

# Southport and Formby Clinical Commissioning Group

## Governing Body Meeting in Public Agenda

Date: Wednesday 24<sup>th</sup> September at 14.00 – 17.00

Venue: Formby Christian Fellowship, 93 Church Road, Formby

### The Governing Body

Dr Rob Caudwell	Chair/Clinical Director	RC
Dr Niall Leonard	Clinical Vice Chair/Clinical Director	NL
Helen Nichols	Vice Chair & Lay Member - Governance	HN
Roger Pontefract	Lay Member - Patient & Public Engagement	RP
Dr Doug Callow	GP Clinical Director	DC
Dr Hilal Mulla	GP Clinical Director	HM
Dr Kati Scholtz	GP Clinical Director	KS
Dr Jeff Simmonds	Secondary Care Doctor	JS
Colette Riley	Practice Manager & Governing Body Member	CR
Paul Ashby	Practice Manager	PA
Fiona Clark	Chief Officer	FLC
Martin McDowell	Chief Finance Officer	MMcD
Debbie Fagan	Chief Nurse	DF
Peter Morgan	Deputy Chief Executive, Sefton MBC (co-opted member on behalf of Margaret Carney)	PM
Maureen Kelly	Chair, Healthwatch (co-opted Member)	MK

### Also in Attendance

### Apologies

### Minutes

Bronagh Slater	Business Manager	BS
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No	Item	Lead	Report	Receive/Approve	Time
<b>Governance</b>					
GB14/119	Apologies for Absence	Chair	-	R	
GB14/120	Declarations of Interest regarding agenda items	All	-	R	
GB14/121	Minutes of Previous Meeting	Chair	✓	A	
GB14/122	Action Points from Previous Meeting	Chair	✓	A	
GB14/123	Business Update	Chair	-	R	
GB14/124	Chief Officer Report	FLC	✓	R	
GB14/125	Review of Case for Change	KMcC	✓	A	
<b>Finance and Quality Performance</b>					
GB14/126	Integrated Performance Report	KMcC	✓	R	
GB14/127	Month 5 Finance Report	MMcD	✓	R	
GB14/128	Management of Allegations Policy	DF	✓	R	

No	Item	Lead	Report	Receive/ Approve	Time
<b>Service Improvement/Strategic Delivery</b>					
GB14/129	Better Care Fund (3 <sup>rd</sup> Iteration)	FLC	✓	A	
GB14/130	Breast Services at Southport & Ormskirk NHS Trust	JL	✓	R	
<b>For Information</b>					
GB14/131	Emerging Issues from Localities	ALL	-	R	
GB14/132	Key Issues reports from committees of Governing Body: a) Quality Committee b) CCG Network	RC HN	✓ ✓	R	
GB14/133	Quality Committee Minutes	-	✓	R	
GB14/134	Finance & Resource Committee Minutes	-	✓	R	
GB14/135	Merseyside CCG Network Minutes	-	✓	R	
GB14/136	Health & Wellbeing Board Minutes	-	✓	R	
GB14/137	Locality Meetings: a) South Locality b) Formby Locality c) Central Locality d) North Locality	-	✓	R	
<b>Closing Business</b>					
GB14/138	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting.</i>				5 mins
GB14/139	Date, Time and Venue of Next Meeting <i>Wednesday 26<sup>th</sup> November 2014 at 13.00 – Family Life Centre, Southport</i>				-
Estimated meeting close					**

**Motion to Exclude the Public:**

Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)

## Governing Body Meeting in Public Minutes

Date: Wednesday, 30 July 2014 at 13.00 – 16.00

Venue: Formby Christian Fellowship, 93 Church Road, Formby

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 Rob Caudwell	Chair and Clinical Director	(RC)
Dr Niall Leonard	Clinical Vice Chair and GP	(NL)
Roger Pontefract	Lay Member, Engagement and Patient Experience	(RP)
Helen Nichols	Lay Member, Deputy Chair	(HN)
Dr Doug Callow	Clinical Director	(DC)
Dr Hilal Mulla	Clinical Director	(HM)
Dr Kati Scholtz	Clinical Director	(KS)
Dr Jeff Simmonds	Secondary Care Doctor	(JS)
Colette Riley	Practice Manager	(CR)
Paul Ashby	Practice Manager	(PA)
Fiona Clark	Chief Officer	(FLC)
Martin McDowell	Chief Finance Officer	(MMcD)
Debbie Fagan	Chief Nurse	(DF)
Maureen Kelly	Chair Healthwatch Sefton (co-opted member)	(MK)
Peter Morgan	Deputy Chief Executive, Sefton MBC (co-opted member on behalf of Margaret Carney)	(PM)

### Apologies

Hannah Chellaswamy	Deputy Director of Public Health (co-opted member)	(HC)
Dr Martin Evans	Clinical Director	(ME)

### Also in attendance

Jan Leonard	Chief Redesign and Commissioning Officer	(JL)
Karl McCluskey	Chief Strategy and Outcomes Officer	(KMCC)
Brendan Prescott	Deputy Head of Quality and Safety	(BP)
Suzanne Lynch	Head of Medicines Management	(SL)
Billie Dodd	Head of CCG Development	(BD)
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	(TJ)

### Minutes

Bronagh Slater	Business Manager	(BS)
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The meeting was preceded by a presentation from Linda Williams on Peer Style Safeguarding

A member of the public Councillor Barton asked the question: - "Would it be possible to receive more profiling of the diseases affecting populations across the Borough in the electoral wards in order to form a more specific NHS targeting strategy in the future?"

The question was addressed and answered by Peter Morgan and supported by Jan Leonard who offered to share information with Councillor Barton.

No	Item	Action
GB14/93	<b>Apologies for Absence</b> Apologies for absence were received and noted by the Governing Body	
GB14/94	<b>Declarations of Interest regarding agenda items</b> The CCG Officers; Mr McDowell, Ms Clark & Ms Fagan who hold dual posts at both NHS Southport and Formby CCG and NHS South Sefton CCG declared their potential conflicts of Interest. Ms Fagan declared a declaration of interest for agenda item 14/106.	
GB14/95	<b>Register of Interests</b> The contents of the register of interests were noted.	
GB14/96	<b>Hospitality Register</b> The Governing Body noted that Mr McDowell and the Chair, Dr Caudwell had added items to the Hospitality Register.	
GB14/97	<b>Minutes of Previous Meeting</b> Minutes of the previous meeting were noted as a true and accurate record except for the following: 14/69 Should read 'Non elective ' as per Mr McDowell 5 year financial plan – "it will move towards its target positions in line with the target formula" <b>The minutes were approved by the Governing Body on the understanding that these amendments are made.</b>	BS
GB14/98	<b>Action Points from Previous Meeting</b> Actions from the previous meeting were approved as appropriate. Mr McDowell noted that Finance were currently monitoring this and there will be an updated version of the strategic plan in September. 14/80 Care Closer to Home – Ms Horrocks to be asked for more data and that the revised figures provided are more accurate.	
GB14/99	<b>Business Update</b> Dr Caudwell presented this verbal update and asked the Governing Body to note that in relation to the LQS Primary Care has had a 100% sign up The Chair thanked Ms Parkinson, Dr Duper and all who were involved in this project The Chair advised that it will start on 1 <sup>st</sup> August 2014. The Chair talked about Community Services and noted that this has had some very good feedback from our wider group.	

No	Item	Action
GB14/100	<p><b>Chief Officer Report</b></p> <p>Ms Clark presented the Chief Officer report and noted some particular areas. Transforming the Localities should have some real impact. Referral to Treatments (RTT) Ms Clark highlighted the hard work that has gone into this area of work. Ms Clark gave a brief overview of the Workforce Symposium that happened recently and confirmed that she would keep the Governing Body updated. The Quality items section was covered and Ms Clark advised the Governing Body that the development of the Integrated Dashboard is going well. The GP Survey was noted. Approvals panel needed to meet to avoid conflict of interest. Ms Fagan referred to section 5.32 (P25) and has asked NHS England for clarification and noted a data upload error which has now been addressed. RP spoke about Dementia and the importance of training for reception staff.</p> <p><i>Action: CR will bring this up at the next Practice Managers meeting.</i></p> <p><b>The Governing Body noted the content of the Chief Officer Report.</b></p>	CR
GB14/101	<p><b>Governing Body Assurance Framework (GBAF)</b></p> <p>Ms Jeffes presented the Q4 2013/14 in order to assure the Governing Body that strategic risks from 2013/14 had been managed to an acceptable level. . The Q1 2014/15 GBAF for the new financial year was also presented and highlights risks against the CCG's revised strategic objectives. HN advised the Governing Body that she was pleased with the report and Ms Jeffes thanked CSU colleagues for their hard work in supporting its development. They have both previously received significant scrutiny from both the Quality Committee and the Corporate Governance Group prior to presentation at the Governing Body.</p> <p><b>The Governing Body approved the Q4 2013/14 portion content of the GBAF report</b></p> <p>Mrs Jeffes informed the Governing Body that a revised risk strategy was being developed to reduce the level of detail that would be required at Governing body level due to the significant scrutiny they receive in other committees. HN was happy with a summary coming to the Governing Body but red risks should still be shown in detail. Ms Clark confirmed both red and amber risks would be included in any exception reporting. HN requested a review of the timetable of submission to committees.</p> <p><i>Action: Ms Fairclough to liaise with Mrs Nichols to discuss the review of the risk strategy</i></p> <p><b>The Governing Body approved the Q1 2014/15 content of the GBAF report</b></p>	DFair/HN
GB14/102	<p><b>Annual Governance Statement</b></p> <p>Mr McDowell presented this report and it was taken as read. Mr McDowell noted that the responsibility is for the Audit committee but it is also good practice to present to the Governing Body.</p> <p><b>The Governing Body noted the contents of the Annual Governance Statement</b></p>	

No	Item	Action
GB14/103	<p><b>Corporate &amp; Quality Performance Report</b></p> <p>Mr McCluskey presented this report and asked the Governing Body to note that this is in an interim format.</p> <p>Mr McCluskey went through the performance figures and reported S&amp;O exemplar performance for A&amp;E 4 hour target in Merseyside.</p> <p>Aintree although has had more challenges and have had a 'perfect week' recently and during that week achieved the 95% target.</p> <p>Mr McCluskey talked about never events and Ms Fagan clarified two never events at S&amp;O. Ms Fagan informed the Governing body that these are being managed as per usual process with updates back to the Governing Body and Quality Committee where necessary.</p> <p>Miss Clark noted the financial significance of the two Local Measures [Page 123] of the CCG Quality Premium.</p> <p><b>The Governing Body noted and received the contents of the Corporate &amp; Quality Performance Report</b></p>	
GB14/104	<p><b>Finance Report</b></p> <p>Mr McDowell presented this report which was taken as read. This takes us up to the end of June. We are on target to deliver our financial duties. Mr McDowell asked the Governing Body to note that two things have changed since we drafted the paper and these will be addressed in the next Governing Body review. [page 136]</p> <p>Mr McDowell asked the Governing Body to note that close scrutiny is required to contain the financial position.</p> <p>Mr McDowell will be updating the Finance &amp; Resource Committee in September and the Governing Body will receive an update at the September meeting.</p> <p>Dr Callow asked for more details and Ms Clark suggested he speak with Mrs Leonard and Mr McCluskey</p> <p><b>The Governing Body noted the contents of the Finance Report and received the three recommendations</b></p>	MMcD
GB14/105	<p><b>CCG Annual Audit Letter 2013/14</b></p> <p>Mr McDowell summarised the report including the key findings. He advised the Governing Body that they should take assurance from the report produced by external audit. A response is expected to be received on 15<sup>th</sup> September 2014.</p> <p>Helen Nichols acknowledged the hard work in delivering such a good external audit report in the CCG first year of operating.</p> <p>Ms Clark advised the Governing Body that we have been informed that two separate auditor firms have been appointed for each CCG. Ms Clark has requested this is reconsidered in light of shared management team. A response will be received on 15<sup>th</sup> September 2014.</p> <p><b>The Annual Audit Letter was received by the Governing Body</b></p>	
GB14/106	<p><b>Nurse Membership of the Governing Body</b></p> <p>Ms Fagan left the meeting due to her conflict of interest.</p> <p>The Chair clarified that this paper was regarding a Governing Body Nurse vacancy. One role is the statutory post, a registered nurse post currently held by Ms Fagan as Chief Nurse.</p> <p>The other nurse role is an additional nurse role.</p> <p>Three options:</p> <ol style="list-style-type: none"> <li>1. The Chief Nurse remains in the role as statutory registered nurse and recruit an additional nurse</li> <li>2. The Chief Nurse no longer fills the post and she would fulfil the additional nurse role which would mean having to recruit to the statutory role</li> </ol>	

No	Item	Action
	<p>3. The CCG would have to recruit two nurse posts. The Chair recommended option 1 to the Governing Body to allow more flexibility</p> <p>Helen Nichols queried recruitment availability and there followed a general discussion.</p> <p><b>The Governing Body approved Option One to continue with the Chief Nurse in the role of statutory Governing Body nurse member and for the Chief Nurse to action the appointment of the additional nurse role.</b></p>	
GB14/107	<p><b>Peer Style Safeguarding Review</b></p> <p>Ms Fagan introduced the presentation from Linda Williams and advised this was to further develop our leadership in safeguarding as well as good practice as a CCG. The outcome has been reported to the Quality Committee and they will be reviewing the action plan in August. Ms Williams then presented the recommendations for approval to the Governing Body.</p> <p>Ms Fagan talked about the upcoming meetings including the Voice of Children group, Big Chats etc. Ms Fagan detailed the Safeguarding project to the Governing Body. The Annual Safeguarding Report has been scheduled into the Governance work plan. The named GP service will be decommissioned from the existing provider as the function needs to sit within the commissioning organisation. The designated nurse function will be enhanced. Ms Fagan now represents the CCG on the corporate parenting board.</p> <p>Mr Morgan made some observations on the agenda item regarding some concerns about wider implications. Mr Morgan covered various issues and in particular domestic violence that needs to be addressed as a separate issue. RP spoke about the risk to older persons with regards to domestic violence as well and noted that this should not be only for children. Ms Clark thanked Ms Williams for attending to present.</p> <p><b>The Governing Body approved the recommendations in the report.</b></p>	
GB14/108	<p><b>Safeguarding Policy</b></p> <p>Ms Fagan presented the paper and advised this has been through the Quality Committee but needs to go to the Governing Body. There will be a slight amendment to section 6.4. This will be reflected throughout Merseyside so we have consistency. It was noted that the paper should ask the Governing Body to approve not the Quality Committee.</p> <p>Mr Morgan asked that Ms Fagan be acknowledged for her hard work on this project.</p> <p><b>The Governing Body approved the paper</b></p>	
GB14/109	<p><b>Emerging Issues</b></p> <p>Ms Clark asked if there were any emerging issues from the localities – nil to report.</p>	
GB14/110	<p><b>Key issues reports from committees of Governing Body:-</b></p> <ul style="list-style-type: none"> <li>- Quality Committee</li> <li>- Audit Committee</li> <li>- Finance &amp; Resources Committee</li> </ul> <p><i>Action: Ms Fagan advised that she was happy to meet with Mrs Kelly of Healthwatch patient voice and Quality Committee and to talk process through. DF will e-mail her to arrange.</i></p> <p><b>The key actions were received by the Governing Body</b></p>	DF
GB14/111	<p><b>Audit Committee Minutes</b></p> <p>The Governing Body received the minutes of the Audit Committee</p>	
GB14/112	<p><b>Quality Committee Minutes</b></p> <p>The Governing Body received the minutes of the Quality Committee</p>	

No	Item	Action
GB14/113	<b>Finance &amp; Resource Committee Minutes</b> The Governing Body received the minutes of the F&R Committee	
GB14/114	<b>Merseyside CCG Network Minutes</b> The Governing Body received the minutes of the Merseyside CCG Network	
GB14/115	<b>Health and Wellbeing Board Minutes</b> The Governing Body received the minutes of the H&WB Board	
GB14/116	<b>Any other Business</b> - no items of other business	
GB14/117	Date, Time and Venue of Next Meeting of the Governing Body to be held in Public <i>Wednesday, 24 September 2014 at 14.00 at the Family Life Centre</i>	

Dr Caudwell read the following statement.

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).

**Chair Signature:** .....

**Date:** .....



## Governing Body Meeting in Public Actions

Date: Wednesday 30 July 2014 at 13:00-16:00  
 Venue: Formby Christian Fellowship, 93 Church Road, Formby

No	Action	By
GB14/97	The minutes were approved by the Governing Body on the understanding that these amendments are made.	BS
GB14/100	<b>Chief Officer Report</b>  CR will bring this up at the next Practice Managers meeting.	CR
GB14/101	<b>Development of revised Risk Strategy</b>  Ms Fairclough to liaise with Mrs Nichols to discuss the review of the risk strategy.	DFair/HN
GB14/110	<b>Key issues reports from committees of Governing Body:</b>  Ms Fagan advised that she was happy to meet with Mrs Kelly of Healthwatch patient voice and Quality Committee and to talk process through. DF will e-mail her to arrange.	DF
GB14/117	<b>Next Meeting of Governing Body to be held in Public</b>  Wednesday 24 September 2014 at 13:00 at the Family Life Centre.	

14/122



## Southport and Formby Clinical Commissioning Group

MEETING OF THE GOVERNING BODY September 2014							
<b>Agenda Item:</b> 14/124	<b>Author of the Paper:</b>						
<b>Report date:</b> September 2014	Fiona Clark Chief Officer <a href="mailto:fiona.clark@southportandformbyccg.nhs.uk">fiona.clark@southportandformbyccg.nhs.uk</a> Tel: 0151 247 7061						
<b>Title:</b> Chief Officer Report							
<b>Summary/Key Issues:</b>  This paper presents the Governing Body with the Chief Officer's monthly update.							
<b>Recommendation</b>  The Governing Body is asked to receive this report by way of assurance.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="text-align: center; width: 30px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives <i>(x those that apply)</i>	
x	Improve quality of commissioned services, whilst achieving financial balance.
x	Sustain reduction in non-elective admissions in 2014/15
x	Implementation of 2014-15 phase of Care Closer to Home
x	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
x	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
x	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.

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

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

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

# Southport and Formby Clinical Commissioning Group

## Report to Governing Body September 2014

### 1. Co-Commissioning

- 1.1 The Governing Body will recall that expressions of interest for the co-commissioning of primary care were forwarded by CCGs to NHS England centrally in June 2014 and a letter was issued to CCG Leaders and Area Directors by Barbara Hakin on 27th June 2014 outlining the steps which were being taken to progress this agenda.
- 1.2 As a result of the conversation with the CCG membership we indicated to NHS England, that Southport & Formby CCG were interested in taking forward co-commissioning and we submitted a draft outline of how this could be delivered, whilst acknowledging that much more detailed work is required.
- 1.3 This work is now underway led by Dr Niall Leonard as the CCG clinical lead for primary care supported by Angela Parkinson-managerial lead for primary care.
- 1.4 A response was received from Anthony Leo-Director of Commissioning at NHS England (Merseyside) on the 4<sup>th</sup> August 2014. This indicated that the team were awaiting further guidance and information on the technical framework which they expect before October.

### 2. Changes to NHS England

- 2.1 The CCG has formally been notified by Clare Duggan-Director of NHS England Merseyside of the proposed changes. In relation to the organisational review, the first phase review of the National Directorate structure has now taken place. The second phase to ensure a better focus and alignment of the work of NHSE on the core priorities is underway and as a result NHSE is making some incremental changes to its structure by:-
  - Refining the structure to ensure they are best fit for purpose
  - Effectively challenging and reducing management costs by 15%.
- 2.2 This will result in some changes to the Area team structure and locally Cheshire, Warrington & Wirral and Merseyside will be a combined Area Team in the future, with the impact of these changes being felt later in this financial year. The CCG will be kept informed of the local impact as more information emerges.

### 3. Cheshire & Merseyside Commissioning Support Unit (CSU)

- 3.1 Formal notification has been received regarding the proposed merger of Greater Manchester CSU and the Cheshire & Merseyside CSU.
- 3.2 Work is currently underway led by Tracy Jeffes-Chief Delivery & Integration Officer to review the CCG model of commissioning support in line with the tenure of the CSU Service level agreement. This work is being undertaken in conjunction with David Smith-

## **Southport and Formby Clinical Commissioning Group**

Deputy Director of Finance who is preparing the analysis on the future modelling of the CCG running cost allowance in preparation for the Governing body debate and decision making.

- 3.3 In the meantime the CCG is seeking to extend the current SLA to the end of this Financial Year.
- 3.4 The Merseyside CCG Network is also working collaboratively to understand this area of work, to contribute the whole strategic view.

### **4. Continuing Health Care (CHC)**

- 4.1 The Governing Body will be aware of the continued increase in costs associated with CHC, and this has been flagged on the CCG Risk Register in relation to both the CHC Restitution cases and new CHC referrals.
- 4.2 The Chief Finance Officer and Chief Nurse are working together to lead on the necessary improvements locally which include the integration agenda of CHC across Sefton and restitution cases. A project plan is being finalised to deliver the local integration agenda for CHC with a Project Manager being identified from within the CCG team.
- 4.3 The CCG Network has recently had a presentation from the Cheshire & Merseyside Commissioning Support Unit in relation to the services they are commissioned to provide which has resulted in the CCG gaining a higher level of assurance in relation to the administrative processes.
- 4.4 This work will form part of the broader discussions with CSU for the future SLA.

### **5. CCG Quarter 1 Assurance with NHS England**

- 5.1 The Governing Body will be aware that the CCG is required to attend a quarterly assurance meeting with NHS England (Merseyside) this took place on the 10.9.14.
- 5.2 The CCG was requested to provide detailed information/assurance against the following assurance domains.
  - Domain 1 – Are patients receiving clinically commissioned high quality services?
  - Domain 2 – Are patients and the public actively engaged and involved?
  - Domain 3 – Are CCG plans delivering better outcomes for patients?
  - Domain 4 – Does the CCG have robust governance arrangements?
  - Domain 5 – Is the CCG working in partnership with others?
  - Domain 6 – Does the CCG have strong and robust leadership?
- 5.3 Please note on this occasion there were no specific Key Lines of Enquiry on domain 2 and 6.

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- 5.4 The meeting went well and feedback from NHS England colleagues was very positive. We are awaiting formal feedback.

Work now needs to focus on the delivery of our transformation programmes and our continued focus on improving outcomes for our population.

### **6. Update on Liverpool Community Health (LCH)**

- 6.1 The CQC carried out an unannounced inspection visit of Liverpool Community Health NHS Trust (LCH) on 28<sup>th</sup>, 29<sup>th</sup> November and 2<sup>nd</sup> December 2013. As a result of the inspection the CQC took enforcement action against LCH to protect the health, safety and welfare of people using this service. Two warning notices were served for outcome 16 and outcome 14. LCH were asked to send a report to the CQC by 6<sup>th</sup> February 2014 setting out an action plan to meet the standards.
- 6.2 A single item Quality Surveillance Group (QSG) was convened on 10<sup>th</sup> February 2014 to address concerns and issues raised by the CQC, CCGs, Local Authorities, NHS England and the NHS Trust Development Authority. Following the QSG a Quality Review meeting was convened on the 18<sup>th</sup> February 2014 by NHS England to focus attention on the actions to be taken for patient access, workforce, governance, culture and safety. There were significant changes to the Board at LCH in April 2014 and the initial action plan produced by LCH required further development on focus of actions following a visit by the Chief Inspector of Hospitals in May 2014.
- 6.3 The interim team has now been in place since April 2014 and have worked systematically through the issues in LCH. A full improvement plan for the organisation has been produced and the NHS South Sefton CCG team- Steve Astles and Dr Pete Chamberlain are supporting the work required to deliver change in Sefton.
- 6.4 LCH have also been subject to a recent single item Quality Surveillance group (QSG) and all actions are linked into the overall action plan which will be monitored by South Sefton CCG through the LCH collaborative forum with Liverpool CCG.

### **7. Update on the Better Care Fund (BCF)**

- 7.1 Over the past six weeks work has been undertaken at pace to meet the 19<sup>th</sup> September deadline for the BCF submission. The Governing Body will see that there is a separate agenda item on today's Governing body for formally ratifying the decision making.
- 7.2 The Health and Wellbeing Board has overarching accountability for sign off of the BCF submission and met on the 17<sup>th</sup> September 2014.

### **8. Informatics Merseyside Partnership Agreement**

- 8.1 Having an effective Informatics system and service is key to an effective CCG. Historically NHS Sefton was a partner in the Informatics Merseyside partnership alongside other NHS organisations in Merseyside. The service is hosted by Merseycare NHS Trust. Since the inception of Clinical Commissioning groups NHS Southport & Formby CCG have continued with this membership.

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- 8.2 There are six partners who continue to be members, namely;
- NHS South Sefton CCG
  - NHS Southport & Formby CCG
  - NHS Liverpool CCG
  - MerseyCare NHS Trust
  - Liverpool Community Health Care NHS Trust
  - Liverpool Heart & Chest Hospital Foundation Trust
- 8.3 The six NHS organisations, which are parties to this agreement have agreed to share their health informatics service with the intention of pooling their collective resources and expertise in order to ensure that they have the capacity, capability and flexibility required for a 21<sup>st</sup> century health informatics service and to be able to respond effectively to multi-agency community wide developments.
- 8.4 The partner organisations are committed to ensuring that their shared informatics service provides value for money for their respective organisations and to this end the partner organisations will jointly conduct value for money testing.
- 8.5 Following on from the approval given at the July Governing body the partnership agreement has been signed on behalf of the CCG by the Chief Officer.

### **9. 111 Procurement**

- 9.1 The NHS 111 service in the North West is being re-procured because the stability partner contracts currently in place are approaching their end dates.
- 9.2 A market place event for interested providers was held on the 8th September Timescales have been accelerated to ensure that the service can be mobilised before Winter 2015.
- 9.3 A response is required by the 13th October so a paper due to commercial sensitivity in part 2 of today's Governing body meeting is seeking delegated authority for the 111 Lead, Chair, Chief Officer and Chief Finance Officer.
- 9.4 The Procurement team have a December timescale for the return of bids, with evaluations to be conducted during January/early February 2015.
- 9.5 The moderation of evaluations will be conducted by Graham Rose and Yvonne Rispin (Blackpool CCG) who manage the contract on behalf of all 33 North West CCGs.
- 9.6 There was a NHS111 lay member/ Healthwatch listening event held on Tuesday 23 September 2014.

### **10. Improving Access to Psychological Therapies (IAPT) Procurement**

- 10.1 On the 20<sup>th</sup> August the Engagement event took place for organisations interested in delivering the IAPT service for Southport and Formby CCG and South Sefton CCG.



## **Southport and Formby Clinical Commissioning Group**

- 10.2 On the 29<sup>th</sup> August 2014 an Invitation to Tender was issued and this closes on Monday the 13<sup>th</sup> October 2014. Interviews with the successful applicants are to be held on the 12<sup>th</sup> November 2014.
- 10.3 In December 2014, the outcome of the bidder interviews to be communicated.
- 10.4 Contract to be awarded by the 1<sup>st</sup> April 2015.

### **11. Resilience Plan Update**

- 11.1 Plans have been presented to NHSE Merseyside and we are waiting formal feedback.
- 11.2 The plans will be performance managed through the local systems resilience group (SRG) also known as the Care Closer to Home Network.
- 11.3 The CCG will continue to receive updates as the plans aim to sustain the positive system performance. This will be mainly through our integrated performance report.

### **12. Future Models of Care**

- 12.1 Work continues to translate the three key priorities of the CCG strategic plan
  - Primary care
  - Frail elderly
  - Unplanned careinto delivery
- 12.2 This work includes exploration of the future models of care required to achieve the strategic priorities. Work is underway in partnership with West Lancashire CCG to understand what these could look like. The wider CCG forum has a planned session and work continues at locality level.
- 12.3 The Quality Team have contacted the NHSE national team requesting information on any areas of emerging good practice that they are aware of being developed in other parts of the country so the CCG can make contact and explore further to inform our local development.
- 12.4 The CCG Senior Management Team are currently considering the opportunity to become involved in a national pilot of a workforce tool part of which may support the commissioning of services.
- 12.5 The described approach would include all providers such as CVS, social care, mental health and community care providers, bringing together joint working and delivering desired outcomes.
- 12.6 The planned November 'Big Chat' will alongside the CCG Engagement & Patient Participation Group (EPEG), Sefton Health Watch, the Sefton Health & Social Care Forum, the Health & Social Care Overview and Scrutiny Committee and Health & Well Being Board help to test out the outcomes of this work.

## ***Southport and Formby Clinical Commissioning Group***

### **13. Chief Inspector of Hospital- Visit to Southport & Ormskirk Hospital NHS Trust**

- 13.1 From September 2013, the Care Quality Commission (CQC) introduced a new inspection regime. Southport & Ormskirk Hospitals NHS Trust will have an announced visit undertaken on 10 November 2014.
- 13.2 The inspection team will be led by an experienced CQC manager and chaired by a senior NHS Clinician or executive. The teams will include professional and clinical staff, experts by experience, patients and carers. The team will make a judgement about whether services are safe, effective, caring, responsive to people's needs and well-led.
- 13.3 The services the team will always look at are Accident and Emergency, Medical Care (including frail elderly), Surgery, Intensive/Critical Care, Maternity, Paediatrics/Children's Care, End of Life Care and Out-Patients.
- 13.4 As the Trust are an Integrated Care Organisation (ICO), they are thought to be amongst the first Trusts to have this visit undertaken that will look at both acute and community services.
- 13.5 The Trust have established a Project Group to manage their preparation for the visit and the CCG have been an extended an invitation to take part in some peer review work within the Trust prior to the formal inspection visit.
- 13.6 A Quality Summit will be held with the Trust and local partners in order to hear the findings of the inspection and focus on next steps needed if improvement is required.

### **14. Never Event-Alder Hey**

- 14.1 A Never Event was reported for a CCG patient who attended Alder Hey Hospital in Q1 2014/15. An extension has been given to the Trust for the submission of the Root Cause Analysis Investigation Report.
- 14.2 This incident has been discussed at the Quality Contract Meeting, reported to the CCG Quality Committee and the CCG Internal Serious Incident Meeting. Further reports will be given as necessary to the Quality Committee by way of assurance

### **15. Recommendation**

The Governing Body is asked to formally receive this report.

**Fiona Clark  
Chief Officer  
September 2014**

## MEETING OF THE GOVERNING BODY September 2014

<b>Agenda Item:</b> 14/125	<b>Author of the Paper:</b>
<b>Report date:</b> September 2014	Fiona Doherty Transformational Change Manager Southport & Formby Clinical Commissioning Group Tel: 0151 247 7141 <a href="mailto:Fiona.Doherty@southseftonccg.nhs.uk">Fiona.Doherty@southseftonccg.nhs.uk</a>
<b>Title:</b> Southport and Formby CCG – New Case for Change Process	
<b>Summary/Key Issues:</b>  This paper provides the CCG with a new process for Case for Change and pro-forma for cases up to the value of £50,000.	
<b>Recommendation</b>  The Governing Body is asked to approve the contents of this report.	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
x	Improve quality of commissioned services, whilst achieving financial balance.
	Sustain reduction in non-elective admissions in 2014/15
	Implementation of 2014-15 phase of Care Closer to Home
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
	Review the population health needs for all mental health services to inform enhanced delivery.

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

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

## Case for Change Case Documentation – Guidance

Please complete the proposal checklist (Appendix 1) and then the Case for Change templates (Level 1, 2 or 3) as required. (Additional info / evidence required)

Checklist must be agreed with Locality and submitted to SMT to review for agreement to proceed with Case for Change (Appendix 2) and to identify funding source, if not already identified.

Worked up Case for Changes will not be accepted – All cases must start with proposal checklist.

Checklist is summary document with aim being brief but succinct outline of proposal, to allow SMT to review the merits of scheme. Any additional information should be incorporated as an appendix.

### Case for Change proposal – Checklist

No	Scheme Title
1	Outline of Proposal:
2	Key Benefits: 1.Patient 2.Locality 3.CCG 4.Wider System
3	Estimated Cost:
4	Key Risks:
5	Key Priority addressed:
6	Source of funding identified? Yes/No: If Yes please state:

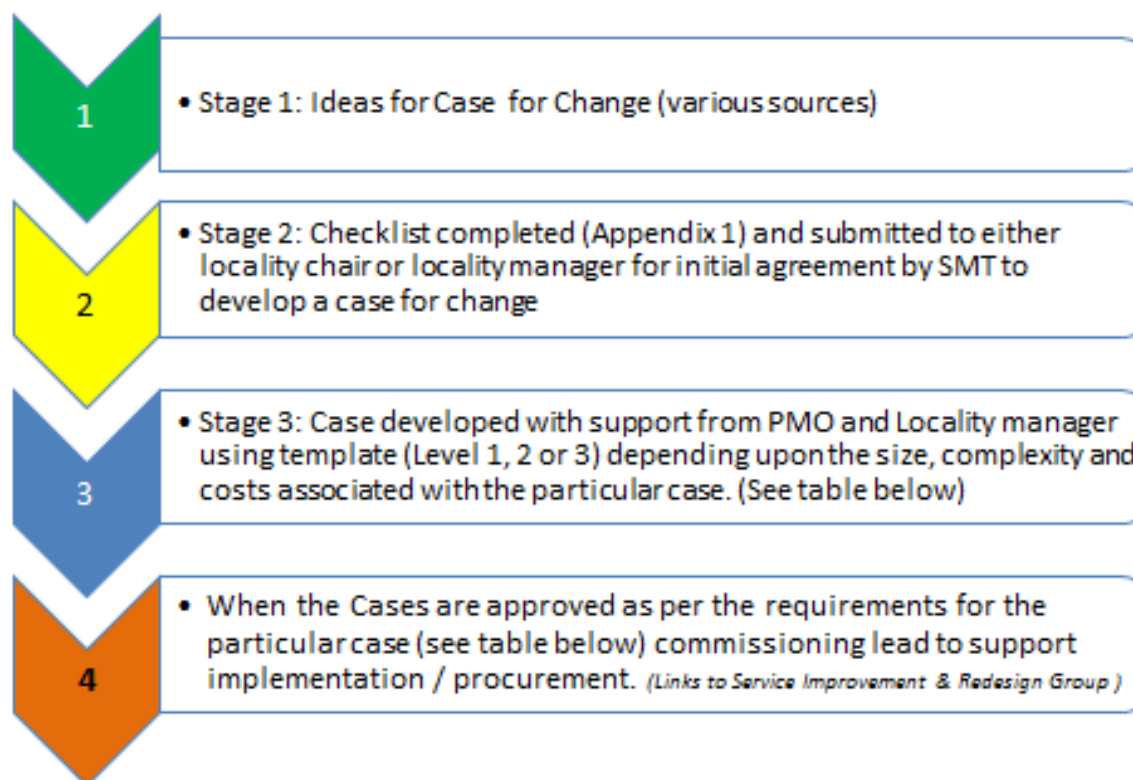
From this Checklist, SMT will determine

a) Whether the idea should be progressed at all? Does it address CCG priorities?

<b>All schemes must address a minimum of 1 priority area from Section A &amp; Section B</b>			
<b>A</b>	<b>NHS Outcome Framework</b>	<b>If relevant state NOF indicator / improvement area</b>	
	1 Preventing people dying prematurely		
	2 Enhancing quality of life those with LTCs		
	3 Helping people recover – ill health or injury		
	4 Ensure positive experience of care		
	5 Treatment in a safe environment, free avoidable harm		
<b>B</b>	<b>CCG Priorities</b>		
Tick	<b>CCG Strategic Priorities</b>	Tick	<b>CCG Strategic Priorities – Equity of Access</b>
	Frail Elderly		Mental Health
	Unplanned Care		Children's
	Primary Care		Cancer
Tick	<b>CCG Transformational Scheme</b>	Tick	<b>CCG System</b>
	Virtual Ward (Integrated Locality Care)		18 Weeks to Referral
	Primary Care Transformation		Reduce A&E Admissions / Admissions
	Patient Self Care		NHS Constitution (Please state details below)
Tick	<b>Other (Please state below)</b>		

b) If it is to be progressed, need to identify the approval route (See below) and potential funding source.

### Case for change Process



Business Case Approval Process – All require completion of checklist			
Gross Costs	Level 1 0-50k	Level 2 50-250k	Level 3 >250k (Procurement)
Approval Process	Evidence based approach following existing model	Evidence based with additional analysis required	Large scale system change (Complex)
Sign off	1. Locality 2. SMT	1. SMT 2. Service redesign group	1. SMT/SLT 2. Service redesign group 3. Governing Body

Criteria for Cases	
Improves the quality and delivery of health services to patients (quality / more access / closer to home)	Improve patient outcomes achieved from the provision of health services
Reduce inequalities between patients in terms of their ability to access health services	Schemes cannot be supported that are directly linked to another source of funding
Strengthens collaborative commissioning between practices	Targets areas where locality performs below average to support future improvement
Focus on whole locality development	Supports wider CCG level objectives (Reduces A&E attendance, admissions etc)

**Case for Change Checklist**

Programme or Locality Clinical lead	Dr X - Role Locality or Programme
Programme or Locality Area	Y locality / Programme Area
CCG Programme Lead or Locality Manager	A.Zzzzz Locality manager / Programme Lead
SMT – agreement to proceed to case	

No	Scheme Title
1	Outline of Proposal:
2	Key Benefits: List  1.Patient 2.Locality 3.CCG 4.Wider System
3	Estimated Cost:
4	Key Risks:
5	Priority addressed: (Select below and provide brief outline how meets priority area)
6	Source of funding identified? Yes / No:  If Yes please state:

**Key Priorities**

<b>All schemes must address a minimum of 1 priority area from Section A &amp; Section B</b>			
<b>A</b>	<b>NHS Outcome Framework</b>	<b>If relevant state NOF indicator / improvement area</b>	
	1 Preventing people dying prematurely		
	2 Enhancing quality of life those with LTCs		
	3 Helping people recover – ill health or injury		
	4 Ensure positive experience of care		
	5 Treatment in a safe environment, free avoidable harm		
<b>B</b>	<b>CCG Priorities</b>		
Tick	<b>CCG Strategic Priorities</b>	Tick	<b>CCG Strategic Priorities – Equity of Access</b>
	Frail Elderly		Mental Health
	Unplanned Care		Children's
	Primary Care		Cancer
Tick	<b>CCG Transformational Scheme</b>	Tick	<b>CCG System</b>
	Virtual Ward (Integrated Locality Care)		18 Weeks to Referral
	Primary Care Transformation		Reduce A&E Admissions / Admissions
	Patient Self Care		NHS Constitution (Please state details below)

Appendix 1

Tick	Other (Please state below)



**Case for Change – Front Sheet**

Ref No	Office use
Cost Centre	Office use

Scheme Title	Health Checks for housebound patients
Programme or Locality Clinical lead	Dr X
Programme or Locality Area	Y locality
CCG Programme Lead or Locality Manager	A.Zzzzz Locality manager
Funding Requirement	£ xxxxx
Source of funding identified via checklist	Locality funding

**Which national & CCG commissioning priorities does scheme meet?**

All schemes must address a minimum of 1 priority area from Section A & Section B			
A	NHS Outcome Framework	If relevant state NOF indicator / improvement area	
	1 Preventing people dying prematurely		
	2 Enhancing quality of life those with LTCs		
	3 Helping people recover – ill health or injury		
	4 Ensure positive experience of care		
	5 Treatment in a safe environment, free avoidable harm		
B CCG Priorities			
Tick	CCG Strategic Priorities	Tick	CCG Strategic Priorities – Equity of Access
	Frail Elderly		Mental Health
	Unplanned Care		Children’s
	Primary Care		Cancer
Tick	CCG Transformational Scheme	Tick	CCG System
	Virtual Ward (Integrated Locality Care)		18 Weeks to Referral
	Primary Care Transformation		Reduce A&E Admissions / Admissions
	Patient Self Care		NHS Constitution (Please state details below)
Tick	Other (Please state below)		

14/125d

**Authorisation**

<b>Checklist MUST be completed and signed off before Case for change referenced document is issued by PMO</b>			
<b>Tick</b>	<b>Authorisation Gateways Completed</b>	<b>Authorised Signatory</b>	<b>Date</b>
<b>Level 1</b> £0- £50,000	Authorised checklist approved via SMT to proceed to Case for change	Xxxxx(SMT – KM)	
	Case for change – Signed via SMT	Xxxxx (SMT)	
<b>Level 2 &amp; 3</b> £50,000 +	Additional sign off required – Service Improvement and Redesign committee	Xxxxx (TBC)	

**LEVEL ONE – CASE FOR CHANGE**

**1. Case Outline**

1.1 Case of need - Why is the Case for Change being proposed? (Guide 40 words)

Outline rationale for change including evidence of variations or poor health outcomes to illustrate why this proposal is required?

1.2 Describe the new pilot/service/service proposed and its key features? Please include any evidence for similar schemes that demonstrate potential benefits of this scheme. (Guide 40 words)

What will the new service provide and how will case address shortcomings of current provision highlighted in 1.1? If the model is based scheme elsewhere please provide details.

1.3 Describe resources required to deliver proposal? (Guide 40 words)

Describe Level of Clinical time / expertise required? Outline any additional support required. Eg Investment on IT equipment / Staff training

1.4 Proposed implementation timetable.

<b>Milestone</b>	<b>Owner</b>	<b>Date of Completion</b>

## 2 . Costing & Invest to Save potential

2.1 Provide a summary of current and proposed costs. Also demonstrate any savings and shifts in expenditure across care settings, so that contracts can be adjusted accordingly.

Spreadsheets can be included in appendices

Provide financial information for scheme outlined in section 1.

## 3. Define Key Benefits / Outcomes

3.1 List the main benefits associated with the Case for Change.

**For Patients:**

**For Commissioners:**

**For Providers:**

**Quality improvements:**

## 4. Evaluation

4.1 Describe how project will demonstrate delivery against 2-3 key outcomes. Please state key performance indicators. Please confirm baseline (Previous 12 mths) and quantify planned impact. If proposal is based on scheme elsewhere please use findings to inform KPIs and activity modelling.

Key Performance Indicator	Baseline	Impact / Target	Activity (+/-)
1 Reduce A&E attendances -5%	100 attendances (13/14)	Target 95 attendances (14/15)	-5 attendances
2 Reduce A&E admissions -5%	100 attendances (13/14)	Target 95 attendances (14/15)	-5 attendances
3			

Reporting requirements depend on value of the case and must include performance against above KPIs.

Level 1 Case - 6 month progress report and full year report must be submitted to PMO

Level 2 & 3 Case – As above, with PMO monitoring above KPIs on monthly or quarterly basis.

## 5. Patient & Public Involvement

Have patients / patient groups been involved in shaping this case?

YES/NO

If YES who has been involved and how have they contributed to case? (Guide 40 words)

## 6. Conflicts of Interest

Does this case for change need to go to the Approvals panel?

YES/NO

If YES provide a brief outline of reasons why? (Guide 40 words)

## 7. Privacy Impact Required?

Will any information be shared outside of NHS?

YES/NO

If YES provide details?

## 8. Equality Impact Assessment

Please confirm that changes linked to this scheme have been reviewed in line with EIA guidance?

YES/NO

## MEETING OF THE GOVERNING BODY September 2014

<b>Agenda Item:</b> 14/126	<b>Author of the Paper:</b>
<b>Report date:</b> September 2014	Karl McCluskey Chief Strategic Planning & Outcomes Officer Southport & Formby CCG  Debbie Fagan Chief Nurse and Quality Officer Southport and Formby CCG
<b>Title:</b> Integrated Performance Report	
<b>Summary/Key Issues:</b>  This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group at August 2014 (note time periods of data are different for each source)	
<b>Recommendation</b>	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive this report.	

<b>Links to Corporate Objectives</b> <i>(x those that apply)</i>	
x	Improve quality of commissioned services, whilst achieving financial balance.
x	Sustain reduction in non-elective admissions in 2014/15
x	Implementation of 2014-15 phase of Care Closer to Home
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
	Review the population health needs for all mental health services to inform enhanced delivery.

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

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



*Southport and Formby  
Clinical Commissioning Group*

# Southport & Formby Clinical Commissioning Group

Integrated Performance Report

August 2014

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## 1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at August 2014 (note: time periods of data are different for each source).

### CCG Key Performance Indicators

NHS Constitution Indicators	Footprint	
Ambulance Category A Calls (Red 1)	CCG	
RTT 18 Week Incomplete Pathway	CCG	
Cancer 2 Week GP Referral	CCG	
Percentage of patients who spent 4 hours or less in A&E	CCG	
Other Key Targets		
Ambulance Category A Calls (Red 1)	NWAS	
Ambulance Category A Calls (Red 2)	CCG	
Ambulance Category A Calls (Red 2)	NWAS	
Ambulance Category 19 Transportation	CCG	
MRSA	CCG	
MRSA	S&ORM	
C.Diff	CCG	
C.Diff	S&ORM	
Cancer 2 Week Breast Symptoms	CCG	
Cancer 31 Day Radiotherapy	CCG	
Mixed Sex Accommodation	CCG	
Mixed Sex Accommodation	S&ORM	
RTT 52 Week Waiters (Non-Admitted)	S&ORM	

## Key information from this report

Cdifficile Target - Southport and Formby CCG reported a year to date July 2014 figure of 15 cases against a tolerance of 13. There were 4 cases reported during the month of July 2014, 3 of the 4 were at Southport and Ormskirk Hospital NHS Trust (2 Acute and 1 Community) and 1 at Aintree Hospitals NHS Foundation Trust.

Southport and Ormskirk Hospital NHS Trust has reported 3 new cases in July 2014, taking the cumulative total to 13 cases against a year to date tolerance of 9. All cases are undergoing Root Cause Analysis (RCA).

MRSA - In July 2014, the first 2 cases of MRSA were reported for Southport and Formby CCG patients for 2014/15, this is against a tolerance of zero. Both cases have been recorded against Southport and Ormskirk NHS Trust, 1 Trust acquired and the other community. Southport and Ormskirk Hospital NHS Trust has recorded 1 case of MRSA in July 2014.

A&E 4 hour wait - Southport and Formby CCG achieved this target cumulatively to July 2014 with 97.53% against the 95% target. Year to date, of the 16,351 patients attending, 15,947 were seen within 4 hours. Performance cumulatively to July 2014 at Aintree University Hospitals NHS Foundation Trust was below the target of 95% with 91.88 %, a further fall from the figure recorded in June (92.14%) 2014. Year to date, of the 39,091 patients attending, 35,915 were seen within 4 hours. Key actions are currently taking place to review this. Southport and Ormskirk Hospital NHS Trust achieved this target with performance cumulatively to July 2014 at 97.30%, up from 97.07% in June.

Southport and Formby CCG have reported 6 mixed sex accommodation breaches year to date, July 2014. All breaches were recorded against Southport and Ormskirk Hospital NHS Trust.

Southport and Formby CCG did not achieve the targets in all Ambulance Clinical Quality indicators cumulatively at July 2014. For Category A (Red 1 and 2) 8 minute response time indicators. Please note the CCG is measured on the NWAS figures which are also under target for the above 2 indicators For Category 19 transportation time, performance was 90.11% for July, giving a year to date figure of 89.96%, below the 95% target.

### Provider Trust Performance Issues Continued .....

Cancer Targets - Maximum two-week wait for the first outpatient appointment for patients referred urgently with breast symptoms. In the year to date, June 2014 Southport and Formby CCG marginally failed to achieve target, recording 92.36%.

Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy - Southport and Formby CCG achieved 100% during June 2014, but the year to date figure of 93.85% remains marginally below the 94% target. This underperformance is due to the previous month's figures.

Stroke Indicators - These 2 indicators were both achieved for Southport and Formby CCG patients during July 2014 recording 90%. Southport and Ormskirk Hospital NHS Trust achieved the stroke target of 80% recording 84.62% in July.

Both Aintree University Hospital NHS Trust and Southport and Ormskirk Hospital NHS Trust achieved the 60% TIA target in July, performance was 100% at Aintree and 83.33% at Southport and Ormskirk demonstrating that they are now compliant.

Friends and Family Test Score The indicator comprises two elements: the test score and the % of respondents who would recommend the services to friends and family – for Inpatient Services and A&E. Providers are now measured against these separately and not combined as previously measured.

Southport and Ormskirk Hospital Trust -

- Inpatient test score in July – 70 compared to England average of 74
- A&E test score in July – 40 compared to England average of 53
- Inpatient % response rate in July – 37.1% compared to a target of 20%
- A&E % response rate in July – 8.4% compared to a target of 20%.

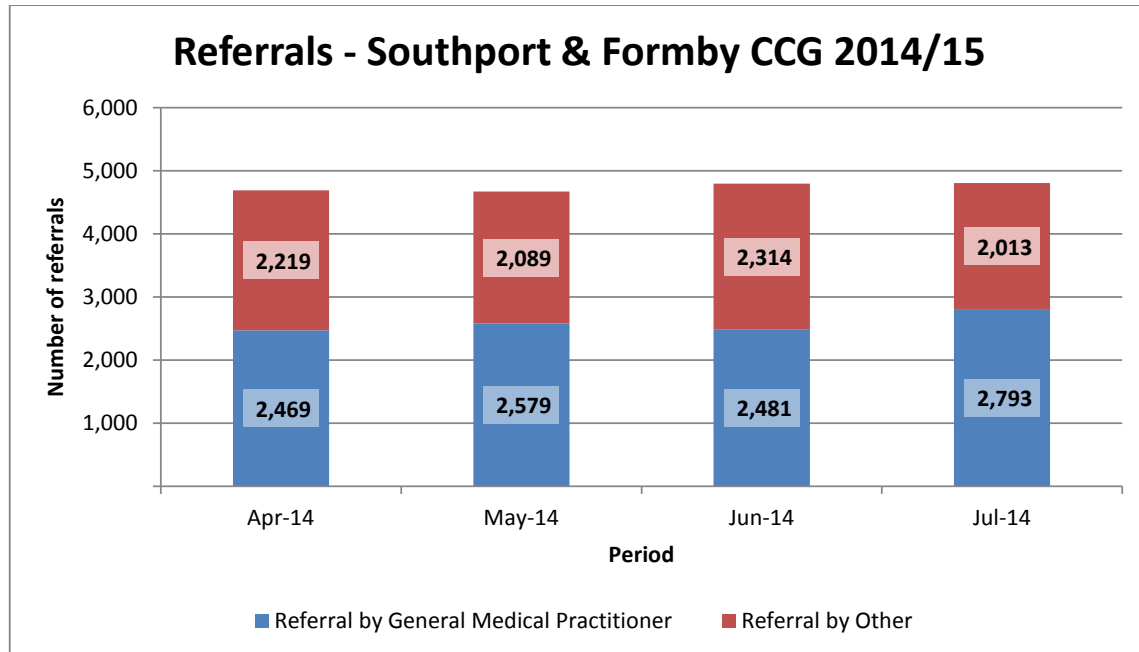
There have been 2 Serious Incidents reported in July 2014 reported at Southport & Ormskirk Hospital NHS Trust relating to NHS Southport and Formby CCG patients, 14 incidents reported year to date. There has been 1 repeated incident reported year to date relating to 2x suspected suicides.

## 2. Referrals

The following section provides an overview of referrals to secondary care to July 2014.

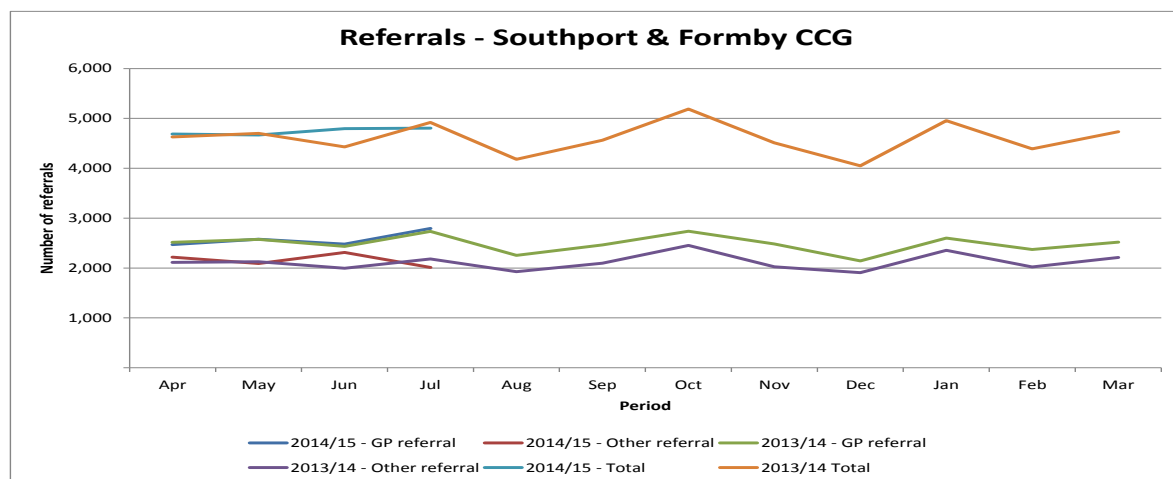
### 2.1 Referrals by source

Chart A Number of GP and 'other' referrals for the CCG across all providers for 2014/15.



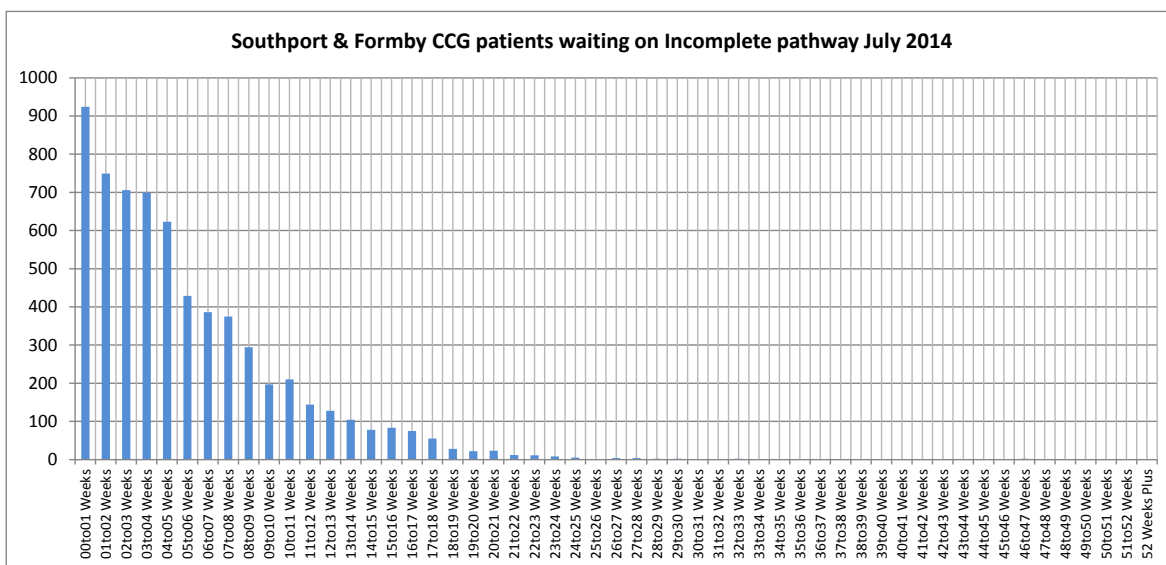
Evidence suggests increase in GP referrals but overall referral in numbers remaining consistent. NHS Southport & Formby CCG to review Primary Care dashboard and explore referral activity by locality and practice.

Chart B shows the number of GP and 'other' referrals for the CCG across all providers comparing 2013/14 and 2014/15 by month.



## 2.2 NHS Southport & Formby CCG patients waiting

Chart C - Patients waiting on an incomplete pathway at the end of July 2014 by weeks waiting



There were 132 patients (2.1%) waiting on incomplete pathways at the end of July 2014 waiting over 18 weeks. There are no 52 week waiters present.

### Top 5 Providers

Table 1 Patients waiting (in bands) on incomplete pathway for the top 5 providers.

Trust	0to10 wks	10to18 wks	18to24 wks	24to30 wks	30+ wks	Total
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST (RVY)	3903	495	69	9	1	4477
RENACRES HOSPITAL (NVC16)	462	158	0	0	0	620
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST (REM)	244	58	3	0	0	305
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST (RQ6)	259	58	15	3	7	342
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST (RBS)	93	36	4	0	0	133

### 3. Planned Care

#### 3.1 All Providers

Performance to Month 4 against planned care elements of the contract shows an over plan of £677k (6%). This is in the main driven by over performance at Southport & Ormskirk Hospital NHS Trust (£294k), Royal Liverpool and Broadgreen University Hospitals NHS Trust (£59k) and St Helens & Knowsley (£53k).

Table 2 All Providers

Provider Name	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	10,166	3,375	3,753	378	11.19%	£2,239	£743	£819	£76	10.19%
Alder Hey Childrens NHS F/T	4,509	1,512	1,681	169	11.17%	£720	£250	£210	£40	-16.09%
Central Manchester University Hospitals Nhs Foundation Trust	0	0	102	102	0.00%	£0	£0	£27	£27	0.00%
Countess of Chester Hospital NHS Foundation Trust	0	0	30	30	0.00%	£0	£0	£2	£2	0.00%
East Cheshire NHS Trust	0	0	4	4	0.00%	£0	£0	£0	£0	0.00%
Fairfield Hospital	61	20	29	9	42.62%	£13	£4	£11	£7	159.63%
ISIGHT (SOUTHPORT)	2,518	839	1,005	166	19.74%	£582	£194	£247	£53	27.42%
Liverpool Heart and Chest NHS F/T	1,243	412	459	47	11.52%	£783	£259	£283	£24	9.43%
Liverpool Womens Hospital NHS F/T	2,085	694	658	-36	-5.23%	£730	£243	£240	£3	-1.23%
Renacres Hospital	7,308	2,436	3,346	910	37.35%	£2,302	£767	£754	£13	-1.73%
Royal Liverpool & Broadgreen Hospitals	11,947	3,967	4,376	409	10.32%	£2,636	£875	£935	£59	6.78%
Southport & Ormskirk Hospital	103,405	34,379	44,641	10,262	29.85%	£22,026	£7,376	£7,670	£294	3.99%
SPIRE LIVERPOOL HOSPITAL	480	160	267	107	66.88%	£128	£43	£62	£20	46.42%
ST Helens & Knowsley Hospitals	3,540	1,154	1,332	178	15.47%	£822	£269	£322	£53	19.69%
University Hospital Of South Manchester Nhs Foundation Trust	191	64	53	-11	-17.65%	£35	£12	£8	£3	-29.25%
Wirral University Hospital NHS F/T	0	0	93	93	0.00%	£0	£0	£26	£26	0.00%
Wrightington, Wigan And Leigh Nhs Foundation Trust	1,927	642	900	258	40.11%	£748	£249	£344	£95	38.13%
<b>Total</b>	<b>149,381</b>	<b>49,655</b>	<b>62,729</b>	<b>13,074</b>	<b>26.33%</b>	<b>£33,764</b>	<b>£11,286</b>	<b>£11,963</b>	<b>£677</b>	<b>6.00%</b>

Above table is highlighting an over performance for Southport & Ormskirk Hospital year to date. However, a proportion of this over performance is reflected in the block contract and consequently this value is over stated. Further details are provided in the Finance report.

An increase in day cases is evident at the Royal Liverpool and Broadgreen Hospitals NHS Trust and an increase in elective activity in St Helens and Knowsley Trust. The CCG needs to look at this in the context of Southport & Ormskirk Hospital elective and day case performance position. Both of these providers have outstanding contract queries in place relative to the above.

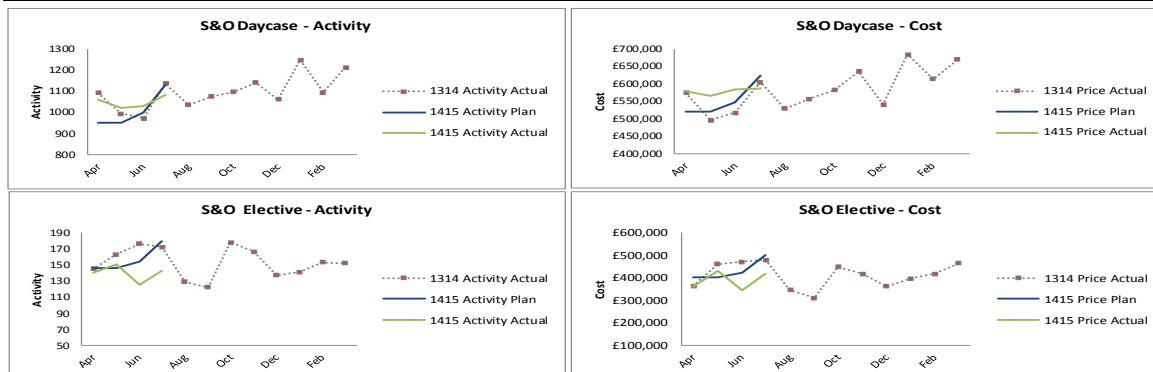
#### 3.2 Southport and Ormskirk Hospital NHS Trust

Table 3: Month 4 Planned Care - Southport and Ormskirk Hospital

S&O Hospital Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	12,058	4,038	4,198	160	3.96%	£6,606	£2,219	£2,261	£42	1.90%
Elective	1,851	625	558	-67	-10.78%	£5,069	£1,721	£1,544	£176	-10.26%
Elective Excess BedDays	392	132	88	-44	-33.19%	£90	£30	£21	£9	-30.76%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	1,054	350	447	97	27.73%	£150	£50	£65	£15	30.39%
OPFASPCL - Outpatient first attendance single professional consultant led	23,023	7,644	7,607	-37	-0.48%	£3,355	£1,114	£1,085	£29	-2.57%
OPFUPMCL - Outpatient Follow Up Multi-Professional Outpatient Follow Up (Consultant Led)	2,156	716	930	214	29.92%	£210	£70	£91	£21	30.47%
OPFUPSCL - Outpatient follow up single professional consultant led	48,179	15,996	18,445	2,449	15.31%	£4,137	£1,374	£1,554	£180	13.12%
Outpatient Procedure	14,692	4,878	11,894	7,016	143.83%	£2,407	£799	£1,049	£250	31.25%
<b>Grand Total</b>	<b>103,405</b>	<b>34,379</b>	<b>44,641</b>	<b>10,262</b>	<b>29.85%</b>	<b>£22,026</b>	<b>£7,376</b>	<b>£7,670</b>	<b>£294</b>	<b>3.99%</b>

**Table 4: Month 4 Planned Care - Southport and Ormskirk Hospital 13/14 – 14/15 Comparison**

Southport & Ormskirk Hospital		2014/15											
Southport & Formby CCG		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Daycase	Activity	1415 Activity Plan	953	953	1001	1131							
		1415 Activity Actual	1060	1022	1031	1085							
	Price	1415 Price Plan	£522,238	£522,238	£548,350	£626,091							
		1415 Price Actual	£578,937	£565,688	£585,018	£586,711							
Elective	Activity	1415 Activity Plan	146	146	154	179							
		1415 Activity Actual	140	151	125	142							
	Price	1415 Price Plan	£400,734	£400,734	£420,771	£498,505							
		1415 Price Actual	£360,736	£431,460	£443,770	£417,395							



### 3.3 Planned Care Key Issues

#### 3.3.1 Southport and Ormskirk Hospital NHS Trust

Further investigation into increases in A&E attendances and non-elective admissions. Joint discussions to take place between Trust and NHS Southport & Formby CCG and NHS West Lancashire CCG as agreed at Contract and Quality Review meeting on the 3<sup>rd</sup> September 2014. Work will also be carried out between Cheshire and Merseyside Commissioning Support Unit and the Trust to ensure activity and finance are being allocated to correct PODS across the contract avoiding any false values due to block items.

#### 3.3.2 The Royal Liverpool and Broadgreen University Hospitals NHS Trust

The Trust has been issued with an activity query notice relating to over-performance reported in Month 3. In keeping with the terms of the contract, a meeting has been arranged between the Trust and commissioners to discuss this issue (date to be arranged). The outcome of discussions will be reported in a future report.

## 4. Unplanned Care

### 4.1 All Providers

**Table E: Month 4 Unplanned Care - All Providers**

Provider Name	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (€000s)	Price Plan to Date (€000s)	Price Actual to Date (€000s)	Price variance to date (€000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	1,467	490	419	-71	-14.55%	£826	£276	£286	£10	3.73%
Alder Hey Childrens NHS F/T	664	222	243	21	9.67%	£277	£94	£144	£49	52.57%
Countess of Chester Hospital NHS Foundation Trust	0	0	9	9	0.00%	£0	£0	£1	£1	0.00%
East Cheshire NHS Trust	0	0	4	4	0.00%	£0	£0	£0	£0	0.00%
Liverpool Heart and Chest NHS F/T	157	53	41	-12	-22.72%	£370	£124	£132	£8	6.57%
Liverpool Womens Hospital NHS F/T	207	69	77	8	11.37%	£179	£60	£58	£2	-2.88%
Royal Liverpool & Broadgreen Hospitals	1,285	430	380	-50	-11.53%	£724	£242	£212	£30	-12.23%
Southport & Ormskirk Hospital	51,197	17,213	18,757	1,544	8.97%	£26,149	£8,762	£9,492	£730	8.33%
ST Helens & Knowsley Hospitals	292	99	146	47	46.94%	£163	£56	£71	£15	27.06%
Wirral University Hospital NHS F/T	0	0	26	26	0.00%	£0	£0	£8	£8	0.00%
Central Manchester University Hospitals Nhs Foundation Trust	0	0	42	42	0.00%	£0	£0	£9	£9	0.00%
University Hospital Of South Manchester Nhs Foundation Trust	47	16	12	-4	-24.78%	£8	£3	£3	£0	10.59%
Wrightington, Wigan And Leigh Nhs Foundation Trust	62	21	22	1	6.45%	£53	£18	£8	£9	-51.77%
<b>Grand Total</b>	<b>55,378</b>	<b>18,613</b>	<b>20,178</b>	<b>1,565</b>	<b>8.41%</b>	<b>£28,748</b>	<b>£9,634</b>	<b>£10,427</b>	<b>£792</b>	<b>8.22%</b>

The CCG is currently reviewing non-elective activity at Southport & Ormskirk Hospital NHS Trust.

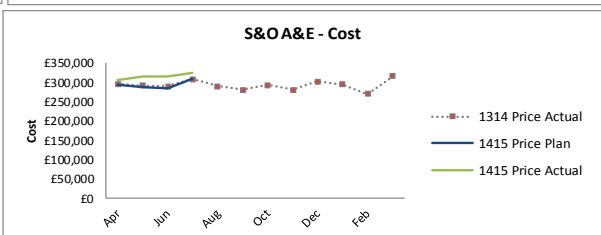
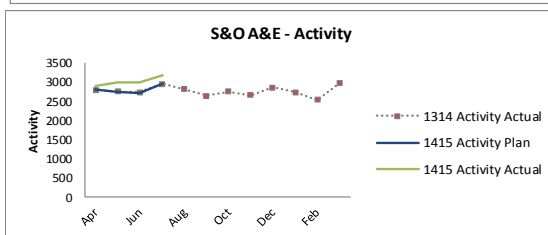
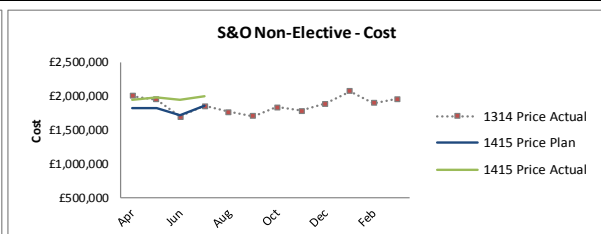
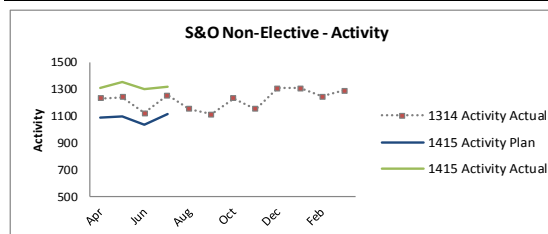
## 4.2 Southport and Ormskirk Hospital NHS Trust

Table F: Month 4 Unplanned Care - Southport and Ormskirk Hospital NHS Trust

S&O Hospital Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	32,878	11,247	12,026	779	6.93%	£3,429	£1,173	£1,260	£87	7.43%
Non Elective	10,554	3,444	4,004	560	16.25%	£18,636	£6,202	£6,597	£395	6.36%
Non Elective Non-Emergency	1,181	407	691	284	69.63%	£1,947	£681	£733	£52	7.66%
Non Elective Non-Emergency Excess Bed Day	169	96	45	-51	-52.94%	£49	£26	£15	£-10	-40.38%
Non Elective Short Stay	1,436	493	583	90	18.24%	£995	£345	£389	£44	12.74%
Non Elective Excess Bed Day	4,979	1,526	1,408	-118	-7.74%	£1,093	£335	£312	£-23	-6.91%
<b>Grand Total</b>	<b>51,197</b>	<b>17,213</b>	<b>18,757</b>	<b>1,544</b>	<b>8.97%</b>	<b>£26,149</b>	<b>£8,762</b>	<b>£9,307</b>	<b>£544</b>	<b>6.21%</b>

Table G: Month 4 Planned Care - Southport and Ormskirk Hospital NHS Trust 13/14 – 14/15 Comparison

Southport & Ormskirk Hospital Southport & Formby CCG		2014/15													
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	1092	1099	1035	1119									
	Activity	1415 Activity Actual	1307	1355	1299	1317									
	Price	1415 Price Plan	£1,816,601	£1,822,149	£1,721,693	£1,868,207									
	Price	1415 Price Actual	£1,955,781	£1,991,101	£1,956,897	£2,001,245									
AandE	Activity	1415 Activity Plan	2815	2745	2722	2965									
	Activity	1415 Activity Actual	2896	2983	2982	3165									
	Price	1415 Price Plan	£293,572	£286,319	£283,934	£309,222									
	Price	1415 Price Actual	£306,334	£313,886	£314,958	£325,012									



## 4.3 Unplanned Care Key Issues

### 4.3.1 Southport & Ormskirk Hospital

Further investigation into increases in A&E attendances and non-elective admissions. Joint discussions to take place between Trust and NHS Southport & Formby CCG and NHS West Lancashire CCG as agreed at Contract and Quality Review meeting on the 3<sup>rd</sup> September 2014.



## 5. Mental Health

### 5.1 Mersey Care contract

The 2014/15 Expected Annual Contract Value for Mersey Care NHS Trust is £12,231,420 inclusive of CQUIN. A number of Contract Variations are being progressed and an updated Expected Annual Contract Value 2014/15 will be provided at Month 5.

Table H NHS Southport & Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby CCG			
	2014/15 Plan	Caseload (May-2014)	Variance from Plan	% Variance
0 Variance	32	17	(15)	-47%
1 Common Mental Health Problems (Low Severity)	35	37	2	6%
2 Common Mental Health Problems (Low Severity with greater need)	45	33	(12)	-27%
3 Non-Psychotic (Moderate Severity)	162	167	5	3%
4 Non-Psychotic (Severe)	128	136	8	6%
5 Non-psychotic Disorders (Very Severe)	29	24	(5)	-17%
6 Non-Psychotic Disorder of Over-Valued Ideas	25	20	(5)	-20%
7 Enduring Non-Psychotic Disorders (High Disability)	96	119	23	24%
8 Non-Psychotic Chaotic and Challenging Disorders	62	73	11	18%
10 First Episode Psychosis	52	70	18	35%
11 On-going Recurrent Psychosis (Low Symptoms)	282	283	1	0%
12 On-going or Recurrent Psychosis (High Disability)	151	154	3	2%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	109	4	4%
14 Psychotic Crisis	18	14	(4)	-22%
15 Severe Psychotic Depression	7	5	(2)	-29%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	6	6	-	0%
17 Psychosis and Affective Disorder – Difficult to Engage	35	32	(3)	-9%
18 Cognitive Impairment (Low Need)	365	318	(47)	-13%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	465	620	155	33%
20 Cognitive Impairment or Dementia Complicated (High Need)	159	203	44	28%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	50	56	6	12%
Reviewed Not Clustered	30	37	7	23%
No Cluster or Review	46	98	52	113%
<b>Total</b>	<b>2,385</b>	<b>2,631</b>	<b>246</b>	<b>10%</b>

#### 5.1.1 Key Issues

- **Crisis Resolution Home Treatment and Assertive Outreach Teams** – Reporting over performance, Activity Plan set at a national level.
- **ADHD Service** - Sefton CCGs recurrently commissioned additional service capacity in 2013/14 to reduce the size of the Sefton commissioned ADHD service waiting list. Commissioners are monitoring waiting times, waiting list and DNAs.
- **Care Home In reach** – Commissioners reviewing the current configuration of the service and service delivery model.
- **Rathbone Rehabilitation Service** – 2 patients delayed discharge, one of which has been delayed since February 2013 awaiting suitable further placement and the second who is also currently delayed awaiting a financial appointee before they can be transferred.
- **Delayed Bed Days** 199 Delayed Bed Days attributed to awaiting nursing home placement (122 days) public funding (30 days), patient/family choice (15 days) and Housing – patients not covered by NHS & Community Care Act (32 days) for Sefton Local Authority area at Month 4.

## 5.2 Key Performance Indicator CPA follow up

**Table I- NHS Southport & Formby CCG Performance CPA follow up within 7 days of discharge from psychiatric inpatient care**

				Apr-14	May-14	Jun-14	Jul-14
	<b>Follow up from inpatient discharge</b>	threshold					
CB_B19	the % of people under adult mental illness specialties who were followed up within 7 days of discharge from psychiatric inpatient care	95%		100%	93.75%	93.75%	100.00%

The Trust reports this KPI on a monthly basis but the consequence of the breach is based on the quarterly response. At Quarter 1 Mersey Care NHS Trust reported a catchment position of 98.3% which is above the threshold.

**Table J NHS Southport & Formby CCG Performance CPA follow up within 2 days (48 hrs) for higher risk groups**

				Apr-14	May-14	Jun-14	Jul-14
		threshold					
MH_KPI.40	CPA Follow up 2 days (48 hrs) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hrs) By Crisis Resolution Home Treatment, Early Intervention, Assertive outreach or Homeless Outreach Team	95%		100%	100%	100%	100%

### 5.2.1 Improving Access to Psychological Therapies (IAPT) Inclusion Matters Sefton

Access to evidence-based psychological therapies is required to increase to 15% by Quarter 4 2014/15. We are currently reviewing the data from our provider around this measure.

Providers of Improving Access to Psychological Therapies (IAPT) are expected to achieve a recovery rate of 50% by Quarter 4 2014/15. Inclusion Matters Sefton are reporting a recovery rate of 46.6% for NHS Southport & Formby CCG patients at Month 4.

**Table K PHQ13\_6 The Proportion of People who complete treatment who are moving to recovery**

Period	Completed (KPI5)	Entered Below Caseness (KPI6b)	Moved to recovery (KPI6)	Recovery
Apr-14	289	31	107	41.5%
May-14	324	22	154	51.0%
Jun-14	249	17	100	43.1%
Jul-14	374	26	162	46.6%

## 6. Liverpool Community Health Performance

The 2014/15 Expected Annual Contract Value for Liverpool Community Health NHS Trust is £2,898,262 including CQUIN. A number of Contract Variations are being progressed and an updated Expected Annual Contract Value 2014/15 will be provided at Month 5.

### 6.1 Key Issues

- The Trust has reported that over and under performances related to one of or a combination of factors; data quality issues relating to reporting onto electronic systems and staffing levels.
- Cheshire and Merseyside Commissioning Support Unit have highlighted a number of issues relating to performance, non-reported activity against service lines and omitted services with the Contract Statement. They have been discussed with the Trust and issues are currently being addressed.

### 6.2 Third Sector Contracts

- NHS Standard Contracts 2014/15 issued for signature. Cheshire and Merseyside Commissioning Support Unit are progressing sign off
- Quarter 1 Activity Monitoring submissions are being reviewed and outstanding submissions progress chased
- Commencement of Contract Review Meetings. The following issues have been raised so far; difficulties capturing electoral ward information, support required to complete NHS Information Governance Toolkit assessment and achievement of Level 2 Compliance. Support to address these issues is being discussed.

## 7. Quality and Performance

### 7.1 Southport & Formby CCG Performance Dashboard

Baseline as at 09/09/2014

Performance Indicators	Date Period	Target	Actual	Direction of Travel	Exception Commentary	Current Period	Actions
<b>IPM</b>							
<b>Treating and caring for people in a safe environment and protecting them from avoidable harm</b>							
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	14/15 - July	13	15	↔	Southport & Formby CCG reported 4 new cases of C.difficile, 15 cases year to date. 2 cases acute acquired and 2 community, 1 of the community acquired cases relates to Aintree with the other community and acute recorded against Southport & Ormskirk Trust.		There are no common themes arising from the cases and no periods of increased incidence (PII) have been recorded in 2014/5. All prescribing targets are now reliably being met. West Lancashire CCG has looked at the RCAs from five of the cases to date and have agreed that there have been no lapses in care. The Trust has a detailed action plan around this area including the following elements: <ul style="list-style-type: none"> <li>Rolling programme of bay closure to enable essential maintenance, deep cleaning and fogging</li> <li>Use of ViatPAC to monitor for patients at risk of C. difficile</li> <li>Filtered pillow to prevent internal contamination and ingress of body fluids.</li> <li>Reassessment of the Trust position against the ARHAI Prescribing toolkit.</li> <li>Instigation of a monthly high-level (CEO, EMD, DNQ) C. difficile oversight group.</li> <li>Use of ViatPAC to monitor for patients at risk of C. difficile by the use of pressure ulcer prediction scores.</li> </ul>
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	14/15 - July	9	13	↔	Southport & Ormskirk reported 3 new cases of C.Difficile in July, one acute apportioned and one non-acute cases are recorded against Southport & Formby Patients.		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	14/15 - July	0	2	↔	Southport & Formby CCG reported 2 new cases of MRSA in July, one acute apportioned and one non-acute apportioned, both cases at Southport & Ormskirk.		The Trust recorded a first attributable MRSA bacteraemia for over two and a half years in July. At a Root Cause Analysis and subsequent Post-Infection Review with senior representatives of both CCGs, we have not been able to determine the exact source of the infection. However there were two contributory factors: <ul style="list-style-type: none"> <li>The patient initially refused to be screened as he was confused and aggressive on admission. This was not followed up on and this was only discovered when the Infection Prevention Team ran a search. Trust screening compliance with admission screening is in excess of 92%</li> <li>The cannula care plan was incomplete though there was no sign of a complication from any medical device.</li> </ul>
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	14/15 - July	0	1	↔	Southport & Ormskirk reported 1 new case of MRSA in July, the first for 2014/15.		The Trust has implemented a range of actions including: <ul style="list-style-type: none"> <li>Weekly checks by the Infection Prevention Team into missed admission screens</li> <li>Use of ViatPAC to supersede care plans to further strengthen monitoring</li> </ul>
<b>Enhancing quality of life for people with long term conditions</b>							
Patient experience of primary care i) GP Services	Jul-Sept 13 and Jan-Mar 14		2.86%	New Measure			
Patient experience of primary care ii) GP Out of hours	Jul-Sept 13 and Jan-Mar 14		15.91%	New Measure			
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	14/15 - July		470.85	↔			
Emergency Admissions(Cumulative) Tonic ambulatory care sensitive conditions(Cumulative)	14/15 - July		366.77	↔			
Emergency Admissions Composite Indicator(Cumulative)	14/15 - July		958.68	New Measure			
IAPT - Prevalence							
IAPT - Recovery Rate							

### Helping people to recover from episodes of ill health or following injury

Patient reported outcomes measures for elective procedures: Groin hernia	2012/13	Eng Ave 0.085	0.08	Refreshed data
Patient reported outcomes measures for elective procedures: Hip replacement	2012/13	Eng Ave 0.438	0.43	Refreshed data
Patient reported outcomes measures for elective procedures: Knee replacement	2012/13	Eng Ave 0.318	0.31	Refreshed data
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	14/15 - July		16.93	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	14/15 - July		29.90	↔
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	14/15 - July		578.81	↓
SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	14/15 - July	80%	90.00%	↑
SQU06_01 - % who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	14/15 - July	80%	84.62%	↓
SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	14/15 - July	60%	100%	↔
SQU06_02 - % high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	14/15 - July	60%	83.33%	↑

### Mental health

Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	14/15 - Qtr1	95%	97.67%	↓
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### 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	Southport & Formby CCG achieved a rate of 2870.30 in 2012 which failed the planned target of 2778.45
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Females)	2012	2,091.36	2,160.50	Southport & Formby CCG achieved a rate of 2160.50 in 2012 which failed the planned target of 2091.36

<b>Cancer waits – 2 week wait</b>						
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	14/15 - June	93%	97.56%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	14/15 - June	93%	97.19%	↔		
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	14/15 - June	93%	92.36%	→		The CCG achieved 92.36% YTD marginally failing the 93% target. 7 out of 29 patients where not seen within 2 weeks in June which shows 85.7% of patients where seen within 2 weeks. The main reason for breaching was unable to attend/re-arranged consultations. All of the patient's waiting over 2 weeks where seen within 20 days. 3 of the 7 patients where at Southport & Ormskirk Trust.
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Southport & Ormskirk)	14/15 - June	93%	96.05%	→		
<b>Cancer waits – 31 days</b>						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	14/15 - June	96%	99.53%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	14/15 - June	96%	100%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	14/15 - June	94%	93.85%	←		The CCG did not achieve the 94% target, marginally failing with 93.85% year to date. In month the CCG achieved 100%.
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	14/15 - June	94%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	14/15 - June	94%	97.44%	←		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	14/15 - June	94%	97.22%	←		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	14/15 - June	98%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	14/15 - June	98%	100%	↔		

### Cancer waits – 62 days

Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	14/15 - June		89%	↔	
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Southport & Ormskirk)	14/15 - June		88.24%	↔	
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	14/15 - June	90%	100.00%	↔	
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	14/15 - June	90%	100%	↔	
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	14/15 - June	85%	85.15%	↔	
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	14/15 - June	85%	85.32%	↓	

### Mixed Sex Accommodation Breaches

Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	14/15 - July	0.00	1.50	↓	The CCG had 6 breaches in July, all of the breaches relate to Southport & Ormskirk Trust. No breaches recorded for the previous 2 months.
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	14/15 - July	0.00	1.00	↓	The Trust had 6 Mixed Sex breaches in July, none in the previous 2 months.

### 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) (CCG)	14/15 - July	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Southport & Ormskirk)	14/15 - June	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	14/15 - July	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Southport & Ormskirk)	14/15 - June	0	1	↓	The Trust has 1 patient breach over 52 weeks, this is the first breach in 2014/15. This was not a Southport & Formby CCG patient.
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	14/15 - July	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	14/15 - June	0	0	↔	

Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	14/15 - July	90%	93.18%	↓
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Southport & Ormskirk)	14/15 - June	90%	92.99%	↓
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	14/15 - July	95%	98.12%	↔
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Southport & Ormskirk)	14/15 - June	95%	98.53%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	14/15 - July	92%	97.93%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	14/15 - June	92%	98.10%	↔
<b>A&amp;E waits</b>				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	14/15 - July	95.00%	97.53%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk)	14/15 - July	95.00%	97.30%	↔
<b>Diagnostic test waiting times</b>				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	14/15 - July	1.00%	0.19%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	14/15 - June	1.00%	0.08%	↑
<b>Category A ambulance calls</b>				
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	14/15 - July	75%	68.18%	↓
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	14/15 - July	75%	67.11%	↓
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	14/15 - July	95%	89.96%	↓
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	14/15 - July	75%	72.19%	↓
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	14/15 - July	75%	73.07%	↓
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	14/15 - July	95%	95.35%	↔



## 7.2 Friends and Family – Southport and Ormskirk NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (July 2014)	RR - Trajectory From Previous Month (June 14)	Score Target (England Average)	Score Actual (July 2014)	Score - Trajectory From Previous Month (June 14)	Comments
Inpatients	20%	37.1%	↓	74	70	↓	
A&E	20%	8.4%	↑	53	40	↓	
Q1 - Antenatal Care	20%	-		62	79	↑	
Q2 - Birth	20%	25.0%	↓	77	46	↓	
Q3 - Postnatal Ward	20%	-		65	68	↓	
Q4 - Postnatal Community Ward	20%	-		75	75	↓	

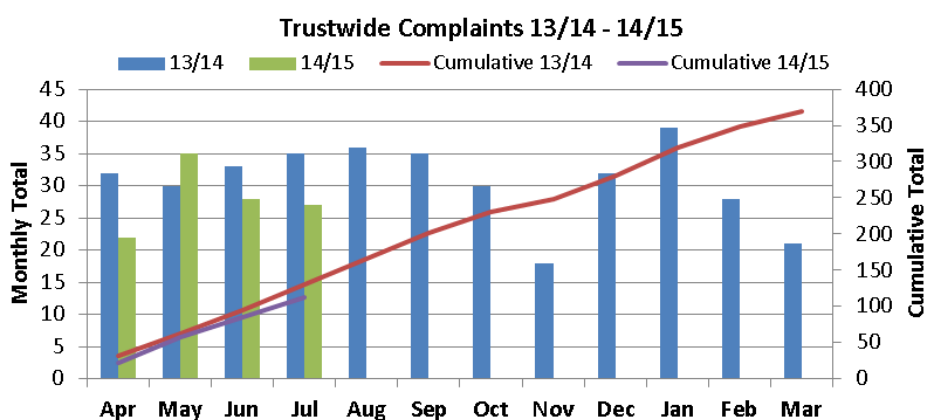
\* Patient responses are used to calculate a 'Net Promoter Score (NPS)', a figure which is reported nationally. To work out the 'net promoter score', the number of detractors is subtracted from the number of promoters and then divided by the total number of responses. The score can therefore be as low as -100 (everybody is a detractor) or as high as +100 (everyone is a promoter). A score between -100 and -50 is considered to be in the lowest quartile, -50 to +50 the middle quartiles, and +50 to +100 the upper quartile. There is no literature on what is considered an acceptable NPS, but trusts usually aim for +50 or higher

- Southport continues to score above the 15% CQUIN target for the combined response rate.
- They continue to score above the 15% response rate for Inpatients
- They continue to score below the 15% response rate in A&E.
- Their net promoter score is in the upper mid quartile for A&E
- The net promoter score is in the upper quartile for inpatients and for their combined results.

Work is ongoing with the Trust to review Friends & Family Performance, at the CQPG in September the Trust advised they were liaising with Aintree Hospital to share their A&E good practice, in addition 'incentivisation' through AQC (Alternative Quality Contract) to introduce a text reminder service.

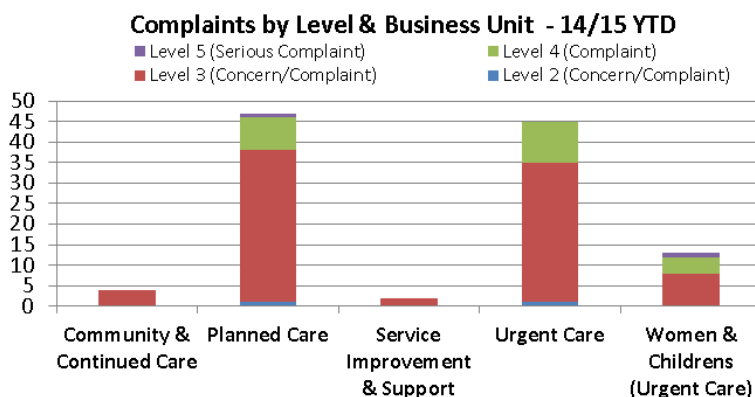
## 7.3 Complaints

The Graphs below highlights Southport & Ormskirk Hospital's number of complaints requiring investigation received by the Trust YTD compared to the same period last year. This information has gone to the Trust's Board.



The number of complaints received in July 14 was 27, similar to the 28 complaints received in June but 8 less than received in July 2013. Overall, for 14/15, the Trust has received **6% fewer formal complaints than were received for the same period in 13/14.**

The split of these complaints by Business Unit and Level is shown below.



Complaints to the Trust are dominated by those relating to clinical care, 44% of all complaints cite clinical treatment, although this has reduced significantly in July. Co-Ordination of medical treatment, poor nursing care and wrong diagnosis being the main reasons.

Oral communication continues to be an area of concern within the Trust, with 8 complaints in July citing this as an issue, the highest number this financial year. Patients are complaining about a lack of clear explanation around treatment, diagnosis, and communication with family members. 19 complaints received between April and July contain issues around staff attitude. These relate to both Doctors and Nurses, including Agency Nurses. Trust action plans are being monitored via Quality & Safty Committee and at the Board.

## 7.4 Serious Untoward Incidents (SUIs)

### 7.4.1 NHS Southport and Formby CCG

2 serious incidents reported in July 2014 relating to NHS Southport and Formby CCG patients, 14 incidents reported year to date. There has been 1 repeated incident reported year to date relating to 2x suspected suicides.

Table L Serious Untoward incidents NHS Southport & Formby CCG Patients by Trust

Row Labels	Apr	May	Jun	Jul	Aug	YTD
<b>Alder Hey</b>						
Surgical Error		1				1
Allegation against HC professional					1	1
<b>Liverpool Community Health</b>						
Child death					1	1
<b>Mersey Care NHS Trust</b>						
Suspected suicide		1			1	2
Unexpected death of community patient (in receipt)		1				1
Admission of under 18s to adult mental health ward	1					1
Attempted suicide by inpatient (in receipt)		1				1
<b>Royal Liverpool &amp; Broadgreen NHS Trust</b>						
Serious Incident by Inpatient (not in receipt)			1			1
<b>Southport &amp; Ormskirk</b>						
Radiology/Scanning incident	1					1
Confidential information leak				1		1
Safeguarding Vulnerable Child			1			1
Delayed diagnosis			1			1
Drug incident (general)				1		1
<b>Grand Total</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>14</b>

### 7.4.2 Southport and Ormskirk Hospital NHS Trust

1 serious incidents reported by the Trust in August 2014 affecting a NHS West Lancashire CCG patient. There have been 8 SUIs reported year to date, 2 of those categorised as never events (highlighted below in red).

Table M Reported Serious Untoward incidents - Southport and Ormskirk Hospital NHS Trust

Row Labels	Apr	May	Jun	Jul	Aug	YTD
<b>Southport &amp; Formby</b>						
Radiology/Scanning incident	1					1
Confidential information leak				1		1
Safeguarding Vulnerable Child			1			1
Delayed diagnosis			1			1
Drug incident (general)				1		1
<b>West Lancashire CCG</b>						
Adverse media coverage or public concern about the organisation or the wider NHS					1	1
Drug incident (chemotherapy)				1		1
Delayed diagnosis				1		1
<b>Grand Total</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>8</b>



## Southport and Formby Clinical Commissioning Group

### MEETING OF THE GOVERNING BODY July 2014

<b>Agenda Item:</b> 14/	<b>Author of the Paper:</b>						
<b>Report date:</b> 10 September 2014	James Bradley Head of Strategic Financial Planning <a href="mailto:james.bradley@southportandformbyccg.nhs.uk">james.bradley@southportandformbyccg.nhs.uk</a> Tel: 0151 247 7070						
<b>Title:</b>  Financial Position of NHS Southport and Formby Clinical Commissioning Group – Month 5							
<b>Summary/Key Issues:</b>  This paper presents the Governing Body with an overview of the financial position for NHS Southport and Formby Clinical Commissioning Group as at Month 5 and outlines the key financial risks facing the CCG.							
<b>Recommendation</b>  The Governing Body is asked to receive the finance update, particularly that:  <ul style="list-style-type: none"> <li>• The CCG will require a management action plan in order to deliver its financial targets for 2014/15.</li> </ul>	<table style="border-collapse: collapse;"> <tr><td style="padding: 2px;">Receive</td><td style="border: 1px solid black; text-align: center; width: 20px;">X</td></tr> <tr><td style="padding: 2px;">Approve</td><td style="border: 1px solid black; width: 20px;"></td></tr> <tr><td style="padding: 2px;">Ratify</td><td style="border: 1px solid black; width: 20px;"></td></tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

<b>Links to Corporate Objectives</b> <i>(x those that apply)</i>	
X	Improve quality of commissioned services, whilst achieving financial balance.
X	Sustain reduction in non-elective admissions in 2014/15.
	Implementation of 2014/15 phase of Care Closer to Home.
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public
	Implementation of 2014/15 phase of Primary Care quality Strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year on (14/15) to include an intermediate care strategy
	Review the population health needs for all mental health services to inform enhanced

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	delivery.
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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

# Southport and Formby Clinical Commissioning Group

## Report to the Governing Body August 2014

### 1. Executive Summary

This report focuses on the financial performance of the CCG at August 2014 (Month 5), which is £1.328m overspent (£1.643m in M4) on operational budget areas before the application of Reserves.

The CCG has experienced financial pressures in the first half of the year, and management actions are required in order to achieve the planned £1.750m surplus at the end of the year. With implementation of the management action plan detailed in section 8, the CCG remains on track to meet all the business rules required by NHS England, as demonstrated in **Table A** below. However, there are significant risks outlined in section 7 that require monitoring and managing in order to manage and deliver the target.

**Table A – Financial Dashboard**

Report Section	Key Performance Indicator		This Month	Prior Month
1	Business Rule (Forecast Outturn)	1% Surplus	✓	✓
		0.5% Contingency Reserve	✓	✓
		2.5% Non-Recurrent Headroom	✓	✓
3	Surplus	Financial Surplus / (Deficit) before the application of reserves - £'000	-4,290	-4,588
4	QIPP	Unmet QIPP to be identified > 0	438	438
5	Running Costs (Forecast Outturn)	CCG running costs < National 2014/15 target of £24.78 per head	23.72	23.73
6	BPPC	NHS - Value YTD > 95%	99%	98%
		NHS - Volume YTD > 95%	96%	92%
		Non NHS - Value YTD > 95%	94%	92%
		Non NHS - Volume YTD > 95%	93%	92%

### 2. Resource Allocation

There have been two changes to the RRL allocation this month:

- RTT funding – The CCG received £0.181m for payment relating to additional activity associated with the national initiative to address patients who have waited over 18 weeks for treatment.
- GP IT transitional funding – The CCG received £0.112m for primary care IT transitional funding, which is the full value of the CCGs application to NHS England. It should be noted that this level of funding is unlikely to be made available in

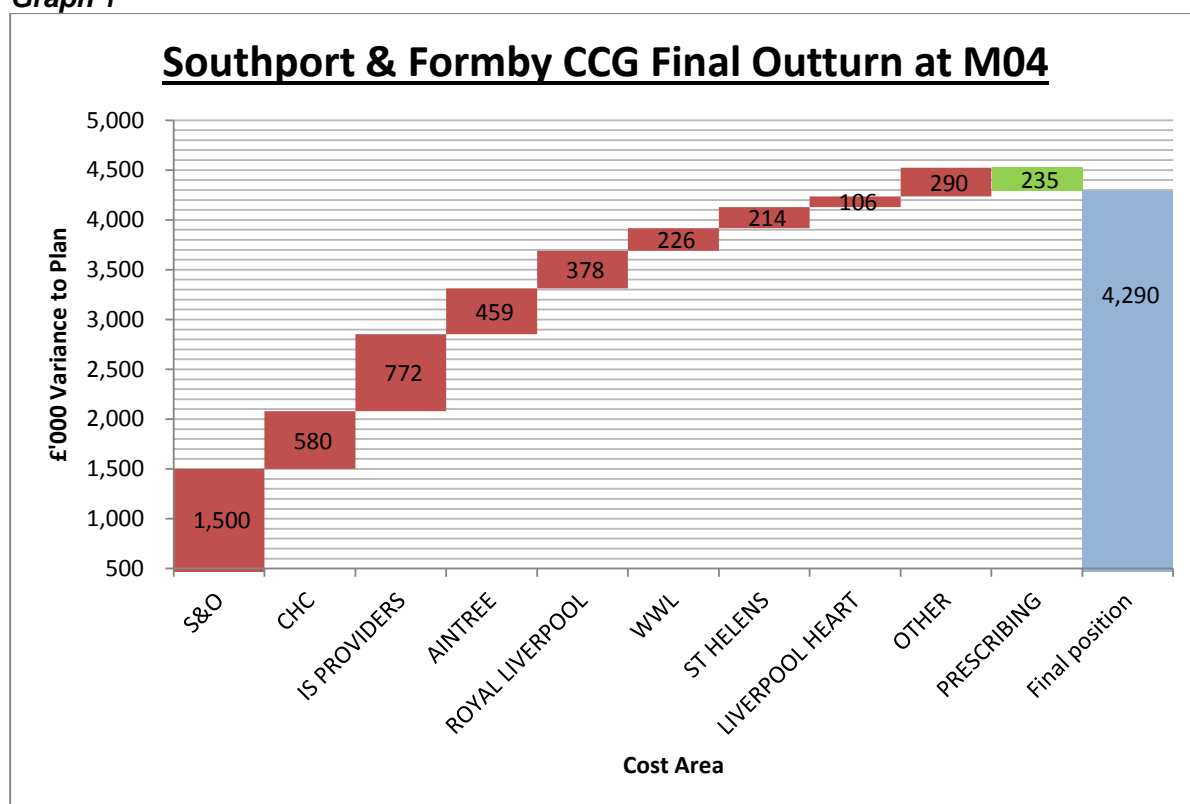
2015/16 and the CCG's IT partners are assessing options within an affordable financial envelope.

### 3. Position to Date

The main pressures emerging at this early stage of the year are shown below in **Graph 1**, which is primarily acute care, and in particular Southport and Ormskirk Hospitals. There are also overspends in Continuing Healthcare and the Independent Sector Providers. A full breakdown of the CCG position is detailed in **Appendix 1**.

Whilst the financial reporting period relates to the end of August, the CCG has based its reported position on information received from Acute Trusts covering activity to the end of July 2014. **Appendix 2** outlines the current financial data broken down by provider, and also includes the forecast for each provider. **Appendix 3** gives a breakdown by point of delivery for NHS providers (as at month 4).

**Graph 1**



#### Southport and Ormskirk NHS Trust

The forecast overspend at Southport and Ormskirk has decreased slightly from the prior month, moving from a £1.657m overspend to a £1.500m overspend. This is based on data received from the Trust up to and including month 4. Expenditure in month 4 showed a slight underspend compared to budget for the month. The original phasing of the plan for the year assumed much higher activity levels in July to compensate for reduced theatre time in August. Operationally, the closedown of theatre time was spread across both July and August. Amending the plan for this change shows that activity was in line with the expectation for the month.

The Trust continues to experience higher levels of emergency activity. A&E activity is 7% higher than planned for the first 4 months of the year. Unplanned admissions are higher than plan for both same day, short stay and longer stay admissions:



- Same Day emergency admissions (primarily Ambulatory Emergency Care) - £0.126m over-spent, (51% higher than planned).
- Short stay emergency admissions - £0.044m over-spent (13% higher than planned).
- Other emergency admissions - £0.268m (5% higher than planned)

As part of the system changes funded by the CCG and West Lancs, additional investment was made in Ambulatory Emergency Care. It was hoped that this investment would lead to a reduction in the level of admitted emergency patients. Further work is underway with the Trust to measure the impact of the additional investments, and to review the causes of the increased activity.

The CCG continues to experience high costs in outpatient procedures which are partially offset by underspends in maternity pathway payments and AQP activity.

### **Continuing Health Care (Adult)**

This area continues to be a major risk area for the CCG and the £0.242m over-spend in the year-to-date indicates that there will be pressures on this budget over the coming year. There has been an improvement in the quality of the data provided by CSU which has enabled the CCG to place greater reliance on the financial information and to reduce its forecast expenditure against this budget compared with last month. The budget was increased by 4% from last year's expenditure levels to an annual budget of £6.837m, but the current data shows growth levels that significantly exceed this initial estimate.

The CCG will continue to work with the CSU to investigate activity and costs in this area and to continue to improve the accuracy of our forecasting model.

### **IS Providers**

Higher than anticipated activity can be seen at Ramsay Hospitals and I-Sight, which does not appear to be linked to reduced levels of activity elsewhere in the system, which suggest that general over-activity is evident in these areas.

## **4. QIPP**

Southport and Formby CCG has a QIPP savings target of £6.257 in 2014/15. This can be achieved through a reduction in either programme or running costs. The CCG has currently identified a total of £5.819m worth of QIPP schemes, leaving a shortfall of £0.438m still to be identified in this financial year in order to meet the required budgetary targets in 14/15.

## **5. CCG Running Costs**

The CCG is currently operating within its running cost target which forms part of this budget area. The forecast for the year is a small underspend on Running Costs and other Corporate and Support Services. There are still a number of vacancies in the staffing structure, and it is expected that these will be filled during quarter 3.

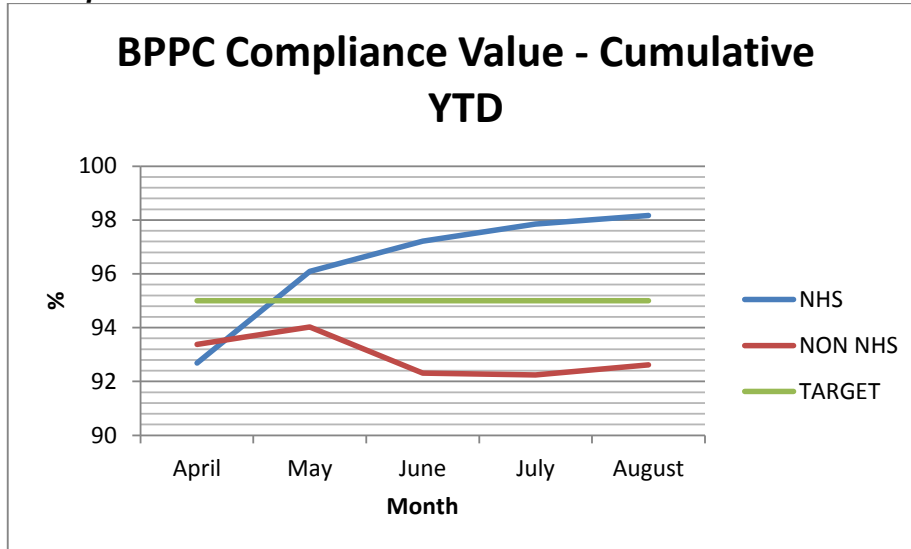
There is a risk associated with estates charges, and this is outlined in more detail in **section 5**.

It is important to note that although the CCG is operating below the 14/15 national target of £24.78 per head of population, there is an expectation that this will be reduced to £22.11 in 2015/16. Significant work is required in order to ensure this target is met next year, and this work is being led by the Deputy CFO and overseen by SMT.

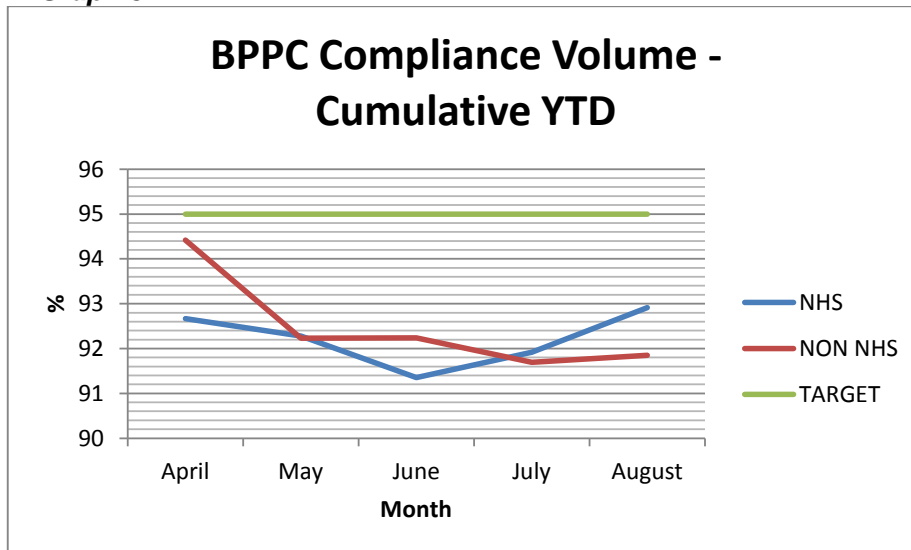
## 6. Compliance with the BPPC target

The NHS is required to adhere to the Better Payment Practice Compliance Target as part of the wider public sector drive to be a good citizen. The full year performance is reported in the annual report and subject to scrutiny by the external auditors. Our performance in August is at the 95% target for NHS by value, but below the target for Non NHS providers. This is detailed in **Graphs 2 and 3** below and performance has improved across all areas.

**Graph 2**



**Graph 3**



## 7. Evaluation of Risks and Opportunities

A number of risks continue to be monitored. These are outlined below:

- Overspends on Acute cost per case contracts – The CCG has experienced some early pressures in a number of providers, and work is underway to understand the causes of the increased activity with an aim to address them.
- Continuing Healthcare restitution claims – there is uncertainty over the process for payment of restitution claims. Provisions made in PCT accounts were transferred to NHS England, but due to technical accounting reasons, they are also expected to top-slice CCG allocations to make these payments in-year. This is still to be

confirmed, and in the meantime, CCGs are expected to make payments for restitution claims. An amount has been set aside in reserves to absorb this cost.

- Estates – Payments in respect of estates are still unclear, with further clarity still to be provided, particularly in respect of LIFT buildings. This includes potential liabilities for depreciation. The CCG has set aside an amount in reserves to cover estimated liabilities. We have now received a billing schedule from NHS Property Services, and this is being reviewed with them.
- Prescribing / Drugs costs – Three month's data has been received for this financial year, and the PPA forecast shows an underspend in respect of prescribing costs. However, prescribing expenditure can vary significantly in the year.
- CSU Service Level Agreement – As yet, prices for services received from the CSU have not been agreed for 2014/15, and the CCG continues to be billed under 2013/14 prices. The latest proposal from the CSU indicates a significant increase in costs, which is unaffordable. This is being reviewed as part of the work on running costs for 2015/16, as they make up a significant proportion of the running costs budget.

Reserves are set aside as part of budget setting to reflect planned investments, known risks and an element for contingency. As part of the review of risks and mitigations, the finance team and budget holders reviewed the expected expenditure levels for each earmarked reserve. This is summarised in table B below. This review identified a risk of a shortfall in reserves to manage the forecast expenditure levels. As such, the CCG has developed a management plan to enable achievement of financial duties detailed in section 8.

**Table B: Reserves review**

	<b>£'000</b>
Forecast Overspend	4,290
Available Reserves	<b>(2,485)</b>
Forecast pressures	1,805
Planned surplus	(1,750)
Forecast deficit	<b>55</b>

On this basis the CCG is heading for a deficit of £0.055m, £1.805m adrift of its planned surplus of £1.750m and as such requires a management action plan.

## 8. Management Action Required

It is important to note that it is still early in the year and the forecast is based on 4 months activity data from our NHS providers. This may mean that there is a possible exaggerated early trend which may reduce in the coming months as we receive further data to create a more accurate forecast. However, in order to be prudent the following mitigating actions have been identified in Table C, totalling £3,710k. These schemes have been risk rated which shows that management consider that £1.340m can be delivered with a high degree of confidence, leaving further schemes of £0.465m to be identified to deliver financial balance. The CCG has identified £2.070m worth of other opportunities to cover the remaining shortfall. On this basis the Governing Body can be assured that whilst the CCG faces significant financial pressure, there is a deliverable financial plan in place.

The management actions detailed below are non-recurrent, whereas the current financial pressures being seen are likely to impact on 15/16, therefore it is imperative that the CCG develops a sustainable plan for recurrent balance, before it enters the 15/16 financial year.

**Table C: Risk Rated Management Action Plan**

Action	£'000			
	TOTAL	Green	Amber	Red
Technical adjustments	600	600		
CM Rehab	300		300	
Further slippage associated with Mandated schemes	200	200		
Depreciation / Estates adjustment: Prop Co liabilities	200		200	
NPFIT Surplus	200		200	
Defer CVS	300	300		
CQUIN Underperformance	260	130	130	
Efficiencies accruing from Primary Care investment	200		200	
Risk Share Surplus Reduction	500		500	
Referral Management	TBC			
Review Trust NPFIT funding	450		450	
Deploy 13/14 Quality Premium	200	110	90	
<b>Total</b>	<b>3,410</b>	<b>1,340</b>	<b>2,070</b>	

## 9. Recommendations

The Governing Body are asked to formally agree to:

- Confirm no additional investment or mandated schemes
- Defer CVS funding until April 2015
- Use the 13/14 Quality Premium funding to address pressures elsewhere

## Appendices

- Appendix 1 – Financial position to Month 5
- Appendix 2 – Detailed breakdown of provider costs
- Appendix 3 – Analysis of high areas of spend by type of activity

## 01V NHS Southport and Formby Clinical Commissioning Group Month 5 2014/15 Financial Position

Cost centre Number	Cost Centre Description	Annual Budget £000	Budget To Date £000	Actual To Date £000	Month 5 variance £000	End of Year	
						Expenditure Outturn £000	FOT Variance £000
<b>COMMISSIONING - NON NHS</b>							
603501	Mental Health Contracts	832	346	346	0	832	0
603506	Child and Adolescent Mental Health	163	68	72	4	168	5
603511	Dementia	93	39	39	0	93	0
603516	Improving Access to Psychological Therapies	0	0	0	0	0	0
603521	Learning Difficulties	1,381	575	612	36	1,468	87
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	171	171	0	409	0
603661	Out of Hours	1,069	445	442	(3)	1,069	0
603682	CHC Adult Fully Funded	5,481	2,284	2,508	224	6,019	538
603684	CHC Adult Joint Funded	1,322	551	569	18	1,365	43
603685	CHC Adult Joint Funded Personal health Budgets	34	14	14	(0)	33	(1)
603687	CHC Children	358	149	143	(6)	323	(35)
603691	Funded Nursing Care	3,258	1,358	1,346	(12)	3,230	(28)
603711	Community Services	436	182	201	20	483	47
603721	Hospices	871	362	362	0	871	0
603726	Intermediate Care	430	179	250	71	430	0
603731	Long Term Conditions	144	144	144	(0)	144	0
603796	Reablement	979	408	408	0	979	0
<b>Sub-Total</b>		<b>17,258</b>	<b>7,273</b>	<b>7,626</b>	<b>353</b>	<b>17,915</b>	<b>656</b>
<b>CORPORATE &amp; SUPPORT SERVICES</b>							
605251	Administration and Business Support (Running Cost)	136	57	64	7	140	4
605271	CEO/Board Office (Running Cost)	605	252	246	(7)	618	13
605276	Chairs and Non Execs (Running Cost)	152	63	65	2	159	7
605296	Commissioning (Running Cost)	1,238	516	497	(18)	1,213	(25)
605316	Corporate costs	174	73	57	(15)	174	0
605346	Estates & Facilities	87	20	18	(2)	87	0
605351	Finance (Running Cost)	375	156	153	(4)	385	9
605391	Medicines Management (Running Cost)	29	12	15	3	29	0
605426	Quality assurance	59	25	24	(1)	59	(0)
605266	BUSINESS INFORMATICS	61	25	18	(7)	47	(14)
	<b>Sub-Total Running Costs</b>	<b>2,917</b>	<b>1,199</b>	<b>1,157</b>	<b>(42)</b>	<b>2,910</b>	<b>(7)</b>
						0	
603646	Commissioning Schemes (Programme Cost)	741	309	300	(8)	745	4
603656	Medicines Management (Programme Cost)	503	209	190	(19)	474	(29)
603776	Non Recurrent Programmes (NPfIT)	710	0	0	0	710	0
603676	Primary Care IT	613	255	287	32	613	0
605371	IM & T	0	0	2	2	0	0
	<b>Sub-Total Programme Costs</b>	<b>2,567</b>	<b>773</b>	<b>780</b>	<b>7</b>	<b>2,542</b>	<b>(25)</b>
<b>Sub-Total</b>		<b>5,484</b>	<b>1,972</b>	<b>1,937</b>	<b>(35)</b>	<b>5,451</b>	<b>(32)</b>
<b>SERVICES COMMISSIONED FROM NHS ORGANISATIONS</b>							
603571	Acute Commissioning	77,209	32,170	33,193	1,022	80,162	2,954
603576	Acute Childrens Services	2,116	882	918	37	2,204	88
603586	Ambulance Services	4,527	1,886	1,891	5	4,540	13
603616	NCAs/OATs	1,254	522	536	14	1,304	50
603631	Winter Pressures	0	0	3	3	0	0
603756	Commissioning - Non Acute	27,621	11,509	11,536	27	27,688	67
603786	Patient Transport	8	3	3	(0)	8	0
<b>Sub-Total</b>		<b>112,734</b>	<b>46,972</b>	<b>48,080</b>	<b>1,108</b>	<b>115,906</b>	<b>3,172</b>
<b>INDEPENDENT SECTOR</b>							
603591	Independent Sector	3,311	1,379	1,701	322	4,083	772
<b>Sub-Total</b>		<b>3,311</b>	<b>1,379</b>	<b>1,701</b>	<b>322</b>	<b>4,083</b>	<b>772</b>
<b>PRIMARY CARE</b>							
603651	Local Enhanced Services and GP Framework	2,065	860	702	(159)	2,063	(2)
603791	Programme Projects	270	112	111	(1)	270	0
<b>Sub-Total</b>		<b>2,335</b>	<b>973</b>	<b>813</b>	<b>(160)</b>	<b>2,333</b>	<b>(2)</b>
<b>PRESCRIBING</b>							
603606	High Cost Drugs	1,513	630	622	(8)	1,493	(20)
603666	Oxygen	200	83	57	(26)	179	(21)
603671	Prescribing	20,809	8,739	8,514	(225)	20,574	(235)
<b>Sub-Total</b>		<b>22,522</b>	<b>9,452</b>	<b>9,193</b>	<b>(260)</b>	<b>22,246</b>	<b>(276)</b>
<b>Sub- Total Operating Budgets pre Reserves</b>		<b>163,643</b>	<b>68,022</b>	<b>69,350</b>	<b>1,328</b>	<b>167,934</b>	<b>4,290</b>
<b>RESERVES</b>							
603761	Commissioning Reserve (Previously General Reserve)	5,319	1,328	0	(1,328)	1,028	(4,290)
<b>Sub-Total</b>		<b>5,319</b>	<b>1,328</b>	<b>0</b>	<b>(1,328)</b>	<b>1,028</b>	<b>(4,290)</b>
<b>Grand Total I &amp; E</b>		<b>168,962</b>	<b>69,351</b>	<b>69,350</b>	<b>(0)</b>	<b>168,962</b>	<b>0</b>
	RRL Allocation	(170,712)	(70,080)	(70,080)	0	(170,712)	0
	(SURPLUS)/DEFICIT	(1,750)	(729)	(729)	(0)	(1,750)	0

01V NHS Southport and Formby Clinical Commissioning Group Month 5 Contract Summary										
Description	Annual Budget	Budget To Date	Actual To Date	YTD Variance			Forecast Variance (Most Likely)			
	£000	£000	£000	Month 5	Month 4	Movement	Month 5	Month 4	Movement	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	
<b>ACUTE CHILDRENS SERVICES</b>										
ACUTE CHILDRENS SERVICES	2,116	882	918	37	9	28 ▲	88	27	61 ▲	
<b>Sub-Total</b>	<b>2,116</b>	<b>882</b>	<b>918</b>	<b>37</b>	<b>9</b>	<b>28</b>	<b>88</b>	<b>27</b>	<b>61</b>	
<b>ACUTE COMMISSIONING</b>										
AINTREE UNI HOSP NHS FT	4,763	1,984	2,176	191	133	58 ▲	459	398	61 ▲	
ANY QUALIFIED PROVIDER	187	78	126	48	0	47 ▲	114	114	1	
C MANC UNI HOS NHS FT	77	32	47	15	12	4 ▲	37	35	2 ▲	
COUNTESS OF CHESTER FT	17	7	7	(0)	(1)	1	(1)	(3)	2 ▲	
LANCS TEACH HOSP NHS FT	349	145	134	(11)	(11)	(0)	(26)	(33)	7 ▲	
LIVP HRT/CHST HOSP NHST	1,201	500	545	44	56	(12) ▼	106	169	(62) ▼	
LIVP WOMENS NHS FT	1,155	481	487	6	0	6 ▲	14	(59)	73 ▲	
R LIV/BRG UNI HOSP NHST	4,807	2,003	2,160	157	132	26 ▲	378	395	(17) ▼	
SOUTHPORT/ORMSKIRK NHST	62,058	25,857	26,271	414	552	(139) ▼	1,500	1,657	(157) ▼	
ST HEL/KNOWS TEACH NHST	1,381	576	665	89	66	23 ▲	214	199	14 ▲	
UNI HOSP SMAN NHS FT	49	20	20	(1)	(1)	0	(2)	(3)	2 ▲	
WALTON CENTRE NHS FT	104	43	43	(0)	0	(0)	(1)	0	(1)	
WIRRAL UNIV TEACH HOSP	172	72	45	(27)	(23)	(4) ▼	(65)	(68)	4 ▲	
WRIGHT/WGN/LEIGH NHS FT	890	371	465	94	110	(16) ▼	226	330	(104) ▼	
<b>Sub-Total</b>	<b>77,209</b>	<b>32,170</b>	<b>33,190</b>	<b>1,019</b>	<b>1,025</b>	<b>(6)</b>	<b>2,954</b>	<b>3,130</b>	<b>(176)</b>	
<b>COMMISSIONING - NON ACUTE</b>										
CHESH/WIRRAL PART NHSFT	9	4	3	(1)	0	(1)	(2)	0	(2) ▼	
LPOOL COMM HC NFT	2,898	1,208	1,207	(0)	0	(0)	(0)	0	(0)	
MERSEY CARE NHST	12,231	5,096	5,096	0	0	0	0	0	0	
NHS 111 SERVICE	196	82	76	(5)	(3)	(2) ▼	(9)	(9)	0	
SOUTHPORT/ORMSKIRK NHST	11,056	4,606	4,639	33	27	6 ▲	79	80	(1) ▼	
STTFFS/SHRPS HC NHS FT	1,231	513	513	0	0	0	0	0	0	
<b>Sub-Total</b>	<b>27,621</b>	<b>11,509</b>	<b>11,535</b>	<b>26</b>	<b>24</b>	<b>3</b>	<b>67</b>	<b>71</b>	<b>(3)</b>	
<b>AMBULANCE SERVICES</b>										
NW AMBUL SVC NHST	4,527	1,886	1,891	5	(5)	11 ▲	13	(16)	28 ▲	
<b>Sub-Total</b>	<b>4,527</b>	<b>1,886</b>	<b>1,891</b>	<b>5</b>	<b>(5)</b>	<b>11</b>	<b>13</b>	<b>(16)</b>	<b>28</b>	
<b>Grand Total</b>	<b>111,472</b>	<b>46,447</b>	<b>47,535</b>	<b>1,088</b>	<b>1,053</b>	<b>35</b>	<b>3,122</b>	<b>3,212</b>	<b>(90)</b>	

## 01V NHS Southport and Formby Clinical Commissioning Group Month 5 IS Provider Summary

Description	Annual Budget	Budget To Date	Actual To Date	YTD Variance			Forecast Variance (Most Likely)		
	£000	£000	£000	Month 5	Month 4	Movement	Month 5	Month 4	Movement
	£000	£000	£000	£000	£000	£000	£000	£000	£000
RAMSAY HEALTHCARE UK	2,469	1,029	1,273	244	162	82 ▲	586	487	99 ▲
ISIGHT LTD	597	249	299	51	41	10 ▲	122	122	(0)
SPIRE HEALTHCARE LTD	135	56	83	27	23	4 ▲	65	69	(4) ▼
Fairfield	14	6	15	9	7	1 ▲	21	22	(1) ▼
British Pregnancy Advisory Service	15	6	15	9	5	4 ▲	22	14	8 ▲
Other Cost Per Case IS Providers	81	34	15	(18)	(3)	(15) ▼	(44)	(9)	(35) ▼
<b>Sub-Total</b>	<b>3,311</b>	<b>1,379</b>	<b>1,701</b>	<b>322</b>	<b>235</b>	<b>87</b>	<b>772</b>	<b>705</b>	<b>67</b>

**Point of Delivery breakdown**

Point of Delivery	Up to July 2014			
	Budget to date	Actual to date	Variance to date	Variance
Day Cases	3,515,407	3,787,261	271,855	7.73%
Elective Inpatients	2,902,612	2,561,413	-341,199	-11.75%
Elective XBDs	67,395	106,254	38,858	57.66%
Outpatient - New attendances	1,568,952	1,564,698	-4,255	-0.27%
Outpatient - Follow up attendances	2,095,563	2,224,453	128,890	6.15%
Outpatient Procedures	1,055,024	1,343,838	288,813	27.38%
UNBUNDLED DIAGNOSTICS	406,380	455,300	48,920	12.04%
AandE	1,244,671	1,344,272	99,601	8.00%
Non-elective admissions	7,970,164	8,552,234	582,069	7.30%
Non-elective excess bed-days	421,621	343,021	-78,600	-18.64%
Maternity pathway	744,152	560,541	-183,611	-24.67%
<b>Grand Total</b>	<b>21,991,942</b>	<b>22,843,285</b>	<b>851,343</b>	<b>3.87%</b>





# Southport and Formby Clinical Commissioning Group

## Southport and Formby Clinical Commissioning Group Management of Allegations Policy

Version: 6

Designation of Policy Author(s)	Deputy Designated Nurse, Safeguarding Children Adult Safeguarding Nurse
Accountable Manager(s)	Designated Nurses, Safeguarding Children Head of Adult Safeguarding
Ratified By (Committee / Group)	Southport and Formby CCG Quality Committee
Date ratified	
Date issued/published on Intranet	
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Target audience	Southport & Formby CCG

# Southport and Formby Clinical Commissioning Group

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# Southport and Formby Clinical Commissioning Group

## 1.0 Executive Summary

### 1.1 Policy Scope

The scope of the policy is for all staff working within Southport and Formby Clinical Commissioning Group (CCG). This policy also applies to all individuals providing services to Southport & Formby CCG, including volunteers, students, agency workers & contractors.

The Policy and associated procedures apply where there are concerns in relation to an Employee's behaviour towards a child / children / young person / vulnerable adult. The framework for managing such cases as set out in this guidance applies to a wider range of allegations than those in which there is reasonable cause to believe a child / vulnerable adult is suffering, or is likely to suffer, significant harm. It also relates to situations where an allegation might indicate that the alleged perpetrator is unsuitable to continue to work with children / vulnerable adults in his or her present position, or in any capacity. It should be used in respect of all cases in which it is alleged that an Employee who works with children/vulnerable adults has:

- Behaved in a way that has harmed a child / young person / vulnerable adult or may have harmed a child / young person/ vulnerable adult.
- Committed a criminal offence against or related to a child / young person / vulnerable adult
- Behaved towards a child / young person / vulnerable adult in a way that indicates s/he is unsuitable to work with these groups of people.

For the purpose of this policy a 'child' is defined as a person under 18 years old.

Any allegations in respect of children by Independent contractors e.g. Primary Care will be managed by NHS England (Merseyside) as the commissioner and as such, the Local Authority Designated Officer (LADO) will be directed as necessary to the appropriate contact within NHS England (Merseyside).

### 1.2 Aim

Southport & Formby CCG has a responsibility to implement and adhere to the policy / procedure below. The aim of this document is to ensure that there is a single, consistent approach in the management of an allegation made against a professional / Southport & Formby CCG employee about a child / young person / vulnerable adult that is consistent with national and local guidance i.e. Working Together to Safeguard Children (2013), Local Safeguarding Children Board's policy and Local Safeguarding Adult Board's policy.

### 1.3 Outcomes

The intended outcomes of this policy and associated procedures are:

- That the safety and welfare of children / vulnerable adults must be paramount at all times
- That Southport & Formby CCG actively contributes to keeping children / young people / vulnerable adults safe from potential abuse by an adult in a position of power / trust.

## **Southport and Formby Clinical Commissioning Group**

- That Southport & Formby CCG evidences commitment to safeguarding children / young people / vulnerable adults by ensuring compliance with safer workforce / recruitment guidance.
- That all employees clearly understand their duty to report any incident that would be considered to be potentially abusive to a child / young person/ vulnerable adult by a colleague / another employee of Southport & Formby CCG.
- That roles and responsibilities are clearly defined.
- That Southport & Formby CCG employees will understand the complexities of the process and have realistic expectations about the timeframes within which the allegation is managed.
- That the process is transparent.

### **2.0 Introduction**

Southport & Formby CCG is committed to safeguarding and promoting the welfare of children / vulnerable adults.

Whilst this policy is written with a bias for those working with children it is transferable to those working with adults at risk.

### **2.1 Children**

Children can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse or maltreatment of children by a professional, staff member, foster carer or volunteer must therefore be taken seriously and treated in accordance with consistent procedures.

Under Section 11 Children Act (2004), CCGs are required to have clear policies in line with those of Local Safeguarding Children Board (LSCB), for dealing with allegations against people who work with clinicians (HM Govt, 2013).

The following procedures should be applied when there is an allegation or concern that any person employed by Southport & Formby CCG to whom this policy applies who works with children, in connection with his/her employment or voluntary activity, has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved in a way that indicates s/he is unsuitable to work with children

All allegations of child abuse will be investigated, and this will be done in conjunction with the Local Authority Designated Officer (LADO). During these investigations it is the welfare of the child that is of paramount importance. Employees should therefore be mindful that there will be occasions when it will feel that the 'balance' is towards the child rather than the member of staff about whom the allegations are being made.

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The procedure should be read in conjunction with Sefton Local Safeguarding Children Board's Child Protection Procedures ([www.seftonlscb.co.uk](http://www.seftonlscb.co.uk)) and Working Together to Safeguard Children (2013).

### 2.2 Vulnerable Adults

#### Definitions

For the purpose of this policy the following definitions provide clarity of terms

#### Vulnerable Adult-

Whilst there is no formal definition of vulnerability within health care, some people receiving health care may be at greater risk from harm than others, sometimes as a complication of their presenting condition and their individual circumstances. The risks that increase a person's vulnerability should be appropriately assessed and identified by the health care professional / Voluntary Community Faith Sector / Care Home provider at the first contact and continue throughout the care pathway (DH 2010).

Under Section 59 Supporting Vulnerable Groups Act 2006 a person aged 18 years or over is defined as a vulnerable adult where they are 'receiving any form of health care' and 'who needs to be able to trust the people caring for them, supporting them and / or providing them with services'.

#### Adult at risk

A person aged 18 or over and who:

- Is eligible for or receives any adult social care service (including carers' services) provided or arranged by a local authority.
- Receives direct payments in lieu of adult social care services.
- Funds their own care and has social care needs.
- Otherwise has social care needs that are low, moderate, substantial or critical;
- Falls within any other categories prescribed by the Secretary of State.
- Is or may be in need of community care services by reason of mental or other disability, age or illness.
- Is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation and is at risk of significant harm, where harm is defined as ill-treatment or the impairment of health or development or unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion).

Note: this definition is suggested by the Law Commission and under review. For the purpose of this policy the term adult at risk can be used interchangeably with vulnerable adult.

#### Underpinning Principles

The principles of Adult safeguarding are as follows (DH 2011):

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- **Prevention** - it is better to take action before harm occurs.
- **Protection** - support and representation for those in greatest need.
- **Empowerment** – the presumption of person led decisions and informed consent.
- **Proportionality** – proportionate and least intrusive response appropriate to the risk presented.
- **Accountability** – we will work to key lines of responsibility and ensure transparency in delivering safeguarding.
- **Partnership** - local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

The philosophy of Southport & Formby CCG is to work collaboratively with other organisations to safeguard and promote the welfare of adults through the application of Local Safeguarding Adult Board multi-agency policy and work within the information sharing guidance of the LSAB Procedures and 'Protocol to Deal with Allegations against professionals who work with adults who are deemed vulnerable'.

### 2.3 Employees

All references to 'Employees' contained within this document should be interpreted as meaning all Employees, i.e. the procedure outlined in this document will apply to any individuals providing services to/for Southport & Formby CCG whether they are in a paid or unpaid capacity including volunteers, agency workers, and those who are self-employed / contractors.

### 3.0 Roles and Responsibilities

**3.1 The Named Senior Manager** is generally a role undertaken by the Director of Human Resources. Given that this is a role currently undertaken by the Commissioning Support Unit (CSU), the CCG Named Senior Officer (see section 3.2) will be required to liaise and work closely with the CSU in order to investigate and manage any such allegations.

The Named Senior Manager's responsibilities will include:

- Ensuring that this procedure is properly applied and implemented within Southport & Formby CCG
- Ensuring that advice, information and guidance is available for Employees within Southport & Formby CCG either directly or via their nominated representative.
- Being the Named Senior Manager for Southport & Formby CCG to whom allegations or concerns are reported to, and overseen by.
- Referring allegations to other agencies in accordance with this procedure, and in line with Sefton LSCB 'Managing Allegations against Adults who work with Children and Young People' document and in line with the LSAB 'Protocol to Deal with Allegations against professionals who work with adults who are deemed vulnerable'.

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- Overseeing the gathering of any additional information which may have a bearing on the allegation, for instance: previous concerns, care and control incidents and so on.
- Ensure that the Employee who is subject to the allegation is provided with information and is advised to seek representation from their Trade Union or professional body, as per the principles of Southport & Formby CCG Disciplinary Policy.
- Attending Strategy Meetings where required (or via a nominated representative).
- To liaise with the Local Authority Designated Officer (LADO) or Safeguarding Adult Co-ordinator where required, or via a nominated representative.
- To liaise with the Human Resources Manager allocated to the case where investigation and/or potential disciplinary action is required.
- Ensuring that risk assessments are undertaken where and when required.
- Ensuring that effective reporting and recording systems are in place which allow for the tracking of allegations through to the final outcome.
- Co-ordinating the undertaking appropriate checks with data held by their organisation.
- Co-ordinating the provision of reports and information as required.
- Ensuring relevant support mechanisms are in place for Employees against whom an allegation of abuse has been made, for example counselling & occupational health. Assistance from the Human Resources Department will be available in order to access these and other appropriate support mechanisms.
- To liaise with the Communications Department and discuss with them any queries from the media concerning the allegations
- To establish whether there are any lessons to be learned arising from the allegation that have wider implications for safeguarding procedures for all agencies concerned.
- Outside of normal office hours, assistance will be provided by the Director on-call.

**3.2 The Named Senior Officer** is a role within Southport & Formby CCG undertaken by the Chief Nurse who will provide support to the Senior Manager and provide expert advice as required. This responsibility may be devolved to the Designated Nurse for Safeguarding, the Designated Doctor for Safeguarding or to the Head of Adult Safeguarding.

The Named Senior Officer's Responsibilities will include:

- Ensuring that Southport & Formby CCG complies with the standards and processes outlined in this document and the LSCB Managing Allegations against adults who work with children and Young People policy or LSAB 'Protocol to Deal with Allegations against professionals who work with adults who are deemed vulnerable'.
- Ensuring that Southport & Formby CCG's workforce is aware of and implements the procedures regarding allegations against adults who work with children/ young people/ vulnerable adults.
- Ensuring that the CCG has systems in place to review cases and identify and implement any changes which would improve both the procedure and practice.



## **Southport and Formby Clinical Commissioning Group**

- Resolving any inter-agency issues which impede the implementation of Sefton LSCB procedure.
- Ensuring that Southport & Formby CCG has effective reporting and recording arrangements in place.
- Discuss and agree with the Named Senior Manager which agencies should be informed of the allegation i.e. Police, Local Authority Designated Officer (LADO) / Adult Protection Co-ordinator.
- Establish whether there are any lessons to be learned arising from the allegation that have wider implications for safeguarding procedures for all agencies concerned.

### **3.3 Local Authority Designated Officer (LADO)- applies to children only.**

In order to meet Southport & Formby CCG's responsibilities relating to allegations against employees the Named Senior Manager/Officer will notify and access advice and guidance from the Local Authority Designated Officer (LADO), within one working day as per Working Together to Safeguarding Children (HMGovt, 2013).

Sefton Local Safeguarding Children Board has an appointed Local Authority Designated Officer (LADO) whose responsibilities include:

- Management and oversight of individual cases from all partner agencies of Sefton LSCB
- Providing advice and guidance to Senior Managers
- Monitoring the progress of cases to ensure they are dealt with within agreed timescales.
- Ensuring a consistent and thorough process for all adults working with children and young people against whom allegations are made.
- Maintaining information databases in relation to all allegations.
- Coordinating and collating reports to provide information to Sefton LSCB
- Liaising as necessary with chairs of Strategy Meetings or attending/chairing Strategy Discussions/Meetings
- Contributing to Sefton LSCB training programmes and awareness-raising across the children's workforce.
- Liaising with Police and the Crown Prosecution Service.
- Discussing with Senior Managers the possibility of referral to the Disclosure and Barring Service DBS (from 2013) and/or the appropriate Professional/Regulatory Body.

### **3.4 Local Authority Safeguarding Adult Co-ordinator - applies to vulnerable adults only.**

In order to meet the CCG responsibilities relating to allegations against employees the Named Senior Manager / Officer will notify and access advice and guidance from the



## **Southport and Formby Clinical Commissioning Group**

Safeguarding Adult Co-ordinator promptly as per LSAB Safeguarding Adult Policy and Procedures (2011).

Sefton Local Safeguarding Adult Board has appointed the Local Authority Safeguarding Adult Co-ordinator whose responsibilities include:

- Management and oversight of individual cases from all partner agencies of the LSAB.
- Providing advice and guidance to Senior Managers.
- Monitoring the progress of cases to ensure they are dealt with within agreed timescales.
- Ensuring a consistent and thorough process for all adults working with adults at risk against whom allegations are made.
- Maintaining information databases in relation to all allegations.
- Coordinating and collating reports to provide information to the LSAB Liaising as necessary with chairs of Strategy Meetings or attending / chairing Strategy Discussions / Meetings.
- Contributing to LSAB training programmes and awareness-raising across the adult's workforce.
- Liaising with Police and the Crown Prosecution Service.
- Discussing with Senior Managers the possibility of referral to the Disclosure and Barring Service DBS (from 2013) and / or the appropriate Professional / Regulatory Body.

### **3.5 Chief Accountable Officer of Southport & Formby CCG**

The Chief Accountable Officer is responsible for ensuring compliance with the Policies and Guidelines, legislation, NHS guidance and for ensuring the policy is effective.

### **3.6 Southport & Formby CCG Board**

The Board is responsible for ensuring the provision of effective clinical services within the organisation, and to ensure that it complies with its statutory obligations.

### **3.7 All Southport & Formby CCG staff (including temporary, agency staff, contractors and subcontractors)**

All Southport & Formby CCG Staff (including temporary, agency staff, contractors and subcontractors) are responsible for adhering to and complying with the requirements of the policies, guidelines, protocols and standard operating procedures (SOPs) contained within and applicable to their area of operation

### **4.0 Procedure for Managing Allegations**

#### **4.1 Initial action by person receiving or identifying an allegation or concern**

The person to whom an allegation or concern is first reported should treat the matter seriously and keep an open mind. An allegation against a member of staff may arise from a number of sources, e.g. a report from a child/ vulnerable adult, a concern raised by another adult in the organisation, or a complaint by a parent or carer.

## **Southport and Formby Clinical Commissioning Group**

### **They should:**

- Make a written record of the information (where possible in the child/adult's own words), including the time, date and place of incident(s), persons present and what was said;
- Sign and date the written record
- Immediately report the matter to the Named Senior Manager, or deputy in their absence
- Where the Named Senior Manager is the subject of the allegation the matter should be reported to Southport & Formby CCG's Accountable Officer.

### **They should not:**

- Investigate or ask leading questions in seeking clarification;
- Make assumptions or offer alternative explanations; or promise confidentiality, but give assurance that the information will only be shared on a 'need to know' basis.

### **4.2 Initial action by the Named Senior Manager (or nominated representative)**

When informed of a concern or allegation, the Named Senior Manager should not investigate the matter or interview the member of staff, child/ vulnerable adult concerned or potential witnesses. They should:

- Obtain written details of the concern / allegation, signed and dated by the person receiving the allegation
- Countersign and date the written details
- Record any information about times, dates and location of incident(s) and names of any potential witnesses
- Record discussions about the child/ vulnerable adult and/or member of staff, any decisions made, and the reasons for those decisions.
- Notify the Named Senior Officer within Southport & Formby CCG- Chief Nurse

### **4.3 Children**

If the allegation relates to a child and meets the criteria listed below, the Named Senior Manager should report it to Sefton's Local Authority Designated Officer (LADO) within 1 working day. Referral should not be delayed in order to gather information and a failure to report an allegation or concern in accordance with procedures is a potential disciplinary matter.

- Behaved in a way that has harmed a child or young person or may have harmed a child or young person.
- Possibly committed a criminal offence against or related to a child or young person

## **Southport and Formby Clinical Commissioning Group**

- Behaved towards a child, young person in a way that indicates they may pose a risk of harm to children (Working Together, 2013)

Sefton's LADO will discuss the matter with Southport & Formby CCG's Named Senior Manager / Officer for the CCG and, where necessary, obtain further details of the allegation and the circumstances in which it was made (as per the initial action by person receiving or identifying an allegation or concern). The discussion should also consider whether there is evidence / information that establishes that the allegation is false or unfounded.

The Named Senior Officer and LADO will decide when to inform the member of staff subject to the allegation. This should be as soon as possible but must take into account the need to secure evidence

If the allegation is not patently false and there is cause to suspect that a child is suffering, or is likely to suffer, significant harm, the LADO will immediately refer the case to the Local Authority Children's Services and ask for a strategy meeting to be convened straightaway. In those circumstances, the strategy meeting should include Sefton's LADO and the Named Senior Manager and Named Senior Officer (Chief Nurse) for Southport & Formby CCG.

If there is no cause to suspect that 'significant harm' is an issue, but a criminal offence might have been committed, the LADO should immediately inform the police and convene a similar meeting to decide whether a police investigation is needed.

### **4.4 Vulnerable Adults**

Any threat to a vulnerable adult's safety or welfare from a member of staff must be effectively evaluated and managed. It is important to differentiate between cases involving issues such as poor professional practice and cases that give rise to adult protection concerns.

When determining the appropriate action to be taken consideration must be given to-

- How the vulnerable adult's protection is to be ensured
- Whether there are other vulnerable adults who might be at risk if the allegation were founded
- What support the vulnerable may require
- The rights of the member of staff who has had an allegation made against them to privacy and confidentiality
- Whether Sefton's LSAB policy and procedures for the protection of vulnerable adults from abuse apply.

Whilst there is no statutory role such as the LADO for reporting and support in cases of alleged adult abuse, under Sefton's LSAB multi-agency policy and procedures on receipt of notification, a senior designated Senior Manager from Adult Social Care will be advised and consider the content. A decision will be reached as to the intervention by the Local Authority. If further action is deemed appropriate, the Safeguarding Adults Co-ordinator will be responsible for organising and facilitating a strategy or suitability meeting.

## **Southport and Formby Clinical Commissioning Group**

### **4.5 Out of hours**

If an allegation requires immediate attention, but is received outside normal office hours, Southport & Formby CCG's Named Senior Manager / Officer (Chief Nurse) or Director on-call should consult the social care emergency duty team or local police and inform the LADO where applicable as soon as possible.

### **4.6 Incident reporting**

At all stages in the allegation process, consideration should be given to the procedure for notification of a Sudden Untoward Incident (SUI).

### **5.0 Record Keeping**

It is important that Southport & Formby CCG as an employer keeps a clear and comprehensive summary of any allegations made and the subsequent steps taken to investigate, including how the allegation was resolved, actions taken and decisions reached. This information will be held on the individual's personal file and give a copy to the individual.

This information will be retained on file until the person reaches normal retirement age or for 10 years if that will be longer. The purpose of the record is to enable accurate information to be given in response to any future request for a reference. It will provide clarification in cases where a future DBS check reveals information from the police that an allegation was made but did not result in a prosecution or a conviction.

### **6.0 Information from other Agencies**

In any case in which children's/ adult social care has undertaken enquiries to determine whether the child or children/vulnerable adult are in need of protection, the employer should take account of any relevant information obtained in the course of those enquiries when considering disciplinary action.

A Strategy Discussion (within 24 hours) or Strategy Meeting (within 5 days) will usually be convened following referral to the LADO. Discussions about suspension may take place and while other professionals may wish to express a view, the decision to suspend rests ultimately with the employer and should be in accordance with each organisation's own policies (Sefton LSCB Multi-Agency Safeguarding Procedures).

### **7.0 Timescales**

The swift completion of investigations are a priority for Southport & Formby CCG and Investigating Officers are asked, where possible, to adhere to the indicative timescales below. The time taken to investigate and resolve individual cases depends on a variety of factors including the nature, seriousness, and complexity of the allegation and the investigation length may need to be altered to take account of these factors. Depending on

## Southport and Formby Clinical Commissioning Group

the nature of the case, if the investigation is likely to take longer than 10 working days, this will be identified at the outset of the investigation process.

Where the initial evaluation decides that the allegation does not involve a possible criminal offence it will be dealt with by Southport & Formby CCG. In such cases, if the nature of the allegation does not require formal disciplinary action, appropriate action should be instituted **within three working days**.

7.1 Where investigation is required to inform consideration of disciplinary action the Employer should discuss who will undertake that with the Local Authority Designated Officer/local authority adult safeguarding services. In any case the investigating officer should aim to provide a report to Southport & Formby CCG **within 10 working days**.

7.2 On receipt of the investigatory report, Southport & Formby CCG should decide whether a disciplinary hearing is needed **within two working days**, and if a hearing is needed it should be held **within 15 working days**.

### 8.0 Monitoring and Evaluation

The monitoring & evaluation of this policy will be conducted annually and a review of all cases associated with allegations of abuse undertaken to ensure that the application of the process is consistently applied, evaluated and continuously improved.

All Southport & Formby CCG employees subject to action under this Policy will be treated fairly, equitably and in accordance with Southport & Formby CCG's Equality provisions and monitoring must be undertaken to ensure this takes place.

Where an allegation has been substantiated a review of the circumstances of the case should be undertaken to determine whether there are any improvements to be made to policies, procedures or practice to help prevent similar events in the future.

### 9.0 Disclosure and Barring Service (DBS)

Southport & Formby CCG has a legal duty to refer information to the DBS if an employee has harmed or poses a risk of harm to vulnerable groups, and where they have dismissed them or are considering dismissal. Southport & Formby CCG also has a duty to refer where an individual has resigned before a formal decision to dismiss them has been made

### 10.0 Consultation, Ratification and Communication

Consultation of the policy will include the following stakeholder groups:

- Southport & Formby CCG Chief Nurse
- Southport & Formby CCG Quality Committee
- CSU (Named Senior Manager)

### 11.0 Key references/underpinning guidance

- HM Government (2013) Working Together to Safeguard Children
- No Secrets (DH and Home Office 2000)

## ***Southport and Formby Clinical Commissioning Group***

- Mental Capacity Act 2005: Code of Practice (Department for Constitutional Affairs 2007)
- Safeguarding Adults: The Role of Health Services (DH 2011)
- Safeguarding Vulnerable People in the reformed NHS Accountability and Assurance Framework NHS Commissioning Board 2013
- Human rights Act 1998
- Equality Act 2010
- The policies and procedures of the Local Safeguarding Adults Board (LSAB) and Sefton Local Safeguarding Children Board ([www.seftonlscb.co.uk](http://www.seftonlscb.co.uk))

## Southport and Formby Clinical Commissioning Group

### Appendix 1: Contact Details

<b>Named Senior Manager</b>	Executive Director of Human Resources (CMCSU)
<b>Named Senior Officer</b>	Chief Nurse
<b>Designated Nurse Safeguarding Children</b>	0151 495 5469
<b>Head of Adult Safeguarding</b>	0151 495 5469
<b>Children Sefton Local Authority Designated Officer</b>	Sefton Local Authority Designated Officer Merton House, Stanley Road, Bootle Merseyside L20 3JA Tel: 0151 934 3783
<b>Sefton Local Authority Safeguarding Adult Co-ordinator</b>	0151 934 3748
<b>Adults</b>	Sefton Council Contact Centre 0845 1400845
<b>Children Liverpool Local Authority Designated Officer</b>	Liverpool Local Authority Designated Officer 2nd Floor Millennium House 60 Victoria Street, Liverpool L1 6JQ Tel: 0151 233 5412
<b>Adults</b>	Careline 0151 2333800
<b>Children Halton Local Authority Designated Officer</b>	Halton Local Authority Designated Officer Children & Young People Services Grosvenor House Halton Lea, Runcorn, WA7 2WD Tel: 01928 704347 Mobile: 07825 124000
<b>Adults</b>	Halton Adult Social Care 0151 907 8306

## Southport and Formby Clinical Commissioning Group

<p><b>Children</b> <b>St Helens Safeguarding Unit (incorporating Local Authority Designated Officer for St Helens)</b></p>	<p>St Helens Local Authority designated officer Safeguarding Unit Manager Atlas House Corporation Street St Helens WA9 1LD Tel: 01744 671249</p>
<p><b>Adults</b></p>	<p>Adult Social Care 01744 676600</p>
<p><b>Children</b> <b>Knowsley Local Authority Designated Officer</b></p>	<p>Knowsley Local Authority Designated Officer Service Manager Quality Assurance Unit Children's Social Care Directorate of Children and Family Services Kirkby Municipal Buildings (4th Floor) Tel: 0151 443 4079</p>
<p><b>Adults</b></p>	<p>Knowsley Access Team 0151 443 2600</p>
<p><b>Contact for Police/Social Care Emergency duty team (Sefton)</b></p>	<p>FCIU: 0151 777 3086 Social Care Customer Access Team children and adults: 0151 920 8234.</p>
<p><b>Contact for Police/Social Care Emergency duty team (Liverpool)</b></p>	<p>FCIU: 0151 777 4581/4587 5308/ 4582 Careline children and adults: 0151 233 3700</p>
<p><b>Contact for Police/Social Care Emergency duty team (St Helens)</b></p>	<p>Family Crime Investigation Unit: 0151 777 1583-87 Social Care Emergency Duty Team children and adults :0845 050 0148</p>
<p><b>Contact for Police/Social Care Emergency duty team (Halton)</b></p>	<p>Cheshire Police (based Runcorn): 01244 613954 / 01244 613955 Social Care Emergency Duty Team children: 0845 050 0148 / 01928 704341 Adult social care emergency duty team- 0151 9078306</p>
<p><b>Contact for Police/Social Care Emergency duty team (Knowsley)</b></p>	<p>Vulnerable Persons Unit: 0151 777 6509/ 6508/6527 EDT:- 07659 590 081 KAT team; 0151 443 2600</p>



## Southport and Formby Clinical Commissioning Group

### MEETING OF THE GOVERNING BODY September 2014

<b>Agenda Item:</b> 14/128	<b>Author of the Paper:</b> Debbie Fagan Chief Nurse & Quality Officer Email: <a href="mailto:debbie.fagan@southportandformbyccg.nhs.uk">debbie.fagan@southportandformbyccg.nhs.uk</a> Tel: 0151 247 7000				
<b>Report date:</b> September 2014					
<b>Title:</b> Management of Allegations Policy					
<b>Summary/Key Issues:</b>  The aim of this policy is to ensure that there is a single, consistent approach in the management of an allegation made against a professional or CCG employee about a child/young person/ vulnerable adult that is consistent with national and local guidance.					
<b>Recommendation</b>  The Governing Body is asked to receive this copy by way of assurance	Receive Approve Ratify	<table border="1" style="border-collapse: collapse; width: 40px;"> <tr><td style="text-align: center;">x</td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td></tr> </table>	x		
x					

<b>Links to Corporate Objectives</b> <i>(x those that apply)</i>	
x	Improve quality of commissioned services, whilst achieving financial balance.
	Sustain reduction in non-elective admissions in 2014/15
	Implementation of 2014-15 phase of Care Closer to Home
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
	Review the population health needs for all mental health services to inform enhanced delivery.

14/128a

## Southport and Formby Clinical Commissioning Group

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

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

## Meeting of the Governing Body September 2014

<b>Agenda Item:</b> 14/129	<b>Author of the Paper:</b>			
<b>Report date:</b> September 2014	Samantha Tunney Head of Business Intelligence and Performance <a href="mailto:Samantha.tunney@sefton.gov.uk">Samantha.tunney@sefton.gov.uk</a> Tel: 0151 934 4039			
<b>Title:</b> Better Care Fund (3 <sup>rd</sup> Iteration)				
<b>Summary/Key Issues:</b>				
To update the Governing Body on the latest Better Care Fund plan and metrics, submitted by 19 <sup>th</sup> September 2014 deadline and to seek retrospective agreement to the details.				
<b>Recommendation</b>	Note			
<b>That the Governing Body:</b>	Approve			
<ul style="list-style-type: none"> <li>notes that the Health and Wellbeing Board was asked to sign off the BCF Plan and supporting metrics to enable the submission to be made to the Department of Health within the deadline of 19<sup>th</sup> September;</li> <li>notes that when the Plan was signed off by the Health and Wellbeing Board, it was subject to further development after the meeting and prior to the submission date, and therefore retrospective agreement is sought from the Governing Body for the action the Board requested in seeking delegated authority of the Deputy Chief Officer and Chief Financial Officer, together with Chairs of the respective Governing Bodies, to sign off the BCF Plan;</li> <li>provides retrospective agreement of the BCF Plan and metrics submitted on 19<sup>th</sup> September, and note that the CCG Strategic Leadership Team was asked to agree in principle, the general direction of the Plan, at a meeting on 16<sup>th</sup> September; and</li> <li>notes the assurance process that takes place.</li> </ul>	Ratify			
	<table border="1" style="border-collapse: collapse; width: 30px;"> <tr><td style="height: 15px;"></td></tr> <tr><td style="text-align: center;">x</td></tr> <tr><td style="height: 15px;"></td></tr> </table>		x	
x				

<b>Links to Corporate Objectives</b> ( <i>x those that apply</i> )	
	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.

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

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

## Report to a meeting of the Governing Body

### September 2014

#### 1. Executive Summary

- 1.1 To update the Governing Body on the work and submission of the latest iteration (3<sup>rd</sup>) of Sefton's Better Care Fund Plan and metrics by the deadline of 19<sup>th</sup> September, and to seek retrospective approval of the same.
- 1.2 New Guidance from the Department of Health on the Better Care Fund Plan required formal sign off of the submission by the Health and Wellbeing Board at its meeting on 17<sup>th</sup> September. The Council, through its Cabinet, delegated authority for sign off on its behalf, to the Council's Deputy Chief Executive, in consultation with the Head of Finance and ICT, Chair of the Health and Wellbeing Board, and the Cabinet Member for Older People and Health. The CCG SLT received the draft BCF Plan and the metrics, at a meeting on 16<sup>th</sup> September, and was asked to give approval to the general direction of travel outlined therein. The Health and Wellbeing Board, at its meeting on 17<sup>th</sup> September, requested the respective Governing Bodies, to retrospectively agree to endorse the action of CCG Strategic Leadership Team and action taken in seeking a delegation to the Deputy Chief Executive and Chief Financial Officer, in consultation with the Chairs of the respective Governing Bodies, in signing of the submission, to enable the deadline to be met. This report seeks the Governing Body's retrospective approval to the Plan, the metrics, and the actions of the SLT and the Health and Wellbeing Board, which was necessary in order to meet the due process and deadlines.

#### 2. Introduction and Background

- 2.1 The Better Care Fund was introduced by Government requiring local authorities and Clinical Commissioning Groups to work together to plan for the integration of health and social care services through pooled budget arrangements and new ways of working. Members of the Governing Body may recall that two previous BCF Plan submissions have been made to the Department of Health in February and then April 2014. The third iteration of the plan was circulated to the Governing Body on 19th September in anticipation of this meeting.
- 2.2 On 25<sup>th</sup> July, via a letter to the Chair of the Health and Wellbeing Board, NHS England issued revised guidance on producing a third iteration of Sefton's Better Care Fund Plan. The latest guidance included revised planning and technical guidance, revised templates for completion, and a new timetable for submission, with additional conditions to be met.

2.3 The main changes to the plan requirements included:

- a revision of payment of £1bn (nationally) so that the proportion of the monies was “...linked to performance is dependent solely on an area’s scale of ambition in setting a planned level of reduction in total emergency admissions (i.e. general and acute non-elective activity).” The national planning assumption was that this will be a 3.5% reduction against the baseline detailed in the technical guidance;
- more evidence of sufficient provider engagement and agreement of the impact of plans;
- greater clarity around the alignment of the BCF Plan to wider plans and policies, such as how BCF schemes will align with and work alongside primary care; and
- more evidence of robust finance and activity analytical modelling underpinning plans.

2.4 In terms of metrics, the guidance requires a greater emphasis on health issues, specifically, as mentioned above, a targeted reduction of total emergency admissions, set at 3.5%; this being the key metric of 6 expected metrics – the others being:

- permanent admissions of older people to residential and nursing care homes;
- proportion of older people who were still at home 91 days after discharge from hospital to reablement/ rehabilitation services;
- delayed transfers of care from hospital per 100,000 population;
- a metric on patient/service user experience; and
- a “local metric”, to be decided.

2.5 A new section within the BCF plan required areas to have written agreements (with comments) confirming local Acute Health Providers support the schemes and plans set out in the Better Care Fund Plan for the Borough.

2.6 In a further shift of emphasis from the previous two iterations of the Better Care Fund submissions, in August the Local Government Association (LGA) and NHS England issued details by which the Better Care Fund Plans will be assured. They include:

- a reiteration of Central Government’s commitment that the transformation of health and care services remains locally driven, led by Health and Wellbeing Boards;
- a commitment that Central Government will assure and review each BCF plan transparently and consistently against a series of national conditions and analytically driven understanding on where care is provided; and
- each plan will receive a rating of either - Approved, Approved with support, Approved with conditions or Not Approved, and equally each will receive a quality rating (inherent on levels of risks and mitigations) of either High; Medium/High; Medium; Medium/Low; or Low.

2.7 Following this assurance exercise, which will take 2 weeks to complete after formal submission, the individual assessment of each plan will be discussed in a pre-scheduled meeting with Health and Wellbeing Board leadership (undefined). The Governing Body are requested to note this process.

2.8 A demanding timetable of submission by 19<sup>th</sup> September was set.

2.9 Completing the plan required partnership work between colleagues from the South Sefton and Southport & Formby Clinical Commissioning Groups and Sefton Council, and included sharing of the details with providers of Acute Services, and the main hospital

and community services providers, through the Health and Wellbeing's Provider Forum and separate conversations.

- 2.10 The work was aided by free Department of Health Consultancy offer, including support visits by consultants and information received through various workshops, webinars and meetings.
- 2.11 At its meeting on the 11th September, Sefton Council's Cabinet received general details of the proposed plan, and delegated powers of sign off of the formal submission to the Council's Deputy Chief Executive and the Head of Legal and ICT, in consultation with the Chair of the Health and Wellbeing Board and the Cabinet Member for Older People and Health.
- 2.12 Running parallel to this work was the preparation of a Section 256 agreement with NHS England, a financial regulation which transfers funds from NHS England to Local Authorities, as the two processes must be aligned. This was also an Agenda item on the meeting of Cabinet on the 11th September, and subsequently discussed by the Health and Wellbeing Board at its meeting on 17<sup>th</sup> September.

### 3. Key Issues

- 3.1 As noted, the formal submission was made on 19th September, within the expected deadline. It is believed that the plan offers a realistic assessment of Integration within Sefton, and satisfies the Better Care Fund process – of which Sefton's ambition for integration goes beyond.
- 3.2 However, the Health and Wellbeing Board, the Council and officers from both Clinical Commissioning Groups, have consistently argued that the Better Care Fund is a distraction to the goal of securing better outcomes for the residents of Sefton through an alignment, or integration of health, social care and wellbeing services. There is a consensus at national political level that moving towards integration is the key to securing more accessible and effective health and wellbeing pathways (in a resource strapped environment) with the goal of improving outcomes. Within this context the Health and Wellbeing Board have consistently expressed the risks associated with submitting a Better Care Fund Plan that seeks to reduce unplanned admissions and the target of 3.5% is extremely challenging given, amongst other things, the local demographics of Sefton and the complex acute provider landscape.
- 3.3 Other risks which are noted in the submission are:
- Improvements in the quality of care and in preventative services will fail to translate into the required reductions in acute and nursing / care home activity by 2015/16, impacting the overall funding available to support core services and future schemes;
  - efficiencies expected from the current system in order to invest in community based services to deliver transformational change at scale and pace do not materialise; and
  - unmet need continues to counter any progress towards a 3.5% reduction in acute admissions.
- 3.4 Collaborative working across the Commissioning and Provider landscape is needed to seek to mitigate against the risks articulated in the plan.



- 3.5 There are also financial risks associated with submitting the Better Care Plan, with no additional revenue costs provided to the Council as this funding is being transferred from the Department of Health (DoH) to support Adult Social Care Services, which also have a Health benefit. The funding must also be used to prepare for the implementation of pooled budgets in April 2015 and to make early progress against the national conditions and the performance measures set out in the local Better Care Plan.

## 4. Conclusions

- 4.1 A demanding process, in a demanding timetable has been achieved. This has been achieved by through collaborative working across the Clinical Commissioning Groups, the Council, and to a lesser but equally important perspective, by the wider members of the Health and Wellbeing Board, which includes NHS England, Healthwatch, the Council for Voluntary Services, and by seeking to work to a greater extent, in partnership with all Providers. This submission offers further evidence of the scale and ambition of Sefton's Integration Plans, and to reassures Dept of Health, NHS England and others of these ambitions. The imposed timetable has not allowed for support/approval from the Governing Body prior to it being submitted, hence the need to seek this retrospective agreement. Therefore, it is recommended that the Governing Body:
- notes that the Health and Wellbeing Board was asked to sign off the BCF Plan and supporting metrics to enable the submission to be made to the Department of Health within the deadline of 19<sup>th</sup> September;
  - notes that when the Plan was signed off by the Health and Wellbeing Board, it was subject to further development after the meeting and prior to the submission date, and therefore retrospective agreement is sought from the Governing Body for the action the Board requested in seeking delegated authority of the Deputy Chief Officer and Chief Financial Officer, together with Chairs of the respective Governing Bodies, to sign off the BCF Plan;
  - provides retrospective agreement of the BCF Plan and metrics submitted on 19<sup>th</sup> September, and note that the CCG Strategic Leadership Team was asked to agree in principle, the general direction of the Plan, at a meeting on 16<sup>th</sup> September; and
  - notes the assurance process that takes place.

**Sam Tunney**  
**Head of Business Intelligence & Performance**  
**September 2014**



## MEETING OF THE GOVERNING BODY SEPTEMBER 2014

<b>Agenda Item:</b> 14/130	<b>Author of the Paper:</b>
<b>Report date:</b> September 2014	Jan Leonard Chief Redesign and Commissioning Officer <a href="mailto:Jan.leonard@southportandformbyccg.nhs.uk">Jan.leonard@southportandformbyccg.nhs.uk</a> 01704 387034
<b>Title:</b> Breast Services at Southport and Ormskirk NHS Trust	
<b>Summary/Key Issues:</b>  This paper presents the Governing Body with an update on the Breast Services at Southport and Ormskirk NHS Trust. The service closed to new referrals on 1 <sup>st</sup> September 2014 and the paper outlines the issues that led to the closure and describes the actions taken to ensure that safe and effective services are available for Southport and Formby residents. It also highlights plans to for future provision of local services.	
<b>Recommendation</b>  The Governing Body is asked to receive this update.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

14/130

Links to Corporate Objectives	
X	Improve quality of commissioned services, whilst achieving financial balance.
	Sustain reduction in non-elective admissions in 2014/15.
	Implementation of 2014/15 phase of Care Closer to Home.
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public
	Implementation of 2014/15 phase of Primary Care quality Strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year on (14/15) to include an intermediate care strategy
	Review the population health needs for all mental health services to inform enhanced delivery.

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement	X			Steps to keep patients and public informed and future plans for engagement are described.
Clinical Engagement	X			
Equality Impact Assessment		X		We are awaiting this from Southport and Ormskirk NHS Trust at the time of writing this report.
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
	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
X	Ensuring that people have a positive experience of care
X	Treating and caring for people in a safe environment and protecting them from avoidable harm

## Report to the Governing Body September 2014

### 1. Background

Around 40 patients are referred to the Breast Service at Southport and Ormskirk NHS Trust each week from West Lancashire CCG and Southport and Formby CCG. The service treats a relatively small number of both cancer and non-cancer breast symptoms dealing with approximately 100 day cases and 50 surgical cases each year. Breast screening services are not provided by Southport and Ormskirk Trust therefore are unaffected by the change. Some elements of the cancer pathway, such as reconstructive surgery are not provided either by the Trust and patients access these from other local providers.

In August 2014 the Trust notified the CCGs of their concerns that they would be unable to continue to provide a service in the near future due to a lack of Radiologist cover. This had been caused by retirement of a member of staff and their plans to secure additional Radiologist cover had fallen through at the last moment. Despite attempts to put temporary arrangements in place this was not possible with patient safety concerns being paramount, the service closed to new referrals with effect from 1<sup>st</sup> September 2014.

### 2. Key Issues

#### 2.1. New referrals

Once the decision had been made that the service would no longer accept new referrals the following actions were put in place:-

A joint briefing was circulated to GPs highlighting other local providers. Breast services are available via NHS Choices and patients have the ability to choose which provider they receive care from, therefore a number of other providers were available.

Neighbouring local providers were contacted to ensure they were aware that they may receive additional referrals.

The Trust put systems in place to ensure that should a referral be sent to the Trust the patient would be contacted and the referral redirected in a timely manner and the GP informed, to ensure no delays within the pathway for any patient.

#### 2.2. Existing Patients

The Trust made a commitment to write to all patients currently receiving care within the breast service to reassure them that their care would not be affected by the changes. Short term radiologist cover had been secured to enable this. This applies to patients undergoing annual follow ups also.

### **3. Communications and Engagement**

Where possible the three organisations (Southport and Ormskirk NHS Trust, Southport and Formby CCG and West Lancashire CCG) have drawn up joint communications.

MPs, local councillors and the Health Overview and Scrutiny Committee have all been briefed and discussions with NHS England (Merseyside) and the Cancer Network have taken place.

The CCG Engagement and Patient Experience Group received an update at the September meeting.

### **4. Future Service Provision**

The CCG, along with West Lancashire CCG, is working with local providers and other key stakeholders to explore options for providing services within the locality. Part of this work will be to look at best practice pathways of care and how these could be delivered for the population of Southport and Formby. A public consultation will also be launched to seek the views of the local population and enable them to shape the future service footprint.

### **5. Recommendations**

The Governing Body is asked to receive the update.

# Southport and Formby Clinical Commissioning Group

## Key Issues Quality Committee

Meeting Date August 2014

Chair Rob Caudwell

Key Issues	Risks Identified	Mitigating Actions
Liverpool Clinical Laboratories	<ul style="list-style-type: none"> <li>Potential Harm to patients due to absence of reporting</li> </ul>	<ul style="list-style-type: none"> <li>All patients contacted and review of potential harm to be taken in November 2014.</li> <li>Each issue to be recorded on risk register with mitigating actions.</li> </ul>
Safeguarding peer review action plan	<ul style="list-style-type: none"> <li></li> </ul>	<p>Safeguarding Service to contact PA (as he was a committee member) to have a discussion around whether a practice-specific list could be produced.</p>
Provider performance reports	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Scrutiny of providers' quality and performance given by CCG Quality Committee</li> </ul>

<b>Notifications for the Governing Body</b>
1. <b>Travel Vaccination Direction approved</b>
2. <b>Asthma Management plan approved</b>
3. <b>Management of allegations policy approved</b>

**Key Issues  
Merseyside CCG Network**

**Meeting Date** 3<sup>rd</sup> September 2014

**Chair** Dt Steve Cox – St Helens CCG

Key Issues	Risks Identified	Mitigating Actions
1. Continuing Health Care	<ul style="list-style-type: none"> <li>Lack of Assurance</li> </ul>	<ul style="list-style-type: none"> <li>Work under consideration in CCGs to share across network &amp; with Cheshire CCGs</li> </ul>
2. Safeguarding Hosted Services	<ul style="list-style-type: none"> <li>Lack of co-ordination</li> </ul>	<ul style="list-style-type: none"> <li>FLC lead for Merseyside CCGs. Steering Group meeting &amp; overview of service</li> </ul>
3. CCG Strategic intentions	<ul style="list-style-type: none"> <li>Fragmentation</li> </ul>	<ul style="list-style-type: none"> <li>Work in October at CCG network to consider areas of common work</li> </ul>
4. Regional Home Oxygen Service	<ul style="list-style-type: none"> <li>Lack of robust governance arrangements</li> </ul>	<ul style="list-style-type: none"> <li>CCGs required to renew new governance arrangement and agree</li> </ul>

**Recommendations to the Governing Body**

- To note actions from Merseyside CCG Network





## Quality Committee DRAFT Minutes

Date: Wednesday 23<sup>rd</sup> July 2014, 11.30 am to 13.30 pm  
 Venue: Family Life Centre, Southport

<b>Membership</b>		
Dr Rob Caudwell	Chair & GP Governing Body Member	RC
Dr Doug Callow	GP Quality Lead S&F GOVERNING BODY MEM	DC
Dr Kati Scholtz	GP Locality Lead – North GOVERNING BODY MEM	KS
Paul Ashby	Practice Manager/Governing Body Member	PA
Helen Nichols	Lay Member	HN
Debbie Fagan	Chief Nurse & Quality Officer	DF
Martin McDowell	Chief Finance Officer	MMcD
Malcolm Cunningham	Head of Primary Care & Contracting	MC
<b>Also in attendance</b>		
Ann Dunne ( <i>via telephone</i> )	Designated Lead Nurse for Safeguarding Children	AD
James Hester	Programme Manager – Quality & SAFAETY	JH
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Jo Simpson	Quality & Performance Manager, CMCSU	JS
Sharon Forrester	Central Locality Development Manager	SF
Brendan Prescott	Deputy Chief Nurse & Head of Quality & Safety	BP
<b>Apologies</b>		
Fiona Clark	Chief Officer	FLC
Billie Dodd	Head of CCG Development	BD
Tracey Jeffes	Chief Corporate Delivery & Integration Officer	TJ

### Membership Attendance Tracker

Name	Membership	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr Rob Caudwell	GP Governing Body Member (Chair as of Jun 2014)	A	√	√	√								
Dr Doug Callow	GP Quality Lead	√	√	√	√								
Dr Kati Scholtz	GP Locality Lead – North	√	√	√	√								
Helen Nichols	Governing Body and Lay Member	√	√	√	√								
Fiona Clark	Chief Officer	A	A	A	A								
Malcolm Cunningham	Head of Primary Care and Contracting	√	A	√	√								
Billie Dodd	Head of CCG Development	√	A	A	A								
Debbie Fagan	Chief Nurse and Quality Officer	√	√	√	√								
Martin McDowell	Chief Finance Officer	√	√	√	√								

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

No	Item	Action
	<i>NB: HN chaired the first part of the meeting, in RC's absence.</i>	
14/91	<b>Apologies for absence</b> were noted as above.	
14/92	<b>Declarations of interest regarding agenda items</b> Members holding dual roles across CCGs declared their interest.	
14/93	<b>Minutes of the previous meeting</b> The minutes were accepted as an accurate record of the previous meeting once the following change had been made: "RC now Chair, not HN."	
14/94	<b>Matters arising/action tracker</b> <i>14/6(c) Stroke/TIA</i> – on agenda, can be removed from tracker. <i>14/68 Patient Complaints and SIs</i> - on agenda, can be removed from tracker. <i>14/77(ii) Safeguarding Review</i> – to be presented to Governing Body meeting in July 2014, can be removed from tracker. <i>14/77(iii) Safeguarding Review</i> – added to CCG Risk register, can be removed from tracker. <i>14/77(iv) Safeguarding Review</i> – discussed at SLT meeting, can be removed from tracker. <i>14/82 – Safeguarding Service Provider QA Report</i> – on agenda. <i>14/83 - Mental Capacity Act/Deprivation of Liberty</i> - actioned, can be removed from tracker. <i>14/87 – National Audit of the Child Health Surveillance System</i> – awaiting outcome of audit from NHSE national team.	
	<i>NB: The policies were reviewed to while the meeting was still quorate.</i>	
14/108	<b>Commissioning review policy including infertility policy</b> CSU had been commissioned to revise the policy; there were minor changes to wording and the new statements were listed in the table accompanying the policy. There were 2 main areas for attention, namely varicose veins and the fertility. Regarding varicose veins, NICE assumptions may not be accurate locally, ie ratio of procedures and level of activity. Decision made to leave restrictions in place while model reviewed. Changes had also been made to the fertility policy to adopt the NICE guidance, ie moving to 3 cycles of treatment of IVF and raising upper limit to 40 for women undergoing treatment and offering a cycle of treatment to women aged 40 to 42, which had previously been unavailable. As part of this a Quality Impact Assessment has been undertaken and it was noted within that if the CCG didn't adopt the new NICE guidance that it could be in breach of its Public Sector equity duty. DC raised the issue that he believed it was bad practice not to write to the patient. JL to query as she was understood the patient was currently being copied in. GPs would be notified of the changes once the policy had gone through the Committees, but it could be included in a bulletin now. HN confirmed it had been discussed at the F&R Committee meeting and if the fertility policy was approved it would put an extra recurring £400k into the system. The F&R Committee had voted 5:4 in favour of it being approved, subject to the equality duty being clarified.	JL  JL
	<i>NB: RC joined the meeting and took over as Chair from HN.</i>	

No	Item	Action
14/108	DF will discuss with MMcD as other areas need to be considered. Varicose veins pending while model is reviewed. Action taken by the Quality Committee The Committee members voted 6:2 in favour of approving the policy.	
	<i>NB: AD joined the meeting by telephone.</i>	
14/107	<b>Safeguarding service children and vulnerable adults policy</b> The policy has been to the Corporate Governance Support Group. No-one clinical in attendance but the Group had been assured as it had been written by specialists in Safeguarding from the CCG Hosted Service. The policy has been updated to reflect the latest guidance from "Working Together" and the Mental Capacity Act paper presented to last month's meeting and is intended to be adopted by all Merseyside CCGs and Safeguarding want consistency in adoption. Another Merseyside CCG have asked for Appendix 5 information to be strengthened and the Primary Care Appendix 6 removed as not required. DC and RC believed it was good practice to keep Appendix 6 in. RC added it would be useful for CQC proof, although care should be taken. He agreed with the other CCG's view that the flow chart in Appendix 5 needed strengthening. There was also some suggestion that the audit tools referred to PCT and this should be changed to CCG. AD to circulate the version of Appendix 5 that the other CCG had supported. It was suggested the wording in Section 6.4 needed to change. AD stated the audit tool was developed by region, providers covered by specialised commissioning did have a variation and would need to be reviewed in line with that and developments around specialist commissioning and CCG responsibilities as per the national direction of travel.. The Chair suggested the Committee approve the policy with the proviso that changes to Section 6.4 were made and Appendices 5 and 6 are circulated for a final sign off.	AD AD AD/DF
	Action taken by the Quality Committee The Committee members approved the policy subject to the above changes and this would be the recommendation to the Governing Body.	
14/96	<b>CCG safeguarding service assurance report</b> Provider Q1 performance not available until beginning of September. Follows approach agreed with CMCSU. Q4 main issue was around S&O and services progression against KPIs and audit tool. S&O are working with the Safeguarding Service currently to work towards the necessary improvements and pace associated with this - AD will report back in August. DF informed the Committee that safeguarding was an agenda item for discussion at the Quality Contract Meeting and that the Trust had produced a disc full of evidence to the Safeguarding Service.. The Chief Nurses from SFCCG and WLCCG had discussed safeguarding at a recent meeting with the Trust Director of Nursing and Chief Executive. A further meeting has been held between the Safeguarding Team and the Trust. S&O are receptive to organising a walk around in conjunction with West Lancs. A contract query would be raised in September if the walk around wasn't satisfactory. RC agreed to a point, but was concerned that the walk round didn't give the level of assurance required to show procedures were in place at the Trust. He wanted to see an action plan with a time frame of how they will get from red RAG rated to amber and then to green.	

	<b>Action taken by the Quality Committee</b>	
	The Trust's Safety and Quality Committee was on 25 <sup>th</sup> July and concerns will be raised by DF at that meeting.	DF
	BP to feedback to the Committee the outcome of the discussion to be held at the September 2014 meeting of the Merseyside QSG regarding Provider Safeguarding performance across the system.	BP
	<i>NB: Ann Dunne and Martin McDowell left the meeting.</i>	
14/95	<b>Stroke/TIA report review</b> SF updated the Committee on the issues surrounding Stroke/TIA.  More work needs to be done around stroke care at Trust level and in primary care which would come under her portfolio. She was currently working with Strategic team and Medicines Management.  Malcolm Cunningham said he was concerned as there was no only one consultant therefore no cover.	
	<i>NB: Rob Caudwell, Malcolm Cunningham, Brendan Prescott and Jamie Hester left the meeting.</i>	
	West Lancs manage their anti-coagulation 'in-practice' and their stroke/mortality rate has dropped significantly, whereas Southport & Formby's rates are staying the same.  DF had raised the issue at the last Quality Contract meeting and the Trust was doing something from a commissioning perspective which JL was looking at it.	JL
	<b>Action taken by the Quality Committee</b>	
	DF asked SF to prepare a report for submission To Governing Body Part 2 next week.	DF/SF
	<i>NB: Sharon Forrester and Paul Ashby left the meeting.</i>	
14/98	<b>Provider quality review report</b> DF gave an update regarding status of provider quality reviews.	
	<i>NB: Doug Callow left the meeting.</i>	
14/104	<b>Quarter 1 - 2014/15 Corporate Risk Register and Governing Body Assurance Framework</b> – going to the Governing Body meeting next week. HN comfortable with the format and information.	
14/109	<b>Any Other Business</b> DF reported there had been a 'never event' at Southport & Ormskirk Hospitals NHS Trust which would be reported to the Governing Body next week. DF gave assurances regarding how this process is being managed.	
14/110	<b>Date of next meeting</b> Wednesday 20 <sup>th</sup> August 2014 11:30 hrs to 13:30 hrs Family Life Centre, Southport	
<i>The following items are carried over to August's meeting:</i>		
14/97	Provider quality performance reports	
14/99	SI update	
14/100	Liverpool clinical laboratories update	
14/101	GP quality lead report	
14/102	Locality update	
14/103	Complaints, SIs, PALS and FFT annual overview	
14/105	Meeting minutes - Corporate Governance Support Group May 2014	
14/106	Key issues log – Corporate Governance Support Group July 2014	

# Southport and Formby Clinical Commissioning Group

## Finance & Resource Committee Minutes

Date: Wednesday 23 July 2014 9.30am – 11.30pm

Venue: Family Life Centre, Ash Street, Southport.

<b>Attended</b>		
Helen Nichols(Chair)	Lay Member (Vice Chair)	HN
Dr Martin Evans	GP Governing Body Member	ME
Dr Hilal Mulla	GP Governing Body Member	HM
Roger Pontefract	Lay Member	RP
Colette Riley	Practice Manager	CR
Fiona Clark	Chief Officer	FLC
Martin McDowell	Chief Finance Officer	MMD
Debbie Fagan	Chief Nurse	DF
Jan Leonard	Head of CCG Development	JL
Tracy Jeffes	Head of Delivery and Integration	TJ
<b>In attendance</b>		
David Smith	Deputy Chief Finance Officer	DS
Brendan Prescott	CCG Lead for Medicines Management	BP
James Bradley	Head of Strategic Financial Planning	JB
Becky Williams	Chief Analyst	BW

No	Item	Lead
FR14/80	<b>Apologies for absence</b> Apologies for absence were received from Fiona Clark, Paul Ashby, Fiona Doherty and Ken Jones	
FR14/81	<b>Declarations of interest regarding agenda items</b> Declarations of interest were made by CCG officers who hold dual posts at both NHS Southport and Formby CCG and NHS South Sefton CCG.	
FR14/82	<b>Minutes of the previous meeting</b> The minutes of the previous meeting were approved as an accurate record.	
FR14/83	<b>Action points from the previous meeting</b> The action points were closed and updated as appropriate.	

No	Item	Lead
FR14/84	<p><b>Finance Reports</b></p> <p><b>a) Month 3 Finance Report</b></p> <p>JB presented this report in conjunction with MMcD and noted that elective admissions have increased in line with national trends. In comparison with West Lancashire CCG, Southport and Formby CCG appear to be experiencing higher pressures.</p> <p>HM noted that patient contact peaked in Q4 and has maintained through Q1.</p> <p>RP requested that the CCG have a specific plan to reduce A &amp; E Attendances. MMcD noted that the CCG needed to ascertain the stability of the 111 service prior to a robust re launch. This will be discussed at EPEG.</p> <p>JL noted the option available to GPs of staffing an A &amp; E GP triage service. This model will be costed by BD and offered to the localities as an option. Funding would be drawn from locality funding.</p> <p>JB noted that an RLUBHT patient stayed in hospital for 82 days instead of 5 day expected stay. This data will be verified.</p> <p>MMcD noted that based on current financial data available there is the possibility of a potential deficit of £1m. The finance team are working on risk mitigation plans in the light of this information. MMcD further noted that if the financial position deteriorates further, the CCG may have to ask NHS England to reduce the surplus target</p> <p>HN requested clarification that the amount set aside for CHC was sufficient for this year. MMcD confirmed this to be the case.</p> <p>In areas of spending where the CCG makes fair share payments, but does not see full utilisation MMcD will seek payment adjustments.</p> <p>JL and ME will begin a process to investigate outpatient procedures.</p> <p>The quality team are investigating requests to support additional young dementia claims.</p> <p>HN noted that extraordinary actions may be required in September 2014. A month 4 financial report will be distributed in August 2104 to ensure that the Finance and Resource Committee are kept up to date.</p> <p>The CCG will benchmark high spending areas for this year and bring a report back to committee.</p> <p><b>The Finance and Resource Committee noted the content of the finance report.</b></p> <p><b>b) Financial Strategy Update</b></p> <p>MMcD presented a verbal update noted that the updated strategy will be brought back to committee in September. The CCG will reflect on the new better care fund guidance within any revisions</p> <p><b>The Finance and Resource Committee noted the content of the financial strategy update report.</b></p>	<p>Lead</p> <p>TJ</p> <p>JL/BD</p> <p>JB</p> <p>JL/ME</p> <p>JB</p> <p>MMcD/ KMcC</p> <p>MMcD</p>
FR14/85	<p><b>IFR Update Report</b></p> <p><b>The Finance and Resource committee noted the content of the IFR Update</b></p>	

No	Item	Lead
FR14/86	<p><b>Better Care Fund</b></p> <p>MMcD presented a verbal update on the Better Care Fund and noted that the CCG is anticipating the technical guidance in relation to the funding and is attempting to make appropriate provision.</p> <p><b>The Finance and Resource committee noted the content of the verbal update on the Better Care Fund.</b></p>	
FR14/87	<p><b>Quality Premium Dashboard</b></p> <p>BW presented this report and noted that going forward a best case; likely and worst case scenario will be presented. For the next quarter the committee requested that focus is directed towards the performance dashboard as opposed to the potential financial gain.</p> <p><b>The Finance and Resource committee noted the content of the Quality Premium Dashboard.</b></p>	
FR14/88	<p><b>Southport and Formby PMO programme update and exception report</b></p> <p>BW presented is update on behalf of Fiona Doherty. From September 2014 this report will be presented to the Service Improvement and Redesign Committee.</p> <p><b>The Finance and Resource Committee noted the content of the PMO programme exception report.</b></p>	
FR14/89	<p><b>Procurement Strategy</b></p> <p>MC presented this verbal update on the procurement strategy. New guidance has been issued from the EU in relation to procurement activities. The UK Government has given an undertaking to embrace these changes.</p> <p>The strategy will be updated when the new guidance comes into place.</p> <p>MMcD asked for a schedule of current and proposed procurement for the next meeting.</p> <p><b>The Finance and Resource Committee noted the content of the verbal update on the Procurement Strategy.</b></p>	MC
FR14/90	<p><b>MCSU Performance Report</b></p> <p>TJ presented this report.</p> <p>The committee's attention was drawn to the delay in reviewing the SLA which is due to the CSU not providing clear guidance for proposed services. The current SLA is being extended pending a review of the proposed SLA.</p> <p>The committee noted that there is potential to bring some services in house.</p> <p><b>The Finance and Resource Committee noted the content of the MCSU Performance Report.</b></p>	
FR14/91	<p><b>HR Performance Report</b></p> <p>TJ presented the high level HR performance report. This report is being developed and refined; however, there are no significant concerns to be noted.</p> <p>RP noted that the target for statutory and mandatory target set at 85% appeared to be contradictory to the aim. The committee noted that this takes account of long term sickness and maternity leave.</p> <p><b>The Finance and Resource Committee noted the content of the HR Performance Report.</b></p>	



No	Item	Lead
FR14/92	<p><b>Evaluation of Case for Change Health Watch Sefton Community Champion</b></p> <p>TJ presented this verbal update and noted that Healthwatch are aware that the funding is non-recurrent and finishes in October. The current evaluation report will be summarised for the next meeting.</p> <p><b>The Finance and Resource Committee noted the content of the verbal update.</b></p>	TJ
FR14/93	<p><b>Prescribing Report Q4</b></p> <p>BP presented this report and noted the prescribing performance of Southport and Formby CCG for Q4.</p> <p>HN noted the thanks of the Committee for the excellent work carried out by the Medicines management team, in particular Brendan Prescott, Suzanne Lynch and Hilal Mulla and noted the enthusiasm of the team to contain costs whilst ensuring the best interests of the patient. MMcD added the thanks of the CCG.</p> <p><b>The Finance and Resource Committee noted the contents of the Q4 Prescribing Report.</b></p>	
FR14/94	<p><b>APC Recommendations</b></p> <p>BP presented this report and noted the following recommendations:</p> <ul style="list-style-type: none"> <li>• Sodium Oxybate Oral Solution (Xyrem) as a treatment option for narcolepsy with cataplexy</li> <li>• 2. Sequential use of biologic agents for Psoriatic arthritis (PsA)</li> <li>• 3. Biological agents for Non-radiographic axial spondyloarthritis (NRAxSpA)</li> <li>• 4. Certolizumab for Ankylosing spondylitis (AS), PsA and NRAxSpA</li> </ul> <p>MMcD noted that these costs were derived from the NICE model and that actual as opposed to proposed costs would be reviewed at the end of Year 1.</p> <p><b>The Finance and Resource Committee approved the APC recommendations as per the report.</b></p>	JB
FR14/95	<p><b>Commissioning Policy Review</b></p> <p>JL presented this report and noted that the previous Commissioning Policy was out of date. The policy has been reviewed and a 90 day consultation has taken place.</p> <p>There a number of changes being made to the current statements.</p> <p>A more thorough review will take place into the area of varicose veins.</p> <p>In relation to the fertility review the commissioning policy will recommend adopting the NICE guideline on fertility.</p> <p>HN raised concerns in relation to the costs associated with increasing the availability of cycles of IVF.</p> <p>JL will request a more robust response in relation to the equality impact assessments.</p> <p>The committee took an informal vote on supporting the adoption of the NICE guidelines in relation to fertility in order to make a recommendation to the Governing Body. Five members of the committee were in favour of supporting the adoption of the NICE guideline and four members were against.</p> <p>MMcD and DF will investigate the implications for this in other areas of NICE guidance.</p> <p><b>The Finance and Resource Committee noted the content of the Commissioning Policy review and approved the recommendations therein.</b></p>	JL



No	Item	Lead
FR14/96	<p><b>Home Oxygen Service - Procurement Proposal</b>            BP and JB presented this report on behalf of JK.            The committee noted that the approval was sought to undertake a Sefton wide tender for this service.  <b>The Finance and Resource Committee approved the proposal to undertake a Sefton wide tender for this service.</b></p>	
FR14/97	<p><b>Informatics Update</b>            MMcD presented this update and noted that this is a comprehensive document.            The Committee noted that Informatics has not been considered at Governing Body level and that this will be scheduled for a future Governing body Development Session.  <b>The Finance and Resource Committee noted the content of the Informatics update and approved the direction of travel.</b></p>	TJ
FR14/98	<p><b>GP Roles and Ad hoc payments</b>            HN noted that this item should have been discussed at the Remuneration Committee but as these are minor clarifications the Finance and Resource committee have agreed to approve the changes.            TJ noted that further clarity will be provided to ensure that roles do not overlap.            MMcD and HN noted that wording needed to be clarified in relation to the ad hoc payments – this will be redrafted.  <b>The Finance and Resource Committee approved the recommendations in relation to the GP roles and Ad hoc payments.</b></p>	TJ TJ
FR14/99	<p><b>MMcD noted two items of other Business.</b>  <b>Additional funding has been allocated for supporting the 18 week target.</b>  <b>Resilience plans will be submitted by the CCG by 30<sup>th</sup> July 2014</b></p>	
FR14/100	<p><b>Date, Time and venue of the next meeting</b>  <b>Wednesday 17 September 2014 1.00pm – 3.00pm</b>  <b>Family Life Centre</b></p>	





**Meeting Held Wednesday, 3 September 2014, St Helens Chamber  
Minutes**

<b>Present</b>	
Dr S Cox	Chair, Clinical Accountable Officer StHCCG
L Bennett	Head of Commissioning WCCG
Dr J Caine	West Lancashire CCG
T Jackson	CFO Liverpool CCG
R Cauldwell	Chair, S&F CCG
F Clark	Chief Operating Officer, S&F SCCG
Dr N Fazlani	Chair, Liverpool CCG
D Johnson	Chief Officer Knowsley CCG
M Maguire	WLCCG
M McDowell	CFO, S&F SS CCG
K Sheerin	Chief Officer, Liverpool CCG
Dr A Pryce	Chair, KCCG
M Stanley	Head of Contracting and Performance Halton CCG
P Thomas	Governance Director KCCG
<b>In attendance</b>	
R Booth (Item 140902)	
N Ryder (CHC item only)	COO, CMCSU
P Butler (CHC item only)	

Minute taker: Julie Burke

**APOLOGIES**

S Banks	Chief Officer, HCCG
P Brickwood	Deputy CFO, Halton, Knowsley, St Helens CCGs
Dr C Shaw	Chair, SSSCCG
S Johnson	(Chair) Head of Commissioning/Deputy AO, St Helens CCG
J Wicks	Interim Chief Officer, WCCG
A Davies	Chair, WCCG

No	Item	Action
140901	<p><b>(a) Minutes of the previous meeting</b> The minutes of the meeting held 6 August 2014 were agreed as an accurate record of proceedings.</p> <p><b><u>Matters arising</u></b></p> <p><u>Liverpool Women's Hospital.</u> KS reported that a meeting is to be held 4 September with LCCG to discuss strategic direction of travel.</p>	

No	Item	Action
	<p>SC informed the meeting A Tonge and R Barker will attend the Joint meeting on 1 October to discuss key areas for co-commissioning related to redesign.</p> <p><u>Specialised Commissioning.</u> TJ provided an update. The SPOG identified 7 task force groups, 1 of which was asked to look at the portfolio of future services and where these should sit. Discussions have taken place at a local level at the NW Co-Commissioning Tasks Force. One view is that 50% of specialised commissioning should sit with CCGs, transferring the whole of the budget back to CCGs, then recalibrating the funding for specialised commissioning which would be returned.</p> <p>3 key decisions being discussed:</p> <ul style="list-style-type: none"> <li>• What needs to remain at a national level eg: transgender surgery.</li> <li>• 45/50% to remain with CCGs, could be declassified, eg chemotherapy, neuro, dialysis, medium and low secure MH.</li> <li>• What could be co-commissioned.</li> </ul> <p>TJ part of an initial feasibility exercise to identify what implications there would be for the NW. Decision will be required by the end of September to impact in April 2015.</p> <p>HCCG and SS represent the Network on the SPOG. KS took part in a teleconference on 29 August with AS and AR. KS to share draft options paper for CCGs to comment prior to presenting to SCOG on 26 September.</p> <p><u>Neuro Rehabilitation.</u> SC added that outcome of bids is awaited across Cheshire. MMcD to present options paper to Network meeting on 1 October.</p> <p><b>(b) Actions of the previous meeting (see action log)</b></p>	<p><b>KS/ALL</b></p> <p><b>MMcD</b></p>
140902	<p><b>EPRR Update</b></p> <p>RB gave a verbal update on current issues. Current status report to be presented to the November meeting relating to training.</p> <p>Further guidance awaited on expectations of what CCGs will be required to contribute.</p> <p>RB to meet with CCGs to ensure CCGs are compliant with core standards. Expectation is that CCGs will show compliance.</p> <p>Requirement for on-call colleagues to maintain a personal development portfolio. Training Needs Analysis to be circulated to on-call colleagues.</p> <p>Reviews of provider departmental plans carried out. Six have met compliance standards at Green, 1 at Amber. Report to be presented to November Network meeting.</p> <p>Resilience Direct. EPRR plans/minutes etc will be available via national database. CCGs to nominate a lead from each CCG to access this information.</p> <p><u>National Capability Survey.</u> Will identify capability and compliance of CCGs. DoH may have a separate section but survey will need to be completed prior to November.</p>	<p><b>DJ/RB</b></p> <p><b>RB</b></p> <p><b>RB</b></p> <p><b>RB</b></p> <p><b>All</b></p> <p><b>All</b></p>

No	Item	Action
	<p><u>Christmas on-call.</u> RB to contact on-call colleagues for 'volunteers' in the first instance availability over the Christmas period with those colleagues who did not provide cover last year asked in the first instance to ensure fairness.</p>	<p><b>RB/All</b></p>
140903	<p><b>NHS 111 Procurement</b> Deferred to 1 October</p>	<p><b>I Davies</b></p>
140904	<p><b>ToR</b> The amended Revised ToR were approved. JB to circulate final copy.</p>	<p><b>JB</b></p>
140905	<p><b>Maternity Review</b> SB had circulated an update prior to the meeting with a copy of the SIG ToR to Reduce Variation and Improve Outcomes for Maternity Services across Cheshire and Merseyside.</p> <p>Catherine McClennan has been appointed as Maternity Strategy Project Manager and starts work with the Cheshire and Merseyside Strategic Clinical Network on 15<sup>th</sup> September 2014. NHS Halton CCG are the host employer and the post is time limited for 1 year. The first meeting of the oversight group is on 29<sup>th</sup> September 2014, so the work should gather pace thereafter, although the groundwork on commitment to the programme has been done so Catherine's appointment should be an accelerant.</p> <p>KS commented that the work of this group must link in with discussions taking place at The Womens Hospitality relating to long sustainability from financial, quality, safety and efficiency perspective.</p> <p>SC added that any reconfiguration of services must take into account paediatric intensivist cover and impact on other acute providers. SC suggested that any final system or pathway could be passed to the C&amp;M Clinical Senate for review.</p> <p>All to ensure that MPs are briefed appropriately taking into account perdah guidance.</p>	<p><b>All</b></p>
140906	<p><b>Safeguarding Hosted Service</b> FC provided a verbal update. Steering Group has been re-established with Chief Nurse representation. The Group is meeting every 6-8 weeks. Session is being held in October to look at identified gaps.</p>	
140907	<p><b>CCG Strategic Intentions</b> Sefton, West Lancs and Warrington CCGs information to be added to the information tabled today. Further detailed discussion in Part 2 of the CCG Network meeting on 1 October to discuss/agree overlap and common areas of work.</p> <p>CSU leads to meet with SJ to scope out Joint areas for work for in year change and for 2015-16. Detailed discussion to take place in Part 2 of the CCG Network meeting on 1 October to discuss/agree overlap and common areas of work and identify what areas of work can be done differently to enable to the CCGs to have more ownership.</p> <p>All acknowledgement the importance of trying to agree where hybrid and/ collaborative arrangements could be developed, eg Cheshire CCGs to take CHC or BI.</p>	<p><b>SJ + All</b></p>

No	Item	Action
140908	<b>CCG Network</b> <b>(a) Work Programme</b> – to be discussed at next meeting	<u>SJ</u>
140809	<b>Regional Home Oxygen Service (HOS)</b> MG summarised key points in the papers which had been circulated. <ul style="list-style-type: none"> <li>• In July 2012 contract was awarded to Trafford to lead on HOS. MG, Head of Medicines St Helens CCG is the nominated representative for the Merseyside CCG Network to attend the Steering Group which has met twice.</li> <li>• The CCG Network were asked to consider proposed new governance framework and arrangements for NHS Trafford CCG to lead the HOS. The new arrangements assume that MG will have delegated authority for clinical and finance decisions.</li> <li>• Proposal includes the retention of 2 existing leads (Clinical Governance and Quality roles) who would work across 32 CCGs which would result in more cost implications for C&amp;M.</li> <li>• Concerns discussed regarding potential duplication of roles and dilution of service provision.</li> <li>• The Governance lead would lead on behalf of all CCGs.</li> <li>• Any financial decisions should be confirmed by individual CCGs.</li> </ul> FC and others expressed concerns that there was no underpinning framework or clear description of the role of what the Steering Group would be and what they would be 'overseeing' on behalf of the CCGs. There also needed to be clear guidance on what 'delegated authority' means for CCG, if this was just operational. <b>Action: MG to circulate ToR of the Steering Group. All CCGs to respond with comments on proposed new governance arrangements</b>	<u>ALL</u>
AOB	<b>CHC retrospective claims</b>	
	NR presented an overview of progress to date and next steps relating to retrospective/legacy claims. <ul style="list-style-type: none"> <li>• Nationally there are 57,000 claims with an estimated cost of £750m.</li> <li>• 11 CCGs are processing 3,500 claims, 1,200 cases have been closed.</li> <li>• There is a dedicated team of 40 staff.</li> <li>• In 2013/14 costs were chargeable to NHSE Legacy fund</li> <li>• In 2014/15 costs are chargeable to a risk pool.</li> <li>• More claims are progressing than in the original assumptions.</li> <li>• There is a net increase in C&amp;M claims.</li> <li>• Capacity issues regarding clinical resource to support clinical assessments and accessing of clinical records.</li> <li>• Some delays experienced in local authority processes</li> <li>• Process is constantly being reviewed, looking to fast track 'definite' claims and also reviewing claim period.</li> <li>• Sourcing extra clinical capacity from external partners to process as many as claims as possible.</li> <li>• Additional capacity can be accessed from another CSU which would mean that a full procurement process would not be required.</li> <li>• Monthly monitoring to take place, moving to a percentage each month which will provide a more accurate projection.</li> <li>• NR to meet with nominated CCG representative to confirm individual CCG timescales for completing retrospective/legacy cases.</li> <li>• NR to circulate time line when clinical assessments have been completed as an indication when cases may be closed.</li> </ul>	

No	Item	Action
	<ul style="list-style-type: none"> <li>• Further guidance awaited regarding risk pool.</li> <li>• National 'message' awaited from DoH. All CCGs expressed concerns regarding time delay in claims being settled and the impact this has on families of patients and local reputation and asked for NHSE to produce a national statement which all colleagues could use.</li> </ul>	
	<p>KS informed the meeting of recent communication between Southport and other providers relating to what appears to be permanent 'suspension' of breast screening services due to capacity of radiologists within MDT teams. This had raised concerns amongst local MPs and some provider trusts.</p> <p>FC commented that CEO of Southport +Ormskirk had only notified commissioners on 8 August of capacity within the service due to national and local recruitment shortages. International recruitment had taken place but there was a delay in appointment of 6 months. Discussions had taken place with MDs at provider trusts and reassurance given that there would be no adverse impact on the affected cohort of patients.</p>	
	<p><b>Date of Next Merseyside CCG Network Meeting – Wednesday 1 October 2014</b>  12 noon - <b>Joint meeting with C&amp;M, Warrington + Wirral CCG</b>, Daresbury Park Hotel, Warrington  2pm <b>Merseyside CCG Network colleagues only</b>, Daresbury Park Hotel Warrington</p>	





**HEALTH AND WELLBEING BOARD**

**MEETING HELD AT THE TOWN HALL, BOOTLE  
ON WEDNESDAY 18TH JUNE, 2014**

PRESENT: Councillor Ian Moncur (in the Chair)  
Dr. Janet Atherton, Dr. Rob Caudwell, Fiona Clark,  
Councillor Paul Cummins, Dwayne Johnson,  
Councillor John Joseph Kelly, Maureen Kelly,  
Colin Pettigrew and Dr. Clive Shaw

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr. Niall Leonard, Peter Morgan and Phil Wadson.

**2. MINUTES OF PREVIOUS MEETING**

RESOLVED:

That the Minutes of the meeting held on 19 March 2014 be confirmed as a correct record.

**3. DECLARATIONS OF INTEREST**

No declarations of pecuniary interest were received.

**4. CONSOLIDATED CLINICAL COMMISSIONING GROUPS  
STRUCTURES AND UPDATE**

The Board received a presentation "Driving Strategy into Delivery" from Fiona Clark, Chief Officer for South Sefton Clinical Commissioning Group (CCG) and Southport and Formby Clinical Commissioning Group that updated on the Consolidated Clinical Commissioning Groups Structures. The presentation provided information on the following:-

- The three strategic priorities of frail elderly, unplanned care and primary care transformation
- The strategic plan engagement relating to additional programme areas, adult and children mental health services review, the Better Care Fund, the Community Services Review and enhanced primary care
- The organisational structures of the wider constituent CCG and the Medicines Management Team
- The accountability and performance structures of the Southport and Formby and South Sefton CCG's
- The roles and responsibilities of the Southport and Formby and South Sefton CCG governing bodies and clinical leads/locality lead GPs

RESOLVED:

That Fiona Clark be thanked for her informative presentation.

**5. REFRESH OF THE HEALTH AND WELLBEING STRATEGY AND SEFTON STRATEGIC NEEDS ASSESSMENT**

The Board considered the report of the Head of Business Intelligence and Performance seeking the Board's views and agreement regarding:-

- the process and timetable for refreshing the Sefton Health and Wellbeing Strategy and the Sefton Strategic Needs Assessment as outlined in the report;
- the draft Strategy and high level Needs Assessment, attached to the report; and
- the Better Care Fund Plan.

The report set out the background to the matter together with details of the Sefton Health and Wellbeing Strategy 2013 – 2018; the Sefton Strategic Needs Assessment (SSNA); the context of the review of the Health and Wellbeing Strategy; the Better Care Fund Plan; the Annual Review Process undertaken; inter-connectivity to other Strategies and Plans; the Outcomes Framework and Performance Dashboard; and conclusions reached.

Copies of the revised Health and Wellbeing Strategy 2014-20, Better Care Plan for Sefton and the Sefton Strategic Needs Assessment 2014/15 High Level Summary were attached to the report.

RESOLVED: That

- (1) the draft iteration of the Health and Wellbeing Strategy, as attached to the report, be approved and that further refinement take place over coming months, with a view to the Strategy being resubmitted to the Board in September 2014 and progressed to the Cabinet and Council and Clinical Commissioning Group (CCG) Governing Bodies in the Autumn of 2014;
- (2) the content of the report and the context within which the refresh of the Strategy and the Strategic Needs Assessment is taking place, as described in the report, be noted;
- (3) the process for further refreshing the Strategy and Strategic Needs Assessment, as described in the report, be endorsed and the full review of the Sefton Strategic Needs Assessment be published in 2014;
- (4) the Celebration Event planned to take place in July 2014 be noted and the publication of an annual report alongside the final version of the next iteration of the Health and Wellbeing Strategy be agreed;

- (5) the work being undertaken in developing a performance dashboard be endorsed and that this be discussed at the development workshop for the Health and Wellbeing Board in June 2014;
- (6) the second iteration of the Better Care Fund Plan, as attached to the report, be endorsed, the progress in developing a one year integrated transition plan be noted, and that further work on this be progressed by the Board at its development workshop in June, 2014;
- (7) subject to work progressing over the next two months through the Forums and Task Groups, the Cabinet and the Council, and the CCG Governing Bodies be recommended to agree that the Strategy becomes the overarching strategic outcomes framework for the Borough, to replace any previous versions of the Sustainable Community Strategy; and
- (8) the Council's Overview and Scrutiny Committees be requested to add the Health and Wellbeing Strategy and the Sefton Strategic Needs Assessment to their future work programmes once the documents are developed further over the coming months.

## **6. SEFTON PHARMACEUTICAL NEEDS ASSESSMENT**

The Board considered the report of the Chief Officer for South Sefton Clinical Commissioning Group and Southport and Formby Clinical Commissioning Group summarising the findings of the Sefton Pharmaceutical Need Assessment (PNA) steering group's identification of changes to pharmaceutical services and changes in needs for pharmaceutical services since the publication of the last PNA in 2011. The report also proposed undertaking a revised assessment and publishing a supplementary statement.

The report set out the background to the matter; recent changes in pharmaceutical provision within Sefton; changes in need for pharmaceutical services within Sefton due to housing developments; changes in pharmaceutical and locally commissioned services delivered; and conclusions reached and recommendations made.

RESOLVED: That

- (1) a revised assessment is not required prior to publication of the next Sefton Pharmaceutical Needs Assessment (PNA), due by 1<sup>st</sup> April 2015; and
- (2) a Supplementary Statement be issued and uploaded to the Council website detailing changes in pharmacies and opening hours.



## Ainsdale and Birkdale Locality Meeting Minutes

Date: Thursday 26<sup>th</sup> June 2014 at 12.30 – 13.30


Venue: Ainsdale Village Surgery

<b>Attendees</b>		
Dr Robert Russell	Ainsdale Medical Centre	RR
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Jane Uglow	Locality Development Manager	JU
Dr Paul Smith	GP, Ainsdale Village Surgery	PS
Nina Price	Practice Manager, The Grange Surgery	NP
Dr Ian Kilshaw	GP, The Grange Surgery	IK
Dr Gladys Gana	GP, Lincoln House Surgery	GG
Janice Lloyd	Practice Manager, Lincoln House Surgery	JL
Kay Walsh	Medicines Management	KW
Rachel Ogden	Practice Nurse, Ainsdale Village Surgery	RO
Karen Ridehalgh	Practice Manager, Ainsdale Village Surgery	KR
Dr Rob Caudwell	Chair, Southport & Formby CCG	RC
<b>In attendance</b>		
Michael Nugent (MN)	PSS Palliative Care	MN
<b>Minutes</b>		
Sadie Rose	Administrator, S&F CCG	SR

### Attendance Tracker

Name	Practice/Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr G Gana	Lincoln House Surgery	✓	✓	✓									
Dr I Kilshaw	The Grange Surgery	✓	✓	✓									
Dr K Naidoo	The Family Surgery	✓	✓	✓									
Dr R Russell	Ainsdale Medical Centre	✓	✓	✓									
Dr S Bennett	Ainsdale Medical Centre	A	A	A									
Dr P Smith	Ainsdale Village Surgery	✓	✓	✓									

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

No	Item	Action
14/45	<p><b>Apologies/Minutes</b> Apologies were noted. The minutes from the previous meeting on 22<sup>nd</sup> May were agreed as an accurate record. The attendance tracker was identified as being inaccurate for the attendance of Dr Naidoo and Carol Roberts. SR to amend accordingly. See attendance sheet below:</p> <p style="text-align: center;">   Attendance Sheet.pdf </p>	
14/46	<p><b>Matters Arising</b></p> <p>RR wrote to Joe Chattin re GMS/PMS figures and received a reply from Bernie Hartley.</p> <p style="background-color: #e0e0e0;">Action: RR to circulate reply to the group.</p>	RR
14/47	<p><b>Chair's Update</b></p> <p>No update. RR to report back to the group following GP Clinical Leads Meeting scheduled for July.</p>	
14/48	<p><b>Guest Speaker- Palliative Care PSS</b></p> <p>Michael Nugent from PSS Palliative Care attended the meeting to introduce the service to the group and raise awareness in the Southport area. They have worked in the South Sefton area since the early 1970s and are now hoping to branch out and work in the Southport area, and following new funding are now able to do this. The service operates on a social work basis as opposed to a medical one, and the aim of the project is to support individuals and their families to organise whatever services are required in order to support independence, empowering them to make informed decisions. The PSS service assists with daily living tasks, personal care, mobility, housing, and more. The service has developed links with alternative agencies and can make fast track referrals on behalf of the individual (e.g. if social housing is not suitable for them PSS can work with the housing association to get the individual the best deal on utility bills etc.) PSS also have links with the Department of Work and Pensions. MN handed out referral forms to the group and will also provide them electronically.</p>	
14/49	<p><b>Primary Care Workforce Development</b></p> <p>Practices have received an email about the workforce development requesting a breakdown of all members of staff (including all admin staff). The group had concerns about the amount of time this would require from practice managers, and the email suggested it was compulsory. The purpose of the scheme is to try help with planning of medical school, nurse placements, etc. Following feedback from LMC, they have advised that practices don't do it as it is not compulsory.</p>	

No	Item	Action
14/50	<p><b>Quality and Patient Safety</b></p> <p>This is a new standing item on the agenda and is designed to identify any quality and patient safety issues. The following issues were raised:</p> <ul style="list-style-type: none"> <li>• The ongoing problem with potassium was brought up as being an issue. KW explained to the group how Dr Mansour emailed a practice advising that blood samples should not be stored in the fridge. It was advised that practices should forward any further issues to Doug Callow with the NHS number as he is collating this data.</li> <li>• JU raised an issue at Southport and Ormskirk relating to the continuous breach of mixed sex accommodation. An action plan is now in place around the safeguarding concerns of adults and children.</li> </ul> <p>An issue was raised around the lack of clarity of the escalation pathway in the safeguarding self-assessment tool kit.</p>	
	Action: KR to email this to SR and then to be circulated with the minutes.	KR/SR
14/51	<p><b>Performance and Finance</b></p> <p>The group received the Quality Premium Report prior to the meeting for information only. Based on local data performance for the confirmed indicators for 2013/14 (April 2013 – March 2014), Southport &amp; Formby CCG should receive a payment in Q3 of 2014/15 of £111,638 against a total possible payment (if all indicators were within tolerance) of £595,400. This is due to underperformance in a number of areas which have been described in the previous month's report. However, data is still awaited for two further indicators, which may increase this amount to £279,094 should they be at or below target.</p> <p>There have been changes to a number of indicators for the 2014/15 financial year, which are also described in this report, and a draft dashboard to display performance. Data to populate the dashboard is expected for the July committee.</p> <p>JU mentioned to the group how this funding is uncommitted at present and is available for business cases and schemes as long as they meet the strategic objectives. JU asked the group to have a think about ways the money could be utilised.</p>	
14/52	<p><b>Service Improvement/ Redesign 2014/15</b></p> <p>JU met with KN to pull together ideas on 1) implementation of care plans and 2) home visits. JU to meet with Penny Bailey and Dr Smith to develop a possible scheme.</p> <p>A suggestion was also made around respiratory and COPD care which is something South Sefton are doing. RC suggested inviting the respiratory team to discuss what they offer as a service in order to avoid duplications.</p>	

No	Item	Action
14/53	<p><b>Service Improvement/ Redesign 2013/14 Connected Communities</b></p> <p>JU gave an update on the progress of the Connected Communities Project. So far they have received 13 referrals in total. The referral form is now available electronically.</p> <p>Each referral is taking longer than expected and not all patients who are referred take up the opportunity of participating in the local available groups. The service is making connection with other projects provided within CVS.</p>	
14/54	<p><b>Medicines Management</b></p> <p>KW advised that no prescribing data are yet available for 2014-15 as the budgets have not yet been posted with NHS Prescription Services. It was noted that Sefton Prescriber Updates are now being sent out directly as well as within the communication bulletin. Practices were reminded that Imran Chohan is doing medication reviews for Care Home patients over the next couple of months.</p>	
14/55	<p><b>Federation Working</b></p> <p>RR has received a letter from Bernie re Federation Working and the next steps. This is going to be taken back to locality groups for further discussion.</p>	
	<p>Action: RC to enquire where West Lancs are up to in regards to federation/ collaborative working.</p>	RC
14/56	<p><b>Any other business</b></p> <p><u>Healthwatch</u> JU has been approached by the Healthwatch locality rep who would like to attend the next meeting to introduce himself to the group. JU to circulate information to the group. JU advised that the Healthwatch rep should be invited to the next locality meeting.</p> <p><u>Locality Name</u> JU asked the group whether they would like to be referred to as 'South locality' or 'Ainsdale &amp; Birkdale'. The group agreed they would prefer to be called 'Ainsdale &amp; Birkdale'.</p> <p><u>Locality meeting in August</u> JU asked about the locality meeting in August and asked if the group wants it to go ahead or not due to it being the holiday season. The group agreed it would be necessary to have the meeting as a lot can happen in a month and the meetings are already running past schedule.</p> <p><u>Protected Learning Time</u> The group raised their concerns about the Wider Group meetings clashing with the protected learning days.</p>	
14/57	<p><b>Date of next meeting</b> Thursday, 24<sup>th</sup> July 2014, 12.30- 13.30, Ainsdale Village Surgery.</p>	



## Ainsdale and Birkdale Locality Meeting Minutes

Date: Thursday 24<sup>th</sup> July 2014 at 12.30 – 13.30

Venue: Ainsdale Village Church

### Attendees

Dr Robert Russell	(Chair) GP, Ainsdale Medical Centre	RR
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Jane Uglow	Locality Development Manager, S&F CCG	JU
Melanie Wright	Locality Development Manager, S&F CCG	MW
Dr Paul Smith	GP, Ainsdale Village Surgery	PS
Dr Ian Kilshaw	GP, The Grange Surgery	IK
Dr Gladys Gana	GP, Lincoln House Surgery	GG
Janice Lloyd	Practice Manager, Lincoln House Surgery	JL
Kay Walsh	Medicines Management	KW
Karen Ridehalgh	Practice Manager, Ainsdale Village Surgery	KR
Dr Kebsi Naidoo	GP, Family Surgery	KN
Penny Bailey	Community Matron S&O	PB

### In attendance

Ken Lowe (KL)	Healthwatch Sefton	KL
Irene Braithwaite (IB)	Community Emergency Response Team	IB
Claire Turner (CT)	Community Emergency Response Team	CT

### Minutes

Sadie Rose	Administrator, S&F CCG	SR
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### Apologies



Nina Price	Practice Manager, The Grange Surgery	NP
Carol Roberts	Practice Manager, The Family Surgery	CR
Rachel Ogden	Practice Nurse, Ainsdale Village Surgery	RO




### Attendance Tracker

Name	Practice/Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr G Gana	Lincoln House Surgery	✓	✓	✓	✓								
Dr I Kilshaw	The Grange Surgery	✓	✓	✓	✓								
Dr K Naidoo	The Family Surgery	✓	✓	✓	✓								
Dr R Russell	Ainsdale Medical Centre	✓	✓	✓	✓								
Dr S Bennett	Ainsdale Medical Centre	A	A	A	A								
Dr P Smith	Ainsdale Village Surgery	✓	✓	✓	✓								

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

No	Item	Action
14/58	<p><b>Introductions/Apologies</b> Apologies were noted. The minutes from the previous meeting on 26<sup>th</sup> June were agreed as an accurate record. See attendance sheet below:</p> <div style="text-align: center;">  <p>Attendance Sheet.pdf</p> </div>	
14/59	<p><b>Guest speaker - Community Emergency Response Team (CERT)</b></p> <p>Irene Braithwaite and Claire Turner attended the meeting to introduce the Community Emergency Response Team (CERT). Key points include:</p> <ul style="list-style-type: none"> <li>• CERT was formerly known as “Rapid Response”.</li> <li>• the service operates on 7-days between the hours of 8am-6pm for any patient over the age of 18;</li> <li>• the service offers “step up” and “step down” care and operates in patients’ homes or as part of a bedded service, to prevent unnecessary hospital admissions;</li> <li>• the response rate is 2 hours after the initial call to the team - the team will go out to the patient and continue to work with them until a package care placement is in place to a maximum of 6 weeks;</li> <li>• referrals can be made by any healthcare professional by telephone. Leaflets were circulated to the group with more information on the service and a direct contact number for referrals.</li> </ul>	RR
14/60	<p><b>Introduction to Health Watch Locality Representative</b></p> <p>Ken Lowe attended the meeting to formerly introduce himself to the group as the locality link for Healthwatch Sefton. He provided the following overview of Healthwatch.</p> <ul style="list-style-type: none"> <li>• Healthwatch gives local people and communities a voice to influence and challenge how Health and Social Care services are provided within Sefton.</li> <li>• The team have ‘enter and view’ representatives who are authorised to enter premises to observe the nature and quality of healthcare services (e.g. hospitals and care homes).</li> <li>• ‘Community Champion Networks’- are networks made up of organisations and centres who work with local communities. The Community Champions raise awareness of the goals of Healthwatch and help local residents have their say about the design and delivery of health and social care services.</li> <li>• Healthwatch gathers patient experiences by collecting the views of local people through patient experience forms.</li> </ul>	

No	Item	Action
	<ul style="list-style-type: none"> <li>Healthwatch want to get more involved with GP surgeries across Southport. Ainsdale Village Surgery currently has a Healthwatch box in the waiting room of the surgery, which has been successful.</li> <li>Mr Lowe asked the group if he could put a stand up at local flu vaccination clinics as this would be a useful way to raise awareness. Practices agreed that Healthwatch may create display.</li> </ul> <p>Action: Jane Uglow agreed to obtain the annual report from the Healthwatch website and circulate with the group.</p>	JU
14/61	<p><b>Minutes &amp; Matters Arising</b></p> <p>The minutes from the previous meeting on 26 June were agreed as an accurate record.</p> <p>In the last meeting a request was made for an up-to-date pathway for safeguarding adults and children (Refer to 14/50). Updated information is now available (copy herein).</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Adults Flowchart - Safeguarding v July 2</p> </div> <div style="text-align: center;">  <p>Contacts for Safeguarding Support</p> </div> </div>	
14/62	<p><b>Chair's Update</b></p> <p><i>Wider Constituent Meeting - 23 July</i> Following a discussion at the Wider Constituent Group meeting on 23 July, it was agreed that clarity was required as to whether locality monies could be utilised to investigate collaborative working/federation.</p> <p><i>Locality Leads Meeting- 15 July</i></p> <ul style="list-style-type: none"> <li>Dr Kati Scholtz is currently doing some work with community respiratory team to help improve the service. It was agreed that the Respiratory Team be invited to the next locality meeting.</li> <li><i>Acute Visiting Service</i> - It was also suggested that a single locality pilot may be an appropriate way to investigate the viability of this service. Jane Uglow/Mel Wright to feed back.</li> </ul>	
14/63	<p><b>Quality and Patient Safety</b></p> <p>There was a discussion around the 'Choose and Book' service, in particular, significant numbers of patients having to rebook appointments due to appointment availability issues. Mrs Uglow agreed to raise this with Terry Hill.</p> <p>The Locality also sought clarification from the CCG's Senior Management Team as to the CCG's strategic direction in relation to Choose and Book generally.</p>	

No	Item	Action
14/64	<p><b>Performance and Finance</b></p> <p>Following review of the Quality Premium Report, the local data for 2013/14 reveals that Southport &amp; Formby CCG should receive a payment of £111,638 against a total possible payment (if all indicators were within tolerance) of £595,400. This is due to underperformance in a number of areas which were described in the April report. Additional data is still awaited for two further indicators which may increase the amount to £279,094 for 2013/14.</p> <p>Based on local data performance for the indicators for 2014/15 (April 2014-May 2014) Southport &amp; Formby CCG should receive a payment in 2014/15 of £69,954 against a total possible payment (if all indicators were within tolerance) of £612,925. This is due to underperformance on the ambulance measure, which would result in a 25% reduction to the overall possible payment, plus indicators for which performance is currently unknown due to annual reporting frequencies and data validations.</p>	
14/65	<p><b>Service Improvement/ Redesign 2014/15</b></p> <p>Possible locality schemes for the £50K locality budget were discussed. Schemes of interest included:</p> <ul style="list-style-type: none"> <li>• Review of Respiratory Patients</li> <li>• Arrhythmia Nurse</li> <li>• Housebound health checks.</li> </ul> <p>Action: In relation to the Review Arrhythmia Nurse, Mrs Uglow agreed circulate the supporting report.</p>	JU
14/66	<p><b>Service Improvement/ Redesign 2013/14 Connected Communities</b></p> <p>Mrs Uglow circulated case studies and some data relating to the Connected Communities Project:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>CONNECTED COMMUNITIES activ</p> </div> <div style="text-align: center;">  <p>Case Study - Mrs M.docx</p> </div> <div style="text-align: center;">  <p>Case Study - Ms F.docx</p> </div> </div>	
14/67	<p><b>Medicines Management</b></p> <p>Ms Walsh confirmed that communication to practices regarding the 2013/14 Prescribing Quality Scheme will be during week commencing 28 July.</p> <p>Prescribing budgets for 2014/15 have been finalised and posted with NHS Prescription Services. Letters advising practices of their budgets should go out during the week commencing 28 July. It has been agreed that this year there will be more flexibility for in-year adjustments for factors, such as population shifts.</p>	

No	Item	Action
	Problems with ScriptSwitch have been reported following upgrade to Windows 7. Practices are advised to check and if any problems are experienced, to contact ScriptSwitch directly.	
14/68	<p><b>Any Other Business</b></p> <p>There was no other business.</p>	
14/69	<p><b>Date of next meeting</b></p> <p>Thursday, 28 August 2014, 12.30- 13.30, Venue to be confirmed.</p>	



# Southport and Formby Clinical Commissioning Group

## Formby Locality Meeting Minutes

Date: Thursday 12<sup>th</sup> June 2014 at 12.30 – 14.00


Venue: The Village Surgery, Formby

<b>Attendees</b>		
Dr Chris Bolton	(Chair) GP, The Village Surgery	CB
Dr Doug Callow	GP, Chapel Lane Surgery	DC
Moira McGuinness	Formby Locality Manager S&F CCG	MM
Sue Lowe	Practice Manager, The Village Surgery	SL
Lisa Roberts	Practice Manager, Freshfield Surgery	LR
Dr Sarah Lindsay	GP, Freshfield Surgery	SL
Anne Lucy	Locality Development Support S&F CCG	AL
Stewart Eden	Practice Manager, Chapel Lane	SE
Susanne Lynch	Medicines Management	SL
Collette Riley	Practice Manager, The Hollies	CR
Yvonne Sturdy	Nurse Practitioner, The Village Surgery	YS
Dr Deborah Sumner	GP, The Hollies	DS
<b>Minutes</b>		
Sadie Rose	Administrator, S&F CCG	SR
<b>Apologies</b>		
Dr David Mortimer	GP, The Village Surgery	DM

### Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr D Callow	Chapel Lane Surgery	✓	✓	✓									
Dr T Quinlan	Chapel Lane Surgery	✓	L	A									
Dr C Bolton	The Village Surgery	A	✓	✓									
Dr J Reddington	The Village Surgery	A	A	A									
Dr S Johnson	The Village Surgery	A	A	A									
Dr L Grant	The Village Surgery	A	A	A									
Dr D Mortimer	The Village Surgery	✓	A	A									
Dr J Eldridge	The Hollies Surgery	✓	A	A									
Dr D Sumner	The Hollies Surgery	A	L	✓									
Dr T Brettel	Freshfield Surgery	A	A	A									
Dr S Lindsay	Freshfield Surgery	✓	✓	✓									

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

No	Item	Action
14/39	<p><b>Welcome and apologies</b> Apologies were noted. See attendance sheet below:</p> <div style="text-align: center;">   Attendance Sheet.pdf </div>	
14/40	<p><b>Minutes of the last meeting</b> The minutes from the previous meeting on 15<sup>th</sup> May were agreed as an accurate record.</p>	
14/41	<p><b>Quality and Patient Safety Issues</b></p> <p>DC highlighted the following quality issues:</p> <ul style="list-style-type: none"> <li>• A&amp;E discharge letters not being fit for purpose</li> <li>• E-discharge inconsistencies</li> <li>• Issues with hit and miss out-patients</li> <li>• Cancellations of appointments</li> </ul> <p>DC advised the group that these issues need addressing, supported by evidence and providers held accountable. CB explained how he has recently conducted an audit of appropriate attendances in A&amp;E and half couldn't say if appropriate or not due to not having the information. DC asked the group to provide him with a list of all A&amp;E attendances, and DC to take examples and data to operational meeting.</p>	CB
Action: CB to add to the issues log		
14/42	<p><b>Performance and Finance Update</b></p> <p>MM sent out the Quality Premium Report to the group for information only. At one of the previous meetings it was requested that the data be broken down to local level for indicators which are not performing within tolerance. BW is currently working on this. In terms of the report, the group had discussions around the objectivity of avoidable/unavoidable emergency admissions, and CB recommended looking at where they come from first before taking further. Due to only receiving the report that day, the group agreed they needed more time to digest and reflect on the information further. The group asked what evidenced appropriate/inappropriate. MM to advise.</p> <p>Discussions were also had around IV antibiotics in the community as a possible factor in reducing avoidable admissions. There was some confusion amongst the group re the IV antibiotics service not being fully utilised. Some of the group were unaware the service existed, but MM insisted it does exist and has been commissioned for use in Southport and Formby. DC reported that he had tried to refer into the service but had been advised that no community service was available.</p>	



No	Item	Action
	<p>Action: MM to email details of the team to the group and chase up the progress of the service.</p> <p>Since the meeting MM has contacted the IV Team and has been advised that at this time GP's cannot refer directly to the service, however the team would like to work more closely with GP's. MM to meet with members of the team.</p>	MM
14/43	<p><b>Service Improvement/Redesign</b></p> <p><u>£50,000</u></p> <p>MM advised the group that she requires ideas as soon as possible for the £50K. She explained how some localities are looking into admin support as an idea for the money. MM reminded the group that they could use the money collectively with another locality. A couple of ideas were briefly discussed:</p> <ul style="list-style-type: none"> <li>• Acute Visiting Service</li> <li>• Salaried doctor to cover capacity issues</li> <li>• IT equipment (digital dictation)</li> <li>• Phlebotomy and training up CCG on use of D-Dimer machine</li> </ul> <p>MM mentioned the upcoming collaboration event which is to take place on 18<sup>th</sup> June. She explained the aim is to come up with suggestions and make a decision following this event and taking them forward.</p> <p><u>Local Quality Contract for General Practice</u></p> <p>Following the recent Aintree event to discuss the content of the Local Quality Contract, MM explained how practices will be getting an updated contract tomorrow. The deadline for sign-ups is the 30<sup>th</sup> June for implementation on 1<sup>st</sup> August. MM explained how Angela Parkinson has received some queries in regards to contract values. MM circulated a breakdown of the figures to clarify any confusion.</p> <p><u>Flu Clinics</u></p> <p>SL had a query about the Flu Clinics and wanted clarification on what's happening this year. The group had a discussion about potential flu clinic venues and stressed the importance of having access to parking. The Guild Hall was mentioned as being the most suitable option in terms of parking facilities, size, etc. MM also said she would enquire about Formby Pool as a possible venue as she has an upcoming meeting there on the 16<sup>th</sup>. DC suggested that this could prove a good opportunity to obtain information of people that live of their own.</p>	
14/44	<p><b>Locality Business</b></p> <ul style="list-style-type: none"> <li>• CB explained how the 1<sup>st</sup> work session on collaborative working has been arranged. CB has spoken to Phil McCarthy explaining what he wants from the day, in particular models of what works well. The aim of the day is to go away with clear ideas of what to do next.</li> <li>• CB attended the Sefton wide locality chair meeting where the expectations and roles of the chair and GP leads were clarified.</li> </ul>	

No	Item	Action
	<ul style="list-style-type: none"> <li>DC told the group that there was a lot covered at the first public governing body meeting. He agreed to summarise the discussions and circulate to everyone via email.</li> </ul> <p>Action: DC to email group</p> <ul style="list-style-type: none"> <li>CR highlighted an issue from the public governing body meeting whereby a member of the public raised a question about being declined post cancer plastic surgery. In light of this, CR stressed the importance of being familiar and up-to-date with regulations which might have changed.</li> </ul>	DC
14/45	<p><b>Pharmacy Update</b></p> <p><u>Budget Data</u>- Month 11 data reviewed with April locality update</p> <p><u>Estradiol Valerate and Dienogest (Qlaira®) for Oral Contraception</u>- Classified as BLACK if solely as an oral contraceptive - More costly, no more effective/no better tolerated than existing COC but classified as GREEN if prescribed for the treatment of heavy menstrual bleeding in women without organic pathology who desire oral contraception.</p> <p><u>PRUCALOPRIDE tablets (Resolor®)</u>- Approved for resistant constipation in women in accordance with NICE TA211.</p> <p><u>ESOMEPRAZOLE capsules/tablets/sachets</u>- Classified as AMBER - Restricted prescribing to only in severe erosive oesophagitis</p> <p><u>RABEPRAZOLE tablets</u>- BLACK for all indications due to cost</p> <p><u>Escitalopram (Cipralex)</u>- AMBER – this restricts initiation to secondary care/ specialist recommendation only in treatment resistant patients</p> <p>SL also mentioned the end of year budget figures and explained that adjustments on outturn were being made for anti-dementia drug spend, population shift and personally administered drugs. Once these adjustments have been made they would be taken to the senior management team for discussion.</p>	
14/46	<p><b>Issues Log</b></p> <p>Action: CB to fill out issues log</p>	CB

No	Item	Action
14/47	<p><b>Any other business</b></p> <ul style="list-style-type: none"> <li>• MM informed the group about how she has recently visited St Joseph's hospice which has opened a unit for respite care for people with physical and mental disabilities to give the families and carers a break. She circulated booklets around the group. A representative from St Josephs has also requested to attend the next locality meeting.</li> <li>• SL requested that practices would have a think about the roles of medicines management. SL explained how she is currently in the process of collecting views around the roles of practice pharmacists and more specifically what the pharmacist does for the practice as a whole.</li> <li>• AL reminded the group about signing the changes to the constitution and emailing it back to her. She said she will email practice managers re-sending this information.</li> </ul>	
14/48	<p><b>Date of next meeting</b> 17<sup>th</sup> July 2014, 12:30-14:00 Formby Village Surgery</p>	



# Southport and Formby Clinical Commissioning Group

## Formby Locality Meeting Minutes

Date: Thursday 17<sup>th</sup> July 2014 at 12.30 – 14.00

Venue: The Village Surgery, Formby


<b>Attendees</b>		
Dr Chris Bolton	(Chair) GP, The Village Surgery	CB
Dr Sarah Lindsay	GP, Freshfield Surgery	SL
Moira McGuinness	Formby Locality Manager S&F CCG	MM
Sue Lowe	Practice Manager, The Village Surgery	SL
Yvonne Sturdy	Nurse Practitioner, The Village Surgery	YS
Dr Tim Quinlan	GP, Chapel Lane	TQ
Anne Lucy	Locality Development Support S&F CCG	AL
Stewart Eden	Practice Manager, Chapel Lane	SE
Susanne Lynch	Medicines Management	SLy
Collette Riley	Practice Manager, The Hollies	SR
Linda Evans	Manager, Public health	LE
<b>In attendance</b>		
Jan Soul	Lifeline - Sefton	JS
Claire Turner	Community Emergency Response Team	CT
Paula Orme	Community Emergency Response Team	PO
<b>Minutes</b>		
Anne Lucy	Locality Development Support, S&F CCG	AL
<b>Apologies</b>		
Dr Doug Callow	GP, Chapel Lane	DC
Lisa Roberts	Practice Manager, Freshfield	LR

### Attendance Tracker

Name	Practice/Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr D Callow	Chapel Lane Surgery	✓	✓	✓	A								
Dr T Quinlan	Chapel Lane Surgery	✓	L	A	✓								
Dr C Bolton	The Village Surgery	A	✓	✓	✓								
Dr J Reddington	The Village Surgery	A	A	A	A								
Dr S Johnson	The Village Surgery	A	A	A	A								
Dr L Grant	The Village Surgery	A	A	A	A								
Dr D Mortimer	The Village Surgery	✓	A	A	A								

Name	Practice/Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr J Eldridge	The Hollies Surgery	✓	A	A	A								
Dr D Sumner	The Hollies Surgery	A	L	✓	A								
Dr T Brettel	Freshfield Surgery	A	A	A	A								
Dr S Lindsay	Freshfield Surgery	✓	✓	✓	✓								

✓ Present  
A Apologies  
L Late or left early

No	Item	Action
14/49	<p><b>Welcome and apologies</b>  Apologies were noted. See attendance sheet below:</p>  <p>Attendance sheet.pdf</p>	
14/50	<p><b>Minutes of the last meeting</b>  The minutes from the previous meeting on 12<sup>th</sup> June were agreed as an accurate record.</p> <p><b>Actions from previous meeting(s)</b>  MM updated the group re IV teams. MM advised that discussions had taken place with a view of some redesign of the service. MM to keep the group updated on progress.</p>	
14/51	<p><b>Sefton Treatment and Recovery Service – Jan Soul</b></p> <p>Jan gave an overview of the service</p> <ul style="list-style-type: none"> <li>• Referrals can be self-referred, or by GPs, social services, criminal justice system, any concerned others</li> <li>• Referrals can be for prescription or advice only or the team can offer a fully supported/managed reduction service (including social interventions, group work, individual recovery plans, lifestyle coaching/mentoring, lifestyle/goal planning, education and training, employment advice, family and friends advice, referral for rehab/detox</li> <li>• Programme aims to help individual to self-sufficiency and provides leads to help organisations e.g. Alcoholics/Narcotics Anonymous, Job Centres etc.</li> <li>• Can refer to inpatient care e.g. Windsor Clinic</li> <li>• Open 0900 – 2100 Monday to Friday with centres in Southport and Bootle. Access to on-call services available. Supported by full medical team (Delphi), to prescribe community detox or other managed detox plans</li> </ul> <p>Jan offered a visit/structured walk-through of the services offered – as a group or in individual visits.</p>	

No	Item	Action
	Action: MM to coordinate visit(s) and literature for practices	MM
14/52	<p><b>Community Emergency Response Team - CERT – Paula Orme</b></p> <p>Paula gave an overview of the CERT team and services</p> <ul style="list-style-type: none"> <li>• Team is part of ICO and was reformed in 2012 after disbanding of the Rapid Access Team in 2006. The team now has a 40 strong multi-disciplinary team consisting of physiotherapists, nurses, therapists, social care and technicians.</li> <li>• The team works closely with the Chronic Care Coordinators (who discharge patients from hospital into community or intermediate care and monitor progress for up to one month after discharge). The CERT team can also refer patients at risk back into the Chronic Care Coordination cycle and can refer patients.</li> <li>• CERT team available 0800 – 1800 daily for any patient aged over 18. They are looking to expand the current service.</li> <li>• Step Down – the team work with discharge planners to support patients in their own home or in step down beds (available in Chase Heys, or 8 commissioned beds at Manchester House, or spot purchase beds if necessary).</li> <li>• Step Up – the team work mainly with referrals from GPs to assess and decide on the most appropriate care for patient.</li> <li>• Team is keen to receive and act on new ideas eg the new ward round provided by Roe Lane surgery at Manchester House; Further expansion of team to support winter pressures, OOH service (to access emergency beds that CERT team will follow up the next day; delivery of IV services).</li> </ul>	
	Action: MM to clarify provision of current IV service by Liverpool IV team	MM
14/53	<p><b>Flu Clinics</b></p> <p>The cost of funding flu clinics. NHSE have a position on the use of sponsorship from outside organisations. Discussions took place around the cost of the use of Formby Gild Hall at £400 per day was considered too expensive. The group discussed using the flu clinics to raise awareness in regards to such things as Advance Care Plans, health checks, voluntary organisations etc.</p>	
	Action: Practices to liaise re vaccination programme – dates, premises ahead of proposed vaccination dates in October	MM
14/54	<p><b>Quality and Patient Safety</b></p> <p>The following issues were noted:</p> <ul style="list-style-type: none"> <li>• Discharge medicines: One practice reported a patient who had been admitted to hospital with a large quantity of blister packs but were not discharged with the patient. The hospital claimed it could not find the blister packs. Another practice reported that a patient had been discharged from Manchester House with a large quantity of medication (though it was noted that the newly started ward round at Manchester House and liaison with CERT should alleviate over prescribing).</li> </ul>	

No	Item	Action
	<ul style="list-style-type: none"> <li>Examples were cited where dermatology and discharge letters. The letter was unclear as to whether the patient had been prescribed medication or whether it was left up to the GP to prescribe.</li> </ul>	
	Action: Practices to forward details to Doug Callow to follow up at the GP Operational Group meeting.	ALL
14/55	<p><b>Performance and Finance Update</b></p> <p>The report had only been received on 17 July. The group felt that it had provided little useful information so far.</p>	
14/56	<p><b>Service Improvement/ Redesign</b></p> <p><u>£50K</u> The group discussed several options including:</p> <ul style="list-style-type: none"> <li>Housebound patients (nurse visit time)</li> <li>Community DVT service (MM to investigate the current pathway)</li> <li>Review respiratory pathway (a new rapid response team is to be introduced by CERT)</li> <li>Arrhythmia review</li> <li>Community IV</li> <li>Cellulitis</li> <li>OOH smears (clinic could be operated collaboratively within the extended surgery opening times)</li> <li>Supporting health care trainers</li> </ul> <p>CB reminded the group that any scheme must be locality based. Schemes that would free up GP time to manage other issues would be welcome. The group had discussed the West Lancs Acute Visiting Scheme but concluded that the yields were poor compared with the cost of each visit.</p>	
	Action: Further information re costs and savings to be reviewed /discussed	ALL
	The group discussed federation – CB to discuss the Primary Care Commissioning event with other locality GPs, and asked members to discuss federation and report back thought/ideas.	
14/57	<p><b>Pharmacy Update</b></p> <p>Susanne Lynch gave an update:</p> <p>Budgets have just been uploaded onto PPD. She will write to practices, and can advise practices as to how budgets were set also mentioned the end of year budget figures and explained that adjustments on outturn were being made for anti-dementia drug spend, population shift and personally administered drugs. Once these adjustments have been made they would be taken to the senior management team for discussion.</p>	



No	Item	Action
14/58	<p data-bbox="288 239 448 271"><b>Issues Log</b></p> <p data-bbox="288 322 695 353">Action: CB to fill out issues log.</p> <p data-bbox="288 421 1235 519">AQ had noticed an improvement in the standard of TTOs over the last quarter and noted that positive improvements should be fed back via the issues log.</p>	CB
14/59	<p data-bbox="288 571 564 602"><b>Any other business</b></p> <p data-bbox="288 640 1257 739">Colette Riley is a Practice Manager representative on the Governing Body and has to step down as the PM Lead for Formby locality. Expressions of interest are therefore requested from other locality practice managers.</p> <p data-bbox="288 777 767 808">Thanks to Colette for all her support.</p>	
14/60	<p data-bbox="288 855 580 887"><b>Date of next meeting</b></p> <p data-bbox="288 925 1257 992">A later time start time was requested for the August meeting. This will now be held on Thursday 14 August at 13:15 at Formby Village Surgery.</p>	



## Central Locality Meeting Minutes

Date: Tuesday 24<sup>th</sup> June 2014 at 13.00 – 15.00

Venue: Kew Surgery


<b>Attendees</b>		
Dr Ian Hughes (IH)	(Chair) GP, Cumberland House	IH
Rachel Cummings (RC)	Practice Manager, Cumberland House	RC
Sharon Forrester (SF)	Locality Development Manager, S&F CCG	SF
Kate Wood (KW)	Practice Manager, Kew Surgery	KW
Kathy Rimmer (KR)	DN Team Manager S&O	KR
Alix Shore (AS)	Community Matron	AS
Dr Halina Obuchowicz (HO)	GP, Kew Surgery	HO
Dr Gillian Stubbens (GS)	GP, St Marks	GS
Sandra Craggs (SC)	Medicines Management	SC
Helen Gregory (HG)	GP Registrar, St Marks	HG
Dr Mark Bond (MB)	GP, Curzon Road	MB
Joanne Ball (JB)	Senior Public Health Practitioner, Sefton Council	JB
<b>In attendance</b>		
Gill Gorgon (GG)	PSS Palliative Care	GG
Mike Nugent (MN)	PSS Palliative Care	MN
<b>Minutes</b>		
Sadie Rose	Administrator, S&F CCG	SR
<b>Apologies</b>		
Dawn Bradley-Jones	Practice Manager, Trinity Practice	DJ
Roy Boardman	Business Manager, St Marks Medical Centre	RB
Louise Campbell	GP, Trinity Practice	LC
Graeme Allan	GP, St Marks Medical Centre	GA


### Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr M Bond	Curzon Road Medical Practice	✓	✓	✓									
Dr A Farrell	Curzon Road Medical Practice	A	✓	A									
Dr G Hedley	St Marks Medical Centre	A	A	A									
Dr G Allen	St Marks Medical Centre	✓	✓	A									
Dr G Stubbens	St Marks Medical Centre	A	A	✓									
Dr I Hughes	Cumberland House	✓	✓	✓									

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr H Obuchowicz	Kew Surgery	A	✓	✓									
Dr W Coulter	Kew Surgery	✓	A	A									
Dr L Campbell	Trinity Practice	✓	✓	A									

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

No	Item	Action
14/40	<p><b>Apologies/Minutes of previous meeting/Matters Arising</b> Apologies were noted. The minutes from the previous meeting on 20<sup>th</sup> May were agreed as an accurate record. See attendance sheet below:</p> <p> Attendance Sheet 1.pdf</p> <p><u>Matters Arising</u></p> <p><b>Refer to 14/32-</b> Following the last meeting, SF and GA clarified a few queries raised regarding the ERICOM scheme. SF explained how there is a solution for Vision and they will still be included in the project as every practice will get the same allocation. In terms of financial reimbursement, those practices that have already purchased IPADS will not be entitled to a refund however they will still be entitled to the equipment that has already been funded by the scheme.</p> <p><b>Refer to 14/33-</b> Following an issue that was raised regarding orthopaedic referrals at the last meeting, SF asked the group to send her case studies for her to raise with Jan Leonard. MB informed the group that this is something being investigated by the BMA and they are requesting concrete examples of this as it is proving to be a national problem. MB suggested linking in with this. The group discussed issues around patient consent.</p> <p><b>Refer to 14/38-</b> Practices still haven't received referral forms from the Community Respiratory Team and the posters from Jenny Kristiansen. An issue was also raised in the meeting about the Community Respiratory team and confusion over what the service is actually commissioned to provide.</p>	
	Action: SF to chase up referral forms and speak to Jenny Kristiansen.	SF
14/41	<p><b>Chairs Update</b></p> <p>No Chair's update due to apologies from Graeme Allan.</p>	
14/42	<p><b>Guest speaker- Social support in Palliative Care</b></p> <p>Michael Nugent and Gill Gorgon from PSS Palliative Care attended the meeting to introduce the service to the group and raise awareness in the</p>	

No	Item	Action
	<p>Southport area. They have worked in the South Sefton area since the early 1970s and are now hoping to branch out and work in the Southport area, and following new funding are now able to do this. The service operates on a social work basis as opposed to a medical one, and the aim of the project is to support individuals and their families to organise whatever services are required in order to support independence, empowering them to make informed decisions. The PSS service assists with daily living tasks, personal care, mobility, housing, and more. The service has developed links with alternative agencies and can make fast track referrals on behalf of the individual (e.g. if social housing is not suitable for them PSS can work with the housing association to get the individual the best deal on utility bills etc.) PSS also have links with the Department of Work and Pensions. MN and GG handed out printouts to the group and also referral forms, and urged practices to start making referrals. SF requested that the referral forms be available electronically.</p> <p>Action: MN/GG to email SF</p>	MM/GG
14/43	<p><b>Quality Premium Report</b></p> <p>The group received the Quality Premium Report prior to the meeting for information only. Based on local data performance for the confirmed indicators for 2013/14 (April 2013 – March 2014), Southport &amp; Formby CCG should receive a payment in Q3 of 2014/15 of £111,638 against a total possible payment (if all indicators were within tolerance) of £595,400. This is due to underperformance in a number of areas which have been described in the previous month's report. However, data is still awaited for two further indicators, which may increase this amount to £279,094 should they be at or below target.</p> <p>There have been changes to a number of indicators for the 2014/15 financial year, which are also described in this report, and a draft dashboard to display performance. Data to populate the dashboard is expected for the July committee.</p>	
14/44	<p><b>Medicines Management Update</b></p> <p> May 14 Medicines Management Update</p> <p>The group raised several other queries in the meeting, involving the rag rating and warfarin.</p> <p>Action: SC to clarify these issues and circulate with group via email.</p>	SC
14/45	<p><b>Locality Allocation £50K</b></p> <p><u>Pharmacy Support</u> A suggestion was made to employ extra pharmacists to help with medication reviews, help with discharge letters, inserting data onto the computer, etc. This would provide relief to GPs and potentially eradicate the</p>	

No	Item	Action
	<p>issue of medication wastage.</p> <p><u>Federation Working</u></p> <p>Following the Federation conference that took place on 18<sup>th</sup> June, there is to be a follow up meeting to discuss federation working. This has been discussed as a potential idea for the locality allocation, but would require localities deciding what service they want to provide collaboratively. Bernie Hartley was identified as being a good contact to speak to about this.</p>	
14/46	<p><b>Lymphedema</b></p> <p>SF provided a brief update on Lymphedema. Specialist nurses are coming out on 14<sup>th</sup>, 15<sup>th</sup> and 16<sup>th</sup> July to work alongside nurses and identify what the needs of the service will be. A meeting will then follow.</p>	
14/47	<p><b>Connected Communities Project</b></p> <p>SF gave an update on the progress of the Connected Communities Project. So far they have received 13 referrals in total, and SF said she will circulate case studies of the service to the group. The referral form is now available electronically.</p>	
14/48	<p><b>Any other business</b></p> <ul style="list-style-type: none"> <li>• MB raised an issue of the CCG commissioning more and more voluntary services and the fear of duplication (e.g. the Connected Communities Project being similar to other services) MB requested a list of all services with specifications of what they each provide and how to refer. SF to feedback</li> <li>• There have been ongoing reports of blood samples with high potassium levels. Jane Ayres recently did an audit at Roe Lane with 22 blood samples being identified as having high potassium levels. After Jane consulted Paul Mansour, he advised that blood samples should <b>not</b> be stored in the fridge.</li> <li>• RC stated that it would not be possible for practices to meet the required standard for blood test appointments in the Quality Contract without an afternoon pickup for samples and was seeking clarification on the transport arrangements for samples taken in the afternoon.</li> <li>• SF notified the group that the CPD certificates are being worked on and will be out in the next couple of weeks.</li> </ul>	
14/49	<p><b>Date of next meeting</b></p> <p>Tuesday 29<sup>th</sup> July 13:00- 15:00, Kew Surgery</p>	

# Southport and Formby Clinical Commissioning Group

## North Locality Meeting Minutes

Date: Thursday 19<sup>th</sup> June 2014 at 13.00 – 14.30

Venue: Marshside/Corner Surgery




<b>Attendees</b>		
Dr Ian Scott	(Chair) GP, Churchtown Medical Centre	IS
Sharon Forrester	Locality Development Manager, S&F CCG	SF
Dr Les Szczesniak	GP, Sussex Road Surgery	LS
Sam Muir	Practice Manager, Norwood Surgery	SM
Jude Storer	Business Manager, Corner Surgery	JS
Nicole Marshall	Practice Manager, Marshside Surgery	NM
Dr Hilal Mulla	GP, Corner Surgery	HM
Jane Ayres	Medicines Management S&F CCG	JA
Dr Rob Caudwell	GP, Marshside Surgery	RC
Dr Kati Scholtz	GP, Norwood Surgery	KS
Dr Alison Trevor	GP, Roe Lane Surgery	AT
<b>In attendance</b>		
Val Sheard	Health Promotion Specialist, Public Health	VS
Brian Clark	Healthwatch Representative	BC
<b>Minutes</b>		
Sadie Rose	Administrator, S&F CCG	SR
<b>Apologies</b>		
Lydia Hale	Practice Manager, Roe Lane Surgery	LH

### Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr K Scholtz	Norwood Surgery	✓	✓	✓									
Dr A Al-Dahiri	Norwood Surgery	✓	A	A									
Dr S Tobin	Norwood Surgery	A	A	A									
Dr D Unwin	Norwood Surgery	A	A	A									
Dr A Zubairu	Norwood Surgery	A	A	A									
Dr N Leonard	Roe Lane Surgery	A	✓	A									
Dr A Trevor	Roe Lane Surgery	✓	A	✓									
Dr H Mulla	The Corner Surgery	✓	A	✓									
Dr S Woodcock	The Corner Surgery	A	A	A									

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr M Moriarty	The Corner Surgery	A	✓	A									
Dr L Szczesniak	Sussex Road	✓	✓	✓									
Dr R Caudwell	Marshside Practice	✓	✓	✓									
Dr M McCormack	Churchtown Medical Centre	A	A	A									
Dr R Kidd	Churchtown Medical Centre	A	A	A									
Dr I Scott	Churchtown Medical Centre	✓	✓	✓									


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

No	Item	Action
14/43	<p><b>Welcome and apologies</b> Apologies were noted. See attendance sheet below:</p> <p> Attendance Sheet.pdf</p>	
14/44	<p><b>Minutes of the last meeting</b> JS queried the wording of a section 14/35 of the previous minutes The rest of the minutes from 15<sup>th</sup> May were agreed as an accurate record.</p> <p>Action- SR to amend 14/35 accordingly</p>	SR
14/45	<p><b>Public Health Update</b></p> <p>Val Sheard attended the meeting to formally introduce herself as a locality link, and provide an update from a public health perspective. She circulated a number of hand-outs to the group, including the ones below:</p> <p>  Public Health 1.pdf    Public Health 2.pdf</p> <p>Val also advised the group that any public health issues to go her as a first point of contact. Her contact details are on the hand-outs supplied. She will also continue to attend to locality meetings.</p> <p>RC thought it might be useful to have a list of all services that are available and how to refer.</p> <p>Action: VS to see if she can put something together and provide an update at next meeting.</p>	VS



No	Item	Action
14/46	<p><b>Quality and Patient Safety</b></p> <p>Potassium was identified as being one of the biggest issues at the moment. JA did a search in last 2 week period and identified 22 patients with raised potassium levels. There have been ongoing issues with samples not reaching the lab until late in the evening after collection earlier that day. JA explained how these issues have been addressed with Paul Mansour who is now looking into the issue further. Paul advised JA that blood samples should <b>not</b> be stored in the fridge due to the low temperatures causing potassium to leak out of the cells. JA shared this advice with the practices in the meeting. JA agreed that whatever feedback she gets from Paul, she will circulate to the group. SF also requested that she share this information with the other localities</p> <p>Action: JA to provide update.</p>	JA
14/47	<p><b>Performance and Finance Update</b></p> <p>The group received the Quality Premium Report prior to the meeting for information only. Based on local data performance for the confirmed indicators for 2013/14 (April 2013 – March 2014), Southport &amp; Formby CCG should receive a payment in Q3 of 2014/15 of £111,638 against a total possible payment (if all indicators were within tolerance) of £595,400. This is due to underperformance in a number of areas which have been described in the previous month's report. However, data is still awaited for two further indicators, which may increase this amount to £279,094 should they be at or below target.</p> <p>There have been changes to a number of indicators for the 2014/15 financial year, which are also described in this report, and a draft dashboard to display performance. Data to populate the dashboard is expected for the July committee.</p> <p>HM had a query whether diabetic work had been confirmed as of yet. RC explained how this is open for discussion and is coming up in July committee.</p>	
14/48	<p><b>Service Improvement/redesign</b></p> <p><b><u>£50,000 locality budget</u></b></p> <p><u>Acute Visiting Service</u></p> <p>The group discussed the recent suggestion of an Acute Visiting Service. RC told the group how this was raised at the locality leads meeting and the rest of the localities weren't keen on the idea. JA raised a point of localities not being provided with the right information and guidance on what an AVS would entail. It appears that localities have been put off by the prospect of an AVS because of the assumption that it would be provided by GoToDoc. RC explained to the group how there are two different steams of AVS. 1) NWAS pathfinder and 2) GP visiting service. RC advised that it might be worth looking at the pathfinder option again and not ruling the idea out</p>	DC

No	Item	Action
	<p>completely just yet. OWLS (West Lancs) have received great feedback on their AVS service.</p> <p>The group agreed this option would only be viable if all localities did it. If each locality contributed £25K of their locality money to start it up, then the service becomes self-funding by the reduction of admissions. RC proposed that the next step is to make sure the message is being clearly and accurately communicated across the localities through liaising with Billie Dodd.</p> <p><u>Respiratory Scheme</u></p> <p>KS had a proposal for a respiratory scheme which she shared with the group. KS explained how South Sefton have put a scheme in place on 1<sup>st</sup> May to commission 1 or 2 pharmacists who will be going through all patients admitted to hospital with chest problems and reviewing them (ensuring fully optimised, medication review, etc.). This is a community based review scheme with those that have been admitted to hospital. Patients can then be referred to the community respiratory team if necessary. KS stressed how there is little in Southport and Formby regarding respiratory, and the community respiratory team have identified they are not getting many referrals from Southport and Formby. It would be a good starting point to have someone to be able to review these patients, and it wouldn't require the full £50K. There is no data available from South Sefton's scheme as of yet, but data should be available at end of September.</p> <p><u>Unplanned Care scheme</u></p> <p>RC made a suggestion to utilise the money on an unplanned care scheme. It could be worth getting a specification from South Sefton and seeing what funding is required.</p> <p>It is evident that reaching a decision about the locality budget is a problem. RC noted that this is the case across all localities and perhaps there is another system worth looking into for future years.</p> <p><u>Different Ways of Working Conference</u></p> <p>On the 18<sup>th</sup> June there was a conference organised around the topic of federation. The conference involved guest speaker Dr P G McCarthy who shared his experience of federation with the group. He covered topics on how to establish the commercial vision and business plan, understanding the financial viability of opportunities, and more. KS attended the conference and provided an update on what was discussed for those who didn't attend. In general it was a very insightful conference and gave practices a lot to think about. KS proposed that a vision is needed of what we want and what purpose it has. It also requires someone to take the lead.</p>	
14/49	<p><b>Locality Business</b></p> <p><u>CCG update</u></p> <p>RC provided the group with the following update:</p>	

No	Item	Action
	<ul style="list-style-type: none"> <li>Local Quality Contracts have been emailed out by Niall. Practices that haven't yet had a date to get in touch with RC or Karl. The final version should be out by beginning of next week. The only changes that have been made are around extended hours appointments. Access has been split. There has also been a bit of tweaking based on LMC practice feedback. The aim is for it to be flexible and achievable. Any issues to contact RC or Bal Duper.</li> <li>After discussions between RC and the radiology department, the trust are offering access to PAX system where radiology photographs can be viewed. This means x-rays, MRI scans and more can be viewed in front of the patient and discussed.</li> <li>Referral forms will go into a folder on every practice's system so it's consistent and up-to-date across the CCG. This will then be able to be merged with EMIS web and will also be available via the intranet.</li> <li>The letter that was received from Central regarding locality money has been replied to with a similar response as the letter sent to the South.</li> <li>Niall has gone around to practices for visits and RC is also happy to go around if requested or if practices have any issues.</li> </ul>	
14/50	<p><b>Pharmacy Update</b></p>  <p>May 14 Medicines Management Update</p>	
14/51	<p><b>Any other business</b></p> <ul style="list-style-type: none"> <li>Brian Clark, the Healthwatch representative for North locality, attended the meeting to introduce himself to the group and explain a bit more about Healthwatch. Brian also brought along some parcels for practices and also some posters to give out. BC said he enjoyed the meeting and would like to attend a couple of times a year. BC also asked if he could attend next month's meeting, to which the group agreed.</li> <li>KS had a query about the new standardised agenda and it being too structured. It was suggested that they could keep the headings but have their own locality-specific items under bullet points.</li> <li>JA asked if Unplanned Care Enhanced Services could be put as an agenda item for the next meeting.</li> </ul> <p>Action: To put Unplanned Care Enhanced Services on agenda for July's meeting.</p> <ul style="list-style-type: none"> <li>The group had a query about Which care plans and risk stratification.</li> </ul> <p>Action: JA to email group with this information.</p> <ul style="list-style-type: none"> <li>The group had a query about the recent email sent out from health education North West and if it's compulsory or not. RC explained how it is not compulsory.</li> <li>HM and IS appear to be missing out on papers for the meeting.</li> </ul>	<p>SF</p> <p>JA</p>

No	Item	Action
	Action: SR to check and amend distribution list.	SR
14/52	<b>Date of next meeting</b> Thursday 17 <sup>th</sup> July, 13:00- 14:30, Marshside/Corner Surgery	

# Southport and Formby Clinical Commissioning Group

## North Locality Meeting Minutes

Date: Thursday 17<sup>th</sup> July 2014 at 13.00 – 14.30

Venue: Marshside/Corner Surgery

### Attendees

Dr Ian Scott	(Chair) GP, Churchtown Medical Centre	IS
Sarah McGrath	Locality Development Manager, S&F CCG	SMc
Dr Les Szczesniak	GP, Sussex Road Surgery	LS
Ann-Marie Woolley	Practice Manager, Sussex Road Surgery	AW
Sam Muir	Practice Manager, Norwood Surgery	SM
Jane Ayres	Medicines Management S&F CCG	JA
Lydia Hale	Practice Manager, Roe Lane Surgery	LH
Dr Kati Scholtz	GP, Norwood Surgery	KS
Val Sheard	Health Promotion Specialist, Public Health	VS
Dr Myles Moriarty	GP, The Corner Surgery	MM
Dr Niall Leonard	GP, Roe Lane Surgery	NL

### Minutes

Sadie Rose	Administrator, S&F CCG	SR
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### Apologies


Dr Rob Caudwell	GP, Marshside Surgery	RC
Lyn Roberts	Practice Manager, Churchtown Medical	LR
Sharon Johnson	Informatics Merseyside	SJ

### Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr K Scholtz	Norwood Surgery	✓	✓	✓	✓								
Dr A Al-Dahiri	Norwood Surgery	✓	A	A	A								
Dr S Tobin	Norwood Surgery	A	A	A	A								
Dr D Unwin	Norwood Surgery	A	A	A	A								
Dr A Zubairu	Norwood Surgery	A	A	A	A								
Dr N Leonard	Roe Lane Surgery	A	✓	A	✓								
Dr A Trevor	Roe Lane Surgery	✓	A	✓	A								
Dr H Mulla	The Corner Surgery	✓	A	✓	A								
Dr S Woodcock	The Corner Surgery	A	A	A	A								
Dr M Moriarty	The Corner Surgery	A	✓	A	✓								

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr L Szczesniak	Sussex Road	✓	✓	✓	✓								
Dr R Caudwell	Marshside Practice	✓	✓	✓	A								
Dr M McCormack	Churchtown Medical Centre	A	A	A	A								
Dr R Kidd	Churchtown Medical Centre	A	A	A	A								
Dr I Scott	Churchtown Medical Centre	✓	✓	✓	✓								

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

No	Item	Action
14/53	<p><b>Welcome and apologies</b> Apologies were noted. See attendance sheet below:</p>  <p>Attendance Sheet.pdf</p>	
14/54	<p><b>Minutes of the last meeting</b></p> <p>The minutes from the previous meeting on 19<sup>th</sup> June 2014 were agreed as an accurate record.</p>	
14/55	<p><b>Public Health Update</b></p> <p>Val Sheard attended the meeting and followed up a request that was made at the last meeting for a breakdown of services. VS circulated a leaflet to the group as a sample of what could be built on and produced (for instance tailored around mental health services). The group were positive about the sample leaflet and agreed that it is what they need to keep updated on services. The group also agreed it would be useful for VS to attend every locality meeting as a refresher to what services are available. It was agreed that VS would discuss mental health services at the next meeting.</p> <p>VS also circulated a hand-out about the iVan Cancer Information Van and Sefton's Summer Walking and Cycling Newsletter.</p>	
	<p>Action: SR to provide VS with Sharon Johnson's email address who is the direct point of contact for active Sefton referral forms.</p>	VS SR
14/56	<p><b>Quality and Patient Safety</b></p> <p>The issue of potassium reporting was discussed at the last locality meeting. JA noted that she hasn't heard anything further back from the lab, but has noticed improvements since practices were advised not to store samples in the fridge.</p>	

No	Item	Action
14/57	<p><b>Performance and Finance Update</b></p> <p>SMc received the Quality Premium report this morning therefore it was agreed that this be left and discussed at the next meeting. SMc asked if the Board had discussed the Quality Premium, to which the reply was that they are still awaiting final figures around Asthma and once they have something definite they will feed back.</p>	
14/58	<p><b>Enhanced Service- Avoiding Unplanned Admissions</b></p> <p>The aim is to ensure that a single version of the care plan template is available on EMIS practice systems. This will contain sufficient information to inform both practices and partner organisations- such as NWS, ICO and care homes -of the patient's condition and actions required. The completed template will also suffice for the data requirements of the Enhanced Service for Avoiding Unplanned Admissions.</p>	
14/59	<p><b>Service Improvement/redesign</b></p> <p>SMc advised the group that ideas for the £50K locality money need shortlisting. The group went through each scheme individually:</p> <p><u>Acute Visiting Service</u></p> <p>The general consensus is that people aren't keen on this idea and feel it wouldn't be cost effective. The group had a discussion around the different arms of the service 1) NWS pathfinder and 2) General GP visits. It was generally agreed that the NWS arm of the service would be a must better option but only if it is done on a wider scale involving more than one locality. It was agreed that more discussion needs having around this and it should be kept on the shortlist. NL made a suggestion that someone should attend the wider group meeting as a representative to discuss the AVS. IS agreed to speak to Greg Firth about this.</p> <p><u>Review of Respiratory patients</u></p> <p>This is an idea first introduced by KS at the last meeting. It involves a system to review all patients who have COPD and who have had 2/3 hospital admissions at given time. A review is then done which includes ensuring patients have spirometry and everything is fully optimised. They will then be able to be referred to preliminary community services.</p> <p><u>Arrhythmia nurse</u></p> <p>This was an idea from Sharon Forrester and Rob Caudwell who wasn't present at the meeting to be able to speak about it in detail.</p> <p><u>Shingles vaccination</u></p> <p>This was previously brought up by Lyn Roberts from Churchtown relating to District Nursing not being able to do Shingles Vaccinations. Discussions were had around this not being in the ICO contract. However practices are funded to deliver this.</p>	

