over 2021/22.

3.6 Workplan

The Joint Committee of Cheshire and Merseyside CCGs outline workplan has been developed collaboratively. It is recognised that the Integration and Innovation White Paper “Working together and supporting integration proposals” is awaiting further detail and confirmation and therefore more service areas may be added to the work plan as the Joint Committee develops. Any such development will be aligned to the principles outlined in **Figure 1**. Any changes to the agreed workplan will need to be approved by the Governing Body of each CCG.

Figure 3: Outline initial workplan

Service area to be commissioned 'at scale'	Specific services to be included in the workplan of the Joint Committee of Cheshire and Merseyside CCGs
Mental Health Services	<ul style="list-style-type: none"> A. Children and Young People mental health services <ul style="list-style-type: none"> • Crisis services • Eating disorder services B. Agree common standards and develop a common workforce strategy to address widespread variation in access, provision, quality and outcomes C. Out of area placements
Acute services	<ul style="list-style-type: none"> A. Specialist Rehabilitation services (Neuro, Mental Health, Stroke, complex cases) B. Re-procure Bariatric services during 2021/22. C. Spinal services D. Standardise clinical policy e.g. IVF, interventions of low clinical priority E. Agree to adopt the National Specification for Stroke services across C&M.

It is important to note that commissioning at scale does not mean that the result will be a one size fits all solution when delivering at Place.



4. Next steps

As outlined in this paper the Joint Committee of Cheshire and Merseyside CCGs is now a functioning group with a clear purpose, principles, responsibilities and outline workplan. The Joint Committee will meet on a bi-monthly basis as outlined in the Terms of Reference and utilise the Collaborative Commissioning Forum to support the Joint Committee and to provide a forum to continue the development of the Joint Committee.

Key next steps for the Joint Committee are to:

- Determine the required constitutional changes and CCG sign-off route, per CCG, engaging governance leads and/or legal support where required.
- Enact changes to CCG constitutions which includes:
 - Completion of variation request applications for NHS England/Improvement.
 - Receive authorisation letters from NHS England/Improvement.
 - Refinement of supporting Standard Financial Instructions and Scheme of Reservation and Delegation to allow the Joint Committee of CCGs to make binding decisions against agreed budgets.

The C&M HCP Board are asked to:

- Note the information provided

Appendices

Appendix A: Governing Body thematic responses to Joint Committee proposals

A summary of the recommendations and the thematic responses from Governing Bodies is provided below:

Recommendation	Thematic response
It is recommended that the CCG Governing Body approves the proposed purpose and principles of the Joint Committee of Cheshire and Merseyside CCGs.	<ul style="list-style-type: none"> ▪ Approved the proposed purpose and principles outlined for the Joint Committee ▪ Request to further understand how the needs and scale of inequality will be addressed through this committee
It is recommended that the CCG Governing Body approves the proposed responsibilities, focus and outline initial workplan of the Joint Committee of Cheshire and Merseyside CCGs.	<ul style="list-style-type: none"> ▪ Approved the proposed responsibilities ▪ Majority approval of the workplan with requests for further refinement to cover: <ul style="list-style-type: none"> ○ Workplan needs to be more ambitious ○ How the work will be undertaken/conducted/resourced ○ More detail required on the scale and scope of the work plan and that services suggested have been assessed against the principles ○ One strong objection to Mental Health being commissioned at this level
It is recommended that the CCG Governing Body approves Option 3 for the representation of the Joint Committee of Cheshire and Merseyside CCGs and identifies the individuals it wishes to put forward. This option allows for a broad representation of different views from across a typical governing body.	<ul style="list-style-type: none"> ▪ Approved Option 3 for the representation of the Joint Committee with caveats detailed below: <ul style="list-style-type: none"> ○ Greater representation of clinical colleagues required ○ Consideration to be given to Healthwatch and Lay membership ○ How to ensure all current or future Governing Body roles are covered? ○ Independent Chair vs incumbent ○ Role of a vice-Chair ▪ It was also suggested that the JCCCG should be unitary board with equal representation of exec, non-executive and clinical and equality of representation across the existing 9 CCGs.

Other feedback themes included:

- Terms of reference require further significant development and to be brought back to Governing Bodies
- What is the engagement process pre and post JCC meetings for CCGs to consider the JCC papers so as to help provide the attendees with the considered opinion/position of their respective CCG?
- How do we agree the delegation of the budgets by each CCG against the services within the 3 themed areas or the principles or processes around then allocating the expenditure?
- Should a large CCG have the same voice of that with a much smaller population?
- If voting, does it have to be 100% unanimous and if not what is the quoracy required?

Appendix B: Examples of other Joint Committee structures

Lancashire and South Cumbria

Joint Committee of CCGs

- Joint Committee of 8 CCGs
- Focused on taking collective decisions about services provided to the L&SC population.
- Independent Chair in place
- It has 2 x reps from each CCG
- Quorate if there is one voting member from each CCG present
- Aim for consensus but if not achieved, decisions need 75% of voting members to approve.
- Meetings held in public.
- Collaborative commissioning arrangement in place with (NHS E/I for services which are directly commissioned by NHS E/I and Local Authorities as outside of the delegated authority of the Committee).

(Terms of Reference, December 2019)

Cheshire CCGs

Joint Commissioning Committee (AHEAD OF MERGER)

- Joint Committee of 4 CCGs (Ahead of Merger)
- Focused on delegated decision making for *recommendations made at a C&M level for adoption across Cheshire strategic oversight and development of a workplan for the establishment of unified commissioning of health and social care services across Cheshire on commissioning services at scale.*
- Chaired by one of GP clinical Chairs
- Each CCG had equal representation (CCG clinical chair and GP rep, CCG AO and executive director, Lay member)
- Additional standing members included: Secondary Care Doctor, Reg Nurse, Healthwatch, Public Health rep, Local Authority Chief Executive.
- Quorate if there are two voting members present from each CCG, GP Chair or Lay member, CCG AO and Chair of Joint Committee.
- Aimed for consensus but if not achieved, decisions needed 75% of voting members to approve.
- Meetings held in public.

(Terms of Reference, May 2019)

Joint Committee of the Cheshire & Merseyside Clinical Commissioning Groups

DRAFT Terms of Reference

May 2021



Title	Terms of Reference, Joint Committee of the Cheshire and Merseyside Clinical Commissioning Groups		
Author(s)	Dianne Johnson, Accountable Officer, NHS Knowsley CCG		
Version	V0.5		
Target Audience	Cheshire and Merseyside CCG Governing Bodies and GP Memberships Cheshire and Merseyside Health and Care Partnership Board		
Date of Issue	14/05/2021		
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Description	This document describes the Terms of Reference for the Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups.		
Document History:			
Date	Version	Author	Notes
11/12/2020	0.1	Dianne Johnson	Draft document for review by CCG AOs.
16/12/2020	0.2	Dianne Johnson	Draft document for review by CCG AOs.
18/12/2020	0.3	Dianne Johnson	Draft document for review by CCG AOs following review by governance leads for Cheshire CCG, Wirral CCG, South Sefton & Southport and Formby CCG and St Helens CCG
10/05/2021	0.4	Dianne Johnson	Draft document for review by CCG AOs following Joint Committee workshop in April 2021
14/05/2021	0.5	Dianne Johnson	Final
Reviewed by:			Dianne Johnson

Distribution			
Version	Group or Individual	Date	Comments
0.1	CCG AO meeting 14 th December	11/12/2020	
0.3	CCG AOs	18/12/2020	
0.4	CCG AOs	10/05/2021	



Terms of Reference for the Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups

1. Introduction


- 1.1 The Cheshire and Merseyside Health and Care Partnership (C&M HCP) is on a journey to be designated as an Integrated Care System (ICS) by April 2021. Key to this is developing the system architecture to support consistent operating arrangements for the future ICS. In response to this, Cheshire and Merseyside Clinical Commissioning Groups (CCGs) are seeking to establish a Joint Committee of the nine CCGs to make some commissioning decisions 'at scale' across Cheshire and Merseyside. The default principle, however, is that wherever possible, commissioning decisions should be made at 'Place' with only those commissioning decisions which make sense to do at scale being undertaken at a Joint Committee of CCGs across the Cheshire and Merseyside footprint.
- 1.2 The NHS Act 2006 (as amended) ("the NHS Act"), was amended through the introduction of a Legislative Reform Order ("LRO") to allow CCGs to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may form a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act. Joint committees are statutory mechanisms which enable CCGs to undertake collective strategic decision making.
- 1.2 Health and Care Partnerships have been established nationally in accordance with the NHS Shared Planning Guidance requirements 2015/16, which required every health and care system to come together to develop plans to accelerate implementation of the NHS Five Year Forward View and the NHS Long Term Plan. CCGs are encouraged to form Joint Committees to facilitate effective, collaborative decision-making, where appropriate.

2. Establishment

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

3. Role of the Joint Committee

- 3.1 The overarching role of the Joint Committee is to enable the Cheshire and Merseyside CCGs to work effectively together and make binding decisions on agreed service areas, for the benefit of the both the resident population and population registered with a GP practice in Cheshire and Merseyside.
- 3.2 Decisions will be taken by members of the Joint Committee in accordance with the delegated authority granted to them from each of their respective CCGs. As Joint Committee Members, individuals will represent the whole Cheshire and Merseyside population and make decisions in the interests of all patients.

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- 3.3 Decisions will support the strategic aims and objectives of the C&M HCP and will contribute to the sustainability and transformation of local health and social care systems at 'Place'. The strategic aims of C&M HCP are aligned to the NHS Long Term Plan (2019) and focus on improving and modernising our health and care services by:
- 3.1.1 Delivering safe and sustainable high-quality services;
 - 3.1.2 Improving the health and wellbeing of local communities and tackling health inequalities; and
 - 3.1.3 Delivering better joined up care closer to home.
- 3.4 The Joint Committee will at all times, act in accordance with all relevant laws and guidance applicable to the CCGs.

4. Remit of the Joint Committee of Cheshire and Merseyside CCGs

- 4.1 The Joint Committee will be responsible for making binding decisions on the agreed service areas (outlined in Appendix 1), for both the resident and registered with a GP Practice in Cheshire and Merseyside patient population. For these agreed service areas, to be jointly commissioned 'at scale' by the nine Cheshire and Merseyside CCGs, the responsibilities of the Joint Committee will include:
- 4.1.1 Population analysis of needs which should be addressed at a Cheshire and Merseyside level;
 - 4.1.2 Setting common standards across the agreed commissioned service areas, to be adhered to across Cheshire and Merseyside and aligned to where services are commissioned outside of Cheshire and Merseyside;
 - 4.1.3 Monitoring of these standards and providing assurance they are adhered to;
 - 4.1.4 Oversight and co-ordination of any public consultation or engagement required in relation to these agreed service areas (individual CCGs would undertake the public consultation and engagement and take collective accountability); and
 - 4.1.5 Allocation of spend related to the decisions made on the agreed service areas.
- 4.2 The services within scope will be defined in a workplan approved by each CCG, to be appended to the Terms of Reference. Given the changing NHS landscape there is a need to be flexible and be able to respond to change in year. It should be noted that any addition to the agreed annual workplan must be approved by each constituent CCG.
- 4.3 In addition, the Joint Committee will also provide a forum for the nine CCGs to consider national initiatives and/or new policy implementation which would/will impact on the delivery of CCG functions. Working collaboratively, the CCGs would review, determine at which level commissioning should take place i.e. C&M scale or at 'Place' and, where appropriate, agree common standards. The Joint Committee would form and submit any subsequent recommendations to each Constituent CCGs Governing Body for consideration.

5. Functions of the Joint Committee

- 5.1 The Committee is a Joint Committee of: NHS Cheshire CCG; NHS Halton CCG; NHS Knowsley CCG; NHS Liverpool CCG; NHS South Sefton CCG; NHS Southport and Formby CCG; NHS St Helens CCG; NHS Warrington CCG; and NHS Wirral CCG established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended). Its primary function is to make collective binding decisions on agreed service areas, for the Cheshire and Merseyside population within its delegated remit.
- 5.2 In order to deliver its delegated functions the Joint Committee will:
- 5.2.1 Make decisions to enable delivery of activities defined in a work plan, approved in line with the Joint Committee principles and responsibilities
 - 5.2.2 Agree and oversee an effective risk management strategy to support decision-making in all areas of business related to the Joint Committee's remit. These risks will be managed by the Joint Committee.
 - 5.2.3 Act as a decision-making body; authorising sub-groups to oversee and lead implementation of service changes
 - 5.2.4 Within the defined work plan, approve service models, specifications, and business cases up to the value as determined for the Governing Body by each constituent CCG's Scheme of Reservation & Delegation.
 - 5.2.5 Ensure appropriate patient and public consultation and engagement, which meets best practice standards and is compliant with CCGs' statutory responsibilities with regard to involvement, as set out in the NHS Health and Social Care Act 2012.
 - 5.2.6 Ensure compliance with public sector equality duties, as set out in the Equality Act 2010 for the purposes of implementation.
 - 5.2.7 Ensure appropriate consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities
- 5.3 Whilst it is acknowledged that individual CCGs remain accountable for meeting their statutory duties, the Joint Committee will undertake its delegated functions in a manner which complies with the statutory duties of the CCGs as set out in the NHS Act 2006 and including:
- 5.3.1 Management of conflicts of interest (section 14O)
 - 5.3.2 Duty to promote the NHS Constitution (section 14P)
 - 5.3.3 Duty to exercise its functions effectively, efficiently and economically (section 14Q)
 - 5.3.4 Duty as to the improvement in quality of services (section 14R)
 - 5.3.5 Duties as to reducing inequalities (section 14T)
 - 5.3.6 Duty to promote the involvement of patients (section 14U)
 - 5.3.7 Duty as to patient choice (section 14V)
 - 5.3.8 Duty as to promoting integration (section 14Z1)
 - 5.3.9 Public involvement and consultation (section 14Z2)


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

6. Membership

- 6.1 The Cheshire and Merseyside Joint Committee member organisations are:
- NHS Cheshire CCG
 - NHS Halton CCG
 - NHS Knowsley CCG
 - NHS Liverpool CCG
 - NHS South Sefton CCG
 - NHS Southport and Formby CCG
 - NHS St Helens CCG
 - NHS Warrington CCG
 - NHS Wirral CCG
- 6.2 A CCG member with statutory duties (Accountable Officer or Chief Finance Officer) of each full member organisation will sit on the Joint Committee. The CCG member with statutory duties will be a voting member of the Joint Committee.
- 6.3 Figure 1 depicts the Joint Committee membership

Figure 1: Membership

Roles: voting members
<p>Per CCG, one member with statutory duties</p> <ul style="list-style-type: none"> • CCG Accountable Officer (x7) • CCG Chief Finance Officer (x2)* <p>* When an AO is the AO of 2 CCGs</p> <ul style="list-style-type: none"> • x1 Chair** • x1 Vice Chair** <p>** To be appointed from Incumbent Chairs/Vice Chairs</p> <p>Each CCG to provide one of the following Governing Body roles</p> <ul style="list-style-type: none"> • x4 Clinical Leads • x1 Secondary Care Doctor • x1 Registered Nurse • x1 Lay Member – audit & governance • x1 Lay member - PPI • x 1 Quality Lead



In attendance
Healthwatch representative
Cheshire & Merseyside ICS representative
Public Health representative

- 6.4 Decisions made by the Joint Committee, within its remit, will be binding on its member Clinical Commissioning Groups.
- 6.5 Other organisations may be invited to send representatives to the meetings. In attendance members may represent other functions / parties/ organisations or stakeholders who are involved in the work plan of the Joint Committee and may provide support and advice to members.

7. Deputies

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

8. Quoracy

- 8.1 The meeting will be quorate with at least one representative of each CCG (including the Joint Committee Chair/Deputy).
- 8.2 In the event of the Joint Committee making a formal decision which requires a vote, one voting member from each full member organisation/ CCG will be required for the meeting to considered quorate.
- 8.3 A duly convened meeting of the Committee at which quorum is present shall be competent to exercise all or any of the authorities, powers and directions vested in or exercisable by it.

9. Voting

- 9.1 The Joint Committee will aim to make decisions through consensus.
- 9.2 In the event of a requirement to make a decision by taking a vote, where a minimum of 75% of the voting committee membership, in attendance at the meeting, are in agreement; a recommendation or decision will be carried i.e. of the 9 voting members, where 7 voting members are in agreement.


- 9.3 Joint Committee members will make decisions in the best interests of the whole Cheshire and Merseyside population, rather than just the population of their constituent CCG.

10. Conflicts of Interest

- 10.1 A register of interests will be compiled and maintained for the Joint Committee which will require members (full and associate) to declare any interest in respect of their role across Cheshire & Merseyside in addition to their own CCG. This register shall record all relevant and material, personal or business interests, and management action as agreed by the individual's CCG. The Joint Committee register of interests will be published on each individual CCG's website and available for inspection at the offices of each CCG.
- 10.2 Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair as soon as they are known and no longer than 28 days from any change.
- 10.3 Where any Joint Committee member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) taking into account any management action in place at the individual's CCG and having regard to the nature of the potential or actual conflict of interest, shall decide whether or not that Joint Committee member may participate in the meeting (or part of meeting) in which the relevant matter is discussed. Where the Chair decides to exclude a Joint Committee member, the relevant CCG may send a deputy to take the place of that conflicted Joint Committee member in relation to that matter, as per section 7 'Deputies' above.
- 10.4 Should the Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with NHSE guidance.
- 10.5 Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.
- 10.6 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Conflicts of Interest Policy, the Standards of Business Conduct for NHS Staff (where applicable) and the NHS Code of Conduct.

11. Meetings

- 11.1 The Joint Committee shall meet bi-monthly and then as required in order to make decisions regarding the work plan. The Chair will have authority to call an extraordinary meeting with at least 5 days' notice.
- 11.2 Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.

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- 11.3 Meeting dates will be published on the nine CCG websites at least 5 working days before the meeting. Agendas and papers will be published on each of the nine CCG websites.
 - 11.4 The Joint Committee may appoint task and finish groups or sub-committees for any agreed purpose which, in the opinion of the Joint Committee, would be more effectively undertaken by a task and finish group or sub-committee. Any such task and finish group or sub-committee may be comprised of members of the CCGs or other relevant external partners, who are not required to be members of the Joint Committee. Minutes/reports of task and finish group or sub-committees will be promptly submitted to the Joint Committee.
 - 11.5 Joint Committee meetings will be held in public but are not public meetings. Members of the public may observe deliberations of the Joint Committee, with feedback encouraged through the public engagement or consultation process. Items the Joint Committee considers commercial in confidence or not to be in the public interest will be held in a private session (Part 2) of the meeting, which will not be held in public as per Schedule 1A, paragraph 8 of the NHS Act 2006.
 - 11.6 Members of the Joint Committee may participate in meetings in person or virtually via video, telephone, web link or other live and uninterrupted conferencing facilities.

12. Infrastructure/Organisational Support

- 12.1 To enact the business of the Joint Committee and progress the work plan for agreed service areas, dedicated administrative resource for the Joint Committee will be agreed by the nine CCGs.
- 12.2 Papers for each meeting will issued to Joint Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

13. Review of Terms of Reference

- 13.1 These terms of reference shall be reviewed by the Joint Committee annually, with input from CCG Governing Bodies, and any amendments approved by each CCG.
- 13.2 They may also be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise.

14. Withdrawal from Committee

- 14.1 Should the Joint Committee arrangement prove to be unsatisfactory, the Governing Body of any member CCG can decide to withdraw from the arrangement, but has to give a minimum of six (6) months' notice to partners, with consideration by the Committee of the impact of a leaving partner – a maximum of 12 months' notice could apply.



15. Dispute Resolution

- 15.1 Where any dispute arises between the member CCGs or where the Joint Committee cannot reach a decision in accordance with its terms of reference, the member CCGs must use their best endeavours to resolve that dispute on an informal basis at the next meeting of the Joint Committee.
- 15.2 Where any matter referred to dispute resolution is not resolved under 14.1, any Party in dispute may refer the dispute to the Accountable Officers of the relevant CCG, who will cooperate in good faith to recommend a resolution to the dispute within ten (10) Working Days of the referral.
- 15.3 If the dispute is not resolved under Clauses 14.1 and 15.2, any CCG in dispute may refer the dispute to NHS England and each CCG will co-operate in good faith with NHS England to agree a resolution to the dispute within ten (10) Working Days of the referral.
- 15.4 Any referral to NHS England under Clause 15.3 shall be to Director of Commissioning Operations, NHS England.
- 15.5 Where any dispute is not resolved under Clauses 15.1. to 15.4, any CCG in dispute may refer the matter for mediation arranged by an independent third party and any agreement reached through mediation must be set out in writing and signed by the member CCGs in dispute.

Appendix 1: Joint Committee work plan

- A1.1 Discussions on the focus of the Joint Committee of Cheshire and Merseyside CCGs have been undertaken with system leaders, on a one-to-one basis (in October and November 2020), which included CCG Accountable Officers, CCG Chairs, Local Authority Chief Executives and Place leads, and Health and Care Partnership leads.
- A1.2 There was consensus on the need for the majority of commissioning to remain local at Place. There was general agreement that Primary Care services, Community Care services and Voluntary Care services should continue to be commissioned at Place.
- A1.3 There was also consensus that there was merit in exploring services that could be commissioned at scale and that CCGs should consider establishing a Joint Committee of Cheshire and Merseyside CCGs. Using the principles outlined in the figure below this list has been refined with the CCG Accountable Officers.

Figure 2: Principles

HCP strategic aims	Principles for identifying service areas which could be managed 'at scale'
a) Delivering safe and sustainable high-quality services	<p>The service requires a critical mass beyond a local Place level to deliver safe, high quality and sustainable services;</p> <ul style="list-style-type: none"> ▪ A level of activity required to ensure optimal patient outcomes ▪ Clinical evidence base ▪ A scarcity in the workforce required to deliver a safe and sustainable service ▪ Working at scale will result in efficiencies and greater value for money than would be achieved otherwise ▪ Reduce inequalities and improve all aspects of quality ▪ To undertake activities in such a way as to support provider collaboratives to develop and mature
b) Improving the health and wellbeing of local communities and tackling health inequalities	<p>Working together collaboratively to tackle collective health inequalities across Cheshire and Merseyside</p> <ul style="list-style-type: none"> • Must require a C&M approach • Levelling up approach – prioritising one area must not lead to increased inequalities in another area
c) Deliver better joined up care closer to home	<p>Working together will achieve greater effectiveness in improving health and care outcomes</p> <ul style="list-style-type: none"> • Low volume/high cost • Activities must complement local arrangements and support integration at place • Brings together a team of talents to look at more complex issues

- A1.5 An outline initial workplan for the services is provided in Figure 3.

Figure 3: Initial outline workplan

Service area to be commissioned 'at scale'	Specific services to be included in the workplan of the Joint Committee of Cheshire and Merseyside CCGs
Mental Health Services	<ul style="list-style-type: none"> A. Children and Young People mental health services <ul style="list-style-type: none"> • Crisis services • Eating disorder services B. Agree common standards and develop a common workforce strategy to address widespread variation in access, provision, quality and outcomes C. Out of area placements
Acute services	<ul style="list-style-type: none"> A. Specialist Rehabilitation services (Neuro, Mental Health, Stroke, complex cases) B. To re-procure Bariatric services during 2021/22. C. Spinal services D. Standardise clinical commissioning policies e.g. IVF, interventions of low clinical importance E. Agree to adopt the National Specification for Stroke services across C&M.

- A1.6 More service areas may be added to the work plan as the Joint Committee of Cheshire and Merseyside CCGs develops, any such development will be aligned to the principles outlined in Figure 2 and will require approval from each CCG for any changes to the Committee's approved annual workplan.
- A1.7 It should be noted that commissioning at scale does not mean that the result will be a one size fits all solution when delivering at Place.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 17th March 2021	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG is reporting that it is likely to deliver its statutory duty (breakeven) and its revised Control Total subject to confirmation of final allocations relating to IS and HDP in months 11 and 12. 	<ul style="list-style-type: none"> The CCG may miss the delivery of its statutory duty (breakeven) or its revised Control Total. 	<ul style="list-style-type: none"> The CCG should continue to review all expenditure / appropriate decision making linked into current COVID pressures. All expenditure must be reviewed to deliver improvements in both efficiency and effectiveness of services. The CCG must ensure that QIPP plans are in place to address the underlying deficit from both a CCG and system level. These plans must be ready for implementation as soon as possible.

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

<ul style="list-style-type: none"> The first of a series of quarterly F&R Committee development sessions took place before the main meeting. <ul style="list-style-type: none"> The session was focussed on the basics of the CCG financial regime and the monthly finance report presented to the committee. The agenda included CCG internal and external reporting, chart of accounts, a comparison of 2019/20 2020/21 financial year expenditure trends and the NHS Finance training environment. The committee received an update on the review status of the Out of Hours / Lone Working Procedure. <ul style="list-style-type: none"> Further information is required from the CCG before the procedure can be updated to reference the process in which a lone working device and conflict resolution training can be accessed. Work is ongoing to finalise the procedure.
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- The committee received an update regarding CHC.
 - Work on the clearance of deferred cases awaiting assessment (which have arisen during the COVID-19 period) is due to be completed by 31st March 2021.
- The committee received a report with a recommendation in relation to CHC fee rates for 2021/22. An extensive debate was held by the committee regarding the fee rate options that were presented.
 - The committee agreed to convene a single-item F&R meeting in April 2021 to consider further information in order to reach a decision regarding CHC fee rates for 2021/22. The committee will be presented with information on the quality tool within the Adam Dynamic Purchasing System and potential implementation. Information will also be presented on how other CCGs have implemented a tiered pricing approach within the care home and care at home setting.
- The committee received an update on prescribing expenditure at month 9 (December 2020).
- The committee approved the Pan Mersey APC recommendations to commission:
 - Galcanezumab injection (Emgality®▼) for prevention of migraine.
 - Upadacitinib prolonged release tablets (RINVOQ®▼) for treating severe rheumatoid arthritis.
 - Liraglutide injection (Saxenda®) for managing overweight and obesity.
- The committee approved the renewal of the Firmagon® (Degarelix) rebate scheme noting that it was in line with the CCG's policy.
- The committee received an update on the CCG's financial strategy.
 - The CCG's opening financial plan and budgets will be presented at an extraordinary Part II Governing Body meeting scheduled to take place on 24th March 2021.
 - Further guidance relating to the 2021/22 financial year is expected to be published on 26th March 2021.
- The committee received an update regarding QIPP.
 - Block contracting arrangements have limited the CCG's ability to reduce costs in 2020/21.
 - A review will be undertaken of the areas of QIPP opportunity that were identified following work on refreshed RightCare data and reported to the F&R Committee at its meeting in January 2021.
 - There is an intention to reinstate dedicated time for CCG staff to work on QIPP related projects and reporting, similar to the 'QIPP Weeks' that have been held previously.
 - A report is to be produced for the committee's review, which outlines the CCG's overall approach in relation to QIPP following publication of further guidance for 2021/22, taking account of the opportunity for influence available to the CCG.

- The committee approved the F&R Risk Register and agreed that no changes were required at this stage.
- The committee received a year-end update report on digital funding streams for 2020/21. The report included a forecast projection for the year-end.
 - The CCG has made progress in delivering its IT plan during the year although key programmes have been delayed due to the COVID-19 pandemic. The CCG will need to reflect this in both its 2020/21 financial out-turn position and its 2021/22 financial plan.
 - An update report on primary care digitisation will be presented at the F&R Committee meeting in May 2021.

Key Issues Report to Governing Body

Joint Quality and Performance Committee held on 25th February

Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
1. Q3 Safeguarding reports highlighted GPs in Level 3 training.	Staff competency on higher level training	Working with team to deliver virtually. Basic level of safeguarding training remain within target.
2. Increase in LeDeR cases for review. Link to improvement of outcomes for patients with LD and themes and lessons learned.	Risk of not completion reviews in mandated time. Potential gap in sharing improvement work on LD health checks.	Liaising with NHSEI on prioritisation of reviews. Detailed review on themes linked to LD health checks to be presented to JQPC.
3. LWH EMIS use gap.	Vital information of patient records will be missed	Formal CCG communication letter back to LWH to highlight the risk.
4. CAMHS waiting times remain below planned staged target	Children will not receive timely treatment	Extra resource to support waiting times has been made available to AHCH.
5. ILAC Ofsted review announced for Sefton		
6. NHSEI Quality assurance visits to vaccination sites announced for Sefton		

<p>7. Potential vaccine hub site closure discussed</p> <p>8. IPR report highlighting increase in long waits.</p> <p>9. Complaints policy approved</p> <p>10. Incident raised on STAR unit transfer to Byron unit</p> <p>11. Clinical concerns raised on relocation of ward 35 under Seacole bed establishment at Stoddart House</p>	<p>Risk of reducing numbers of vaccines taking place</p> <p>Risk of harm to patients due to care not being timely.</p>	<p>NHSEI clarification on site use without NHS status to be sought.</p> <p>Long wait harm reviews highlighted through CQPG/CQRM and establishment / extension of harm review panels.</p> <p>Learning for the organisation on index complaint and for independent review in September 2020 to assess improved processes.</p> <p>Patient follow up; StEIS process will now be followed and to be raised at MCT mental health CQPG.</p> <p>Concern noted, FLT in close contact with MCT and LUHFT on clinical consultation.</p>
<p>Information Points for Southport and Formby CCG Governing Body (for noting)</p>		
<ul style="list-style-type: none"> • None 		

Key Issues Report to Governing Body

Joint Quality and Performance Committee held on 25th March 2021

Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<p>1) Referrals to ERS. Not all pathways are accessibility via ERS.</p> <p>2) Increased numbers in respect of 52 week waits. CCGs to provide assurance to NHSEI in relation to the monitoring of waiting times.</p> <p>3) NHS South Sefton CCG Mental Health GP Clinical Lead gap due to Dr. Gough's retirement. Discussion to be held at the NHS South Sefton CCG Governing Body meeting.</p> <p>4) Southport and Ormskirk Hospitals NHS Trust are currently not supporting the cancer alliance recommendations for gastroenterology FIT testing for high risk patients.</p>	<p>1) It is not possible to reach 100% compliance with lack of availability of pathways on ERS</p> <p>3) Gap in GP clinical lead for mental across South Sefton CCG</p> <p>4) Best Practice not being implemented, high risk patients not being appropriately triaged and investigated.</p>	<p>1) The KPI to be reviewed to ensure trusts are being monitored to ensure they are enabling referral pathways on ERS</p> <p>2) The CCGs submitted a response to NHS E/I on CCGs assurance in managing 52 week waits including harm review</p> <p>3) Discussion to be held at the NHS South Sefton CCG Governing Body meeting.</p> <p>4) Further discussions to take place with the trust and appropriate escalation.</p>

<p>5) Southport and Ormskirk Hospital NHS Trust is not fully cognisant of their ophthalmology follow up waits, including sub-speciality.</p> <p>6) Mersey Care NHS Foundation Trust's lack of adherence to the CHC framework. Delays in assessments and reviews. This is being discussed at Directorate level and has been reported on StEIS.</p> <p>7) NHS Trust's staff resilience and the potential impact on COVID restoration work.</p> <p>8) Consideration to be made in relation to potential increase in complaints and incidents following restoration work.</p>	<p>5) Patients with high risks are not being prioritised with a risk of patient harm</p> <p>6) Financial and Reputational risk to the CCG and Mersey Care NHS Foundation Trust.</p> <p>7) NHS staff retention and recruitment, sickness and absence levels. Potential negative impact on the restoration to business as usual</p>	<p>5) Ophthalmology follow up waits is included as an agenda item at the March CCQRM, with a formal request for the overarching plan including breakdown by sub-speciality.</p> <p>6) Director and NHS E/I level discussions and meetings in place. The incident has been reported on STEiS. Plans are being monitored with agreed timescales. To be placed on the CCG risk register</p> <p>7) To be placed on Trust risk registers.</p> <p>8) Monitor the complaints and incident reports being received by the CCG and provided by the Trusts as part of the work plan.</p>
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<p>9) Ongoing sustainability of CAHMS waiting times. These are contained in the JTAI and SEND action plans. Mersey Care 18 to 25 year olds ASD pathway business case is being considered by the CCG. The trust is yet to submit the business case to support the 18 – 25 years ADHD pathway.</p> <p>10) HealthWatch Sefton raised concern from Sefton residents being able to access to dental services. This is having an impact on primary care. There is a lack of clarity in relation to access to dental services for care home residents.</p>	<p>9) Children and young people are experiencing long waits to access mental health services.</p>	<p>9a) A report is to be presented to Leadership Team to consider potential further investment in the CAMHS service to support sustainability.</p> <p>9b) 18 to 25 year olds ASD pathway is being reviewed by the CCGs. A business case is expected to be received by Mersey Care NHS Foundation Trust for ADHD pathway. A review of mental health provision will take place during 2021/22.</p> <p>10) Access to dental services issues is being escalated to NHSEI and raised at QSG, including the provision of dental services for care home residents.</p>
<p>Information Points for Southport and Formby CCG Governing Body (for noting)</p>		
<ul style="list-style-type: none"> • none 		

Key Issues Report to Governing Body

<p>Extraordinary Audit Committees in Common: Tuesday 30th March 2021 NHS Southport & Formby CCG</p>	<p>Chair: Helen Nichols (CiC meeting chaired by Alan Sharples – Chair of South Sefton Audit Committee)</p>
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Key Issue	Risk Identified	Mitigating Actions

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

- An extraordinary Audit Committees in Common (CiC) meeting had been convened to review and approve an updated Whistleblowing / Raising Concerns Policy.
- The Audit CiC reviewed and approved the Whistleblowing / Raising Concerns Policy subject to amendments agreed at the meeting. Once finalised, the policy will be communicated to all CCG staff.
- A discussion took place regarding wider issues in relation to the policy.
 - It was agreed that an individual should be identified within the HR department to provide expert advice, if required, to the Freedom To Speak Up Guardians in terms of signposting to the appropriate policy depending on the type of concern raised.
 - It was agreed that the Sefton CCGs should have call-off agreements in place with vetted organisations that can undertake independent investigations. This would allow the CCGs access to a group of approved organisations should it be assessed that an external investigation is required.

Key Issues Report to Governing Body



Southport & Formby Primary Care Commissioning Committee Part 1, March 2021

Chair:
Graham Bayliss

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

The committee noted the update from the Joint Operational Group.

The committee received an update on Primary Care Networks and noted that there is an intention to form a single PCN covering all SF CCG practices in 21/22. The Network Contract Specification for 21/22 is due for publication by NHSE imminently.

The committee received the Primary Care Finance report and noted the underspend on Additional Role Reimbursement funding associated with PCNs.

The committee received an update on the Primary Care Quality dashboard.

The committee received an update on primary care workforce.

The committee noted the workplan for the coming year.

The risk register was reviewed.

Key Issues Report to Governing Body



Southport & Formby Primary Care Commissioning Committee Part 1, 21st April 2021

Chair:
Dil Daly

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

The committee noted the key issues from the joint operational group.

The committee noted the change to the primary medical care services out of hours provider, with PC24 commencing on 1st April 21.

The committee ratified a decision made by the Leadership Team to suspend the Local Quality Contract during quarter 1 21/22 to enable General Practice to continue to support the COVID vaccination process. This will enable a review of both the Quality and Outcome Framework and the Investment and Impact Fund to ensure no duplication in the scheme for 21/22.

The risk register was reviewed.

Key Issues Report to Governing Body

Leadership Team meeting held on 16.02.2021 **Chair: Fiona Taylor**

Key Issue	Risk Identified	Mitigating Actions
<p>Item 21/87 – Spinal Paper for OSC</p> <p>Paper provided to LT and TH joined to give an overview. Review was undertaken which made the following recommendations:</p> <p>Complex surgery should take place on one site and should be co-located with Major Trauma. Development of a single on-call rota for out of hours/emergency consultant cover Deformity surgery should take place at scale with a single MDT and co-located with cancer services. If this is not possible, there should be significant ‘in-reach’ to cancer services. Implementation of the National Back Pain and Radicular Pain Pathway across Cheshire & Merseyside. Elective surgery should be performed at scale.</p> <p>Lead provider would be the Walton Centre with additional capacity at Halton. This paper has been through Governing Body meetings in December. MMcD asked if this is going to OSC and is there a wider OSC for Cheshire & Mersey. FLT advised it is going through individual OSC’s. TH to liaise with a clinical</p>		

colleague to co-present this paper at OSC. LC advised that this has not been to EPEG and asked if engagement report from Liverpool can be presented to this meeting in March.

Recommendation – LT approved the above recommendations.

Item 21/89 – Dermatology

Paper provided to Leadership and TH gave an overview and update. DMC have made improvements and NECSU have been approached to conduct an audit.

Leadership Team asked to note the update and are requested to approve the commissioning of the independent external audit costing approximately £6-7,000.

FLT requested a definitive amount to undertake this audit with a maximum of no more than £8k. It was queried if MIAA might undertake this at a lower cost. Currently at the end of a 3+2 contract. Paper will be provided next week for a 12 month extension whilst the service specification is reviewed and re-scoped. MMcD asked that all contracts which are up in the next 12 months be reviewed to ensure choice is possible. MMcD to ask Nadine Smith to map all contracts – **ACTION** Next audit committee will be April and need to take through SLT in March.

LT approved recommendation incorporating ceiling of £8k.

Item 21/94(i) – Community Cardiology S&F Health 20/21 Contract and Support

Paper provided for approval and MMcD gave an overview

MMcD to ask Nadine Smith to map all contracts.

requesting additional payment of £27k. LT was asked to note the following: The impact the service has on the cardiology patients

- Potential impact on LHCH/S&O if this service isn't in place
- The level of reputational risk
- Approve the financial support to Southport & Formby Health

Approved by Leadership Team.

Leadership Team Meeting 24.2.21

Item 21/103 – Nursing & Quality Team Structure & Portfolios

Report provided and CC gave an overview. BP's development has been discussed with Marie Boyles and he will be going on a secondment for 12 months from the second week in March to Southport Hospital. Portfolio's will then need to be reviewed with TF going to an 8D to cover BP's role. Backfill will be required. FLT queried Jane Keenan's role and potential for the programme management around CHC – programme manager would pick up contract management with CHC and case management over and above what is already been picked up. JL asked if BP's place will be taken on the on call rota and this was confirmed. **ACTION** - MMcD to liaise with CC re the £21k requested, making it clearer than currently in the paper. DCF queried the skill set to cover the 8A role. CC advised this is interim for the next 12 months and there may be some existing posts not showing in interim structure and will show all substantive roles and anyone on secondment so as not to lose posts.

MMcD to liaise with CC re the requested £21k.

Recommendation – Team structure to be adapted and £21k investment for 21/22 to improve capacity and pick up quality management. LT approved this recommendation with the above proviso around finances.

Item 21/107 – Active Ageing Termination of Contract

JS gave an overview of a paper provided to LT. Service was developed as part of the falls services. Agreed to fund in October 2020 to May 2021. This was thought to be a public health prevention service. Cost of £35k per annum with small throughput. Duplication of Active Steps service provided by MCFT in Southport & Formby. Follow up discussion with Angela Clintworth, Ellie and DBu to review how this funding could be better used. DCF queried if there would be any redundancy implications and this was not thought to be an issue as this is a contract which will not be renewed.

Recommendation – Contract termination as funds could be better utilised elsewhere – LT agreed with this recommendation.

Leadership Team Meeting 09.03.21

Item 21/125 – Practice Merger

Paper presented by JL to Leadership Team around reasons for Roe Lane and Christiana Hartley practices merging. There is a cost re EMIS to the CCG, but felt to be the right thing to do. MMcD queried Roe Lane and Federation support looked at a couple of years ago, and JL advised this did not take place. Permanency of the merger queried and JL advised Roe Lane has a small list and makes sense to

<p>consolidate this. CC queried confidentiality issues and JL advised assurance to be obtained from IM – ACTION.</p> <p>Recommendation – To approve merger – LT approved.</p> <p>Item 21/129 – Imagine Independence</p> <p>GJ joined the meeting and gave an overview of the paper provided to LT. Allegation received last April around a malpractice complaint. MIAA alerted and investigation took place. Concluded there was no substance to the allegation and service should be reviewed. Second complaint received in January 2021 containing 4 allegations. Meeting took place early March and allegations rebutted verbally and in writing. The service has been transparent and open.</p> <p>£70k of non-recurring funding due to expire in April 2021 for IPS element, with various funding streams from the local authority and looking to pull these together. Asking for funding to be rolled over whilst service is put out to procurement.</p> <p>CC advised report has been sent to Marie Boles and follow up should be built in to contract management to review any future allegations. Feedback is to be requested – ACTION - CC</p> <p>TJ asked if the £53k is part of the baseline contract for 2 years and £70k is non-recurrent. GJ advised £53k is currently on hold pending agreement. St Helens and Knowsley have agreed the funding for next year.</p> <p>Recommendation – LT asked to ratify the conclusions of the commissioners in response to the allegations concerning Imagine Independence and approve funding</p>		<p>JL to obtain assurance from Imersey re confidentiality.</p> <p>Feedback from Marie Boles to be requested.</p>
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**of £70,957 for the IPS in 2021/22.
LT approved subject to input from NHSE.**

Leadership Team Meeting 16.03.21

Item 21/138 – Primary Care – Covid Support to General Practice

JL gave an overview of the paper provided to LT describing the services which have been stood up to cover Covid.

Covid Hubs

Covid Hub in South Sefton is run from the UTC with no additional costs incurred. Covid Hub in North looking to reduce hours and run in the afternoon only as demand drops. Oximetry at Home pathways – piece of work being done to review if this stay in the hubs or general practice.

MMcD queried extended hours which JL confirmed are continuing.

Recommendation

A single COVID Hub remains accessible within each CCG to prevent patients unnecessarily being directed to AED. These hubs also play a part in the oximetry at home service. The SF service is looking at reducing its hours of operation as demand reduces.

Acute Visiting Services (AVS)

The AVS service in South Sefton is commissioned recurrently from Go to Doc although the contract is separate to that of the main Primary Medical Care Out of Hours contract. An additional manned vehicle was commissioned during times of pressure. This service provides home visits to COVID positive (or suspected positive) patients and those shielding.

The Southport & Formby CCG service was newly commissioned as a result of the pandemic and delivers a similar service to that of the South Sefton service.

Recommendation

The commissioned service in South Sefton continues to support practices and during this time its longer term future is reviewed.

The service continues in Southport & Formby whilst longer term plans for the service are reviewed as part of urgent care services.

Shielding Patient Phlebotomy

Southport & Formby Federation also provide a domiciliary phlebotomy service to those patients who are shielding this was as a result of lack of availability through the CCG commissioned service.

Recommendation

This service will continue and stand down when shielding ends.

Mass Vaccination Lead CCG

Colette Page in her role as Practice Nurse Lead increased her hours to full time to lead on Mass Vaccination for the CCG. This ensures CCG representation at daily C&M vaccination meetings.

Recommendation

The role continues to be supported to the end of quarter 1 and is reviewed as to how this is incorporated

into business as usual during this time.

LQC

It is proposed that the suspension of the LQC (phase 6) is rolled over into the 1st quarter of 21/22 in order to enable primary care to continue to support the COVID 19 vaccination programme. The development of phase 7 LQC is in progress, and will largely mirror the indicators within phase 6, however there are some changes that are being introduced. National changes in relation to GP core contract and Direct Enhanced Services are still awaited from NHSE, therefore it has not been possible to confirm phase 7 LQC plans. A 1% uplift to the LQC has been included for 2021/22 in CCG finance plans, subject to Governing Body approval. A final LQC will be dependent on NHSE contractual changes and approval of CCG finance budgets, therefore it is proposed that phase 7 LQC will be a 9 month contract to cover July 21 – March 22. Whilst PCN vaccination sites have been asked if they wish to deliver on going vaccination to cohorts 10-12 second dose vaccinations will continue in PCN sites throughout quarter 1.

FLT asked for details of what is happening across the rest of Cheshire and Mersey with LQC. MMcD advised pending publication of national financial framework we agree an uplift of 1% with oversight of chief finance officer.

Recommendation

During quarter 1 the next phase of the LQC is drawn up and subject to the usual approval process. The suspended phase 6 continues with the 1% uplift applied.

MMcD advised that any expansion of services without a

clear rational will attract the attention of C&M.

Overall Recommendation – LT asked to support the individual recommendations outlined above during quarter one of 2021/22 – LT approved all of the above.

Item 21/140 – Extending Winter Funding for Community Services

SF joined LT and gave an overview of the paper provided proposing to extend funding for six months to support restoration of services. There is evidence of pressures due to long Covid, accelerated discharges and patients choosing to remain at home continue to impact upon community service capacity with uncertainty of when surge management will ease.

Funding of £275k requested. MMcD queried if these were all six month schemes and SF confirmed this. Any funds would need to be transferred to MCFT from May in order to continue these schemes and be reflected in the financial framework as the services transfer from LSCFT to MCFT with the contract change.

Recommendation – LT is asked to support a six month extension of winter funding for LSCFT community services. LT approved subject to publishing of financial framework and work with finance teams across the providers to ensure the allocations given to providers and CCGs for 21/22 are mapped out to ensure continuation.

Leadership Team Meeting – 13.04.21

Item 21/196 – Clinical Leadership

TJ gave an overview of the paper provided to LT. This will link into the work being done with the local authority to support the PCNs going forward. Senior Management can liaise with clinical leaders to hold them to account. CC advised that in provider organisations the director oversees clinical leads. If PCN's are to develop themselves as NHS providers and will require leadership which will not be medical and how this will be funded. MMcD advised a funding stream would need to be created. Paper has been shared with finance team and status of the contract will be incorporated.

Recommendations

That LT supports the recruitment of clinical lead time for the redesign of pain services and the replacement of the mental health and primary care roles for South Sefton via a contract for services. LT also supports the extension of the EOL lead role for SFCCG for 12 months.

LT approved this approach.

Leadership Team Meeting 20.04.21

Item 21/208 – ADHD 18 – 25 Waiting List

Paper provided and GJ gave an update. MCFT are reporting that 682 individuals are on the waiting list of which 273 are aged 16-25. The average wait for the 16 - 25 cohort in February 2021 was 91.84 weeks. MCFT are requesting £137,850 in additional funding. The waiting list initiative would involve the number of new patients being seen increase from 1 per week to 4-5 equating to 160 – 210 service users in a 12 month period allowing for leave. This

increased level of assessment will make a significant impact on the waiting list. The waiting list validation exercise may also impact on service waits which includes:

- A capacity and flow exercise to inform the future development of a more sustainable ADHD service model in Sefton going forward is being undertaken.
- The development of a pilot with Seaforth and Litherland PCN who are prepare to negotiate taking service users back from the service, as this will have the biggest impact on creating a sustainable model moving forward.

The current investment is approximately £200k. CC asked if we can demonstrate that life achievement will be improved by providing this additional funding. CC also asked if follow ups can be carried out by qualified nursing staff whilst Consultants see new patients. JL concerned that there are people over 25 who are also waiting to be seen and would need sight of the revised model. Discharge pathway into primary care via shared care arrangements could be built in. GJ advised reviews are conducted by 'specialists'. SW advised that planning guidance asked for prioritising people due to deprivation and this also needs to be considered in South Sefton.

LT are not currently comfortable to accept this paper as it stands. There is an investment on a non-recurrent basis with caveats around value for money - cost per case, agreed trajectories etc. Need to ensure process is right and mirror pathway with senior clinician seeing patients at assessment and setting up plans then reviews being conducted by support staff. Quality to be pulled into the

conversation with MCFT.

Recommendation: The Leadership Team is asked to approve the ADHD waiting list initiative. LT agreed the funding subject to the above caveats.

Item 21/212 – DBS for Medicines Management Team

JL provided a paper and gave an overview. Most organisations will have a system in place to review staff DBS checks and it is felt these should be updated regularly. Annual or three year check which will be funded by the CCG is recommended.

CC advised that there is a live system costing £10 per annum which can be accessed at any time for an update. MMcD supported the idea of having DBS checks. DFair supported that the CCG should pay, and individuals have a duty of disclosure. It was agreed that the CCG would pay for access to the live system for staff and refund any staff who have recently undertaken a DBS at their own expense.

Recommendation – Live annual check will be funded by the CCG. LT agreed.

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

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Key Issues Report to Governing Body

Leadership Team meeting held on 27.04.2021 **Chair: Fiona Taylor**

Key Issue	Risk Identified	Mitigating Actions
<p>Item 227 – Ophthalmology Update</p> <p>(i) S&O Ophthalmology Update:</p> <p>AG attended LT and gave an overview of the paper provided. QIPP schemes information from S&O is not readily available. CCG not assured re this service and are we putting ourselves at risk. Issues have been on-going for the last 18 months. Trust currently advising we need to formally request an internal report. Only 27.9% were risk stratified with no indication of how the rest will be stratified. 562 SI's would need to be reported. Single Item Quality Meeting requested via Bridget Lees to understand the risk and CC will follow this up as no response received. Due process needs to be followed and MMcD to contact John Bennett. Need to document what our key issues are.</p> <p>Apparent disconnect with COO and ADO and seeming reluctance to share data need to be raised with the Trust, as there is a duty to co-operate. Letter expected from the Trust and draft response to be sent to Martin focussing on DQ in general and use ophthalmology as an example with concerns around glaucoma (risk, patient safety and compliance) ACTION - BD/AG.</p>		<p>Single Item Quality Meeting requested via Bridget Lees to understand the risk and CC will follow this up as no response received</p> <p>Letter expected from the Trust and draft response to be sent to Martin focussing on DQ in general and use ophthalmology as an example with concerns around glaucoma (risk, patient safety and</p>

<p>FLT advised call received from Trish Armstrong-Child today who advised Steve Christian has now left the Trust and Chrisella is acting up in the interim. Meeting needs to be arranged with FLT, MMcD, CC, BL, BG, BD and JB for next week.</p> <p>(ii) iSight</p> <p>iSight have been charging for a day case procedure when it should be an outpatient price. Looking to write to start 1st July to save £200k for 2019/20. LT approved decision to pay for OPPROC as opposed to day case for intravitreal injections of anti VEGF drugs for age related macular degeneration as from 1st July 2021.</p> <p>11th May 2021</p> <p>Item 248 – Women & Children’s Hub in S&F</p> <p>BD attended LT and gave an overview of the paper provided. Trinity Practice premises at Houghton Street identified to host the hub, but currently utilised as Covid Vaccination Site.</p> <p>Recommendation: CCG and SOHT continue to develop model of care as part of Shaping care together with intention of delivery of option 2 (full use of part of the Ground Floor at the Southport Health & Wellbeing Centre on Church Street and no capital giving partial hub model service delivery, excluding the birthing unit for a 12 month pilot) in the first instance, followed by phasing delivery of option 1 (full use of the self-contained horseshoe wing and GP reception on the Ground</p>		<p>compliance) ACTION - BD/AG</p>
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<p>Floor at the Southport Health & Wellbeing Centre on Church Street plus capital giving full hub model service delivery, including the birthing unit for a 12 month pilot)</p> <p>Leadership Team supported the recommendation and LC and DFair will be utilised in any consultations and engagement.</p>		<p>MMcD to ask Nadine Smith to map all contracts.</p>
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Information Points for Southport and Formby CCG Governing Body (for noting)

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Finance and Resource Committee Approved Minutes

Wednesday 17th March 2021, 10.00am – 12.30pm
Microsoft Teams Meeting

Attendees (Membership)		
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
Jan Leonard	Director of Place, S&F CCG	JL
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
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
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
Ex-officio Member*		
Fiona Taylor	Chief Officer, S&F CCG	FLT
In attendance		
Jane Keenan (Items FR21/42-47)	Interim CHC Programme Lead, S&F CCG	JK
Apologies		
Chrissie Cooke	Interim Chief Nurse, S&F CCG	CC
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

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

Name	Membership	Mar 20	May 20	June 20	July 20	Sept 20	Oct 20	Nov 20	Jan 21	Feb 21	Mar 21
Helen Nichols	Lay Member (Chair)	✓	✓	✓	A	✓	✓	✓	✓	✓	✓
Dil Daly	Lay Member (Vice Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Colette Riley	Practice Manager & Governing Body Member	A	✓	✓	A	✓	✓	A	✓	A	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chrissie Cooke	Interim Chief Nurse [Joined CCG in January 2021]								✓	✓	A
Jan Leonard	Director of Place	✓	A	✓	✓	✓	✓	✓	✓	A	✓
Susanne Lynch	Head of Medicines Management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes [Left CCG in Sept 2020]	A	A	A	A	A					
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	✓	*	✓	✓	✓	✓	✓	✓

No	Item	Action
S&F F&R Development Session		
FR21/41	<p>Development Session – Finance Report</p> <p>AOR delivered the first of a series of quarterly development sessions for the Southport & Formby Finance & Resource (F&R) Committee. The session was focussed on the basics of the CCG financial regime and the monthly finance report presented to the committee. The agenda included CCG internal and external reporting, chart of accounts, a comparison of 2019/20 and 2020/21 financial year expenditure trends and the NHS Finance training environment.</p> <p>Members provided positive feedback on the session and discussed topics for future development sessions. HN reiterated her interest in a session focussed on prescribing, which other members of the committee agreed with. Further to discussion at the last committee meeting, prescribing has been added to the schedule of topics for committee development sessions.</p> <p>HN thanked AOR for her presentation, which would be circulated to the committee following the meeting.</p> <p><i>JK joined the meeting.</i></p>	
General business		
FR21/42	<p>Apologies for absence</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Finance & Resource (F&R) Committee meeting today was taking place via Microsoft Teams.</p> <p>Apologies for absence were received from Chrissie Cooke.</p>	
FR21/43	<p>Declarations of interest regarding agenda items</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 and Formby Clinical Commissioning Group (CCG).</p> <p>Declarations made by members of the Southport and Formby F&R Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
FR21/44	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 17th February 2021 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>	

No	Item	Action
FR21/45	<p>Action points from the previous meeting</p> <p>FR20/79 Update - Phase-out of Faxes / Fax Technology MMcD provided an update on the phase-out of faxes / fax technology in Southport and Formby. The Hollies Family Surgery and Ainsdale Medical Centre are the remaining practices that still have a physical fax machine on site. Informatics Merseyside now has a paper-free lead in post who will be undertaking actions to support practices with the removal of physical fax machines. CR commented that she would liaise with The Hollies Family Surgery practice management to check if any support is required to remove the physical fax machine. Action to remain open on the tracker until there are no longer any faxes / fax technology in use by primary care in Southport and Formby.</p> <p>FR21/28 Action points from the previous meeting (FR20/79 Update - Phase-out of Faxes / Fax Technology) A meeting had been arranged for HM to meet with MMcD and Luke Garner (the CCG's Head of Business Intelligence, Strategic Planning & Performance) to discuss whether a data facilitator could undertake / support the work to review and confirm the names of providers that do not include contact email addresses on forms. This meeting, however, was unable to take place and will be rearranged. Action still open.</p> <p>FR21/29 Out of Hours / Lone Working Procedure Gary Holmes (Health & Safety and Security Officer, Midlands & Lancashire CSU) met with SL and AOR to discuss the procurement of lone working devices and conflict resolution training on 15th March 2021. Action closed. He has confirmed, however, that following the meeting, further information is required from the CCG before the Out of Hours / Lone Working Procedure can be updated to reference the process in which a lone working device and conflict resolution training can be accessed. Therefore, the action for the procedure to be updated and sent to the Chair for approval (who had been provided with delegated authority at the last meeting) is still open. SL and AOR reported that further to the meeting with Gary Holmes, a report will be presented to the Leadership Team with a proposal for procurement of lone worker devices and conflict resolution training. FLT commented that since the last committee meeting, the number of staff working out of hours and / or in lone working circumstances as part of the Mass Vaccination Programme has reduced.</p> <p><i>It was noted that all other actions on the action tracker following the February 2021 meeting had been completed; updates were provided on the action tracker which were taken as read. No queries were raised in relation to the updates provided.</i></p>	
<i>Continuing Healthcare</i>		
FR21/46	<p>Continuing Healthcare Update JK provided an update on Continuing Healthcare (CHC) and noted the following points:</p> <ul style="list-style-type: none"> • Work on the clearance of deferred cases awaiting assessment (which have arisen during the COVID-19 period) is due to be completed by 31st March 2021. • Discussions are ongoing with Midlands & Lancashire CSU regarding the continued inclusion and quality of narrative within the monthly CHC Finance & Activity Report. The report for month 11 2020/21 had been provided to the CCG but did not contain the required level of narrative to explain the data. 	

No	Item	Action
	<i>The committee received this verbal update.</i>	
FR21/47	<p>Continuing Healthcare - Fee Rates 2021/22</p> <p>AOR presented a report, which outlined three options for Continuing Health Care (CHC) fee rates for the financial year 2021/22. The report detailed the strategic and operational context to fee setting, which included:</p> <ul style="list-style-type: none"> • commissioning intentions and the strategic context to the provision of CHC; • the approach to increased collaboration for joint working with the Local Authority; • the current operational context and the 2021/22 CHC work plan to review quality and value for money; • the impact of the Adam Dynamic Purchasing System (DPS) in the context of fee setting; • and the financial impact, risks and benefits associated with the fee rate options presented in the report. <p>Taking into account the risks and benefits associated with the three fee rate options presented in the report, the recommendation was to adopt option 1 – no proposed uplift in 2021/22 and therefore no cost impact to the CCG. It was noted that this was consistent with the approach in 2020/21 and with other CCGs which use the Adam DPS. The option takes into account the self-regulation of costs of DPS packages and the significant investment seen in care home fees over the last four years. Further explanation in relation to the rationale for option 1 was provided in detail to the committee. Members were informed that the CCG considers both the financial and quality perspective when making recommendations on fee rates.</p> <p>An extensive and thorough debate was held by the committee. A number of concerns were raised in relation to adopting option 1. Concerns were related to the significant issues that care homes have faced as a result of the COVID-19 pandemic and EU exit, as well as the difficulties of moving to alternative models of care. Areas of discussion included issues currently facing the care home market, acuity of patients as well as the impact of the prevailing circumstances of the cost of care provision. Members also enquired about benchmarking information and a comparison of fee rates with neighbouring CCGs.</p> <p>JK stressed the importance of demonstrating quality of service to support an uplift to care packages. The committee was informed about a quality tool within the Adam DPS. JK advised that implementation of the Adam DPS quality module as part of an uplift arrangement may provide the CCG with an enhanced opportunity to influence quality within the care homes.</p> <p>JK also reported on the emerging approach to locally negotiate packages of care costs called 'Tiered Pricing', further details of which were in the report received by the committee. Tiered pricing enables a range of care needs to be categorised, ranging from typical CHC care needs to extremely complex needs; a standard price is applied to that package of care, with the emphasis upon meeting the needs of the client.</p> <p>Further to discussion, the committee noted the difficulties of reaching a decision regarding CHC fee rates at today's meeting. It was agreed that a single-item meeting is to be arranged for April 2021 to consider further information in order to reach a decision. Depending on the outcome of discussion at the South Sefton F&R meeting (scheduled for 18th March 2021), the single-item meeting</p>	TK

No	Item	Action
	<p>could take place with both F&R Committees of the Sefton CCGs. It was agreed that JK is to present information on the quality tool within the Adam DPS and potential implementation. JK is also to present information on how other CCGs have implemented a tiered pricing approach within the care home and care at home setting.</p> <p><i>The committee received the report on CHC fee rate options for 2021/22 and agreed that further information was required for consideration before a decision could be made. A single-item meeting is to be arranged for April 2021 in order to consider the further information.</i></p> <p><i>JK left the meeting.</i></p>	
<i>Prescribing</i>		
FR21/48	<p>Prescribing Report – Month 9 2020/21</p> <p>SL presented an update report on prescribing expenditure at month 9 (December 2020). The total prescribing expenditure at month 9 is £17.662m and forecast to be underspent by £0.087m against a budget of £23.387m. The effect of COVID-19 on prescribing activity has resulted in further unexpected cost pressures this financial year. Prescribing activity will continue to be monitored by the CCG.</p> <p><i>The committee received this report.</i></p>	
FR21/49	<p>Pan Mersey APC Recommendations</p> <p>SL presented a report on Pan Mersey Area Prescribing Committee (APC) recommendations. She asked the committee to consider approving the recommendations to commission the following medicines:</p> <ul style="list-style-type: none"> • Galcanezumab injection (Emgality®▼) for prevention of migraine. • Upadacitinib prolonged release tablets (RINVOQ®▼) for treating severe rheumatoid arthritis. • Liraglutide injection (Saxenda®) for managing overweight and obesity. <p>Further information on all three medicines, which have been recommended by NICE technology appraisals, was in the report received by the committee. SL reported that Liraglutide injection (Saxenda®) has to be prescribed in secondary care by a specialist multi-disciplinary team tier 3 weight management service in order to be able to access the Patient Access Scheme discount. This is likely to present a capacity pressure on Liverpool University Hospitals NHS Foundation Trust, which will be the secondary care provider of this drug, and is being reviewed by the Trust.</p> <p><i>The committee approved the Pan Mersey APC recommendations to commission:</i></p> <ul style="list-style-type: none"> • <i>Galcanezumab injection (Emgality®▼) for prevention of migraine.</i> • <i>Upadacitinib prolonged release tablets (RINVOQ®▼) for treating severe rheumatoid arthritis.</i> • <i>Liraglutide injection (Saxenda®) for managing overweight and obesity.</i> 	
FR21/50	<p>Prescribing Rebate Scheme: Firmagon® (Degarelix)</p> <p>SL presented a paper with the recommendation to approve the renewal of the Firmagon® (Degarelix) rebate scheme. Firmagon® (Degarelix) is an APC</p>	

No	Item	Action
	<p>recommended drug.</p> <p><i>The committee approved the renewal of the Firmagon® (Degarelix) rebate scheme.</i></p>	
<i>Finance</i>		
FR21/51	<p>Finance Report - Month 11 2020/21</p> <p>AOR provided an overview of the month 11 2020/21 financial position for Southport & Formby CCG as at 28th February 2021. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The CCG has received additional allocations of £7.197m to date to support all COVID-19 related costs and other cost pressures up to month 6. The financial position to month 6 is breakeven. • The CCG's planned deficit was revised to £1.591m following review in February 2021. Agreed resources have been received in month 11 and approved for month 12, which will support the CCG to achieve a breakeven position for 2020/21. • The month 11 financial position is an overspend of £0.867m. This includes an overspend relating to costs for the Hospital Discharge Programme and Local Independent Sector Contracts, which are awaiting a retrospective allocation adjustment. • The provisional year-end forecast is predicted as a deficit of £1.151m at this stage, which includes cost pressures awaiting a retrospective allocation adjustment. The additional allocations when received will reduce the deficit to breakeven (reported as the CCG's most likely case scenario). <p>The committee discussed the finance update. MMcD provided commentary in relation to the CCG's financial position and explanation of the risks and mitigations.</p> <p><i>The committee received the finance report and noted the summary points as detailed within the recommendations section of the report.</i></p>	
FR21/52	<p>Finance Strategy Update</p> <p>MMcD provided an update on the CCG's financial strategy. The CCG's opening financial plan and budgets will be presented at an extraordinary Part II Governing Body meeting scheduled to take place on 24th March 2021. It has been confirmed that block contract arrangements currently in place through the H2 (second half of the financial year: months 7-12) of 2020/21, will continue into the first quarter of the next financial year. It is expected that the arrangements will also be extended to the second quarter of 2021/22. Further guidance relating to the 2021/22 financial year is expected to be published on 26th March 2021.</p> <p><i>The committee received this verbal update.</i></p>	
FR21/53	<p>QIPP Update Report – March 2021</p> <p>AOR provided an update regarding QIPP and brought the following points to the committee's attention:</p> <ul style="list-style-type: none"> • Guidance in relation to the financial and contractual framework for 2021/22 has not yet been confirmed and the expectation is that block contract arrangements currently in place through the H2 (months 7-12) of 2020/21, 	

No	Item	Action
	<p>will continue into H1 (months 1-6) of 2021/22. Block contracting arrangements have limited the CCG's ability to reduce costs in 2020/21.</p> <ul style="list-style-type: none"> The next Joint QIPP Delivery Group meeting (scheduled for 30th March 2021) will include a session to discuss and provide feedback on the four areas of QIPP opportunity that were identified following work on refreshed RightCare data and reported to the F&R Committee at its meeting in January 2021. There is an intention to reinstate dedicated time for CCG staff to work on QIPP related projects and reporting, similar to the 'QIPP Weeks' that have been held previously. <p>The committee discussed the QIPP update, included the challenges in relation to QIPP delivery as well as the scope of opportunity to influence within the system. Once further guidance for the 2021/22 financial year has been received, HN requested a report which includes the following:</p> <ul style="list-style-type: none"> The CCG's overall approach in relation to QIPP given the guidance received. The principles of the approach are to be included. Details of QIPP schemes in areas which the CCG has the ability to influence within the system. In reference to areas in which the CCG does not have the ability to influence, the report is to include an update on any discussions that have taken place with partners that do have the ability to influence within the system, and the outcomes of those discussions. <p>It was agreed for this report to be produced for the next committee meeting in May 2021 subject to the receipt of further guidance for 2021/22; AOR to action. FLT noted that the report will require review by the Senior Management Team prior to presentation to the committee.</p> <p><i>The committee received this verbal update.</i></p>	AOR
<i>Risk</i>		
FR21/54	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the F&R Committee Risk Register, which had been updated with the risk score changes agreed at the last committee meeting in February 2021. MMcD recommended that the risk scores remain unchanged at this stage, which was agreed by the committee. It was noted that the CCG's most likely case scenario of a year-end breakeven position is subject to reimbursement of cost pressures relating to the Hospital Discharge Programme and Local Independent Sector contracts.</p> <p><i>The committee approved the F&R Committee Risk Register.</i></p>	
<i>IT</i>		
FR21/55	<p>Update on Digital Funding Streams 20/21: Year-End Report</p> <p>MMcD presented a year-end update report on digital funding streams for 2020/21. The report included a forecast projection for the year-end.</p> <p>A detailed overview was provided in relation to the following funding streams, further information on which was included within the report received by the committee.</p> <ul style="list-style-type: none"> GPIT funding: funds have been made available in 2020/21 through three 	

No	Item	Action
	<p>separate bidding rounds. Details of the bids submitted by the CCG together with their funding status were included in the report.</p> <ul style="list-style-type: none"> • Digital First funding: The CCG submitted a joint bid with NHS South Sefton CCG across a range of Digital First schemes. The CCGs received an allocation of £309k during the year and have developed an indicative plan (including expenditure on primary care websites, the ORCHA App Library, Telehealth and Ardens Software), which was outlined within the report. Due to the COVID-19 pandemic and changed priorities, however, the planned roll-out of these schemes have been delayed into the next financial year and NHS England and Improvement (NHSE/I) have been notified accordingly. Further schemes have also been identified following discussions with primary care colleagues and these remain under consideration for the 2021/22 financial year. • Primary Care Digitisation: In December 2020, NHSE/I indicated that there was an opportunity to bid for additional funding to extend the digitisation programme across more practices in both Southport & Formby CCG and South Sefton CCG. Both CCGs have made significant progress in the roll-out of digitisation of primary care records and received a further allocation of £325k to continue the programme. Due to a number of constraints including supplier availability, the second phase of the programme will start in the 2021/22 financial year and NHSE/I have been notified accordingly. • ETTF funding: this has been withdrawn in 2020/21 and used to support the COVID-19 response. <p>MMcD confirmed that an update report on primary care digitisation will be presented at the F&R Committee meeting in May 2021.</p> <p>HM and CR provided positive feedback on the IT support received by their respective GP practices during the COVID-19 pandemic. CR provided positive feedback overall in relation to her experience with primary care digitisation.</p> <p><i>The committee received this report.</i></p>	MMcD
Committee Governance		
FR21/56	<p>F&R Committee 2020/21 Attendance Tracker – Governing Body Members (For Annual Report)</p> <p>HN introduced this item, noting that information on committee attendance for Governing Body members will be included in the CCG's annual report 2020/21, the draft version of which will be presented to the Audit Committee in April 2021. In preparation for this, the Governing Body members of the F&R Committee were being asked to formally approve their attendance record for F&R meetings to date in 2020/21 (included as Appendix 1) to help ensure the accuracy of information that will be included in the annual report.</p> <p><i>The Governing Body members of the F&R Committee approved their attendance record for F&R meetings to date in 2020/21.</i></p>	
Minutes of Steering / Sub-Groups to be formally received		
FR21/57	<p>Minutes of Steering / Sub-Groups to be formally received</p> <p>The committee received the minutes of the following steering / sub-group meetings:</p> <ul style="list-style-type: none"> • IM&T Steering Group – 10th November 2020 • Joint QIPP Delivery Group – 24th November 2020 	

No	Item	Action
Closing business		
FR21/58	<p>Any Other Business No items of other business were raised at this meeting.</p>	
FR21/59	<p>Key Issues Review MMcD highlighted the key issues from the meeting, which will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of next meetings:</p> <p>Single-Item Meeting – CHC Fee Rates 2021/22: TBC in April 2021</p> <p>Next Main F&R Committee Meeting: Wednesday 19th May 2021 11.00am to 1.00pm Microsoft Teams</p>	

Extraordinary Finance and Resource Committee Approved Minutes

Wednesday 14th April 2021, 10.00am – 11.30am
Microsoft Teams Meeting

Attendees (Southport & Formby F&R Committee Membership)		
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
Chrissie Cooke	Interim Chief Nurse, S&F CCG and SS CCG	CC
Jan Leonard	Director of Place, S&F CCG	JL
Susanne Lynch	Head of Medicines Management, S&F CCG and SS CCG	SL
Martin McDowell	Chief Finance Officer, S&F CCG and SS CCG	MMcD
Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG and SS CCG	AOR
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
Attendees (South Sefton F&R Committee Membership)		
Alan Sharples	Lay Member (F&R Committee Chair), SS CCG	AS
Chrissie Cooke	Interim Chief Nurse, SS CCG and S&F CCG	CC
Susanne Lynch	Head of Medicines Management, SS CCG and S&F CCG	SL
Martin McDowell	Chief Finance Officer, SS CCG and S&F CCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SS CCG and S&F CCG	AOR
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Dr John Wray	GP Governing Body Member, SS CCG	JW
Ex-officio Member*		
Fiona Taylor	Chief Officer, S&F CCG	FLT
In attendance		
Jane Keenan	Interim CHC Programme Lead, S&F CCG	JK
Apologies (S&F F&R Membership)		
None		
Minutes		
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	May 20	June 20	July 20	Sept 20	Oct 20	Nov 20	Jan 21	Feb 21	Mar 21	Apr 21
Helen Nichols	Lay Member (Chair)	✓	✓	A	✓	✓	✓	✓	✓	✓	✓
Dil Daly	Lay Member (Vice Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Colette Riley	Practice Manager & Governing Body Member	✓	✓	A	✓	✓	A	✓	A	✓	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chrissie Cooke	Interim Chief Nurse [Joined CCG in January 2021]							✓	✓	A	✓
Jan Leonard	Director of Place	A	✓	✓	✓	✓	✓	✓	A	✓	✓
Susanne Lynch	Head of Medicines Management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes [Left CCG in Sept 2020]	A	A	A	A						
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	✓	*	✓	✓	✓	✓	✓	✓	✓

No	Item	Action
FR21/60	<p>Apologies for absence</p> <p>An extraordinary Finance & Resource (F&R) Committee meeting had been convened with a single item agenda to consider further information in relation to Continuing Healthcare (CHC) fee rates for 2021. The meeting was held jointly with the South Sefton F&R Committee as agreed in the March 2021 meeting. It was agreed that Helen Nichols, Chair of the Southport and Formby F&R Committee would chair the meeting on behalf of both CCGs.</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the F&R Committee meeting today was taking place via Microsoft Teams.</p> <p>No apologies for absence had been received from Southport & Formby F&R Committee members.</p>	
FR21/61	<p>Declarations of interest regarding agenda items</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 and Formby Clinical Commissioning Group (CCG).</p> <p>Declarations made by members of the Southport and Formby F&R Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
FR21/62	<p>CHC Fee Rates 2021/22 – Tiered Pricing Approach and Implementation of the Adam DPS Quality Tool</p> <p>MMcD introduced this item and briefed the committee on the background to the convened meeting. At the Finance & Resource Committee in March 2021 report FR21/47 Continuing Healthcare - Fee Rates 2021/22 was presented which discussed a number of options for fee setting in 2021/22 as follows:</p> <ul style="list-style-type: none"> • Option 1 - Offer no uplift in 2021/22. • Option 2 - Uplift of 1% to live packages of care as at 1st April 2021 which have been in existence for more than one year old – effective from April 2021. • Option 3 - Uplift of 1.75% to live packages of care as at 1st April 2021 which have been in existence for more than one year old – effective from April 2021. This matches the Sefton Council proposed increase currently under consultation. <p>At the March 2021 meeting it was decided that the committee needed further information in relation to proposals discussed in the fee setting paper around the implementation of a tiered pricing approach and the Adam Dynamic Purchasing System (DPS) Quality Tool. The purpose of the meeting was to receive this information to enable a decision to be reached in relation to CHC fees in 2021/22. JK gave a presentation on the Adam DPS Quality Tool and tiered pricing model. The presentation is summarised as follows:</p>	

No	Item	Action
	<p>Quality Tool</p> <p>Quality with care providers is currently monitored via the Sefton MBC Care Home and Domiciliary Care service specification and CQC rating. It is acknowledged that current systems have limitations and that information is not always current.</p> <p>The ADAM DPS system functionality includes a quality monitoring tool which can be tailored as required to suit CCG needs. Quality indicators are defined by the CCG and once implemented; providers will be required to complete monthly monitoring information. A dashboard can be extracted from the Adam DPS by Midlands & Lancashire CSU for review and assurance purposes by the CCGs.</p> <p>It is intended that the quality tool output would feed into commissioning processes. This will help in determining and evaluating provider quality assurance when considering placements.</p> <p>Tiered Pricing</p> <p>Other CCGs using the Adam DPS have implemented a system of tiered pricing. The tiers reflect pre-defined levels of clinical need across a number of domains and weekly costs are determined with reference to these pre-defined levels. This means that costs are agreed with input from providers, there is a greater degree of control and expected costs can be more easily predicted.</p> <p>The system still allows for exceptionality, in that very complex packages of care will be arranged based on specific needs and costings agreed on a case by case basis for this cohort of individuals.</p> <p>In other areas where this approach has been implemented:</p> <ul style="list-style-type: none"> • A joint approach to alignment of costs to tiers has been agreed with Local Authority colleagues. • CCGs consider that significant contributions to cost improvement can be achieved. • Midlands and Lancashire Commissioning Support Unit (MLCSU) and Adam DPS have supported the implementation of the tiered pricing initiative with no cost implication to the CCG. <p>The approach to implementation was described as:</p> <ul style="list-style-type: none"> • Agreement of core elements included in each tier • Costing of care including one to one care completed to determine tiers • Development of implementation plans • Provider engagement events focussing on smaller groups and discussing case studies • Publication of proposed costs per tier. • Providers enrol to one or more tiers through the DPS which creates better definition of the market and types of care provided across the market. <p>HN invited questions and an extensive discussion took place. The main points are summarised as follows:</p> <ul style="list-style-type: none"> • Careful consideration will need to be given to quality indicators to be included. Implementation of the tool is reliant on self-assessment and it 	

No	Item	Action
	<p>is acknowledged therefore that further work is required to implement quality assurance monitoring and feedback mechanisms.</p> <ul style="list-style-type: none"> • Timing of the implementation of the quality tool and tiered pricing is important given the likelihood of organisational change in 2022/23 and uncertainty surrounding the management of continuing healthcare in the Integrated Care system (ICS) going forward. The committee discussed immediate action to implement the quality tool and October 2021 was suggested as a provisional implementation date for tiered pricing. A cost benefit analysis of the tiered pricing mechanism is available and will be updated and shared. • The options described in the March 2021 paper were discussed. Factors taken into consideration include the CCG underlying deficit position, the significant levels of investment over recent years and the Adam DPS procurement system which provides care providers with opportunity to bid for packages at their current costs. Pricing incentives linked to quality performance indicators were also discussed. • The impact of the COVID-19 pandemic on care providers was discussed and the need for a wider discussion of this linked to the CCG's strategic intentions articulated through the draft Care Home strategy. It was agreed that this discussion should take place at Governing Body. <p>Actions agreed</p> <p>HN thanked committee members for all contributions to the productive discussion and summarised the actions to be addressed from the meeting. Agreed actions are as follows:</p> <ol style="list-style-type: none"> 1. The committee agreed that the Joint Care Home Strategy should be added to the agenda of the next Governing Body part II meeting to enable a wider multi-disciplinary discussion on the CCG strategic intentions around provision of care via care home and domiciliary care providers. The discussion will include the impact of the Care Home strategy across the health and social care system in Sefton. 2. It was agreed that the quality tool should be implemented. It was also agreed that input and review should be sought from GP members. The committee supported the introduction of tiered pricing and agreed that work on this should be started with a view to a potential implementation date of October 2021. 3. Oversight of the quality indicators for inclusion in the tool will be delegated to the Joint Quality and Performance Committee to ensure a cohesive approach involving health partners and ensuring that links to the Care Home strategy are maintained. 4. It was agreed that the original recommendation of no uplift to fee rates in 2021/22 would be replaced by option 2 of the paper presented to the March 2021 F&R Committee (FR21/47 Continuing Healthcare - Fee Rates 2021/22). The option below will be implemented with effect from 1st April 2021: <ul style="list-style-type: none"> • Option 2 - Uplift of 1% to live packages of care as at 1st April 2021 which have been in existence for more than one year old – effective from April 2021. 	<p>FLT</p> <p>JK / CC</p> <p>CC</p> <p>AOR</p>
	<p>Date of next meeting: Wednesday 19th May 2021 11.00am to 1.00pm Microsoft Teams</p>	

Joint Quality and Performance Committee NHS Southport and Formby CCG & NHS South Sefton CCG Minutes

Thursday 25th February 2021, 9am to 12 noon
Microsoft Teams Meeting

Attendees (Membership)		
Dr Rob Caudwell	GP Governing Body Member, Chair, SFCCG	RC
Martin McDowell	Chief Finance Officer, SSCCG/SFCCG	MMcD
Dr Doug Callow	GP Quality Lead / GB Member, SFCCG	DC
Dr Gina Halstead	GP Clinical Quality Lead / GB Member, Deputy Chair, SSCCG	GH
Dr Jeffrey Simmonds	Secondary Care Doctor, SFCCG	JS
Brendan Prescott	Deputy Chief Nurse and Head of Quality and Safety, SSCCG/SFCCG	BP
Chrissie Cooke	Interim Chief Nurse, SSCCG/SFCCG	CC
Graham Bayliss	Lay Member, SSCCG	GB
Dil Daly	Lay Member, SFCCG	DD
Billie Dodd	Deputy Director of Commissioning and Delivery SSCG/SFCCG	BD
Ex Officio Member		
Fiona Taylor	Chief Officer, SSCCG/SFCCG	FLT
In attendance		
Ehsan Haqqani	Interim Primary Care Quality Lead, SSCCG/SFCCG	EH
Mel Spelman	Programme Manager for Quality and Risk, SSCCG/SFCCG	MS
Helen Roberts	Lead Pharmacist, SSCG/SFCCG	HR
Tracey Forshaw	Assistant Chief Nurse, SSCCG/SFCCG	TF
Natalie Hendry-Torrance (for agenda item 21/30 only)	Designated Safeguarding Adults Manager	NHT
Apologies		
Susanne Lynch	Head of Medicines Management, SSCCG/SFCCG	SL
Stephen Williams	Director of Strategic Partnerships, SSCCG/SFCCG	SW
Jennie Piet	Programme Manager, Quality and Performance, SSCCG/SFCCG	JP
Minutes		
Michelle Diable	Personal Assistant to Chief and Deputy 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)

Name	Membership	Feb 20	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Jan 21	Feb 21
Dr Rob Caudwell	GP Governing Body Member (Chair)	✓	✓	V	V	✓	✓	✓	✓	✓	✓	A	✓
Graham Bayliss	Lay Member for Patient & Public Involvement	A	✓	V	V	✓	✓	✓	A	✓	✓	✓	✓
Dil Daly	Lay Member for Patient & Public Involvement	✓	✓	V	V	✓	✓	✓	✓	✓	✓	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A	✓	V	V	A	✓	✓	A	✓	A	A	✓
Karl McCluskey	Director of Strategy and Outcomes (Left CCG Sept 20)	A	D	V	V	A	A	A	A				
Debbie Fagan	Chief Nurse & Quality Officer (on Secondment)												
Dr Gina Halstead	Chair and Clinical Lead for Quality (Deputy Chair)	✓	✓	V	V	✓	✓	A	✓		✓	✓	✓
Martin McDowell	Chief Finance Officer	A	✓	V	V	✓	✓	✓	✓	✓	✓	✓	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	V	V	A	A	A	A	A	A	A	✓
Jane Lunt	Chief Nurse (Left CCG secondment Dec 20)	A	✓	V	V	✓	✓	✓	✓	✓	✓	✓	
Brendan Prescott	Deputy Chief Nurse and Head of Quality and Safety	✓	✓	V	V	✓	✓	✓	✓	A	✓	✓	✓
Fiona Taylor	Chief Officer Ex-officio member of JQPC Committee	A	A	V	V	✓	✓	A	✓	✓	✓	A	✓
Billie Dodd	Deputy Director of Delivery and Commissioning											A	✓
Chrissie Cooke	Interim Chief Nurse											✓	✓

✓ = Present A = Apologies N = No meeting D = Deputy V= received a virtual JQPC meeting pack

No	Item	Action
General		
21/24	<p>Welcome and Apologies for Absence</p> <p>Apologies for absence were noted from Stephen Williams, Jennie Piet and Susanne Lynch.</p>	
21/25	<p>Declarations of Interest</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.</p> <p>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"> Declarations of interest were received from CCG officers who hold dual posts in both NHS South Sefton CCG and NHS Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
21/26	<p>Minutes and Key Issues of the Previous Meeting</p> <p>With the following amendments the minutes from the previous meeting held on 28th January 2021 were deemed as an accurate reflection of the meeting:</p> <ul style="list-style-type: none"> Page 8 of the minutes, agenda item 21/05, Deputy Chief Nurse Report. Under the heading CQPG/CCQRM, The last two sentences to be amended to read:- <p>"Attendance gaps were identified for Southport and Ormskirk Hospital NHS Trust and Lancashire and South Cumbria NHS Foundation Trust. Dr Rob Caudwell will be contacting GP colleagues to ensure attendance at future provider CQRMs and CQPGs".</p> <ul style="list-style-type: none"> The 3rd paragraph on page 10 of the minutes, under agenda item 21/ 06, Clinical Director Quality Update, to be amended to read:- <p>"Dr Gina Halstead informed that a query had been raised in relation to Covid 19 vaccinations as to how practices will know which vaccine a patient would need for their repeat vaccination".</p> <ul style="list-style-type: none"> Page 13, agenda item 21/12, Complaints Policy. The date in the action to be amended to March 2021. <p>The key Issues from the previous meeting were approved as being an accurate record.</p>	

No	Item	Action
21/27	<p>Matters Arising/Action Tracker</p> <p>The Committee received the action tracker and the following updates were noted:-</p> <ul style="list-style-type: none"> • Agenda Item 19/183, Clinical Director Update <p>Brendan Prescott advised that he had contacted Cameron Ward who in turn contacted Sam James in relation to the Walton Centre's recovery plan. Sam James had been on leave and therefore the information has not yet been received by the CCG.</p> <p>Cameron Ward to meet with Sam James in August 2020 to pursue the query with the Walton Centre.</p> <p>It was suggested discussing this issue at the Primary Care Interface Meeting. However the Committee queried if that would be the most appropriate forum. Therefore Jane Lunt advised that she would discuss this action further with Cameron Ward and provide an update at the next meeting.</p> <p>Cameron Ward had informed that he has met with Sam James but is awaiting further information to progress. Cameron advised that he would follow this up in advance of the next meeting and provide an update.</p> <p>In the absence of Cameron Ward, Billie Dodd informed that Cameron had not yet been back in touch with Sam James at the Walton Centre. It was highlighted that Cameron was due to leave the organisation shortly and suggested that this action is followed up by Billie Dodd.</p> <p>The Committee noted difficulties being experienced by GPs when referring patients that do not have cancer but have a serious degenerative disorder, to a General Neurology Consultant. Billie Dodd agreed to follow up this action, linking in with NHS Liverpool CCG colleagues and provide an update at the next meeting.</p> <p>Michelle Diable to follow up action with Billie Dodd. Action deferred to the next meeting.</p> <p>Billie Dodd informed that she had contacted the Walton Centre and they advised that there were no referral issues. Following discussion it was suggested for Billie Dodd to obtain further information and examples from Dr Rob Caudwell and to then discuss them with Fiona Taylor to take forward.</p> <ul style="list-style-type: none"> • Agenda Item 20/201, Clinical Director Quality Update <p>Concerns had been raised in relation to midwives who have not been trained to use EMIS. Jane Lunt informed that she had raised the Committee's concerns with Caron Lappin but would follow up the action and confirm the outcome at the next meeting.</p> <p>Jane Lunt advised that she has escalated the action again and informed that it will be picked up at CQPG.</p>	BD/FLT

No	Item	Action
	<p>It was highlighted that this issue poses a significant clinical risk. GPs are not always advised if a patient is pregnant as they can self-refer. Jane Lunt advised that she would discuss this issue and the 2 actions noted later in the action log under agenda item 20/113 Joint Medicines Operation Group Key Issues, with the interim Director of Nursing and provide an update at the next meeting.</p> <p>Following a meeting with Claire Fitzpatrick – Head of Midwifery at Liverpool Women’s NHS Trust, Jane Lunt informed that work is taking place to improve the Trust’s approach in terms of booking and what they do remotely. In addition the Trust will work with Liverpool, Knowsley and Sefton and will engage with primary care to work through the EMIS issues including information sharing. The Trust is working to mitigate the current issues but looks to use a new IT clinical system.</p> <p>It was noted that the Committee welcomes the opportunity to work with the Trust to help shape the future but requests assurance around the current clinical risk in relation to the prescribing issues which are occurring as a direct result of midwives not being trained to use EMIS.</p> <p>Fiona Taylor explained that she will formally write to the Trust highlighting the concerns raised by the Committee and will request assurance specifically in relation to mitigating the current clinical risk.</p> <p>Jane Lunt informed that she had not yet convened a meeting with Claire Fitzpatrick but would endeavour to do so. Jane also informed that a letter had not been sent to Liverpool Women’s Hospital NHS Trust but would follow this up with Fiona Taylor.</p> <p>Following a discussion with Dr Gina Halstead, Brendan Prescott advised that he had contacted Marie Forshaw, Director of Nursing at Liverpool Women’s Hospital NHS Trust to obtain further information. He advised that a system plan is in place and a meeting is to be convened to progress the issue regarding midwives being trained to use EMIS. Brendan informed that he has asked Marie Forshaw on behalf of the Committee for a percentage of how many midwives are trained to use EMIS.</p> <p>Chrissie Cooke informed she would follow this up with Marie Forshaw and Jane Lunt.</p> <p>Brendan Prescott informed that he had met with Marie Forshaw and IT regarding training for midwives to use EMIS. He asked how many staff had been trained and about the potential gap being filled by training from IMersey and will follow it up. GH stated the children’s clinical lead, Dr Wendy Hewitt should lead on this</p> <p>Following a discussion, it was noted that Chrissie Cooke will formally write to the Liverpool Women’s Hospital, copying in NHS Liverpool CCG to take the action forward.</p> <p>It was noted that the action had been on the tracker for an unacceptable lengthy period. It was suggested going forward, to include the date an action is initiated on the action tracker.</p> <ul style="list-style-type: none"> • Agenda Item 20/181, Electronic Palliative Care Co-ordination Systems (EPaCCS) Update 	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p>BP</p> <p>CC</p> <p>MD</p>

No	Item	Action
	<p>Dr Gina Halstead highlighted that out of date templates on the EMIS system is an increasingly challenging issue. Dr Rob Caudwell suggested creating a folder containing approved templates with practice agreements and for the facilitators to ensure it is kept up to date and to archive any out of date templates.</p> <p>Dr Rob Caudwell informed of a group that has been established to discuss referral forms and templates. He noted that the forms should only refer to relevant information so that the form helps both the person completing it as well as the person processing it. As a result the issue should now be corrected as clinical systems are populating with the correct most recent versions. He suggested that if there are any out of date forms or templates in the system to inform him.</p> <p>It was noted that legacy forms cannot be removed on EMIS but can be archived. The user can set EMIS to not show archived forms.</p> <p>Action completed.</p> <p>Dr Gina Halstead suggested providing an update about out of date templates on EMIS via GP Communications.</p> <ul style="list-style-type: none"> • Agenda Item 20/187, Clinical Director Update <p>Dr Rob Caudwell noted an issue in relation to referrals to Renacres Hospital whereby patients have been given an appointment within a week and subsequently are being advised by Renacres Hospital to self-isolate for 2 weeks before their appointment. The GP is subsequently being asked to re refer them. Billie Dodd advised that she will raise this when she meets with Renacres Hospital.</p> <p>(i) Billie Dodd to raise directly with Renacres Hospital the referral issues highlighted by Dr Rob Caudwell.</p> <p>It was noted that Billie Dodd had approached Renacres Hospital. It appears that the issue was isolated and not a systems issue.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/03, Clinical Director Update <p>Dr Gina Halstead to escalate concerns regarding ensuring that CCG staff have their identification checked upon arrival at mass vaccination centres.</p> <p>It was noted that it was raised at the most recent LV Programme Leadership Group and an action was taken to ensure all staff are verified on arrival at sites and that they wear ID badges at all times.</p> <p>Action completed.</p> <p>Martin McDowell to follow up concern raised regarding elderly/frail patients in High town and Formby not being able to get to a local mass vaccination centre.</p>	<p>GH/RC</p>

No	Item	Action
	<p>Martin showed the Committee the practice level vaccinations statistics that show that there is no evidence that Formby or High Town or any other residents, are underrepresented in terms of access to vaccinations. However there may be some isolated cases. The CCGs treat all cases on an individual basis and engage with the relevant bodies to ensure that all patients can access the vaccination.</p> <p>Action completed.</p> <p>(ii) Helen Roberts to follow up the query raised in relation to how practices will know which of the vaccinations each patient will need for their repeat Covid 19 vaccination.</p> <p>Helen Roberts advised that this is obtained from Pinnacle at the site but will follow up with Susanne Lynch to ascertain information on the process.</p> <p>Action to remain on the tracker.</p> <p>(iii) Chrissie Cooke to follow up concern raised regarding obtaining lateral flow testing kits.</p> <p>Action completed.</p> <p>(v) Chrissie Cooke to confirm who is responsible for the distribution of blood pressure machines.</p> <p>It was noted that the responsibility lies with individual practices.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/07 Revised Joint Quality and Performance Committee Terms of Reference <p>Brendan Prescott to amend the terms of reference as per discussion at the last meeting.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/10 Performance and Quality Investigation Review Panel (PQIRP) Terms of Reference <p>It was noted that a standardised approach is required in relation to highlighting document changes. Chrissie Cooke and Martin McDowell advised that they would discuss this Debbie Fairclough and confirm what is required going forward.</p> <p>Chrissie Cooke advised that following discussion with Debbie Fairclough a standardised approach to reflect changes is to be developed. Chrissie Cooke to enquire when this is likely to be completed.</p> <p>Action to remain on the tracker.</p>	<p>HR</p> <p>CC</p>

No	Item	Action
	<ul style="list-style-type: none"> • Agenda Item 21/11 Care Home Bi- Annual Report <ul style="list-style-type: none"> (i) Ehsan Haqqani to amend the care home bi annual report by inserting “aerosol generating procedures” next to the abbreviation “AGP”. <p>Action completed.</p> <ul style="list-style-type: none"> (i) Ehsan Haqqani to send the Healthwatch care home report to Chrissie Cooke. <p>Action completed.</p> • Agenda Item 21/12 Complaints Policy <p>Chrissie Cooke informed that since the policy was written it has been deemed necessary to establish a complaints oversight group and as such the policy will be required to be amended in section 26 – monitoring and review, to make reference to the complaints oversight group.</p> <ul style="list-style-type: none"> (i) Lisa Gilbert to make reference to the Complaints Oversight Group in the complaints policy in section 26. (ii) Chrissie Cooke to present the Complaints Oversight Group Terms of Reference at a future meeting. Some inconsistencies were highlighted in the policy whereby reference LG CC February 2021 February 2021 21/27 Page 29 of 189 is made from a CCG perspective as well as from a patient perspective. These are to be separated. (iii) Lisa Gilbert to amend the complaints policy to ensure consistent content throughout. The Committee requested for amendments to be made to the policy as highlighted in the minutes and for any additional comments to be emailed to Lisa Gilbert and Chrissie Cooke before the next meeting. The amended complaints policy will be presented at the next meeting for ratification. (iv) Committee members to email any further comments or changes in relation to the complaints policy to Lisa Gilbert and Chrissie Cooke prior to the next meeting. (v) Lisa Gilbert to present the final version at the February 2021 meeting. A query was raised in relation to the deadline for the policy to be approved. Lisa Gilbert informed that she would check this against the plan. (vi) Lisa Gilbert to check that the delay in approval of the complaints policy does not fall outside of the deadline contained in the plan. Chrissie Cooke advised that all complaints will come through the Complaints Oversight Group and will be tracked and progressed. A regular summary report/ minutes from the group will come to this Committee. It was noted that the Committee will receive a complaints report at the next meeting. (vii) Chrissie Cooke to present a complaints report at the next meeting. <p>All above actions completed. The revised complaints policy is on the agenda.</p> 	
21/28	<p>Deputy Chief Nurse Report</p> <p>Brendan Prescott introduced this item which seeks to update the Committee with key issues that have occurred since the last report presented in January 2021.</p>	

No	Item	Action
	<p>The report was taken as being read and the following salient points were noted:-</p> <p><u>Liverpool University Hospitals NHS Foundation Trust</u></p> <p>The Care Quality Commission published its inspection report of the trust in January 2021. The trust has been given actions it must take to comply with legal obligations Trust-wide and also in medical care, surgery and urgent and emergency care at the Aintree site with enforcement regulations relating to safe care and treatment of patients; good governance and staffing.</p> <p>The trust will complete a CQC action plan which will be monitored through future CQPGs and will be incorporated into similar areas of work resulting from the SIQSG in 2020 with the Trust in enhanced surveillance.</p> <p>In relation to nosocomial outbreaks, a slight decline in numbers was noted compared to the previous month.</p> <p><u>Southport and Ormskirk NHS Hospital Trust</u></p> <p>A recommendation to step down the surveillance status of the trust from “enhanced “ to “routine” was supported at the NHSEI facilitated Cheshire and Mersey Quality Surveillance Group in February 2021.</p> <p><u>Alder Hey Hospital NHS Trust</u></p> <p>Following concerns raised by commissioners in relation to patient waiting times, an external review of the trust’s waiting times was undertaken, The trust has reported issues with the management of inpatient, outpatient and scheduled follow up appointments.</p> <p>From the review 83 patients have been identified so far as waiting greater than 52 weeks (66 inpatient, 17 outpatients). A standard operating procedure for clinical review is in place, with all of the inpatient long waiters having been reviewed and 11 of the 17 outpatients, with no harm identified. It was noted that from the 66 inpatients, 4 are from South Sefton and from the 17 outpatients, 4 are from South Sefton. Dr Rob Caudwell enquired when the clinical reviews would take place. Tracey Forshaw advised that although the numbers are low, there will be a number of others from other areas. The CCGs will be working with the trust and NHS Liverpool CCG in relation to the level of any harm.</p> <p>The trust has been in communication with all the identified affected patients and has carried out a series of staff briefings to inform staff about the Safe Waiting List work and the reasons behind it. Changes are underway with Meditech with the roll out of training package for all appropriate staff. A full report is expected to be tabled at the next CQRM including breakdown of patients by CCG.</p> <p>Dr Rob Caudwell requested an update on the children and young people who were under the care of the previous Paediatric Consultant Neurologist who was not practicing in line with guidelines. Brendan Prescott informed that a report on the actions being taken is being presented to the Cheshire and Mersey Quality Surveillance Group. Tracey Forshaw advised that the trust has a mechanism in place where by all referrals will go to general paediatrics for review. They are then triaged appropriately to either other specialists or managed via the trust’s general paediatric department.</p>	

No	Item	Action
	<p><u>CHC Deferred Assessment</u></p> <p>Following the recent revision of deferred cases, the recovery trajectory to ensure all deferred assessments are completed and patients to be assigned to the correct funding pathway is currently on track to deliver by 31st March 2021</p> <p><u>Covid 19 and Care Homes</u></p> <p>Since the report was written there are 29 care homes in Sefton reporting a Covid 19 outbreak of 2 or more cases.</p> <p>A nursing home in Southport with 35 residents has experienced 15 Covid 19 related deaths since 19th January 2021. Only 2 of the remaining residents have not tested positive. This has been escalated and the CCGs are working with local authority colleagues to ascertain why an earlier intervention was not made and to look at the lessons learned.</p> <p><u>JTAI Plan Progress Update</u></p> <p>From a total of 44 actions there are 6 actions outstanding. One action is RAG rated as red and relates to CAMHS waiting times of children being assessed and treated by 18 weeks. The expected target completion date of December 2020 has not been met with latest performance at 85% of children assessed for referral, against the staged target of 92%. This is due to a rise in demand and referral into the service as a result of Covid 19. The situation is being closely monitored by commissioners, with initial assessments being prioritised and clinical risk being managed by CAMHS. Extra resource has been provided including short term additional investment from the CCG; however the situation is not expected to improve over next few months and will be escalated to the Leadership Team.</p> <p>Dr Rob Caudwell highlighted that the number of children with mental health issues is rapidly increasing and he enquired what is being put in place to plan ahead. It was noted that a regional review being undertaken which aims to identify gaps across Cheshire and Merseyside via a benching marking exercise and to identify issues in responding to children and young people in crisis.</p> <p>Chrissie Cooke informed that CAMHS performance is being discussed at the Mersey Care and Alder Hey CQRM and at the SEND Health Performance Improvement Group, where an improvement in the access to CAMHS services was noted.</p> <p>Chrissie Cooke suggesting having a focused report brought to the Committee in April 2021 in relation to the quality of mental health care for children and young people and to outline the objectives for 2021/22.</p> <p><i>Action: A mental health care report in relation to the quality of care provided for children and young peoples including the CCGs objectives for 2021/22 to be presented to the Committee in April 2021.</i></p> <p>It was noted that the JTAI actions outstanding relate to the SEND action plan and that there are discussions taking place in relation to the possibility of transferring them to the SEND Performance Improvement Group.</p>	CC

No	Item	Action
	<p>Chrissie Cooke informed that an announcement has been made in relation to an imminent Ofsted Inspection.</p> <p>It was noted is that there are to be site visits undertaken at the mass vaccination centres. These are to be made by the Clinical Quality Lead.</p> <p>Chrissie Cooke informed that Brendan Prescott is to undertake a patient safety lead role at Southport and Ormskirk Hospital NHS Trust as a 12 month developmental secondment from March 2021. Chrissie wished to thank Brendan for his support to herself, the team and the Committee. The Committee wished him well in his new role.</p> <p>Outcome: The Committee noted the Deputy Chief Nurse Report.</p>	
21/29	<p>Clinical Director Quality Update</p> <p>Dr Doug Callow highlighted the following issues:-</p> <p>Southport and Ormskirk Hospital NHS Trust Interface meetings are to recommence, however a meeting date has not yet been confirmed. Dr Rob Caudwell to suggest a meeting date to take this forward.</p> <p>Action: Dr Rob Caudwell to suggest a meeting date for the interface meeting.</p> <p>The ambulatory emergency care referral process is not working as it should. Patients are not being contacted in a timely manner or sometimes not at all. As a minimum patients should be contacted the same day.</p> <p>Liverpool University Hospitals NHS Trust is continuing to refer patients to back to primary care to undertake a variety of tasks including blood tests and scan requests. This results in a delay in patient care. The issue appears to be worsening. It was noted that this has been raised previously via the contractual route, also via primary care colleagues copying in the LMC to their letters to the trust, however not all are being tracked and also via the Primary Secondary Care Interface Group.</p> <p><u>Joint health</u></p> <p>Discharge letters are not coming through to GPs, the information can be viewed via the extended notes, however the extended notes are not routinely accessed, therefore posing a safety issue. Terry Hill has been asked to address this issue, but it has not been resolved.</p> <p>There is an issue in relation to patient choice with regards to accessing the community pain clinic. Patients are more often than not being signposted to Renacres Hospital and not to the community pain service in Ainsdale.</p> <p>Action: Dr Rob Caudwell to raise the issue Emma Bingham.</p> <p>There are long waits for MSK physiotherapy assessments at Aintree and there is an absence of communication coming back through to primary care.</p> <p>NHS 111 - inappropriate triages being made to primary care.</p>	<p>RC</p> <p>RC</p>

No	Item	Action
	<p><u>Covid 19 Mass Vaccination Update</u></p> <p>Dr Gina Halstead suggested having vaccination statistics available at this meeting.</p> <p>Dr Gina Halstead raised concerns regarding the potential loss of a vaccine hub in Bootle i.e. North Park. Options in relation to alternatives sites are being explored and the following suggestion was made that when doing in house vaccinations, if they can deliver other practices vaccinations from their site.</p> <p>Action: Helen Roberts to raise the suggestion of sites that are doing in house vaccinations being able to deliver other practice's vaccinations with Susanne Lynch.</p> <p>Outcome: The Committee noted the Clinical Director Update.</p>	HR
21/30	<p>Q3 Safeguarding Report</p> <p>Natalie Hendry –Torrance presented the Safeguarding Report which seeks to provide the Committee with developments and updates in respect of the safeguarding adults and children agendas during Q3, 2020 to 2021.</p> <p>Apologies were made in relation to the standard of the report which had not been through the quality assurance process, this issue will be addressed.</p> <p>It was noted that during this quarter there have been further local restrictions and a 2nd national lockdown since 5th November 2020. Due to ongoing NHS pressures the virtual site visits have been delayed, however full safeguarding KPI submissions have continued to ensure oversight of safeguarding throughout the health economy.</p> <p>The safeguarding services across Sefton's and Liverpool CCGs facilitated a further virtual meeting with safeguarding leads within commissioned health services to support reviewing training offers during the 3rd national lockdown. A training session has been commissioned from NHS Informatics Merseyside to support safeguarding trainers in the use of Microsoft Teams and its many functions to support interactive training opportunities, including use of breakout rooms, polls and whiteboard facilities.</p> <p><u>LeDeR</u></p> <p>A mandate was in place to ensure all cases on the system were to be signed off by December 2020. There were a total of 79 cases open, 2 of which remained open in relation to NHS South Sefton CCG and 3 of which remained open in relation to NHS Southport and Formby CCG. All the cases have now closed. From a system and CCG perspective, performance is 100% compliant.</p> <p>Since January 2021 a rise in deaths was reported on the system. From the 6 cases reported, 4 were Covid 19 related deaths. The cases were prioritised and only one had not been allocated to a reviewer. This was highlighted to NHSEI. Any trends and themes will be reported back.</p>	

No	Item	Action
	<p>Dr Rob Caudwell enquired about assurance in relation to the mandatory safeguarding training being undertaken by the acute trusts. Natalie Hendry-Torrance advised that the basic level 1 safeguarding training provides assurance in terms of safety of services. It is the higher levels of safeguarding training that require face to face training.</p> <p>It was noted that there is an action plan in place and it is being monitored. It was suggested to include the evidence base learning in the quarter 4 safeguarding report.</p> <p>Action: Evidence based learning to be included in Q4 safeguarding report.</p> <p>Fiona Taylor and Dr Gina Halstead wished to formally thank Tracey Forshaw and the safeguarding team for their work in relation to the reviews.</p> <p>It was noted that trends and themes are shared with the panels. There is a gap in relation to the recommendations being made which does not relate to one organisation. This is being discussed with NHS Liverpool CCG colleagues. The LeDeR strategy will focus on the learning and help drive through improvements.</p> <p>Consolidating learning disabilities and vaccinations was suggested in order to review the contributing causal factors.</p> <p>It was noted that the LeDeR co coordinator post is in place for 12 months. There is a gap across Liverpool in terms of the absence of a deputy LAC function. The North Mersey approach was noted as being preferable.</p> <p>It was highlighted that safeguarding training is on the Southport CCQRM meeting agenda.</p> <p>Developing a 7 minute briefing to disseminate the LeDeR learning was suggested.</p> <p>Also suggested was for the Committee look in detail at annual health checks for learning disability patients.</p> <p>Chrissie Cooke suggested bringing a comprehensive learning disabilities performance report to the next meeting to showcase the work that is being undertaken, provide some reassurances to the Committee and to establish a trajectory for 2021/22.</p> <p>It was highlighted that spikes in data can often be seen when annual reports are produced at the end of a period and interpreting the final numbers is more beneficial.</p> <p>Action: Learning Disabilities Performance Report to be presented at the next meeting.</p> <p>Tracey Forshaw noted that a report has been submitted to the national leads in relation to the potential changes in relation to LeDeR. Tracey advised that she will keep the Committee sighted on progression. A business case is to be submitted by Mersey Care NHS Foundation Trust in respect of there being no permanent LeDeR resource in place for the Sefton CCGs.</p>	<p>NHT/HC /KG</p> <p>CC</p>

No	Item	Action
	<p>Dr Gina Halstead suggested inviting Bryony Kendall, GP Safeguarding Adults Lead, to the next meeting by way of an introduction and to be part of the discussion in relation to the learning disability performance report.</p> <p>Action: Bryony Kendall to be invited to the next meeting.</p> <p>Outcome: The Committee noted the Quarter 3 Safeguarding Report.</p>	MD
Quality and Performance		
21/31	<p>Integrated Performance Report</p> <p>Ally Dwyer presented the integrated performance report providing the Committee with month 9 performance data.</p> <p>It was noted that national data information had been included in the report to compare the CCGs' performance against the national picture. The CCGs are reporting above most of the national levels compared to other CCGs.</p> <p>The following salient points were noted:-</p> <p><u>Planned Care</u></p> <ul style="list-style-type: none"> • E Referrals – updated to November, continuing to fail the 100% plan. • Diagnostics – there has been further improvements overall in performance for NHS South Sefton CCG (SSCCG) and both Liverpool University Hospitals NHS Foundation Trust (LUHFT), slight decline for NHS Southport and Formby CCG (SFCCG) and Southport and Ormskirk Hospital NHS Trust (S&O). (SSCCG 15.84%, LUHFT 22.19%, SFCCG 18.44% and S&O 13.43%). The CCGs are well below the national level being at 29.2%. • RTT – December saw a small decline both CCGs and LUHFT for RTT compared to last month this was anticipated, S&O had a small improvement (SSCCG 63.96%, LUHFT 64.70%, SFCCG 80.69%, and S&O 84.36%). Measuring against the national level, SSCCG is reporting below, but SFCCG is reporting well above, national level being at 67.8%. • RTT 52 week waiters – new plans are being used to measure the 52 week waiters as part of the phase 3 response (as for waiting lists) there is further decline in over 52 week waiters for both CCGs and trusts. (SSCCG Actual 647/plan 306, SFCCG Actual 112/plan 84). To note: For SSCCG the breaches represent 4.5% of the total waiting list in December, and for SFCCG the breaches represent 1.4, both being below the national level of 5%. • RTT waiting list - as above, new plans have started unfortunately both CCGs are over the new plan, but the trusts remain under. Important to note these plans were done prior to the second wave of Covid 19 and current lockdown. • Cancer measures – there has been a further decline in month for these measures for the CCGs, but both CCGs are above the national level for 62 days of 78.5% (SSCCG is at 80% and SFCCG is at 81.74%). Still no date when the FDS target will be measured from this has been followed up. The over 104 day breaches - LUHFT is under the trust planned trajectory but S&O is slightly over plan by 3 patients. 	

No	Item	Action
	<ul style="list-style-type: none"> • Smoking at Time of Delivery – both CCGs are failing the ambition of 6% by 2022 of maternities where mother smoked. SSCCG reporting 10.59% and SFCCG 8.76%, but both have seen an improvement from previous quarter. <p><u>Unplanned Care</u></p> <ul style="list-style-type: none"> • A&E 4 hour – is still under the 95% target for both CCGs and Trusts, again good news that measuring against the national level of 78.5% both CCGs are above at 82.66% for SSCCG and 81.74% for SFCCG. For S&O the unplanned care lead reports clear improvements despite not hitting the 95% target i.e. there has been no cases of corridor care since March 2020, along with improved handover times, also average time to triage being less than 10 minutes. • Trust 12 hour Breaches – only S&O had 12 hour breaches in December reporting 23, due to bed pressures caused by Covid 19, on review from quality team no patients came to any harm. • Handovers – there have been further increases in handover breaches for both 15-30 and 15-60 minutes for LUHFT but comparing to previous year is down, so an improvement, improvements have been seen at S&O from previous month, and big improvements from previous year. • Stroke – S&O are failing the indicator again in December but have shown an improvement from 42.9% in Nov to 56.3% in December. LUHFT have not reported for last 2 months on stroke and acknowledge the deterioration and a report will be done in the new year from the Trust (not received anything as yet). • HCAI – there was 1 new case of MRSA for SSCCG in December which is being review at the IPC meeting, C diff remain over plan at S&FCCG, S&O and LUHFT and under plan for SSCCG. For E coli SSCCG are now under plan, but SFCCG remain over. <p><u>Mental Health</u></p> <ul style="list-style-type: none"> • Mental Health Eating Disorders – both CCGs are failing the measure still, and are showing a decline from last year. Long standing issues remain. These are covered in the full reports. • IAPT Access – both CCGs are still failing the measure. • IAPT Recovery – SSCCG have shown a bit improvement reporting 46.1% against the 50% target, SFCCG continue to achieve recovery. • Dementia – remains under plan for both CCGs. <p><u>Children's Health</u></p> <ul style="list-style-type: none"> • Children and Young People Eating Disorders – Alder Hey queried the published data for Eating Disorders but this has been now included in the reports. Both CCGs are reporting above plan and achieving. • ASD – continue to achieve. • ADHD – is now failing for 12 weeks and achieving for 30 weeks. Jo explained that the 12 weeks marker being more an internal measure its 30 weeks the assessment needs to be completed by, which is being achieved. 	

No	Item	Action
	<ul style="list-style-type: none"> • CAMHS – has seen a decline in December for both measures. This is due to increase in demand for the service and the ongoing impact of the pandemic on increasing high risk and complex cases, the Trust and CCGs are closely monitoring the situation. The CCG has agreed additional short term investment to support service resilience to ensure no further deterioration in waiting times. • Children’s Community measures – SALT, dietetics, occupational therapy and continence are all now included in the report as we are getting new reports from the provider, and are all achieving the RTT % waiting with 18 weeks. <p>Dr Gina Halstead highlighted the 31 day cancer patients receiving subsequent treatment for cancer is showing as red instead of green. Ally Dwyer advised that she would follow this up and amend accordingly.</p> <p>Dr Gina Halstead suggested indicating in the next report the start date of the new IAPT provider.</p> <p>Action: Ally Dwyer to amend the 31 days cancer reporting RAG rating and indicate the start date of the new IAPT Provider in the report.</p> <p>Dil Daly raised a question in relation to the impact on patients and how many potential deaths could occur as a direct impact of long waits. Chrissie Cooke advised by way of providing reassurance that there is a system in place with providers to review long wait patients, this includes investigating if any have suffered harm as a direct result. There is a serious incident reporting system in place, cancer harm review panels and clinical reviews being undertaken.</p> <p>Martin McDowell noted the following areas requiring a focus; 52 week waits-reports being discussed regularly at the Senior Management Team meetings, 2 week cancer indicators – these are being monitored, dementia screenings - further information is required on what is being put in place to mitigate the risks.</p> <p>Dr Rob Caudwell highlighted IAPT data for the CCGs and raised a concern in relation to the numbers decreasing when they should be increasing as fewer patients are being seen. Waiting times have reduced which is to be expected if seeing fewer patients.</p> <p>A concern raised was in relation to the absence of wheelchair data in the report. It was suggested including the reason behind the decision to pause the data to be included in the report.</p> <p>It was noted that there had been an issue with workforce capacity at LUHFT resulting in long cancer waits, however a recovery plan is in place.</p> <p>A note of caution was highlighted when bench marking performance with other organisations as it can potentially lead to normalising poor practice.</p> <p>Outcome: The Committee noted the Integrated Performance Report.</p>	<p>AD</p>

No	Item	Action
21/32	<p>Serious Incident Report</p> <p>Mel Spelman presented the serious incident report which seeks to provide the Committee with a quarter 3 update on the performance of serious incident management for the CCG in line with the National Serious Incident Framework. The following salient points were noted:-</p> <p>NHS Southport and Formby CCG</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u></p> <p>It was noted that there were 3 incidents were reported in quarter, with no Never Events reported. There is no clear explanation for the reduction. Internal SIRG panel meetings have been taking place.</p> <p>As a result of Covid 19 and in anticipation of increased pressures on services within the provider, the CCG, with agreement from NHSE/I and in line with other CCGs, agreed to relax the requirements around the serious incident framework. However the provider opted to adhere to the process and did so with a clear focus strongly maintained on patient safety and subsequently lessons learned.</p> <p><u>Lancashire Care and South Cumbria NHS Foundation Trust</u></p> <p>It was noted that 1 serious incident was reported in quarter 3 with no Never Events.</p> <p><u>NHS Southport and Formby CCG</u></p> <p>It was noted that there were 2 serious incidents reported by the CCG on behalf of Isight and Renacres Hospital.</p> <p>The report included trends and themes which will be expanded upon further in future reports.</p> <p>NHS South Sefton CCG</p> <p><u>NHS South Sefton CCG</u></p> <p>It was noted that 1 serious incident was reported by NHS South Sefton CCG on behalf of Isight.</p> <p><u>DMC Healthcare</u></p> <p>The CCG issued a contract performance notice in March 2020 to DMC Healthcare and an action plan was submitted. The individual incidents have been reviewed by NHS South Sefton CCG and further recommendations following on from the resubmission of the RCAs were monitored through SIRG. The contract performance notice remains open and work is being undertaken with the provider.</p> <p>Mental Health - It was highlighted that there is representation on the panels. There is potential gap as Sue Gough retires imminently.</p> <p>It was noted that there are issues in relation to quality of NWAS RCAs, these are being escalated to NHSEI.</p>	

No	Item	Action
	<p>It was highlighted that the SIRG meetings had been stepped down in February 2021 to support the mass vaccination programme. The meetings will recommence in March 2021.</p> <p>Trends and themes are to be included in the next report.</p> <p>Outcome: The Committee noted the Serious Incident Report.</p>	
21/33	<p>Complaints, PALS, MP Report - 2020 – 2021 - Quarters 1, 2 & 3</p> <p>Chrissie Cooke presented the report which provides details of the contacts with both CCGs for Quarter 1, 2 & 3 of 2020/2021 from patients, families, public and professionals.</p> <p>Chrissie Cooke informed the Committee that going forward the report will be presented in a different format; it will include Ulysses data and there will be a clear dashboard showing the complaints received and how they are being processed.</p> <p>Outcome: The Committee noted the Complaints, PALS, MP Report.</p>	
21/34	<p>Development of CCG Complaints Process</p> <p>Chrissie Cooke informed that she had reviewed the complaints process following the discussion at the last Committee meeting and has re written the complaints policy making it more patient and public facing. The amended policy was noted as being on the agenda for approval by the Committee which includes approval for the Complaints Oversight Sub Group terms of reference. The sub group will meet monthly and will be chaired by the Chief Nurse. The meeting objective is to review the complaints data, identify trends and themes and oversee the quality of the complaints handling process. A representative from EPEG is to be identified.</p> <p>Outcome: The Committee noted the Development of CCC Complaints Process update.</p>	
Policies for Approval/Ratification		
21/35	<p>Complaints Policy</p> <p>Chrissie Cooke presented the complaints policy which has been reviewed and re-written following an external review of complaints and governance processes, and feedback from last month's Committee. A summary of the changes has been included in the report.</p> <p>The Committee were asked to approve the policy and the Complaints Oversight Sub Group terms of reference.</p> <p>It was noted that in addition to the complaints policy being available on the CCGs' websites, there will be an accompanying leaflet made available.</p> <p>It was highlighted that complaints training is part of a suite of training being delivered to CCG staff which incorporates guidance on how to respond to complainants.</p>	

No	Item	Action
	Outcome: The Committee approved the Complaints Policy and the Complaints Oversight Sub Group Terms of Reference.	
For Information		
21/36	<p>SEND Performance Improvement Group Minutes and Key Issues</p> <p>The Committee noted the SEND Performance Improvement Group Minutes and Key Issues from the meeting held on 27th November 2020.</p> <p>It was noted that improvements have been in made in relation to therapy wait times and initial health assessments for children in care.</p> <p>The adult's service for 18 to 25 year olds waiting times has improved. An investment of £100k was made. A mental health review is to be undertaken to transform mental health care for all ages across Sefton.</p> <p>Outcome: The Committee received the SEND Performance Improvement Group Minutes and Key Issues.</p>	
21/37	<p>JTAI Improvement Plan Meeting Minutes and Key Issues</p> <p>The Committee noted the JTAI Improvement Plan Meeting minutes and key issues from the meeting held on 21st December 2020.</p> <p>Outcome: The Committee received the JTAI Improvement Plan Meeting Minutes and Key Issues.</p>	
21/38	<p>Primary Care Committees in Common Minutes and Key Issues</p> <p>The Committee noted the Primary Care Committees in Common Minutes and Key Issues from the meeting held on 19th November 2020.</p> <p>Outcome: The Committee received Primary Care Committees in Common Minutes and Key Issues.</p>	
21/39	<p>IPA Operational and Performance Meeting Minutes and Key Issues</p> <p>The Committee noted the IPA Operational and Performance Meeting minutes and key issues from the meeting held on 20th July 2020. Subsequent meetings had been cancelled due to the pandemic. However the meeting has reconvened and discussions have taken place in relation to merging the meeting to form an IPA CQPG meeting with new meeting terms of reference in place.</p> <p>Outcome: The Committee received the IPA Operational and Performance Meeting Minutes and Key Issues.</p>	

No	Item	Action
Closing Business		
21/40	<p>Any Other Business</p> <p>Tracey Forshaw informed of an incident raised in relation to the STAR unit transfer to the Byron unit at the Winwick site. Excessive use of restraints relating to Mersey Care staff were noted and a number of safeguarding referrals were made. The LCCG team are sighted on it. The CCG has met with the associated resident. Issues have been raised in relation to training and how the service was transferred across.</p> <p>This is to be discussed at the next CQPG Mersey Care Mental Health meeting. There is work taking place in relation to staff training with regards to the reporting of incidents and safeguarding.</p> <p>Fiona Taylor suggested introducing a standing agenda item at the end of the meeting for the Committee to reflect on the meeting.</p> <p>Action: Meeting reflection to be introduced as a standing agenda item.</p> <p>A question was raised by Dil Daly in relation to the Niche report and the feedback following the CCG's response to the complainant. Fiona Taylor advised that the CCGs had written to the complainant twice. The complainant was satisfied with the CCG's response. The CCGs have met with the relevant MP and in addition there will be regular contact between the MP and the CCGs. The MP has agreed to provide some master class sessions with the CCGs.</p> <p>Fiona Taylor informed about a complaint whereby she was not satisfied with the response and has therefore revisited it and will review the lessons learned, the outcome of which will be shared with the Committee.</p> <p>It was noted that the Niche report is on the next Governing Body development session agenda. A further visit will be made by Niche in the early autumn.</p> <p>Dr Gina Halstead informed about new intermediate care beds being branded Seacole beds at LUHFT. A discussion is to take place with Dr Gina Halstead and Chrissie Cooke following the meeting. An internal investigation as to why it had not been communicated for inclusion at Leadership team is to be undertaken. Fiona Taylor requested that if the Committee has any clinical concerns to inform her so that they can be discussed at Leadership team meeting.</p> <p><u>Meeting Reflection</u></p> <p>Dr Gina Halstead suggested that the meeting should routinely finish ten minutes early thus allowing for a comfort break.</p> <p>Chrissie Cooke suggested re-structuring the meeting agenda with focus on data and risks at the start of the meeting, followed by a deep dive and a review of the risks being posed to patients, using patient experience and clinical effectiveness information. A quality dashboard is to be established. The overall meeting purpose should be to make strategic decisions.</p>	MD
21/41	<p>Key Issues Arising From This Meeting</p> <p>The following key issues were noted by the Committee:-</p>	

No	Item	Action
	<ol style="list-style-type: none"> 1) Q3 safeguarding reports highlighted GPs in level 3 training. 2) Increase in LeDeR cases for review. Link to improvement of outcomes for patients with learning disabilities and themes and lessons learned. 3) Liverpool Women's Hospital EMIS use gap. 4) CAMHS waiting times remain below planned staged target. 5) ILAC Ofsted review announced for Sefton. 6) NHSEI quality assurance visits to vaccination sites announced for Sefton. 7) Potential vaccine hub site closure discussed. 8) Integrated performance report highlighted increase in long waits. 9) Complaints policy approved. 10) Incident raised in relation to STAR unit transfer to Byron unit. 11) Clinical concerns raised on relocation of ward 25 under Seacole bed establishment at Stoddart House. 	
21/42	<p>Date of Next Meeting:- Thursday 25th March 2021, 9am to 12noon via MS Teams.</p>	

Joint Quality and Performance Committee NHS Southport and Formby CCG & NHS South Sefton CCG Minutes

**Thursday 25th March 2021, 9am to 12 noon
Microsoft Teams Meeting**

Attendees (Membership)		
Dr Rob Caudwell	GP Governing Body Member, Chair, SFCCG	RC
Martin McDowell	Chief Finance Officer, SSCCG/SFCCG	MMcD
Dr Doug Callow	GP Quality Lead / GB Member, SFCCG	DC
Dr Gina Halstead	GP Clinical Quality Lead / GB Member, Deputy Chair, SSCCG	GH
Dr Jeffrey Simmonds	Secondary Care Doctor, SFCCG	JS
Tracey Forshaw	Deputy Chief Nurse and Head of Quality and Safety, SSCCG/SFCCG	TF
Chrissie Cooke	Interim Chief Nurse, SSCCG/SFCCG	CC
Graham Bayliss	Lay Member, SSCCG	GB
Dil Daly	Lay Member, SFCCG	DD
Billie Dodd	Deputy Director of Delivery and Commissioning, SSCCG/SFCCG	BD
Ex Officio Member		
Fiona Taylor (for part of the meeting)	Chief Officer, SSCCG/SFCCG	FLT
In attendance		
Mel Spelman	Programme Manager for Quality and Risk, SSCCG/SFCCG	MS
Helen Roberts	Lead Pharmacist, SSCG/SFCCG	HR
Ally Dwyer (for agenda item 21/47 only)	Senior Business Intelligence Analyst	AD
Apologies		
Susanne Lynch	Head of Medicines Management, SSCCG/SFCCG	SL
Dr Jeff Simmonds	Secondary Care Doctor, SFCCG	JS
Stephen Williams	Director of Strategic Partnerships	SW
Minutes		
Michelle Diable	Personal Assistant to Chief and Deputy 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)
Lay member (SS)
CCG Officer (SF)
CCG Officer (SS)
A governing body clinician (SF)
A governing body clinician (SS)

Name	Membership	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Jan 21	Feb 21	Mar 21
Dr Rob Caudwell	GP Governing Body Member (Chair)	✓	V	V	✓	✓	✓	✓	✓	✓	A	✓	✓
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	V	V	✓	✓	✓	A	✓	✓	✓	✓	✓
Dil Daly	Lay Member for Patient & Public Involvement	✓	V	V	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	V	V	A	✓	✓	A	✓	A	A	✓	✓
Karl McCluskey	Director of Strategy and Outcomes	D	V	V	A	A	A	A					
Debbie Fagan	Chief Nurse & Quality Officer (on Secondment)												
Dr Gina Halstead	Chair and Clinical Lead for Quality (Deputy Chair)	✓	V	V	✓	✓	A	✓		✓	✓	✓	✓
Martin McDowell	Chief Finance Officer	✓	V	V	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	A	V	V	A	A	A	A	A	A	✓	✓	A
Jane Lunt	Chief Nurse	✓	V	V	✓	✓	✓	✓	✓	✓			
Brendan Prescott	Deputy Chief Nurse and Head of Quality and Safety (on Secondment)	✓	V	V	✓	✓	✓	✓	A	✓	✓	✓	
Tracey Forshaw	Interim Deputy Chief Nurse												✓
Fiona Taylor	Chief Officer Ex-officio member of JQPC Committee	A	V	V	✓	✓	A	✓	✓	✓	A	✓	✓
Billie Dodd	Deputy Director of Commissioning and Delivery										A	✓	✓
Chrissie Cooke	Interim Chief Nurse										✓	✓	✓

✓ = Present A = Apologies N = No meeting D = Deputy V= received a virtual JQPC meeting pack

No	Item	Action
General		
21/43	<p>Welcome and Apologies for Absence</p> <p>Apologies for absence were noted from Dr Jeff Simmonds, Stephen Williams and Susanne Lynch. It was noted that Billie Dodd was representing Stephen Williams at the meeting.</p>	
21/44	<p>Declarations of Interest</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.</p> <p>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"> Declarations of interest were received from CCG officers who hold dual posts in both NHS South Sefton CCG and NHS Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
21/45	<p>Minutes and Key Issues of the Previous Meeting</p> <p>With the following amendment to be made, the minutes from the previous meeting held on 25th February 2021, were deemed as an accurate reflection of the meeting:</p> <ul style="list-style-type: none"> Last sentence on page 13 of the minutes, agenda item 21/30, Q3 Safeguarding Report, to read "<i>A business case is to be submitted by Mersey Care NHS Foundation Trust in respect of there being no permanent LeDeR resource in place for the Sefton CCGs</i>". <p>The key Issues from the previous meeting were approved as being an accurate record.</p>	
21/46	<p>Matters Arising/Action Tracker</p> <p>The Committee received the action tracker and the following updates were noted:-</p> <ul style="list-style-type: none"> Agenda Item 19/183, Clinical Director Update <p>Brendan Prescott advised that he had contacted Cameron Ward who in turn contacted Sam James in relation to the Walton Centre's recovery plan. Sam James had been on leave and therefore the information has not yet been received by the CCG.</p>	

No	Item	Action
	<p>Cameron Ward to meet with Sam James in August 2020 to pursue the query with the Walton Centre. It was suggested discussing this issue at the Primary Care Interface Meeting. However the Committee queried if that would be the most appropriate forum. Therefore Jane Lunt advised that she would discuss this action further with Cameron Ward and provide an update at the next meeting.</p> <p>Cameron Ward had informed that he has met with Sam James but is awaiting further information to progress. Cameron advised that he would follow this up in advance of the next meeting and provide an update.</p> <p>In the absence of Cameron Ward, Billie Dodd informed that Cameron had not yet been back in touch with Sam James at the Walton Centre. It was highlighted that Cameron was due to leave the organisation shortly and suggested that this action is followed up by Billie Dodd.</p> <p>The Committee noted difficulties being experienced by GPs when referring patients that do not have cancer but have a serious degenerative disorder, to a General Neurology Consultant. Billie Dodd agreed to follow up this action, linking in with NHS Liverpool CCG colleagues and provide an update at the next meeting.</p> <p>Michelle Diable to follow up action with Billie Dodd. Action deferred to the next meeting.</p> <p>Billie Dodd informed that she had contacted the Walton Centre and they advised that there were no referral issues. Following discussion it was suggested for Billie Dodd to obtain further information and examples from Dr Rob Caudwell and to then discuss them with Fiona Taylor to take forward.</p> <p>Dr Rob Caudwell informed that a referral triage service is in operation whereby patients are given an appropriate appointment by the Neurology Department. He advised that he would enquire what the waiting time would be for an urgent or routine appointment and feedback at the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 20/201, Clinical Director Quality Update <p>Concerns had been raised in relation to midwives that have not been trained to use EMIS. Jane Lunt informed that she had raised the Committee's concerns with Caron Lappin but would follow up the action and confirm the outcome at the next meeting.</p> <p>Jane Lunt advised that she has escalated the action again and informed that it will be picked up at CQPG.</p> <p>It was highlighted that this issue poses a significant clinical risk. GPs are not always advised if a patient is pregnant as they can self-refer. Jane Lunt advised that she would discuss this issue and the 2 actions noted later in the action log under agenda item 20/113 Joint Medicines Operation Group Key Issues, with the interim Director of Nursing and provide an update at the next meeting.</p> <p>Following a meeting with Claire Fitzpatrick – Head of Midwifery at Liverpool Women's NHS Trust, Jane Lunt informed that work is taking place to improve the Trust's approach in terms of booking and what they do remotely.</p>	RC/BD

No	Item	Action
	<p>In addition the Trust will work with Liverpool, Knowsley and Sefton and will engage with primary care to work through the EMIS issues including information sharing.</p> <p>The Trust is working to mitigate the current issues but looks to use a new IT clinical system.</p> <p>It was noted that the Committee welcomes the opportunity to work with the Trust to help shape the future but requests assurance around the current clinical risk in relation to the prescribing issues which are occurring as a direct result of midwives not being trained to use EMIS.</p> <p>Fiona Taylor explained that she would formally write to the Trust highlighting the concerns raised by the Committee and will request assurance specifically in relation to mitigating the current clinical risk.</p> <p>Jane Lunt informed that she had not yet convened a meeting with Claire Fitzpatrick but would endeavour to do so. Jane also informed that a letter had not been sent to Liverpool Women's Hospital NHS Trust but would follow this up with Fiona Taylor.</p> <p>Following a discussion with Dr Gina Halstead, Brendan Prescott advised that he had contacted Marie Forshaw, Director of Nursing at Liverpool Women's Hospital NHS Trust to obtain further information. He advised that a system plan is in place and a meeting is to be convened to progress the issue regarding midwives being trained to use EMIS. Brendan informed that he has asked Marie Forshaw on behalf of the Committee for a percentage of how many midwives are trained to use EMIS.</p> <p>Chrissie Cooke informed she would follow this up with Marie Forshaw and Jane Lunt.</p> <p>Brendan Prescott informed that he had met with Marie Forshaw and IT regarding training for midwives to use EMIS. He asked how many staff had been trained and about the potential gap being filled by training from IMersey and will follow it up. Dr Gina Halstead stated the children's clinical lead Dr Wendy Hewitt, should lead on this.</p> <p>Following a discussion, it was noted that Chrissie Cooke would formally write to the Liverpool Women's Hospital, copying in NHS Liverpool CCG to take the action forward.</p> <p>It was noted that the action had been on the tracker for an unacceptable lengthy period. It was suggested going forward, to include the date an action is initiated on the action tracker.</p> <p>Chrissie Cooke informed that the key person liaising with Brendan Prescott had been absent due to sickness and had since returned. There is a new Director of Nursing in post that is following up the issues raised. Chrissie explained that she had written to Liverpool Women's Hospital NHS Trust. The response she received is that the Trust has advised that the IT new system being put in place will be linked with EMIS and that they will attend a PLT session to explain the system in detail. Chrissie has requested further information from the Trust in relation to what is being put in place to address the current issues and is awaiting a response.</p>	

No	Item	Action
	<p>Chrissie suggested convening a meeting with the Trust to take it forward. Dr Gina Halstead confirmed that she would meet with the Trust and Chrissie.</p> <p>A new action was noted for Chrissie Cooke and Dr Gina Halstead to meet with Liverpool Women's Hospital NHS Trust to directly address the current issues raised by the Committee.</p> <ul style="list-style-type: none"> • Agenda Item 20/181, Electronic Palliative Care Co-ordination Systems (EPaCCS) Update <p>Dr Gina Halstead had suggested providing an update about out of date templates on EMIS via GP Communications.</p> <p>Dr Rob Caudwell advised that he would follow this up with the Communications Team.</p> <ul style="list-style-type: none"> • Agenda Item 21/03, Clinical Director Update <p>Helen Roberts to follow up the query raised in relation to how practices will know which of the vaccinations each patient will need for their repeat Covid 19 vaccination.</p> <p>Helen Roberts advised that she had followed up the action with Susanne Lynch. Susanne informed that that she would update the Covid 19 vaccination consent form by asking the patient to confirm which Covid 19 vaccination they have received. She also informed that the information can be obtained from Pinnacle and this will be printed on to coloured paper and attached to the consent form.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/28, Deputy Chief Nurse Report <p>A learning disability report in relation to the quality of care included in the CCG's objectives for 2021/22 is to be presented to the Committee in April 2021.</p> <p>Action to remain on the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 21/29, Clinical Director Update <p>(i) Dr Rob Caudwell to suggest a meeting date for the Southport and Ormskirk Hospital NHS Trust Interface Meeting.</p> <p>Dr Rob Caudwell advised that an informal meeting initially is being convened which will take place on either 8th or 15th April 2021. A discussion is to take place in relation to convening a formal interface meeting.</p> <p>Action completed.</p> <p>(ii) Dr Rob Caudwell to raise the issue regarding patient choice in respect of patients being directed to access the community pain clinic in Ainsdale with Emma Bingham, Programme Manager.</p> <p>Action deferred to the next meeting.</p> <p>(iii) Helen Roberts to raise with Susanne Lynch the suggestion of sites that</p>	<p>CC/GH</p> <p>RC</p> <p>RC</p> <p>TF/GoC</p> <p>RC</p>

No	Item	Action
	<p>are doing in house vaccinations being able to deliver to other practices.</p> <p>Helen Roberts informed that she had discussed this with Susanne Lynch and she agreed.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/30, Q3 Safeguarding Report <p>(i) Evidence based learning to be included in Q4 Safeguarding Report.</p> <p>It was noted that the Q4 Safeguarding Report was not yet due.</p> <p>(ii) A comprehensive learning disabilities performance report to be presented the next meeting to showcase the work that is being undertaken, provide some reassurances to the Committee and to establish a trajectory for 2021/22.</p> <p>It was noted that the learning disabilities performance report would be presented at the April Committee meeting. This was noted earlier in the action tracker update.</p> <p>(iii) Bryony Kendall to be invited to the next meeting by way of an introduction and to be part of the discussion in relation to the learning disability performance report.</p> <p>It was noted that Bryony Kendall is unable to attend as she has other commitments which fall at the same time as the Committee meeting. The invitation was extended as an open invitation. Also noted was that Bryony has already met with various CCG colleagues via the Senior Management Team Meeting.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/31, Integrated Performance Report <p>Ally Dwyer to amend the 31 days cancer reporting RAG rating and indicate the start date of the new IAPT provider in the integrated performance report.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 21/40, Any Other Business <p>Meeting reflection to be introduced as a standing agenda item.</p> <p>Action completed.</p>	<p>NHT/HC /KG</p>
21/47	<p>Integrated Performance Report</p> <p>Ally Dwyer presented the integrated performance report providing the Committee with month 10 performance data. The report was taken as being read and the following points were highlighted:-</p>	

No	Item	Action
	<p>Compared to the previous month there has been some deterioration against national level performance at the CCG's namely RTT / 52 weeks (for NHS South Sefton CCG) Cancer 62 day and A&E (for NHS South Sefton CCG and NHS Southport and Formby CCG).</p> <p>It was noted that a short update on the vaccination programme has been incorporated in to the report and will be included in each report.</p> <p><u>Planned Care</u></p> <ul style="list-style-type: none"> • E Referrals – updated to December, continuing to fail the 100% plan. • Diagnostics – as expected in January, there has been a decline overall in performance for both CCGs and Trusts. (SSCCG 17.25%, LUHFT 25.01%, SFCCG 21.10% and S&O 17.04%). Comparing against the national picture the CCGs are well below the national level being at 33.3%. <p>Dr Gina Halstead highlighted that weight management services are not on ERS. Ally Dwyer advised that she would raise the issue and obtain some feedback.</p> <p>Action: Ally Dwyer to raise the issue of weight management services not being on ERS and obtain some feedback.</p> <ul style="list-style-type: none"> • RTT – January saw a small decline for both CCGs and Trusts RTT compared to last month, this was anticipated (SSCCG 62.25%, LUHFT 63.86%, SFCCG 75.05%, and S&O 82.40%). Measuring against the national level, SSCCG is reporting below, but SFCCG is reporting well above, national level being at 66.16%. • RTT 52 week waiters – there is further decline in over 52 week waiters for both CCGs and Trusts. (SSCCG Actual 1,025/plan 537, SFCCG Actual 226/plan 90). To note, SSCCG the breaches represent 6.7% of the total waiting list in January slightly above the national level of 6.6%, and for SFCCG the breaches represent 2.4%, just SFCCG being well below the national level of 6.6%. • RTT waiting list - as above, new plans have started, both CCGs are over the new plan, but the Trusts remain under. Important to note these plans were done prior to the second wave of Covid 19 and current lockdown. • Cancer measures – the CCGs are achieving 3 out of 9 measures year to date. Also after the decline in 2 week wait and 2 week breast measures in the previous 2 months, there has been an improvement in January but both still below the 93% target. In terms of a recovery update, the CCGs have received an update from LUHFT for 2 week breast symptomatic, the early invalidated position is showing improved position in February and recovery in March, of 97% for performance for breast symptomatic, which over the 93% target. Both CCGs are below the national level for 62 days of 71.18% (SSCCG is at 65.71% and SFCCG is at 70.59%). The over 104 day breaches remain the same as previous month i.e.16 S&O reported 4, 2 less than last month. <p><u>Unplanned Care</u></p> <ul style="list-style-type: none"> • A&E 4 hour – is still under the 95% target for both CCGs and Trusts, but measuring against the national level of 78.5% both CCGs are now below at 75.75% for SSCCG and 77.74% for SFCCG. 	<p>AD</p>

No	Item	Action
	<p>Last month both CCGs were above the national level of 78.5%.</p> <ul style="list-style-type: none"> • Trust 12 hour Breaches – only S&O had 12 hour breaches in January reporting 19, due to bed pressures caused by Covid 19, on review from quality team no patients came to any harm. <p>Chrissie Cooke highlighted that the 12 hour breaches are being monitored and were deemed as being clinically appropriate and that there was no corridor care.</p> <ul style="list-style-type: none"> • Handovers – there have been further increases in handover breaches for both 15-30 and 15-60 minutes for LUHFT but comparing to previous year is down which is an improvement, S&O saw similar breaches compared to previous month, and big improvements from previous year. • Stroke – S&O are failing the indicator again in January but have shown an improvement from 56.3% in December to 63.6% in January. LUHFT have not reported for last 3 months on Stroke due to reporting issues. It appears that reporting quarterly may be a better option and hopefully we will get an update for the next report. • HCAI – there was 1 new case of MRSA for SSCCG at the Aintree site in January and 1 new case for SFCCG at S&O, which will be review at the IPC meeting. CDiff remain over plan at SFCCG, S&O and LUHFT and under plan for SSCCG. For E coli SSCCG is now under plan, but SFCCG remain over. <p>Tracey Forshaw highlighted that there is work to be under taken to fully understand the impact from Covid 19 in terms of subsequent secondary infections and vulnerability of people and suggested that may be where the rise in infections is being seen.</p> <p><u>Mental Health</u></p> <ul style="list-style-type: none"> • Mental Health Eating Disorders – both CCGs are failing the measure and are showing a decline from last year. Long standing issues remain. • IAPT Access – both CCGs are still failing the measure. The new provider Mental Health Matters has now taken over the service from January. • IAPT Recovery – SSCCG have shown a small decline reporting 44% in January after 46.1% last month against the 50% target. SFCCG are now also failing the target reporting 38.2%, but are achieving year to date at 50.3%. There are several factors that contributed to the underperformance in January given by the Trust detailed in the performance reports. <p>Dr Gina Halstead enquired what the provider’s response is in relation to the IAPT recovery decline. Ally Dwyer noted that the provider is new and there are several contributing factors; for example, agreement from CCG to deliver staff training in January instead of December and honouring staff annual leave prior to the transfer will affect performance.</p> <p>Martin McDowell advised that this issue had been noted recently by the Senior Management Team. He informed that a number of the workforce did not transfer with the service. The gaps are being recruited to and an update is to be received by Senior Management Team in a fortnight. Martin suggested presenting the IAPT service update at the next Committee meeting.</p>	

No	Item	Action
	<p>Action: IAPT service update to be presented at the next meeting.</p> <p>Dr Doug Callow informed that Mersey Care NHS Foundation Trust offer an urgent mental health support service. The telephone number is free and is accessible 24 hours a day. He made a plea for the IAPT service to make full use of the urgent mental health service, noting that primary care does not need to be involved in the process.</p> <p>Martin McDowell advised that he would relay this to relevant colleagues and ask them to track numbers.</p> <p>Action: Martin McDowell to relay to relevant colleagues, for the IAPT service to utilise the urgent mental health support service provided by Mersey Care NHS Foundation Trust, nothing that primary care are not required to be involved in that process and to also track numbers of where that is being used.</p> <p>Dr Gina Halstead noted that following the retirement of Sue Gough, there is gap as there is no clinical mental health lead in South Sefton and that Dr Hilal Mulla cannot attend the Mersey Care CQPG meetings. Gina also noted that there is a proposal to amalgamate the Mersey Care CQPG meetings to include both community health and mental health.</p> <p>Chrissie Cooke advised that the issues highlighted by Dr Gina Halstead are well recognised and that executive input and oversight will be required at those meetings. Discussions are to take place before a decision is to be made in relation to the meeting amalgamation.</p> <p>Tracey Forshaw noted that the absence of a clinical mental health lead in South Sefton will also impact on the SIRG meetings and LeDeR panel meetings. It was noted that this is being addressed at the next NHS South Sefton CCG Governing Body, part II meeting.</p> <ul style="list-style-type: none"> • Dementia – remains under plan for both CCGs. <p><u>Children's Services</u></p> <ul style="list-style-type: none"> • Children and Young People Eating Disorders – both CCGs are reporting above plan and achieving. • ASD – fell under target for assessments started in 12 weeks (87%), but continue to achieve completed assessments within 30 weeks (93%). • ADHD – achieving both measures in January. • CAMHS – has seen a decline in January for referral to choice within 6 weeks (54.7% from 85% in December) but a small increase for % referral to partnership within 18 weeks 52.2% from 50% in December. • Children's Community measures – SALT, Dietetics, Occupational Therapy and Continence services are all achieving the RTT % waiting with 18 weeks for SSCCG, SALT and children's continence is failing for SFCCG. <p>It was noted that in relation to the wheelchair return, it has been paused currently due to Covid 19. The data received from Lancashire and South Cumbria NHS Foundation Trust depicts that they are reporting at 100% for the last 3 quarters.</p>	<p>MMcD</p> <p>MMcD</p>

No	Item	Action
	<p>Dr Gina Halstead requested current CCG Covid 19 performance data which was presented later in the meeting. Martin McDowell advised that the current position will be presented to Governing Body.</p> <p>Outcome: The Committee noted the Integrated Performance Report.</p>	
21/48	<p>Corporate Risk Register Update</p> <p>Mel Spelman presented the corporate risk register report which was taken as being read.</p> <p>It was noted that the corporate risk register has currently got 36 risks assigned to the Joint Quality and Performance Committee. This has reduced from 50 risks that were presented to the Committee in October 2020.</p> <p>Following the last update in October 2020, the corporate risk register was been reviewed and cleansed, there were 17 risks agreed for closure by the Audit Committee. There have been 3 new risks added which are detailed in the report.</p> <p>The Committee noted that since the last meeting, 1 further risk has been requested for closure. This relates to a legacy Continuing Health Care risk QUA028 which has subsequently been overridden by QUA079 regarding quality and delivery of the Continuing Health Care programme caused by Covid 19. The rationale for closure is that the original risk was exacerbated by the Covid19 pandemic and the mitigating actions being applied are the same for both risks.</p> <p>Dr Rob Caudwell referred the Committee to one of the new risks added to the risk register in relation to the Sefton LMC not supporting the deployment of primary care high risk FIT due to the medico-legal implications for GPs. However this has since been resolved. Rob added that Southport and Ormskirk Hospital NHS Trust have responded to the CCG they will not be supporting the deployment of high risk FIT testing and that this has been escalated.</p> <p>Dr Gina Halstead enquired if the report could be presented in a different format to make it easier to read from a lap top. Mel Spelman suggested transferring key sections of the risk register on to a Word document for the purposes of the Committee meeting. She highlighted that it would however, provide only a screen shot of the information and would therefore not be live data. This was deemed as being acceptable for the purposes of the Committee.</p> <p>Action: Risk register report format to be amended for presentation at future Joint Quality and Performance Committee meetings.</p> <p>Dil Daly referred the Committee to the second new risk i.e. there is a risk that acute providers do not engage in planned care transformation schemes, due a lack of clarity regarding CCG's role in the post Covid 19 restoration and recovery programme and/or divergent priorities resulting in difficulties implementing QIPP schemes. Dil expressed a concern in relation to providers not engaging in QIPP. Billie Dodd advised that the CCG's priorities going forward are to be discussed at the next QIPP meeting and that it is not that Trusts are not engaging in QIPP. There is a need to prioritise Covid 19.</p> <p>Chrissie Cooke noted a caution in relation to placing pressure on provider trusts when they are already significantly pressurised and the impact restoration will have upon the workforce.</p>	MS

No	Item	Action
	<p>Chrissie also noted that when people have had time to reflect, that there could potentially be an increase in complaints and incidents as the system returns to business as usual, this needs to be factored in.</p> <p>Martin McDowell advised that there is need to expand and understand all of the elements of QIPP i.e. quality, innovation, prevention and productivity. There is an opportunity to work with providers in relation to innovation and productivity, for example the FIT testing, as part of the gastroenterology pathway. Guidance in relation to providing people with the tools to self-manage some of the conditions will be part of the collaborative work that will be undertaken and risks will be managed along the way.</p> <p>Dil Daly suggested that the risk to the staff base as a whole system should be reflected more explicitly on the risk register.</p> <p>Action: Staff base as a whole system to be reflected in the risk register.</p> <p>Outcome: The Committee noted the Corporate Risk Register Update.</p>	MS
21/49	<p>Deputy Chief Nurse Report</p> <p>Chrissie Cooke presented the chief nurse report and wished to highlight the following key points:-</p> <ul style="list-style-type: none"> • Potential increased complaints, incidents, safeguarding referrals and retrospective identification of harm as the system returns to business as usual; • Continued risks to the workforce: • Risks associated with the acquisition of services to Mersey Care NHS Foundation Trust; • The current position regarding Continuing Health Care. <p>Chrissie Cooke informed that Mersey Care NHS Foundation Trust reported in February 2021, a large number of patients who have not received; an assessment or review under Continuing Health Care Framework within the required timeframe. Following this, a data cleansing process has taken place. There are significant concerns in relation to the operation of the service i.e. lack of understanding by the service in respect of the framework requirements. The concerns have been escalated to the Regional Director of Nursing. The CCG's have requested for those highlighted to have had an assessment by the end of May 2021 and have also requested for an investigation report by mid-April 2021 and for the Trust's recommendations on how the process should be improved. The restoration process is being closely monitored.</p> <p>Dr Gina Halstead queried the abbreviation "PTL" which was contained in the report. This was explained as being a patient tracking list.</p> <p>Dr Gina Halstead highlighted that there are some workshops to be arranged in relation to process of merging of the Mersey Care NHS Foundation Trust Community and Mental Health CQRM meetings.</p> <p>Dil Daly highlighted the Covid 19 outbreak Parklands Lodge. Chrissie Cooke noted that in that care home and some other care homes, when there have been issues, local management replace the care home manager, however that does not address the issues.</p>	

No	Item	Action
	<p>Therefore strategy meetings with the Local Authority and the care home owners are taking place to address the issues fully.</p> <p>Chrissie Cooke asked the Committee to consider this discussion later in the meeting, when the Committee reflect on the meeting and identify new risks.</p> <p>Outcome: The Committee noted the Deputy Chief Nurse Report.</p>	
21/50	<p>Clinical Director Quality Update</p> <p>Dr Doug Callow noted that Southport and Ormskirk Hospital NHS Trust is discharging Monoclonal gammopathy of undetermined significance (MGUS) patients from the haematology clinic and requesting that primary care undertake their monitoring. Doug enquired what system is in place at Aintree Hospital site. Dr Gina Halstead advised that at Aintree Hospital site, the haematology nurse clinician monitors the MGUS patients.</p> <p>Dr Doug Callow noted that providers are considering 2 week wait referrals as a cancer exclusion service and are referring patients back to primary care. He noted that this is not a new issue but one that is worsening and should therefore be challenged.</p> <p>Dr Rob Caudwell informed that he had escalated the issue to Jan Leonard and the LMC to follow up with the Trust. Dr Rob Caudwell to forward the email he had sent on to Billie Dodd to take forward.</p> <p>Action: Billie Dodd to follow up the email sent by Dr Rob Caudwell to Jan Leonard and the LMC in relation to the MGUS patients at Southport and Ormskirk Hospital NHS Trust, being discharged from the haematology clinic and referred on to primary care.</p> <p><u>Covid 19 Mass Vaccination Update</u></p> <p>Dr Rob Caudwell noted that a decision to be made imminently in relation to who will be involved in administering the vaccinations to the next cohort.</p> <p>Martin McDowell provided a current update on Covid 19 vaccinations for both CCGs and advised that he would share the data with the group.</p> <p>The following was noted:-</p> <p><u>NHS Southport and Formby CCG</u></p> <p>61.2% of adults have received their first dose of the Covid 19 vaccination and 3.2% have received their second dose as at 24th March 2021.</p> <p><u>NHS South Sefton CCG</u></p> <p>55.1 % of adults have received their first dose of the Covid 19 vaccination and 2.9% have received their second dose as at 24th March 2021.</p> <p>Fiona Taylor informed that 3.365 million adults have received a Covid 19 vaccination in the north west, of that number 1.28 million relates to Cheshire and Merseyside and 78% have been administered by the PCNs.</p>	BD

No	Item	Action
	<p>Fiona advised that there will be a reduction in the supply of the vaccine over the next few weeks and therefore the focus will be on ensuring second doses are administered.</p> <p>There will be no vaccination deliveries made over the Easter period which is a key risk. Fiona wished to thank all of those involved in the vaccination programme.</p> <p>Action: Martin McDowell to circulate the current CCG Covid 19 vaccination data with the Committee.</p> <p>Fiona Taylor advised that she regularly meets with the Clinical Directors, Hospital and Local Authority colleagues in relation to the vaccination programme. She noted that the Local Authority is pleased with the work that has been undertaken to vaccinate the local population.</p> <p>Outcome: The Committee noted the Clinical Director Update.</p>	MMcD
21/51	<p>Commissioner Quarterly Controlled Drug Report to NHS England</p> <p>Helen Roberts presented the quarter 3 controlled drug report covering the period from October to December 2020.</p> <p>Helen informed that she is monitoring regional prescribing data rather than at practice level due the demands on the team during the pandemic. She is working on the implementation of controlled drugs safety searches for EMIS for the practices and is hoping to get that up and running soon.</p> <p>Tracey Forshaw referred the Committee to the data in some of the tables contained in the report, depicting a low number of controlled drugs being used by NHS Southport and Formby CCG and enquired if there was an issue relation to prescribing end of life care drugs or the end of life care pathway.</p> <p>Helen Roberts explained that the controlled drugs used are part of the treatment of misuse and the NHS South Sefton and NHS Southport and Formby CCG's prescribing data sits within the service for that, resulting in NHS South Sefton and NHS Southport and Formby CCGs appearing different to that of the other CCGs in the report. Methadone and Buprenorphine are not illustrated in the NHS South Sefton and NHS Southport and Formby CCG's data.</p> <p>Dr Rob Caudwell asked if Methadone and Buprenorphine drugs could be removed from the report to provide more comparable data for the Committee.</p> <p>Helen Roberts advised that she will request the analysts to remove the data in respect of Methadone and Buprenorphine from the report.</p> <p>Action: Helen Roberts to amend the controlled drugs report for the next quarter by removing Methadone and Buprenorphine drugs data to allow for more comparable data.</p> <p>Dr Doug Callow made a plea on behalf of primary care colleagues in relation to 28 day prescribing as it impacts on primary care workload. He suggested it be changed to 56 days for stable patients that are prescribed to take 4 or less drugs.</p>	HR

No	Item	Action
	<p>Helen Roberts informed that she would take Dr Doug Callow's suggestion to her prescribing lead colleagues at the next JMOG meeting and report back.</p> <p>Action: Helen Roberts to take the suggestion of introducing 56 day prescribing for stable patients on 4 or less drugs to her prescribing lead colleagues at the next JMOG meeting and report the outcome back to the Committee.</p> <p>Outcome: The Committee noted Commissioner Quarterly Controlled Drug Report to NHS England.</p>	HR
21/52	<p>Joint Quality and Performance Committee Membership Attendance Approval for Annual Report</p> <p>The Committee reviewed the meeting membership attendance for the last 12 months and confirmed that it was correct.</p> <p>Outcome: The Committee approved the Joint Quality and Performance Committee Membership Attendance Approval for Annual Report.</p>	
For Information		
21/53	<p>SEND Health Performance Improvement Group Minutes and Key Issues</p> <p>The Committee noted the SEND Health Performance Improvement Group Minutes and Key Issues from the meeting held on 29th January 2021 and the following points were highlighted.</p> <p>Tracey Forshaw advised that a report was due to be presented to Leadership Team in relation to CAMHS waiting times and sustainability. A business case is expected to be provided by Mersey Care in relation to the ADHD pathway for 18-25 year olds.</p> <p>Substantive DCO interviews are scheduled for 26th March 2021.</p> <p>A parent carer's survey has been undertaken and the results are due in April 2021.</p> <p>A paper in relation to Personal Health Budget awareness raising was presented to SENDCIB where it was well received. It has been suggested for the paper to be presented to the Children's Integrated Commissioning Group.</p> <p>Tracey Forshaw has replaced Kerrie France as Chair of the SEND Performance Improvement Group meeting.</p> <p>Outcome: The Committee received the SEND Health Performance Improvement Group Minutes and Key Issues.</p>	
21/54	<p>JTAI Improvement Plan Meeting Minutes and Key Issues</p> <p>The Committee noted the JTAI Improvement Plan Meeting minutes and key issues from the meeting held on 15th February 2021 and the following was highlighted.</p>	

No	Item	Action
	<p>Tracey Forshaw informed that there were many commonalities with that of the JTAI improvement plan and the SEND Health plan.</p> <p>There are 5 open actions remaining on the JTAI improvement plan.</p> <p>A proposal to transfer the JTAI plan to the SEND meeting is to be presented to the Leadership Team.</p> <p>Outcome: The Committee received the JTAI Improvement Plan Meeting Minutes and Key Issues.</p>	
21/55	<p>Engagement and Patient Experience Group (EPEG) Key Issues</p> <p>The Committee noted the EPEG Key Issues from the meeting held on 10th March 2021 and the following were highlighted.</p> <p>Dil Daly highlighted that the Improving Information Group had noted that the average reading age in Sefton is 7 years old and the national figure is 8 years old. He suggested being mindful of that when circulating written information to the public.</p> <p>Dil Daly expressed a concern in relation to Healthwatch receiving 12 complaints a day at the time of the last EPEG meeting, this was with regard to patients being unable to access dental services and that there were only 2 practices accepting NHS patients.</p> <p>Tracey Forshaw informed that NHSEI are aware of the issue in relation to patients not being able to access dental services and that it is to be included in the report being presented to Quality Surveillance Group. Also noted was a concern around access to dental services for nursing home residents which will be discussed at the next Quality Surveillance Group.</p> <p>The Committee received the Engagement and Patient Experience Group (EPEG) Key Issues.</p>	
21/56	<p>Serious Incident Review Group (SIRG) Minutes and Key Issues</p> <p>The Committee noted the minutes and key issues from the SIRG meetings held on 6th January 2021. The following points were highlighted.</p> <p>Tracey Forshaw noted that an issue had been highlighted in relation to the quality of reports received from NWS. The CCG's fed this back directly to Blackpool as part of the quality assurance process. The CCG's will monitor this and ascertain if there are any trends or themes with a view appropriate escalation.</p> <p>The Committee received the Serious Incident Review Group (SIRG) Minutes and Key Issues.</p>	
21/57	<p>Joint Medicines Operation Group (JMOG) Key Issues</p> <p>The Committee noted the key issues from the JMOG meetings held on 5th February and 5th March 2021 and the following were highlighted.</p>	

No	Item	Action
	<p>Dr Rob Caudwell highlighted a concern in relation to patients moving to a new area that are prescribed to take shared care drugs, but have not been transferred to an appropriate specialist. The wait for the transfer is extensive.</p> <p>It was noted that the issue impacts more so on patients that require drugs specifically for mental health issues.</p> <p>It was observed that often patients that experience mental health issues can fail to attend their appointments, the reasons why they fail to attend clinic do not appear to be taken in to consideration.</p> <p>It was noted that the issues above relate to the SEND action plan and to the ADHD pathway. There is a business case being submitted in relation to ADHD.</p> <p>Dr Gina Halstead noted the reduction in waiting times and the increased focus on young adults with ADHD and commended the work being undertaken to achieve this.</p> <p>It was noted that there are transfer mechanisms in place for patients that fall under the auspices of the community mental health team. Alder Hey Hospital NHS Trust was highlighted as an example of where this works well.</p> <p>It was also noted that the initial backlog will be cleared by the end of June 2021. A lot of work has been undertaken by the partnership and improvements have been made. There is still work to be undertaken, including the modernisation of the pathway. A mental health review is being undertaken.</p> <p>The Committee received the Joint Medicines Operation Group (JMOG) Key Issues.</p>	
Closing Business		
21/58	<p>Any Other Business</p> <p>There were no items noted.</p>	
21/59	<p>Key Issues Arising From This Meeting</p> <p>The following key issues were noted by the Committee:-</p> <ol style="list-style-type: none"> 1) Referrals to ERS. Trust to ensure accessibility to pathways. 2) Increased numbers in respect of 52 week waits. CCGs to provide assurance to NHSEI in relation to the monitoring of waiting times. 3) NHS South Sefton CCG Mental Health GP Clinical Lead gap. Discussion to be held at the NHS South Sefton CCG Governing Body meeting. 4) Southport and Ormskirk Hospitals NHS Trust are currently not supporting the cancer alliance recommendations for gastroenterology FIT testing, to determine prioritisation for endoscopy for high risk patients. 	

No	Item	Action
	<p>5) Southport and Ormskirk Hospital NHS Trust is not fully cognisant of their ophthalmology follow up waits. This is to be discussed at CCQRM. A plan is to be put in place.</p> <p>6) Mersey Care NHS Foundation Trust's lack of adherence to the CHC framework. Delays in assessments and reviews. This is being discussed at Directorate level and has been reported on StEiS.</p> <p>7) NHS Trust's staff resilience and the potential impact on restoration work.</p> <p>8) Consideration to be made in relation to potential increase in complaints and incidents following restoration work.</p> <p>9) Ongoing sustainability issue in relation to CAHMS waiting times. These are contained in the JTAI and SEND action plans. A report is to be presented to Leadership Team to consider potential investment.</p> <p>10) Mersey Care 18 to 25 year olds ASD business case is being considered by the CCG. The trust is yet to submit the business case to support the 18 – 25 years ADHD pathway</p> <p>11) Issues in relation to access to dental services and the impact on primary care. These are being escalated to NHSEI and raised at QSG. Clarity required in relation to access to dental services for care home residents.</p>	
21/60	<p>Meeting Review</p> <p>The Committee noted that Graham Bayliss was leaving the organisation and wished to thank him for his work. The recruitment process has commenced appoint to the role of Lay Member.</p> <p>Tracey Forshaw was congratulated in gaining the interim Deputy Chief Nurse role.</p> <p>Discussions to be held in relation to the potential extension of Chrissie Cooke's contract as interim Chief Nurse.</p> <p>The Committee reflected on the meeting and noted the following:</p> <p>Incorporating a break in the meeting was deemed as being beneficial. It was therefore agreed to ensure there is a meeting break at each Joint Quality and Performance Committee meeting going forward.</p> <p>Dr Gina Halstead noted that her suggestion of taking of including CCG Covid 19 vaccinations data in the Integrated Performance Report was taken forward and thanked Martin McDowell for sharing current Covid 19 vaccination data for both CCGs.</p> <p>An action was noted in relation to the issue discussed earlier in the meeting regarding the average reading age in Sefton being low. A discussion is to take place at Leadership Team with a plan of action for how the CCG's consider this going forward when engaging with the public.</p>	

No	Item	Action
	<p>This is to be included in the next Chief Nurse report. Billie Dodd advised that she would raise the concerns at the next Integrated Commissioning Team meeting.</p> <p>Action: Leadership Team to discuss the plan of action in relation to the average reading age in Sefton and how the CCG's will consider this when engaging with the public.</p> <p>Action: Plan of action following Leadership Team discussion to be included in the next Chief Nurse Report.</p> <p>Action: Billie Dodd to raise the issue of the low average reading age in Sefton at the next Integrated Commissioning Team meeting.</p> <p>Dil Daly reflected on the blocks in the system to quality and the suggestions made to address them. He noted that positive feedback in relation to Alder Hey Hospital NHS Trust had been highlighted and also positive feedback in relation to the mass vaccination programme roll out. He expressed that the meeting had fulfilled its purpose.</p> <p>Chrissie Cooke suggested discussing how strategic connections are to be made to quality improvement and quality assurance via a development session and to understand how it fits in to the overall strategy for improved quality.</p> <p>Action: A development session to be convened to better understand how strategic connections can be made to quality improvement and quality assurance.</p> <p>Chrissie Cooke advised that the Quality Team plan will be presented to the Committee in April/May 2021, this will help inform the overall Committee work plan. A status report in respect of learning disabilities health care performance is to be presented at the next Committee meeting. This will assist in formulating high level objectives that correspond with the national plan.</p> <p>Fiona Taylor suggested considering the lessons learned from organisations when services have been transitioned and this will assist with the CCG's transition to ICS and Place. Chrissie Cooke noted that discussions are on-going with other CCG Chief Nurses in relation to how the quality agenda will be reflected in ICS and Place.</p> <p><u>Quality Risk Register Review</u></p> <p>It was agreed to add the following 2 risks to the quality risk register; workforce resilience to overall quality and Continuing Health Care delivery issues.</p> <p>Action: Workforce resilience to overall quality and CHC delivery issues to be added to the Quality Risk Register.</p> <p>It was noted that the issues in relation to Stoddart House will go on the Corporate Risk Register.</p> <p>Action: Issues at Stoddart House to be added to the Corporate Risk Register.</p>	<p>Leadership Team</p> <p>CC</p> <p>BD</p> <p>CC</p> <p>MS</p> <p>FLT</p>

No	Item	Action
21/61	Date of Next Meeting:- Thursday 29 th April 2021, 9am to 12noon via MS Teams.	

Audit Committees in Common NHS Southport and Formby CCG Minutes

Wednesday 27th January 2021, 1.30pm to 4pm
Microsoft Teams Meeting

Southport & Formby CCG Audit Committee Members Present		
Helen Nichols	Lay Member (S&F Audit Committee Chair)	HN
Dil Daly	Lay Member (S&F Audit Committee Vice Chair)	DD
Vikki Gilligan (A21/05[part] – A21/29)	Practice Manager Governing Body Member	VG
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
South Sefton CCG Audit Committee Members Present		
Alan Sharples	Lay Member (SS Audit Committee Chair)	AS
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
In attendance (Regular Attendees)		
Clare Ingram	Interim Chief Accountant, SFCCG and SSCCG	CI
Martin McDowell (A21/01-19 & A21/22-29)	Chief Finance Officer, SFCCG and SSCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SFCCG and SSCCG	AOR
Andy Ayre	Manager - Audit, Grant Thornton	AA
Michelle Moss	Anti-Fraud Specialist, MIAA	MM
Adrian Poll	Audit Manager, MIAA	AP
In attendance (Guest Attendees)		
Chloe Howard (A21/06[part] – A21/07)	Information Governance Business Partner, MLCSU	CH
Tracy Jeffes (A21/01-06)	Director of Place – South, SFCCG and SSCCG	TJ
Gordon Jones (A21/01-05)	Mental Health Programme Manager, SFCCG and SSCCG	GJ
Terry Stapley (A21/07-29)	Corporate Business Manager, SFCCG and SSCCG	TS
Apologies (South Sefton CCG Audit Committee Members)		
Graham Bayliss	Lay Member (SS Audit Committee Vice Chair)	GB
Apologies (Regular Attendees)		
Joanne Brown	Partner - Audit, Grant Thornton	JB
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SFCCG and SSCCG	TK

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Position	Apr 20	Jun 20	July 20	Oct 20	Jan 21
Southport and Formby Audit Committee Membership						
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓
Dil Daly	Lay Member (Vice Chair)	✓	✓	✓	✓	✓
Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓	A	✓	✓
Vikki Gilligan	Practice Manager Governing Body Member	A	✓	A	A	✓
In attendance						
Martin McDowell	Chief Finance Officer, SFCCG	✓	✓	A	✓	✓
Alison Ormrod	Deputy Chief Finance Officer, SFCCG	✓	✓	✓	✓	✓
Clare Ingram	Financial Accountant, SFCCG [Joined CCG in September 2020]				✓	✓
Leah Robinson	Chief Accountant, SFCCG [On maternity leave from end of June 2020]	✓	✓			
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓			✓	✓
Adrian Poll	Audit Manager, MIAA	✓		✓	✓	✓
Joanne Brown	Partner - Audit, Grant Thornton	A	A	A	A	A
Andy Avre	Manager – Audit, Grant Thornton	✓	✓	✓	✓	✓

No	Item	Action
General Business		
A21/01	<p>Introductions and apologies for absence</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Audit Committees in Common (CiC) meeting today was taking place via Microsoft Teams.</p> <p>No apologies for absence had been received from Southport & Formby Audit Committee members.</p> <p>Apologies for absence were received from the following South Sefton Audit Committee members: Graham Bayliss.</p> <p>Apologies for absence were received from the following regular attendees: Joanne Brown (Grant Thornton).</p> <p>It was noted that Helen Nichols, Chair of the Southport & Formby Audit Committee, would chair this CiC meeting.</p>	
A21/02	<p>Declarations of interest</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> JS declared he is a member of both of the respective Governing Bodies and Audit Committees of Southport & Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material 	

	<p>conflict of interest with items on the agenda.</p> <ul style="list-style-type: none"> Declarations of interest were received from CCG officers who hold dual posts in both Southport & 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. 	
A21/03	<p>Minutes of the previous meetings and key issues: The Southport and Formby minutes of the Audit CiC meeting on 14th October 2020 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from that meeting.</p>	
A21/04	<p>Action points from previous meetings</p> <p>A19/39 (S&F and SS): Whistleblowing Policy HN and AS met recently with Paul Bell from MIAA, where it was decided that the training already undertaken by both members in 2020 was sufficient for their respective roles as Governing Body Lay Member with responsibility for whistleblowing. Action closed.</p> <p>A20/68 (S&F): Action points from previous meetings A20/24 (S&F): Any other business <u>CHC Retrospective Claim – ME. Southport & Formby CCG Only</u> AOR reported that work is ongoing at the Sefton CCGs to develop an overarching operational Continuing Healthcare (CHC) policy, which will include retrospective claims. The Sefton CCGs have been reviewing policies from other organisations as well as the Parliamentary and Health Service Ombudsman’s report “Getting it right first time,” which provides recommendations to CCGs on high quality decision making and good practice. It was noted that the earliest opportunity to present the completed policy to the committee would likely be in July 2021, given the next two meetings in April and May / June 2021 would largely be focussed on annual accounts and annual report. It was agreed that the policy is to be circulated to the Audit Committees via email if completed before July 2021, whilst also presented to the appropriate committee for approval. Action to be updated on the tracker.</p> <p>A20/86 (S&F and SS): Action points from previous meetings A20/11: Update on Follow Up Actions / Response from MLCSU re. HR Case MMcD has liaised with Pam Hughes (Associate Director at Midlands & Lancashire CSU) regarding a response to the follow up actions from the HR case reported at the Audit CiC meeting on 15th January 2020. The issue was due to be raised at the contract meeting between the Sefton CCGs and CSU in December 2020 but this meeting has been deferred. It was agreed for the action to remain open until a formal response has been received from the CSU, confirming that the follow up actions will be undertaken. Action to be updated on the tracker.</p> <p>A20/103 (S&F and SS): Governing Body Assurance Framework, Corporate Risk Register and Heat Map The risk to sustainability of General Medical Service due to COVID-19 (which had been proposed for closure on the Corporate Risk Register [CRR]) was discussed at the Primary Care Commissioning Committees in Common meeting on 21st January 2021. Given the mitigating factors noted on the CRR and the developing circumstances in relation to the COVID response, it was deemed appropriate to close this risk. It was noted that a greater risk has now emerged in relation to the Mass Vaccination programme. The Audit CiC noted that the CRR would be discussed further</p>	

	<p>under item A21/21 and agreed to close this action.</p> <p>A20/105 (S&F): Key Issues of Other Committees to be Formally Received</p> <p>It was agreed to close the action in relation to information reported in the key issues documents from other committees, as this would be discussed further under item A21/22: <i>Audit Committees in Common Effectiveness Review</i>. Action closed.</p> <p><i>It was noted that all other Southport & Formby CCG related actions on the action tracker following the October 2020 Audit CiC meeting had been completed; updates were provided on the action tracker which were taken as read. No queries were raised in relation to the updates provided.</i></p>	
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Challenge Questions

<p>A21/05</p>	<p>Challenge Question: Mental Health Needs</p> <p>GJ presented a written response to the following Challenge Question:</p> <p><i>Have the CCGs reviewed their strategies for meeting the mental health needs of their local population?</i></p> <p>This Challenge Question had been selected by the Audit CiC from the summary of emerging national issues detailed within the last external audit progress report in October 2020.</p> <p>The written response provided an overview of national drivers and local opportunities in terms of mental health strategy. It reported that the local mental health strategy for Sefton is currently being developed through integration with the Local Authority. The strategy is being shaped by national drivers such as the NHS Long Term Plan and in particular, the focus on delivering integrated care for residents at a local level with the development of a new model for community mental health care.</p> <p>The report provided information on a Mental Health Community Transformation Bid (developed by Mersey Care, the Sefton CCGs and partners), which was submitted for mental health transformation funding on 20th January 2021. The bid outlines the principles of an integrated community model of care and aims to fundamentally redesign the purpose and function of Sefton community mental health services over the next three years, with a core focus on supporting mental health more effectively within primary care. The aim is to develop a network which provides specialist resource for those with complex needs - in partnership with the Local Authority, housing providers, the voluntary sector and people with lived experience.</p> <p>The Audit CiC discussed the response. A query was raised regarding whether the proposed further integration of mental health services would result in extra workload pressures for primary care. GJ explained that mental health transformation was aimed at supporting primary care in dealing with mental illness with in-reach services in order to remove current barriers between primary and secondary care. A query was raised regarding whether the local Voluntary Community and Faith (VCF) sector would receive funding through community mental health transformation. GJ noted that it was his understanding that the VCF sector would receive an element of funding through the bid.</p> <p><i>VG joined the meeting.</i></p>	
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	<p>Members queried and discussed the value of the Challenge Question exercise, whether the response had been produced specifically for the Audit CiC, whether it had created an extra workload pressure and how the mental health strategy issues would be reported to the respective Governing Bodies. GJ confirmed that the response had been produced specifically for the Audit CiC following its request in October 2020 but that it had been a useful exercise to undertake. He also confirmed that the local mental health strategy for Sefton (which is currently being developed through integration with the Local Authority) will be reported to the respective Governing Bodies. MMcD added that the Governing Body Developments Sessions involve a number of programme reviews, which will include mental health.</p> <p>Members commented that the Challenge Question response was useful and informative, and thanked GJ for his work on the report.</p> <p><i>The Audit CiC received the written response to the Mental Health Needs Challenge Question.</i></p> <p><i>GJ left the meeting.</i></p>	
A21/06	<p>Challenge Question: Summary of We are the NHS: People Plan 2020/21 – Action For us All / Workforce Race and Inequalities and Inclusion in NHS Providers</p> <p>TJ presented a combined written response to the following two Challenge Questions:</p> <ul style="list-style-type: none"> • <i>Have the CCGs reviewed the People Plan?</i> • <i>What are the CCGs doing to address race inequalities?</i> <p>The Audit CiC had requested a combined response to the above two Challenge Questions, which had been selected from the summary of emerging national issues detailed within the last external audit progress report in October 2020.</p> <p>The written response provided an overview of the actions being undertaken by the Sefton CCGs in relation to the NHS People Plan, as well as work undertaken in relation to equality and workforce.</p> <p>The Audit CiC discussed the response. It was noted that the response was focussed on HR / workforce and had not included information on how the CCGs are addressing equality issues in terms of patients and provision. Further to discussion, it was noted that as the Audit CiC had requested a combined response to two Challenge Questions which included the NHS People Plan, the overall response was likely to be focussed on HR and workforce issues; therefore the request made by the Audit CiC had been met. It was also noted that work undertaken to address equality in terms of patients and provision is reported to the Sefton CCGs' respective Finance & Resource (F&R) Committees.</p> <p>The Audit CiC discussed the value of the Challenge Question exercise in relation to this written response. Members commented that the response was useful and informative. It was noted, however, that since the request was made by the Audit CiC in October 2020, the F&R Committees had received updates on the NHS People Plan. Therefore the information in the response would have been familiar to members common to both Audit and F&R Committees. The Audit CiC thanked TJ and Jo Roberts (Equality and Diversity Service - Merseyside CCGs) for their work on the report.</p> <p>Members discussed the general value of reviewing responses to Challenge Questions and agreed that they help to provide assurance on how CCG</p>	

	<p>management is addressing the issues queried, and helps the Audit Committees to identify any gaps within the system.</p> <p>CH joined the meeting.</p> <p>As the Audit Committee meetings in April and May / June would largely be focussed on annual accounts and annual report, it was agreed that the Audit CiC next consider Challenge Questions at its meeting in July 2021.</p> <p>The Audit CiC received the combined written response to the NHS People Plan and Race Inequalities Challenge Questions.</p> <p>TJ left the meeting. TS joined the meeting.</p>	
Governance		
A21/07	<p>Information Risk Work Programme - Asset Register Assurance CH presented an update report in relation to the Sefton CCGs' Information Risk Work Programme (IRWP) action plan ahead of the 2020/21 Data Security and Protection Toolkit (DSPT) submission.</p> <p>The DSPT submission date has been extended from 31st March 2021 to 30th June 2021. Although organisations can still submit their DSPT by the original submission deadline, both of the Sefton CCGs have opted to take advantage of the extension, which allows more time to ensure robust evidence is in place to support each submission.</p> <p>CH reported the progress made in terms of the IRWP action plan and asset registry since the last Audit CiC meeting in October 2020. Operational pressures, changing priorities and staff redeployment, as a result of the COVID pandemic second wave and roll out of the Mass Vaccination programme, have caused a delay in the action plan timeline. CH presented the anticipated next steps and plan ahead of the DSPT submission, which was detailed within the report received by the Audit CiC, and noted the importance of taking a flexible approach to information governance arrangements amidst the current situation with the pandemic.</p> <p>The Audit CiC requested that an exception report is presented to each Audit Committee at their respective meetings in April 2021. The report is to note any challenges / issues in terms of meeting the DSPT target.</p> <p>The Audit CiC received the IRWP update report.</p> <p>CH left the meeting.</p>	MMcD / CH
A21/08	<p>GP Pensions Update CI presented a verbal update on the issue in relation to GP pensions.</p> <p>In December 2020, the Sefton CCGs issued a letter to GPs believed to be affected by the GP pensions review, which provided an update on the current position of the CCGs and progress made by NHSE/I in relation to the issue. The letter requested consent for the CCGs to contact financial advisors (if consent had not already been supplied) to ensure that information and assumptions are correct. The majority of those contacted have supplied their consent and details of financial advisers.</p> <p>CI met today with Janet Knox from NHSE/I, who is leading the nationwide review on GP pensions; CI was informed that NHSE/I is planning to deliver GP pensions roadshows either in late 2021 or 2022.</p>	

	<p>The Audit CiC discussed the GP pensions issue. CI and MMcD noted the complexity of this issue and stressed that the Sefton CCGs need to work in line with NHSE/I national developments in order to resolve the issue. The CCGs are also liaising with the Local Medical Committee to work on a joint communications statement in relation to the issue.</p> <p>The Audit CiC agreed that GP pensions is to be added to the work plan as a standing agenda item; TK to action.</p> <p><i>The Audit CiC received this verbal update.</i></p>	TK
A21/09	<p>Losses, Special Payments and Aged Debt</p> <p>CI presented an update report on losses, special payments and aged debt for Southport & Formby CCG. Since the last report was presented to the Audit Committee in October 2020, no losses have been identified for write off and no further special payments have been made. Of the total debt outstanding as at 31st December 2020, there are no invoices above the £5k threshold to be reported which are greater than 6 months old.</p> <p><i>The Southport & Formby Audit Committee received the Losses, Special Payments and Aged Debt Report.</i></p>	
A21/10	<p>Scheme of Delegation</p> <p>AOR presented a report with a recommendation to approve the following changes to the Southport & Formby CCG Scheme of Reservation and Delegation (SORD).</p> <ul style="list-style-type: none"> • The Interim Director of Strategy and Outcomes has left the Sefton CCGs and a Director of Strategic Partnerships has been appointed. An invoice approval limit is required for the current post holder to allow for operational invoices to be approved in a timely manner and for budgetary control purposes. The limits previously delegated of £20k are proposed to be applied. • The change in post holder of the Interim Chief Nurse role needs to be reflected in the SORD. The previous post holder needs to be removed and the new post holder added. It is proposed that the Interim Chief Nurse approval limit is unchanged at £20k, which is the limit associated with the substantive post holder. • In order to ensure efficient operational processing of invoices and consistency across the commissioning team, the Head of Commissioning has proposed that the limit of £5k previously approved in respect of the Senior Manager – Commissioning & Redesign is increased to £20k. This reflects the approval limits held by other invoice approvers within the commissioning team. <p>A query was raised regarding why a change in post holder would need to be reported to and approved by the Audit Committee when the invoice approval limit associated with the post was unchanged. AOR explained that any change to the SORD (including a change in post holder) would need to be reported to and approved by the Audit Committee.</p> <p>AOR provided an update on the review of delegation arrangements during the COVID-19 emergency response period, which was detailed in the report received by the committee.</p> <p><i>The Southport & Formby Audit Committee approved the proposed changes to the Scheme of Reservation and Delegation. The committee</i></p>	

	also noted the update regarding review of delegation arrangements during the COVID-19 emergency response period.	
A21/11	<p>CCG Published Registers TS presented an update report on the following published registers for Southport & Formby CCG as at 31st December 2020:</p> <ul style="list-style-type: none"> • Register of Procurements • Register of Conflict Breaches • Register of Sponsorship • Gifts and Hospitality Register • Register of Interests <p>The following registers were included within the meeting pack as appendices and were received by the committee:</p> <ul style="list-style-type: none"> • Appendix A: Register of Gifts and Hospitality • Appendix B: Register of Interests: Unpublished – Governing Body, Contractors and Employees • Appendix C: Register of Interests: Unpublished – Member Practices • Appendix D: Register of Interests: Published – Governing Body, Contractors and Employees • Appendix E: Register of Interests: Published – Member Practices <p>TS confirmed that a number of actions need to be undertaken in order to combine the Register of Sponsorship with the Gifts and Hospitality Register. Due to the nature of the actions, which were detailed in the report received by the committee, TS noted that it is difficult to provide an indicative completion date for the work at this stage. The Audit Committee will continue to be updated on progress with this work.</p> <p>TS provided an update on the current completion rate of the NHSE/I conflicts of interest mandatory training and the actions being undertaken to help achieve 100% completion by the deadline of 31st January 2021.</p> <p>Members discussed the Gifts and Hospitality Register and noted there was one entry above the £6 limit. The committee requested that a review be undertaken to ensure that the CCG's Managing Conflicts of Interest and Gifts and Hospitality Policy is in line with national guidelines and the NHSE/I mandatory training, and that the appropriate staff communications regarding guidelines are being issued. MM confirmed she would undertake this action.</p> <p>HN raised a presentational issue with the Register of Interest for member practices; TS to review and correct.</p> <p>A query was raised as to whether the Published Registers needed to be presented as a standing agenda item at every quarterly Audit Committee / Audit CiC meeting or whether the reporting frequency could be reduced. MMcD confirmed he would review this query with TS and the CCG's Interim Lead for Corporate Services.</p> <p><i>The Southport & Formby Audit Committee received the CCG published registers, noting the processes in place and the work undertaken.</i></p>	<p>MM</p> <p>TS</p> <p>MMcD / TS</p>
A21/12	<p>Policy Tracker MMcD presented the policy tracker, which provides an update on the review status of all CCG policies. The report for this item included a status update on the following five policies that have not been reviewed or updated in line with the review dates specified:</p> <ul style="list-style-type: none"> • Personal Health Budgets for NHS Funded Packages of Care for Adults and Children Policy & Practice Guidance 	

	<ul style="list-style-type: none"> • Disinvestment Policy & Procedure (Cessation and Significant Reduction of Services) • Grievance & Disputes Policy • Out of Hours/Lone Work Procedure • Complaints Policy <p>Committee members queried the delay with the review of the Grievance & Disputes Policy, noting the importance of an up to date approved policy ahead of impending organisational change. The Audit CiC stressed that this policy needed to be finalised as soon as possible.</p> <p>Members noted that a review needs to be undertaken of the Whistleblowing Policy (further details would be provided under item A21/26), which is to be reflected within the policy tracker. TK to inform the CCGs' Corporate Governance Manager to update the policy tracker accordingly.</p> <p><i>The Audit CiC received the policy tracker.</i></p>	TK
Audit and Anti-Fraud Specialist		
A21/13	<p>Audit Committee Recommendations Tracker</p> <p>CI presented the Audit Committee Recommendations Tracker, which provides an update on progress against recommendations made to the Audit Committees through reports and internal audit review procedures.</p> <p>The Audit CiC discussed the tracker and agreed the following changes, which are to be actioned:</p> <ul style="list-style-type: none"> • The first two actions within the table of recommendations from the Conflict of Interest Review (July 2019) should be rated amber and marked as 'ongoing' as neither action in relation to the Gifts and Hospitality Register has been completed. • The action for the CCGs to ensure that there are sufficient technical controls in place that prevent information from being inappropriately copied or downloaded, is to be changed from 'ongoing' to 'completed'. The rest of the narrative in the 'Completed / Outstanding' column for this action is to remain as is. <p><i>The Audit CiC received the Audit Committee Recommendations Tracker.</i></p>	CI
A21/14	<p>External Audit Progress Report</p> <p>AA presented the External Audit Progress Report, which summarises the year to date external audit progress for 2020/21 in relation to Southport & Formby CCG and South Sefton CCG respectively. The report also includes a summary of emerging national issues and developments which may be relevant to the CCGs as well as a number of Challenge Questions in respect of these emerging issues, which the Audit CiC may wish to consider.</p> <p>The following points were brought to the Audit CiC's attention:</p> <ul style="list-style-type: none"> • Grant Thornton has commenced work in relation to the 2019/20 Mental Health Investment Standard (MHIS) and is aiming to complete the work ahead of the 26th February 2021 deadline. • Discussions took place between Grant Thornton and the Sefton CCGs' finance team members to discuss arrangements for the 2020/21 final accounts preparation and audit reviews for each CCG. Discussions continue to take place in relation to emerging developments and to ensure the audit process is effective. • Grant Thornton's annual chief accountants workshop is scheduled to take place in February 2021 and will provide the opportunity for finance 	

	<p>officers to liaise with peers and gain an understanding of the key changes impacting this year's accounts.</p> <ul style="list-style-type: none"> An overview was provided of the 2019/20 and 2020/21 audit deliverables, as detailed within the progress report. <p>AA referred to an HSJ article released today, which reports on NHSE's position regarding CCG mergers. MMcD confirmed that the merger of Cheshire & Merseyside CCGs was scheduled for April 2022.</p> <p><i>The Audit CiC received the External Audit Progress Report</i></p>	
A21/15	<p>Terms of Engagement Letters – 2019/20 Mental Health Investment Standard</p> <p>MMcD presented a Terms of Engagement letter in relation to the 2019/20 Mental Health Investment Standard (MHIS) Compliance Statement for Southport and Formby CCG, which was signed and returned to Grant Thornton on 13th January 2021.</p> <p><i>The Southport and Formby Audit Committee received the Terms of Engagement letter in relation to the CCG's 2019/20 MHIS Compliance Statement.</i></p>	
A21/16	<p>MIAA Internal Audit Progress Update</p> <p>AP presented the MIAA Internal Audit Progress Report for Southport & Formby CCG, which sets out progress against the Internal Audit Plan for 2020/21.</p> <p>Since the last Audit CiC meeting in October 2020, the following internal audit reviews have been finalised:</p> <ul style="list-style-type: none"> Primary Care Commissioning: Finance (High Assurance) Finance & Resource Committee Effectiveness (Substantial Assurance) <p>The recommendations from these reviews were detailed within the progress report and noted by the committee.</p> <p>The following reviews are currently in progress:</p> <ul style="list-style-type: none"> Adam Dynamic Purchasing System post implementation review (draft report) Financial Systems Key Controls (draft report) <p>AP confirmed that no issues were anticipated in terms of completion of the internal audit plan by the end of the financial year.</p> <p><i>The Southport & Formby Audit Committee received the MIAA Internal Audit Progress Report</i></p>	
A21/17	<p>External Quality Assessment of MIAA</p> <p>AP presented an External Quality Assessment (of Conformance to the Public Sector Internal Audit Standards) report for MIAA, dated 14th November 2020. The report concludes that MIAA 'fully conforms to the requirements of the Public Sector Internal Audit Standards.'</p> <p><i>The Audit CiC received this report.</i></p>	
A21/18	<p>NHS Counter Fraud Authority - Fraud Prevention Assessment</p> <p>CI presented a report detailing the internal findings of the NHS Counter Fraud Authority (NHSCFA) Fraud Prevention Assessment. The assessment was undertaken in November 2020, covering the period July 2019 to September 2020. The report details the areas reviewed, potential weaknesses identified, mitigating actions being implemented and the</p>	

	<p>measures reported to NHSCFA.</p> <p>The Audit CiC discussed the report. MM confirmed that this is a new assessment from NHSCFA and is expected to be an annual piece of work.</p> <p>MM thanked CI for the collation of information in order for the assessment to be submitted.</p> <p><i>The Audit CiC received this report, noting the identified weaknesses, mitigations and reported measures.</i></p>	
Risk		
A21/19	<p>Risk Management Strategy</p> <p>MMcD presented an updated Risk Management Strategy for the Sefton CCGs. Updates were shown via track changes.</p> <p>TS reported that the Terms of Reference for the Joint Quality and Performance Committee (JQPC), which had been included as Appendix G, were due for review and would be discussed at the JQPC meeting scheduled for 28th January 2021. He confirmed that Appendix G would be replaced with the updated Terms of Reference when ready.</p> <p>The Audit CiC discussed the strategy, including the section entitled <i>Legal Liabilities and Property Losses</i>, which notes that, 'In circumstances when an independent sector contractor goes into administration the commissioner would via Clinical Negligence Scheme for Trusts (CNST) inherit the liability.'</p> <p>MM noted that the strategy did not contain information on the risk based approach in relation to fraud, bribery and corruption. It was agreed for MM to provide text in relation to fraud, bribery and corruption to be included in the Risk Management Strategy; MM to liaise with TS and the CCG's Interim Lead for Corporate Services to action this.</p> <p><i>The Southport & Formby Audit Committee and South Sefton Audit Committee approved the Risk Management Strategy subject to inclusion of an updated JQPC Terms of Reference and text in relation to the risk based approach to fraud, bribery and corruption (to be provided by the Anti-Fraud Specialist).</i></p> <p><i>MMcD left the meeting.</i></p>	<p>TS</p> <p>MM</p>
A21/20	<p>Audit Committee Risk Register</p> <p>AOR presented the Audit Committee Risk Register, which contains fraud, corruption and bribery risks that have been delegated to the Audit Committees to review and monitor. She explained the changes to the mitigating actions section since the risk register was last presented in October 2020.</p> <p>A query was raised regarding the assessment of residual scoring, with it being noted that a number of the risks (which could be considered to be common risks within the NHS) each had a low total residual score of 2. MM explained that the scores are assessed via MIAA in line with national and local risk and knowledge, and as such she was satisfied with the scoring as Anti-Fraud Specialist. She explained the risk review process undertaken by both MIAA and the Sefton CCGs to assess the fraud, corruption and bribery risks.</p> <p><i>The Audit CiC reviewed and approved the Audit Committee Risk Register.</i></p>	

A21/21	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map</p> <p>AOR and TS presented the Governing Body Assurance Framework (GBAF), Corporate Risk Register (CRR) and Heat Map for Southport & Formby CCG. The Heat Map summarises all the mitigated risks for the CCG with a score of 12 and above. The latest risk register for Special Educational Needs and Disabilities (SEND) was also presented. The covering report for this item summarised the updates that have been made to the risk documents as well as the risks proposed for closure / removal since the last Audit CiC meeting in October 2020.</p> <p>Further to comments at the last Audit CiC meeting, TS explained the rationale behind the colour coding in the Heat Map.</p> <p>DD referred to risk QUA080 on the CRR, which notes that ‘there is a risk to the delivery and quality of phlebotomy service as it resumes business as usual in line with COVID restrictions due to significant loss in capacity and potential increases in access times.’ He queried the total residual score of 4 (which had reduced from an initial score of 12) and asked whether there was assurance that the risk was at this reduced level, given the reported issues in relation to phlebotomy. Furthermore, it was noted that the movement in scoring for this risk was not in line with that of risk JC32 (which notes ‘a shortage in access to phlebotomy within primary care and community care services’), the total residual score for which (16) had increased from an initial score of 9. TS to review this issue with the risk owners for QUA080 and JC32.</p> <p>DD referred to principal risk 2.4 in the GBAF, which notes the ‘failure to have in place care home provider failure plans could adversely affect continuity of care for patients.’ He queried why the risk score had risen significantly from an initial score of 9 to a current score of 20, given the number of vacancies at care homes. TS and AOR to review this issue with the CCG’s Interim Chief Nurse and Deputy Chief Nurse.</p> <p><i>The Southport & Formby Audit Committee approved the updates made to the GBAF, CRR and Heat Map subject to the reviews to be undertaken as noted above. The committee also approved the proposed closure of the risks detailed within the covering report.</i></p> <p><i>MMcD re-joined the meeting.</i></p>	<p>TS</p> <p>TS / AOR</p>
<p><i>Committee Governance</i></p>		
A21/22	<p>Audit Committees in Common Effectiveness Review</p> <p>AP presented a summary report and action plan following a self-assessment of committee effectiveness undertaken by Audit Committee members in November 2020.</p> <p>The Audit CiC reviewed the action plan and discussed the action to consider whether current information received from other committees (via key issues reports) provide sufficient levels of assurance. The Audit CiC agreed that the key issues documents did not always explicitly set out the impact on the Sefton CCGs’ respective assurance frameworks. It was agreed, however, that this was mitigated via the receipt of the Governing Body Assurance Framework and the Corporate Risk Register, which included the risks managed by the CCG committees. It was therefore agreed that further assurances were not required from other committees in terms of impact on the assurance framework. It was noted that if further assurances were</p>	

	<p>required in future from a particular department / committee, a representative could be invited to present at a future meeting.</p> <p>AP noted that the self-assessment responses were consistent and commented that both Audit Committees operate well.</p> <p>The Audit Committee Chairs thanked AP for his work on the summary report and action plan.</p> <p><i>The Audit CiC received the summary report and action plan following a self-assessment of committee effectiveness.</i></p>	
A21/23	<p>Audit CiC / Committee Work Plan 2021/22</p> <p>MMcD presented a plan of agenda items / issues to be addressed by the Audit CiC / Audit Committees during the financial year 2021/22. It was noted that the work plan is subject to change throughout the financial year depending on any changes to reporting requirements, and will be maintained by the PA to the Chief Finance Officer.</p> <p>Members discussed the work plan and referred to the issue (highlighted through the committee effectiveness self-assessment) of the large number of items on meeting agendas. A recommendation from the MIAA summary report presented under item A21/22 was that the committee review the annual work plan in respect of current agenda items and whether this could be streamlined. Queries were raised as to whether the Losses, Special Payments and Aged Debt item and CCG Published Registers item (which are both currently standing agenda items) could be reported less frequently. MMcD advised that the Losses, Special Payments and Aged Debt report should remain a standing agenda item due to the nature of the issues reported but that he would review whether the reporting frequency of the CCG Published Registers could be reduced (as noted under item A21/11).</p> <p>Members discussed the scheduling of private discussions with the external and internal auditors. It was agreed for a private meeting to be arranged directly before or after each Audit Committee meeting in April 2021 (for the duration of 15 minutes). TK to arrange.</p> <p>It was noted that Freedom to Speak Up reporting was currently marked as to be confirmed on the work plan. It was agreed for this to remain as to be confirmed until a review of the Whistleblowing Policy has been undertaken (to be discussed further under item A21/26).</p> <p><i>The Audit CiC approved the 2021/22 work plan subject to a review of the reporting frequency for the CCG Published Registers.</i></p>	TK
A21/24	<p>Audit CiC / Committee Meeting Dates 2021/22</p> <p>The Audit CiC received a list of scheduled Audit CiC / Audit Committee meeting dates for the next financial year - 2021/22.</p> <p>As the year-end / account submission timetable had not been finalised at the time of scheduling the meeting dates, 'to be confirmed' dates had been arranged for April and May / June 2021. As the year-end timetable had now been confirmed, it was noted that these dates would be reviewed and the Audit Committees would be notified of the relevant changes; TK to action.</p> <p>AS confirmed that he is unable to attend the Audit CiC meeting scheduled for 13th October 2021. It was agreed to reschedule this meeting, potentially to take place on 19th or 20th October 2021, depending on availability; TK to action.</p>	TK TK

	<i>The Audit Committees received the list of scheduled meeting dates for 2021/22 and agreed to reschedule the Audit CiC meeting on 13th October 2021.</i>	
Key Issues Reports From Other Committees - to be formally received		
A21/25	<p>Key Issues Reports From Other Committees - to be formally received The Southport & Formby Audit Committee received the key issues reports from the following committees:</p> <ul style="list-style-type: none"> • Finance and Resource Committee September and October 2020 • Joint Quality and Performance Committee September and October 2020 • Primary Care Commissioning Committee October and November 2020 	
Closing business		
A21/26	<p>Whistleblowing Policy HN reported that a meeting regarding Freedom to Speak Up had taken place between Audit Committee members after the Audit CiC meeting on 14th October 2020. It had been agreed at that meeting that the Whistleblowing Policy required further review. Due to the current pressures as a result of the COVID-19 response, the action to review the policy had not reached the appropriate department within the Sefton CCGs. HN and AS confirmed that they would discuss the review of the Whistleblowing Policy and next steps at the next Senior Leadership Team meeting, scheduled to take place on 16th February 2021.</p> <p><i>The Audit CiC received this verbal update.</i></p>	
A21/27	<p>Any other business</p> <p><u>Annual Report 2020/21</u> AOR provided an update on the production of each of the Sefton CCGs' Annual Reports for 2020/21. An initial multi-disciplinary meeting has taken place between members of the governance, communications and finance teams to commence planning for the Annual Report production. Regular meetings will be scheduled to monitor progress of the Annual Reports through to submission.</p>	
A21/28	<p>Key Issues Review MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues report to Governing Body.</p>	
A21/29	<p>Review of Meeting HN asked the Audit CiC for feedback regarding the meeting today.</p> <p>Members commented that the meeting had been chaired well particularly in view of the large number of agenda items. It was noted that further to feedback at the meeting today, future agendas would be reviewed to consider whether they can be streamlined.</p>	

	Date and time of next meeting Southport and Formby Audit Committee Wednesday 21 st April 2021, 1.30pm-3.30pm Microsoft Teams	
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Approved

Extraordinary Audit Committees in Common NHS Southport and Formby CCG Minutes

Tuesday 30th March 2021, 2.30pm to 3.30pm
Microsoft Teams Meeting

Southport & Formby CCG Audit Committee Members Present		
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
South Sefton CCG Audit Committee Members Present		
Alan Sharples	Lay Member (SS Audit Committee Chair)	AS
Graham Bayliss	Lay Member (SS Audit Committee Vice Chair)	GB
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
In attendance		
Debbie Fairclough	Interim Programme Lead – Corporate Services, SFCCG and SSCCG	DF
Apologies (Southport & Formby CCG Audit Committee Members)		
Vikki Gilligan	Practice Manager Governing Body Member	VG
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SFCCG and SSCCG	TK

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

Name	Position	Apr 20	Jun 20	July 20	Oct 20	Jan 21	Mar 21
Southport and Formby Audit Committee Membership							
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓	✓
Dil Daly	Lay Member (Vice Chair)	✓	✓	✓	✓	✓	✓
Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓	A	✓	✓	✓
Vikki Gilligan	Practice Manager Governing Body Member	A	✓	A	A	✓	A
In attendance							
Martin McDowell	Chief Finance Officer, SFCCG	✓	✓	A	✓	✓	
Alison Ormrod	Deputy Chief Finance Officer, SFCCG	✓	✓	✓	✓	✓	
Clare Ingram	Financial Accountant, SFCCG [Joined CCG in September 2020]				✓	✓	
Leah Robinson	Chief Accountant, SFCCG [Maternity leave from end of June 2020]	✓	✓				
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓			✓	✓	
Adrian Poll	Audit Manager, MIAA	✓		✓	✓	✓	
Joanne Brown	Partner - Audit, Grant Thornton	A	A	A	A	A	
Andy Ayre	Manager – Audit, Grant Thornton	✓	✓	✓	✓	✓	

No	Item	Action
A21/30	<p>Apologies for absence</p> <p>An extraordinary Audit Committees in Common (CiC) meeting had been convened to review and approve an updated Whistleblowing / Raising Concerns - Freedom to Speak Up Policy.</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the meeting today was taking place via Microsoft Teams.</p> <p>It was noted that Alan Sharples, Chair of the South Sefton Audit Committee, would chair this CiC meeting.</p> <p>Apologies for absence were received from Vikki Gilligan (Southport & Formby Audit Committee).</p>	
A21/31	<p>Declarations of interest</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest at today's meeting</p> <ul style="list-style-type: none"> • JS is a member of both of the respective Governing Bodies and Audit Committees of Southport & Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with item A21/32 on the agenda. • [The following declaration was made later in the meeting under item A21/32 when the Chair had referred to MIAA Solutions in relation to an independent investigation for South Sefton CCG]. DF declared she is an associate of MIAA Solutions, which provides consultancy services including independent investigations or reviews. The declaration is documented within each of the Sefton CCGs' register of interests. It was noted that MIAA Solutions is separate to the internal audit / assurance department of MIAA. DF confirmed that her work with MIAA Solutions has not involved Sefton. It was agreed that this interest did not constitute any material conflict of interest with item A21/32. 	
A21/32	<p>Whistleblowing / Raising Concerns – Freedom to Speak Up Policy</p> <p>AS introduced this item, providing the relevant context and explaining the urgent requirement to review and approve an updated Whistleblowing / Raising Concerns - Freedom to Speak Up Policy .</p> <p>A meeting regarding Freedom to Speak Up (FTSU) had taken place between Audit Committee members after the Audit CiC meeting on 14th October 2020. It had been agreed at that meeting that the Whistleblowing Policy required further review. Due to pressures as a result of the COVID-19 response, the action to review the policy had not reached the appropriate department within the Sefton CCGs, which was reported at the Audit CiC</p>	

meeting in January 2021. A review of the policy has since taken place, led by DF and involving consultation with internal members of the Sefton CCGs (including the two FTSU Guardians) and Mersey Internal Audit Agency (MIAA), the Sefton CCGs' internal auditors.

DF provided a summary of the updates to the Whistleblowing / Raising Concerns - Freedom to Speak Up Policy. The policy has been updated in line with best practice and national guidance, and is now a joint policy for both of the Sefton CCGs. In summary, the updates related to the following:

- The name of the policy, which has been amended to include the term 'raising concerns' as this is nationally more widely recognised.
- The role of the Audit Committees in receiving and scrutinising reports and data.
- Clarification on the establishment of investigations.
- The escalation process to prevent victimisation.

The Audit CiC had a detailed discussion regarding the updates to the policy. AS reported on a recent issue at NHS South Sefton CCG which has been assessed as being under the Whistleblowing / Raising Concerns - Freedom to Speak Up Policy and has led to a requirement for an independent investigation. Members noted that AS is South Sefton CCG's Governing Body Lay Member with responsibility for whistleblowing/raising concerns. The MIAA Solutions team has been approached with regard to an external investigation [DF declared an interest at this point, the details of which are recorded under item A21/31]. AS provided an overview of the actions undertaken in response to the issue and explained the rationale; this context was taken into consideration during discussion of the policy. Members discussed the process involved in addressing issues that are under the Whistleblowing / Raising Concerns - Freedom to Speak Up Policy, including the role of the HR department.

The Audit CiC agreed the following amendments / updates to the policy:

- Section 7.3. notes that, 'An investigation lead shall be identified and appointed within five working days of it becoming notified that a concern has not been resolved at line manager stage.' It was noted that whilst five working days should allow enough time to identify a lead for an internal investigation, it would not allow sufficient time for an external investigation. Further to discussion, it was agreed to change the timing to 'ten working days.'
- The wording and grammar throughout the policy is to be reviewed and amended where required to ensure consistency in terms of it being applicable to both of the Sefton CCGs.
- In section 6.5, mention of 'Southport and Formby CCG's Governing Body Lay Member with responsibility for whistleblowing' is to be updated to: 'Southport and Formby CCG's Governing Body Lay Member with responsibility for whistleblowing / *raising concerns*.' This would make it consistent with the mention of the equivalent role for South Sefton CCG.

DF confirmed she would update the policy with the agreed amendments and circulate to Audit CiC members. The final policy will be communicated to all staff.

DF

The Audit CiC also agreed the following actions that are to be undertaken in terms of wider issues in relation to the policy:

- Members stressed the importance of following the appropriate policy and process depending on the type of concern raised. It was noted that the

	<p>FTSU Guardians would be the contacts (subject to further training) to signpost staff to the appropriate CCG policy. Further to discussion, it was agreed that an individual should be identified within the HR department to provide expert advice for the FTSU Guardians in terms of signposting to the correct policy. The importance of objectivity and confidentiality in this area was emphasised. DF confirmed she would identify a contact for the FTSU Guardians to consult if and when they required support and guidance.</p> <ul style="list-style-type: none"> In consideration of the time associated with procurement of external investigation services, it was agreed that the CCGs should have call-off agreements in place with vetted organisations that can undertake independent investigations. This would allow the CCGs access to a group of approved organisations should it be decided that an external investigation is required. DF to arrange. <p>Section 7.7 of the policy was reviewed, which detailed the role of the Audit Committees in receiving and scrutinising reports and data in relation to all concerns raised through this policy as well as contacts made to the FTSU Guardians. Members confirmed they were satisfied with the content in this section. It was noted that the Audit Committee Terms of Reference for each CCG is due for review and would be updated to reflect the committee's role outlined in the policy. The updated Terms of Reference will be presented at the next Audit Committee meetings in April 2021.</p> <p>It was noted that the Sefton CCGs' Chief Officer is the executive lead for this policy. DF provided the background information, explaining why the Chief Officer is in this role. She noted that the policy states in a number of areas that in the event of any conflict [in relation to the executive lead], issues should be escalated to the CCG's Lay Member for Governance. Members confirmed they were satisfied with this arrangement.</p> <p>DF referred to the NHS People Plan actions in connection with the policy. DD requested a report for the next Finance & Resource Committee meetings (scheduled for May 2021), which provides detail of discussions / consultation that have taken place with staff, as well as what support has been offered for staff morale and wellbeing in respect of the impending merger and restructure. DF to action.</p> <p><i>The Audit CiC approved the Whistleblowing / Raising Concerns - Freedom to Speak Up Policy subject to the amendments agreed at the meeting.</i></p>	<p>DF</p> <p>DF</p> <p>DF</p>
	<p>Date and time of next meeting Southport and Formby Audit Committee Wednesday 21st April 2021, 1.30pm-3.30pm Microsoft Teams</p>	

NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committee in Common
Approved minutes 18th March 2021 – Part 1

Date: Thursday 18th March 2021

Venue: MS Teams due to Covid-19 Pandemic

Members		
Graham Bayliss	SS CCG Lay Member (Co Chair)	GB
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager	AC
Tracey Forshaw	SS S&F Deputy Chief Nurse Quality Team	TF
Dil Daly	S&F CCG Lay Member (Co-Chair)	DD
Non-Voting Attendees:		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
Jane Elliott	Locality Manager SSCCG	JE
Richard Hampson	Primary Care Contract Manager SSCCG	RH
Eshan Haqqani	Primary Care Quality Team	EH
Minutes		
Susan Spofforth	Senior Administrator	SS

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

Name	Membership	Nov20	Jan 21	Mar 21			
Members:							
Graham Bayliss	SS CCG Lay Member (Co Chair)	✓	✓	✓			
Alan Sharples	SS CCG Lay Member	✓	✓	✓			
Dil Daly	SF CCG Lay Member (Co Chair)	✓	✓	✓			
Helen Nichols	S&F CCG Lay Member	✓	✓	✓			
Fiona Taylor	S&F SS CCG Chief Officer	✓	N	N			
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	✓	✓			
Jan Leonard	S&F CCG Director of Place (North)	✓	✓	✓			
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	✓	✓			
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓	N			
Jane Elliott	Locality Manager SSCCG	✓	N	N			
Tracy Forshaw	SS&SFCCG Deputy Chief Nurse and Quality	N	A	N			
Sharon Howard	NHSE	N	N	N			
Non-Voting Attendees:							

Name	Membership	Nov20	Jan 21	Mar 21			
Dr Craig Gillespie	GP Clinical Representative	✓	✓	✓			
Dr Kati Scholtz	GP Clinical Representative	✓	✓	✓			
Richard Hampson	Primary Care Contracts Manager	✓	✓	✓			
Eshan Haqqani	Interim Primary Care Quality Manager	✓	✓	N			
Joe Chattin	LMC Representative	✓	N	N			
Debbie Fairclough	SS SF CCG Corporate Services	N	N	N			
Rebecca McCullough	SS SF CCG Finance	N	N	N			
Diane Blair	Healthwatch	✓	N	A			
Rob Smith	SS SF CCG Finance	N	✓	✓			

No	Item	Action
PCCiC 21/17.	<p>Introductions and apologies</p> <p>GB opened the meeting; apologies were received from DB.</p>	
PCCiC 21/18.	<p>Declarations of interest</p> <p>There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC 21/19.	<p>Minutes of the previous meeting</p> <p>Date: Thursday 21st January 2021 agreed with no changes or issues raised.</p>	
PCCiC 21/20.	<p>Action points from the previous meeting</p> <p>The action tracker was reviewed and it was agreed that Healthwatch will not be closed as it was still worth reviewing.</p> <p>Admin to check numbering sequence and amend where necessary.</p>	Completed
PCCiC 21/21.	<p>Reports from the Joint Operational Group</p> <p>JL updated, that during the meeting in February a decision was made with Trinity Practice and North Park re the APMS contract – Michelle is currently working on this.</p> <p>There have been lateral flow testing kit issues but these have moved on.</p> <p>VP monitoring is no longer available in Community Pharmacy, JL linking with SL to discuss further.</p>	
PCCiC 21/22.	<p>Healthwatch Issues</p> <p>There was no representative from Healthwatch at the meeting today.</p>	

PCCiC 21/23.	<p>Primary Care Networks Update</p> <p>CG and KS gave update.</p> <p>Seaforth and Litherland PCNs are working well independently and together with the C19 programme taking priority,</p> <p>Bootle, Crosby and Maghull – one has decided to join from next year which leaves one not signed up to the PCN. The delay is because this practice feels that what PCN offer is not a good approach for general practices. CG will declare that interest as this will be a Risk for that practice.</p> <p>All Southport and Formby practices will be covered by one PCN from 1/4/21. Paperwork is currently in the drawing up stage because Ainsdale and Birkdale PCN could not exist due to low numbers. NHSE didn't agree for them to exist on their own so they joined North Venture and Formby PCN.</p> <p>JL stated it was worth noting that there will be representatives from each locality group and this will feed into the bigger PCN structure, doing this they will still retain a sense of identity.</p>	CG - Risk
PCCiC 21/24.	<p>Primary Care Finances</p> <p>South Sefton CCG – no issues from team.</p> <p>Southport and Formby CCG – page 18 Route Core Analysis Team. Report noted.</p>	
PCCiC 21/25.	<p>Primary Care Quality Dashboard</p> <p>RH advised that the next stage will be a meeting with Tom Roberts to pull together whenever the Dashboard comes up on agenda.</p> <p>As of 1/4/21 the plan is to start contract reviews with practices to update Dashboard. Team were happy for RH to produce a draft to circulate for their opinion.</p> <p>This will be on the Workplan for July and a more robust report should be available. The delay is caused by C19.</p>	
PCCiC 21/26.	<p>Workforce (strategy and planning)</p> <p>RH gave update on graphs and advised that due to the national directive of the C19 vaccination centres a more in-depth workforce update will be presented during the September 2021 PCCiC.</p> <p>S&FCCG - PCN overview similar to last report but from 1/4/21 this will look different. In Sept 21 there will be a better platform to represent new look on S&F CCG PCN. ARRS, PCN continuing to recruit but due to C19 lot of things put on hold. Sept 21 may have more detail on updates. Workforce really successful and PCNs have started to take lead with CCG supporting.</p> <p>SSCCG - PCN overview similar to S&F opportunity for more practices to be involved. ARRS similar to S&F national C19 has dominated workforce world, recruitment continues and will update when know more. PCN workforce same as S&F, supporting staff and running sites re C19. Will know more Sept 21.</p>	

PCCiC 21/27.	<p>Primary Care Workplan</p> <p>AP will recirculate as the section for May was missed off. These meetings are held every 2 months the first 5 items are regular at each meeting with individual items added throughout the year.</p> <p>May agenda has Estates Strategy and Planning and advised that this will be received by the Committee twice yearly.</p>	
PCCiC 21/28.	<p>Key Issues Log</p> <ul style="list-style-type: none"> • SS PCN stable and working independently and well together. Only one not signed up. • All S&F practices will be in one PCN with representatives from all. 	
PCCiC 21/29.	<p>Primary Care Risk Register Part 1</p> <p>The risk register was reviewed and updated.</p> <p>JL has closed non relevant risks.</p> <p>C33 – Primary Care Risk has been reduced but will leave on and update register.</p> <p>JC03 – Commissioning. 2nd C19 doses still need to be done and will be reflected in update.</p> <p>New risk re Estates in SS and lack of impact on ARRS recruitment for PCNs needs to be added.</p> <p>Team happy with comments.</p>	
PCCiC 21/30.	<p>Any Other Business</p> <p>JL updated on the C19 vaccination programme. PCN groupings are focusing on Cohorts 1-6 with the potential to extend to Cohorts 7-9. Sites seem to be struggling on getting patients in as the market is saturated with offers. If this continues there will be an issue with running costs.</p> <p>An email has been sent to NHSE and currently awaiting instructions on available appointments as the current vaccine batch ends this month. In the meantime she is approaching Council and Police for staff over 50 to be vaccinated.</p> <p>DD thanked both GB and CG for their input in these meetings and everyone agreed that they will be missed.</p> <p><i>Matters previously notified to the chair no less than 48 hours prior to the meeting.</i></p>	
Meeting Concluded.		
Date of Next Meeting: Thursday 20 th May 2021 10.00am-11.00am.		
Venue: MS Teams		

NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committee in Common
Approved minutes 21st April 2021 – Part 1 EXTRAORDINARY MEETING

Date: Wednesday 21st April 2021

Venue: MS Teams due to Covid-19 Pandemic

Members		
Dil Daly	S&F CCG Lay Member (Co-Chair)	DD
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	S&F CCG Lay Member	HN
Jan Leonard	S&F CCG Director of Place (North)	JL
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager	AC
Tracey Forshaw	SS S&F Deputy Chief Nurse Quality Team	TF
Non-Voting Attendees:		
Dr Kati Scholtz	GP Clinical Representative	KS
Richard Hampson	Primary Care Contract Manager SSCCG	RH
Jennifer Piet	Primary Care Quality Team	JP
Debbie Fairclough	Interim Programme Lead – SS SF CCG Corporate Services	DF
Joe Chattin	LMC Representative	JC
Diane Blair	Healthwatch	DB
Rob Smith	SS SF CCG Finance	RS
Minutes		
Susan Spofforth	Senior Administrator	SS

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

Name	Membership	Nov 2020	Jan 2021	Mar 2021	Apr 2021	May 2021							
Members:													
Dil Daly	SF CCG Lay Member (Co Chair)	✓	✓	✓	✓								
Fiona Taylor	S&F SS CCG Chief Officer	✓	N	N	A								
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	✓	✓	✓								
Alan Sharples	SS CCG Lay Member	✓	✓	✓	✓								
Helen Nichols	S&F CCG Lay Member	✓	✓	✓	A								
Jan Leonard	S&F CCG Director of Place (North)	✓	✓	✓	✓								
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	✓	✓	✓								
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓	N	✓								
Tracy Forshaw	SS&SFCCG Deputy Chief Nurse and Quality Lead	N	A	N	A								
Non-Voting Attendees:													
Dr Kati Scholtz	GP Clinical Representative	✓	✓	✓	A								
Richard Hampson	Primary Care Contracts Manager	✓	✓	✓	✓								
Joe Chattin	LMC Representative	✓	N	N	N								
Debbie Fairclough	SS SF CCG Corporate Services	N	N	N	D								
Diane Blair	Healthwatch	✓	N	A	✓								
Rob Smith	SS SF CCG Finance	N	✓	✓	N								
Jennifer Piet	Programme manager – Quality & Performance	N	N	N	✓								

No	Item	Action
PCCiC 21/31.	<p>Introductions and apologies</p> <p>DD opened the meeting; apologies were received from HN, KS, FT and TF. DF deputising for FT.</p>	
PCCiC 21/32.	<p>Declarations of interest</p> <p>There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC 21/33.	<p>Minutes of the previous meeting</p> <p>Date: Thursday 18th March 2021 agreed with no changes or issues raised.</p>	
PCCiC 21/34.	<p>Reports from the Joint Operational Group - JL</p> <p>March</p> <ul style="list-style-type: none"> • JOG has received a list closure application which requires further clarification in order to consider • An application to extend a GP retainer was approved • Protected learning time plans will be discussed by a task and finish in light of the closer working with PCNs <p>No questions were asked</p> <p>April</p> <ul style="list-style-type: none"> • PC24 have taken over Out of Hours provision from 1st April. The feedback from Stakeholders has been positive. • LQC 20/21 is currently being refreshed • The process for improvement grants was discussed • Feedback was received on LEDER reporting and safeguarding issues. <p>No questions were asked</p>	
PCCiC 21/35.	<p>LQC – AP</p> <p>AP provided attachment re local quality contract.</p> <ul style="list-style-type: none"> • LQC Phase 6 began in July 2020, the introduction had been delayed due to the COVID pandemic • Phase 6 was suspended in January 2021 to enable primary care to focus on the COVID vaccination programme • The vaccination programme is still continuing with 2nd doses being more complex to organise/administer due to availability of two different vaccinations, the time period needed between doses and the volume of queries from patients • There has been a delay in information from NHSE regarding national changes to QOF and DES's. A Phase 7 scheme is in development, but is reliant on knowing what is in the national schemes to avoid duplication • In March 2021 the Leadership Team agreed a proposal to extend the suspension of Part 1 LQC schemes until the end of Quarter 1. 	

	<ul style="list-style-type: none"> JL stated that they will bring a paper with suggested new LQC proposal going forward for discussion at the next meeting in May. <p>Reason for paper today, is for this Committee's ratification of a decision made in March by the Leadership Team to suspend Phase 6 LQC Part 1 schemes until the end of Quarter 1 , with the introduction of a new LQC from Quarter 2.</p> <ul style="list-style-type: none"> Group ratified to suspend LQC. 	
PCCiC 21/36.	<p>Primary Care Risk Register Part 1</p> <p>The risk register was reviewed and updated.</p> <p>C33 – Primary Care / Secondary interface, has improved more of an issue in South Sefton than S&F CCG. A number of issues arose from the interface. GPs did feel was improving but not sufficiently to reduce the risk. The committee decided to keep this risk on as still problematic.</p> <p>JC03 – General Practice pressure, this is not mitigated. Significant work around 2nd doses of COVID vaccine. Access remains an issue, despite a significant increase in appointments (on line, via telephone) and via different service offerings, the expectation from the general public would appear to be regarding face to face appointments. Further work to be done to understand the issues.</p> <p>JC05 - PCSE – no update, issues continue.</p> <p>JC39 - Vaccination Programme is much more stable now, with better access to staffing and workforce as sites developed.</p> <p>Care home 2nd doses and housebound has been difficult due to patient movement. Both CCGs doing well in terms of vaccine uptake.</p> <p>JC41 – Estates in South Sefton. A meeting has taken place and actions have been identified. Further meetings planned going forward.</p> <p>AS said risks JC05 and JC41 the narrative gives reference to 2018 in both of them, would like to know when the earlier narrative will be dropped if no longer relevant.</p> <p>DF advised that this has previously been discussed but resolution delayed due to the pandemic.</p>	
PCCiC 21/37.	<p>Any Other Business</p> <p>None discussed</p> <p><i>Matters previously notified to the chair no less than 48 hours prior to the meeting.</i></p>	
Meeting Concluded.		
Date of Next Meeting: Thursday 20 th May 2021 10.00am-11.00am.		
Venue: MS Teams		