NHS
Southport and Formby
Clinical Commissioning Group

Governing Body Meeting in Public
Agenda

Date: Wednesday, 29 January 2014 at 1.00pm to 4.00pm

Venue: The Family Life Centre, Ash Street, Southport PR8 6JH

13.00 Members of the public may highlight any particular areas of concern/interest and address questions to Board members. If you wish, you may present your question in writing beforehand to the Chair.

13.15 Formal meeting of the Governing Body in Public commences. Members of the public may stay and observe this part of the meeting.

The Governing Body

Dr Niall Leonard	Chair and GP	(NL)
Helen Nichols	Vice Chair and Lay Member, Financial Management & Audit	(HN)
Dr Robert Caudwell	Clinical Vice-Chair and GP	(RC)
Dr Graeme Allan	GP	(GA)
Dr Martin Evans	GP	(ME)
Dr Liam Grant	GP	(LG)
Dr Hilal Mulla	GP	(HM)
Dr Jeff Simmonds	Secondary Care Doctor	(JS)
Roy Boardman	Practice Manager	(RB)
Karen Leverett	Practice Manager	(KL)
Fiona Clark	Chief Officer	(FLC)
Martin McDowell	Chief Finance Officer	(MMcD)
Debbie Fagan	Chief Nurse	(DF)
Roger Pontefract	Lay Member, Engagement and Patient Experience	(RP)
Peter Morgan	Deputy Chief Executive, Sefton MBC (co-opted member on behalf of Margaret Carney)	(PM)

Also in attendance

Jan Leonard	Joint Head of CCG Development	(JL)
Billie Dodd	Joint Head of CCG Development	(BD)
Brendan Prescott	Deputy Head of Quality and Safety	(BP)
Gaynor Hales	Director of Nursing, NHS England (Merseyside)	(GH)
Hannah Chellaswamy	Deputy Director of Public Health, Sefton Council	(HC)
Tracy Jeffes	Head of Delivery and Integration	(TJ)

The meeting will be preceded by a presentation by Dr Janet Atherton on the Public Health Annual Report

No	Item	Lead	Report	Receive/ Approve	Time
General business					
GB14/01	Apologies for Absence	Chair		R	5 mins
GB14/02	Declarations of Interest regarding agenda items	All		R	
GB14/03	Register of Interests	-	✓	R	
GB14/04	Hospitality Register	-	✓	R	
GB14/05	Minutes of Previous Meeting	Chair	✓	R	5 mins
GB14/06	Action Points from Previous Meeting	Chair	✓	R	
GB14/07	Business Update	Chair		R	5 mins
GB14/08	Chief Officer Report	FLC	✓	R	5 mins
Reports received by way of assurance (taken as read)					
GB14/09	Corporate Performance Report	MC	✓	R	10 mins
GB14/10	Quality Performance Report	DF	✓	R	10 mins
GB14/11	Financial Performance Report	MMcD	✓	R	10 mins
GB14/12	Prescribing Performance Report	BP	✓	R	5 mins
GB14/13	Everyone Counts – Planning For Patients 2014/15-2018/19	FLC	✓	R	5 mins
GB14/14	The CCG 5 Year Strategic Plan and 2 year Operational Plan – Briefing on Progress	KMcC	✓	R	10 mins
GB14/15	Strategic Financial Plan 2014/15 - 2018/19	MMcD	✓	R	10 mins
GB14/16	Contracts for 2014/15	MMcD		R	10 mins
GB14/17	Care Quality Commission Inspection Process and Partnership Working Between the CCG and Healthcare Regulators Since April 2013	MMcD	✓	R	10 mins
GB14/18	Key issues reports from Committees of Governing Body:- Audit Committee Health and Wellbeing Board Programme Group	 MMcD MMcD	 ✓ ✓	 R R	 5 mins 5 mins
GB14/19	Assurance Framework - Update	TJ	✓	R	5 mins
GB14/20	Corporate Risk Register - Update	TJ	✓	R	5 mins
Minutes of Committees to be formally received (taken as read)					
GB14/21	Audit Committee	-			5 mins
GB14/22	Quality Committee	-			
GB14/23	Finance & Resource Committee	-			
GB14/24	Merseyside CCG Network	-			
GB14/25	Health and Wellbeing Board	-			
GB14/26	Medicines Management Operational Group	-			
GB14/27	Health and Wellbeing Board Programme Group	-			

No	Item	Lead	Report	Receive/ Approve	Time
GB14/28	Locality Meetings - (i) Ainsdale & Birkdale Locality (ii) Formby Locality (iii) Central Locality (iv) North Locality	-			5 mins
Closing business					
GB14/29	Any Other Business *Matters previously notified to the Chair no less than 48 hours prior to the meeting.*				5 mins
GB14/30	Date, Time and Venue of Next Meeting of the Governing Body to be held in Public *Wednesday, 26 March 2014 at 1.00pm at the Family Life Centre*				-
Estimated meeting time					135 mins

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 of be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960).

Register of Interests

Version: 1 January 2014

NHS
Southport and Formby
Clinical Commissioning Group

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Niall Leonard	17.05.13	Chair, Governing Body Member	Partner, Roe Lane Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
			Director, Exacta Medico-Legal Ltd	Family	None	No action required	
			Assessor, Sector 12(2) Mental Health Act, Merseycare NHS Trust and Lancashire Care NHS Foundation Trust	Personal	None	No action required	
Rob Caudwell	13.05.13	Governing Body Member	Partner, Marshside Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
			Director, Caudwell Medical Services Ltd	Personal	None	No action required	
			Director, Allbright Domestic Services	Family	None	No action required	
Liam Grant	16.05.13	Governing Body Member	GP Principal & Partner, Dr Reddington & Partners, Formby	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
			GP Practice rents a room for fortnightly NHS outreach clinics to Renacres	Personal	None	No action required	
			GP Associate, Liverpool Community Health Services, Out of Hours Service	Personal	Decision making re commissioning of Out of Hours Service	Exclusion from decision making around the Out of Hours service	
Martin Evans	08.05.13	Governing Body Member	GP Principal, Grange Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
			Member, Sefton LMC	Personal	None		

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Graeme Allan	20.05.13	Governing Body Member	GP Partner, St Marks Medical Centre	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
Hilal Mulla	20.05.13	Governing Body Member	GP Partner, Corner Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
Karen Leverett	01.05.13	Governing Body Member	Practice Manager, The Village Surgery	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
			GP Practice rents a room for fortnightly NHS outreach clinics to Renacres	Personal	None	No action required	
			Employed by Southport & Ormskirk Hospitals NHS Trust	Family	Decision making re commissioning of services at Southport & Ormskirk	Exclusion from decision making process around S&O.	
Roy Boardman	01.05.13	Governing Body Member	Business Manager, St Marks Medical Centre and Trinity Practice	Personal	Decision making re remuneration of GPs undertaking CCG work	Exclusion from decision making process around GP remuneration, which will be undertaken by a sub-group of the Governing Body comprised of the lay membership, CO and CFO	
Helen Nichols	14.01.2014	Vice-Chair, Governing Body Lay Member	Governor & Vice-Chair, St Luke's Church of England Primary School, Formby	Personal	None	No action required	
			Professor, Chemistry Dept, University of Liverpool	Family	None	No action required	
			Shadow Governor of Southport and Ormskirk Hospitals NHS Trust	Personal	Personal	No action required	
Roger Pontefract	01.05.13	Governing Body Lay Member	Owner, Roger Pontefract & Associates	Personal	None	No action required	
			Chair, Sefton Partnership for Older Citizens	Personal	None	No action required	
			Trustee, Formby Pool Trust	Personal	None	No action required	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
			Trustee, Formby Land Trust	Personal	None	No action required	
Jeff Simmonds	06.05.13	Governing Body Member	Nil return Employed by Liverpool Community Healthcare Trust	Family	None Decision making re Liverpool Community Healthcare Trust	No action required Exclusion from decision making around Liverpool Community Healthcare Trust	
Fiona Clark	03.05.12	Chief Officer, Governing Body Member	Dual role as CO between Southport & Formby CCG and South Sefton CCG	Personal	In the event of an issue between Southport & Formby CCG and South Sefton CCG	Each of the CO and CFO to work specifically for one CCG pending resolution of the issue	
Martin McDowell	02.05.13	Chief Finance Officer, Governing Body Member	Dual role as CFO and Deputy CO between Southport & Formby CCG and South Sefton CCG	Personal	In the event of an issue between Southport & Formby CCG and South Sefton CCG	Each of the CO and CFO to work specifically for one CCG pending resolution of the issue	
			Employed by Liverpool Community Healthcare Trust	Family	Decision making re Liverpool Community Healthcare Trust	Exclusion from decision making around Liverpool Community Healthcare Trust	
Debbie Fagan	13.05.13	Chief Nurse, Governing Body Member	Dual role as CN between Southport & Formby CCG and South Sefton CCG	Personal	None	No action required	
Kevin Thorne	02.07.13	Employee	Nil return	None	None	No action required	
Susanne Lynch	15.07.13	Employee	Employed to run patient clinics at Churchtown Medical Centre Husband employed as superintendant pharmacist for pharmacy owned by Churchtown Medical Centre Brother in law (Mark Harrison-North) trustee for Dovehaven Care homes	Personal Family Family	Decision directly affecting Churchtown Medical Centre Decision directly affecting Churchtown Medical Centre Decision directly affecting Care Homes	None required, employee does not work in a capacity which can affect decision making in this area None required, employee does not work in a capacity which can affect decision making in this area None required, employee does not work in a capacity which can affect decision making in this area	
Malcolm Cunningham	24.06.13	Employee, Committee Member	Practicing Optometrist - Yates & Suddell Optometrists	Family	None	No action required, practising outside of CCG area.	
Sara Boyce	10.07.13	Employee	Nil return	None	None	No action required	
Billie Dodd	15.07.13	Employee, Committee or Sub-Committee Member	Nil return	None	None	No action required	
Chloe Rachelle	09.07.13	Employee	Nil return	None	None	No action required	
Cathy Loughlin	21.06.13	Employee	Nil return	None	None	No action required	
Karen Lloyd	21.06.13	Employee	Nil return	None	None	No action required	
Becky Williams	21.06.13	Employee	Nil return	Personal	None	No action required	
Sandra Craggs	24.06.13	Employee	Nil return	None	None	No action required	
Ruth Menzies	24.06.13	Employee	Nil return	None	None	No action required	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Stephen Astles	24.06.13	Employee	Wife is a ward manager at Broadgreen Hospital	None	None	No action required	
Terry Stapley	24.06.13	Employee	Nil return	None	None	No action required	
Brendan Prescott	25.06.13	Employee, Committee or Sub-Committee Member	Wife is an employee of University Hospitals Aintree NHS Foundation Trust	Family	none	Exclusion from decision making in connection to University Hospitals Aintree NHS Foundation Trust	
Tina Ewart	21.06.13	Employee	Julian Richard Donagh Tuson, Consultant Interventional Radiologist, at Aintree Hospital NHS	Family	none	Exclusion from decision making in connection to University Hospitals Aintree NHS Foundation Trust	
Philippa Rose	27.06.13	Employee	Nil return	None	None	No action required	
Gillian Beardwood	27.06.13	Employee	Nil return	None	None	No action required	
Alison Lucy Johnston	01.07.13	Employee	Nil return	None	None	No action required	
Clare Shelley	01.07.13	Employee	Husband employed by neighbouring NHS Organisation CQQ CSU	Family	Decision making regarding CSU SLA.	Exclusion from decision making process around CSU SLA.	
Janet Fay	29.06.13	Employee	Nil return	None	None	No action required	
Jenny Kristiansen	02.07.13	Employee	Nil return	None	None	No action required	
Christine Barnes	25.06.13	Employee	Work as a pharmacist in Boots Store 1152, 31-39 Chapel Street, Southport. 2 days a week	Personal	None	No action required	
Thomas Roberts	08.07.13	Employee	Nil return	None	None	No action required	
Angela Parkinson	15.07.13	Employee	Nil return	None	None	No action required	
Sarah McGrath	15.07.13	Employee	Nil return	None	None	No action required	
Michael Scully	15.07.13	Employee	Nil return	None	None	No action required	
Alain Anderson	15.07.13	Employee	Nil return	None	None	No action required	
Jane Ayres	15.07.13	Employee	Nil return	None	None	No action required	
Jennie Birch	15.07.13	Employee	Nil return	None	None	No action required	
Lyn Cooke	15.07.13	Employee	Nil return	None	None	No action required	
Sue Crump	15.07.13	Employee	Nil return	None	None	No action required	
Tracey Cubbin	15.07.13	Employee	Nil return	None	None	No action required	
Emma Dagnall	15.07.13	Employee	Nil return	None	None	No action required	
Fiona Doherty	15.07.13	Employee	Nil return	None	None	No action required	
Laura Doolan	15.07.13	Employee	Nil return	None	None	No action required	
Sheila Dumbell	25.07.13	Employee	Nil return	None	None	No action required	
Adam Gamston	15.07.13	Employee	Nil return	None	None	No action required	
Paul Halsall	15.07.13	Employee	Nil return	None	None	No action required	
James Hester	15.07.13	Employee	Nil return	None	None	No action required	
Terry Hill	15.07.13	Employee	Nil return	None	None	No action required	
Tracy Jeffes	15.07.13	Employee	Nil return	None	None	No action required	
Zita Johnson	15.07.13	Employee	Nil return	None	None	No action required	
Jennifer Johnston	15.07.13	Employee	Nil return	None	None	No action required	

Name	Date	Position/ Role	Interests Declared	Personal interest or that of family, friend or colleague	Potential or actual area where interest could occur	Action taken to mitigate risk	Comments
Nicole Cowan	15.07.13	Employee	Nil return	None	None	No action required	
Gary Killen	23.07.13	Employee	Nil return	None	None	No action required	
Jan Leonard	15.07.13	Employee	Nil return	None	None	No action required	
Suzanne Lynch	15.07.13	Employee	Nil return	None	None	No action required	
Sarah McGrath	15.07.13	Employee	Nil return	None	None	No action required	
Moira McGuinness	15.07.13	Employee	Nil return	None	None	No action required	
Geraldine O'Carroll	15.07.13	Employee	Nil return	None	None	No action required	
Colette Page	15.07.13	Employee	Nil return	None	None	No action required	
Indira Patel	15.07.13	Employee	Nil return	None	None	No action required	
Sejal Patel	25.07.13	Employee	Nil return	None	None	No action required	
Sean Reck	15.07.13	Employee	Nil return	None	None	No action required	
Tracy Reed	15.07.13	Employee	Nil return	None	None	No action required	
Helen Roberts	15.07.13	Employee	Nil return	None	None	No action required	
Shaun Roche	15.07.13	Employee	Nil return	None	None	No action required	
Diane Sander	15.07.13	Employee	Nil return	None	None	No action required	
Jane Tosi	15.07.13	Employee	Nil return	None	None	No action required	
Jane Uglow	03.07.13	Employee	Nil return	None	None	No action required	
Jenny White	15.07.13	Employee	Nil return	None	None	No action required	
Melanie Wright	15.07.13	Employee	Nil return	None	None	No action required	
Christopher Brennan	15.07.13	Employee	Nil return	None	None	No action required	
Caroline Gunson	15.07.13	Employee	Nil return	None	None	No action required	

Hospitality Register
January 2014

NHS
Southport and Formby
Clinical Commissioning Group

Recipient:	Nature of Gift / Hospitality:	Date Received	Approximate Value	Donated by:
-	-	-	-	-

No hospitality received.

NHS
Southport and Formby
Clinical Commissioning Group

Governing Body Meeting in Public Minutes

Wednesday, 27 November 2013 at 1.00pm to 4.00pm
The Family Life Centre, Ash Street, Southport PR8 6JH

The Governing Body - Present		
Dr Niall Leonard	GP Chair	(NL)
Helen Nichols	Vice Chair and Lay Member, Financial Management & Audit	(HN)
Dr Robert Caudwell	Clinical GP Vice-Chair	(RC)
Dr Liam Grant	GP	(LG)
Dr Martin Evans	GP	(ME)
Dr Hilal Mulla	GP	(HM)
Roy Boardman	Practice Manager	(RB)
Karen Leverett	Practice Manager	(KL)
Martin McDowell	Chief Finance Officer	(MMcD)
Debbie Fagan	Chief Nurse	(DF)
Roger Pontefract	Lay Member, Engagement and Patient Experience	(RP)
Hannah Chellaswamy	Deputy Director of Public Health, Sefton Council	(HC)
In attendance		
Jan Leonard	Joint Head of CCG Development	(JL)
Billie Dodd	Joint Head of CCG Development	(BD)
Brendan Prescott	CCG Lead for Medicines Management	(BP)
Malcolm Cunningham	Head of Performance and Health Outcomes	(MC)
Tracy Jeffes	Head of Delivery and Integration	(TJ)
Lyn Cooke	Senior Communications Manager	(LC)
Apologies		
Dr Graeme Allan	GP Board Member	(GA)
Peter Morgan	Deputy Chief Executive, Sefton MBC (co-opted member)	(PM)
Dr Jeff Simmonds	Secondary Care Doctor	(JS)
Fiona Clark	Chief Officer	(FLC)
Minutes		
Anne Lucy	Locality Development Support	

Attendance Tracker

✓ Present
A Apologies
L Late or left early

Governing Body Member	Designation	Jan 2013	Mar 2013	May 2013	July 2013	Sept 2013	Nov 2013					
Dr Niall Leonard	Chair, and GP	✓	✓	✓	✓	✓	✓					
Helen Nichols	Vice Chair & Lay Member, Financial Management & Audit	✓	✓	✓	A	✓	✓					
Dr Robert Caudwell	Clinical Vice-Chair and GP	✓	✓	✓	✓	✓	L					
Dr Martin Evans	GP	✓	✓	A	✓	✓	✓					
Dr Liam Grant	GP	✓	A	✓	A	✓	L					
Dr Hilal Mulla	GP	✓	A	✓	✓	✓	✓					
Dr Graeme Allan	GP	L	L	A	A	A	A					
Roy Boardman	Practice Manager	✓	✓	✓	✓	✓	✓					
Karen Leverett	Practice Manager	✓	A	✓	✓	✓	✓					
Roger Pontefract	Lay Member, Engagement and Patient Experience	✓	A	✓	✓	✓	✓					
Dr Jeff Simmonds	Secondary Care Doctor	A	✓	A	✓	✓	A					
Fiona Clark	Chief Officer	✓	✓	✓	✓	✓	A					
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓					
Debbie Fagan	Chief Nurse	A	✓	✓	✓	✓	✓					
Peter Morgan	Strategic Director, Sefton MBC	N/A			✓	✓	A					
Hannah Chellaswamy	Deputy Director of Public Health, Sefton MBC					A	✓					
Maureen Kelly	Healthwatch Sefton					A						

Informal Q&A Session

Question 1: An unwarranted delay was experienced by one member of the public who collected a friend discharged from hospital who had to wait for a prescription from pharmacy.

This fits into the current review of discharge coordination which is seeking to improve communication and ways of working. It is also hoped that the introduction of electronic discharge processes (which are already having an impact on information provided to GPs) could also have an effect on pharmacies.

Question 2: Are the walk in centres cost effective for our CCG?

We don't have a walk in centre in this CCG (Trinity is a Darzy practice). In general cost effectiveness is variable and it is difficult to assess whether they provide value for money. Litherland appears to provide services in addition to primary care and 90% of those attending attend appropriately. Martin McDowell agreed to provide Councillor Hands a link to a report on walk in centre effectiveness.

Question 3 *With changes to on-call services starting on 01 October, what numbers do the public ring to get through to them and how is it advertised?*

The out of hours services are provided by GoToDoc. There is no change to the process provided by the previous provide. Calls should be made to the GP surgery or 111. Work is also being undertaken by the Engagement and Patient Experience Group (EPEG) to get consistent recorded messages at GP practices to inform the public about which numbers to call.

No	Item	Action
13/145	**Apologies for Absence** were noted.	
13/146	**Declarations of Interest regarding agenda items** None were declared.	
13/147	**Register of Interests** It was noted that Mrs Nichols is a governor of Southport and Ormskirk hospital (representing Southport and Formby Clinical Commissioning Group)	
13/148	**Hospitality Register** Action taken by the Governing Body Formally received by the Governing Body.	
13/149	**Minutes of Previous Meeting** It was noted that Roger Pontefract had attended the Governing Body meeting in May. Action taken by the Governing Body The minutes were approved as an accurate record of the previous meeting.	
13/150	**Action Points from Previous Meeting** Action points 13/123 and 13/128 were carried forward.	
13/151	**Business Update** Dr Leonard noted that Southport and Formby was better prepared than last year to face the challenges ahead. Public awareness of appropriate use of services (being seen in the right place at the right time) was improving, services were working better and extra capacity was planned for the winter period. Dr Leonard drew attention to the important roles played by the local authority and voluntary sector and the planned summit in December which would review available	

No	Item	Action
	funds and ways of working. Dr Leonard also referred to the Primary Care Strategy and the importance of the morale of service providers and appropriate training. Clearer aspirations now required appropriate tools to enable the CCG to deliver Action taken by the Governing Body Formally received by the Governing Body.	
13/152	**Chief Officer Report** Mr McDowell highlighted salient points from the report: • Contributions to the Advancing Quality programme were to be extended for a further three years because this has been a very successful programme for a relatively small investment. • Details of the Strategic and Operational Planning guidance and the Strategic Financial plan will be reported at the January Governing Body meeting. • The Integrated Transformation Fund provides an exciting opportunity for the CCG and Local Authority to review and re-design new ways of delivering services. • A recent presentation of work undertaken in relation to Right Care methodology within the CCG had been well received at two national events Action taken by the Governing Body Formally received by the Governing Body.	
13/153	**Corporate Performance Report** Mr Cunningham formally presented this report to the Governing Body. Ms Nichols noted that contacting patients earlier for earlier appointments had helped other providers meet their target. Ms Leonard noted that the CCG had suggested modifications to the call centre script to encourage take up of appointments Dr Grant noted that there was no set target around initial patient contact for appointment Dr Leonard noted the variation in referral rates by practice. Action taken by the Governing Body The Governing Body formally received the report by way of assurance.	
13/154	**Quality Report** Ms Fagan formally presented this report to the Governing Body. Dr Leonard noted that community acquired C Diff was being managed by appropriate antibiotic prescribing and by working with care homes to manage C Diff Action taken by the Governing Body The Governing Body formally received the report by way of assurance.	
13/155	**Financial Position of the NHS Southport and Formby Clinical Commissioning Group** Mr McDowell presented this report to the Governing Body, noting that the CCG is on target to deliver on its financial position. The risk of overspending in secondary care due to winter pressures remained (although this has been mitigated by an additional £4 million additional winter funds received by Southport and Ormskirk Trust). The Trust has been asked to develop schemes to alleviate winter pressures which will be monitored in terms of their effectiveness in order to inform next year's commissioning intentions. Ms Fagan noted that patients assessed for Continuing Health Care are continually reviewed to ensure that they still meet funding criteria.	

No	Item	Action
	Action taken by the Governing Body The Governing Body formally received the report by way of assurance. The Governing Body noted: • That the CCG remains on target to deliver its financial targets for 2013/14 • The greatest area of risk is costs associated with Continuing Healthcare. • All members of the CCG are asked to support the review of data validation and work closely together to assess referrals into secondary care, noting that the CCG no longer holds a fixed-price agreement for elective services in the secondary care market. The Governing Body approved the virements in appendix 2	
13/156	**Prescribing Performance Report** Mr Prescott presented this monthly update relating to month 5 (August 2103). The CCG is expecting to reduce costs in response to an overpayment on the community contract (costs to be reclaimed by reducing the tariff on drugs that independent pharmacies purchase for less than the national tariff) Action taken by the Governing Body The Governing Body formally received the report by way of assurance.	
13/157	**Commencement of Election Process** Mr McDowell presented the report to the Governing Body and notified them of the requirement to extend the mandate by which the Clinical Commissioning Group operates. Actions taken by the Governing Body The Governing Body formally received the report by way of assurance. Mr McDowell to write to CCG membership to remind them of forthcoming election and to confirm rules around membership of more than one governing body eg LMC and CCG) to Dr Evans	MMcD
13/158	**Winter Plan** Ms Dodd presented this report. The winter plan for the whole of the health economy had been updated and submitted. Robust action plans are in place and the Clinical Commissioning Group has developed plans to provide extra capacity and other schemes which will be available to patients over the winter period. Actions taken by the Governing Body The Governing Body formally received the report by way of assurance	
13/159	**Organisational and Development Plan Refresh** Ms Jeffes presented a refresh of the plan agreed in 2012 which contains actions to address development needs (including links to the Francis action plan). Action taken by the Governing Body The Governing Body approved • The Organisational Development Priorities (13-14) • the Action Plan for the Organisational Development Plan 2013-14	
13/160	**Communicating Health in Southport and Formby… a Communications and Engagement strategy for NHS Southport and Formby Clinical Commissioning Group** Ms Cooke presented this updated report which had already been presented to (and incorporated comments from) the Engagement and Patient Experience Group. • The Big Chat meetings had been well received and would be enhanced to include smaller discussion groups • Work would continue with practice managers to make the most of waiting rooms and	

No	Item	Action
	develop consistent telephone messaging • Dashboards would provide a more robust means of gathering soft intelligence about patient experience • Self-care could be built upon in community groups to promote health literacy (ie not attending A&E for non-urgent treatment • A Care Closer to Home Communications Strategy was to be developed for projects which would link in to this work Action taken by the Governing Body The Governing Body approved the Communicating Health in Southport and Formby strategy and its summary action plan	
13/161	**NHS Allocations to CCGs and Required Baseline Adjustments** Mr McDowell presented an update to the paper received in September 2013. He confirmed that the baseline adjustment between Southport and Formby and South Sefton is cost neutral and would not affect the forecast out-turn position of the CCG. Action taken by the Governing Body The Governing Body approved the NHS Allocations to CCGs and Required Baseline Adjustments report and: • Noted the details of the reviews that have taken place across expenditure headings identified • Approved a transfer of £2.984m in respect of the issues highlighted in the report • Noted that further areas within the CCG's expenditure profile remain subject to review • Noted the latest position in respect of the movement to the proposed "formula based" allocation. • Noted that that the CCG's original baseline position is 1.47% below target and its forecast position is expected to be 2.89% above target meaning that there is likelihood that the CCG will have to make savings over and above existing plans	
13/162	The minutes of the Audit Committee were not available.	
13/163	The Governing Body **received** the minutes of the Quality Committee.	
13/164	The minutes of the Finance & Resource Committee were not available.	
13/165	The Governing Body **received** the minutes of the Merseyside CCG Network.	
13/166	The minutes of the Health and Wellbeing Board were not available	
13/167	The Governing Body **received** the minutes of the Medicines Management Operational Group.	
13/168	The minutes of the Strategic Integrated Commissioning Group were not available	
13/169	The Governing Body **received** the minutes of the localities.	
13/170	**Any Other Business** None	
13/171	**Date, Time and Venue of Next Meeting of the Governing Body to be held in Public** Wednesday, 29 January 2014 at 1.00pm at the Family Life Centre	

NHS
Southport and Formby
Clinical Commissioning Group

Governing Body Meeting in Public
Action Points

Wednesday, 27 November 2013 at 1.00pm to 4.00pm

No	Item	Action
13/123	**Primary Care Strategy** Ms Nichols clarified that, for the purposes of external scrutiny, she wished to see the evidence base for the course of action that was being recommended.	FLC
13/128	**Disciplinary Policy** Ms Clark suggested that the Governing Body consider the current requirement in the Constitution for Human Resources policies to be approved by the Governing Body and suggested that the Wider Constituent membership be approached to alter this within the Constitution.	FLC
13/157	**Commencement of Election Process** Mr McDowell to write to CCG membership to remind them of forthcoming election and to confirm rules around membership of more than one governing body eg LMC and CCG) to Dr Evans	MMcD

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
January 2014

Agenda Item: 14/8	**Author of the Paper:**
Report date: 13 January 2014	Fiona Clark Chief Officer fiona.clark@southseftonccg.nhs.uk Tel: 0151 247 7061
Title: Chief Officer Report	
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.	
Recommendation The Governing Body is asked to receive this report by way of assurance.	Receive [x] Approve [ ] Ratify [ ]

Links to Corporate Objectives *(x those that apply)*	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement			x	
Clinical Engagement			x	

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

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

NHS
Southport and Formby
Clinical Commissioning Group

Report to Governing Body
January 2014

1. 111 Update

1.1. Clinical Representation from the CCG continues via Dr Graeme Allen, supported by Terry Hill, the Programme Lead.

1.2. Recently it was agreed that Local Clinical Assurance Groups (LCAGs) will :

- combine and become one LCAG for Merseyside
- meetings to be held quarterly (rather than every 4/6 weeks).

1.3. The purpose of the group would be to look at trends and themes relating to Clinical Governance. Clinical leads for each CCG will be responsible for looking at Health provider feedback for their own CCG. It was agreed that the role of the Clinical Lead will need to be more detailed and specific, with a job specification. The Clinical lead for 111 at each CCG is required to be an active lead.

1.4. Performance and contract management will continue to be carried out by Blackpool CCG.

1.5. This will require agreement with DoH as it differs from current guidance.

2. Planning Guidance

2.1 The Everyone Counts: Planning for Patients 2014/15 to 2018/19 sets out the requirement for NHS Commissioners to develop bold and ambitious five year strategic plans to secure the sustainability of high quality care, aimed at improving outcomes through the delivery of transformational service models.

2.2 A key change within the planning process is a shift to longer term five year planning, with operational level detail for the first two years, to enable health systems to meet the financial and demographic challenges facing the NHS whilst delivering the transformational changes required to improve outcomes for patients and to address inequalities.

2.3 CCGs are required to develop and submit a number of individual plans, providing different levels of detail, but aggregate to a coherent aligned plan.

2.4 These individual plans cover:

- Strategic Plan
- Operational Plan
- Financial Plan
- Better Care Fund.

2.5 In addition, NHS England is required to produce a Direct Commissioning Plan that will form a key element of our strategic planning process, including primary care and specialist commissioning plans.

2.6 Further detail is found in item 14/13.

3. Clinical Director Roles

3.1. The work on role profiles has been progressing for April 2014, for full implementation on the election of a new Governing Body in Southport & Formby CCG.

3.2. The roles will be defined as follows:

3.2.1. Clinical Director Quality
3.2.2. Clinical Director Planned Care
3.2.3. Clinical Director Unplanned Care
3.2.4. Clinical Director Strategy & Planning.

3.3. Additionally, clinical advisory support will be utilised as needed, but likely areas include specific clinical pathways, prescribing, procurements & information technology. Further role profiles have been developed for the GP Practice Lead and Locality Lead GP as defined in the constitution.

3.4. The purpose of this work is to further embed the clinical leadership at the heart of the CCG business and to further clarify lines of accountability for CCG Governing Body members.

4. Election Process

4.1. The election/nomination process will be conducted for all GPs, Nurse and Practice Managers. It will be conducted by email and addressed to Practice Managers. The election papers will go out on Friday, 31 January 2014 with a return date of 14 February 2014.

4.2. All nominees will complete a brief overview of what they can offer as a board member and why they feel they meet the skills needed as a board member. (A paragraph only.) In the event of more nominees than roles available, a second election/nomination process will take place utilising the nominees overview.

4.3. The second stage election will commence 14 February 2014 with a return date of 28 February 2014.

4.4. Appointments will commence on 1 April 2014.

4.5. With regards to Nurse and Practice Manager eligibility, they are required to work in Sefton in accordance with clause 2.2.7 of the Constitution.

5. Cheshire & Merseyside Commissioning Support Unit

5.1. Mersey Internal Audit Agency recently reviewed our performance management arrangements of Cheshire & Merseyside Commissioning Support Unit (CMCSU) and has provided an opinion of significant assurance, with a small number of recommendations for further improvement. These have been accepted in full and will be implemented by

July 2014. Following the recent resignation of the Governing Body member lead for CMCSU performance management, a vacancy exists now to support the lead manager, the Head of Delivery and Integration, in this work.

5.2. The CCG has now written to CMCSU regarding our commissioning intentions for 2014-15 in the context of renegotiating our Service Level Agreement (SLA.) We have signalled which service lines we wish to "in house" three small service lines and those still under consideration where we wish to see further improvements. There are also a number of service lines that are performing well. The timescale we are working to is to agree all changes by April, with a view to implementation in July 2014, which is three months in advance of the expiry of the current SLA. This will also allow the CCG to reflect on the outcome of a number in in-depth service reviews that the CSU are currently undertaking in key areas, re-specify some service lines in more detail and agree a smaller number of performance indicators.

5.3. CMCSU has written to inform the CCG of the intention to work in closer partnership with Greater Manchester CSU. This is in the context of their need to respond to the Lead Provider Framework which is currently being developed by NHS England. This framework will allow the selection of a number of commissioning support services (both current CSUs and commercial organisations.) Following a competitive procurement process, CCGs will then be able to commission support services from those organisations on the Lead Provider Framework. The high level framework will be published this month, and launched at the end of 2014.

6. Provider Quality & Safety - Current Surveillance Level

The current level of surveillance for the CCG providers is set out in the table below as at January 2014.

Provider Organisation	Previous Surveillance Level	Current Surveillance Level	Comments
Aintree University Hospitals NHS Foundation Trust	Enhanced	Enhanced	Quality Risk Summit held 21.11.13
Southport & Ormskirk Hospitals NHS Trust (Integrated Care Organisation)	Enhanced	Regular	Quality Review Meeting held 04.12.13
Liverpool Community Health NHS Trust	Regular	Regular	Awaiting outcome of recent CQC inspection
Alder Hey Children's NHS Foundation Trust	Regular	Enhanced	Quality Risk Summit held 20.12.13
Liverpool Women's Hospital NHS Foundation Trust	Enhanced	Enhanced	Quality Review process in place led by NHS Liverpool CCG
Walton Centre NHS Foundation Trust	Regular	Regular	Nil
Liverpool Heart & Chest NHS	Regular	Regular	Nil

Provider Organisation	Previous Surveillance Level	Current Surveillance Level	Comments
Foundation Trust			
MerseyCare NHS Trust	Regular	Regular	Nil

7. Safeguarding Children – Sefton Systems Learning Review

A Systems Learning Review has been recently presented to the Sefton Local Safeguarding Children's Board (LSCB). Actions for health partners are to be discussed at the joint Liverpool LSCB and Sefton LSCB Health Sub- Group which is scheduled to meet on 14 January 2014.

8. Better Care Fund (formerly Integrated Transformation Fund)

8.1. Announced by the Government in June 2013, the £3.8 billion Better Care Fund is a single pooled budget to support health and social care services to work more closely together in local areas.

8.2. From a local allocation in Sefton 14/15 of £1.2m and in 15/16 of £24m, the implications for the SFCCG are a transfer of £8.845 million to Sefton Metropolitan Borough Council. Work is underway with the Health & Wellbeing Board to map out the resource. A stakeholder event is being held on the 22 January 2014.

9. Military Veterans

9.1. **Commissioning Responsibilities**

CCG specific responsibilities - CCGs will be responsible for commissioning all secondary and community services required by Armed Forces' families where registered with NHS GP Practices and services for veterans and reservists when not mobilised. Bespoke services for veterans, ***such as veterans' mental health services,*** will also be commissioned by CCGs either individually or as is more likely, through collaborative commissioning arrangements.

9.2. **Current Regional Set up**

Armed Forces Network

There will be transition of *Armed Forces Networks* (AFN) from a host Area Team leadership to a CCG/local leadership-based model by April 2014. This transition will be supported and facilitated by NHS England.

Under the future health system, Armed Forces Networks will continue to have an important role to play and are to be hosted by lead CCGs.

Regional Service Provision

- An IAPT based Psychological Service adapted for ex and current Service Personnel and their families. This project is hosted by Pennine NHS Foundation Trust.

- The Live at Ease Project – To support ex-service men/women adapt to civilian life. Support including help with housing, accommodation, employment, training, debt advice and drug and alcohol dependency issues. The project will also support family members – Operational until April 2014.

9.3. **What have we done locally?**

- Community Covenant (moral obligation to support and integrate veterans into the local community) signed off in 2012.

- South Sefton funded a part time post 2013 -14 (2.5 days per week) to facilitate Covenant Partnership group and the Sefton Armed Forces Steering Group – Bringing local providers (as identified in the HNA) together to develop a community of practice model of care.

9.4. **Commissioning Intentions 2014/15**

- Continue to fund a Military Veteran Co-ordinator Post, hosted by Sefton CVS to co-ordinate the Local Military Veteran Partnership Group.

- Improve access to local psychological services for Military Veterans.

- Develop a robust partnership working approach with key services to meet the needs of Military Veterans, as identified in a recent Health Needs Assessment.

10. Home Oxygen Service

10.1. The NHS architecture has changed and the arrangements for commissioning of Home Oxygen Services (HOS) need to align with the new environment.

10.2. Prior to the NHS reforms in April 2013 the DH hosted a central support function for HOS, which covered:

• Authoring the National Framework Agreement on behalf of the NHS
• Overseeing contractual disputes where escalated
• Advising on issues, e.g. legal, contractual interpretation
• Providing clinical advice
• Working to continue driving patient safety
• Dealing with parliamentary business and other queries.

10.3. Since April 2013 NHS England have continued to host and fund these arrangements on a transitional basis, but that arrangement will come to an end in December 2013 to ensure alignment with the new system to ensure alignment with the new system.

10.4. Discussions are currently underway with CCGs regarding the future arrangements.

11. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Clark
January 2013

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
January 2014

Agenda Item: 14/09	**Author of the Paper:**
Report date: January 2014	Debbie Fagan debbie.fagan@southseftonccg.nhs.uk Malcolm Cunningham malcolm.cunningham@southseftonccg.nhs.uk
Title: Corporate Performance Report	

Summary/Key Issues:

This paper presents the Governing Body with the Performance Dashboard, Quality Report, Family and Friends Inpatient Summary, Friends and Family A&E Summary, Liverpool Community Health Quality Compliance Report for Month 8.

Recommendation:

The Governing Body is asked receive this report by way of assurance.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent 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	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees	YES			Quality Report has previously been submitted to Quality Committee

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

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
January 2014

1. Executive Summary

This report sets out the performance of the CCGs main acute providers and progress against the National Outcomes Framework at month 8 of the financial year.

2. Introduction and Background

CCGs have a statutory duty to improve health outcomes and ensure that the NHS Constitution pledges are being delivered.

This report sets out the CCG's performance against the National Outcomes Framework and the NHS Constitution. It also shows provider performance for the CCG's 3 main providers, Aintree Hospitals NHS Foundation Trust, Southport and Ormskirk Hospital NHS Trust and The Walton Centre NHS Foundation Trust.

3. Key Issues

Health Care Acquired Infections (HCAI) – Cdifficile
Southport and Formby CCG reported a year to date figure of 30 cases of Cdifficile infections against a tolerance of 25 at November 2013, above the tolerance level. There were 5 cases reported in November. All 5 were at Southport and Ormskirk Hospitals NHS Trust. Aintree Hospitals NHS Foundation Trust has reported 66 cases year to date. Local data indicates that there have been 4 cases in December which will bring the year to date total to 70, above the 2013/14 year-end target of 43. The Trust has undertaken a review of its Cdifficile policy and is now appealing a number of cases. The CCG has requested assurance that the trust complies with national testing and reporting procedures and policies. The Walton Centre NHS Foundation Trust has reported 7 cases to date, 4 above the year to date tolerance of 3. The end of year tolerance is 5. Southport and Ormskirk Hospital NHS Trust has reported 19 cases year to date, 6 above the year to date tolerance of 13.
Health Care Acquired Infections (HCAI) – MRSA
Southport and Formby CCG reported zero cases of MRSA at November 2013. Aintree Hospitals NHS Foundation Trust and The Walton Centre NHS Foundation Trust have both reported 1 case of MRSA year to date; this is above the zero tolerance. There have been no new cases since May 2013.This was being reported through the Infection Prevention Committee to the CCG. Root Cause Analysis (RCA) has been completed.

Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Cumulative)
As at November 2013 (cumulative) Southport and Formby CCG were slightly over plan with 583.46 against the plan of 567.09.
Percentage high risk of stroke who experience a Transient Ischaemic Attack (TIA) are assessed and treated within 24 hours
Southport and Ormskirk Hospital NHS Trust failed to achieve the Transient Ischaemic Attack target of 60%, with 40% in November. The trust often only sees a small number of patients each month. In November, of the 5 high risk patients seen by the trust only 2 were seen within 24 hours of referral. All patients who attended the service were Southport and Formby CCG patients.
Percentage who had a stroke & spend at least 90% of their time on a stroke unit
Southport and Formby CCG recorded 100% for this measure at November 2013, an improvement on the previous month's position. Aintree Hospitals NHS Foundation Trust presented with 51.61% at November 2013 against the 80% target. 16 out of a total of 31 patients treated spent at least 90% of their time on a stroke unit. This was mainly due to medical outliers on the stroke unit which meant that some stroke patients could not be accommodated on the day of their admission. A number of key actions have been put in place to address this issue: • daily analysis of stroke admissions via accident and emergency departments. This has highlighted some Sigma issues with a delay from discharge in accident and emergency departments to arrival on Ward 33; • the stroke team are introducing a live electronic data capture system that would allow the team to act earlier as an alert would be received prior to of failure of measures; and • stroke consultants are reviewing their model of care and way of working. A 'consultant of the week' model was proposed and discussed.
Rate of Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare (Males and Females)
For males, Southport and Formby CCG achieved a rate of 2870.30. In 2012 this was slightly above over the planned tolerance of 2778.45. For females, Southport and Formby CCG achieved 2160.50 in 2012 which was again, above the planned tolerance of 2091.36. An update will be given as soon as possible as to what measures can be updated and when.
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93%
Southport and Formby CCG achieved 87.94% cumulatively to October 2013, which failed to hit the target of 93% target. Southport & Formby CCG failed the target year to date, but did achieve for the month of October reaching 94.3% this being the first month since April that the target was achieved. In October, 3 patients were not seen within 14 days out of a total of 53. The 3 breaches were at Southport and Ormskirk Hospital NHS Trust and were waiting for between 16 and 24 days. The reasons for the delays were patient cancellation. Southport and Ormskirk Hospital NHS Trust achieved 94.1% for the month of October, but failed

to meet the 95% target year to date with 89.5%. For October there were 5 breaches out of a total of 85 patients, 80 were seen within 14 days. The 5 breaches were between 16 and 24 days. The breaches were due to patient cancellation and illness.

Maximum two month wait from urgent GP referral to first definitive treatment for cancer – 85%

Southport and Formby CCG achieved 81.14%, cumulatively to October 2013 which failed to achieve the target of 85%. Southport and Formby CCG failed both the monthly and the year to date target. In October, there were 5 breaches out of a total of 24 patients. The reasons include late referrals and complex diagnostic pathways in both admitted and non-admitted care. Admitted care specialty breach was lung and non-admitted specialty breaches were haematology, lung and urology.

Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90%

Southport and Ormskirk Hospital NHS Trust are underperforming cumulatively to October 2013 on the screening target with 78.57% against the 90% target. The Trust failed the monthly and year to date target for 62 day screening, which is due to breaches in previous months.

Admitted patients to start treatment within a maximum of 18 weeks from referral

Southport and Ormksirk Hospital NHS Trust failed to reach the 90% target for admitted patients in November, achieving 84.77% against the 90% target. 115 out of 755 were seen in excess of 18 weeks. Southport and Ormskirk Hospital NHS Trust had planned to breach RTT admitted for October as part of their plan to tackle the backlog of patients waiting. Weekly monitoring is in place and planned breach plans have been agreed with their board and key stakeholders. The main issue is Trauma and Orthopaedics. There are plans to transfer patients to Renacres, but patient uptake is not high. The Trust aim to be compliant by February 2014.

Percentage of patients waiting >6 weeks for a Diagnostic test

Southport and Formby CCG failed to achieve the 1% tolerance achieving 1.40% for the second consecutive month.

- Magnetic Resonance Imaging – 4 out of 13 patients were not seen within 6 weeks (30.77%)
- Non-obstetric ultrasound – 2 out of 10 patients were not seen within 6 weeks (20.00%).

The Royal Liverpool and Broadgreen Hospitals Trust (RLBUHT) failed the target with a performance of 10.17%. This equates to 6 patients out of 59, but all patients were seen at between 6-7 weeks. All breaches were from Imaging, where there continues to be issues at RLBUHT. There have been a number of extra sessions throughout November and December, so it is hoped that the December submission will see an improvement.

Southport and Ormskirk Hospital NHS Trust did not achieve the target with a performance of 1.30% which equates to 17 patients out of 1310. Out of these, 15 patients were seen within 6-13 weeks and 2 patients were seen over the 13 weeks. All were in Physiological Measurements.

Ambulance Clinical Quality

Southport and Formby CCG did not achieve the targets in all 3 Ambulance Clinical Quality indicators cumulatively at November 2013. For Category A (Red 1) 8 minute response time, performance was 69.64% and did not achieve the target of 75.00%. For Category A (Red 2) 8

minute response time, performance was 71.91% and did not achieve the target of 75.00%. For Category 19 transportation time, performance was at 91.66%, below the 95% target. The underachievement for the 3 indicators was due to low performance in previous months.

Friends and Family Test Score – Inpatients and Accident & Emergency (A&E)

The indicator comprises 2 parts:-

- the test score; and
- the % of respondents.

Aintree Hospitals NHS Foundation Trust - the overall combined (A&E and Inpatients) test score was not achieved in Q2 2013/14 with 59 against an England average of 64. This has fallen since Q1, when a test score of 64 was achieved. In Q2, the trust achieved a test score of 76 against the England average of 72 for inpatients but failed to achieve the target for A&E patients with a test score of 43 against an England average of 54. The response rate was achieved in Q2 with a response of 24.5% against a plan of 15% and 7% higher than the England average. The latest published figures for October show a test score of 59 with a response rate of 25.7% so 10.7% above the 15% target.

For Southport and Ormskirk Hospital NHS Trust, the overall combined (A&E and Inpatients) response rate was 57 in Q2 2013/14 against the England average of 64. For the percentage of respondents who would recommend the services to friends & family, achievement was 20.7%, above the England average.

For Southport and Ormskirk Hospital NHS Trust, the overall combined (A&E and Inpatients) response rate was achieved in Q2 2013/14, 20.7% reported compared to a plan of 15% and 3.4% higher than the England average. However for A&E alone the provider failed to achieve 15% plan and only made a slight improvement compared to Q1 2013/14. Published monthly data shows for October 13/14, the overall combined (A&E and Inpatients) response rate was achieved with 22.9% reported compared to a plan of 15% and 3.3% higher than the England average. However for A&E alone the provider failed to achieve 15% plan reaching 8.9% which was down from 11% previous month.

Patient Safety Incidents

The provider performance dashboard (Appendix 2) shows the number of patient safety incidents reported. Commentary on patient safety incidents is as follows:

Aintree Hospitals NHS Foundation Trust reported 2 patient safety incidents in November. Year to date, for all patients, there have been 21 incidents.

	Apr	May	June	July	Aug	Sept	Oct	Nov	YTD
Communicable Disease and Infection Issue		1							
Delayed Diagnosis		1		1		2	1		5
Drug Incident (general)				1					1
Failure to act upon test result						1			1
MRSA Bacteraemia			1						1
Other						1			1
Outpatient Appointment Delay				1	1				2

Pressure Ulcer Grade 3	1		1				1		3
Pressure Ulcer Grade 4				1					1
Slips/Trips/Falls			1			2		1	4
Unexpected Death (general)								2	2
Grand Total	**1**	**2**	**3**	**4**	**1**	**6**	**2**		**21**

Southport and Ormskirk Hospital NHS Trust reported 3 serious untoward incidents in November 2013, 9 serious untoward incidents reported year to date.

	Apr	May	June	July	Aug	Sept	Oct	Nov	YTD
Surgical Error				2					2
Adverse media coverage or public concern about the organisation or the wider NHS				1		1			2
Failure to act upon test results							1		1
Safeguarding Vulnerable Child								1	1
Confidential information leak				1				1	2
Communicable Disease and Infection Issue								1	1
Grand Total	**0**	**0**	**0**	**4**	**0**	**1**	**1**	**3**	**9**

Details of actions taken and reports received as a result of the serious untoward incidents are discussed at the serious untoward incidents /complaints monthly management groups.

4. Recommendations

The Governing Body are asked to receive the report by way of assurance.

Appendices

Appendix 1 CCG Corporate Performance Dashboard – Southport and Formby CCG
Appendix 2 CCG Corporate Performance Dashboard – Provider Level.

Malcolm Cunningham
January 2014

CCG CORPORATE PERFORMANCE DASHBOARD - Southport & Formby CCG

Baseline as at 03/01/2014 18:24:35

		Current Period			
Performance Indicators	**Data Period**	**Target**	**Actual**	**RAG**	**Fore cast**
NHS Outcomes Framework					
Treating and caring for people in a safe environment and protecting them from avoidable harm					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative)	13/14 - November	25	30		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative)	13/14 - November	0	0		
Enhancing quality of life for people with long term conditions					
Patient experience of primary care i) GP Services	Jan-Mar 13 and Jul-Sept 13		88.83%		
Patient experience of primary care ii) GP Out of Hours services	Jan-Mar 13 and Jul-Sept 13		66.27%		
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	13/14 - November	425.46	305.13		
Emergency Admissions Composite Indicator(Cumulative)	13/14 - November	1,376.41	1,304.40		
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	13/14 - November	567.09	583.46		
Helping people to recover from episodes of ill health or following injury					
Patient reported outcomes measures for elective procedures: Groin hernia	12/13	7.60%	7.60%		
Patient reported outcomes measures for elective procedures: Hip replacement	12/13	36.80%	37.30%		
Patient reported outcomes measures for elective procedures: Knee replacement	12/13	29.50%	36.20%		
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	13/14 - November		13.70		
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	13/14 - November	55.87	17.19		
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	13/14 - November	726.67	716.03		
SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit	13/14 - November	80.00%	100.00%		
SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	13/14 - November	60.00%	40.00%		
Mental health					
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative)	13/14 - November	95.00%	98.36%		
Preventing people from dying prematurely					
Under 75 mortality rate from cancer	2012		131.16		
Under 75 mortality rate from cardiovascular disease	2012		67.21		
Under 75 mortality rate from liver disease	2012		14.40		
Under 75 mortality rate from respiratory disease	2012		24.59		
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Males)	2012	2,778.45	2,870.30		
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Females)	2012	2,091.36	2,160.50		
NHS Constitution					
Cancer waits – 2 week wait					
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative)	13/14 - October	93.00%	87.94%		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative)	13/14 - October	93.00%	93.11%		

Cancer waits – 31 days					
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative)	13/14 - October	94.00%	98.15%		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative)	13/14 - October	94.00%	96.55%		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative)	13/14 - October	96.00%	98.50%		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative)	13/14 - October	98.00%	98.84%		
Cancer waits – 62 days					
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative)	13/14 - October		81.82%		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative)	13/14 - October	85.00%	81.14%		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative)	13/14 - October	90.00%	100.00%		
Mixed Sex Accommodation Breaches					
Mixed Sex Accomodation (MSA) Breaches per 1000 FCE	13/14 - November	0.00	0.00		
Referral To Treatment waiting times for non-urgent consultant-led treatment					
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted)	13/14 - November	0.00	0.00		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways	13/14 - November	0.00	0.00		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways	13/14 - November	0.00	0.00		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92%	13/14 - November	92.00%	95.11%		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90%	13/14 - November	90.00%	84.77%		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95%	13/14 - November	95.00%	96.82%		
A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative)	13/14 - November	95.00%	96.34%		
Diagnostic test waiting times					
% of patients waiting 6 weeks or more for a Diagnostic Test	13/14 - November	1.00%	1.40%		
Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(CCG)** (Cumulative)	13/14 - November	75.00%	69.64%		
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(CCG)** (Cumulative)	13/14 - November	75.00%	71.91%		
Ambulance clinical quality - Category 19 transportation time **(CCG)** (Cumulative)	13/14 - November	95.00%	91.66%		
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(NWAS)** (Cumulative)	13/14 - November	75.00%	75.95%		
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(NWAS)** (Cumulative)	13/14 - November	75.00%	78.08%		
Ambulance clinical quality - Category 19 transportation time **(NWAS)** (Cumulative)	13/14 - November	95.00%	95.75%		
Everyone Counts - NHS Outcome Measures					
Local Measures					
20% reduction in emergency admissions for asthma <19 years. Baseline = 101 - 20% reduction = 81 (Cumulative)	13/14 - November	56.00	53.00		

CORPORATE PERFORMANCE DASHBOARD - PROVIDER LEVEL

Baseline as at 07/01/2014 10:01:16

Performance Indicators		Aintree University Hospitals NHS Foundation Trust	Southport & Ormskirk Hospital NHS Trust	The Walton Centre NHS Foundation Trust
A&E waits				
A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative)	13/14 - November	95.09%	95.93%	
Ambulance				
Ambulance				
Ambulance handover delays of over 1 hour	13/14 - November	48.00	20.00	
Ambulance handover delays of over 30 minutes	13/14 - November	173.00	88.00	
Crew clear delays of over 1 hour	13/14 - November	2.00	2.00	
Crew clear delays of over 30 minutes	13/14 - November	35.00	28.00	
Cancer waits – 2 week wait				
Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative)	13/14 - October	93.14%	89.54%	100.00%
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative)	13/14 - October	97.47%	93.23%	100.00%
Cancer waits – 31 days				
Cancer waits – 31 days				
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative)	13/14 - October	100.00%	100.00%	100.00%
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative)	13/14 - October	98.28%	95.16%	100.00%
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative)	13/14 - October	100.00%	100.00%	100.00%
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative)	13/14 - October	98.93%	98.38%	100.00%
Cancer waits – 62 days				
Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set. Local Target of 85% for all providers (Cumulative)	13/14 - October	92.80%	86.84%	100.00%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) Local target of 81.8% agreed for Aintree (Cumulative)	13/14 - October	85.39%	78.57%	100.00%

Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative)	13/14 - October	88.24%	85.62%	100.00%
Diagnostic test waiting times				
Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test	13/14 - October	0.25	0.86	0.00
Referral To Treatment waiting times for non-urgent consultant-led				
Referral To Treatment waiting times for non-urgent consultant-led				
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90%	13/14 - October	93.66%	76.06%	93.20%
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95%	13/14 - October	97.81%	95.83%	97.09%
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92%	13/14 - October	96.91%	94.67%	97.57%
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted)	13/14 - October	0.00	0.00	0.00
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways	13/14 - October	0.00	0.00	0.00
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways	13/14 - October	0.00	0.00	0.00
Supporting Measures				
Quality (Safety, Effectiveness & Patient Experience)				
SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit	13/14 - November	51.61%	82.61%	
SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	13/14 - November	100.00%	40.00%	
Treating and caring for people in a safe environment and protecting				
Treating and caring for people in a safe environment and protecting				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative)	13/14 - November	66	19	7
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative)	13/14 - November	1	0	1
Patient safety incidents reported	13/14 - November	2	3	
Friends & Family Test				
Friends and Family Test Score - Inpatients + A&E	13/14 - October	59.00	49.00	76.00
Friends and Family Test Score Inpatients + A&E (% of respondents)	13/14 - October	25.70%	22.90%	17.30%

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
January 2014

Agenda Item: 14/10	**Author of the Paper:**
Report date: January 2014	Debbie Fagan Chief Nurse / Head of Quality & Safety Debbie.fagan@southportandformbyccg.nhs.uk Tel: 0151 247 7252 Brendan Prescott Deputy Head Quality & Safety Brendan.prescott@southportandformbyccg.nhs.uk Tel: 0151 247 7252

Title: Quality Performance Report

Summary/Key Issues:

This report provides the Governing Body with an overview position of provider performance in relation to quality and safety since the last meeting of the Governing Body in November 2013. Provider performance was also considered at the Quality Committee meeting in January 2014. The Governing Body is asked to note that, at the time of writing this report, 2013/14 Quarter 3 performance is currently awaited due to validation purposes.

Recommendation

The Governing Body is asked to receive the report by way of assurance.

	x
Receive	X
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
X	To maintain systems to ensure quality and safety of patient care.
	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
	To sustain engagement of CCG members and public partners and stakeholders.
	To drive clinical leadership development through Governing Body, locality and wider constituent 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	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			Quality Committee

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

Southport and Formby Clinical Commissioning Group

Report to the Governing Body
January 2014

1. Introduction and Background

This report provides the Governing Body with an overview of provider performance in relation to quality and safety since the last meeting of the Governing Body in November 2013. Provider performance was also considered at the Quality Committee in January 2014. The Governing Body is asked to note that, at the time of writing this report, 2013/14 Quarter 3 performance is currently awaited due to validation purposes.

2. Domain 1: Preventing People from Dying Prematurely

2.1 Aintree University Hospital NHS Foundation Trust

Mortality remains a priority improvement workstream within the Trust with action plans in place for mortality reduction as part of the Quality Risk Summit process and the action plan with Monitor. At the Quality Contract Meeting held on 15 January 2014 the Trust reported that internally they had identified a positive trend in performance in relation to mortality.

2.2 Southport & Ormskirk Hospitals NHS Trust

Mortality reduction was discussed at the Quality Review Meeting held with the Trust in December 2013. The Medical Director was able to relay a positive narrative about the work the Trust are undertaking.

The Trust reported a drop in performance compared to previous months in patients referred urgently with breast symptoms (where cancer was not initially suspected) who were waiting no more than 2 weeks for a first out-patient appointment. This was reported as 86% compared to a plan of 93%. This will be raised at the Quality Contracts meeting scheduled for February 2014 and at the time of writing this report commissioners are awaiting the commentary from the Trust.

2.3 Alder Hey Children's Hospital NHS Foundation Trust

A Quality Risk Summit was held on 20 December 2013 called by NHS England. The CCG was represented by NHS Liverpool CCG in accordance with co-ordinating commissioning arrangements. Commissioner assurance will be gained via NHS England due to the tertiary services the Trust provide and via the Quality Contract Meeting process by which the CCG liaises closely with NHS Liverpool CCG as co-ordinating commissioner.

3. Domain 2: Quality of Life

3.1 Aintree University Hospitals NHS Foundation Trust

In November 2013, 52% of patients spent less than 90% of their stay on a stroke ward against a plan of 80%. This was discussed at the Quality Contract Meeting with the Trust on 15 January 2014 and the Trust reported on the remedial actions they have been putting in place to improve performance in this area.

3.2 Southport & Ormskirk Hospitals NHS Trust

The Trust has reported a downturn in performance for November 2013 against the previous month's performance in relation to the percentage of high risk stroke patients treated within 24 hours. The trust is reporting 40% against a plan of 60%. This will be raised at the Quality Contracts meeting scheduled for February 2014 and, at the time of writing this report, the CCG are awaiting the commentary from the Trust.

4. Domain 3: Helping People to Recover from Episodes of Ill Health or from Injury

4.1 Aintree University Hospital NHS Foundation Trust

A&E performance is addressed within the Performance Report for the purposes of Governing Body assurance.

In terms of performance relating to the Rapid Access Chest Pain Clinic, the CCG is awaiting validated data for 2013/14 Quarter 3 and this will be discussed at the CCG Quality Committee and reported to the next meeting of the Governing Body.

4.2 Southport & Ormskirk Hospitals NHS Trust

A&E performance is addressed within the Performance Report for the purposes of Governing Body assurance.

In terms of performance relating to the Rapid Access Chest Pain Clinic, the CCG has issued the Trust with a Contract Query relating to this service.

5. Domain 4: Ensuring People Have a Positive Experience of Care

5.1 Aintree University Hospitals NHS Foundation Trust

Friends & Family Test - 2013/14 Quarter 3 performance is awaited and the Trust were green RAG rated for both in-patient and A&E in Quarter 2.

Dementia – the CCG are awaiting validated data for 2013/14 Quarter 3 and this will be discussed at the Quality Contract Meeting, Quality Committee and escalated to the Governing Body, if appropriate, at the next meeting.

5.2 Southport & Ormskirk Hospitals NHS Trust

Friends & Family Test - 2013/14 Quarter 3 performance is awaited. The Trust were green RAG rated for both in-patient and red RAG rated for A&E in Quarter 2. The Trust did receive a visit from NHS England (North of England) to discuss the Friends & Family Test and examples of good practice were highlighted. The Trust has been asked to showcase their work at a celebration event by NHS England.

6. Domain 5: Treating and Caring for People in a Safe Environment & Protecting from Harm

6.1 Aintree University Hospital NHS Foundation Trust

No further cases of MRSA have been reported by the Trust and the year to date total = 1 against a 0 trajectory (zero tolerance).

Aintree University Hospitals NHS Foundation Trust remain in breach of their full year trajectory (66 cases as of November 2013 – red RAG rated). The CCG has supported the Trust in the recent C-Difficile appeals process. The Trust have had 2 appeals upheld by the NHS England Appeals Panel. At the time of writing this report, the Trust had gone 31 days without a case of C-Difficile being reported

6.2 Southport & Ormskirk Hospitals NHS Trust

No cases of MRSA have been reported year to date (zero tolerance).

Southport & Ormskirk Hospitals NHS Trust have recently seen a downturn in performance in relation to C-Difficile (19 cases as of November 2013 – amber RAG rated). This has been discussed at the Quality Contracts Meeting and the Trust has identified the remedial action they have put in place. The CCG have supplied the NHS England appeals process information to the Trust and are currently awaiting to see if they wish to put any cases forward for consideration.

7. Care Quality Commission (CQC)

7.1 'Intelligent Monitoring' has been introduced by the CQC to replace 'Quality Risk Profiles. This is a rating system for NHS Trusts following inspection. Band 1 is considered the highest risk and Band 6 considered the lowest risk. The CQC Intelligent Monitoring Profile of local providers is shown in Table 1. It is important to note that there has been a challenge put in the system regarding this methodology relating to Children's Trust providers as some of the indicators used do not apply to such providers.

Table 1: CQC Intelligent Monitoring Profile of Local Providers (2013)

Provider	Banding
Aintree University Hospital NHS Foundation Trust	1
Alder Hey Children's Hospital NHS Foundation Trust	1
The Walton Centre NHS Foundation Trust	6
Southport & Ormskirk Hospitals NHS Trust	4

7.2 Aintree University Hospitals NHS Foundation Trust has a milestone date of the end of February 2014 to demonstrate required improvements following on from the unannounced visit in September 2013. The CQC are planning to re-visit the Trust in March 2014.

7.3 Liverpool Community Health NHS Trust has had an unannounced visit in December 2013. The CCG are awaiting the formal outcome of the inspection.

8. Patient Safety Alerts

Aintree University Hospitals NHS Foundation Trust, Southport & Ormskirk Hospitals NHS Trust, Alder Hey Children's NHS Foundation Trust and the Liverpool Women's NHS Foundation Trust all have on-going Patient Safety Alerts that have gone beyond the deadline date. This has been previously discussed at the Quality Committee and is a standard agenda item for discussion at the Quality Contract Meeting. All Trusts state that the majority of these alerts are likely to be ongoing as they relate to spinal and epidural equipment that is unavailable as of yet from the manufacturers.

9. Serious Incident Reporting

9.1 Aintree University Hospitals NHS Foundation Trust

The Trust has reported 20 Serious Incidents year to date and there have been no 'Never Events' reported since the last meeting of the Governing Body. Serious Incidents are discussed at the internal CCG Serious Incident Management Group and at the Quality Contract meeting.

9.2 Southport & Ormskirk Hospitals NHS Trust

The Trust has reported 9 Serious Incidents year to date and there have been no 'Never Events' reported since the last meeting of the Governing Body. Serious Incidents are discussed at the internal CCG Serious Incident Management Group and at the Quality Contract meeting.

10. Recommendations

The Governing Body is asked to receive this report by way of assurance.

Debbie Fagan
Brendan Prescott
January 2014

NHS
Cheshire and Merseyside Commissioning Support Unit

Southport and Ormskirk Hospital

Reds - Possibly areas for discussion

Key and Rag Ratings can be found at the end of the dashboard

Domain 1: Preventing People from Dying Prematurely		Reporting Period	Benchmark	Previous Period	Latest Data	Movement	YTD	Trend
Cancer Waiting Times		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
1	Patients referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	Nov-13	93%	95%	95%	No Change	94%	
2	Patients referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	Nov-13	93%	94%	86%	Decline	89%	
3	Patients waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	Nov-13	96%	100%	100%	No Change	99%	
4	Patients waiting no more than 31 days for subsequent treatment where that treatment is surgery	Nov-13	94%	100%	100%	No Change	96%	
5	Patients waiting no more than 31 days of subsequent treatment where that treatment is an anti-cancer drug regimen	Nov-13	98%	100%	100%	No Change	100%	
6	Patients waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer	Nov-13	85%	82%	84%	Improvement	85%	
7	Patients waiting no more than 62 days from referral from an NHS Screening service to first definitive treatment for all cancers	Nov-13	90%	100%	100%	No Change	84%	
8	Patients waiting no more than 62 days for first definitive treatment following a consultants decision to upgrade the priority of a patient (all cancers)	Nov-13	85%	100%	93%	Decline	89%	
Mortality		**Annual**	**Plan**	**Jan 12 - Dec12**	**Apr 12-Mar 13**	**Change**	**2013/14**	**Over time**
9	Hospital Standardised Mortality Ratio (HSMR)	Apr 12 -Mar 13	100	98.3	99.3	Decline	99.3	
10	Summary Hospital-Level Mortality Indicator (SHMI)	Apr 12 -Mar 13	100	102.7	104.9	Decline	104.9	
11	(SHMI) Deaths occurring in hospital	Apr 12 -Mar 13		70.4%	68.7%		68.7%	
12	(SHMI) Deaths occurring out of hospital	Apr 12 -Mar 13		29.6%	31.3%		31.3%	

Domain 2: Quality of Life (Long Term Conditions)								
Stroke		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
13	Stroke/TIA - Stroke 90% Stay on ASU	Nov-13	80%	76%	83%	Improvement	83%	
14	Stroke/TIA - TIA - High Risk Treated within 24Hrs	Nov-13	60%	67%	40%	Decline	55%	

Domain 3: Helping People to Recover from Episodes of Ill Health or from Injury								
A&E Quality Measures		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
15	**Overall achievement of A&E Quality Indicators**	Nov-13	Achieved	Achieved	Achieved	No Change	Achieved	
16	Patient Impact - Unplanned re-attendance rate - Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional)	Nov-13	5%	3%	3%	No Change	6%	
17	Patient Impact - Left department without being seen rate	Nov-13	5%	2%	1%	Improvement	3%	
18	Timeliness - Time to initial assessment - 95th centile	Nov-13	15	11.5	0.15	Improvement	6	
19	Timeliness - Total time spent in A&E department - 95th centile	Nov-13	240	238	237	Improvement	269	
20	Timeliness - Time to treatment in department - median	Nov-13	60	39	38	Improvement	43	
Rapid Access Chest Pain Clinic		**Monthly**	**Plan**	**Sep-13**	**Oct-13**	**Change**	**2013/14**	**Over time**
21	A maximum two-week wait for Rapid Access Chest Pain Clinic (RACPC)	Oct-13	100%	100%	100%	No Change	100%	
Smoking		**Quarterly**	**Plan**	**Q1 13/14**	**Q2 13/14**	**Change**	**2013/14**	**Over time**
22	Smoking Status recorded for all inpatients (exclude critical care)	Q2 13/14	90%	No Data	54%	N/A	54%	N/A
23	All Smokers to be offered Smoking intervention Advice	Q2 13/14	90%	No Data	57%	N/A	57%	N/A
Patient Reported Outcome Measures		**Annual**	**Eng Average**	**Apr 11 - Mar 12**	**Apr 12 - Mar 13**	**Change**	**2013/14**	**Over time**
24	Groin Hernia - Average increase in health gain	Apr 12 - Mar 13	0.086	0.073	0.061	Decline	0.061	
25	Hip Replacement - Average increase in health gain	Apr 12 - Mar 13	0.439	0.348	0.378	Improvement	0.378	
26	Knee Replacement - Average increase in health gain	Apr 12 - Mar 13	0.321	0.297	0.308	Improvement	0.308	
27	Varicose Vein - Average increase in health gain	Apr 12 - Mar 13	0.094	*	*	No Change	*	

Domain 4: Ensuring People have a positive experience of care								
Referral to Treatment		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
28	18 Weeks - Admitted - % Compliance - Trust	Nov-13	90%	76%	75%	Decline	89%	
29	18 Weeks - Non Admitted - % Compliance - Trust	Nov-13	95%	96%	97%	Improvement	97%	
30	18 Weeks - On-going - % <18 Weeks - Trust	Nov-13	92%	95%	95%	Improvement	94%	
31	Zero tolerance RTT Waits over 52 weeks	Nov-13	0	0	0	No Change	0	
A&E Department Measures		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
32	Percentage of A&E attendances where the patient was admitted, transferred or discharged within 4 hours of their arrival at an a&e department	Nov-13	95%	97%	98%	Improvement	96%	
33	Trolley waits in A&E	Nov-13	0	0	0	No Change	0	
34	Handover <15 Minutes. Time taken from HAS notification to clinical handover (Assumed ACUTE responsibility)	Nov-13	15 Mins	00:17:20	00:14:07	Improvement	00:17:57	
35	Patients waiting between 30-60 Minutes for Handover	Nov-13	0	87	68	Improvement	68	
36	Patients waiting between 60+ Minutes for Handover	Nov-13	0	20	20	No Change	29	
37	Compliance with Recording Patient Handover between Ambulance and A&E	Nov-13	95%	77%	86%	Improvement	71%	
Mixed Sex Accommodation Breaches		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
38	Sleeping accommodation Breach (MSA)	Nov-13	0	0	0	No Change	0	
Diagnostics		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
39	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	Nov-13	99%	98.8%	98.7%	Decline	99.5%	
Cancelled Operations		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
40	All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for nonclinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.	Nov-13	0	0	0	No Change	3	
41	No urgent operation should be cancelled for a second time	Nov-13	0	0	0	No Change	1	
Choose and Book		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
42	Provider failure to ensure that "sufficient appointment slots" are made available on the Choose & Book system	Nov-13	7%	8%	5%	Improvement	10%	
Maternity		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
43	% women who have seen a midwife by 12 weeks and 6 days of pregnancy	Nov-13	90%	60%	93%	Improvement	86%	
VTE		**Monthly**	**Plan**	**Q1 13/14**	**Q2 13/14**	**Change**	**2013/14**	**Over time**
44	Percentage of patients risk assessed for venous thromboembolism who receive appropriate prophylaxis (Local Audits)	Nov-13	90%	95%	100%	Improvement	98%	
Complaints		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
45	Complaints received at CMCSU (Business Solutions)	Nov-13	0	1	0	Improvement	2	
46	Complaints received at provider	Nov-13	0	32	19	Improvement	252	

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National Dementia		**Monthly**	**Plan**	**Aug-13**	**Sep-13**	**Change**	**2013/14**	**Over time**
47	National Dementia CQUIN - Screening for Dementia (Find)	Sep-13	90%	11%	17%	Improvement	85%	
47	National Dementia CQUIN - Risk Assessed (Assess and Investigate)	Sep-13	90%	18%	44%	Improvement	81%	
48	National Dementia CQUIN - Patients Referred	Sep-13	90%	*	67%	Improvement	57%	
National Friends&Family		**Quarterly**	**Plan**	**Q1 13/14**	**Q2 13/14**	**Change**	**2013/14**	**Over time**
49	National Friends and Family - Phased Expansion (Inpatient,A&E and Maternity)	Q2 13/14	Compliance	Compliance update				
50	National Friends and Family - Increased Response Rate	Q2 13/14	15%	23%	15%	Decline	19%	
51	National Friends and Family - Test Score	Q2 13/14	>2013/14	49	46	Decline	55	
Advancing Quality		**Monthly**	**Plan**	**Jun-13**	**Jul-13**			
52	Advancing Quality Acute myocardial infarction	Jul-13	95.0%	90.1%	94.1%	Improvement	93.3%	
53	Advancing Quality Hip and Knee	Jul-13	71.0%	68.8%	90.9%	Improvement	77.8%	
54	Advancing Quality Heart Failure	Jul-13	82.0%	78.8%	85.4%	Improvement	78.4%	
55	Advancing Quality Pneumonia	Jul-13	65.4%	76.6%	80.6%	Improvement	73.3%	
56	Advancing Quality Stroke	Jul-13	53.6%	38.1%	58.3%	Improvement	35.9%	
Patient Experience		**Annual**	**England Average**	**Previous Year**	**Latest Year**	**Change**	**2013/14**	**Over time**
57	Patient experience of hospital care	2012	76.5%	75.9%	74.0%	Decline	74.0%	
58	Patient experience of outpatient services	2011	79.2%	77.0%	79.0%	Improvement	79.0%	N/A
59	Patient experience of A&E services	2012	75.4%	75.0%	77.9%	Improvement	77.9%	N/A

Domain 5: Treating & Caring for People in a Safe Environment and Protecting from Harm								
Infection Control		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
60	Clostridium Difficile - Trust	Nov-13	1.58	3	6	Decline	19	
61	Incidence of MRSA - Trust	Nov-13	0	0	0	No Change	0	
62	MRSA Screening - Trust	Nov-13	No Plan	85%	84%	Decline	82%	
63	MSSA	Nov-13	No Plan	0	0	No Change	6	
Hygiene Compliance		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
64	Hand Hygiene Compliance - Trust	Nov-13	No Plan	96%	94%	Decline	96%	
Incident Reporting		**Monthly**	**Plan**	**Nov-13**	**Dec-13**	**Change**	**2013/14**	**Over time**
65	Never Events - Trust	Dec-13	0	0	0	No Change	2	
66	Steis Reportable Incidents - Trust	Dec-13	0	1	3	Decline	9	
CQC		**Monthly**	**Plan**	**Nov-13**	**Dec-13**	**Change**	**2013/14**	**Over time**
67	CQC Intelligence Tool - Band 1 = Highest Risk Band 6 = Lowest Risk	Oct-13	6	N/A	4	New Measure	4	N/A
68	Compliance against 5 essential standards (✓ = Compliant, × = Not Compliant actions requiring improvement, × = Not Compliant and Enforcement Action Taken)	Dec-13	✓	×	×	No Change	×	Aug 13 Inspection
CAS		**Monthly**	**Plan**	**Nov-13**	**Dec-13**	**Change**	**2013/14**	**Over time**
69	All CAS alerts outstanding after deadline date	Dec-13	0	2	2	No Change		
Sickness Absence		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
70	Sickness Absence Rates All Staff - provider data	Nov-13	3.90%	4.03%	3.77%	Improvement	3.9%	
70	Sickness Absence Rates All Staff - data taken from HSC information centre	Aug-13	3.40%	3.91%	3.68%	Improvement	3.9%	
Coronary Heart Disease		**Quarterly**	**Plan**	**Q1 13/14**	**Q2 13/14**	**Change**	**2013/14**	**Over time**
71	Percentage of CHD patients with a primary diagnosis of AMI prescribed ACE Inhibitors on discharge	Q2 13/14	95%	100%	100%	No Change	100%	
72	Percentage of CHD patients with a primary diagnosis of AMI prescribed Clopidogrel on discharge	Q2 13/14	95%	100%	100%	No Change	100%	
VTE		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
73	National CQUIN - VTE Risk Assessments	Oct-13	95%	96.8%	96.5%	No Change	99.8%	
73	Hospital acquired VTE Cases	Sep-13	4 p/m	3	5	Decline	32	
Pressure Ulcers		**Monthly**	**Plan**	**Oct 11 - Mar 12**	**Apr 12 - Sep 12**	**Change**	**2013/14**	**Over time**
	Incidence of newly-acquired category 2, 3 and 4 pressure ulcers	Nov-13	28	2	2	No Change	15	
National Patient Incident Reporting		**Bi Annual**	**Median Average**	**Oct 11 - Mar 12**	**Apr 12 - Sep 12**	**Change**	**2013/14**	**Over time**
74	National Patient Safety Incident Reporting Per 100 admissions	Apr 12 - Sep 12	6.7	6.2	6.9	TBA	6.9	
75	Safety incidents resulting in severe harm or death	Apr 12 - Sep 12	0.8%	0.2%	0.8%	Decline	0.8%	
Staff Survey		**Annual**	**Eng Average**	**2011**	**2012**	**Change**	**2013/14**	**Over time**
76	National Staff Survey	2012	3.69	3.57	3.63	Improvement	3.63	
PLACE Survey		**Annual**	**Eng Average**		**2013**	**Change**	**2013/14**	**Over time**
77	PLACE Survey - Average score of all four areas	2013	90%	N/A	87.1%	New Measure	87.1%	N/A
NHS Safety Thermometer		**Monthly**	**Eng Average**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
78	Submission compliance	Nov-13	Compliance			No Change		
79	Total patients surveyed		N/A	859	796		859	
80	Patients receiving harm free care		93.5%	94.1%	96.0%	Improvement	96.2%	
82	Total pressure ulcers (all categories)		4.6%	4.8%	3.0%	Improvement	2.9%	
84	Total falls (causing harm)			0.1%	0.0%	Improvement	0.1%	
86	Patients with a catheter and being treated for a UTI		0.9%	0.3%	0.5%	Decline	0.4%	
88	Number of patients with a new VTE		0.4%	0.8%	0.8%	No Change	0.5%	

Reporting Period	Period in which the latest data relates to
Benchmark	This will either be threshold/plan, England Average (Eng Average)
Previous Period	Depending on the reporting frequency, this will either be previous month, quarter and year
Latest Data	This is the latest data available to Cheshire and Merseyside CSU
Movement	Change in latest reporting period performance compared to previous reporting period performance
Rag Rating of Movement Column	
No Change	No change in latest performance compared to previous reporting period
Improvement	Improvement in latest months performance compared to previous reporting period
Decline	Drop in latest reporting period performance compared to previous reporting period
Rag Rating of Latest data Column and Year to date Column	
	Equal to or above agreed performance threshold
	Below agreed performance threshold or drop in performance or below England average (Varies across measures)
	Drop in latest reporting period performance compared to previous reporting period

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Aintree University Hospital

Reds - Possibly areas for discussion

Key and Rag Ratings can be found at the end of the dashboard

Domain 1: Preventing People from Dying Prematurely		Reporting Period	Benchmark	Previous Period	Latest Data	Movement	YTD	Trend
Cancer Waiting Times		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
1	Patients referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	Nov-13	93%	95%	93%	Decline	94%	
2	Patients referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	Nov-13	93%	98%	98%	No Change	96%	
3	Patients waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	Nov-13	96%	96%	98%	Improvement	99%	
4	Patients waiting no more than 31 days for subsequent treatment where that treatment is surgery	Nov-13	94%	100%	100%	No Change	98%	
5	Patients waiting no more than 31 days of subsequent treatment where that treatment is an anti-cancer drug regimen	Nov-13	98%	100%	100%	No Change	99%	
6	Patients waiting no more than 31-Day Standard for Subsequent Cancer Treatments-Radiotherapy	Nov-13	94%	91%	100%	Improvement	94%	
7	Patients waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer	Nov-13	85%	80%	85%	Improvement	83%	
8	Patients waiting no more than 62 days from referral from an NHS Screening service to first definitive treatment for all cancers	Nov-13	90%	100%	0 Patients	No Change	100%	
9	Patients waiting no more than 62 days for first definitive treatment following a consultants decision to upgrade the priority of a patient (all cancers)	Nov-13	85%	75%	100%	Improvement	89%	
Mortality		**Annual**	**Plan**	**Jan 12 - Dec12**	**Apr 12-Mar 13**	**Change**	**2013/14**	**Over time**
10	Hospital Standardised Mortality Ratio (HSMR)	Apr 12 -Mar 13	100	94.1	95.3	Improvement	95.27	
11	Summary Hospital-Level Mortality Indicator (SHMI)	Apr 12 -Mar 13	100	116.7	115.3	Improvement	115.32	
12	(SHMI) Deaths occurring in hospital	Apr 12 -Mar 13		71.5%	72.9%		72.9%	
13	(SHMI) Deaths occurring out of hospital	Apr 12 -Mar 13		28.5%	27.1%		27.1%	
Domain 2: Quality of Life (Long Term Conditions)								
Stroke		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
14	Stroke/TIA - Stroke 90% Stay on ASU	Nov-13	80%	73%	52%	Decline	74%	
15	Stroke/TIA - TIA - High Risk Treated within 24Hrs	Nov-13	60%	100%	100%	No Change	100%	
Domain 3: Helping People to Recover from Episodes of Ill Health or from Injury								
A&E Quality Measures		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
16	**Overall achievement of A&E Quality Indicators**	Nov-13	Achieved	Achieved	Fail	Decline	Achieved	
17	Unplanned re-attendance at A&E within 7 days of original attendance	Nov-13	5%	6.3%	6.9%	Decline	6.8%	
18	Patient Impact - Left department without being seen rate	Nov-13	5%	3.7%	3.9%	Decline	4.1%	
19	Timeliness - Time to initial assessment - 95th centile	Nov-13	15	10	11	Decline	6	
20	Timeliness - Total time spent in A&E department - 95th centile	Nov-13	240	250	320	Decline	283	
21	Timeliness - Time to treatment in department - median	Nov-13	60	109	95	Improvement	104	
Rapid Access Chest Pain Clinic		**Quarterly**	**Plan**	**Q1 13/14**	**Q2 13/14**	**Change**	**2013/14**	**Over time**
22	A maximum two-week wait for Rapid Access Chest Pain Clinic (RACPC)	Q2 13/14	100%	89%	83%	Decline	86%	
Smoking		**Quarterly**	**Plan**	**Q1 13/14**	**Q2 13/14**	**Change**	**2013/14**	**Over time**
23	Smoking Status recorded for all inpatients (exclude critical care)	Q2 13/14	90%	-	62%	New Measure	62%	N/A
24	All Smokers to be offered Smoking intervention Advice	Q2 13/14	by Q4 13/14	-	71%	New Measure	71%	N.A
Patient Reported Outcome Measures		**Annual**	**Eng Average**	**Apr 11 - Mar 12**	**Apr 12 - Mar 13**	**Change**	**2013/14**	**Over time**
25	Groin Hernia - Average increase in health gain	Apr 12 - Mar 13	0.086	0.088	0.064	Decline	0.064	
26	Hip Replacement - Average increase in health gain	Apr 12 - Mar 13	0.439	0.395	0.429	Improvement	0.429	
27	Knee Replacement - Average increase in health gain	Apr 12 - Mar 13	0.321	0.299	0.296	No Change	0.296	
28	Varicose Vein - Average increase in health gain	Apr 12 - Mar 13	0.094	*	*	No Change	*	
Domain 4: Ensuring People have a positive experience of care								
Referral to Treatment		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
29	18 Weeks - Admitted - % Compliance - Trust	Nov-13	90%	94%	93%	Decline	93%	
30	18 Weeks - Non Admitted - % Compliance - Trust	Nov-13	95%	98%	97%	Decline	98%	
31	18 Weeks - On-going - % <18 Weeks - Trust	Nov-13	92%	97%	97%	No Change	97%	
32	Zero tolerance RTT Waits over 52 weeks	Nov-13	0	0	0	No Change	0	
A&E Department Measures		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
33	Percentage of A&E attendances where the patient was admitted, transferred or discharged within 4 hours of their arrival at an a&e department	Nov-13	95%	94%	92.5%	Decline	95%	
34	Trolley waits in A&E	Nov-13	0	0	0	No Change	0	
35	Handover <15 Minutes. Time taken from HAS notification to clinical handover (Assumed ACUTE responsibility)	Nov-13	15 Mins	00:11:32	00:12:52	No Change	00:10:52	
36	Patients waiting between 30-60 Minutes for Handover	Nov-13	0	89	125	Decline	554	
37	Patients waiting between 60+ Minutes for Handover	Nov-13	0	26	48	Decline	225	
38	Compliance with Recording Patient Handover between Ambulance and A&E	Nov-13	95%	75%	84%	Improvement	77%	
Mixed Sex Accommodation Breaches		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
39	Sleeping accommodation Breach (MSA)	Nov-13	0	0	0	No Change	0	
Diagnostics		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
40	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	Nov-13	99%	99%	99%	No Change	99.4%	
Cancelled Operations		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
41	All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for nonclinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.	Nov-13	0	2	0	Improvement	4	
42	No urgent operation should be cancelled for a second time	Nov-13	0	0	0	No Change	0	
Choose and Book		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**	**2013/14**	**Over time**
43	Provider failure to ensure that "sufficient appointment slots" are made available on the Choose & Book system	Nov-13	7%	16%	20%	Decline	16%	
VTE		**Monthly**	**Plan**	**Q1 13/14**	**Q2 13/14**	**Change**	**2013/14**	**Over time**
44	Percentage of patients risk assessed for venous thromboembolism who receive appropriate prophylaxis (Local Audits)	Nov-13	95%	90%	93%	Improvement	91%	
Complaints		**Quarterly**	**Plan**	**Q1 13/14**	**Q2 13/14**	**Change**	**2013/14**	**Over time**
45	Complaints received at CMCSU (Business Solutions)	Q2 13/14	0	0	0	No Change	0	
46	Complaints received at provider	Q1 13/14	0	67	No data	N/A	67	

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Cheshire and Merseyside

Aintree University Hospital

National Dementia		**Monthly**	**Plan**	**Sep-13**	**Oct-13**	**Change**		**2013/14**	**Over time**
47	National Dementia CQUIN - Screening for Dementia (Find)	Oct-13	90%	44%	38%	Decline		40%	
48	National Dementia CQUIN - Risk Assessed (Assess and Investigate)	Oct-13	90%	67%	40%	Decline		78%	
49	National Dementia CQUIN - Patients Referred	Oct-13	90%	100%	100%	Improvement		100%	
National Friends&Family		**Quarterly**	**Plan**	**Q1 13/14**	**Q2 13/14**	**Change**		**2013/14**	**Over time**
50	National Friends and Family - Phased Expansion (Inpatient,A&E and Maternity)	Q2 13/14	Compliance	Compliance update					
51	National Friends and Family - Increased Response Rate	Q2 13/14	15%	19%	25%	Improvement		23%	
52	National Friends and Family - Test Score	Q2 13/14	>2012/13	64	58	Decline		60.3	
Advancing Quality		**Monthly**	**Plan**	**Jun-13**	**Jul-13**				
53	Advancing Quality Acute myocardial infarction	Jul-13	81.3%	95.7%	86.7%	Improvement		91.6%	
54	Advancing Quality Hip and Knee	Jul-13	73.8%	63.6%	76.0%	Improvement		67.0%	
55	Advancing Quality Heart Failure	Jul-13	82.0%	92.4%	93.7%	Improvement		88.6%	
56	Advancing Quality Pneumonia	Jul-13	61.1%	67.1%	81.7%	Improvement		73.7%	
57	Advancing Quality Stroke	Jul-13	53.6%	59.0%	53.6%	Decline		51.9%	
Patient Experience		**Annual**	**England Average**	**Previous Year**	**Latest Year**	**Change**		**Latest Data**	**Over time**
58	Patient experience of hospital care	2012	76.5%	77.5%	77.0%	No Change		77.0%	
59	Patient experience of outpatient services	2011	79.2%	79.0%	80.0%	Improvement		80.0%	N/A
60	Patient experience of A&E services	2012	75.4%	76.2%	74.2%	Decline		74.2%	N/A

Domain 5: Treating & Caring for People in a Safe Environment and Protecting from Harm									
Infection Control		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**		**2013/14**	**Over time**
61	Clostridium Difficile - Trust	Nov-13	3.58	5	7	Decline		66	
62	Incidence of MRSA - Trust	Nov-13	0	0	0	No Change		1	
63	MRSA Screening - Trust	Nov-13	No Plan	85%	84%	Decline		97%	
64	MSSA	Nov-13	No Plan	4	2	Improvement		23	
Hygiene Compliance		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**		**2013/14**	**Over time**
65	Hand Hygiene Compliance - Trust	Nov-13	No Plan	98%	98%	No Change		98%	
Incident Reporting		**Monthly**	**Plan**	**Nov-13**	**Dec-13**	**Change**		**2013/14**	**Over time**
66	Never Events - Trust	Dec-13	0	0	0	No Change		1	
67	Steis Reportable Incidents - Trust	Dec-13	0	2	2	No Change		20	
CQC		**Monthly**	**Plan**	**Nov-13**	**Dec-13**	**Change**		**2013/14**	**Over time**
68	CQC Intelligence Tool - Band 1 = Highest Risk Band 6 = Lowest Risk	Oct-13	6	N/A	1	New Measure		1	N/A
69	Compliance against 5 essential standards (✓ = Compliant, × = Not Compliant actions requiring improvement, × = Not Compliant and Enforcement Action Taken)	Dec-13	✓	×	×	Decline		×	29.09.13 Inspection
Central Alerting System		**Monthly**	**Plan**	**Nov-13**	**Dec-13**	**Change**		**2013/14**	**Over time**
70	All CAS alerts outstanding after deadline date	Dec-13	0	4	4	No Change		4	
Sickness Absence		**Monthly**	**Plan**	**Q1 13/14**	**Q2 13/14**	**Change**		**2013/14**	**Over time**
71	Sickness Absence Rates All Staff - National Data	Q2 13/14 *Up tp Aug 13	4.12%	3.87%	3.91%	Decline		3.7%	
72	Sickness Absence Rates All Staff - Provider internal data	Q2 13/14	4.12%	3.70%	4.10%	Decline		3.9%	
Coronary Heart Disease		**Quarterly**	**Plan**	**Q1 13/14**	**Q2 13/14**	**Change**		**2013/14**	**Over time**
73	Percentage of CHD patients with a primary diagnosis of AMI prescribed ACE Inhibitors on discharge	Q2 13/14	95%	100%	100%	No Change		100%	
74	Percentage of CHD patients with a primary diagnosis of AMI prescribed Clopidogrel on discharge	Q2 13/14	95%	100%	100%	No Change		100%	
VTE		**Monthly**	**Plan**	**Oct-13**	**Nov-13**	**Change**		**2013/14**	**Over time**
75	National CQUIN - VTE Risk Assessments	Oct-13	95%	92.4%	94.9%	No Change		92.3%	
National Patient Incident Reporting		**Bi Annual**	**Median Average**	**Oct 11 - Mar 12**	**Apr 12 - Sep 12**	**Change**		**Latest data**	**Over time**
76	National Patient Safety Incident Reporting Per 100 admissions	Apr 12 - Sep 12	6.7	8.3	7.2	TBA		7.2	
77	Safety incidents resulting in severe harm or death	Apr 12 - Sep 12	0.8%	0.1%	0.2%	Decline		0.2%	
Staff Survey		**Annual**	**Eng Average**	**2011**	**2012**	**Change**		**2013/14**	**Over time**
78	National Staff Survey	2012	3.69	3.65	3.69	Improvement		3.69	
PLACE Survey		**Annual**	**Eng Average**		**2013**	**Change**		**2013/14**	**Over time**
79	PLACE Survey - Average score of all four areas	2013	90%	N/A	85.2%	New Measure		85.2%	N/A
NHS Safety Thermometer		**Monthly**	**Eng Average**	**Oct-13**	**Nov-13**	**Change**		**2013/14**	**Over time**
80	Submission compliance	Nov-13	Compliance			No Change			
81	Total patients surveyed		N/A	614	633			5067	
82	Patients receiving harm free care		93.5%	93.8%	94.6%	Improvement		94.0%	
83	Total pressure ulcers (all categories)		4.6%	3.4%	3.6%	Decline		4.4%	
84	Total falls (causing harm)		N/A	1.0%	0.3%	Improvement		0.4%	
85	Patients with a catheter and being treated for a UTI		0.9%	0.5%	0.5%	No Change		0.3%	
86	Number of patients with a new VTE		0.4%	1.5%	0.9%	Improvement		0.9%	

Reporting Period	Period in which the latest data relates to
Benchmark	This will either be threshold/plan, England Average (Eng Average)
Previous Period	Depending on the reporting frequency, this will either be previous month, quarter and year
Latest Data	This is the latest data available to Cheshire and Merseyside CSU
Movement	Change in latest reporting period performance compared to previous reporting period performance
Rag Rating of Movement Column	
No Change	No change in latest performance compared to previous reporting period
Improvement	Improvement in latest months performance compared to previous reporting period
Decline	Drop in latest reporting period performance compared to previous reporting period
Rag Rating of Latest data Column and Year to date Column	
	Equal to or above agreed performance threshold
	Below agreed performance threshold or drop in performance or below England average (Varies across measures)
	Drop in latest reporting period performance compared to previous reporting period

South Sefton CCG Level Dashboard

Cheshire and Merseyside Commissioning Support Unit

Patient Safety Quality Measures			
Indicator	**Reporting Frequency**	**Benchmark**	**South Sefton CCG**
Hospital Care Acquired Infections		**Plan**	**Actual**
MRSA Cases Reported	Nov-13	0	0
Cdiff Cases Reported	Nov-13	0	1
Incident and Complaints Reporting		**Plan**	**Actual**
Serious Untoward Incidents Reported	Dec-13	0	4
SUIs Reported as Never Events	Dec-13	0	0
Complaints relating to Clinical Care/Treatment	Nov-13	0	0
Mixed Sex Accommodation		**Plan**	**Actual**
Mixed Sex Accommodation Breaches	Dec-13	0	0
Rate per 1,000 FCEs	Dec-13	0	0.0
Clinical Effectiveness Quality Measures			
Indicator	**Reporting Frequency**	**Benchmark**	**South Sefton CCG**
Patient Reported Outcome Measures		**Nat Average**	**Actual**
Groin Hernia - Average increase in health gain	Apr 12-Mar 13	0.086	0.069
Hip Replacement - Average increase in health gain	Apr 12 -Mar 13	0.439	0.413
Knee Replacement - Average increase in health gain	Apr 12 -Mar 13	0.321	0.348
Varicose Vein - Average increase in health gain	Apr 12 -Mar 13	0.094	*
Patient Experience Quality Measures			
Indicator	**Reporting Frequency**	**Benchmark**	**South Sefton CCG**
Regional CQUIN - Advancing Quality		**N/West Average**	**Actual**
AMI	Aug-13	84.40%	96.5%
Dementia	Aug-13	62.00%	75.0%
Heart Failure	Aug-13	68.50%	65.6%
Hip&Knee	Aug-13	87.40%	88.0%
Pnumonia	Aug-13	74.00%	77.1%
Stroke	Aug-13	65.90%	45.9%

Cdiff Cases 1 cdiff case reported in november 2013 relating to a South Sefton patient within the community setting. South Sefton CCG stands at 43 cases year to date, 24 cases apportioned to Acute providers and 19 cases apportioned to community settings.

Serious Untoward Incidents 4 serious untoward incidents reported in December 2013 relating to South Sefton CCG patients, 22 incidents reported year to date.

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Provider Level Dashboard

Patient Safety Quality Measures

Indicator	Latest Data Available	Benchmark	Royal Liverpool & Broadgreen		Aintree University Hospital		Alder Hey Children's Hospital		Liverpool Women's Hospital		Liverpool Heart & Chest Hospital		Mersey Care		Liverpool Community Health	
Hospital Care Acquired Infections		**Plan**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**
MRSA Cases Reported	Nov-13	0	1		0		0		0		0		0		0	
Cdiff Cases Reported	Nov-13	0	4		7		0		0		0		0		0	
Venous thromboembolism (VTE) risk assessment		**Nat Average**	**Actual**	**Trend**	**Actual**	**Trend**			**Actual**	**Trend**	**Actual**	**Trend**				
VTE Risk Assessments	Sep-13	95.7%	94%		95%				97%		97%					
Local Incident Reporting		**Plan**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**
Serious Untoward Incidents Reported	Nov-13	0	0		2		1		2		1		5		3	
SUIs Reported as Never Events	Nov-13	0	0		0		0		0		1		0		1	
Complaints Received to CMCSU	Nov-13	0			0											
National Patient Safety Incident Reporting (*Per 100 admissions, **Per 1,000 be		**Plan**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**
Total Incidents Reported	April12-Sep12	TBD	1938		2692		792		1270		564		2082		170	
Reporting Rates		TBD	4.5/6.8		7.2/6.7		4.7/5.8		8/5.8		8.6/5.8		30.7/23.8		14.78	
% Incidents reported resulting in Severe Harm		TBD	0.20%		0.20%		0.00%		1.30%		0.00%		0.20%		0.60%	
% Incidents reported resulting in Death		TBD	0%		0.00%		0.00%		0.20%		0.00%		0.10%		0.00%	
Mixed Sex Accommodation		**Plan**	**Actual**	**Trend**	**Actual**	**Trend**	**⇔**	**Trend**	**⇔**	**Trend**	**⇔**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**
Mixed Sex Accommodation Breaches	Dec-13	0	0		0		0		0		0		0		0	
Rate per 1,000 FCEs	Dec-13	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0	
National CQUIN - Safety Thermometer		**Nat Average**	**Actual**	**Trend**	**Actual**	**Trend**			**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**
Timeliness submission of data harms data to Unify2	Nov-13	Submitted	No		Yes				Yes		Yes		No		Yes	
Pressure Ulcers (All categories)	Nov-13	4.61%	-		3.63%				0%		1.76%		-		2.93%	
Falls	Nov-13	1.91%	-		1.26%				0%		1.18%		-		2.39%	
Patients with a catheter and being treated for a UTI	Nov-13	0.88%	-		0.47%				0%		0.00%		-		0.0%	
VTE - Patients with a new VTE	Nov-13	0.43%	-		0.95%				0%		0.00%		-		0.11%	
Harm Free Care	Nov-13	93.53%	-		94.63%				100%		98.24%		-		96.09%	
National CQUIN - Dementia		**Nat Average**	**Actual**	**Trend**	**Actual**	**Trend**			**Actual**	**Trend**	**Actual**	**Trend**				
Screening for Dementia (Find)	Oct-13	78.3%	71.1%		37.60%				75%		100.0%					
Risk Assessed (Assess and Investigate)	Oct-13	89.7%	30.3%		40.0%				*		80%					
Patients Referred	Oct-13	91.7%	57.1%		100%				*		50%					

NHS
Cheshire and Merseyside Commissioning Support Unit

Provider Level Dashboard

Clinical Effectiveness Quality Measures

Indicator	Reporting Frequency	National Average	Royal Liverpool and Broadgreen Hospital		Aintree University Hospital		Alder Hey Children's Hospital		Liverpool Women's Hospital		Liverpool Heart and Chest Hospital		Mersey Care		Liverpool Community Health	
Mortality Indicators		Nat Average	Actual	Trend	Actual	Trend	Actual	Trend	Actual	Trend	Actual	Trend	Actual	Trend	Actual	Trend
Summary Hospital-Level Mortality Indicator (SHMI)	Apr 12 - Mar 13	100	107.3		115.3											
(SHMI) Deaths occurring in hospital		73.4%	73.1%		72.9%											
(SHMI) Deaths occurring out of hospital		26.6%	26.9%		27.1%											
Patient Reported Outcome Measures		Nat Average	Actual	Trend	Actual	Trend										
Groin Hernia - Average increase in health gain	Apr 12-Mar 13	0.086	Low Numbers		0.064											
Hip Replacement - Average increase in health gain	Apr 12 -Mar 13	0.439	0.412		0.429											
Knee Replacement - Average increase in health gain	Apr 12 -Mar 13	0.321	0.354		0.296											
Varicose Vein - Average increase in health gain	Apr 12 -Mar 13	0.094	Low Numbers		Low Numbers											

Patient Experience Quality Measures

Indicator	Reporting Frequency	National Average	Royal Liverpool and Broadgreen Hospital		Aintree University Hospital		Alder Hey Children's Hospital		Liverpool Women's Hospital		Liverpool Heart and Chest Hospital		Mersey Care		Liverpool Community Health	
Regional CQUIN - Friends and Family		Nat Average	Actual	Trend	Actual	Trend			Actual	Trend	Actual	Trend				
Response Rate (Combined)	Q2 13/14	17.3%	12.6%		24.5%				19.4%		27.2%					
Response Rate (Inpatinet)		28.7%	26.1%		30.9%				21.1%		27.2%					
Response Rate (A&E)		11.6%	7.7%		20.9%				18.9%		n/a	n/a				
Test Score (Combined)	Q2 13/14	64	47		58				73		94					
Test Score (Inpatinet)		72	52		76				78		94					
Test Score (A&E)		54	43		43				71		n/a	n/a				
Regional CQUIN - Advancing Quality		Nat Average	Actual	Trend	Actual	Trend					Actual	Trend	Actual	Trend		
Acute myocardial infarction	Aug-13	95%	100.0%		95.0%						96.0%					
Heart Failure	Aug-13	95%	100.0%		57.9%						66.7%					
Hip and Knee	Aug-13	86%	98.5%		91.3%											
Pneumonia	Aug-13	86%	82.3%		75.0%											
Stroke	Aug-13	90%	69.6%		37.1%											
Coronary Artery Bypass Graft	Aug-13	TBD									98.3%					
Dementia	Aug-13	TBD											44.4%			
First-Episode Psychosis	Aug-13	TBD											52.6%			
National Community Mental Health Survey		Nat Average											Actual	Trend		
Overall Care	2012	74.40%											76.7%			
Involving Family and Friends		69.10%											69.3%			
National Staff Survey			Actual	Trend	Actual	Trend	Actual	Trend	Actual	Trend	Actual	Trend	Actual	Trend	Actual	Trend
KF1 % Staff feeling satisfied with the quality of work and patient care they are able to deliver	2012	78% Acute 82% Specialist	81%		82%		78%		76%		86%		79%		79%	
National Inpatient Survey		Nat Average	Actual	Trend	Actual	Trend			Actual	Trend	Actual	Trend				
Better information more choice	2012	68.30%	79.1%		76.7%				83.3%		83.2%					
Overall score		76.50%	71.6%		68.7%				78.4%		75.4%					

NHS
Cheshire and Merseyside Commissioning Support Unit

Provider Level Dashboard

Organisational Level Quality Measures

Indicator	Reporting Frequency	Becnhmark	Royal Liverpool and Broadgreen Hospital		Aintree University Hospital		Alder Hey Children's Hospital		Liverpool Women's Hospital		Liverpool Heart and Chest Hospital		Mersey Care		Liverpool Community Health	
Care Quality Commission		**Plan**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**
Compliance to CQC 5 standards following recent checks	Dec-13	●	●		●		●		●		●		●		●	
Central Alerts System		**Plan**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**
Alerts reported as on-going passed deadline date	Jan-13	0	0		4		2		4		0		0		0	
Ambulance Handover Times		**Plan**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**
Handover <15 Minutes. Time taken from HAS notification to clinical handover (Assumed ACUTE responsibiility)	Nov-13	15 Mins	00:08:43		00:12:52		00:02:40									
Patients waiting between 30-60 Minutes for Handover		0	47		125		0									
Patients waiting between 60+ Minutes for Handover		0	6		20		0									
Compliance with Recording Patient Handover between Ambulance and A&E		90%	70.46%		84.44%		85.42%									
Sickness Rates		**Nat Average**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**
Sickness Absence Rates	Q1 13/14	3.85%	4.71%		3.56%		4.63%		4.53%		3.22%		5.48%		5.85%	
Patient Lead Assessment of the Care Enviroment		**Nat Average**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**
Cleanliness	2013	95.75%	99.9%		94.7%		96.5%		98.7%		97.3%		96.3%			
Food and Hydration		88.78%	92.8%		70.9%		79.0%		87.0%		94.7%		85.2%			
Privacy, Dignity and Wellbeing		88.90%	95.8%		87.3%		81.3%		96.0%		95.1%		92.8%			
Facilities		85.41%	93.2%		87.8%		90.5%		90.7%		93.5%		88.5%			
NHS Litigation Authority			**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**
NHS Litigation Authority Assessment	2012/13	n/a	2		3		3		3		3		1		1	
Quality Accounts		**Plan**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**
Quality Accounts	2013/14	●	●		●		●		●		●		●		●	
CQC Intelligence Tool			**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**	**Actual**	**Trend**
Overall banding relating to five key questions we will ask of all services – are they safe, effective, caring, responsive, and well-led? **Band 1 = High Risk, Band 6 = Lowest risk**	Oct-13	6 Lowest Risk	6		1		1		3		6		Awaiting Publication		Awaiting Publication	
Monitor Risk and Financial Rating																
Monitor Risk Rating - *(Awaiting outcome of Monitors newly risk assessment framework_Apr 14)*	Awaiting publication following April 2014.		Monitors Risk assessment framework, 1st October 2013 (Previously Compliance Framework) describes the approach monitor will take in overseeing the NHS sector. From 1st April 2014 the risk assessment framework will enable moinitor to generate two ratings one based on its financial sustainability (continuity of services) and one on the way it is managed (governance).													

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
JANUARY 2014

Agenda Item: 14/11	**Author of the Paper:**
Report date: 29 January 2014	James Bradley Head of Strategic Financial Planning James.bradley@southportandformbyccg.nhs.uk Tel 0151 247 7070

Title: Financial Performance Report

Summary/Key Issues:

This paper presents the Governing Body with an overview of the financial position for NHS Southport and Formby Clinical Commissioning Group. It outlines a summary of the changes to the financial allocation of the CCG, the financial position of the CCG as at month 9, and an evaluation of risks.

Recommendation

The Governing Body is asked to receive the finance update by way of assurance.

	x
Receive	x
Approve	
Ratify	

Links to Corporate Objectives	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
x	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement	x			
Clinical Engagement	x			
Equality Impact Assessment			X	
Legal Advice Sought			X	
Resource Implications Considered		x		
Locality Engagement		x		
Presented to other Committees	x			

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

NHS
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Clinical Commissioning Group

Report to the Governing Body
January 2014

1. Executive Summary

1.1 This report outlines a summary of the changes to the financial allocation of the CCG, and focuses on the financial performance of the CCG at month 9. At the end of December, the CCG is £0.604m (Month 8 £0.877m) over-spent prior to the application of reserves.

1.2 There are sufficient reserves in place, and the CCG is therefore on target to achieve the planned £1.656m surplus at the end of the year. However, there are a number of risks that require monitoring and managing. These are outlined in section 5 of this report.

2. Introduction and Background

2.1 This paper presents the Governing Body with an overview of the financial position for NHS Southport and Formby Clinical Commissioning Group.

2.2 It also details the changes to the financial allocation of the CCG. The paper provides information in relation to the financial position of the CCG as at month 9 and an evaluation of the financial risks facing the CCG.

3. Resource Allocation

3.1 Resource Allocation – Changes in Month 9

There have been no changes to the resource allocation for Southport and Formby CCG in Month 9.

3.2 Baseline Adjustments

Baseline adjustments, totalling £6.4m from South Sefton CCG to Southport and Formby CCG, were made in Month 6 and a further £2.984m transferred in Month 8. These are reflected in the Month 9 position reported in this paper.

4. Our Position to Date

4.1 Month 9 Financial Position

Please refer to Table A below which shows a summary position for the CCG; a more detailed analysis can be found in Appendix 1.

Table A: Financial Performance: Summary report to 31 December 2013

Budget Area	Annual and Year to Date				End of Year	
	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Expenditure Out turn	FOT Variance
	£000	£000	£000	£000	£000	£000
NHS Commissioned Services	117,906	87,068	87,246	177	118,570	664
Corporate & Support Services	5,428	4,377	4,024	(354)	5,079	(349)
Primary Care	1,490	1,144	1,134	(10)	1,473	(17)
Medicines Management (including Prescribing)	22,241	16,681	16,502	(179)	21,996	(245)
Independent Sector	3,190	2,392	2,443	50	3,305	115
Commissioning - Non NHS	14,752	10,931	11,850	919	16,095	1,343
Sub Total prior to Reserves	**165,007**	**122,593**	**123,197**	**604**	**166,518**	**1,512**
Total Reserves	5,735	604	0	(604)	4,223	(1,512)
Grand Total Expenditure	**170,741**	**123,197**	**123,197**	**0**	**170,741**	**0**
RRL Analysis	**(172,397)**	**(124,439)**	**(124,439)**	**0**	**(172,397)**	**0**
(Surplus)/Deficit	**(1,656)**	**(1,242)**	**(1,242)**	**0**	**(1,656)**	**0**

Please note, figures that appear in brackets represent an under spend.

Overview

The year to date financial position before the application of reserves is an overspend of £0.604m (Month 8 £0.877m).

The overall forecast outturn position before the application of reserves has improved by £0.622m to a forecast outturn overspend of £1.512m for the financial year (Month 8 £2.133m).

The budget surplus (calculated as 1% of recurrent allocations) has been increased by £87k from £1.569m to £1.656m to reflect the cumulative impact of changes to allocations in the year to date. The CCG will confirm this adjustment with NHS England.

The key issues contributing to the position within operational budgets are described below.

NHS Commissioned Services

Whilst the financial reporting period relates to the end of December, the CCG has only received information from Acute Trusts to the end of November.

This budget is showing a year to date position of £0.177m overspend (Month 8 £0.188m overspend). The overspend has reduced slightly from the prior month, with the main reduction being the Non Contract Activity (NCA). The year to date position for NCA is £0.083m overspend compared to £0.206m at month 8. The reduction primarily relates to one high cost overseas spinal patient at Southport and Ormskirk Hospital, included in the month 8 figures. The treatment has now been confirmed to be a Specialist Commissioning responsibility, hence the treatment will be paid for by NHS England rather than the CCG. This has improved the CCG's financial position in month 9.

In terms of overspends in Acute Commissioning, the only contract with a significant overspend is with The Royal Liverpool and Broadgreen University NHS Trust (RLBUH). These costs have increased significantly in month 9, with an overspend of £0.917m at month 9, compared to £0.693m at month 8. The main specialties which are over-performing are ophthalmology and vascular surgery.

RLBUH is the hub for vascular surgery and work has moved from Southport and Ormskirk Hospital to RLBUH. A contract variation has been requested to reflect this change and increase the contract value with RLBUH. Liverpool CCG, as host commissioner, is coordinating the contract variation.

In respect of ophthalmology services, over-performance for outpatient follow-up attendances and Wet Age-Related Macular Degeneration **i**s more than double the opening contract values. From benchmarking, it has been established that Southport and Formby CCG is an outlier, as a review of other CCGs in Merseyside does not highlight similar levels of over-spend for ophthalmology at RLBUH. There has been a significant growth in costs from the previous year. Growth will need to be reviewed within 2014/15 contract budget setting. Another area of over spend at the Trust is high costs drugs (£0.410m). The forecast assumes that the over spend continues at the current rate.

Corporate and Support Services

The CCG is currently operating within its running cost target with a year to date underspend of £0.354m and a forecasted year end position of £0.349m underspend. The underspend has arisen due to a number of vacancies, many of which have now been filled.

Primary Care

This budget is broadly in balance for the year to date, and it is expected to remain in balance at the year end.

The Primary Care budget includes £50k for each locality. It is anticipated that the locality budgets will be spent in full by the end of the financial year.

Medicines Management (Including Prescribing)

The Medicines Management budget consists of High Cost Drugs, Oxygen and Prescribing. The overall position is £0.179m under-spend in the year to date and £0.245m forecast outturn underspend.

The major component of the Medicines Management budget is Prescribing. This area is showing a year-to-date underspend of £0.100m and full year forecast underspend position of £0.133m. Year to date and forecasting information is based on Prescription Pricing Authority (PPA) data to the end of October. The expenditure and forecast based on the

PPA information indicate an increase in spend since the information at Month 8. This forecast has been reflected in the financial position but it is important to note that, because the forecast position for prescribing expenditure can change significantly, there remains a high degree of uncertainty in relation to this forecast. It is expected that the forecasts will stabilise towards the year end as more data is available.

Independent Sector

The Independent Sector is over spent by £0.050m, year to date. This has increased since month 8 (month 8 £0.04m overspent). The over spend is due to the increase in activity at Renacres Hospital, primarily within Trauma & Orthopaedic. The forecast assumes that the growth in activity at Renacres will continue.

Commissioning Non-NHS

Commissioning from non NHS organisations is overspent by £0.919m at Month 9 (Month 8 £1.190m).

The overspend relates mainly to Continuing Healthcare and Mental Health budgets. There remains uncertainty regarding the financial position due to incomplete package information available from CSU who manage the administration of the care packages for the CCG. The reported position is a prudent estimate based on the information currently available to the CCG finance team. This would appear to indicate a significant increase in costs from the prior year, due to additional Continuing Care packages approved during 2013/14. However, the position and movement from last year cannot be confirmed until the underlying package data is validated by CSU.

A taskforce has been established by the CSU to resolve this issue. Although the taskforce has reviewed and corrected a large number of packages the underlying database is still not producing robust, reliable information. A plan and timetable for completion of the project by the end of January has been requested from the CSU.

The forecast overspend position for the full year is £1.343m, an improvement of £0.631m on Month 8 due to a review of the provision made for Continuing Care and Mental Health care packages as further information becomes available.

4.2 Treasury and Legacy Issues

In early December, a further communication was issued by NHS England in respect of the approach to accounting for PCT and SHA legacy balances.

Despite a significant amount of work already having been undertaken to ascertain the legal ownership of these balances within the new NHS structure, it has become apparent that disaggregating all of the these balances between the constituent parts of NHS England with adequate supporting evidence will not be achievable and continuing with that approach could risk our month end reporting and cause further delays to supplier payments.

In response to this situation, NHS England have worked with the Department of Health on an ‘accounts direction’. This direction will require all balances identified in the legal transfer schemes as relating to NHS England and CCGs be accounted for within the NHS England 2013/14 financial statements. The only exception to this will be CCG fixed assets and related balances, which will continue to be accounted for by CCGs.

The above direction is still awaiting formal sign-off by HM Treasury before the Department of Health can issue the final direction. Provided this formal sign-off is achieved, this approach should result in a reduction to the amount of work the CCG needs to do in its capacity as a receiver organisation and also the final accounts preparation and audit processes should be simplified accordingly.

Given this revised direction, the balances formally transferable to the CCG will be significantly reduced and should now consist of a small amount of IT and medical equipment, reported under Non-Current Assets.

The CCGs current forecast assumes that there will be no impact as a consequence of the treatment of legacy provisions.

5. Evaluation of Risks and Opportunities

5.1 The majority of the risks and uncertainties reported in earlier months have now been clarified.

5.2 There continues to be a risk around CHC restitution payments, primarily because of the inherent risks that come with uncertainty. However, the risk that this is significant is only considered under a worst case scenario.

5.3 Estates – NHS England have notified the CCG that no Estates costs have been allocated to the CCG for 2013/14. The financial risk for 2013/14 has therefore been removed for this area. The CCG still needs to understand the impact on providers, in terms of bills received from NHS Property Services before it can fully mitigate this risk.

5.4 As outlined in section 4.1, there remains continued uncertainty in the accuracy of the reporting for Continuing Healthcare costs. The forecast is prudent to account for this uncertainty.

5.5 The CCG has sufficient reserves in place to manage its risks, and remains on course to achieve its planned surplus.

6. Recommendations

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

6.1 the CCG remains on target to deliver its financial targets for 2013/14;

6.2 the greatest area of risk is costs associated with Continuing Healthcare. The costs have risen significantly compared to 2012/13. This continues to be investigated by both the CCG and CSU.

Appendices

Appendix 1 – Finance position to Month 9

James Bradley
January 2014

NHS
Southport and Formby
Clinical Commissioning Group

NHS Southport & Formby : Month 9 Financial Position

APPENDIX 1

Cost centre Number	Cost Centre Description	Annual Budget	Budget To Date	Actual To Date	YTD Variance	End of Year Expenditure Out turn	End of Year FOT Variance
		£000	£000	£000	£000		£000
COMMISSIONING - NON NHS							
603501	Mental Health Contracts	628	471	433	(38)	578	(50)
603506	Child and Adolescent Mental Health	979	735	711	(24)	921	(58)
603511	Dementia	93	70	68	(2)	90	(3)
603516	Improving Access to Psychological Therapies	0	(0)	0	0	0	0
603521	Learning Difficulties	1,777	1,333	1,276	(57)	1,701	(76)
603531	Mental Health Services – Adults	0	(0)	0	0	0	0
603541	Mental Health Services - Collaborative Commissioning	0	(0)	0	0	0	0
603596	Collaborative Commissioning	409	307	301	(6)	401	(8)
603661	Out of Hours	532	266	271	5	540	8
603682	Continuing Care	4,227	3,170	4,488	1,318	6,134	1,907
603684	CHC Adult Joint Funded	0	0	(0)	(0)	0	0
603691	Funded Nursing Care	3,331	2,498	2,272	(226)	3,030	(301)
603711	Community Services	485	364	268	(96)	357	(128)
603721	Hospices	853	640	644	4	859	6
603726	Intermediate Care	458	344	388	44	511	53
603731	Long Term Conditions	0	(0)	0	0	0	0
603796	Reablement	979	734	729	(5)	972	(7)
Sub-Total		**14,752**	**10,931**	**11,850**	**919**	**16,095**	**1,343**
CORPORATE & SUPPORT SERVICES							
605251	Administration and Business Support (Running Cost)	81	61	68	7	91	10
605271	CEO/Board Office (Running Cost)	408	306	303	(3)	405	(3)
605276	Chairs and Non Execs (Running Cost)	89	66	103	37	138	49
605296	Commissioning (Running Cost)	1,380	1,035	951	(84)	1,277	(103)
605316	Corporate costs	25	19	19	0	25	0
605346	Estates & Facilities	42	32	0	(32)	0	(42)
605351	Finance (Running Cost)	897	673	403	(269)	651	(246)
605391	Medicines Management (Running Cost)	58	43	36	(7)	49	(9)
	Sub-Total Running Costs	**2,980**	**2,235**	**1,884**	**(351)**	**2,636**	**(344)**
603646	Commissioning Schemes (Programme Cost)	689	517	513	(4)	684	(5)
603656	Medicines Management (Programme Cost)	342	256	258	1	342	0
603776	Non Recurrent Programmes (NPfIT)	1,225	1,225	1,225	0	1,225	0
603676	Primary Care IT	192	144	144	1	192	0
605371	IM & T	0	0	0	0	0	0
	Sub-Total Programme Costs	**2,448**	**2,142**	**2,140**	**(2)**	**2,443**	**(5)**
Sub-Total		**5,428**	**4,377**	**4,024**	**(354)**	**5,079**	**(349)**
SERVICES COMMISSIONED FROM NHS ORGANISATIONS							
603571	Acute Commissioning	77,293	57,966	58,091	125	77,809	516
603576	Acute Childrens Services	2,148	1,600	1,554	(46)	2,087	(61)
603586	Ambulance Services	4,596	3,447	3,453	6	4,604	8
603616	NCAs/OATs	1,007	755	838	83	1,121	114
603631	Winter Pressures	4,042	1,685	1,685	0	4,042	0
603756	Commissioning - Non Acute	28,813	21,610	21,617	8	28,897	84
603786	Patient Transport	8	6	7	1	11	3
Sub-Total		**117,906**	**87,068**	**87,246**	**177**	**118,570**	**664**
INDEPENDENT SECTOR							
603591	Independent Sector	3,190	2,392	2,443	50	3,305	115
Sub-Total		**3,190**	**2,392**	**2,443**	**50**	**3,305**	**115**
PRIMARY CARE							
603651	Local Enhanced Services and GP Framework	987	740	739	(1)	970	(17)
603791	Programme Projects	504	404	395	(9)	504	0
Sub-Total		**1,490**	**1,144**	**1,134**	**(10)**	**1,473**	**(17)**
PRESCRIBING							
603606	High Cost Drugs	1,440	1,080	1,016	(64)	1,340	(100)
603666	Oxygen	202	151	137	(14)	190	(12)
603671	Prescribing	20,598	15,449	15,349	(100)	20,465	(133)
Sub-Total		**22,241**	**16,681**	**16,502**	**(179)**	**21,996**	**(245)**
Sub- Total Operating Budgets pre Reserves		**165,007**	**122,593**	**123,197**	**604**	**166,518**	**1,512**
RESERVES							
603761	Commissioning Reserve (Previously General Reserve)	5,735	604	0	(604)	4,223	(1,512)
Sub-Total		**5,735**	**604**	**0**	**(604)**	**4,223**	**(1,512)**
Grand Total I & E		**170,741**	**123,197**	**123,197**	**0**	**170,741**	**0**
	RRL Allocation	(172,397)	(124,439)	(124,439)	0	(172,397)	0
	(SURPLUS)/DEFICIT	**(1,656)**	**(1,242)**	**(1,242)**	**0**	**(1,656)**	**0**

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
January 2014

Agenda Item: 14/12	**Author of the Paper:** Brendan Prescott CCG lead Medicines Management brendan.prescott@southseftonccg.nhs.uk Tel: 0151 247 7093
Report date: 20 January 2014	
Title: Prescribing Performance Report	
Summary/Key Issues: This paper presents the Governing Body with an update on prescribing spend for October 2013 (month 7).	
Recommendation The Governing Body is asked to receive the contents of this report.	*x* Receive: x Approve: Ratify:

Links to Corporate Objectives *(x those that apply)*	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
	To maintain systems to ensure quality and safety of patient care.
	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement			x	
Clinical Engagement			x	
Equality Impact			x	

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Assessment				
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

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

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
January 2014

1. Executive Summary

The Southport and Formby CCG position for month 7 (October 2013) is a forecast underspend of £ 96,592 or -0.49 % on a budget of £19,587,637.

2. Introduction and Background

This is a regular monthly update on the management of the CCG's prescribing budget.

3. Key Issues

The number of items prescribed has increased by 3.88% for 2013/14 to month 7 against the same period for 2012/13.

The cost of prescribing has increased by 1.12% for 2013/14 to month 7 against the same period for 2012/13.

4. Content

The process to reinstall ScriptSwitch into some practices began in December and will continue throughout January 2014 with a licensed use period to end of January 2015.

The Department of Health Finance and NHS Directorate have revised the forecast profile and advised the NHS Business Services Authority accordingly, so there is likely to be further changes to the forecast in months 8 and 9.

Work is being undertaken with finance colleagues to check if appropriate budgetary transfers were made in April 2013 to accommodate the prescribing cost to practices for the vaccination campaign in Autumn.

5. Recommendations

The Governing Body is asked to receive the prescribing performance report by way of assurance.

6. Appendices

Southport and Formby CCG forecast at out turn Month 7

Brendan Prescott
January 2014

CCG INFO		SECTION 3: FINANCIAL INFO - Total Prescribing Budget vs Forecast Out-turn			
CCG / Locality / Code	Prescriber Name	Prescribing Budget Total	Forecast Out-turn (PPD)	Variance	% Variance
NHS Southport and Formby CCG		**£19,587,637**	**£19,491,045**	**-£96,592**	**-0.49%**
S&F - Central Southport		**£5,393,248**	**£5,408,709**	**£15,461**	**0.29%**
N84005	Cumberland House Surgery	£1,281,063	£1,308,369	£27,306	2.13%
N84013	Curzon Road Medical Practice	£528,570	£542,365	£13,795	2.61%
N84021	St Marks Medical Centre	£2,407,527	£2,366,360	-£41,167	-1.71%
N84617	Kew Surgery	£493,875	£490,409	-£3,466	-0.70%
Y02610	Trinity Practice	£682,213	£701,206	£18,993	2.78%
S&F - Formby		**£4,048,537**	**£3,978,441**	**-£70,096**	**-1.73%**
N84006	Chapel Lane Surgery	£1,218,623	£1,213,891	-£4,732	-0.39%
N84018	The Village Surgery Formby	£1,578,204	£1,549,123	-£29,081	-1.84%
N84036	Freshfield Surgery	£578,990	£555,228	-£23,762	-4.10%
N84618	The Hollies	£672,720	£660,199	-£12,521	-1.86%
S&F - North Southport		**£5,057,919**	**£5,015,410**	**-£42,509**	**-0.84%**
N84008	Norwood Surgery	£1,304,643	£1,281,610	-£23,033	-1.77%
N84017	Churchtown Medical Centre	£2,039,144	£1,998,715	-£40,429	-1.98%
N84032	Sussex Road Surgery	£327,646	£324,246	-£3,400	-1.04%
N84611	Roe Lane Surgery	£416,003	£404,813	-£11,190	-2.69%
N84613	The Corner Surgery (Dr Mulla)	£571,845	£582,772	£10,927	1.91%
N84614	The Marshside Surgery (Dr Wainwright)	£398,638	£423,255	£24,617	6.18%
S&F - South Southport		**£5,087,933**	**£5,088,484**	**£551**	**0.01%**
N84012	Ainsdale Medical Centre	£1,970,388	£1,994,125	£23,737	1.20%
N84014	Ainsdale Village Surgery	£550,292	£568,388	£18,096	3.29%
N84024	Grange Surgery	£1,717,194	£1,692,284	-£24,910	-1.45%
N84037	Lincoln House Surgery	£413,528	£380,534	-£32,994	-7.98%
N84625	The Family Surgery	£436,531	£453,153	£16,622	3.81%

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
January 2014

Agenda Item: 14/13	**Author of the Paper:**
Report date: January 2014	Fiona Clark Chief Officer fiona.clark@southseftonccg.nhs.uk Karl McCluskey Head of Strategic Planning karl.mccluskey@southseftonccg.nhs.uk

Title: Everyone Counts – Planning For Patients 2014/15-2018/19

Summary/Key Issues:

The purpose of this paper is to inform the Governing Body of the requirements of the planning guidance 'Everyone Counts – Planning for Patients 2014/15-2018/19 for the CCG to deliver a five year strategic plan, with associated detailed two year operational plans and the proposed local approach for production of the plan.

Recommendation

The Governing Body is asked to receive this report by way of assurance.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
x	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
x	To maintain systems to ensure quality and safety of patient care.
x	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
x	To sustain engagement of CCG members and public partners and stakeholders.
x	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Southport and Formby Clinical Commissioning Group

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement	x			EPEG group xxx 2014
Clinical Engagement		X		Planned wider forum on xxx
Equality Impact Assessment				
Legal Advice Sought		x		
Resource Implications Considered	x			Ongoing
Locality Engagement	x			Ongoing
Presented to other Committees	x			Finance and Resource

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

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
January 2014

1. Background

1.1. Everyone Counts: Planning for Patients 2014/15 to 2018/19 (http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf) sets out the requirement for NHS Commissioners to develop bold and ambitious five year strategic plans to secure the sustainability of high quality care, aimed at improving outcomes through the delivery of transformational service models.

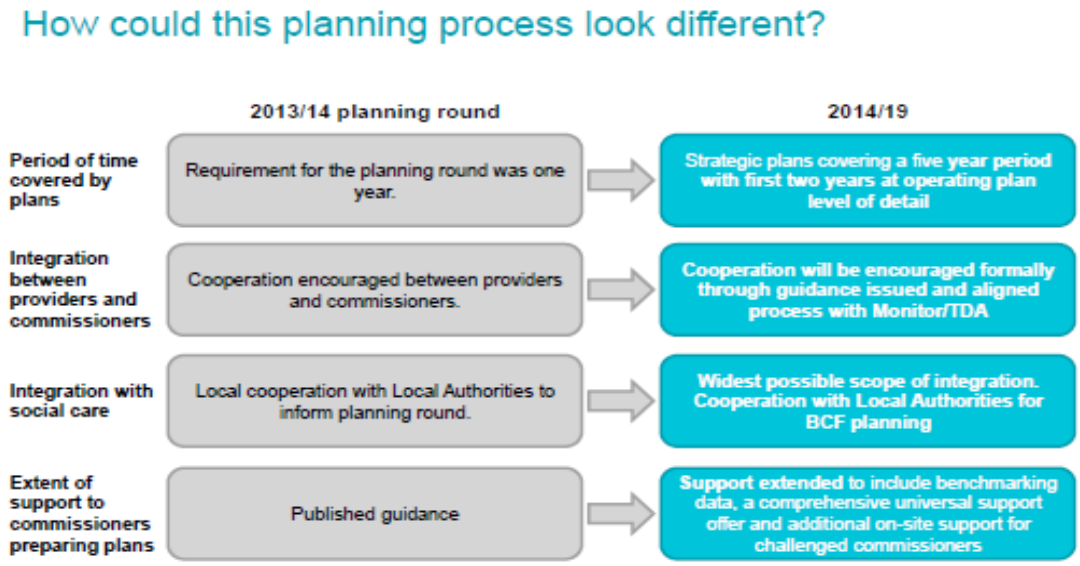
1.2. A key change within the planning process is a shift to longer term five year planning, with operational level detail for the first two years, to enable health systems to meet the financial and demographic challenges facing the NHS, whilst delivering the transformational changes required to improve outcomes for patients and to address inequalities.

1.3. CCGs are required to develop and submit a number of individual plans, providing different levels of detail, but aggregate to a coherent aligned plan. These individual plans cover:

- the Strategic Plan
- the Operational Plan (Activity, Finance & Outcomes)
- the Better Care Fund.

1.4. In addition NHS England is required to produce a Direct Commissioning Plan that will form a key element of our strategic planning process, including primary care and specialist commissioning plans. The diagram set out below describes how the planning process looks different to previous approaches.

Diagram 1.0



2. Strategic Plan

2.1. The CCG is required to produce a strategic plan which sets out what the local health system plans to achieve over the next five years, its vision and key plans.

2.2. Plans are required to be set out at a ***Unit of Planning*** level. This approach enables neighbouring CCGs to associate to form larger units to aggregate plans, ensure strategies align in a holistic way and maximise value for money from planning resources and support. A number of principles apply for CCGs to consider in their decision making on forming a Unit of Planning including:

- A CCG can only belong to one unit;
- The unit has clear clinical ownership and leadership;
- It is based on existing health economies that reflect patient flows across Health and Well Being Board areas and local provider footprints with no CCG to be split across boundaries.

2.3. Southport & Formby CCG has determined that it will operate with the single unit of planning known as Sefton, thereby working within the same unit of planning as South Sefton CCG.

2.4. Whilst this is the CCG unit of planning, there is also cognisance given to the relationship with West Lancashire CCG and for this reason the CCG will closely align the development of its planning work with West Lancashire CCG.

2.5. This will reflect our strategic fit with the Health and Well Being Board, public health and social care. It also acknowledges the size and scope of the CCG to deliver the improvements required and implement the transformation required over the next 5 years and beyond.

2.6. The SFCCG unit of planning needs to reflect the whole system of health commissioners and NHS providers within Sefton, including Sefton Metropolitan Borough Council; NHS England (Direct Commissioning); and NHS Trusts. The work we are undertaking on the integration agenda, provides us with a strong platform to operate successfully in collaboration with all our partners and stakeholders.

2.7. The strategic plan needs to include the following elements:

- A long term strategic vision
- An assessment of the current state and current opportunities and
- challenges facing the system
- A clear set of objectives, that include the locally set outcome ambition metrics
- A series of interventions that when implemented move the health system from its current position to achieving the objectives and implementing the vision

2.8. The structure of the plan has two core sections:

- A system wide description of what the health economy should look like in five years, described on a Plan on a Page, clearly describing the ambition for improvement of key outcomes and the transformational initiatives designed to achieve our ambition,

- A narrative describing how we will reach this desired state. The narrative takes the form of a "key lines of enquiry" submission.
- The fundamental elements of what need to be included in the strategic plan, either through the key lines of enquiry narrative or within the templates are described on pages 29-33 of the planning guidance.

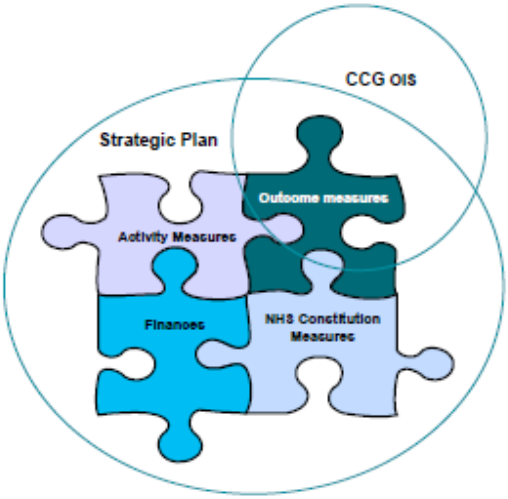
3. Operational Plan

3.1. The Operational Plan is a metrics based submission to support the assurance of, and measure performance against, the strategic plan. The Operational Plan is structured around four headings:

- Outcomes;
- NHS Constitution;
- Activity;
- Better Care Fund.

Diagram 2.0 below describes this schematically.

Diagram 2.0 The Operational Plan



3.2. *Outcomes*

Table 1 overleaf sets out the measures of improvement in the health service, utilising the NHS Outcomes Framework.

Table 1

NHS Outcome Framework Domains	7 Outcome Ambitions
Domain 1 – Preventing people from dying prematurely	1. Securing additional years of life for people with treatable mental and physical health conditions
Domain 2 – Enhancing quality of life for people with long-term conditions	2. Improving the health related quality of life for people with one or more long term condition, including mental health conditions
Domain 3 – Helping people to recover from episodes of ill health or following injury	3. Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital
	4. Increasing the proportion of older people living independently at home following discharge from hospital
Domain 4 – Ensuring that people have a positive experience of care	5. Increasing the number of people having a positive experience of hospital care
	6. Increasing the number of people with mental and physical health conditions having a positive experience of care outside of hospital, in general practice and in the community
Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm	7. Making significant progress towards eliminating avoidable deaths in hospitals caused by problems in care

The CCG must also work collaboratively with the Health and Wellbeing Board to identify priorities for improvements in healthcare and identifying the health needs of the Sefton population and must establish transformational initiatives for the next five years in relation to each outcome ambition.

A copy of the vision in relation to outcomes is located at Appendix 1.

3.3. *NHS Constitution*

The CCG is required to submit its current baseline and trajectories for the meeting the NHS Constitutional requirements (details of which can be found at Appendix 2) and, as such, will be a key feature of contracts with providers.

3.4. *Activity*

The CCG must also set out its current baseline and trajectories for activity levels over the next five years, to include:

- elective
- non-elective
- outpatients
- A&E
- referrals.

As this activity will be the basis of income for providers, it will be reflected within the CCG's Financial Plan and will also need to align with provider organisations' plans for the next five years and should reflect transformational activities aimed at improving health outcomes with impacted reflected in terms of anticipated activity.

4. Financial Plan

The Financial Plan provides a detailed financial breakdown of each plan and provides the financial metrics to support the assurance and measure performance against the Strategic Plan. The Financial Plan also underpins the delivery of the aforementioned transformational initiatives, activity assumptions and outcome improvement plans.

5. Better Care Fund

5.1. Announced by the Government in June 2013, the £3.8 billion Better Care Fund is a single pooled budget to support health and social care services to work more closely together in local areas.

5.2. From a local allocation perspective, we anticipate that the additional Better Care Funding for 2014/15 will come directly to Local Authorities from NHS England. In 2015/16, the pooled fund for Sefton will equate to £24m, the implications for the SFCCG are a transfer of £8.845 million to Sefton Metropolitan Borough Council. Work is underway with the Health & Wellbeing Board to map out the resource. A stakeholder event is being held on the 22 January 2014

6. Universal Support Package (USP)

6.1. The USP is available to all healthcare commissioners and includes:

- practical support on participation;
- any town health system and Better Care Fund models;
- data packages;
- strategic planning workshops; and
- learning collaboration.

Table 2 outlines the available support for CCGs.

Table 2

6.2. The CCG will consider the CCG's bespoke requirements as part of the Universal Support Package.

7. NHS England (NHSE) Direct Commissioning Plans

In commissioning the following services, NHSE must also develop strategic plans that are aligned with CCG commissioning plans:

- primary, medical, dental, pharmacy, optical and secondary care dental services;
- specialist services;
- public health section 7A services; and
- services for people in the justice system.

8. Stakeholder Engagement

8.1. *Public*

The Strategic Plan must be driven by engagement with local citizens and the engagement process must be clear in all aspects of service design and change.

Local public engagement events (Big Chats) have been taking place since 1 April 2013 to shape the CCG's strategic thinking, with more events planned in the near future.

The CCG's Engagement and Patient Experience Group works extensively alongside the CCG to support the development of the Strategic Plan.

8.2. *Membership of the CCG*

As the CCG is a membership organisation, the development of our plans with our member practices is key in terms of clinical engagement and support.

'Wider Constituent meetings' are held on a quarterly basis with our practices to ensure their engagement and support for the work of the CCG.

There are four localities within the CCG's geographical areas and monthly "locality meetings" are also held within each locality, attended and chaired by nominated lead GPs for each practice, to influence the CCG's strategic thinking.

8.3. *Health and Wellbeing Board/Local Authority Engagement*

The Health and Wellbeing Board has a key role in reviewing the CCG's plans in terms of cohesion with the Local Authority's own strategies.

Good relationships have been established with the Health and Wellbeing Board which continued to develop further following the recent Peer Review Challenge.

8.4. *NHS Providers*

A joint event with the Local Authority was held on 22 January 2014 to facilitate engagement with local healthcare providers. The CCG continues to work closely with providers in relation to transformational initiatives, for example, the Virtual Ward project.

8.5. *Mersey CCGs*

The CCG is an active participant in the both the Mersey CCG Network and the Mersey Co-Commissioning Collaborative. Although it has been agreed that the CCG's Unit of Planning for the development of the Strategic Plan will be the Sefton footprint, it is necessary to work collaboratively on plans given the flow of patients across borders with other boroughs. A Co-Commissioning Collaborative meeting on 8 January considered this point in detail.

8.6. *NHS England (Merseyside) (NHSE(M))*

NHSE(M) are also part of the Mersey Co-Commissioning Collaborative, which is the forum in which collaborative engagement in terms of strategic planning will be a key focus.

9. Assurance of Plans

9.1. Strategic Plan Assurance will be undertaken by the NHS England Regional Team, whereas assurance in relation to the Operational Plan and Financial Plan will be by NHSE(M).

9.2. Local assurance of the Better Care Fund plan is via the Health and Wellbeing Board and NHSE(M).

10. Planning Timetable

The planning timetable is reflected in the table opposite. This highlights the key dates that the Governing Body needs to be aware of.

Activity	Deadline
First submission of plans	14 February 2014
Contracts signed	28 February 2014
Refresh of plan post contract sign off	5 March 2014
Reconciliation process with NHS TDA and Monitor	From 5 March 2014
Plans approved by Boards	31 March 2014
Submission of final 2 year operational plans and draft 5 year strategic plan	4 April 2014
Submission of final 5 year strategic plans Years 1 & 2 of the 5 year plan will be fixed per the final plan submitted on 4 April 2014	20 June 2014

11. Recommendations

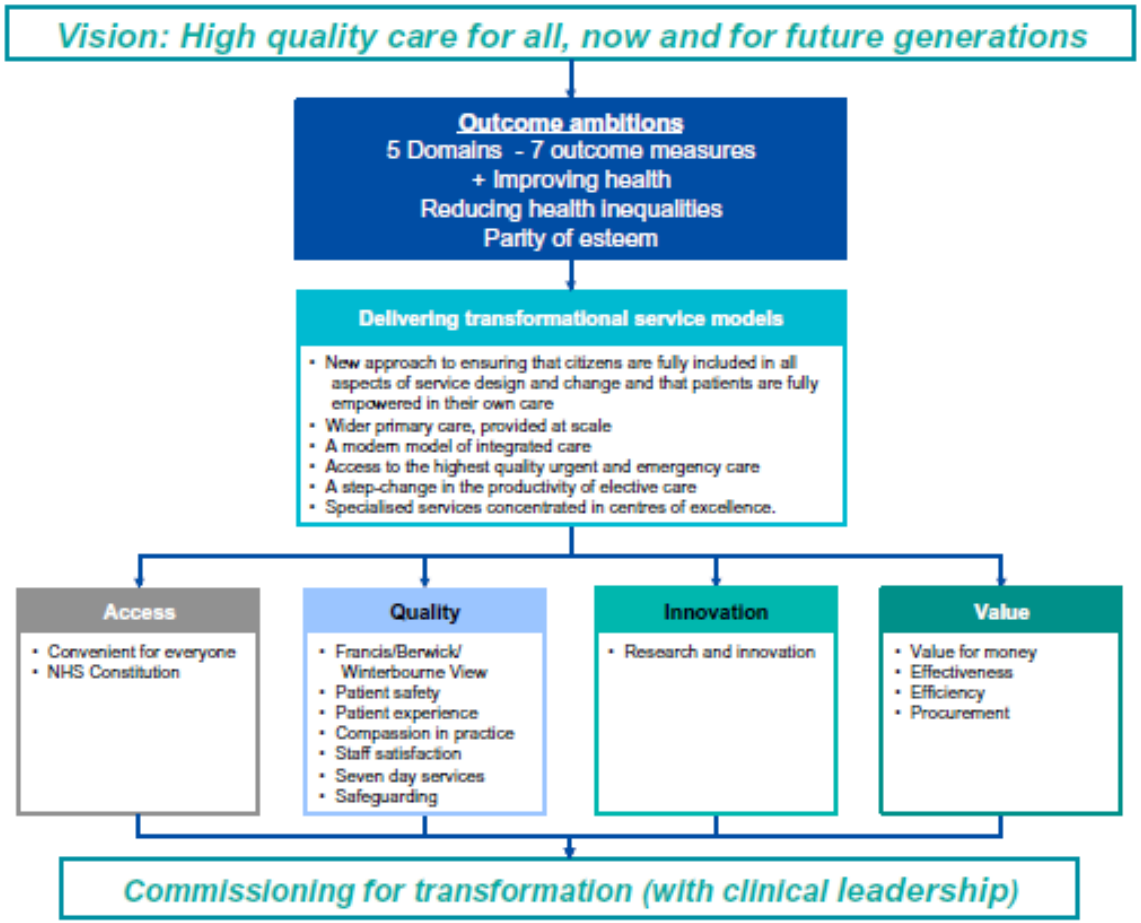
The Governing Body is asked to receive this report containing summarised guidance, and timetable for submissions.

Appendices

Appendix 1 The Vision of High Quality Care for All, Now and for Future Generations
Appendix 2 NHS Constitution Measures

Fiona Clark
Karl McCluskey
January 2014

Appendix 1


Vision: High quality care for all, now and for future generations
Outcome ambitions
5 Domains - 7 outcome measures
+ Improving health
Reducing health inequalities
Parity of esteem
Delivering transformational service models
• New approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care
• Wider primary care, provided at scale
• A modern model of integrated care
• Access to the highest quality urgent and emergency care
• A step-change in the productivity of elective care
• Specialised services concentrated in centres of excellence.
Access
• Convenient for everyone
• NHS Constitution
Quality
• Francis/Berwick/ Winterbourne View
• Patient safety
• Patient experience
• Compassion in practice
• Staff satisfaction
• Seven day services
• Safeguarding
Innovation
• Research and innovation
Value
• Value for money
• Effectiveness
• Efficiency
• Procurement
Commissioning for transformation (with clinical leadership)

Appendix 2 - NHS Constitution Measures

Referral To Treatment waiting times for non-urgent consultant-led treatment
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90%
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95%
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92%
Diagnostic test waiting times
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral – 99%
A&E waits
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department – 95%
Cancer waits – 2 week wait
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93%
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93%
Cancer waits – 31 days
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96%
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94%
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98%
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94%
Cancer waits – 62 days
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90%
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set

Category A ambulance calls
Category A calls resulting in an emergency response arriving within 8 minutes – 75% (standard to be met for both Red 1 and Red 2 calls separately)
Category A calls resulting in an ambulance arriving at the scene within 19 minutes – 95%

NHS CONSTITUTION SUPPORT MEASURES

Mixed Sex Accommodation Breaches
Minimise breaches
Cancelled Operations
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.
Mental health
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period – 95%
Referral To Treatment waiting times for non-urgent consultant-led treatment
Zero tolerance of over 52 week waiters
A&E waits
No waits from decision to admit to admission (trolley waits) over 12 hours
Cancelled Operations
No urgent operation to be cancelled for a 2nd time
Ambulance Handovers
All handovers between ambulance and A & E must take place within 15 minutes and crews should be ready to accept new calls within a further 15 minutes. Financial penalties, in both cases, for delays over 30 minutes and over an hour.

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
January 2014

Agenda Item: 14/14	**Author of the Paper:**
Report date: January 2014	Karl McCluskey Head of Strategic Planning and Performance Karl.Mccluskey@southseftonccg.nhs.uk Tel: 0151 247 7006

Title: The CCG 5 Year Strategic Plan and 2 Year Operational Plan – Briefing on Progress

Summary/Key Issues:

This paper outlines the framework that has been developed to assist with the development of the CCG 5 year Strategic Plan and 2 year Operation Plan. It details the strategic priorities and focus being adopted. A summary of the latest planning guidance for CCGs (published at the end of December by NHS England) is referenced, with specific consideration from a Southport and Formby CCG perspective.

Recommendation:

Receive	X
Approve	
Ratify	

The Governing Body is requested to receive this briefing and:-

i. be assured of the arrangements to comply with the national required submission;

ii. support the orientation of the Better Care Fund to enable an enhancement of the Virtual Ward and Care Closer to Home;

iii. note that a process of engagement is in train with Sefton Council, Providers, the public and Voluntary Community and Faith Sector; and

iv. recognise the prospective need for regular progress briefings on the developing strategic and operational plans, plus oversight on the essence of these plans in relation to finance, activity and outcomes and their alignment with the three CCG strategic priorities and vision for unplanned and community care.

Links to Corporate Objectives *(x those that apply)*	
X	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
X	To maintain systems to ensure quality and safety of patient care.
X	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
X	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
X	To sustain engagement of CCG members and public partners and stakeholders.
X	To drive clinical leadership development through Governing Body, locality and wider constituent development.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement	X			Engagement schedule contained within the paper. Further detail schedule in place with providers, Voluntary Community and Faith Sector and Healthwatch.
Clinical Engagement	X			Strategic and operational plans are being developed in conjunction with clinical leads and members, through the Wider Constituent Group.
Equality Impact Assessment	X			To ensure comprehensive attention equality, the CCG plan is being shared with the Sefton Equalities Partnership at their engagement event on the 6th March 2014.
Legal Advice Sought		X		
Resource Implications Considered	X			The operational and strategic plan relates to contacted and commissioned services, as such resource implications are being considered as part of this process.
Locality Engagement	X			Plans being developed with locality leads with the support of clinical leads. Regular briefing in place for locality meetings.
Presented to other Committees		X		Following consideration at this governing body, proposed to share this briefing with each locality, EPEG, Voluntary Community and Faith Sector, Healthwatch and providers.

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

Appendix A: One potential approach to developing a system plan on a page

1

Any Town health economy is a system comprised of partners from x,x and x who have come together to agree, refine and implement the following vision

To make affordable high value health services available to all to improve the health and well-being of our population

2

System Objective One

To significantly reduce hospital avoidable deaths by x%

System Objective Two

To reduce unplanned hospitalisation by x%

System Objective Three

To improve patient experience by x

System Objective Four

To improve patient experience of out of hours care by

System Objective Five

System Objective Six

4

Delivered through intervention x

Description of the improvement intervention required to deliver the desired state outlined in the vision section above

Delivered through intervention x

Description of the improvement intervention required

Delivered through intervention x

Description of the improvement intervention required

Delivered through intervention x

Description of the improvement intervention required to deliver the desired state outlined in the vision section above

5

Overseen through the following governance arrangements

- Shared system leadership group overseeing implementation of the improvement interventions
- Individual organisations leading on specific projects

3

Measured using the following success criteria

- All organisations within the health economy report a financial surplus in 18/19
- Delivery of the system objectives
- No provider under enhanced regulatory scrutiny due to performance concerns
- With the expected change in resource profile

6

System values and principles

- No-one tries harder for patients and the community
- We will maximise value by seeking the best outcomes for every pound invested
- We work cohesively with our colleagues to build tolerance, understanding and co-operation

Fundamental elements of commissioner plans

		Fundamental	Key features to be demonstrated in plans
1	Outcomes	Delivery across the five domains and seven outcome measures	• your understanding of your current position on outcomes as set out in the NHS Outcomes Framework • the actions you need to take to improve outcomes
2		Improving health	• working with H&WB partners, your planned outcomes from taking the 5 steps recommended in the "commissioning for prevention" report
3		Reducing health inequalities	• identification of the groups of people in your area that have a worse outcomes and experience of care and your plans to close the gap • implementation of the 5 most cost effective high impact interventions recommended by the NAO report on health inequalities • implementing EDS2
4		Parity of esteem	• the resources you are allocating to mental health to achieve parity of esteem • identification and support for young people with mental health problems • plans to reduce the 20 year gap in life expectancy for people with severe mental illness
5	Patient services	New approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care	• how you will commission services so that patients and citizens have the opportunity to take control • how you will put real time patient and citizen voice at the heart of decision making • how you will include authentic citizen participation in the design of your plans • how you will promote transparency in local health services

		Fundamental	Key features to be demonstrated in plans
6	Patient services (continued)	Wider primary care, provided at scale	• your understanding of the potential contribution of primary care to delivery of your ambition • working with partners and the public to develop an integrated approach to primary and community services, with joint commissioning as appropriate • how you will enable primary care to operate at greater scale to improve access and continuity of care and to enable your urgent and emergency care network to function effectively
7		A modern model of integrated care	• what you are doing to ensure people with multiple long-term conditions and clinical risk factors are offered a fully integrated experience of support and care
8		Access to the highest quality urgent and emergency care	• how your strategic plan is in line with the vision set out in the Urgent and Emergency Care Review Phase One Report http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf • how you will you be ready to determine the footprint of your urgent and emergency care network during 2014/15, working with key partners and informed by a detailed understanding for your area of: a) patient flows; b) the number and location of emergency and urgent care facilities; c) the services they provide; and d) the most pressing needs for your population • how you will be ready in 2015/16 to begin the process of designation for all facilities within your network
9		A step-change in the productivity of elective care	• how you have considered your model of elective care for your local providers to achieve a 20% productivity improvement within 5 years, so that existing activity levels can be delivered with better outcomes and 20% less resource

		Fundamental	Key features to be demonstrated in plans
10	Patient services (continued)	Specialised services concentrated in centres of excellence.	• how your strategic plans address whether your providers are seeing and treating a sufficiently high enough volume of patients to meet specified clinical standards, in line with the need to concentrate specialised services in 15-30 centres of excellence, linked to Academic Health Science Networks • how your plans are ensuring that specialised services in your area are connecting actively to and maximising the opportunities of working with research and teaching
11	Access	Convenient access for everyone	• how you will deliver good access to the full range of services, including general practice and community services, especially mental health services in a way which is timely, convenient and specifically tailored to minority groups
12		Meeting the NHS Constitution standards	• that your plans include commissioning sufficient services to deliver the NHS Constitution rights and pledges for patients on access to treatment as set out in Annex B and how they will be maintained during busy periods
13	Quality	Response to Francis, Berwick and Winterbourne View	• how your plans will reflect the key findings of the Francis, Berwick and Winterbourne View Reports
14		Patient safety	• how you will address the need to understand and measure the harm that can occur in healthcare services, to support the development of capacity and capability in patient safety improvement • how you will increase the reporting of harm to patients, particularly in primary care and focused on learning and improvement

		Fundamental	Key features to be demonstrated in plans
15	Quality (continued)	Patient experience	• how you will set measureable ambitions to reduce poor experience of inpatient care and poor experience in general practice • how you will assess the quality of care experienced by vulnerable groups of patients and how and where experiences will be improved for those patients • how you will demonstrate improvements from FFT complaints and other feedback
16		Compassion in practice	• how your plans will ensure that local provider plans are delivering against the six action areas of the Compassion in Practice implementation plans • how the 6Cs are being rolled out across all staff
17		Staff satisfaction	• an in-depth understanding of the factors affecting staff satisfaction in the local health economy and how staff satisfaction locally benchmarks against others • how your plans will ensure measureable improvements in staff experience in order to improve patient experience
18		Seven day services	• that the action plans submitted by your providers (a requirement within the Service Development and Improvement Plan section of the NHS Standard Contract) give you confidence that they will be able to comply with all ten of the Seven Day Service Clinical Standards by 2016/17 • if not, how your strategic and operational plans are going to ensure these standards are being met for patients • how your strategic plans are addressing the need to provide consistently high quality urgent and emergency care services outside of hospital across the seven day week

		Fundamental	Key features to be demonstrated in plans
19		Safeguarding	• how your plans will meet the requirements of the accountability and assurance framework for protecting vulnerable people • the support for quality improvement in application of the Mental Capacity Act • how you will measure the requirements set out in your plans in order to meet the standards in the prevent agenda
20	Innovation	Research and innovation	• how your plans fulfil your statutory responsibilities to support research • how you will use Academic Health Science Networks to promote research • how you will adopt innovative approaches using the delivery agenda set out in *Innovation Health and Wealth: accelerating adoption and diffusion in the NHS*
21	Delivering value	Financial resilience; delivering value for money for taxpayers and patients and procurement	• meeting the business rules on financial plans including surplus, contingency and non-recurrent expenditure. • clear and credible plans for QIPP that meet the efficiency challenge and are evidence based, including reference to benchmarks • the clear link between service plans, financial and activity plans

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
January 2014

Agenda Item: 14/15	**Author of the Paper:** James Bradley Head of Strategic Financial Planning James.bradley@southportandformbyccg.nhs.uk Tel 0151 247 7070 Martin McDowell Chief Finance Officer martin.mcdowell@southportandformbyccg.nhs.uk Tel 0151 247 7065
Report date: 22 January 2014	

Title: Strategic Financial Plan 2014/15 - 2018/19

Summary/Key Issues:

This report sets out an update to the long-term financial strategy in light of the recent announcement regarding resource allocations and the Better Care Fund. It also outlines the next steps in the planning process, detailing the key dates for submissions. An update on some of the assumptions used in the financial plans is also provided.

Recommendation

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

	x
Note	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
X	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
X	To maintain systems to ensure quality and safety of patient care.
X	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
X	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
X	To sustain engagement of CCG members and public partners and stakeholders.
X	To drive clinical leadership development through Governing Body, locality and wider constituent 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	
Resource Implications Considered	X			
Locality Engagement		X		
Presented to other Committees	X			

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

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
January 2014

1. Introduction

1.1 The purpose of this paper is to provide an update to the paper presented in November, which detailed the 5 Year Financial Strategy for the CCG to 2017/18. In December 2013, NHS England released detailed information on the resource allocations for CCGs and information on the Better Care Fund (previously known as the Integration Transformation Fund (ITF)). This paper presents information in relation to the Resource Allocation for the next 2 financial years and the impact of the Better Care Fund.

1.2 The paper also provides details of the next steps in the financial planning process and the timescales for submission of strategic plans. An update of planning assumptions is also provided.

2. Revenue Allocations

2.1 NHS England has responsibility for the allocation of funding between the five main areas of commissioning spend (CCGs, primary care, public health, specialised services and Better Care Fund). In December 2012, the NHS England Board decided to launch a fundamental review of allocation policy in order to ensure that a holistic approach was taken across all areas of spend. This paper only looks at the implications of the funding review on CCGs.

2.2 NHS England released a first iteration of a new allocation formula in August. This was consulted upon and a number of changes were made in the approved formula that was published in December. The main changes to the initial formula were:

- updated practice lists
- updating target allocations for future population growth
- adjusting the formula to take into account unmet need resulting from inequalities (using Standardised Mortality Ratio (SMR) < 75).

2.3 The impact on target allocation of the new funding formula is shown in table 1 below:

Table 1

	Baseline allocation 2013/14	Registered population	Allocation per head (2013/14)	Target allocation per head	Target allocation	Distance from target
	£000		£	£	£000	%
NHS Southport & Formby CCG	£159,704	122,468	£1,304	£1,247	£152,718	4.57%

2.4 Table 1 identifies that the CCG is over-resourced when applying the new funding formula. The 2013/14 baseline allocation used in the calculation was taken from month 6 submissions. Since that time, a further allocation transfer has taken place. The impact on the baseline of this funding transfer is outlined in table 2:

Table 2

	£000
Baseline allocation @ M6 2013/14	£159,704
Approved allocation transfers	£2,984
Revised baseline allocation	£162,688
Target allocation	£152,718
Revised distance from target	6.53%

2.5 In addition to announcing the new funding formula, the NHS England Board also determined the pace of change, ie. how quickly CCGs should move towards their new target allocation. Four options were presented, with the challenge being to direct additional funding to those CCGs most under target, whilst not destabilising the health economies of those considered over-funded.

2.6 The option selected introduced a "floor" which ensures that all CCGs see their total allocation grow by at least 2.14% (GDP deflator) in 2014/15 and 1.7% (above GDP deflator of 1.48%) in 2015/16. Those CCGs that were under-funded received a higher than 2.14% uplift. This option represented the slowest pace of change of all the options considered.

2.7 As NHS Southport & Formby CCG is considered over-funded, the minimum level of resource growth was awarded for 2014/15 and 2015/16. This equals 2.14% next year and 1.70% in 2015/16. The base-case scenario presented in the first iteration of the financial strategy assumed 2% growth for next financial year.

Table 3

		2014/15				2015/16			
	Baseline allocation 2013/14	Programme Budget allocation 2014/15	Total growth on prior year	Closing target allocation per head	Closing Distance from target	Programme Budget allocation 2015/16	Total growth on prior year	Closing target allocation per head	Closing Distance from target
	£000	£000	%	£	%	£000	%	£	%
NHS Southport & Formby CCG	£162,688	£166,170	2.14%	£1,279	5.98%	£168,994	1.70%	£1,295	6.34%

2.8 Despite the increase in growth funding and the slow pace of change, there are a number of risks. Additional pressures have been placed on CCGs in 2014/15. No definitive guidance has been issued with regards to additional pressures, but these include:

- matching HM Treasury accounting policy (with particular reference to CHC Restitution payments).
- responsibility for Special Educational Needs commissioning from 2014.
- supporting the Accountable Professional in the care of patients aged 75 and over.
- Growth in pensions costs.

3. Better Care Fund (BCF)

3.1 The allocation information published by NHS England also includes figures in relation to the Better Care Fund (BCF). The BCF (previously referred to as the Integration Transformation Fund) was announced in June as part of the 2013 Spending Round. It provides an opportunity to transform local services so that people are provided with better integrated care and support. It aims to improve the lives of some of the most vulnerable people in

society by enabling the provision of the right care, in the right place, at the right time, including through a significant expansion of care in community settings.

3.2 The Fund provides for £3.8 billion worth of funding in 2015/16. In 2014/15, in addition to the £900m transfer already planned from the NHS to adult social care, a further £200m will transfer to enable localities to prepare for the BCF in 2015/16. The table below summaries the elements of the Spending Round announcement:

Table 4

Details of the ITF Fund

The June 2013 SR set out the following:	
2014/15	2015/16
An additional £200m transfer from the NHS to social care, in addition to the £900m transfer already planned	£3.8bn pooled budget to be deployed locally on health and social care through pooled budget arrangements
In 2015/16 the ITF will be created from the following:	
£1.9bn NHS funding	
£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. Composed of:	
• £130m Carers' Breaks funding	
• £300m CCG reablement funding	
• £354m capital funding (including c.£220m of Disabled Facilities Grant)	
• £1.1bn existing transfer from health to social care	

3.3 The allocation information for CCGs released by NHS England in December outlines the following values for NHS Southport & Formby CCG:

Table 5

	BCF Additional Allocation (A)	Total transfer to BCF (B)	Net contribution to BCF (B-A)
	£000	£000	£000
NHS Southport & Formby CCG	£2,884	£8,845	£5,961

3.4 The BCF additional allocation identified in table 5 is Southport & Formby CCG's share of the £1.1 billion. There remains some uncertainty as to the source of funding for the additional £200m that will be transferred from the NHS to social care. The guidance indicates that this will transfer to local authorities direct from NHS England, so it may not represent a cost to the CCG in 2014/15 as previously thought. However, this remains unclear and further clarity is being sought.

3.5 The Spending Round established six national conditions for access to the Fund:

- **Plans to be jointly agreed** - The BCF Plan should be signed off by the Health and Wellbeing Board and by the constituent Councils and CCGs
- **Protection for social care services (not spending)** – Local areas must include an explanation of how local adult social care services will be protected. The definition of protecting services is agreed locally.
- **7 day services in health and social care** – Local areas are to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends.
- **Better data sharing between health and social care**
- **Joint approach to assessments and care planning –** including accountable professionals to support integrated packages of care.
- **Agreement on the consequential impact of changes in the acute sector –** local areas should identify, provider-by-provider, what the impact will be in their area. One of the stated aims of the BCF is to reduce unplanned admissions by 15% by 2015/16.

4. Planning process – next steps

4.1 The planning document published by NHS England entitled '*Everyone Counts: Planning for patients 2014/15 to 2018/19'* detailed the planning timetable for CCGs. Plans need to show integration with key partners. Templates have been released and cover the following areas:

- Strategic plan
- Operation plan
- Financial plan
- Better Care Fund.

4.2 Submission of completed templates will adhere to the timetable outlined in table 6.

Table 6:

Activity	Deadline
First submission of plans	14 February 2014
Contracts signed	28 February 2014
Refresh of plan post contract sign off	5 March 2014
Reconciliation process with NHS TDA and Monitor	From 5 March 2014
Plans approved by Boards	31 March 2014
Submission of final 2 year operational plans and draft 5 year strategic plan	4 April 2014
Submission of final 5 year strategic plans Years 1 & 2 of the 5 year plan will be fixed per the final plan submitted on 4 April 2014	20 June 2014

4.3 CCG officers are coordinating the planning processes to ensure that the various plans demonstrate integration with each other and also represent the various strategic commissioning plans that are in place (eg. reducing unplanned admissions).

5. Revised Planning Assumptions

5.1 The planning guidance published in December 2013 also provides an update to the assumptions that underpin the Financial Strategy.

Allocations 2016/17-2018/19

5.2 The planning guidance '*Everyone Counts*' indicates that for 2016/17 to 2018/19, commissioners should assume a continuation of the current allocations policy, although no decisions have been made. CCGs are advised to assume that income growth increases in line with GDP deflator, as outlined in table 7.

Table 7

2016/17	2017/18	2018/19
1.8%	1.7%	1.7%

5.3 The published guidance does not outline any decisions regarding the pace of change beyond 2015/16, but it does anticipate further movement towards published target allocations for CCGs. The pace of further movement will need to reflect the circumstances regarding the overall financial settlement for the NHS during the period. The 5 year planning process presents an opportunity for CCGs to begin aligning future expenditure to anticipated resources. It is recommended that plans are developed that align expenditure equivalent to the 'distance from target' into non-recurrent programmes. If the pace of change is accelerated, then these plans can be implemented to enable the CCG to keep within its target allocation.

Running Cost Allowance

5.4 For planning purposes, CCGs are to assume that the overall running cost envelope will remain flat in cash terms for 2014/15 and reduce by 10 per cent in 2015/16. Individual CCG running cost allocations will be adjusted to take into account population change. For years 3 to 5 of the planning period the overall running cost envelope is expected to remain flat in cash terms.

Other Financial Planning Assumptions

5.5 Paragraph 62 of '*Everyone Counts*' outlines a number of other financial planning assumptions to be used in CCGs financial plans. These are outlined in table 8.

Table 8

Demographic growth	Local determination using age profiled population projections.	
Non-demographic growth	Local determination based on historic analysis and evidence.	
Tariff changes	See below	
Price inflation – prescribing	Local determination – expected to be in a range of 4% to 7% per annum increase.	
Price inflation – continuing health care	Local determination – expected to be in a range of 2% to 5% per annum increase.	
Business rules	2014/15 • Minimum 0.5% contingency	2015/16-2018/19 • Minimum 0.5% contingency

	• 1% cumulative surplus carry forward • 2.5% non-recurrent spend (incl. 1% for transformation)	• 1% cumulative surplus carry forward • 1% non-recurrent spend • Better Care Fund spend

Tariff changes

5.6 Monitor published the tariff guidance for 2014/15 and the impact on the tariff is as follows:

- acute contracts – tariff deflation of -1.50%
- non-acute contracts – tariff deflation of -1.8%.

5.7 Paragraph 69 of '*Everyone Counts*' details the planning assumptions for the tariff for years 2 to 5 of the planning period. These are detailed in table 9. CCGs can consider the scope to use local flexibilities introduced in 2014/15, specifically regarding local pricing variations where they are in the best interests of patients.

Table 9

Tariff assumptions				
	2015/16	**2016/17**	**2017/18**	**2018/19**
Secondary care health cost inflation	2.2%	3.0%	3.4%	3.4%
Provider sector efficiency	4.0%	4.0%	4.0%	4.0%
Tariff uplift / deflator	-1.8%	-1.0%	-0.6%	-0.6%

6. Conclusions

6.1 The Governing Body should note the updates to the strategic financial plan.

6.1.1 The announcement regarding CCG allocations for 2014/15 and 2015/16, with particular focus on the new funding formula that identifies Southport & Formby CCG as over-resourced.

6.1.2 The recommendation that the CCG use the planning process to develop plans to reduce expenditure in line with the CCGs target allocation over the 5 year planning period.

6.1.3 The additional financial pressures that are placed on CCGs as part of the financial allocations for 2014/15

6.1.4 The implications of the Better Care Fund

6.1.5 The timescales for planning submissions to NHS England

6.1.6 The update to planning assumptions.

6.2 The Governing Body will receive a further iteration of the Financial Strategy in March which will reflect the impact of the changes outlined in this paper.

7. Recommendations

The Governing Body is asked to receive this report by way of assurance in relation to the strategic financial planning process.

James Bradley
22 January 2014

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
January 2014

Agenda Item: 14/17	**Author of the Paper:**
Report date: January 2014	Debbie Fagan Chief Nurse / Head of Quality & Safety debbie.fagan@southportandformbyccg.nhs.uk Tel: 0151 247 7252

Title: Care Quality Commission Inspection Process and Partnership Working Between the CCG and Healthcare Regulators Since April 2013

Summary/Key Issues:

The Francis Inquiry (2013) contained within its recommendations the need for performance managers to work constructively with regulators. This paper provides the Governing Body with an overview of the Care Quality Commission (CQC) inspection process, summarises activity and outcomes regarding the Clinical Commissioning Group's (CCG) main providers who have had recent visits from the CQC and details how the organisation has been working collaboratively with regulators, neighbouring CCGs and NHS England since April 2013.

Recommendation

The Governing Body is asked to receive this report by way of assurance

Receive	X
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
X	To maintain systems to ensure quality and safety of patient care.
	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
	To sustain engagement of CCG members and public partners and stakeholders.
	To drive clinical leadership development through Governing Body, locality and wider constituent 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	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees			X	

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

NHS
Southport and Formby
Clinical Commissioning Group

Report to the Governing Body
January 2014

1. Introduction and Background

The Francis Inquiry (2013) contained within its recommendations the need for performance managers to work constructively with regulators. This paper provides the Governing Body with an overview of the Care Quality Commission (CQC) inspection process, summarises activity and outcomes regarding the Clinical Commissioning Group's (CCG) main providers who have had recent visits from the CQC and details how the organisation has been working collaboratively with regulators, neighbouring CCGs and NHS England since April 2013.

2. Care Quality Commission

2.1. Role of the Care Quality Commission

2.1.1. The CQC is the quality and safety regulator within health and their role is to make sure hospitals, care homes, dental surgeries, GP surgeries and all other care services in England provide people with safe, effective, compassionate and high quality care and encourage services to make improvements. They undertake this by:

- setting standards of quality and safety
- registering care services that meet the standards
- monitoring, inspect and regulate care services
- protecting the rights of vulnerable people under the Mental Health Act (monitoring of safeguards in all care homes and hospitals in England with regard to the Deprivation of Liberty under the Mental Capacity Act)
- involving the public and people who receive care
- working in partnership with other organisations.

2.1.2. 2.1.2 With effect from 1 April 2013, all providers of NHS general practice and other primary medical services needed to be registered with the CQC.

2.2. Types of Inspection Undertaken by the Care Quality Commission

2.2.1. The CQC can undertake 3 different types of inspection which are detailed in table 1.

Table 1: Types of CQC Inspection

Type of Inspection	Description of Inspection
Scheduled	Regular inspection with 48 hour's notice before the visit is undertaken
Responsive	Carried out if there are concerns raised over whether essential standards are met or where there is a need to follow-up bon-compliance from a previous inspection
Themed	Looks at particular themes across health and social care

2.3. Enforcement Powers of the Care Quality Commission

2.3.1. The CQC has enforcement powers granted under the Health & Social Care Act 2008. When using these enforcement powers the CQC will ensure that any action is proportionate to the impact of the breach. The enforcement action that can be taken is detailed in table 2.

Table 2: Types of Enforcement Action

Type of Enforcement	Description of Enforcement
Compliance action	• Usually used if the breach is deemed to have a minor impact or where the impact is moderate and has happened for the first time • Precursor to enforcement action • Provider sends a report / action plan on how they intend to address the action in order to become compliant
Enforcement action	• Usually used if the breach is more serious or a compliance action has not worked • Can be Civil Enforcement or Criminal Law • Civil enforcement can include warning notices; impose or change a condition of registration; suspension of registration; cancel of registration

2.4. Changing Methodology of the Care Quality Commission Inspection Regime

2.4.1. There has been criticism of the CQC which afforded national media attention regarding the quality of the inspections undertaken by the organisation. This partly occurred due to some Trusts across England being found to have quality and performance issues yet having received a judgement from the CQC indicating compliance against the standards used to judge quality and safety. These essential quality and safety standards are detailed in Appendix 1.

2.4.2. The Francis Inquiry (2013) made recommendations to be considered in relation to healthcare regulators. The CQC continue to strengthen their current inspection methodology and the development of a new model of inspection which has been introduced within acute trust providers. The first phase of this new inspection began in September 2013 with the second phase beginning in January 2014. Within Merseyside, the Royal Liverpool & Broadgreen University Hospital NHS Trust were inspected in November 2013 under Phase 1 and Aintree University Hospital NHS Foundation Trust are being inspected in Phase 2.

2.4.3. As part of this new methodology 'Intelligent Monitoring Profiles' and 'expert inspectors' have been introduced and there is a stronger emphasis on patient and staff experience as well as performance. The roles of Chief Inspector of Hospitals and Chief Inspector of General Practice have been appointed to and lead the inspection and regulation.

2.4.4. 'Intelligent Monitoring' has been introduced by the CQC to replace 'Quality Risk Profiles. This is a rating system for NHS Trusts following inspection. Band 1 is

considered the highest risk and Band 6 considered the lowest risk. The CQC Intelligent Monitoring Profile of local providers is shown in Table 3. It is important to note that there has been a challenge put in the system regarding this methodology relating to Children's Trust providers as some of the indicators used do not apply to such providers.

Table 3: CQC Intelligent Monitoring Profile of Local Providers (2013)

Provider	Banding
Aintree University Hospital NHS Foundation Trust	1
Alder Hey Children's Hospital NHS Foundation Trust	1
Liverpool Women's Hospital NHS Foundation Trust	3
Royal Liverpool & Broadgreen University Hospitals NHS Trust	6
Liverpool Heart & Chest NHS Foundation Trust	6
The Walton Centre NHS Foundation Trust	6
Southport & Ormskirk Hospitals NHS Trust	4

2.5. Local Inspections by the Care Quality Commission of Acute, Community & General Practice Since April 2013

2.5.1. The CQC have undertaken a series of inspection visits to local acute, community and primary care providers. Details of these visits and the outcome are detailed in Tables 4 and 5. The full reports are in the public domain and have been published on the CQC website. Information contained within Table 4 has previously been reported to the CCG Quality Committee and Governing Body as required.

Table 4: CQC Inspection Visits to Local Acute & Community Providers since April 2013 to date

Provider	Date of Visit	Type of Inspection	Outcome	Commissioner Assurance
Liverpool Women's Hospital NHS Foundation Trust	July 2013	Unannounced	Improvement required in relation to care and welfare of people who use services; staffing; supporting workers.	CCG working in partnership with Liverpool CCG as lead commissioner – action plan in place. No new areas of concern that the CCGs had not already been aware of and were being monitored via the Quality Review Process. Monitoring processes in place via the Quality Contracts Meeting. Involvement with NHSE(M)
Aintree University Hospital NHS Foundation Trust	September 2013	Unannounced	Improvement required in relation to standards of providing care, treatment and support that meets people's	CCG working in partnership with Liverpool and Knowsley CCGs via collaborative commissioning arrangements - action plan in place. No new areas of concern that the

Provider	Date of Visit	Type of Inspection	Outcome	Commissioner Assurance
			needs. Enforcement action issued regarding standards of quality and suitability of management. Date for announced follow-up visit from the CQC to the Trust has been confirmed.	CCGs had not already been aware of and were being monitored via the Quality Review Process. Monitoring processes in place via the Quality Contracts Meeting and the CCG Collaborative Forum. Involvement with NHSE(M)
Southport & Ormskirk Hospitals NHS Trust	August 2013	Unannounced	Ormskirk Site – met the standards. Southport Site action required regarding providing care, treatment and support that meets people's needs; staffing	Southport & Formby CCG working collaboratively with West Lancs CCG. No new areas of concern that the CCGs had not already been aware of and were being monitored via the Quality Review Process. Monitoring processes in place via the Quality Contracts Meeting. Involvement with NHSE(M) and Strategic Partnership Board
Liverpool Community Health NHS Trust	December 2013	Unannounced	Awaiting formal outcome but early feedback indicating there will be some areas for improvement	To be determined following formal outcome

Table 5: CQC Inspection Visits to Local Primary Care Providers since April 2013 to date

Provider	Date of Visit	Type of Inspection	Outcome	Commissioner Assurance
Chapel Lane	August 2013	Unannounced	Standards Met	NHS England(M)

2.6. Local Inspections by the Care Quality Commission of Care Homes Since April 2013

2.6.1. The CQC have also undertaken a series of inspection visits to care homes across Sefton. Plans are in place to further strengthen the relationship between the CCG and Local Authority as commissioners of such services. The CCG has been represented at a monthly meeting that is now in place between the CQC local team and the Local Authority but arrangements for attendance by the CCG require formalising.

2.6.2. Since 1 April 2013, the CCG has not had cause to suspend any admissions into our local care homes although the safeguarding hosted service and Continuing Health Care Team have worked in partnership with the CQC and Local Authority when concerns have appeared to exist. These concerns have been reported to the Quality Committee as appropriate.

2.6.3. A full overview report on quality and safety in care homes in Sefton will be presented to the Quality Committee in March 2014 and issues escalated to the Governing Body as required. Care homes are a part of the Merseyside Quality Surveillance Group workplan in 2014.

2.7. **CCG Partnership Working with the Care Quality Commission**

2.7.1. As recommended within the Francis Inquiry (2013) recommendations, the CCG has been working in partnership with the CQC around the inspection regime. This partnership working has included:

- commissioner discussions with the CQC before an unannounced visit has taken place to share information from a commissioning perspective;

- working in partnership as part of the Merseyside Quality Surveillance system e.g. as members of the Merseyside Quality Surveillance Group and as partners in attendance at Quality Review Meetings and Quality Risk Summits that have taken place.

3. NHS Trust Development Agency

3.1. The NHS Trust Development Agency (TDA) provides support, oversight and governance for all NHS Trusts. They provide leadership and support to the non-Foundation Trust sector of the NHS. The TDA oversees the performance management of these NHS Trusts and provides guidance and support on their journey to achieving Foundation Trust Status. The key functions of the TDA are as follows:

- monitoring performance of NHS Trusts and provide support to help improve the quality and sustainability of their services
- assurance of clinical quality, governance and risk in NHS Trusts
- supporting the transition of NHS Trusts to Foundation Trust status
- appointments to NHS Trusts of Chairs and Non-Executive members and trustees for NHS Charities where the Secretary of State has a power to appoint.

3.2. 3.2 The CCG works collaboratively with the TDA relating to local providers who have aspirations to become a Foundation Trust. Examples of such collaborative working since April 2013 include:

- the Chair of Southport & Formby CCG, Chief Nurse and Deputy Head of Quality & Safety accompanying the TDA on a support visit / walkaround to the A&E department at Southport & Ormskirk Hospitals NHS Foundation Trust;

- information sharing via meetings / telecoms specific to providers and the Quality Surveillance process which is in place e.g. Merseyside Quality Surveillance Group and Quality Review Meetings

- Local providers who are currently receiving support from the TDA are:

  - Southport & Ormskirk NHS Trust
  - Liverpool Community Health NHS Trust
  - Mersey Care NHS Trust.

4. Monitor

4.1. Monitor is a sector regulator for health services in England. Their responsibilities include making sure that NHS Foundation Trusts are well led and run efficiently so they can continue delivering good quality services. They have enforcement powers which include setting and enforcing a framework of rules implemented in part through licences issued to NHS-funded providers.

4.2. Monitor work closely with the CQC as a fellow sector regulator regarding quality and safety issues with providers and with the TDA to enable NHS Trusts to earn the freedom that NHS Foundation Trust status brings. In addition, they have a role when providers experience serious financial difficulty to ensure services continue to be provided on a sustainable basis.

4.3. The CCG works collaboratively with Monitor relating to local providers who have NHS Foundation Trust status. Examples of such collaborative working since April 2013 include:

- information sharing via meetings / telecoms specific to providers and the Quality Surveillance process which is in place e.g. Merseyside Quality Surveillance Group, Quality Review Meetings and Quality Risk Summits;

- specific collaboration with regard to Aintree University Hospital NHS Foundation Trust and issues relating to investigation for breach of licence

5. Recommendations

The Governing Body is asked to receive this report by way of assurance.

Appendices

Care Quality Commission Essential Quality & Safety Standards.

Debbie Fagan
January 2014

NHS
Southport and Formby
Clinical Commissioning Group

Appendix 1

Care Quality Commission Essential Quality & Safety Standards

Involvement and information
Outcome 1: Respecting and involving people who use services
Outcome 2: Consent to care and treatment
Outcome 3: Fees

Personalised care, treatment and support
Outcome 4: Care and welfare of people who use services
Outcome 5: Meeting nutritional needs
Outcome 6: Cooperating with other providers

Safeguarding and safety
Outcome 7: Safeguarding people who use services from abuse
Outcome 8: Cleanliness and infection control
Outcome 9: Management of medicines
Outcome 10: Safety and suitability of premises
Outcome 11: Safety, availability and suitability of equipment

Suitability of staffing
Outcome 12: Requirements relating to workers
Outcome 13: Staffing
Outcome 14: Supporting workers

Quality and management
Outcome 15: Statement of purpose
Outcome 16: Assessing and monitoring the quality of service provision
Outcome 17: Complaints
Outcome 18: Notification of death of a person who uses services
Outcome 19: Notification of death or unauthorised absence of a person who is detained
Or liable to be detained under the Mental Health Act 1983
Outcome 20: Notification of other incidents
Outcome 21: Records

Suitability of management
Outcome 22: Requirements where the service provider is an individual or partnership
Outcome 23: Requirement where the service provider is a body other than a partnership
Outcome 24: Requirements relating to registered managers
Outcome 25: Registered person: training
Outcome 26: Financial position
Outcome 27: Notifications – notice of absence
Outcome 28: Notifications – notice of changes

Key Issues Report to Governing Body
January 2014

NHS
Southport and Formby
Clinical Commissioning Group

Audit Committee Meeting held on 15 January 2014	Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
HFMA Audit Committee Survey	Risk to quoracy	• MMcD will invite Secondary Care Dr to join Audit Committee whilst maintaining quoracy at 2 members.
Counter Fraud Requirement for further Anti Bribery and Corruption training	Prosecution under Bribery Act.	• BMcN will arrange to make presentations at the following events: PLT Medicines Management/Pharmacy meetings Joint Board Development meetings. Induction meetings. • Compliance Strategy framework supplied by Local Counter Fraud will be used as template for action plan – MMcD to lead.
Internal Audit Significant assurance given in areas relating to Conflict of Interest Benchmarking, Committee Arrangements, and CSU Contract Management	Management of and reporting of action plans drafted in response to MIAA reports.	• MIAA will supply a composite report of external recommendations • KJ will investigate process/assurance for CSU relating to ISA 3402 audit assurance.
Legacy Balances	CCG has reviewed provision for CHC and noted that this may need to be increased	• NHS England have been notified.

Information Points for Southport and Formby CCG Governing Body (for noting)
Committee Work Schedule The work schedule has been agreed.
Meeting Dates The meeting dates have been agreed for the financial year 2014/2015
External Audit Plan The External Audit Plan was approved by Committee including materiality of Overall Materiality - £3.2m and Clearly trivial reporting de minimis of £164k. The Committee noted the relevant risks to be considered this year including: 1. Risk of management override of controls 2. Risk of fraud in revenue recognition 3. Risk of fraud in expenditure recognition 4. Risk of material misstatement in opening balances 5. Risk of material misstatement in relation to continuing healthcare provisions Risks 1- 3 are generic risks highlighted at all CCGs.
Information Governance Toolkit Audit Committee delegated responsibility for the sign off of the CCG's IG Toolkit submission (March 2014) to the Audit Committee Chair and Chief Finance Officer.
Scheme of Delegation Signatory lists for raising sales invoices have been approved. Ordering approval will be reduced to £20k in line with invoice approval.
Internal Audit MIAA will provide bespoke training to include Audit and Counter Fraud responsibilities at a joint board development session. The Audit Committee noted the significant assurance ratings in the audits relating to Conflict of Interest Benchmarking, Committee Arrangements, and CSU Contract Management
Accounting Policies produced by NHS England Audit Committee delegated responsibility for the sign off of the Accounting Policies produced by NHS England to the Audit Committee Chair and Chief Finance Officer

Key Issues
Health and Wellbeing Programme Group

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Meeting Date	9 January 2014
Chair	Peter Morgan, Sefton Council

Key Issues	Risks Identified	Mitigating Actions
1. Developing the Better Care Fund bid utilising the principles of the Integration Model in Sefton.	• Inability to reduce unplanned hospital admissions. • Inability to sustain capacity in transforming primary and secondary care.	• Shared vision between the CCG and the Local Authority. • Shared planning. • Shared commissioning priorities within the available CCG and Local Authority resource envelope.
2. Increasing the knowledge across the Health and Wellbeing Board and partners of the Integrated Care Models – Virtual Ward and Care Closer to Home.	• Partners not fully conversant in model for integration.	• Planned workshop with key stakeholders to develop ownership of the model. • Additional sessions for other stakeholders as and when, as the model develops.

Recommendations to the Governing Body
These issues are brought to the attention of the Governing Body by way of update and assurance.

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
January 2014

Agenda Item: 14/19	**Author of the Paper:** Tracy Jeffes Head of Delivery and Integration Tracy.Jeffes@southportandformbyccg.nhs.uk Tel 0151 247 7049
Report date: January 2014	

Title: Assurance Framework - Update

Summary/Key Issues:

For Quarter 2, the overall Assurance Rating remains as 'reasonable', as key positive assurances on controls predominately relate to internal audit, assessment and validation of evidence. As the year progresses and more external assurance is gained, it is expected that Assurance Ratings will increase to 'significant' and the Governing Body will be able to determine the progress in managing strategic risks through receipt of the Assurance Framework 2013/14 in the ensuing Quarters 3 and 4.

Recommendation:

The Governing Body is asked to receive the contents of this report by way of assurance.

Receive	X
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
X	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
X	To maintain systems to ensure quality and safety of patient care.
X	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
X	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
X	To sustain engagement of CCG members and public partners and stakeholders.
X	To drive clinical leadership development through Governing Body, locality and wider constituent 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	
Resource Implications Considered	X			
Locality Engagement	X			
Presented to other Committees	X			Presented to QC on 22 January. Previously renewed Corporate Governance Support Group.

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

Report to the Governing Body
January 2014

1.0 Background

The Assurance Framework ('AF') provides the Governing Body with assurances that risks to the achievement of the CCG's organisational goals and objectives in 2013/14 have been identified and that measures to mitigate those risks have been implemented. It is to be expected that in the first and second quarters of the financial year, gaps in controls and assurances will be evident, as plans, work programmes and action plans will continue to be implemented throughout 2013/14 (some of which will not due for completion until the end of the financial year). The AF is a key element of the CCG's system of internal control and its' primary purpose is to identify, evaluate and manage the impact of high-level strategic and operational risks and provide evidence of robust systems of internal control for the CCG's Annual Governance Statement, which must form part of the Annual Accounts process.

The 2013/14 AF enables a focused view on the challenges to the delivery of key corporate objectives agreed for 2013/14 as at Quarter 2.

2.0 AF Position Statement

The 2013/14 Assurance Framework is populated and updated through the process detailed in the Risk Management Strategy. High-level risks have been aligned against the CCG's six corporate objectives:

1. to consolidate a robust Strategic Plan within the CCG financial envelope;
2. to enhance systems to ensure quality & safety of patient care;
3. to establish the Programme Management approach and deliver the CCG programmes for whole system transformation, reduction in health inequalities and improved CCG performance;
4. to collaborate with the Cheshire & Merseyside CSU to ensure delivery of successful support to the CCG
5. to strengthen engagement of CCG members, public, partners and stakeholders;
6. to drive clinical leadership development through Governing Body, locality and wider constituent development

For Quarter 2, the overall Assurance Rating remains as 'reasonable', as key positive assurances on controls predominately relate to internal audit, assessment and validation of evidence. As the year progresses and more external assurance is gained, it is expected that Assurance Ratings will increase to 'significant' and the Governing Body will be able to determine the progress in managing strategic risks through receipt of the Assurance Framework 2013/14 in the ensuing Quarters 3 and 4.

2.1 The following risks have been reduced following the Quarter 2 review:

- ***Delays in implementing Care Closer to Home will impact on demand in the Integrated Care Organisation which will have financial consequences this year and in future years*** – the impact of the Care Closer to Home programme and control measures in place to ensure reduced risk have been evidenced by Southport & Ormskirk Hospitals NHS Trust achieving the 4hr A&E target for Quarter 2;

- ***Lack of GP engagement & information sharing will make projects financially unviable*** – reduced from 8 to 4 due to additional control measure of monthly MDT meetings from August 2013;

- ***Non-delivery of financial targets due to inadequate financial management within internal CCG expenditure budgets*** – reduced from 12 to 8 due to effectiveness of control measures in place (internal Audit Plan);

- ***Lack of KPIs will impact on delivery of some programmes in 2013/14*** – reduced from 9 to 4 due to KPIs developed in Q2); and;

- ***Possible requirement to re-procure CSU services. Risk that re-procurement would divert CCG resources away from service delivery*** – risk score reduced from 12 to 8 due to Updated guidance from NHS England, CCGs are now able to re-negotiate SLAs.

3.0 Conclusion

The CCG's 2013/14 Assurance Framework highlights the key risks to the agreed corporate objectives for 2013/14 and will ultimately contribute to the provision of the Annual Governance Statement at the end of the financial year.

The current version details the risks, control measures and evidence of assurance as at Quarter 2 (1 July 2013 to 30 September 2013). Gaps in controls and appropriate assurances have been identified where possible, with descriptions of action plans and work programmes intended to close identified gaps included to provide the Governing Body with an oversight of where key pieces of evidence will be gained as the year progresses.

4.0 Recommendation

The Governing Body is asked to receive the contents of this report by way of assurance.

Appendices

Appendix 1 – Assurance Framework 1 July 2013 – 30 September 2014 (Quarter 2)
Appendix 2 – Assurance Framework 2013-14 – Assurance Rating Summary (Quarter 2)

Tracy Jeffes
January 2014

Assurance Framework
1 July 2013 - 30 September 2014 (Quarter 2)

NHS
Southport and Formby
Clinical Commissioning Group

Corporate Objective 1: To Consolidate a Robust Strategic Plan within the CCG Financial Envelope	**Governing Body Reports**
Lead Officer/Risk Owner: Jan Leonard / Billie Dodd	

Principal Risks ***Risk Owner*:**	**Risk Status (L x C)**	**Key Controls**	**Assurances on Controls**	**Key Positive Assurance (**External / Independent)**	**Gaps in Control or Assurance (GIA) or (GIC)**	**Corrective Action**	**Responsibility Target Date**
1.1 Delays in implementing Care Closer to Home will impact on demand in the Integrated Care Organisation which will have financial consequences this year and in future years	**3x3**	1. Strategic Partnership Board monitoring progress of implementation 2. Monitoring activity rates via CSU information portals and contract meeting	Exception reporting via Chief Officer report to Governing Body Contract motoring via F&R Committee	**Significant** **Reasonable** Monthly minutes of F&R committee are reported to Governing Body and Chief Officers report is submitted to the Governing Body (standing agenda Items) **Limited**			

Progress Reports	**Q1**	Project sponsor (joint funded post) commencing end July 13. Primary care work stream due to meet for first time in early August.	**Assurance Rating**	**Reasonable**
	Q2	Trust met 4hr A&E target in Q2		**Reasonable**
	Q3			
	Q4			

Corporate Objective 1: To Consolidate a Robust Strategic Plan within the CCG Financial Envelope				**Governing Body Reports**			
Lead Officer/Risk Owner: Jan Leonard / Billie Dodd							
Principal Risks ***Risk Owner***	**Risk Status (L x C)**	**Key Controls**	**Assurances on Controls**	**Key Positive Assurance (**External / Independent)**	**Gaps in Control or Assurance (GIA) or (GIC)**	**Corrective Action**	**Responsibility Target Date**
1.2 Lack of political and/or stakeholder support for transformational change will affect the ability to deliver effectively & impact on integration at community level	**3x3**	Schedule in place for engagement events with patients and public Board to Board meetings with West Lancs Strategic Partnership Board meet monthly	Feedback from stakeholder events rationalised & reviewed by Senior Management Team in collaboration with Communications & Engagement Team Exception reporting via Chief Officer report to Governing Body	**Significant** **Reasonable** Minutes/reports of Steering Group presented by GP Lead to Governing Body Chief Officers report is submitted to the Governing Body (standing agenda Item) **Limited**			

Progress Reports	**Q1**	Stakeholder Event (Big Chat) scheduled for Quarter 2 (July 2013).	**Assurance Rating**	**Reasonable**
	Q2	'Little Chats' in November 2013. CCH reflects better stakeholder involvement		**Reasonable**
	Q3			
	Q4			

Corporate Objective 1: To Consolidate a Robust Strategic Plan within the CCG Financial Envelope				Governing Body Reports			
Lead Officer/Risk Owner: Martin McDowell							
Principal Risks ***Risk Owner***	**Risk Status (L x C)**	**Key Controls**	**Assurances on Controls**	**Key Positive Assurance (**External / Independent)**	**Gaps in Control or Assurance (GIA) or (GIC)**	**Corrective Action**	**Responsibility Target Date**
Finance 1.3 Non-delivery of financial targets due to inadequate financial management within internal CCG expenditure budgets	**2x4**	Internal and External Audit Plan in place to review systems of internal control Robust financial management process in place to ensure reserves and contingency are utilised in an appropriate manner Internal budgetary management process in place to support and challenge budget holder to deliver within agreed limit	Financial Plan for 2013/14 signed off by Finance & Resource Committee Monthly Finance performance reports presented to Finance & Resource Committee with reporting to Governing Body by exception report	**Significant** **Reasonable** Governing Body in receipt of Finance & Resource Committee minutes and exception reports **Limited**			

Progress Reports	**Q1**		**Assurance Rating**	**Reasonable**
	Q2	Risk reduced from 3x4 to 2x4 due to effectiveness of control measures in place (internal Audit Plan);		**Reasonable**
	Q3			
	Q4			

Corporate Objective 1: To Consolidate a Robust Strategic Plan within the CCG Financial Envelope				Governing Body Reports			
Lead Officer/Risk Owner: Martin McDowell							
Principal Risks ***Risk Owner***	**Risk Status (L x C)**	**Key Controls**	**Assurances on Controls**	**Key Positive Assurance (**External / Independent)**	**Gaps in Control or Assurance (GIA) or (GIC)**	**Corrective Action**	**Responsibility Target Date**
Finance 1.4 Non-delivery of financial targets due to over-performance/in-effective demand management of activity levels within acute and community provider contracts	**2x4**	Provider contracts agreed and signed with specified activity levels and associated costs Robust financial planning and control process in place Internal and External Audit Plan in place to review systems of internal control Agreed contract includes marginal rate clause for first 1.5 million over performance Central funding received by Trust should mitigate any pressures in Acute Sector over Winter period	Agreed provider contracts signed for 2013/14, with robust contract management arrangements in place to maintain/deliver activity and associated costs within agreed limits Monthly provider contract review meetings in place to verify performance and quality (including CQUIN) Financial Plan for 2013/14 signed off by Finance & Resource Committee Monthly Finance performance reports presented to Finance & Resource Committee with reporting to Governing Body by exception report Internal budgetary management process in place to support and challenge budget holder to deliver within agreed limit	**Significant** **Reasonable** Governing Body in receipt of Finance & Resource Committee minutes and exception reports **Limited**			
Progress Reports	**Q1**					**Assurance Rating**	**Reasonable**
	Q2	Risk reduced due to additional controls i.e Central funding for Trust to mitigate winter pressures and activity levels					**Reasonable**
	Q3						
	Q4						

Corporate Objective 1: To Consolidate a Robust Strategic Plan within the CCG Financial Envelope				Governing Body Reports			
Lead Officer/Risk Owner: Martin McDowell							
Principal Risks ***Risk Owner***	**Risk Status (L x C)**	**Key Controls**	**Assurances on Controls**	**Key Positive Assurance (**External / Independent)**	**Gaps in Control or Assurance (GIA) or (GIC)**	**Corrective Action**	**Responsibility Target Date**
QIPP 1.5 Non-delivery of 2013/14 QIPP Plan which supports transformational change	**3x4**	QIPP targets identified within the 2013/14 financial plan QIPP plans in place to deliver required financial cost reductions	QIPP financial savings targets and plans signed off by the Governing Body Monthly financial performance reports (including QIPP targets and associated savings) presented to Finance and Resource Committee and reviewed by the Governing Body	**Significant** **Reasonable** Finance Reports produced by/for F&R Committee received & reviewed by Governing Body **Limited**			
Progress Reports	**Q1**					**Assurance Rating**	**Reasonable**
	Q2						**Reasonable**
	Q3						
	Q4						

Corporate Objective 2: To Enhance Systems to Ensure Quality and Safety of Patient Care				Governing Body Reports			
Lead Officer/Risk Owner: Debbie Fagan							
Principal Risks ***Risk Owner***	**Risk Status (L x C)**	**Key Controls**	**Assurances on Controls**	**Key Positive Assurance (**External / Independent)**	**Gaps in Control or Assurance (GIA) or (GIC)**	**Corrective Action**	**Responsibility Target Date**
CQUINS 2013/14 2.1 Lack of capacity within CCG to ensure delivery of CQUINS for 2013/14 will lead to insufficient monitoring systems, impacting on quality and health outcomes	**3x3**	1. Regular reporting to Quality Committee 2. Revision of OD Plan for 2013/14 3. Formal exception reporting to Quality Committee from GP Clinical Lead for Quality and CQUIN. 4. Monthly contract meetings is in place to review and verify performance and activity on provider contracts including CQUIN 5. Monthly contract meetings is in place to review and verify performance and activity on provider contracts including CQUIN 6. WTE resource Programme Manager – Quality & Safety in post September 2013.	Monthly performance reports to Quality Committee received by Governing Body Clinical reviews of plans to ensure no adverse effect Chief Nurse leads on Quality to ensure that quality is maintained via established resources Quality reporting standing agenda item for Governing Body Chief Nurse member of Finance & Resource Committee. Senior Finance Team member attached to the Quality Committee to ensure risk is minimised Chief Nurse in attendance at provider quality meetings with provider since October 2012	**Significant** **Reasonable** Governing Body receipt of Quality Committee minutes/exception reports Chief Nurse has lead for Quality, is Governing Body Member and reports directly to Governing Body on Quality issues **Limited**			
Progress Reports	**Q1**	WTE resource identified to support Chief Nurse for Quality portfolio area. Planned recruitment date July 2013.				**Assurance Rating**	**Reasonable**
	Q2						**Reasonable**
	Q3						
	Q4						

Corporate Objective 2: To Enhance Systems to Ensure Quality and Safety of Patient Care				**Governing Body Reports**			
Lead Officer/Risk Owner: Debbie Fagan							
Principal Risks ***Risk Owner***	**Risk Status (L x C)**	**Key Controls**	**Assurances on Controls**	**Key Positive Assurance (**External / Independent)**	**Gaps in Control or Assurance (GIA) or (GIC)**	**Corrective Action**	**Responsibility Target Date**
HCAIs 2.2 CCG will exceed trajectories for HCAI impacting on patient safety & non-achievement of quality premium	**3x4**	1. Regular reporting to Quality Committee on HCAIs 2. CQPG reporting 3. CDIF Task & Finish Group established (progress reports to Quality Committee) 4. Mersey Clinical Commissioning Network Established July 2013 (ToR agreed Sept 2013), HCAIs standing agenda item	Minutes of Quality Committee meetings Minutes of CQPG received by Quality Committee Progress/Exception reports by CDIF Task & Finish Group received by Quality Committee Chief Nurse provides monthly reports on HCAIs to Quality Committee & Governing Body	**Significant** **Reasonable** Quality Committee reports/minutes received by Governing Body (standard agenda item) Chief Nurse has lead for Quality, is Governing Body Member and reports directly to Governing Body on Quality issues **Limited**	Debate at July 2013 Healthcare Acquired Infection meeting regarding provider involvement going forward. Terms of Reference to be confirmed at meeting in September 2013. A local group may then need to be configured.	Mersey Clinical Commissioning Network will meet in July 2013 (HCAI meeting)	DF – Sept 2013. Completed

Progress Reports	**Q1**	Mersey Clinical Commissioning Network will meet in July 2013 (HCAI meeting)	**Assurance Rating**	**Reasonable**
	Q2			**Reasonable**
	Q3			
	Q4			

Corporate Objective 3: To Establish the Programme Management Approach and Deliver the CCG Programmes for Whole System Transformation, Reduction in Health Inequalities and Improved CCG Performance				**Governing Body Reports**			
Lead Officer/Risk Owner: Malcolm Cunningham							
Principal Risks ***Risk Owner***	**Risk Status (L x C)**	**Key Controls**	**Assurances on Controls**	**Key Positive Assurance (**External / Independent)**	**Gaps in Control or Assurance (GIA) or (GIC)**	**Corrective Action**	**Responsibility Target Date**
3.1 Lack of capacity within CCG will restrict delivery of all programmes in 2013/14 impacting on achievement of Outcomes Framework 2013/14	**3x2**	Full capacity of Programme Management Office achieved with no gaps identified Balanced Scorecard produced for each programme PMO reporting to Finance & Resource Committee Programme tracking in place via PMO	Minutes of Finance & Resource Committee Oversight of Balanced Scorecards by PMO, exception reports to Finance & Resource Committee	**Significant** **Reasonable** Minutes of Finance & Resource Committee received by Governing Body (monthly) **Limited**			
Progress Reports	**Q1**					**Assurance Rating**	**Reasonable**
	Q2						**Reasonable**
	Q3						
	Q4						

Corporate Objective 3: To Establish the Programme Management Approach and Deliver the CCG Programmes for Whole Ssystem Transformation, Reduction in Health Inequalities and Improved CCG Performance				**Governing Body Reports**			
Lead Officer/Risk Owner: Malcolm Cunningham							
Principal Risks ***Risk Owner***	**Risk Status (L x C)**	**Key Controls**	**Assurances on Controls**	**Key Positive Assurance (**External / Independent)**	**Gaps in Control or Assurance (GIA) or (GIC)**	**Corrective Action**	**Responsibility Target Date**
3.2 Lack of sufficient financial data for most programmes makes benefits and outcomes difficult to define	**3x3**	PMO reporting to Finance & Resource Committee Staff recruitment to Finance Team to improve financial data/information for programmes	Minutes of Finance & Resource Committee	**Significant** **Reasonable** Minutes of Finance & Resource Committee received by the Governing Body (monthly) **Limited**			
Progress Reports	**Q1**	Staff recruitment to Finance Team in Quarter 2 to improve financial data/information for programmes				**Assurance Rating**	**Reasonable**
	Q2						**Reasonable**
	Q3						
	Q4						

Corporate Objective 3: To establish the Programme Management approach and deliver the CCG programmes for whole system transformation, reduction in health inequalities and improved CCG performance				**Governing Body Reports**			
Lead Officer/Risk Owner: Malcolm Cunningham							
Principal Risks ***Risk Owner***	**Risk Status (L x C)**	**Key Controls**	**Assurances on Controls**	**Key Positive Assurance (**External / Independent)**	**Gaps in Control or Assurance (GIA) or (GIC)**	**Corrective Action**	**Responsibility Target Date**
3.3 Lack of KPIs will impact on delivery of some programmes in 2013/14	**2x2**	PMO reporting to Finance & Resource Committee KPIs developed and reported against programmes (Q2)	Minutes of Finance & Resource Committee and exception reports Reported via Finance & Resources Committee	Significant **Reasonable** Minutes of Finance & Resource Committee received by the Governing Body bi-monthly **Limited**			
Progress Reports	**Q1**					**Assurance Rating**	**Reasonable**
	Q2	Risk reduced from 3x3 to 2x2 due to KPIs developed in Q2					**Reasonable**
	Q3						
	Q4						

Corporate Objective 4: To Collaborate with the Cheshire & Merseyside CSU to Ensure Delivery of Successful Support to the CCG				Governing Body Reports			
Lead Officer/Risk Owner: Tracy Jeffes							
Principal Risks ***Risk Owner***	**Risk Status (L x C)**	**Key Controls**	**Assurances on Controls**	**Key Positive Assurance (**External / Independent)**	**Gaps in Control or Assurance (GIA) or (GIC)**	**Corrective Action**	**Responsibility Target Date**
4.1 Lack of capacity and capability of CSU to deliver sufficient support in a responsive manner within resource envelope	**2x4**	1. SLA in place with Provider 2. Contract/Performance Monitoring Group 3. Exception reporting on performance and delivery is a standing agenda item at SMT	Monthly meeting of Performance Monitoring Group Head of Client Operations – CSU to attend weekly SMT meetings to support Specific agreement reached with CSU to ensure continuation of locally based communications and engagement capability. Reports to Finance & Resource Committee on 6 monthly basis	**Significant** **Reasonable** Governing Body receives minutes of Finance & Resource Committee **Limited**			

Progress Reports	**Q1**	Development of KPIs to ensure more robust contract management	**Assurance Rating**	**Reasonable**
	Q2	Develop more systematic reporting on performance for Quarter 3		**Reasonable**
	Q3			
	Q4			

Corporate Objective 4: To Collaborate with the Cheshire & Merseyside CSU to Ensure Delivery of Successful Support to the CCGs				Governing Body Reports			
Lead Officer/Risk Owner: Tracy Jeffes							
Principal Risks ***Risk Owner***	**Risk Status (L x C)**	**Key Controls**	**Assurances on Controls**	**Key Positive Assurance (**External / Independent)**	**Gaps in Control or Assurance (GIA) or (GIC)**	**Corrective Action**	**Responsibility Target Date**
4.2 Possible requirement to re-procure CSU services. Risk that re-procurement would divert CCG resources away from service delivery	**2x4**	Plan produced in draft for re-procurement identifying timescales, resource requirements, impacts and risks Updated guidance from NHS England, CCGs are now able to re-negotiate SLAs – no longer a risk against delivery for 2013/14	Progress reports to SMT Progress/exception reports to Finance & Resource Committee	**Significant** **Reasonable** Minutes of Finance & Resource Committee received by Governing Body **Limited**	(GIC) Plan currently in draft form	Final plan timescale December 2013 Plan to re-negotiate SLA to enable changes to service provision prior to 2016	Tracy Jeffes – December 2013 Report to Governing Body highlighting changes and services re-negotiated in January 2014 (Q4)

Progress Reports	**Q1**		**Assurance Rating**	**Reasonable**
	Q2	Due to updated guidance from NHS England, CCGs are now able to re-negotiate SLAs -		**Reasonable**
	Q3			
	Q4			

Corporate Objective 5: To Strengthen Engagement of CCG Members, Public, Partners and Stakeholders				Governing Body Reports			
Lead Officer/Risk Owner: Jan Leonard / Billie							
Principal Risks ***Risk Owner***	**Risk Status (L x C)**	**Key Controls**	**Assurances on Controls**	**Key Positive Assurance (**External / Independent)**	**Gaps in Control or Assurance (GIA) or (GIC)**	**Corrective Action**	**Responsibility Target Date**
5.1 Inability to maintain active involvement of all constituents and stakeholders	**3x4**	Refreshed Communications and Engagement Strategy 2013 Increased development of Locality model & resourcing Effective running of Engagement and Patient Experience Group in place to ensure on-going active involvement of key partners e.g. Sefton Healthwatch, the voluntary sector and Sefton Council & coordination of local patient and public activities CCG public-facing internet site now live Lead locality GP, Practice Nurse & Practice Manager meetings on monthly basis for each locality	Documented evidence of involvement Quarterly Wider Constituent meetings with GP attendance recorded/minuted Minutes of GP/Practice Manager and Practice Nurse Locality Meetings	**Significant** **Reasonable** Governing Body receives minutes of Locality Meetings **Limited**			
Progress Reports	**Q1**	Refresh of locality web pages on intranet				**Assurance Rating**	**Reasonable**
	Q2	Quality of conversations with stakeholders having positive effect on improvement					**Reasonable**
	Q3						
	Q4						

Corporate Objective 6: To drive clinical leadership development through Governing Body, locality and wider constituent development				**Governing Body Reports**			
Lead Officer/Risk Owner: Jan Leonard / Billie Dodd							
Principal Risks ***Risk Owner***	**Risk Status (L x C)**	**Key Controls**	**Assurances on Controls**	**Key Positive Assurance (**External / Independent)**	**Gaps in Control or Assurance (GIA) or (GIC)**	**Corrective Action**	**Responsibility Target Date**
6.1 Lack of capacity amongst clinical colleagues to ensure personal development and facilitate active involvement	**4x3**	OD Plan refreshed for 2013/14 Increased development of Locality model and resourcing Monthly joint development session for Governing Body members and clinical leads Documented and robust PDR process for Governing Body members and locality lead roles	Records of developmental sessions for Governing Body members/clinical leads Minutes of Locality Meetings	**Significant** **Reasonable** Governing Body oversight of PDR process for members/clinical and locality leads via exception reporting Minutes of Locality Meetings received by Governing Body **Limited**			
Progress Reports	**Q1**	Primary Care Quality Strategy in consultation. Governing Body development sessions on-going in 2013/14				**Assurance Rating**	**Reasonable**
	Q2	Remuneration Panel due to meet in Q3 to free up GP capacity to enable attendance at locality meetings					**Reasonable**
	Q3						
	Q4						

Corporate Objective 6: To drive clinical leadership development through Governing Body, locality and wider constituent development				Governing Body Reports			
Lead Officer/Risk Owner: Jan Leonard / Billie Dodd							
Principal Risks ***Risk Owner***	**Risk Status (L x C)**	**Key Controls**	**Assurances on Controls**	**Key Positive Assurance (**External / Independent)**	**Gaps in Control or Assurance (GIA) or (GIC)**	**Corrective Action**	**Responsibility Target Date**
6.2 Re-election of clinical members of Governing Body in 13/14 could slow down locality and wider constituent development.	**4x3**	Job descriptions and person specifications issued to ensure aspirant members are aware of requirements Induction process for new Governing Body members	Governing Body oversight of PDR process via exception reporting Training and development records, attendance at Governing Body development sessions.	**Significant** **Reasonable** Governing Body oversight of PDR process and attendance at developments sessions for members. **Limited**			
Progress Reports	**Q1**	Workshop to be held for aspirant GB members regarding development and skill set required				**Assurance Rating**	**Reasonable**
	Q2	Proposal for election to be considered at 9th October Wider Constituents Group					**Reasonable**
	Q3						
	Q4						

Principal Risks: are what could prevent key objectives from being achieved. Key risks should be true risks (rather than consequences), and so cannot just be the converse of the objective.

Assurance Rating Section: this shows section seeks to help the Governing Body to 'weight' the assurance provided by Risk Owners. It directs the amount of attention it needs to spend in reviewing entries on the Assurance Framework. The categories are 'Limited', 'Reasonable' and 'Significant'. The Governing Body should be expecting to see 'Reasonable' assurance for the entries in the document unless there is a specific reason for this not to happen. For example, a new care pathway introduced in quarter 1 might only have been given limited assurance as the implementation plan for the pathway has only just begun. As the year progresses the assurance rating should increase with the embedding of the pathway.

Key Controls: are factors, systems or processes that are in place to mitigate the principal risk(s) and assist in securing delivery of the relevant key objective. Key controls should be robust and specific and properly match the associated key objective(s). For example; a sub committee or committee of the Governing Body which is tasked with monitoring the specific risk.

Assurance on Controls: are sources of evidence demonstrating that the key controls are effective. Assurances should be matched with specific key control(s) wherever possible.

Gaps in Control: indicates where the organisation has failed to put key controls in place, or has failed to make key controls effective.

Gaps in Assurance: indicates where the organisation is failing to gain evidence that key controls are effective.

Corrective Action: shows what will or is being done to address the gap(s) in control or assurance.

Responsibility / Target Date: shows the Director (or senior manager) responsible for appropriate and timely implementation of corrective action(s) and the expected date by which actions should be completed.

Progress reports provide a quarterly update on achievement of action plans and identify where gaps in control or assurance have been addressed. They should also indicate where the risk grading has changed for any risks associated with that objective.

Generally, Assurance Frameworks should map key objectives to principal risks, key controls and assurances explicitly. Assurance frameworks should be embedded and dynamic, providing regular Governing Body information and not viewed as year-end exercises.

Assurance Rating

Limited Rating – Insufficient Assurance Provided
A limited assurance rating will be applied where a risk owner has failed to record any evidence within the 'Key Positive Assurance' column during that quarter or where only minimal evidence is provided, all of which is deemed as providing 'limited assurance'.

Reasonable Rating – Adequate Assurance Provided
A reasonable assurance rating will be applied where a risk owner has recorded in the 'Key Positive Assurance' column at least one piece of evidence deemed 'reasonable' assurance together with a number of pieces of evidence deemed 'limited' assurance.

Significant Rating – Substantial Assurance Provided
A significant risk rating will be applied where a risk owner has recorded in the 'Key Positive Assurance' column a minimum of one piece of evidence deemed as providing 'significant' assurance **or** a number of pieces relating to different aspects of assurance deemed 'reasonable'

Examples of what constitutes differing levels of assurance:

Key Positive assurance (** External/Independent) EXAMPLES OF TYPES OF ASSURANCE
**SHA Audit of data quality indicating no significant concerns, reported to Trust Governing Body January 2010, PCT commissioning committee February 2011. (significant assurance)
**CQC indicators met for relevant targets as reported in periodic review, October 2011 (significant assurance)
Performance Report received by the Trust Governing Body, most recent September 2009, showing performance within tolerance for overall achievement of target for Q1 (reasonable assurance)
Contract monitoring report to commissioning committee in September 2010 showing performance within tolerance for overall achievement of target for Q1 (reasonable assurance)
Performance report to Trust Governing Body, most recent September 2010, indicating current position against key targets (limited assurance)

EXAMPLE OF NEW LAYOUT
Significant Assurance
2010/11 prospectus published March 2009, included for information in Governing Body papers May 2010
Uptake report on attendance at Health & Safety courses at Health & Safety working group November 2010 shows 60% of staff have attended relevant courses, compared with 40% last year
Reasonable Assurance
Update report to HR committee September 2010 demonstrating 80% of required courses now established
Limited Assurance
Performance report to Trust Governing Body, most recent September 2010, indicating current position against key targets

Key Positive assurance

Risk Grading Matrix

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

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

Significant risk

Significant Risk

A risk which attracts a score of 8 or above on the risk grading matrix constitutes a significant risk and must be recorded on the Directorate Risk Register.

Assurance Framework 2013/14
Assurance Rating Summary Quarter 2

NHS
Southport and Formby
Clinical Commissioning Group

Key:
▼ L – Assurance rating reduced from previous Quarter
► M – Maintained assurance rating from previous Quarter
▲ H - Higher assurance rating than previous Quarter
Blank – No comparable rating

N/A – Not applicable – assurance not expected

Risk No	Risk Description	Risk Rating (L & C)	Accountable Lead	Assurance Rating Q1	Assurance Rating Q2	Assurance Rating Q3	Assurance Rating Q4	Assurance Rating Key
Corporate Objective 1: To consolidate a robust Strategic Plan within the CCG financial envelope								
Unique Identifier	Strategic risk transposed from Assurance Framework document	Risk rating based on agreed risk matrix	Identified lead on behalf of the CCG who is referred to as the 'Risk Owner' on the Assurance Framework document	These columns will state either 'Limited' 'Reasonable' or 'Significant' assurance has been awarded dependent on the weight of assurance provided				This column will have ▼or ►or ▲ inserted here to demonstrate any changes since last review
1.1	Delays in implementing Care Closer to Home will impact on demand in the Integrated Care Organisation which will have financial consequences this year and in future years	**3x3**	Jan Leonard/Billie Dodd	**Reasonable**	**Reasonable**			►
1.2	Lack of political and/or stakeholder support for changes will affect the ability to deliver effectively & impact on integration at community level	**3x3**	Jan Leonard/Billie Dodd	**Reasonable**	**Reasonable**			►
1.3	Non-delivery of financial targets due to inadequate financial management within internal CCG expenditure budgets	**1x4**	Martin McDowell	**Reasonable**	**Reasonable**			►
1.4	Non-delivery of financial targets due to over-performance/in-effective demand management of activity levels within acute and community provider contracts	**2x4**	Martin McDowell	**Reasonable**	**Reasonable**			►
1.5	Non-delivery of 2013/14 QIPP Plan which supports transformational change	**3x4**	Martin McDowell	**Reasonable**	**Reasonable**			►
Corporate Objective 2: To enhance systems to ensure quality & safety of patient care								
2.1	Lack of capacity within CCG to ensure delivery of CQUINS for 2013/14 will lead to insufficient monitoring systems, impacting on quality & health outcomes	**3x3**	Debbie Fagan	**Reasonable**	**Reasonable**			►
2.2	CCG will exceed trajectories for HCAI impacting on patient safety & non-achievement of Quality Premium	**3x4**	Debbie Fagan	**Reasonable**	**Reasonable**			
To establish the Programme Management approach and deliver the CCG programmes for whole system transformation, reduction in health inequalities and improved CCG performance								
3.1	Lack of capacity within CCG will restrict delivery of all programmes in 2013/14 impacting on achievement of meeting outcomes framework 2013/14	**3x3**	Malcolm Cunningham	**Reasonable**	**Reasonable**			►

Assurance Framework 2013/14
Assurance Rating Summary Quarter 2

Southport and Formby Clinical Commissioning Group

Key:
▼ L – Assurance rating reduced from previous Quarter
► M – Maintained assurance rating from previous Quarter
▲ H - Higher assurance rating than previous Quarter
Blank – No comparable rating

N/A – Not applicable – assurance not expected

Risk No	Risk Description	Risk Rating (L & C)	Accountable Lead	Assurance Rating Q1	Assurance Rating Q2	Assurance Rating Q3	Assurance Rating Q4	Assurance Rating Key
3.2	Lack of sufficient financial data for most programmes makes benefits and outcomes difficult to define	3x3	Malcolm Cunningham	Reasonable	Reasonable			►
3.3	Lack of KPIs will impact on delivery of some programmes in 2013/14	2x2	Malcolm Cunningham	Reasonable	Reasonable			►
Corporate Objective 4: To collaborate with the Cheshire & Merseyside CSU to ensure delivery of successful support to the CCG								
4.1	Lack of capacity and capability of CSU to deliver sufficient support in a responsive manner within resource envelope	2X4	Tracy Jeffes	Reasonable	Reasonable			►
4.2	Possible requirement to re-procure CSU services. Risk that re-procurement would divert CCG resources away from service delivery	2x4	Tracy Jeffes	Reasonable	Reasonable			►
Corporate Objective 5: To strengthen engagement of CCG members, public, partners and stakeholders								
5.1	Inability to maintain active involvement of all constituents and stakeholders	3x4	Tracy Jeffes	Reasonable	Reasonable			►
Corporate Objective 6: To drive clinical leadership development through Governing Body, locality and wider constituent development								
6.1	Lack of capacity amongst clinical colleagues to ensure personal development and facilitate active involvement	4x3	Tracy Jeffes/Jan Leonard/Billie Dodd	Reasonable	Reasonable			►
6.2	Re-election of clinical members of Governing Body in 13/14 could slow down locality and wider constituent development	4x3	Jan Leonard/Billie Dodd	Reasonable	Reasonable			►

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MEETING OF THE GOVERNING BODY
January 2014

Agenda Item: 14/20	**Author of the Paper:** Tracy Jeffes Head of Delivery and Integration Tracy.Jeffes@southportandformbyccg.nhs.uk Tel 0151 247 7049
Report date: January 2014	

Title: Corporate Risk Register - Update

Summary/Key Issues:

There are 21 risks recorded on the Southport and Formby CCG Corporate Risk Register as at 31st December 2013, one of which is rated as high level 'extreme' risk.

Recommendation:

The Governing Body is asked to receive this report by way of assurance.

Receive	X
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
X	To consolidate a robust CCG Strategic Plan within CCG financial envelope.
X	To maintain systems to ensure quality and safety of patient care.
X	To establish the Programme Management approach and deliver the CCG programmes for whole system transformation and improved CCG performance.
X	To ensure the Cheshire & Merseyside CSU delivers successful support to the CCGs.
X	To sustain engagement of CCG members and public partners and stakeholders.
X	To drive clinical leadership development through Governing Body, locality and wider constituent 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	

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees				Quality Committee on 22 January 2014. Also reviewed at the Corporate Governance Support Group

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

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Report to the Governing Body
January 2014

1.0 Background

Southport and Formby CCG's Corporate Risk Register is a record of all the identified risks presented with details of assessment (the risk score) and actions taken to manage and mitigate the risk. The Corporate Risk Register supports the CCG Assurance Framework by identifying operational risks which may impact on the ability to provide assurance against strategic risks.

All committees and sub-committees of the CCG are responsible for ensuring that risks associated within their areas of responsibility are identified, analysed, evaluated and treated. All new and updated risks are recorded on the risk register on a monthly basis, where they are then reviewed by the Senior Management Team. The risk review cycle includes:

- identification of new risks relating to the work of the CCG;
- closing of risks that are no longer relevant (or being managed to the extent that the risk is tolerable), and;
- review all open risks and action plans to ensure that they reflect the current status of the risk.

2.0 Corporate Risk Register Position Statement

There are 21 risks recorded on the Southport and Formby CCG Corporate Risk Register as at 31 December 2013, one of which is rated as a high level 'extreme' risk. A total of 5 risks have been reduced in terms of risk ratings since the September 2013 update, which evidences the on-going monitoring and mitigating action plans which assure the current controls in place. One risk (ID15) has increased in overall rating since the September 2014 update, with a focussed and robust action plan in place to provide additional control measures.

All risks are regularly reviewed and quality assured by members of the Senior Management Team in line with the CCG's Risk Management Strategy. The last update to the CRR occurred in December 2013.

New risks

One new risk (ID23) has been added for the December 2013 update and is scored as 16 (extreme).

3.0 Conclusion

Southport and Formby CCG's 2013/14 Corporate Risk Register highlights the key corporate risks as at 31st December 2013. Additional controls have been identified where possible, with descriptions of action plans and work programmes intended to close identified gaps.

4.0 Recommendation

The Governing Body is asked to receive this report by way of assurance.

Appendices

Appendix 1 – Corporate Risk Register

Tracy Jeffes
Head of Delivery and Integration
Southport and Formby CCG
January 2014

APPENDIX 1

CORPORATE RISK REGISTER

Last Saved:

By User: loughc

By User: LEWITR

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▼ Risk reduced
► Risk unchanged
▲ Risk increased

ID	Principal Risk	Organisational Goal	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Progress against action Plan	L	C	Current Risk Rating	Change Since Last Update
1	CCG fails to balance its budget/hit its financial target	Goal 1: to consolidate a robust Strategic Plan within the CCG's financial envelope	Financial Statutory	Governing Body to be advised by Chief Financial Officer Martin McDowell	Financial Reporting - Monthly finance reports - Finance and resources committee overview - Focus on Out-Turn position - Internal Systems - SFIs and SoRD - Review Internal and External audit reports -Use of Contingency Plans/Reserves - Monthly Provider Contract Reviews	2	5	10	(1) Clarify required regarding PCT disaggregation of baselines, particularly in respect of Specialised Commissioning and also intra-Sefton CCG arrangements. (2) Reserves held to offset against operational pressures. (3) Potential to defer investments if position deteriorates Board action should position deteriorate	CCG identified impact of likely baseline adjustments. Negotiating with partners to make adjustments in October	1	5	5	►
2	Continuing Healthcare Restitution claims exceed available resources	Goal 1: to consolidate a robust Strategic Plan within the CCG's financial envelope	Financial	Chief Financial Officer Martin McDowell/ Debbie Fagan /CSU	CMSU have made assessment of claims received at high level - estimate claims for CCG c. £0.8m having previously estimated. This was based on the Cluster's final assessment for 2012/13 financial year. It should be noted that the Cluster revised this figure downwards, having previously reported the likely assessment as £1.5m in the month before abolition	4	4	16	Confirmation of claimants by CMCSU on behalf of CCG/detailed review of claims to aid better forecast of costs. CHC update report received in November 2013.	Commissioned CSU to manage and progress quickly, although there are concerns as to capacity to deal with promptly. On going discussions regarding scope of role to CCG.	3	4	12	▼
3	Allocations/Financial Performance	Goal 1: to consolidate a robust Strategic Plan within the CCG's financial envelope	Financial	Chief Financial Officer Martin McDowell	CCG has received notification of potential revised allocation based on 'new formula'.	4	4	16	Pace of change policy likely to ensure transition period before introduction	Publication date 16th December. Reviewing details of allocations	3	3	9	▼
4	Changes in patient flow causes financial issues, primarily from fixed price to PbR contracts, increase in activity overall and the financial implications on the 13/14 contract negotiations	Goal 1: to consolidate a robust Strategic Plan within the CCG's financial envelope	Financial	Governing Body to be advised by Chief Financial Officer Martin McDowell	Review of patient choice procedures within guidance -monthly report - information shared with GP leads - practice level reporting of financial information	3	2	6	None	CCG monitoring performance accordingly. CCG has built impact of changes into contract, no reflected in plans. Reported in financial position	3	2	6	►

APPENDIX 1

CORPORATE RISK REGISTER

Last Saved:

By User: loughc

By User: **LEWITR**

NHS
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▼ Risk reduced
▶ Risk unchanged
▲ Risk increased

ID	Principal Risk	Organisational Goal	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Progress against action Plan	L	C	Current Risk Rating	Change Since Last Update
5	Increased costs arising from high cost drugs in secondary care	Goal 1: to consolidate a robust Strategic Plan within the CCG's financial envelope	Financial	Governing Body to be advised by Chief Financial Officer Martin McDowell / CCG Lead for Medicine Management Brendan Prescott	Review of cost implications Checking patients Liaison with secondary care clinicians	4	2	8	Clear horizon scanning by the CCG in preparation for 13/14 budgets - work with Public Health to determine impact	CCG monitoring performance accordingly - reported in financial position	2	2	4	▼
6	Lack of existing capacity of Hosted Safeguarding Children and Vulnerable Adults Service could impact on CCGs ability to discharge its statutory functions;	Goal 3 - Ensure that our populations received best possible outcomes	Quality	Chief Nurse Debbie Fagan	Service Hosted with NHS Halton CCG; Draft SLA in development; regular 1:1 meeting with named designated nurse for Sefton CCGs/Local Authority Area; Chief Nurse attends both Safeguarding Children and Safeguarding Adults Boards; CCG Boards under scheme of reservation and delegation reserve decision making remains at board level;	3	3	9	Service hosted with NHS Halton CCG, who are leading on recruitemnt to posts created to increase capacity and capability within the service. Agree and sign SLA with host CCG. Telecon between Chief Officer and Chief Nurses in August 2013 regarding progress of Safeguarding Hosted Service. Paper to be taken to the CCG Network in October 2013.	Recruitment completed but a member of the Children's Team has now resigned, necesitating a further recruitment process. Risk to remain the same until sign off of the SLA/recruitment to vacant post completed	3	3	9	▶
7	Need for clarity of roles and responsibilities between Safeguarding Hosted Service, CSU CHC team and LCH Provider Safeguarding Team to enable CCG to discharge their safeguarding function. Need for further clarity between health and social care commissioning / safeguarding for vulnerable adults.	Goal 3 - Ensure that our populations received best possible outcomes	Quality	Chief Nurse Debbie Fagan	Safeguarding Adults Lead is part of the commissioned service hosted by NHS Halton CCG; CSU CHC Team provide quality assurance / contract management, including safeguarding, for care homes; Safeguarding adults service is commissioned from LCH	4	5	20	Meeting with LA to clarify roles and responsibilities regarding safeguarding adults. (1) Chief Nurses have raised the need to have as an agenda item on the Mersey CCG Safeguarding Steering Group (to be Chaired by a CCG Chief Officer) (2) Clarification of the interface between Safeguarding Hosted Service, CHC CSU Team and any safeguarding adults service commissioned through a provider service. (3)To facilitate RCA / Lessons Learnt from recent safeguarding incident.	(1) An informal meeting to assess roles has taken place. (2) A meeting took place chaired by Halton CCG Chief Nurse. Halton CCG Chief Nurse has also met with the CHC/CSU lead. (3) A joint response has been drafted with the Local Authority regarding lessons learned from the recent safeguarding event. Further lessons learned event is planned for a recent incident facilitated by the Chief Nurse as Stage 1 of a process review. 16.11.13 Narrative Update. 1) The Safeguarding Hosted Service (Adults) have undertaken a series of meeting s with the LA to build relationships and define roles 2) The CHief Nurse has facilitated 2 x lessons learnt events to develop a Standard	3	4	12	▼

APPENDIX 1

CORPORATE RISK REGISTER

Last Saved:

By User: loughc

By User: **LEWITR**

NHS
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▼ Risk reduced
▶ Risk unchanged
▲ Risk increased

ID	Principal Risk	Organisational Goal	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Progress against action Plan	L	C	Current Risk Rating	Change Since Last Update
8	Unresolved restitution CHC cases may lead to reputational damage to CCG (to be read in conjunction with Risk 2 above)	Goal 3 - Ensure that our populations received best possible outcomes	Reputational/Adverse publicity	Chief Nurse Debbie Fagan	Commissioned Service from MCSU; Standing Agenda Item on Quality Committee; Reports to the Governing Body; Updates received from CHC Team;	4	3	12	Requested monthly performance report and remedial action plan from CHC Team; Locality Team Model for Sefton being developed by MCSU	A meeting took place chaired by Halton CCG's Chief Nurse, who has also met with the CHC/CSU lead. 16.11.13 UPDATE. 1) CSU undertaking further recruitemnet to team that is managing the restitution cases. 2) Complaints received by the CCG regarding restitution / CHC being monitored via the Operational Governance Group 3) Complaint status report	4	3	12	▶
9	Health Economy Urgent Care, 4 hour target may not be achieved	Goal 3 - Ensure that our populations received best possible outcomes	Statutory Duty	Head of CCG Development Billie Dodd	Daily sitreps from UM Merseyside 2x daily reports from UCAT, Urgent care strategy with local health economy, consultant in community work and pathways for care closer to home being developed. A&E action plan in place.	4	4	16	Task and finish group to be established to review 4hour target. Winter planning meeting to be arranged before Aug.	Task and finish group to commence w/c 1st July. Winter planning meeting arranged for July 4th	4	4	16	▶
10	That local residents may experience a fragmentation / less local co-ordination and responsiveness of complaints and patient information services at a local level due to NHS England's national procurement and separate management of these processes.	Patient Engagement	Quality	Head of Delivery & Integration	Regular feedback from CSU / PALs regarding management of local queries. CSU temporary management and coordination of local primary care complaints.	3	3	9	Liaison with NHS E Merseyside Team regarding c-ordination of arrangements in the future.	NHSE Area team now recruiting local complaints staff. A meeting has taken place with Healthwatch, CSU, Independent Complaints Advocacy to undertake a review of current information flows re sign posting and complaints and to develop proposals for co-ordinated approach	3	3	9	▶

APPENDIX 1

CORPORATE RISK REGISTER

Last Saved:

By User: loughc

By User: LEWITR

NHS
Southport and Formby
Clinical Commissioning Group

▼ Risk reduced
▶ Risk unchanged
▲ Risk increased

ID	Principal Risk	Organisational Goal	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Progress against action Plan	L	C	Current Risk Rating	Change Since Last Update
	Contractual Performance													
12	18 week & cancer pathways may not be met due to non delivery of target by provider	Goal 3 - Ensure that our populations received best possible outcomes	Business Objective	Head of Primary Care Malcolm Cunningham	monthly contract meetings, Clinical Quality and performance meetings, clinical lead for contracts and for quality, additional funding for RTT, worked closely with providers on cancer pathway	2	2	4	Use contract levers and clincial interventions, review implementation plans for RTT delivery and monitor on a weekly basis,	Developed a system wide patient education plan regarding the importance of attending appointments and reviewing polices around patient choice. S&O are also in the process of preparing leaflets for patients referred for suspected cancers. Cancer lead to discuss with colleagues at Protected Learning Time on 18/9 regarding actions when a 2/52 referral patient is about to go on holiday. S&O have also drafted an access policy for cancer which is out for consultation	2	2	4	▶
13	Attainment of FT status at Liverpool Community NHS Trust	Goal 3 - Ensure that our populations received best possible outcomes	Statutory Duty, business objectives	Chief Officer Fiona Clark	IBP submitted with CCG support and caveats,	3	4	12	Workshops with CCG board and stakeholders to understand implications and consequences, frequesnt communication with NHSCB LAT, Trust Board to board sessions. NTDA	Workshops held	3	4	12	▶
14	Attainment of FT status at Southport & Ormskirk Hospitals NHS Trust	Goal 3 - Ensure that our populations received best possible outcomes	Statutory Duty, business objectives	Chief Officer Fiona Clark	IBP submitted with CCG support and caveats	3	4	12	Dialogue required with Trust understand implications and consequences, frequent communication with NHS England.	Board to Board set up with Trust for 10 September 2013	3	4	12	▶
15	CSU will not deliver comprehensive service to CCG leading to an inability to deliver key objectives	Goal 4 - Ensure that the services we commission deliver good value for money	Statutory Duty	Head of Delivery & Integration Tracy Jeffes	SLA in place with provider; Monthly monitoring meetings; formal reporting; identified Head of Cient operations lead appointed to liaise with Head of Delivery;	2	3	6	Reporting to Finance & Resource Committee on 6 monthly basis; KPI to be further developed; Joint development work with leads across CCG and CSU to ensure effectively operationalise workstreams	KPIs agreed, Locality Team established, CCG leads meetings with CSU leads on operational matters	3	3	9	▲
	Governance													
16	Ineffective engagement and communications will impact on the ability to meet statutory duties and possible damage to CCG reputation	Goal 1 - Establish an authorised CCG without conditions	Adverse Publicity /Reputation	Head of Delivery & Integration Tracy Jeffes	Integrated Communications and Engagement Stratey in place including annual action plans; Governance structure identified including Quality Committee, EPEG, Locality Groups	3	4	12	KPIs and dedicated resource for communications and engagement to be defined with C&MCSU including annual review of communications and engagement strategy	Systematic process for engagement and consultation defined, with clear reporting channels from locality level to committee structure (Community Champion, Locality Groups, EPEG, Quality Committee)	3	4	12	▶

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▶ Risk unchanged
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ID	Principal Risk	Organisational Goal	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Progress against action Plan	L	C	Current Risk Rating	Change Since Last Update
17	Unencrypted pen drives in use within NHS Southport and Formby CCG which could be accessed if lost	Safety of data	Corporate	SIRO Lead, Martin McDowell	Pen sticks only issued to Admin team who sign a written agreement declaring their understanding that only documentation that is suitable for the public arena maybe saved on these devices. The Admin team does not share these devices. The Admin team does not have access to any patient or staff data.	3	3	9	Reinforement of policy around use of these drives to take place regularly at team meetings. Any new starters to be made aware of the policy before issue of device.	Actions delivered	2	2	4	▼
19	111 System Failure	Goal 4 - Ensure that the services we commission deliver good value for money	Business Objective	Head of Primary Care	Daily teleconference with NHS England and provider, local and regional updates. OOH provider is situ and managing call volume	2	2	4	Controls and systems are in place – OOH is using model 1: medical triage, to manage call volume. OOH call volume is reducing	Plans in place and working well, will monitor with Merseyside lead	2	2	4	▶
20	Health and Social Care Act 2012, Section 251 stated that CSU and CCGs do not have a legal right to hold patient confidential data for 2013/14 onwards	Safety of data	Portal development/ contract monitoring	Chief Finance Officer	A legal agreement under Section 251 allows the processing of data to finalise business from 2012/13	4	4	16	To be raised at next CCG Network to look to resolve nationally. MDs raising with NHS England. CSU staff seconded to local DMIC with appropriate certification to process PID CSU has attained ASH status with focus on appropriate individuals having appropriate access to data governed by IG policies CCG working with CSU to ensure that we process data in line with the act – use for direct patient care CCG internal actions include IG policies, incident reporting and senior staff nominated as SIRO / Caldicott Guardian to oversee use of data.	Still some uncertainty regarding how this issue will be resolved	3	4	12	▼
Quality														
21	Impact of lab results on patient safety being sent to GP practices where they are not registered. Current IT system only allows GPs to reject results	Goal 3 - Ensure that our populations receive the best possible outcomes	Quality	Chief Nurse	Raised as an isue at the Quality Committee and Contract meetings.	4	3	12	GP Clinical Lead to meet with Acute Trust Provider Lab Team.	NEWLY IDENTIFIED RISK 16.11.13 UPDATE. GP Clinical Quality Lead has set up a Task and Finish Group with the lead for Lab Services . Progress reports to be received by the Quality Committee. This is a SSCCG identified risk and can be considered for removal from	4	3	12	▶

APPENDIX 1

CORPORATE RISK REGISTER

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By User: loughc

By User: **LEWITR**

NHS
Southport and Formby
Clinical Commissioning Group

▼ Risk reduced
▶ Risk unchanged
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ID	Principal Risk	Organisational Goal	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Progress against action Plan	L	C	Current Risk Rating	Change Since Last Update
22	SSP Practice (Freshfield) not engaging with CCG. GPs not attending locality meetings.	Goal 2 Improve Health and reduce inequalities	Quality and financial	Chair & Head of CCG Development	Chair has written to practice asking for a meeting. Raised as issue with NHS England	5	2	10	Continue with attempts to meet with practice. Review options against constitution.	NEWLY IDENTIFIED RISK	5	2	10	▶
23	Part A - Southport and Ormskirk Hospitals RAG rating in relation to robust Safeguarding systems and processes presents lack of assurance for CCG based upon validation of information presented by the Trust. Risk increased due to interface issues with reporting system between CSU and Safeguarding Hosted Service.	Goal 3 - Ensure that our populations receive the best possible outcomes	Quality and financial	Chief Nurse	Part a - S&O Monitored through quality contract meetings. Reported to Quality Committee and escalated to Governing Body as required. Chief Nurse informed NHS England (M) and safeguarding will be included in the quality review process with the Trust. Part b - monitor through quality contract meetings with CSU	4	4	16	Ongoing liaision between Safeguarding Hosted Service and provider. Safeguarding Hosted Service have offered additional support to trusts as a critical friend. Chief Nurse has discussed with Executive Nurse via telephone in November 2013. Chief Nurse arranged urgent meeting between CCG, CSU and Safeguarding Hosted Service - date set for beginning of December.	NEWLY IDENTIFIED RISK					

Southport and Formby
Clinical Commissioning Group

Audit Committee Minutes

To be held on Wednesday 11 September 2013 1.30pm – 3.00pm, Family Life Centre Southport

Attendees		
Helen Nichols(Chair)	Lay Member	HN
Roger Pontefract	Lay Member	RP
Roy Boardman	Practice Manager	RB
In Attendance		
Martin McDowell	Chief Finance Officer	MMD
Debbie Fagan	Lead Nurse	DF
Ken Jones	Chief Accountant	KJ
Bernard McNamara	Local Counter Fraud Specialist, (MIAA)	BMN
Adrian Poll	Audit Manager, MIAA	AP
Rachael McIlraith	Audit Manager, Price Waterhouse Coopers	RMI

	Item	Action
A13/29	**Apologies for absence** There were no apologies for absence	
A13/30	**Declarations of interest** Martin McDowell Chief Finance Officer and Ken Jones Chief Accountant declared dual roles at both South Sefton and Southport and Formby CCGs.	
A13/31	**Minutes of the Previous Meeting** The minutes of the previous meeting were approved as a true and accurate record.	
A13/31	**Action Points from Previous Meeting** All action points were closed as appropriate. HN reiterated the need to for the Register of Interests to be maintained and presented to the next meeting.	TJ
A13/32	**Register of Interests** The Committee noted that the Register of interests will be presented in full to the next meeting following a review of arrangements relating to the wider membership **The Committee noted the verbal update regarding register of interests.**	**TJ**

A13/33	**Local Counter Fraud** BMN referred the committee to his report circulated in advance of the meeting. He circulated a neighbourhood newsletter to which MIAA had contributed and confirmed that similar lines of communication would be sought for Southport and Formby CCG. The Committee noted that as and when new GPs and staff are recruited their induction will include counter fraud training. MMD and KJ will liaise to TJ and report back to the committee regarding induction packs. The Committee noted the Circular from Secretary of State. MMD reported that the CCG has considered its requirements and appropriate arrangements are in now in place. **The committee noted the Local Counter Fraud update.**	**MMD/KJ/TJ**
A13/34	**Internal Audit Update** AP referred the committee to his report circulated in advance of the meeting. AP will forward delivery output report to KJ **The committee noted the Internal Audit Update**	
A13/35	**External Audit - Fee Letter** MMD referred the committee to the External Audit Fee Letter in the absence of RM. The committee noted that the annual fee has been set and this is based on the size of CCG. If there is any variation to the fee this will be set nationally. There is the potential for an additional £2k-£3k fee should additional work be required. **The committee noted the content of the external audit fee letter.**	
A13/36	**Review of losses and special payments, tender waivers, aged debt and declarations of interest** **MMD noted that there were no losses, special payments, tender waivers, aged debt and declarations of interest.**	
A13/37	**Changes to Standing Orders, SFI's, Accounting policies** The committee noted the summary of changes required: • To approve the increase in the level of Petty Cash from £100 to £250 • To approve the list of approvers for sales invoices • To note that Cheshire and Mersey Commissioning Support Unit will be responsible for the opening of tenders on behalf of the CCG. MMD noted that the CCG will map across the delegated officers to the relevant areas in terms of approvers for sales invoices. **The committee recommended for approval the summary of changes to the standing orders**	

A13/38	**Receive minutes of other committees and review business inter-relationships** DF noted that the first CCG Francis action plan would be submitted to quality Committee in October 2013. **The committee noted the contents of the minutes.**	
A13/39	**Any other business** **There were no items of other business.**	
	Date and time of next meeting: **15th January 2014 11.30pm – 12.30pm** **Family Life Centre Southport**	

Signed Helen Nichols Date 15/1/14

Chair Helen Nichols

NHS
Southport and Formby
Clinical Commissioning Group

Quality Committee
Minutes

Wednesday 16 October 2013
3.30pm – 5.00pm
Family Life Centre, Ash Street, Southport PR8 6JH

Attended		
Helen Nichols	Chair and Lay Member	(HN)
Dr Rob Caudwell	GP Board Member	(RC)
Martin McDowell	Chief Finance Officer	(MMD)
Debbie Fagan	Chief Nurse	(DF)
Dr Kati Scholz	GP	(KS)
Dr Doug Callow	GP Quality Lead	(DC)
Malcolm Cunningham	Head of Performance & Health Outcomes	(MC)
In attendance		
Gordon Jones	CMSU	(GJ)
James Hester	Programme Manager Clinical Quality	(JH)
Apologies:		
Fiona Clark	Chief Officer	(FLC)
Billie Dodd	Joint Head of CCG Development	(BD)
Karen Leverett	Practice Manager / Governing Body Member	(KL)
For Minutes		
Debbie Fagan	Chief Nurse	(DF)

No	Item	Action
13/111	**Apologies for absence** As above.	
13/112	**Declarations of Interest** DF, MMcD and MC declared dual roles at both Southport & Formby CCG and South Sefton CCG.	
13/113	**Minutes of Previous Meeting** MC should read 'member' not 'in attendance'. GJ should read 'in attendance'. With the before mentioned amendments the minutes were agreed as an accurate reflection of the previous meeting.	
13/114	**Matters Arising / Action Tracker** HN informed the Committee that these would be deferred until the next meeting due to the proposed new Operating Model for the meeting. This was agreed by the members present.	
13/115	**New Operating Model for the Committee** DF presented the paper which outlined a proposal for a new operating model for the Committee that had been developed in consultation with the Chair. The members welcomed this move due to the challenges faced in being able to consider the enormity of the information that was presented in order to fulfil the committee	

No	Item	Action
	responsibility in terms of assurance. The committee approved the proposed new model subject to a 6 month review date. GJ asked if a CSU representative was required to attend both the 'External' and 'Internal' Quality Committee meetings or only the 'External' meeting where providers would be discussed. HN stated that CSU would only be required to attend the external focused meeting but are welcome to attend both. **Action:** **The Quality Committee approved the proposed new operating model. For review in 6 months.**	
13/116	**Single Item Quality Surveillance Group (SIQSG)** DF presented a paper to the committee regarding the above which included the completed trigger proforma which contained the quality information that was presented at the SIQSG meeting Chaired by NHSE (Merseyside). The Committee noted the report and utilised the information contained within the trigger proforma and the Quality Dashboard to support the discussion in agenda item 13/118.	
13/117	**Performance and Quality Dashboard** Please refer to agenda items 13/116 and 13/118.	
13/118	**GP Clinical Quality Lead Report** DC gave a verbal report that focused on the following areas: • S&O / ICO Operational and Quality Issues • Primary Care Quality Issues • Soft intelligence from GPs • Primary Care Quality Strategy • Recommendations to the Committee The issues discussed were done so with reference being made to the SIQSG completed trigger proforma and the performance and quality dashboard information as referenced in 13/116 and 13/117. <u>S&O / ICO Operational Quality Committee</u> DC discussed recent attendance at the Trust Operational Quality Committee which is Chaired by the Medical and Nurse Director. Some emerging themes from attending the committee appear to be the need for the Trust to strengthen the culture around sharing learning / looking externally at best practice and senior clinical leadership, ownership and responsibility where there are recurring quality concerns which includes timelines for agreed actions. DC raised with the Trust at their October 2013 meeting non-NICE compliant services eg. Rapid Access Chest Pain Clinic and High Risk TIA presentations at the weekend. The Trust Medical Director is leading a workstream relating to HCAI and is reinforcing the need for mandatory professional standards in this area. The Trust have seen a recent increase in C-Diff cases but are still on track to meet the full year target and are closely monitoring MRSA pathway completion compliance (0 cases of MRSA year to date). <u>Primary Care Quality Issues</u>	

No	Item	Action
	DC stated that the issue re: cancelled appointments have been raised with the Trust. This will further be discussed at the next Contract Performance / Clinical Performance & Quality Group. <u>Soft Intelligence from GPs</u> DC discussed the best way to gain the views from GPs within the CCG locality areas. Further thought to be given to developing a questionnaire to survey GPs and the use of the Wider Group Forums to supplement the information that is received by the GP Clinical Quality Lead and the GP Quality Committee members. <u>Primary Care Quality Strategy</u> DC has given feedback to Dr Bal Duper. <u>Recommendations for Quality Committee</u> • Consider development of CQUIN if necessary, regarding reporting of staffing levels which include locum and agency staff • Contract levers and penalties utilised as appropriate • Ensure the Trust sees the CCG as being a strong commissioner of local services that will look elsewhere to ensure patients receive a high quality service. **Action:** **Quality Committee request that the CCG SMT raise the relevant Contract Query with the Trust. DF to liaise with JL and BD.** **Cancelled appointments to be an agenda item at the next Contract Performance / Clinical Performance & Quality Group. DF and DC to liaise with JL.**	DF DF
13/119	**Locality Update** Nothing further to note – locality issues discussed in 13/118 eg. Cancelled appointments; referral to Rapid Access Chest Pain Clinic.	
13/120	**Any other Business** • Review of the new operating model – the committee concluded that the 'external' focus of the meeting was positive and allowed more time to be spent on considering the provider issues as part of their Governing Body Assurance role / function.	
13/121	**Date and Time of Next Meeting** Wednesday 20 November 2013, 3pm-5pm Family Life Centre, Ash Street, Southport	

NHS
Southport and Formby
Clinical Commissioning Group

Finance & Resource Committee Minutes

Held on Wednesday, 24 July 2013, 1.30pm to 3.00pm
Family Life Centre, Ash Street, Southport

Attended		
Helen Nichols(Chair)	Lay Member	HN
Dr Martin Evans	GP Governing Body Member	ME
Dr Hilal Mulla	GP Governing Body Member	HM
Roger Pontefract	Lay Member	RP
Roy Boardman	Practice Manager Governing Body Member	RB
Colette Riley	Practice Manager Governing Body Member	CR
Fiona Clark	Chief Officer	FLC
Martin McDowell	Chief Finance Officer	MMD
Jan Leonard	Head of CCG Development	JL
Tracy Jeffes	Head of CCG Corporate Delivery	TJ
Debbie Fagan	Chief Nurse	DF
In Attendance		
Fiona Doherty	Transformational Change Manager	FD
Brendan Prescott	CCG Lead for Medicines Management	BP
Ken Jones	Chief Accountant	KJ
James Bradley	Head of Strategic Financial Planning	JB

	Item	Action
FR13/68	**Apologies for absence** Apologies for absence were received from Malcolm Cunningham Head of Performance and Health Outcomes. It was noted the Fiona Clark Chief Officer, would join the meeting later. Introductions were made and the committee noted the appointments of Ken Jones as Chief Accountant and James Bradley Head of Strategic Financial Planning.	
FR13/69	**Declarations of interest** Martin McDowell, Chief Finance Officer, Tracy Jeffes, Head of CCG Corporate Delivery and Debbie Fagan, Chief Nurse declared their joint roles at both Southport and Formby and South Sefton CCGs. It was noted that there were items on the agenda that could pose a potential conflict of interest. It was agreed that as each item arose all committee members could take part in the discussion, however, where an approval was required, those with conflicts of interest would abstain from any voting.	

FR13/70	**Minutes of the previous meeting** The minutes were approved as a true and accurate record.	
FR13/71	**Action points from previous meeting** 13/48 BP Provided clarification that the prescribing of statins had made a significant contribution to the reduction in the prescribing underspend. 13/51 MMD noted that John Doyle of Merseycare had presented to a joint session of the Governing Body. Potential site options are under review and discussions are on-going based upon a review of needs for our population. All other relevant actions were addressed via the agenda.	
FR13/72	**Month 3 /Q1 Finance Report** MMD presented this report which gave the F & R Committee an overview of the financial performance for NHS Southport and Formby Clinical Commissioning Group as at month 3. It detailed the performance against annual budget and shows the forecasted end of year 2013/14 financial position. Southport and Formby CCG is reporting a year to date position of breakeven as at Month 3 (June). The forecast out-turn position for the year is £1.568m surplus and the CCG is therefore on course to deliver its financial target. The report highlighted risks in relation to baseline exercises, notably Specialised Commissioning. The committee noted that JB will monitor vascular surgery at RLBUHT with a view to this becoming the remit of Specialised Commissioning. The committee further noted that provision for restitution payments have been reduced from £600k to £450k. MMD noted the impact of 15/16 spending review and advised the committee of the need to build in flexibility into any decisions to be taken in the next 2 years. RP raised the point regarding of the overspend at Southport and Ormskirk Hospital which has been a long standing issue. He further requested clarification that GP's have taken account of new payment methodologies and are aware of best practice referring. JL noted that overall CCG referral rates have dropped and that in general, GPs are reviewing referral practice. Providers are looking at referral rates at locality level and noted that sometimes data is not uploaded in a timely manner. HM commented that last year there was a QP indicator for reviewing referral pathways. Localities did attempt to reduce inappropriate referrals. The Chair of Southport and Formby CCG Niall Leonard (NL) is visiting practices to reinforce the message surrounding appropriate referring. He will be supported in this work by JB.	

	The Committee noted the requirement for referral analysis at GP level. JL will progress this. ME reported the success of peer review of referrals at his practice. HM noted that this could be effective if facilitated by the locality leads. JL will take this forward. TJ suggested that the data facilitators could possible participate in the review of referral data. FD noted that the PMO office could support this. This will be discussed at the Wider Group meeting in October 2013. HN requested clarification regarding baseline issues between Southport and Formby and South Sefton CCG. MMD responded that there are a number of issues currently under review by the Finance Team. MMD will feedback via the Senior Leadership Team where any material issues will be resolved. HN also requested further clarification regarding the overspend and a comparison to the same point last year. MMD noted that the overspend is currently less than at the same point last year however, the CCG is spending more in totality. JB indicated that more work was required regarding accurate phasing of the contract budget to take account of seasonality and its impact on patient flow. **The Committee noted the finance update, particularly that:** • **The CCG remains on target to deliver its financial targets for 2013/14** • **The governing body will be asked to confirm agreement for virements that support the financial information presented in this paper** • **The CCG's likely case scenario predicts that the CCG has £0.875m to address unforeseen issues / approve investments during the year** • **The CCG's worst case scenario is "amber-rated" in terms of additional actions required should the CCG position deteriorate**	**JB** **TJ**
FR13/73	**CQUIN Performance Report** MMD presented this report which sets out the NHS Trusts performance against CQUINs for 2012/13. It was noted that CQUIN performance was variable; however, financial penalties had not been implemented. The committee recorded that going forward they wished to see the application of conditions were performance fell below the contractual agreement. **The Committee noted the contents of the CQUIN Performance Report.**	

FR13/74	**Assurance Framework** MMD presented this verbal update on behalf of MC. The committee noted that the CCG assurance framework (outline proposal & interim framework) was introduced by NHS England in May. However, subsequent to the CCG developing its own dashboard, NHSE have issued an electronic template that the CSU are in the process of populating NHS Merseyside will be holding a "dry run" for each CCG during July and August MMD FLC NL DF will continue to discuss performance with the Local Area Team. **The Committee noted the verbal update regarding the Assurance Framework.**	
FR13/75	**CMCSU Performance Report** TJ presented this report and noted that the 230 proposed indicators would be rationalised to a more realistic number. DF and TJ continue to discuss and review complaints, incidents etc. with the CSU. Some developmental events have been agreed followed by rapid improvement events. Areas of concern that have been identified are currently being addressed. **The Committee noted the contents of the CMCSU Performance Report.**	
FR13/76	**Financial Strategy update** MMD advised the committee that the financial strategy continues to develop and a 3 year report will be brought to the Finance and Resource Committee meeting in October 2013. The report will be refreshed on a quarterly basis from October 2013. **The Committee noted the verbal Financial Strategy Update.**	**MMD**
FR13/77	**Prescribing Budget Setting** Conflicts of interest were declared by the GPs and Practice Managers. All agreed to abstain from any approvals. BP presented this report which provided the committee with the final practice budget allocations posted to the prescription services division of the NHS Business Services Authority for Southport and Formby CCG. CCG allocation for all prescribing was 1% uplift on out turn. Budget allocation has accommodated a 75%: 25% fair shares split for 2013-2014. BP noted that community prescribing has been top sliced from the budget and will continue to be monitored. JL noted this issue and will discuss with RB outside of the meeting. **The committee approved the practice prescribing budget**	**JL**

	allocation for NHS Southport and Formby CCG.	
FR13/78	**Case for change** a) Collagenase as a treatment option for dupuytren's contracture. BP presented this case for change. **The Committee approved the commissioning of collagenase as a treatment option for Dupuytren's contracture as recommended by the Pan-Mersey Area Prescribing Committee.** b) Impact of nice technology appraisal 283 - ranibizumab for treating visual impairment caused by macular oedema secondary to retinal vein occlusion (rvo). BP presented this case for change. It was noted that JB would monitor the financial impact of this. **The Finance and Resource Committee approved the cost in line with NICE adherence and the continuation of the use of bevacizumab for non NICE use.** c) Rituximab – additional commissioned indication - polymyositis and dermatomyositis. BP presented this case for change. **The Finance and Resource Committee approved the commissioning of rituximab in polymyositis and dermatomyositis as recommended by the Pan-Mersey Area Prescribing Committee.** d) Rituximab – additional commissioned indication - resistant systemic lupus erythematosus (sle) BP presented this case for change. **The Finance and Resource Committee approved the commissioning of rituximab in resistant SLE as recommended by the Pan-Mersey Area Prescribing Committee.** e) case for change glaucoma and visual fields repeat readings service JL presented this case for change which the committee noted was cost neutral but could potentially save £35k. The committee noted that unless capacity was removed savings would not be achieved; however, a cost reduction may be evidenced via coding. FD will progress this. **The Finance and Resource Committee approved the 1 plus 2 arrangement, on condition that expected savings are achieved.** f) Care Home Review Service BP commented that this paper should have been submitted via the PMO office and that it will be resubmitted in September 2013.	JB FD BP

	The Finance and Resource Committee noted that the case for change for the Care Home Review Service would be resubmitted in September 2013. g) Case for change – Health watch Sefton community champion engagement and participation officer TJ presented this report and noted that the Lay Member needed to be amended from Roger Driver to Roger Pontefract. The evaluation of this case for change will be in July 2014. **The Finance and Resource Committee approved the case for change for a Health watch Sefton community champion engagement and participation officer for 1 year on a non-recurrent basis.**	TJ
FR13/79	**Restitution Claims** MMD noted that this had been covered in the main finance update. MMD will continue to monitor this area and update the committee as appropriate. **The Committee noted the verbal update.**	
FR13/80	**IEFR Update Report** MMD presented this report. The committee noted the contents of the report and requested cumulative total and further procedural information on future reports. **The Committee noted the contents of the IEFR Report**	**MMD**
FR13/81	**Any Other Business** MMD gave an update on the spending review in relation to local authority funding. The committee noted the funding requirements for 2014/15 and 2015/16 and that QIPP targets required focus and acceleration. MMD will meet with finance team to discuss integration.	**MMD**
FR13/82	**Date and time of next meeting:** **Wednesday 18th September 2013** **1.30pm – 3.00pm** **Family Life Centre, Southport**	

NHS
Southport and Formby
Clinical Commissioning Group

Finance and Resource Committee

Committee Member	January 2013	February 2013	March 2013	May 2013	June 2013	July 2013	September 2013	October 2013	November 2013
Helen Nichols (Chair) Lay Member	✓	✓	✓	✓	✓	✓			
Dr Martin Evans, GP Board Member	Apols	Apols	✓	✓	✓	✓			
Dr Hilal Mulla, GP Board Member	✓	✓	Apols	✓	✓	✓			
Roger Pontefract , Lay Member	✓	✓	Apols	✓	Apol	✓			
Roy Boardman, Practice Manager	✓	Apols	Apols	Apols	✓	✓			
Colette Riley Practice Manager	✓	✓	✓	✓	Apol	✓			
Fiona Clark, Chief Officer (Designate)	Apols	✓	Apols	Apols	Apol	✓			
Martin McDowell, Chief Finance Officer (Designate)	✓	✓	✓	✓	✓	✓			
Debbie Fagan – Chief Nurse	✓	Apols	✓	✓	✓	✓			
Brendan Prescott – Head of Medicines Management	Apols	✓	✓	✓	Apol	✓			
Billie Dodd, Head of CCG Development	Apols	Apols	Apols	✓	Apol	Apols			
Tracy Jeffes, Head of CCG Delivery	Apols	Apols	✓	✓	Apol	✓			
Malcolm Cunningham, Head of CCG Performance & Outcomes	Apols	Apols	Apols	✓	Apol	Apols			
Jan Leonard - Head of CCG Development	Apols	Apols	✓	✓	✓	✓			
Jane Uglow – Locality Manager (as required)	Apols	Apols	Apols	Apols	✓	✓			
Moira McGuiness – Locality Manager (as required0	Apols	Apols	Apols	Apols	Apol				

NHS
Southport and Formby
Clinical Commissioning Group

Finance & Resource Committee
Minutes

Held on Wednesday, 18th September 2013, 1.30pm to 3.00pm
Family Life Centre, Ash Street, Southport

Attended		
Helen Nichols(Chair)	Lay Member	HN
Dr Martin Evans	GP Governing Body Member	ME
Dr Hilal Mulla	GP Governing Body Member	HM
Roger Pontefract	Lay Member	RP
Roy Boardman	Practice Manager Governing Body Member	RB
Colette Riley	Practice Manager Governing Body Member	CR
Martin McDowell	Chief Finance Officer	MMD
Jan Leonard	Head of CCG Development	JL
Tracy Jeffes	Head of CCG Corporate Delivery	TJ
Malcolm Cunningham	Head of CCG Performance & Health Outcomes	MC
Debbie Fagan	Chief Nurse	DF
In Attendance		
Fiona Doherty	Transformational Change Manager	FD
Brendan Prescott	CCG Lead for Medicines Management	BP
James Bradley	Head of Strategic Financial Planning	JB
Ken Jones	Chief Accountant	KJ
Sharon Forrester	Locality Manager	SF

	Item	Action
FR13/83	**Apologies for absence:** Apologies for absence were received from: Fiona Clark Chief Officer Roy Boardman Practice Manager Dr Hilal Mulla GP Governing Body Member	
FR13/84	**Declarations of interest:** Declarations of interest were made by Martin McDowell Chief Finance Officer and Debbie Fagan Chief Nurse who declared their dual roles at both Southport and Formby CCG and South Sefton CCG.	
FR13/85	**Minutes of the previous meeting** **The minutes of the previous meeting were agreed as a true and accurate record of the meeting.**	
FR13/86	**Action points from previous meeting** 13.72 Monitoring of vascular surgery at RLBUHT with a view to this becoming the remit of Specialised Commissioning. – JB noted that investigations are on going and that an update would be	**JB**

	brought to the next meeting. Referral analysis at GP Level – JL confirmed that this action was underway and that the CCG is awaiting data requested from business intelligence service. 13.72 Facilitation of peer review of GP referrals at locality level As above 13.77 Community nurse prescribing issues – JL and BP have discussed this issue has been taken back to ICO. It is expected expect that this will be standard next year. BP will update RB. 13.78f Case for Change Care Home Review Service – on agenda.	**JL** **JL** **BP**
FR13/87	**Month 5 Finance Report (includes month 4)** MMD presented this report with JB. The report outlined the budget setting process and focused on the financial performance of the CCG at month 5. At the end of August, the CCG was £0.068m over-spent prior to the application of reserves. The CCG is on target to achieve the planned £1.569m surplus at the end of the year. The committee noted that there are risks to achieving this and actions are required to deliver this position. JB updated the committee on baseline and budgets. He reported that initial allocations had been based on uncertainty and unknowns. As this has become clearer the Finance Team have been able to set budgets based on agreed contracts. Some of the original assumptions have been clarified and corrected. Budgets have been updated and the Committee can now be assured that the budgets more accurately reflect the plans. The Governing Body will be asked to adopt the plans formally at the next meeting as per the Scheme of delegation. The Committee noted that some issues remain outstanding at the time of reporting, however, these will be resolved for October 2013. MMD noted the key financial risks as described in appendix 3 of the report. The committee noted that the mitigating actions required to offset these risks are currently rated amber as they will require the co-operation of other bodies to enact. The committee noted that the reallocation of budget incorrectly attributed to external agencies should be reallocated by Month 6. MMD noted that the CCG will continue to invest in Primary Care Quality Strategy and Winter pressures. The Committee requested that in future financial reports it would be useful have expenditure broken down by type rather than by provider. The Committee also requested a statement on reserves to be included in each monthly report. RP requested confirmation that the appropriateness of referral message has been communicated to GPs. JB noted that he has visited 10 practices that were aware of this change. The Committee agreed that this should be reiterated at Wider	**MMD/JB** **MMD/JB** **JB**

	Constituent Meeting and locality meetings. The Committee noted that MMD continues to monitor restitution claims and will update the committee as appropriate. **The F & R Committee noted the finance update, particularly that** • **The CCG remains on target to deliver its financial targets for 2013/14.** • **The governing body will be asked to confirm agreement for virements that support the financial information presented in this paper.** • **The CCG's likely case scenario predicts that the CCG has a small sum to address unforeseen issues / approve investments during the year.** • **The CCG's worst case scenario is "amber-rated" in terms of additional actions required should the CCG position deteriorate.**	
FR13/88	**Contract Performance Report (including non-financial information)** MC presented this report and noted that A&E at Southport and Ormskirk NHS Hospital Trust has seen an improvement YTD, however there remain some areas of concern. The committee also noted that there is an issue with Referral To Treatment Time targets. The Trust recognises these issues and has asked for assistance from NHS England in order to manage breached targets. An action plan is being developed that will be brought back to this committee. JL noted that a Contract Query would be issued which would also result in an action plan which would be shared with the committee. The committee discussed the option of advising GPs as to the relative waiting times of Key Providers. It was agreed that an option to provide this information via the portal would be discussed by the CCGS. The committee noted that waiting times for Cancer patients continue to challenge the Trust. MC will provide an update for the committee at the next meeting regarding the extent of the issue and any rectification plans. DF noted that there had been 2 Never Events reported. The clinical conversations are underway and CCG may exercise their right to invoke a penalty to the contract. DF will update on progress at the next meeting **The Committee noted the Contract Performance Report.**	**MC** **JL** **MC** **MC** **DF**
FR13/89	**Assurance Framework** MC presented this verbal update regarding the assurance framework and noted that this had presented challenges in terms of interpretation. Discussions have taken place with NHS England and the information has now been resubmitted. The assurance for this CCG remains on	

	amber green with the exception of Domain 2 Cancer Target which is recorded as amber red. **The Committee noted the verbal update on the Assurance Framework.**	
FR13/90	**Benchmarking VFM reports** **MC presented this verbal update on Value for Money reporting.** The PMO Office has collated reports which in some cases identify the CCG as an outlier. A full report will be available for the end of September and will be discussed at the Board Development Session in October. **The Committee noted the verbal update on benchmarking and value for money reports.**	**MC**
***FR13/91**	**Case for change** **a) Care Home Med Management Review Service** BP presented this case for change. MMD requested clarification regarding population groups and if this is similar to South Sefton. BP responded that this would be unknown until the programme begins, however, it is anticipated that the service will produce savings. RP commented that he felt that this was valuable exercise even if it did not produce savings. The committee noted the consequences of not implementing the service and that feedback from the GP practices had been positive. **The Committee agreed Option 2 - Continue to invest for a period of 12 months and compare outcomes with the first year of data.** **b) Care Home GP – Formby Pilot –** **CR declared a conflict of interest and refrained from voting.** JL presented this case for change. RP commented that he supported this pilot. The Committee noted the potential overlap with the Medicines Management Scheme and that responsibility for the patient would remain with the GP. MC requested clarification as to how the service would be linked to the Out of Hours service and the committee addressed potential perceived conflicts of interest. The committee requested a short report on how potential/perceived conflicts of interest have been managed and suggested that a potentially a press release could be drafted. **The Committee agreed this business case subject to completion of a report on potential/perceived conflicts of interest.**	**JL**
FR13/92	**Restitution Claims**	

	MMD presented this verbal update covered in main report **The Committee noted the verbal update on restitution claims.**	
FR13/93	**Minutes of QIPP Sub Group** HN noted that the QIPP Sub group has now met on two occasions. As the members of the QIPP sub group are also members of the Finance and Resource Committee and in the interests of efficiency, the responsibilities and reporting of this group will be incorporated into the Finance and Resource Committee Agenda. The Finance and Resource Committee will review and amend the work plan as appropriate. **The committee noted the minutes of the QIPP sub group and decision to incorporate the responsibilities and the reporting of this group into the Finance and Resource Committee work plan and agendas.**	**ALL**
FR13/94	**IFR Update Report** MMD presented the IFR update. The Committee noted that no Individual funding requests had been agreed in July and August 2013. MMD will address potential issues of expenditure that could possibly be attributed to Specialised Commissioning. **The Committee noted the IFR Update.**	**MMD**
FR13/95	**Any other business** **There were no items other business.**	
FR13/96	**Date and time of next meeting:** **10.30 – 12.00 noon 16th October 2013** **Family Life Centre Formby**	

*Denotes potential conflict of interest

NHS
Southport and Formby
Clinical Commissioning Group

Finance and Resource Committee

Committee Member	January 2013	February 2013	March 2013	May 2013	June 2013	July 2013	September 2013	October 2013	November 2013
Helen Nichols (Chair) Lay Member	✓	✓	✓	✓	✓	✓	✓		
Dr Martin Evans, GP Board Member	Apols	Apols	✓	✓	✓	✓	✓		
Dr Hilal Mulla, GP Board Member	✓	✓	Apols	✓	✓	✓	Apol		
Roger Pontefract , Lay Member	✓	✓	Apols	✓	Apol	✓	✓		
Roy Boardman, Practice Manager	✓	Apols	Apols	Apols	✓	✓	✓		
Colette Riley Practice Manager	✓	✓	✓	✓	Apol	✓	✓		
Fiona Clark, Chief Officer	Apols	✓	Apols	Apols	Apol	✓	Apol		
Martin McDowell, Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓		
Debbie Fagan – Chief Nurse	✓	Apols	✓	✓	✓	✓	✓		
Brendan Prescott – Head of Medicines Management	Apols	✓	✓	✓	Apol	✓	✓		
Billie Dodd, Head of CCG Development (as required)	Apols	Apols	Apols	✓	Apol	Apols	Apol		
Tracy Jeffes, Head of CCG Delivery	Apols	Apols	✓	✓	Apol	✓	✓		
Malcolm Cunningham, Head of CCG Performance & Outcomes	Apols	Apols	Apols	✓	Apol	Apols	✓		
Jan Leonard - Head of CCG Development	Apols	Apols	✓	✓	✓	✓	✓		
Jane Uglow – Locality Manager (as required)	Apols	Apols	Apols	Apols	✓	✓	✓		
Moira McGuiness – Locality Manager (as required0	Apols	Apols	Apols	Apols	Apol	Apol	Apol		

NHS
Southport and Formby
Clinical Commissioning Group

Finance & Resource Committee
Minutes

Date: Wednesday 16th October 2013 10.30am – 12.00 noon

Venue: Family Life Centre, Ash Street, Southport.

Membership

Helen Nichols(Chair)	Lay Member	HN
Dr Martin Evans	GP Governing Body Member	ME
Roger Pontefract	Lay Member	RP
Roy Boardman	Practice Manager Governing Body Member	RB
Colette Riley	Practice Manager Governing Body Member	CR
Fiona Clark	Chief Officer	FLC
Martin McDowell	Chief Finance Officer	MMD
Jan Leonard	Head of CCG Development	JL
Tracy Jeffes	Head of CCG Corporate Delivery	TJ
Malcolm Cunningham	Head of CCG Performance & Health Outcomes	MC
Debbie Fagan	Chief Nurse	DF

Also in attendance

Fiona Doherty	Transformational Change Manager	FD
Brendan Prescott	CCG Lead for Medicines Management	BP
James Bradley	Head of Strategic Financial Planning	JB
Ken Jones	Chief Accountant	KJ

FR13/96	**Apologies for absence** Apologies for absence were received from Fiona Clark Chief Officer, Hilal Mulla GP Governing Body Member and ROer Pontefract Governing Body Member	
FR13/97	**Declarations of interest regarding agenda items** Declarations of interest were made by Martin McDowell CFO, Debbie Fagan Chief Nurse, Malcolm Cunningham Head of Performance and Health Outcomes, Tracy Jeffes Head of Delivery and Integration,	
FR13/98	**Minutes of the previous meeting** The minutes of the previous meeting were approved as a true and accurate record.	
FR13/99	**Action points from the previous meeting** Action points from the previous meeting were signed off as appropriate.	

FR13/100	**Month 6 Finance Report** MMD presented the Month 6 Finance report to the committee which gave an overview of the financial position for NHS Southport and Formby Clinical Commissioning Group. It outlined a summary of the changes to the financial allocation of the CCG, the financial position of the CCG as at month 6, and an evaluation of risks. This report outlines a summary of the changes to the financial allocation of the CCG, and focuses on the financial performance of the CCG at month 6. At the end of September, the CCG is £0.269m over-spent prior to the application of reserves. The CCG is on target to achieve the planned £1.569m surplus at the end of the year. However, there are risks to achieving this and actions are required to deliver this position. The committee noted that the CCG has worked closely with Specialised Commissioners to identify a more appropriate funding transfer than was previously actioned by Specialised Commissioners. These issues have now been resolved, resulting in a return of **£418k** to Southport and Formby CCG. At the Governing Body meetings in September 2013, both South Sefton CCG and Southport and Formby CCG approved a £6.4m transfer of allocation from South Sefton to Southport & Formby. A review of budgets and baselines identified inaccuracies in the baseline exercise between CCGs. This generally led to an overstated allocation for South Sefton and an understated allocation for Southport & Formby. Budgets reported in month 6 now reflect the updated position. The Chair thanked the Chief Finance Officer for the completion of this complex piece of work and asked for the thanks of the committee to be noted in the minutes. CHC restitution payments – following review of the process, the estimate of the value of the risk is £0.450m. Legacy issues - KJ advised the committee that the CCG is awaiting guidance on revised timetable from the Department of Health. Some issues are multi-year and may take some time to resolve. MMD thanked the membership for their continued support during a complicated financial period. **The F & R Committee noted the finance update, particularly that:** • **The CCG remains on target to deliver its financial targets for 2013/14** • **The greatest area of risk is costs associated with Continuing Healthcare. The costs have risen from the prior year, and data from CSU suggests further increases.** • **All members of the CCG are asked to support the review of data validation and work closely together to assess referrals into secondary care, noting that the CCG no longer holds a fixed-price agreement for elective services in the secondary care market.** • **The CCG's worst case scenario is "amber-rated" in terms of additional actions required should the CCG position deteriorate.**	

FR13/101	**Strategic Financial Plan** MMD presented this verbal update and noted that the Strategic Financial Plan would be brought to the meeting in November following the Governing Body Development session in October. **The Finance and Resource Committee noted the verbal update.**	
FR13/102	**IFR Update Report** MMD presented this report which presented the Finance and Resource Committee with an overview of Individual Funding Requests agreed and declined for Southport and Formby CCG. The cumulative total of funding requests approved up to and including 30th September £15879 as no further requests have been approved since the last report. MMD noted that he continues to work with Specialised Commissioning to ascertain the correct allocation of costs. **The Finance and Resource Committee noted the IFR update report**	
FR13/103	**QIPP Update** MC provided this verbal update. The committee noted that business cases are being charted and update would be available for next month. The QIPP target will be met this year from reserves. The committee noted that some overspend may be attributed to the demographic of the CCG. This work will developed in coming months. **The Finance and Resource Committee noted the verbal update**	
FR13/104	**Balance Scorecard (including exception reporting)** MC presented this paper which provides the committee with an update on the CCG Assurance Balanced Scorecard and outlined key performance issues for Quarter 1. The committee noted that Southport and Formby CCG are currently reported as "amber/red" for the promotion of the NHS constitution patients rights and "amber/green" for quality. Health outcomes and financial allocations are green. **The Finance and Resource Committee noted the updated Balanced Scorecard**.	
FR13/105	**Case for Change** **Case for Change Sip Feed** The committee discussed the case for change and possible opportunities that may arise for financial benefits. It was noted that this could potentially be reflected in budgets. BP and JL will discuss this outside of the meeting. MMD noted that going forward case for change should identify appropriate links to budgets. **The committee approved the case for change dependent benefits being appropriately reflected in budgets.** **Case for Change for Denosumab Treatment in Primary Care** BP presented this case for change and the committee noted that NICE recommend that this treatment be administered in Primary Care and that the CCG is currently administering the treatment in secondary care. This would bring the CCG into line with NICE recommendations. **The committee approved the case for change**	**BP /JL**

FR13/106	**APC Recommendations** a. Pan Mersey Area Prescribing Committee Actions July 2013 b. Pan Mersey Area Prescribing Committee Actions September 2013 These items were discussed as one. The committee discussed the recommendations and agreed that JL and BP will discuss budget changes outside of the meeting. **The Committee approved the APC recommendations**	**BP/JL**
FR13/107	**Any other Business** There were no items of other business	
FR13/108	**Date and Time of Next Meeting** **Wednesday 20th November 2013 11.00am – 12.30pm**	

Attendance Tracker

Finance and Resource Committee

Committee Member	January 2013	February 2013	March 2013	May 2013	June 2013	July 2013	September 2013	October 2013	November 2013
Helen Nichols (Chair) Lay Member	✓	✓	✓	✓	✓	✓	✓	✓	
Dr Martin Evans, GP Board Member	Apols	Apols	✓	✓	✓	✓	✓	✓	
Dr Hilal Mulla, GP Board Member	✓	✓	Apols	✓	✓	✓	Apol	Apol	
Roger Pontefract , Lay Member	✓	✓	Apols	✓	Apol	✓	✓	Apol	
Roy Boardman, Practice Manager	✓	Apols	Apols	Apols	✓	✓	✓	✓	
Colette Riley Practice Manager	✓	✓	✓	✓	Apol	✓	✓	✓	
Fiona Clark, Chief Officer	Apols	✓	Apols	Apols	Apol	✓	Apol	Apol	
Martin McDowell, Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	
Debbie Fagan – Chief Nurse	✓	Apols	✓	✓	✓	✓	✓	✓	
Brendan Prescott – Head of Medicines Management	Apols	✓	✓	✓	Apol	✓	✓	✓	
Billie Dodd, Head of CCG Development (as required)	Apols	Apols	Apols	✓	Apol	Apols	Apol	Apol	
Tracy Jeffes, Head of CCG Delivery	Apols	Apols	✓	✓	Apol	✓	✓	✓	
Malcolm Cunningham, Head of CCG Performance & Outcomes	Apols	Apols	Apols	✓	Apol	Apols	✓	✓	
Jan Leonard - Head of CCG Development	Apols	Apols	✓	✓	✓	✓	✓	✓	
Jane Uglow – Locality Manager (as required)	Apols	Apols	Apols	Apols	✓	✓	✓	Apol	
Moira McGuiness – Locality Manager (as required)	Apols	Apols	Apols	Apols	Apol	Apol	Apol	Apol	

NHS
Liverpool
Clinical Commissioning Group

NOTES OF THE MERSEYSIDE CCG NETWORK MEETING
Held on Wednesday, 6 November 2013
Boardroom 1, Regatta

Present:

Dr Nadim Fazlani	NF	Chair GGC Network and Liverpool CCG
Katherine Sheerin	KS	Chief Officer, Liverpool CCG
Diane Johnson	DJ	Chief Officer, Knowsley CCG
Simon Banks	SB	Chief Officer, Halton CCG
Fiona Clark	FC	Chief Officer, South Sefton & Southport and Formby CCGs
Dr Andrew Pryce	AP	Chair, Knowsley CCG
Tom Jackson	TJ	Head of Finance, Liverpool CCG
Paul Brickwood	PB	Chief Finance Officer, Knowsley, Halton & St Helens
Dr Niall Leonard	NL	Chair, Southport & Formby CCG
Nick Armstrong	NA	Chief Officer, Warrington CCG
Mike Maguire	MM	West Lancs CCG
Dr Steve Cox	SC	Chief Officer, St Helens CCG
Dr Clive Shaw	CS	Chair, South Sefton CCG
Martin McDowell	MM	Chief Finance Officer, South Sefton CCG & Southport and Formby CCG

In Attendance:

Ian Davies	ID	Head of Operations &Corporate Performance, Liverpool CCG
Phil Wadeson	PW	Director of Finance, NHSE (Merseyside)
Cath Hill	CH	AQUA
Jennifer Butterworth	JB	AQUA
Jan Snodden	JS	Chief Nurse, Halton CCG
Carol Hughes	CHug	PA to Chair and Chief Officer, Liverpool CCG (Mins)
Mel Wright	MW	Business Manager, South Sefton/Southport & Formby CCGs

Item		Action:
1	**Welcome and Introductions:**	
	The Chair welcomed everyone to the meeting and around the table introductions were made.	
2	**Apologies for Absence:**	
	Apologies were noted from: • Linda Bennett • Dr Fiona Lemmens • Dr Cliff Richards • Sarah Baker	
3	**Minutes and Actions from the previous meeting**	
	The minutes of the previous meeting held on the 2 October 2013 were agreed as a true and accurate record, subject to	

Item		Action:
	the following amendment: Page 6 last paragraph item 6. To amend to read: Fiona advised that …… 'South Sefton and Southport & Formby CCG had now commenced with a new GP out of hours provider 'Go to Doc.' **Actions:** **Page 3: Flow Chart to Identify Areas of Work:** Flow Chart not received. **Action: FC to chase.** **Page 3: LHRP letter** RB had responded on behalf of the Network. **Page 4: Training:** FC noted that there was confusion about the training sessions being provided by R Booth and S Corrigan which appeared to be duplication. **Page 6: Specialised Commissioning** KS confirmed that A Tonge had been invited to the 13 November meeting. **Page 7: Strategic Plans 'Time Out' to be arranged.** To be agreed. KS referred to the Primary Care Strategic Planning meeting held by J Hussey and noted that this was something which would be taken forward by the Network. Following discussion it was agreed that Dr S Cox would bring GP Workforce to the next meeting as an agenda item. **Action: GP Workforce – agenda item for Dec meeting.**	**FC** **SC**
5	**AQUA Presentation**	
	A presentation on the Delivery of Quality Improvement – Advancing Quality was given by Cath Hill and Jennifer Butterworth of AQuA. The presentation highlighted contribution to the delivery of CCG outcomes and quality requirements, the support for CQUinS and identified the work done with partner organisations. It was highlighted the AQ would reduce total running costs from £6.9m to £4.23m pa in 2014 and would reduce costs to CCGs in 2014 by 31% providing there was sign up by all CCGs, together with a further 10% CIP reduction for 2015/16 and 2016/17 with a commitment to the 3 year programme.	

Item		Action:
	MM noted that West Lancashire had withdrawn from AQ due to reservations about the time taken by AQ to put actions in place e.g. 5 years for COPD. TJ noted that Quality Outcomes were key for CCGs to ensure this is captured and aligned with existing CCG plans e.g. production of detailed plans with outcomes, specific admissions to hospital and years of life lost. JB informed the group that there was an Advancing Quality Board and Finance Group which was attended by representatives from PCTs and advised that membership from CCGs was welcome. FC noted the need to understand areas which should be done individually and issues about sign up and network representation on the Board which should be debated as it may be felt that individual representation as opposed to Network representation was required. Following discussion it was confirmed that this would be agreed in principal and that individual CCGs would contact AQuA for further information if required. **Action: Individual CCGs to contact AQuA for further information if required.** **Board representation to be discussed and agreed via e mail**	**KS**
6	**EPRR**	
	Escalation and Divert Policy: FC advised that Jane Keenan had been asked to integrate with NHSE for a collective discussion around escalation. A telephone call is planned at 2pm on Friday, 8 November involving NWAS and the area team. **CMS** This has been updated and discussion will be reconvened with NWAS. Work will be done with colleagues and involve leads in provider organisations. **EPRR – Roger Booth** A report was provided by RB on the assurance requirements agreed for CCGs. The report highlighted the response required for reviews and exercising of plans and onsite reviews. RB advised that following a meeting with the area team a new	

Item		Action:
	document would be circulated shortly which will require a statement of compliance in the form of evidence, action plans and time lines against core standards. Once received a panel will be convened by LHRP who will contact Accountable Officers and Emergency Planning Officers of each Trust to work through cores standards. RB advised that assurances required are complete. **Memorandum of Understanding:** A draft MOU for the operation of a Joint Clinical Commissioning Group on call rota across Halton, Knowsley, Liverpool, Southport& Formby, South Sefton and St Helen's CCGs was provided. The MOU set out the collaborative arrangements for the CCGs to operate a joint on call rota covering the whole of NHS England Merseyside Area Team. Following discussion item 3.1 was referred to where it was noted that this suggested that there was one CCG on call rota and it was highlighted that there were 2 separate agreements for Mid and North Merseyside. RB advised that a generic document had been used and had now been amended and discussion was required about how to take this forward. It was agreed that feedback should be sent directly to RB, and 2 agreements should be produced. **Action: 2 Agreements to be produced** **Officers to feedback directly to RB** **Local Health Resilience Group (LHRG)** Representation was requested for this group. **Action: Chief Officers to discuss outside of the meeting** **It was agreed that DJ would take the lead on EPRR**.	**DJ**
7	**NHS 111 Update**	
	ID advised that the transfer of NHS 111 Direct to NWAS was completed by the 29 October deadline following an exhaustive process led by NHSE which involved TUPE of all operational staff from Middle Brook and Carlisle to NWAS and a small number of associated support staff. There was no major problem with transition. On call handlers inherited by NHS Direct have been maintained and work is	

Item		Action:
	on-going around clinical staffing which was a risk, with NHS Direct relying heavily on agency staffing to cover rotas. NWAS have entered into a contract with Conduit to provide a ring fenced pool of clinical advisors to ensure the right number of clinicians is available. Rotas have been increased to between 20 and 25% to cope with the expected increase in call volume due to winter. The 0845 number has been switched off between Cheshire and Merseyside. A piece of work is being undertaken to model costs from April 2014 to April 2015. This will put financial pressures on CCGS as they do not have savings to offset against costs for next year. ID referred to B Hakin letter and advised that reprocurement cannot commence until April 2014 and the Keogh Review would inform some revision of the national 111 specification. A paper will be provided for the next meeting on the role of the Merseyside 111 Support Team headed by Liverpool CCG to describe the work and support provided by the team and LCAG. **Action: ID to provide paper for next meeting**	**ID**
	ID advised that support for the team was approved to March 2014 and a decision was required whether this would be extended as there is a strong case that support is still required going forward. KS noted that clinical leadership and the work being done by Fiona Lemmens should also be considered. DJ asked whether contribution the team made to other groups could also be included in the paper. **Action: Contribution made to other groups by the team to be included in the paper.**	**ID**
8	**Diabetes Network**	
	A paper was presented to seek the views on an option to further develop the Merseyside Diabetes Network into 2014/15 to build on the work done by the network over previous years, whilst moving to a more strategic role and to include Cheshire. It was proposed that: • Knowsley CCG extends the fixed term quality improvement lead contract, by one year to the end of March 2015 – making it into a 20 month post. • Knowsley CCG invoices Cheshire and Mersey Strategic	

Item		Action:
	Clinical Networks for the post from 1 April 2014 to 31 March 2015. • The quality improvement lead team develop a work programme for 2014/15 that reflects the priorities of the Mersey CCGs and diabetes community, whilst at the same time taking the network forward into the future Cheshire and Merseyside footprint, as part of the CVD agenda. • The current post holder has developed excellent working relationships with stakeholders; this work can continue post April 2014. The proposal would offer a positive solution to the decision required in December 2013 around the future of the Mersey Network, which would continue to meet the Cheshire and Merseyside footprint and CVD agenda at no cost to the Mersey CCGs for the Project manager. This would also maintain the engagement and enthusiasm of the professionals and patients within the Merseyside Network and would enable the continued development of the programmes of work around Diabetes and CVD and would help in the development of joint working across CCGs and the Network and give access to Network resources. This would provide an opportunity to use short term non recurrent funding for Diabetes and CVD accelerate service improvement across Cheshire utilising learning from Merseyside; and offer peer support to the post holder from the network team. SC referred to the reference within the report that 'the current post holder has developed excellent working relationships with stakeholders' and advised that as Clinical Lead for St Helens CCG, noted that to his knowledge this person had not contributed to work being done by St Helens CCG. Following discussion it was highlighted that post holder was unknown to most CCGs. This proposal was **AGREED in principle**. A report was requested for a future meeting on the work being done by the post holder and the Network. **Action: Report on the work being done by the post holder and the Network to be provided for a future meeting.**	**DJ**
9	**DASS Funding Request**	
	A copy report from C Duggan, Director NHSE was presented by KS, which requested £95,000 funding to support a range of joint initiatives between NHS colleagues and Local Authorities. The main purpose of the funding would be to	

Item		Action:
	support a Project Manager post together with some limited administration support. Following discussion it was noted that a lot of the initiatives highlighted in the report we already being done within Boroughs and with their individual Local Authorities. KS advised that this report was submitted as it may form part of the discussion at the Merseyside Health Collaborative meeting with Local Authority CEOs on the 13 November.	**KS**
10	**Maternity Services**	
	SB advised that he had met with Kathryn Thomson, CEO, LWH and a general agreement was reached to work together in terms of Maternity Services. A further meeting will be convened to look at how this can be done. SB noted that a managed clinical approach would be considered and indications are that most providers within Merseyside and Cheshire region were interested in this. It is anticipated that a meeting will be arranged by the end of the month with representation from each CCG.	**SB**
11	**Commissioning Support**	
	A copy letter re 'CCG Commissioning Support, Make, Share, Buy Decisions' from the National Director for Commissioning Development, NHSE was provided for information. An update on plans regarding Commisioning Support was given by each CCG. PB highlighted the reduction in services being provided by CSU and queried what would happen if CSU teams were no longer deemed to be sustainable, which is uncertain at this stage. An overview was also requested in terms of the impact on contracts. Following discussion FC asked whether non-recurrent funding could be provided for someone to look at this on a collective basis. Agreed that this would be sorted outside of the meeting. It was agreed that a robust and collective plan was required for each CCG's Quarterly Assurance Meeting. **Action: Robust and collective plan to be provided for CCG Quality Assurance meetings.**	
12	**Safeguarding**	
	A report developed by Jan Snoddon Chief Nurse, Halton CCG was provided on behalf of FC to provide an overview of the activity to review the effectiveness of the Adult and	

Item		Action:
	Children Safeguarding Services currently hosted by NHS Halton CCG. JS highlighted the links developed with Chief/Lead nurses within each CCG to gain clarity on the expectations and requirements for reporting/escalation and responses for each CCG and advised that an MOU, one service delivery, an updated service specification and an SLA had been developed to aid understanding and ensure CCGs receive the service required. Work had also been done to produce an assurance framework document which clearly outlines the areas of assurance and the evidence for these, and a number of meetings have taken place with Chief/Lead nurses and the team to identify issues and manage these. Following an update to the CCH Network a teleconference between FCl and the Chief/Lead Nurses took place to clarify expectations and to outline a plan of action. A session, facilitated by FC was held with the Designated Nurses/ Head of Adult Safeguarding and the Chief/Lead Nurses including one of the Deputy Directors of Nursing from NHS England Merseyside to outline the issues and actions to deliver and the outcome of that session was that: : • The model is correct (hosting and integration) but there may need a reconfiguration of the current CCG coverage • The assurance framework delivers the required assurance • The CCGs need to agree a reporting template to reduce the problems in relation to the variation in reporting requirements. • The team to outline clearly the links to CCGs and LSCBs/SABs • The DDofN at NHSE will provide a session on commissioning to the team. • Report writing support to be identified • Service specification to be reviewed and agreed alongside SLA. • Further facilitation session to be arranged as required. • JS to with FC deliver an update to CCG Network The Network was asked to note the work in progress and the agreements to date, and to agree the continued work to ensure delivery of an effective safeguarding service. Following discussion FC required that joint safeguarding boards should be considered to maximize resources and avoid duplication.	

Item		Action:
	Action: It was agreed that the Performance Framework would be brought back to this meeting at a future date for agreement by CCGs. **A piece of work will also be done to merge together sub groups so they are working as one with delivery between the Safeguarding Board for Children and Adults for Merseyside.** FC thanked JS on behalf of the Network for the work she had done.	**FC**
13	**Any other business**	
	Area Prescribing Committee: DJ noted that the meeting was not quorate and asked if this could collectively be noted. SC to look in to this. Consideration may need to be given about how this is administered. **Sarah Baker** AP advised that Sarah Baker would shortly be having an operation and asked that best wishes should be noted on behalf of the CCG Network. **Merseyside Health Collaborative Meeting: 13 November 2013** NF advised that following the meeting on the 13 September, it was agreed with LA CEOs that the above meeting would share the approach of development of Strategic Plans. The meeting will be held in the Boardroom, Arthouse Square. **Liverpool Health Partnership 7 Day Working:** KS advised that LHP, covering Cheshire and Merseyside had suggested a joint budget for 7/7 working, a pilot was put forward which was declined. **CCG Network Admin/Host:** FC advised that the Network meetings would be hosted by South Sefton CCC and administered by Mel Wright melanie.wright@southseftonccg.nhs.uk from December 2013 for 6 months. FC thanked NF and KS on behalf of the Network for hosting the network meetings for the past 6 months.	
14	**Date and Time of Next meeting:**	
	Wednesday, 4 December 2013 Boardroom 2, Regatta 1 – 4pm	

Meeting Title: Health & Wellbeing Board - Programme Group			
Date:	9TH December 2013	**Time:**	9 am
Venue:	Merton House, Bootle	**Chair:**	Peter Morgan

Attendees:

Health & Wellbeing Board Members and Programme Group Members

(JA) Janet Atherton, Director of Public Health, Local Authority (LA)
(RC) Robina Critchley, Director of Older People, Local Authority (LA)
(CP) Colin Pettigrew, Director of Children's Services, Local Authority (LA) (in part)
(FC) Fiona Clark, Chief Officer, Southport & Formby/South Sefton Clinical Commissioning Group (CCGs)

Other Programme Group Members

(PM) Peter Morgan, Deputy Chief Executive (LA)
(AW) Angela White, Chief Executie, Sefton CVS (CVS)

Also in Attendance

(CS) Dr Clive Shaw, Health & Wellbeing Board Member, Observer
(ST) Sam Tunney, Head of Business Intelligence & Performance, Advisor

Apologies:
Angela White

	Key Updates from H&WB Forums:	**Forum**
1.	See report on the agenda.	All

	Action Points:	**Who**	**By When**
1.	**Forum and Task Group Updates:** Discussion paper was submitted which highlighted several issues for steer/to note. Early Life Forum – Dates of meetings agreed. Hosted formal consultation on Special Educational Needs (SEN) Code of Practice which was well received. CP reported that a joint plan between health, education and social care is required. Will be significant resource challenges as a result of the requirements. Adults Forum – two national databases are used by the Commissioning Team – Ponsy and Poppy. The priorities in the draft actions in the report have been amended so that 'resilient communities' now reads resilient individuals and resilient families. Some amendments were discussed, and RC to write up and circulate to the Forum Membership. Wider Determinants Forum – (a) RC referred to the vulnerability matrix and advised	CP RC	9/1/2014

Action Points:		Who	By When
	that the definition of vulnerability used in the tool is not the same definition as that used to access support/care. FC reported that the CCGs had some concurrent money which could be used to explore whether the vulnerability matrix was complementary to the risk stratification tool which was used in the virtual ward/care closer to home model. Agreed to scope a piece of work to commission John Moores University (originally involved in the design of the vulnerability matrix).	SJT	9/1/2014
	(b) Mental Health – FC reported that Joe Rafferty, Chief Executive of MerseyCare, was attending her SLT and invited someone to attend. RC suggested Tina Wilkins, LA (TW). A Mental Health Task Group has been established and there has been a series of meetings/events at which mental health and associated subjects have been discussed. A strategic discussion on Mental Health is needed at the Programme Group to ensure all work is aligned – to include from community provision to very specialist. To facilitate this, the terms of reference of the Task and Finish Group to be submitted to the next Programme Group and TW asked to attend. SJT advised that she had met with TW and a representative of MerseyCare to look at the sharing access to data/systems, and TW had asked for this work to progress to improve joint working practices.	RC TW	 9/1/2014
	Decisions (not specifically referred to above) (a) **Shared Library** – FC offered to look at the use of their 'SharePoint' facility by the Board and sub structure officers. (b) **Mapping of Partnerships/Fuzzy diagram** – future meeting to review work of the Forums (c) **Membership of Forum/Process of selection** – defer consideration to the next meeting as AW not present (d) **Forward Plan** – each Statutory Officer/Forum lead to ensure that issues which are relevant to another partner on the board are included in the Forward Plan for the Programme Group and need to be notified to SJT (e) **Integrated Commissioning** – Programme Group has overall role in ensuring that integrated commissioning is making the best use of resources. Each Forum has a role in relation to commissioning against outcomes within the strategy, but the Programme Group need to regularly review the Integrated Commissioning Plan. (f) **Main Priorities for next 12 months** – defer to the next meeting for discussion	 FC SJT SJT ALL SJT SJT	 31/1/2014 31/3/2014 9/1/2014 On-going 11/2/2014 9/1/2014
2.	**Integration Transformation Fund** Discussion paper from the ITF Task and Finish Group was	TW/GO'	23/12/2013

Action Points:		Who	By When
	submitted. Group expressed support of the proposals and planned work to progress. Need to firm up/standardise the 'think pieces' and write up the approach in the virtual ward/care closer to home so that this can then be shared with the Board by email.	C	
	Clarification needed on the risk stratification cohort following on from the earlier discussion in relation to the vulnerability matrix. Agreed that the Clinical Leads for Care Closer to Home/Virtual Ward identify who will be the focus of the models if progressed at scale.	TJ/KC SJT	10/1/2014 31/3/2014
	Vision in 5 years based around the broader definition set out in the discussion paper with the initial vision/ambition set around a tighter vision on reducing A&E admissions. ITF Group to progress the metrics, finances etc.	SJT	23/12/2013
	In relation to the proposed Health Summit on 22nd January, it was agreed that a wider stakeholder event take place, in order to meet the needs of the process to support the development of the CCGs Strategic Plan.		31/1/2014
	Additionally, agreed to a smaller more focused event (potentially on19th February) for representatives of the Board and the Acute/Community Trusts – Chairs and Chief Executives.	SJT	
	Deadline for the final ITF Plan has slipped to April 2014, to align with the deadline for the CCG Strategic Plan. Draft Planning Template still has to be completed by February.	RC/TW	31/1/2014
	RC advised that something similar to virtual ward had been done before but at the time it was not sustainable. Agreed that this needs to be written up as a think piece, to help evidence why now progressing something similar and how this has informed the new models.		
	Agreed use the John Rouse principles as our approach to integration	SJT/RC	9/1/2014
	RC tabled a self assessment paper from NW Directors of Adult Social Care (DASS) which she suggested be circulated to the Group.	TJ/SH	23/12/2013
	In terms of broader communications on the ITF, it was agreed that the Communications and Consultation Group be tasked with ensuring that the requirements in the ITF were met.		
	FC advised of recent discussions with GP Practices around the need to transform primary care.	RC/TW	11/2/2014

Action Points:		Who	By When
	RC reported the need to develop a reablement plan, and that this needed to be brought back to the Programme Group for discussion. RC expressed concern about the Care Bill not aligning with the ITF literature, which needed to be resolved nationally. It was suggested that a summary of the Bill be circulated to the Programme Group. RC suggested a couple of documents which could be circulated with the minutes of the meeting.	RC/SJT	9/1/2014

Previous Actions / Issues Log (from minutes)		Status	Who & Deadline
1.	Membership of Forum/Task Groups. Nb - dealt with in the report on the agenda for the Programme Group	C/F	Forum leads – 9/1/14
2.	Build Calendar of Meetings of all Forum, Task Groups, Programme Groups	O	Consultation and Engagement TG – 11/2/14
3.	Partnership Structures – each Forum to work out its partnership structures/relationships	O	Forum Leads – 31/3/14
4.	Policy Updates/Statutory Roles – each Statutory Post to be aware of the need to include issues on the agenda	O	Forum Leads/Stat Posts
5.	Revisit Memorandum Of Understanding (MOU). Nb – dealt with in the report on the agenda for the Programme Group	O	SJT – 11/2/14
6.	Revisit in the next Strategy iteration, the Strategic Priority of Older People, to be changed to Adults – to be picked up in the next iteration of the strategy	O	SJT – 31/3/14
7.	Amendments to the Integrated Commissioning Plan (ICP) – meeting organised with Head of Commissioning and Deputy Director of Public Health to progress this work to come back to Programme Group in February.	O	SJT/P Moore/H Chellaswamy – 11/2/14
8.	VCF review – to ascertain if within the ICP.	C/F	PM – 11/2/14
9.	Health Summit – planned for 22/1/14. Nb – steer required by the Programme Group (picked up in the report on the agenda)	C/F	PM/SJT/TJ – 9/1/14
10.	Integration Transformation Fund (ITF) – now Better Care Fund Task and Finish Group been meeting (picked up in the report on the agenda), including the reference at 10. Of the last notes in relation to Forward Plan, and timetable of decisions	O	SJT – 31/3/14
11.	Chair to be briefed on ITF – PM has briefed the Chair. Paper circulated to the Board 20/12/13. Report on the agenda regarding the BCF	C/F	PM/SJT – 9/1/14
12.	Local Government Association (LGA) Healthwatch Tool to be referred to the Consultation and Communication Task Group	C	SJT

Information Points & Decisions	
1.	None

Key:

Previous Action Status Key: O = Ongoing, C/F = Carried Forward, C = Complete, NR = No Longer Required.

Information Points & Decision Key: I = Information, D = Decision

Officers referred to in the notes: Hannah Chellsawamy (LA), Peter Moore (LA), Tina Wilkins (LA), Sue Holden (LA), Tracy Jeffes (CCGs), Geraldine O'Carroll (CCGs/LA), Karl McCluskey (CCGs).

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Name of Meeting **Joint Operational Group Incorporating Southport & Formby Medicines Management Operational Group and South Sefton Medicines Optimisation Operational Group**

Time & Date **10th September 2013 12.30 – 2.30 pm**
Library, 1st floor, Fylde Rd Medical Centre, Churchtown

Present:	
Brendan Prescott (BP) (Chair)	Medicines Management Lead - Southport and Formby and South Sefton CCG
Jane Ayres (JA)	Senior Practice Pharmacist - Southport and Formby CCG
Jo Chattin (JC)	LMC Representative
Dr Steve Fraser (SF)	Governing Body Member – South Sefton CCG
Susanne Lynch (SL)	Senior Practice Pharmacist - Southport and Formby CCG
Dr Hilal Mulla (HM) (arrived during item 13/46)	Governing Body Member – Southport and Formby CCG
Sejal Patel (SP)	Senior Practice Pharmacist – South Sefton CCG
Helen Roberts (HR)	Senior Practice Pharmacist – South Sefton CCG
Helen Stubbs (HS)	Pharmacist, CSU Link
Dr Jill Thomas (JT)	GP Representative, South Sefton CCG
Minute Taker:	
Ruth Menzies (RM	Medicines Management Secretary – Southport and Formby and South Sefton CCG
Apologies:	
Dr Janice Eldridge (JE)	Prescribing Lead - Southport and Formby CCG
Janet Fay (JF)	Senior Practice Pharmacist, South Sefton CCG
Kay Walsh (KW)	Interface Pharmacist - Southport and Ormskirk Hospital Trust/Southport and Formby CCG
Malcolm Cunningham (MC)	Head of Performance and Health Outcomes – Southport and Formby CCG

Item		Action
13/43	**Minutes from previous meeting** The minutes of the previous meeting were agreed as an accurate record.	
13/44	**Matters arising from minutes** Azithromycin (addition to agenda) KW emailed an update stating there was much debate around this issue at the Formulary & Guidelines Sub-group and the outcome was that LFTs are to be performed at baseline (by the specialist.) The statement is on tomorrow's Pan Mersey APC agenda. Shared Care for ADHD (JA) JA confirmed there were 16 patients in Southport and Formby and 18 in South Sefton. The problem is with the transition and the patients should now be accommodated within the ADHD Service in Merseycare. There has been an	

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	increase in clinics which are held at weekends to accommodate these patients and those that are new to the area. BP to speak to James Bradley regarding costings. BP to also obtain further information from Malcolm Cunningham and bring back to the next JMOG.	**BP/ BP**
	Dementia drugs shared care (BP) Patients are now being accepted across both CCGs. We are awaiting confirmation from Finance to see if spend has been incorporated into our bottom line.	
	Pan Mersey Blood Glucose Testing strips guidance (SL) SL to produce a Sefton Prescriber Update. Diabetes UK has raised concerns regarding CCGs not prescribing strips. SL to email Geraldine, Diabetes Specialist Nurse, to ensure they are aware of the APC guidance.	**SL**
	Liraglutide and Exenatide amber statements (SL) To be discussed at APC.	**SL**
	Private scripts (JA) JA confirmed that the BMA guidance previously circulated was felt to be very good. JA to produce an SPU to highlight the BMA guidance.	**JA**
	STANDING ITEMS	
13/45	**APC minutes (To be tabled)** There were no minutes tabled at the meeting. **July APC Report** The July APC report was discussed.	
13/46	**Actions from APC** APC approval process Discussions took place regarding the process and delays which occur including when the sub groups meet. BP has previously discussed with Martin McDowell as we don't have financial authority at the JMOG. Discussions took place in	

NHS

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	relation to horizon scanning. *(HM arrived)* Discussions took place around communications as it is felt there is too much for all to read. SPU coming out soon to highlight the Medicines Management webpages. Discussed ways of highlighting information that we need to know. JC stated the LMC marked items in green that were urgent. Agreed to wait the result of Communications survey.	
13/47	**Shared Care (BP)** <u>Denosumab</u> BP discussed with James Bradley the significant cost for drugs to be prescribed in primary care under level 2. Business Case Paper to be amended to go to October's F&R Committee. SL highlighted the situation for GPs due to the increased number of patients being referred from secondary care. BP to include SA and JA's perspective for each CCG. <u>Degarelix</u> BP has discussed with Jo Chattin and Mark Bond to see what level this should come out as. BP to discuss with Urologists to get their assurance.	**BP** **BP**
13/48	**Feedback from Finance & Resource committees (F&R) (JA)** June minutes attached for information.	
13/49	**Financial Performance** <u>Budgets</u> June 2013 data attached. Southport and Formby - month 3 is currently showing a forecasted underspend of £553,000. It was felt there is still some effect of atorvastatin coming off patent. Discussions took place in relation to St Marks having an issue regarding to Dr Boardman's prescribing being attached to St Marks instead of Trinity. South Sefton - month 3 is showing a forecasted underspend of £528,000. A	

South Sefton Clinical Commissioning Group
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Library, 1st floor, Fylde Rd Medical Centre, Churchtown

	similar issue has been identified at Concept House and Sefton Road which will take some time to resolve.	
13/50	**Merseyside Dashboard (BP)** Merseyside Dashboard tabled and discussed. It was felt there were common reductions in cost growth areas. There was also a reduction in dietician and dressings prescribing as a result of the Dietician Service and Dressings service.	
13/51	**CSU update (HS/BP)** Donna Gillespie Green starting in post in coming weeks. Discussions have taken place at the CCG regarding outputs from various subgroups. CCG not receiving reports of what the CSU have been working on. BP to discuss the situation with Debbie Fairclough.	**BP**
13/52	**Antimicrobial guidelines update** The antimicrobial guidelines are currently being updated and it is hoped these guidelines will be ratified at the October APC. HS confirmed that many still like to use the booklet format, however, the APC want to just produce electronically as it is easier to update. Map of Medicines was discussed and felt a lot of GPs don't use. Concerns were also raised as to who ratifies the guidance displayed. The JMOG recommended the use of the paper copy and any important changes to be highlighted to prescribers during the lifetime of the book. BP agreed to cost of printing copies.	
13/53	**Report of 3rd Party Ordering Audit** Discussions took place in relation to the audit results. SL confirmed she had discussed the principles with NHS Fraud who reported there was no case to pursue.	

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	The committee felt this should be taken back to the LPC and list the issues we have with the findings. Principle 3 was highlighted as a significant area. JF to take this to the LPC.	**JF**
13/54	**Review of Care at the Chemist** A number of responses have been received in relation to the above. The LPC want to make consistent across CCGs. Proposed formulary to be brought back to the JMOG and it is hoped there will be a campaign to publicise around Christmas.	
13/55	**Any Other Business** An email has been received from Aintree Hospitals in relation to electronic discharge summaries that have been sent out to GPs. Patients have been coming out with the correct medication, however, the discharge information that the GPS have received in some cases is what appears on the interim discharge. All affected practices have been informed and practices now need to ensure patients are not affected. The matter has not been recorded as significant incident as felt patients are not harmed. Medicines Management to look at patient records to ensure no patients have been harmed. BP to obtain a list of patients affected and report back to respective Operational Groups. SL to produce a letter in relation to cream for pressure ulcers and check if LCH have a tissue viability nurse. Eclipse – Funding has been obtained for this software. However, the BMJ have since pulled the software. Prescriber Plus is not reading Emis Web properly therefore there are long delays. Discussions took place regarding pop ups that appear on EMIS and the possibility of getting quick wins on as a minimum. BP to discuss with Alison Johnston and Peter Johnston to see what the Liverpool CCG are doing and bring back to respective Operational Groups.	**BP** **SL** **BP**
	Date, Time and Venue of next meeting The next meeting will take place on Friday 22nd November at 12.30pm Merton House in Conference Room 3A.	

Southport and Formby
Clinical Commissioning Group

Medicines Management Operational Group (MMOG) Minutes

Held on 25th October 9.30am-12.00pm
Library, 1st Floor, Fylde Road Medical Centre, Southport

Present Jane Ayres (JA) (Chair) Dr Janice Eldridge (JE) Susanne Lynch (SL) Brendan Prescott (BP) Kay Walsh (KW) **Minute Taker:** Jane Ayres	Senior Practice Pharmacist – Southport and Formby CCG Prescribing Lead - Southport and Formby CCG Senior Practice Pharmacist - Southport and Formby CCG Medicines Management Lead - Southport and Formby CCG Interface Pharmacist - Southport and Ormskirk Hospital Trust/Southport and Formby CCG

No	Item	Action
13/146	**Apologies** Apologies were received from Malcolm Cunningham, Helen Stubbs and Hilal Mulla.	
13/147	**Minutes of meeting dated 27th September 2013** Minutes approved as accurate record.	
13/148	**Matters Arising from Minutes** Sefton Prescriber Update – will now be sent out separately. Wound management progress S&O – KW informed the group that this item can be removed from MMOG agendas as it is unlikely it will progress further with the ICO at present. Issue of supply of dressings to nursing homes via community pharmacies discussed – scheme is running in South Sefton. JA has discussed with Jan Leonard re contract with district nurses in the North and issue of visiting nursing homes. JA to bring data on spend in South Sefton of scheme versus prescribing to the December MMOG. Appliance contractors **Action**: RM has yet to arrange a meeting with Bullens. MHRA alert re metoclopramide **–** awaiting guidance. Audit of non-rheumatology prescribing of DMARDs – search will be done in all Sefton practices and results reviewed at future MMOG. CQUINs – BP to speak to Claire Moss for confirmation regarding	**JA** **RM**

No	Item	Action
	agreement if CQUINS, then BP to raise with quality leads at CCG. Approval process for devices JA to send BP summary re recent request for device which was subsequently not recommended by NICE – BP to raise again. It was noted that previous North Sefton & West Lancs AMMC considered devices.	**BP** **JA** **BP**
13/149	**Practice Updates/feedback/Grey List** (All) MMOG visits and agenda discussed – minor additions made to agenda. SLs MMOG visits may need to wait until January – Cumberland and FVS may be completed as already arranged. JA to amend agenda.	**JA**
13/150	**Shared Care issues** Denosumab Protocol clinically agreed at Finance &Resource committees. Discussion ongoing with finance who are looking for evidence of shifting of cost from secondary care. BP taking forward with finance. Degarelix BP is waiting for feedback from ICO and Aintree urologists re management of patients who may require monitoring. To go JMOG when feedback received. Lithium Merseycare mental health liaison practitioner has been appointed for S&F- Rachel McKinight (RMc) – KW and JA will liaise with RMc re tidying up lithium shared care in practices. Urology Proposal to modify Aintree Shared Care document for GNRH analogues will go to next Shared Care meeting.	**BP** **BP** **KW/JA**
13/151	**PQS** JA confirmed practice pharmacists save practice quarterly meeting documents on shared drive.	
13/152	**Budget Update** Southport and Formby are showing a forecasted underspend of £185,903 (-0.95) on August data.	

No	Item	Action
13/153	**NS & WL Medicines Operational Forum (MOF) feedback (KW/JE)** Action notes from the August meeting discussed. Alternative methods of communication between North Sefton and West Lancs were discussed at the meeting.	
13/154	**Pan Mersey APC feedback** Pan Mersey APC report from October meeting discussed. Souvenaid – oral nutritional supplement for Alzheimer's disease – black (raise at localities – JA to add to locality update) Dymista – green Olanzapine (ZypAdhera) – red Linaclotide – green Imiquimod - green All of above agreed, JA to feedback to HS to allow statements to be amended with "CCG approval" for S&F. JAE commented that the Joint Pan Mersey formulary chapter on epilepsy has been updated and it is very useful for prescribers - to be added to locality update Magnaphate and Magnaspartate and use as food supplements for medical purposes was discussed at APC. MMOG will wait for full minutes before advising prescribers – defer till next MMOG Minutes of April Pan Mersey APC discussed (minutes not available at last MMOG). The following items were approved: Apixiban in AF – green Fluocinolone Acetonide intravitreal implant – black Ranibizumab in diabetic macular odedema – black Aclidinium inhaler – green Glycopyrronium inhaler – green Cilostazol, pentoxifylline and inositol - for intermittent claudication – black Naftidrofuryl – intermittent claudication - GREEN JA to feedback to HS to allow statements to be amended with "CCG approval" for S&F.	**JA** **JA** **JA**
13/155	**Items from Pan Mersey subgroups (KW/SL)** Antiplatelet therapy green statement Dapagliflozin black statement Finasteride green statement	

No	Item	Action
	Insulin degludec 100 units black statement Insulin degludec 200 units amber statement Above items discussed, JAE to take back comments re insulin degludec	**JAE**
13/156	**Finance and Resource Committee (BP)** Aflibercept for wet ARMD Azithromycin for exacerbations of COPD and bronchiectasis Rivaroxaban for PE Mirabegron for over active bladder Dapagliflozin for add on treatment in type 2 diabetes Biological drugs in psoriasis All of the above were approved at Oct F&R – JA to feedback to HS to allow statements to be amended with "CCG approval" for S&F.	**JA**
13/157	**Osteoporosis Guidelines (JE)** JAE to request that guidelines will become trust only guidelines.	**JAE**
13/158	**C Difficile root cause analysis report Q1 2013-2014** Report discussed. Sandra Craggs will now produce a quarterly report – to be raised at locality meetings and MMOG visits	**JA**
13/159	**Future MMOG/JMOG dates (JA)** Future dates for MMOG/JMOG circulated with the agenda. JA to send again to HM and JAE – any issues with dates to be emailed to JA.	**JA**
13/160	**AOB** BP-Steve Fraser will be leaving as medicines management lead for South Sefton SL – Discussion re NOAC review clinics at Chapel Lane JAE – raised issues with anticoagulant clinic and management of raised INRs	
	Date, Time and Venue of Next JMOG – Friday 22nd November 13.30pm Conference room 3A, Merton House **Date, Time and Venue of Next MMOG-** Friday 6th December 9.30am Fylde Road Medical Centre	

Signed …….…….. Date ……
Chairman

Committee Member	January 2013	February 2013	March 2013	April 2013	May 2013	June 2013	July 2013	August 2013	September 2013	October 2013	November 2013	December 2013
Jane Ayres, Senior Practice Pharmacist, SFCCG	✓	✓	✓	✓	✓	✓	✓	Apols	✓	✓		
Malcolm Cunningham, Head of Performance & Outcomes, SF CCG	Apols	✓	✓	✓	✓	Apols	✓	Apols	Apols	Apols		
Dr Janice Eldridge, GP, Governing Body Member, SFCCG	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓		
Susanne Lynch, Senior Practice Pharmacist, SFCCG	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓		
Dr Hilal Mulla, GP, Governing Body Member, SFCCG	Apols	✓	✓	✓	✓	✓	✓	✓	✓	Apols		
Brendan Prescott, Lead for Medicines Management, SFCCG	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Kay Walsh, Interface Pharmacist, SFCCG	✓	✓	✓	✓	✓	✓	✓	✓	Apols	✓		
In attendance												
Lucy Howarth, Community Dietician (Item 2 only)	✓											
Helen Stubbs, Lead Pharmacist, NHS Sefton		✓	Apols			Apols		Apols	???	Apols		

NHS
Southport and Formby
Clinical Commissioning Group

South Locality Meeting Minutes

Date and Time Thursday, 28 November 2013, 12:30 – 13:30
Location Ainsdale Village Surgery

Attendees	
Dr Robert Russell(Chair)	Ainsdale Medical Centre
Paul Ashby	Practice Manager, Ainsdale Medical Centre
Jane Uglow	Locality Development Manager
Dr K Naidoo	The Family Surgery
Carol Roberts	Practice Manager, The Family Surgery
Dr Paul Smith	Ainsdale Village Surgery
Karen Ridehalgh	Practice Manager, Ainsdale Village Surgery
Dr Ian Kilshaw	The Grange Surgery
Nina Price	Practice Manager, Grange Surgery
Dr Gladys Gana	Lincoln House Surgery
Janice Lloyd	Practice Manager, Lincoln House Surgery
Kay Walsh	Medicines Management
Penny Bailey	Community Matron, ICO
In attendance	
Rachel McKnight	Primary Care Mental Health Liaison Practitioner, MerseyCare
Ruth Harkin	Sefton CCGs
Apologies	
Minutes	
Terry Stapley	Administrator

Attendance Tracker

✓ Present
A Apologies
L Late or left early

Name	Practice / Organisation	Sept 13	Oct 13	Nov 13	Dec 13							
Dr G Gana	Lincoln House Surgery	✓		✓								
Dr I Kilshaw	The Grange Surgery	✓		✓								
Dr K Naidoo	The Family Surgery	✓		✓								
Dr R Russell	Ainsdale Medical Centre	A		✓								
Dr S Bennett	Ainsdale Medical Centre	✓										
Dr P Smith	Ainsdale Village Surgery	✓		✓								

No	Item	Action
13/86	**Apologies / Minutes** No apologies were received. The minutes were agreed as an accurate record.	
13/87	**Matters Arising** **13/78 – Frequency of Quality Premium Data.** The group discussed that no data has been received for Alcohol admissions or Dehydration, with most of the data being received being that of Asthma. It was asked that Dehydration and asthma data be re-sent to practices for those who did not receive it. **Action – JU to arrange for data to be re-sent to practices.**	**JU**
13/88	**Chair's Update RR** No update from the GP Lead Meeting as the meeting is to be held on 3rd December 2013. **The Primary Care Event – 4 December 2013** The event will explore how we might transform and 'future proof' primary care in South Sefton / Southport and Formby. Niall Leonard has asked for any ideas that GPs may have should be communicated by Monday 2 December 2013. RR also advised the group that the Governing Body elections are due to take place shortly for those who wanted to put themselves forward for a position on the board.	
13/89	**Introduction – Rachel McKnight – Merseycare – Primary Care Liaison Worker.** Rachel McKnight gave an update on services offered / supported by her role in MerseyCare: • Identify patients on the register and follow up for annual checks • Offer support to encourage patients to attend for annual health check • Undertake clinical work – MDT, risk stratification meetings • Assist with high risk complex cases • Work alongside consultants to identify stable patients ready for transfer back to community care • Offer care home liaison services • Assist with care plans (from community health perspective) • Improve communication between secondary mental health care and GPs.	

No	Item	Action
13/90	**Commissioning Intentions 2014/15** To inform the locality more of the CCGs commissioning intentions JU suggested the Karl McCluskey (Head of Strategic Planning & Assurance) should be invited to present the 5 year strategic plan. The group agreed this would be a good idea. Intentions for the CCG include Frail Elderly and Unplanned Care with the plan of reducing unplanned admissions by 30% by year 5. **Action – JU to invite Karl to December's meeting.**	JU
13/91	**Quality Premium (NHS Outcomes Framework) Asthma, Alcohol and Dehydration.** This item was discussed in previous items on the agenda. But a note was made that £595k can be earned from completing the Quality premiums, which would be earned in year 2013/2014 but would be paid in year 2014/2015 with a prerequisite that the CCG is in financial balance.	
13/92	**QOF QP Indicators** After a short discussion the group decided that QOF QP2 and QP4 would be peer reviewed in February 2014.	
13/93	**Finance Feedback / Practice Budgets** Ruth Harkin interim Head Of Financial Management & Financial Planning attended the meeting to provide the locality with help on financial issues they may have and to decipher any information that they may be having issues with. Ruth tabled the attached data which practices should be receiving on a monthly basis to help them make a difference in spend within practice. The group discussed that future data should show detail in speciality rather than by place (hospital).	Ainsdale Birkdale Locality Meeting Data
13/94	**Medicines Management** **Prescribing Budget Reports** KW presented the latest prescribing budget data, Two practices are overspent. She advised all practices to maintain their efforts on improving cost-effective prescribing using the agreed work streams. **Souvenaid** This is an oral nutritional supplement for the dietary management of early Alzheimer's disease – it has been classified as BLACK by the Pan Mersey APC and this decision has approved by the S&F MMOG. **Epilepsy formulary update** The APC formulary section on epilepsy has been reviewed and contains useful guidance for primary care – link to formulary attached.	

No	Item	Action
	GPs who attend the APC felt it should be recommended as very useful. **MMOG visits** Practices are reminded that the MMOG team will be contacting them to arrange a MMOG visit over the coming weeks when Medicines Management issues can be discussed. **Prescribing Quality Scheme - Peer review of co-amoxiclav** Practices were reminded that we are auditing against prescribing in October, November and December, the target of 75% used within Seftons Antimicrobial Guidelines. RR asked whether a updated version of the anti-microbial guideline book is being produced. KW advised that there is going to be an online version but to use 2012s version until this is up and running.	
13/95	**Practice Service Feedback** KN brought to the table issues with Histology / blood testing lab, with the staff in the lab providing poor communication skills and speaking to practice staff in a poor manor. KN also advised that Histology reports coming back from the lab are also poor with them not being very clear and not providing all the information needed.	
13/96	**Any other business** **Winter Planning** Current allocated funds of £318K included: • £51K - to acute visiting scheme • £38K - Examine Your Options • £10K – "Thinking Differently / Coping Differently" • £10K - Community provider (eg hot meals) • £10k – IV antibiotics in care homes • £75k – Supporting additional capacity within general practice (facilitated by NHS England local area team) In addition to this investment the locality still have the opportunity to identify areas of patient care that would benefit from further investment. **Choose & Book** IK raised an issue with C&B referrals being available to book into a slot but then later being advised that there are no appointments. This issue is solely Southport & Ormskirk Hospital, which is then leading to Gps having to re-refer. **Action – IK to send the information to JU to take up with Terry Hill.**	IK / JU

No	Item	Action
13/97	**Date and Venue for Next Meeting**: Thursday,19 December 2013, 12.30-1.30pm Ainsdale Village Surgery	

NHS
Southport and Formby
Clinical Commissioning Group

Formby Locality Meeting Minutes

Date and Time Thursday, 28 November 2013, 12:30- 14:00
Location The Village Surgery

Attendees	
Doug Callow	(Chair), GP – Chapel Lane
Deborah Sumner	GP - The Hollies
Stewart Eden	Practice Manager – Chapel Lane
Moira McGuinness	Southport & Formby CCG Locality Lead
Karen Leverett	Practice Manager – The Village Surgery
Yvonne Sturdy	The Village Surgery
Janice Eldridge	GP - The Hollies
Colette Riley	Practice Manager – The Hollies
Lisa Roberts	Practice Manager - Freshfield
In attendance	
Rachel McKnight	Primary Care Mental Health Liaison Practitioner, MerseyCare
Dan Lingard	Chair - Sefton Care Association
Apologies	
Dr Brettel	GP - Freshfield
Minutes	
Anne Lucy	Locality Development Support

Attendance Tracker

✓ Present
A Apologies
L Late or left early

Name	Practice / Organisation	Sept 13	Oct 13	Nov 13	Dec 13							
Dr Doug Callow	Chapel Lane Surgery	A	✓	✓								
Dr C Bolton	The Village Surgery	A	✓									
Dr J Reddington	The Village Surgery	✓	A	✓								
Dr J Eldridge	The Hollies	A	✓	✓								
Dr D Sumner	The Hollies	✓	✓	✓								
Dr T Brettel	Freshfield Surgery			A								

No	Item	Action
13/89	**Apologies** Apologies were noted	
13/90	**Previous Meetings** These were accepted as an accurate record	
13/91	**Matters Arising** **Directory of Services –** is now ready to roll out. Dave Mortimer is the locality contact for this. KL to check date. Feedback sought for January meeting. Service thought to include useful services for patients / people finding it difficult to seek help eg befriending. **Minutes and Information take up –** DC asked how people could be encouraged to fill the gaps in information when they do not attend meetings or read minutes. He noted that the weekly CCG bulletin and meetings minutes were good sources of information, but many people remain unaware of issues relevant to their locality, their practice, and their patients. **Quality Issues –** DC reported that the Governing Body is keen to replace the GP Operational Forum, but stressed that information and evidence is still required to hold the Trust to account. Many examples exist of lack of GP information about patients who are or have been in secondary care eg follow up appointments, ward rounds, pharmacy problems with blister packs when patient not actually discharged. A Quality Commission questionnaire about GP satisfaction will hopefully be sent round practices as a survey and DC encouraged practices to respond. Although the proposed Frail Elderly unit might improve matters there remained many unaddressed problems. **Freshfield –** Still has no GP (but does have locum cover). Lisa Roberts (practice manager) will be attending these meetings on behalf of Freshfield. **Inter-practice referrals –** MM reminded practices to consider and contribute ideas for how localities might collaborate to reduce practice pressures. So far ideas had been suggested in areas such as sexual health, dermatology, marina coil fittings, EMT, spirometry and diabetes care and joint injections.	
13/92	**Formby Project** MM gave an update: • The project will start in December for one year and progress / results will be monitored re savings and patient outcomes • The pilot will initially work with 2 care homes with GP sessions on Friday and Monday. • Dave Mortimer will be the lead GP attending care homes • DM will start Advance Care Plans **NWAS** • NWAS trying to work with community services to share / pool patient information / care plans to deflect or avoid unnecessary	

No	Item	Action
	admissions. The availability of common care plans could make a significant difference if they were available to responding paramedics / ambulance crew especially if they were notified that a plan existed when attending. • NWAS pre-admission toolkits are used but ambulance will always convey if doubt exists or there is no means of understanding patient's "norm". NWAS are seeking to address patient needs within home before deciding whether to convey. • NWAS use ERISS which is simple to set up (NWAS do this) and results in a tailored plan per person and can be readily updated. It contains the means to refer a specific care need back to the care worker/team. Comparing a 2 hour window for a response from the community emergency response team, many may consider this a preferable patient experience to A&E triage (with the possibility of then being referred to the community emergency response team anyway) • NWAS to email MM the relevant details of setting up and using ERISS **IT** • Current best solution would be to use Ericon mobile system on iPad enabling the GP to log on to the practice system remotely (while on care home visit). The cost of hardware / software has been submitted to the Finance & Resource committee. • GPs would be able to use this for home visits if their iPad had the software loaded – which GPs would require this? • Reception / connectivity is a factor as the Ericon solution is 3G	
13/93	**MerseyCare** Rachel McKnight gave an update on services offered / supported by her role in MerseyCare: • One primary care practice nurse to be employed at each practice to improve communications between MerseyCare and the practice • Identify patients on the register and follow up for annual checks • Offer support to encourage patients to attend for annual health check • Undertake clinical work – MDT, risk stratification meetings • Assist with high risk complex cases • Work alongside consultants to identify stable patients ready for transfer back to community care • Offer care home liaison services • Assist with care plans (from community health perspective) DC noted that it was difficult to refer a patient back into the service once they had been discharged into the community	
13/94	**Winter Pressures** Current allocated funds of £318K included: • £51K to acute visiting scheme • £31K Examine Your Options"	Microsoft Word 97 - 2003 Document

No	Item	Action
	• 18:30 -20:00 appointments • £10K "Thinking Differently / Coping Differently" • £10K Community provider (eg hot meals) **<u>Around £50K remained across S&F to be spent by the end of March – so ideas are urgently being sought and should be sent to Moira McGuinness.</u>**	All
13/95	**Primary Care Quality Strategy** The Primary Care Quality event will be held on 04 December. DC, sent out a number of papers for the locality to read before the meeting, DC listed a number of priorities for inclusion into the Primary Care Quality Strategy Board. The Primary Care Quality Strategy will oversee investment in primary care and will define the vision for new ways of working. Key themes include workforce development and retirement planning (these could be useful assets to provide backfill for other CCG initiatives demanding GP resource) DC noted that ideas need to be bold – the CCG should bid to provide these initiatives (other providers would be eligible to bid) and services that we do not currently have. Papers embedded.	
13/96	**Prescribing update (Janice Eldridge)** • Prescribing spending figures were favourable with a general reduction of between 1.7 and 2.7%. Pressure on budgets remains because of Fair Shares. • Practices reviewing use of NOACs. DC asked if the Grasp AF tool was being used (was used last year) and noted that practices need to be seen to go through the anticoagulation process. • Souvenaid is now on the black list (no evidence of benefit to patient) • A recent review of epilepsy by Dr Appleton was highly recommended as a good review/ reference article on epilepsy and management • A PQS peer review of coamoxiclav is underway • An annual MOG visit will be offered to each practice (in January) • The next MOG meeting will be on Friday 06 December	
13/97	**AOB** None	
	Date and Venue for Next meeting; 19 December 12.30-2.30pm Formby Village Surgery	

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Southport and Formby
Clinical Commissioning Group

Central Locality Meeting Minutes

Date and Time Thursday, 27 November 2013 13:00 – 14:00 (Lunch from 12:30)
Location Kew Surgery

Attendees	
Louise Campbell	GP, Trinity Practice (Chair)
Dawn Bradley-Jones	Practice Manager, Trinity
Billie Dodd	Head of CCG Development, S&F
Roy Boardman	Business Manager, St Marks
Mark Bond	GP, Curzon Road
Sandra Craggs	Senior Pharmacist, Sefton CCG
Dr Stubbens	GP, St Marks
Sue Critchlow	Cumberland House
Halina Obuchowicz	GP, Kew
Kate Wood	Practice Manager, Kew Surgery
Sharon Forrester	Southport & Formby CCG Locality Manager
In attendance	
Kate McIntegart	
Apologies	
Minutes	
Terry Stapley	Administrator

Attendance Tracker

✓ Present
A Apologies
L Late or left early

Name	Practice / Organisation	Sept 13	Oct 13	Nov 13	Dec 13							
Dr Mark Bond	Curzon Road Medical Practice	✓	✓	✓								
Dr Hedley	St Marks Medical Centre											
Dr H Obuchowicz	Kew Surgery	A	A	✓								
Dr Ian Hughes	Cumberland House	✓	A	✓								
Dr Campbell	Trinity Practice	✓	✓	✓								
Dr Stubbens	St Marks Medical Centre	✓	✓	✓								

No	Item	Action
	Kate McIntegart (MCAS Coordinator, MSK Physiotherapy Specialist) to outline recent changes to service specification. Kate McIntegart attended the meeting to discuss the changes and to provide the group with up to date information with regards to MCAS. Kate explained that there have been many changes to the MCAS model and the benefits were discussed. It was discussed that the current backlog in Orthopaedics should be cleared by December and this will then help create a seamless service. The attached document discusses further the MCAS model and also provides the contact details for both Kate and Jan Wilson who lead on the service. IH asked whether GPs are being penalised for not referring to MCAS? With a 90% referral rate being stipulated. As this would be taking away patient choice with MCAS only referring into Southport and Ormskirk Trust. SF to feed this back to Jan Leonard to get a definitive answer. Another issue was brought up whereas patients are having delays in being seen as scans are not being carried out before the appointment has been made.	 ccg_talkfinal[3].doc
13/52	**Apologies / Minutes** No apologies were noted. The minutes from October were agreed as an accurate record.	
13/53	**Matters Arising** Asthma data has been vague for the Quality Premiums. Sharon Forrester to take this data back to Becky Williams, with clarity needed as to where the data is aggregated from. The group felt the QP report was set out differently to how is was previously presented which led to confusion as to what the data being shown meant. **Action – Becky Williams to be invited to a GP Lead meeting to discuss further.** LC brought up issues with AQP Physiotherapy providers using the service/appointment to cross sell their own equipment from their website. The group agreed that using the contract they have with the CCG to sell their own products is a conflict of interest. **Action – SF to take this to Billie Dodd and Malcolm Cunningham to check if this is in their contract.**	 Central Southport Locality Meeting Data SF SF
13/54	**Chair Update (LC)** No update was given as the next GP Leads meeting is not scheduled til 3 December 2013.	
13/54	**Medicine Management update** **Budget Data** November data is now on the portal and was shared with the group. The CCG and locality are both underspent but there are still significant variations in the St Marks / Trinity prescribing budgets	 13 Nov Central adjusted budget.xlsx

No	Item	Action
	which currently predict an over spend at Trinity. The group were advised if they require any support as your medicines management team. Dr Bond again raised the issue of his previous good work in reducing his spending & whether this was now impacting negatively on the level at which his budget was set. SC to raise with Brendan Prescott. **Souvenaid** This is an oral nutritional supplement for the dietary management of early Alzheimer's disease – it has been classified as BLACK by the Pan Mersey APC and this decision has approved by the S&F MMOG. **Epilepsy formulary update** The APC formulary section on epilepsy has been reviewed and contains useful guidance for primary care – link to formulary attached. GPs who attend the APC felt it should be recommended as very useful. **MMOG visits** Practices are reminded that the MMOG team will be contacting them to arrange a MMOG visit over the coming weeks when Medicines Management issues can be discussed. **Prescribing Quality Scheme - Peer review of co-amoxiclav** Practices were reminded that we are auditing against prescribing in October, November and December, the target of 70% used within Seftons Antimicrobial Guidelines. **Erectile Dysfunction – emotional distress clinic** **(not discussed at the meeting)** Being led by Dr Pandit at S&O. There were initial concerns about the number of patients who would be referred in to the ED service at Southport and Ormskirk and the resource to review patients after a number of years without the service. However, the service is happy to be flexible regarding referrals and to discuss any potential referral with the patient's General Practitioner. The service wants to work with the CCGs to provide an accessible service for appropriate patients. **Action - Paediatric Specials** **Dr Halina raised an issue about an expensive special liquid for a teenager – SC will discuss options for supply direct from Alder Hey / invoice to CCG rather than the cost being carried by the Practice**	Pan-Mersey antiepileptic_drugs.pd **SC**
13/55	**Primary Care Investment** The group were advised that the CCG has £39k of funds to spend on improving quality and patient care. Furthermore NHS England has provided practices with £75k to spend on extra capacity within practice over the winter period. Ideas which the group brought up which would help improve quality and patient care included:	SLT_winter_pres_-_SF.docx

No	Item	Action
	• Having a GP based in A&E to triage patients which would help stop admissions. • Improve the inclusion matters service due to current long waiting times (provide extra sessions) • Extra nurse practitioners • Invest more in the rapid response team • Extension of GP on call service (GTD) 4pm-6:30pm.	
13/56	**CVD update** SF advised the group that the Rapid Access Chest Pain Clinic is not NICE compliant. The trust has equipment to carry out testing but this is out of date and they do not have staff who can carry out the tests. The issues have been raised in Quality Committee and a contract query has been raised. A full review of Cardiology services is to take place in February which has been organised by the Cheshire and Merseyside Cardiac group. Due to the problems with the service the trust may look to carry out joint working with Liverpool heart and Chest to provide a service which is compliant. It was discussed that issues like this are causing people to move away from refereeing into the trust and refereeing to a service which is sub-standard is not advisable. The group were asked to highlight any sub-standard services as they will also face investigation via quality committee. It was also brought to the localities attention that High Risk TIA's are also under a contract query. Karl McCluskey to come to the meeting in December to discuss CCG strategy's with the group.	
13/57	**Locality Dates For 2014** To be discussed at the next meeting.	 Locality dates 2014.xlsx
13/58	**Any other business** Next meeting's agenda to consist solely of Winter Pressures funding and ideas.	
13/59	Date and Venue for Next meeting; 17th December 2013	

Southport and Formby Clinical Commissioning Group

North Locality Meeting Minutes

Date and Time Thursday, 19 December 2013, 13:00
Location Marshside / Corner Surgery

Attendees
Dr Kati Scholtz (KS, Chair)
Lydia Hale (LH)
Jude Storer (JS)
Sam Muir (SM)
Dr Hilal Mulla (HM)
Rachel McKnight (RMc)
Dr Les Szczesniak (LS)
Sejal Patel (SP)
Dr Rob Caudwell (RC)
Dr Mary McCormack (MM)
Sarah McGrath(SMc)
Ann Marie Woolley (AW)
Dr Niall Leonard (NL)
Jane Ayres (JA)

Apologies
Lyn Roberts (LR)

Notes
Terry Stapley

NHS
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Attendance Tracker

✓ Present
A Apologies
L Late or left early

Name	Practice / Organisation	Sept 13	Oct 13	Nov 13	Dec 13							
Dr Kati Scholtz	Norwood Surgery	✓	✓	✓	✓							
Dr Niall Leonard	Roe Lane	✓	✓	A	✓							
Dr Hilal Mulla	The Corner Surgery	✓	✓	✓	✓							
Dr Les Szczesniak	Sussex Road	✓	A	✓	✓							
Dr Rob Caudwell	Marshside Practice	✓	✓	✓	✓							
Dr Stephanie Woodcock	The Corner Surgery	✓	A	✓								
Dr Mary McCormack	Churchtown Medical Centre	✓	A	✓	✓							
Dr Ahmed Al-Dahiri	Norwood Surgery			✓								
Dr Simon Tobin	Norwood Surgery			✓								

NHS
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No	Item	Action
13/89	**Apologies and Previous Minutes** Notes from the previous month were agreed as an accurate record.	
13/90	**Updates from last meeting** **QP Indicators** QP3 Terry Hill is looking at the Choose and Book rates for QP3 it is recognised that data is flawed. Practices are required to demonstrate an improvement in Choose and Book rates for QP3 achievement QP4This data is available and can be downloaded from the Portal. QP6 Care Plans need to relate to the Risk Stratification Tool. Some practices had developed templates which were populated with demographics from the practice system QP 1, 2 in January's meeting. QP 4, 5 to be discussed in February's meeting. <u>Winter pressures</u> The group was advised that locum cover cost will be covered at £325 per session, the group asked whether 14% Superannuation is included in this cost. **Action – SMc to contact NHS England to clarify Re. Superannuation cost.** <u>Locality development monies</u> SMc advised the group that the projects do not have to go through the business case process; this will help as the process will be simpler and quicker. The ideas would need to include why they are a good idea, benefits of the project and how the project can be measured. NL concurred that it would be more beneficial for the money to be spent doing a project which everyone wants to do, and would benefit the Locality as a whole rather than a single practice. Ideas – Purchasing Nebulisers (£40) for use for practices. - Employ an additional or deputy community matron role - this will help reconnect the community with primary care. - Extra capacity of HCA & Nurses. - Extended hours – bookable appointments, based in one practice, including shared notes and shared appointment book. (shared agreement between practices will be needed). - Shared pharmacist who can go between practices. Any other ideas to be sent to Sarah. **Action – SMc to work out costs for GPs, Staff, building costs etc to see if this idea is viable and cost effective.** **Action – SMc to speak to Jenny Kristiansen (respiratory lead).**	SMc SMc
13/91	**Availability of nebulisers** This was discussed in the previous item.	
13/92	**Feedback from Energising Primary Care Event 4.12.13** The event which all practices where invited to was discussed and NL gave the group an overview. 3 options were considered to support delivering primary care quality in the context the new contract. Dr Bal Duper is working up recommendations from the event.	

No	Item	Action
13/93	**Medicines Management Update** **Budget data** – September budget data discussed – Southport and Formby CCG is currently £287,958 (-1.5%) underspent on prescribing budget. **Update on ED service** - There were initial concerns on the number of patients who would be referred in to the ED service at Southport and Ormksirk and the resource to review patients after a number of years without the service. However, the service is happy to be flexible regarding referrals and to discuss any potential referral with the patient's General Practitioner. The service wants to work with the CCGs to provide an accessible service for appropriate patients. **Sefton Prescriber Updates** – Sefton Prescribers updates on Jext and Omacor have recently been circulated. **EPS** – discussion around Electronic Prescription Service – Norwood surgery will be the first surgery locally to go live with this at the end of January. Any queries regarding other surgeries going live, please contact Jane.	
13/94	**Feedback from Community Services Workshop 16.12.13** The Group agreed that this was a positive meeting and willingness was expressed on both sides to revert to a model where named district nurses are based or at least attached to a single or small group of practices.	
13/95	**Practice Managers' update** AMW reported what was discussed at the previous Practice Managers Meeting. Which included the below: - Primary Care contract was discussed - 2 year back log for pneumococcal vaccination with surgeries having 2 years back pay to claim. - Lyn Roberts is working on getting reception and admin staff support for when dealing with patients. Renacres have offered to carry out the training, which would be one day a month. - The Primary Care Foundation was discussed an most practices found that they were understaffed.	
13/96	**Locality issues** AMW advised the group that a representative had been to practice from MSD (in relation to Diabetic patients and CVD). HM asked the group if they have had issues with bloods going missing and not making it to the lab, specifically on Thursdays. No other practices seemed to have these issues.	

No	Item	Action
13/97	**Any other Business** LH commented that practices in the locality are paying differently for flu vaccines it was discussed that the locality should look at price of the vaccine and see who is the most competitive price wise.with the possibility of everyone using the same supplier. HM advised the Group that his practice has been advised that the shingles vaccine is in short supply. Other practices offered to loan their vaccines if needed until stock is received.	
	Dates of Next Meetings (to be held on Thursdays at 1300 – 14:30 at Marshside / Corner Surgeries) 16 January 2014 13 February 2014 13th March 2014 16th April 2014	