

## MEETING OF THE GOVERNING BODY November 2015

<b>Agenda Item:</b> 15/207	<b>Author of the Paper:</b> Tracy Jeffes Chief Delivery and Integration Officer E mail: <a href="mailto:tracy.jeffes@southportandformbyccg.nhs.uk">tracy.jeffes@southportandformbyccg.nhs.uk</a> 0151 247 7049
<b>Report date:</b> November 2015	
<b>Title:</b> Organisational Development Plan – Priorities	
<b>Summary/Key Issues:</b> This document provides the Governing Body with an updated organisational plan, developed following discussions with Governing Body members and the CCG Operational Management Team.	
<b>Recommendation</b>  The Governing Body is asked to approve the Organisational Development priorities outlined in this plan and support the recommendation of a detailed implementation plan.	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives	
x	To place clinical leadership at the heart of localities to drive transformational change.
x	To develop the integration agenda across health and social care.
x	To consolidate the Estates Plan and develop one new project for March 2016.
x	To publish plans for community services and commission for March 2016.
x	To commission new care pathways for mental health.
x	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement				
Clinical Engagement	x			Governing Body involvement
Equality Impact Assessment	x			Blueprint areas and priorities are subject to Public Sector Equality Duty Compliance and reviewed by CCG E&D support
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	x			Presented and discussed at CCG Operational Team

<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

# **ORGANISATIONAL DEVELOPMENT PLAN PRIORITIES**

**November 2015**

## **Organisational Development Plan Refresh and Priorities for 2015-17 November 2015**

### **1.0 Introduction**

Our organisational development (OD) plan has been refreshed each year since authorisation in 2013. The OD Plan supports the delivery of our strategy by ensuring that the underpinning structures, systems, staff, skills, shared values and style of working are in place. Whilst much has been achieved in the first two years of operation it is essential we refresh our plan to enable us to re-focus our development to meet the challenges ahead.

Sessions with the CCG Governing Body and CCG Operational Team were held between July and November 2015, where consideration was given to the outcome of the national 360-degree feedback exercise and the opportunity taken to reflect on the organisation's recent achievements, strengths and weaknesses, opportunities and threats. In addition, consideration was given to the new NHS England CCG assurance framework, which highlights key organisational requirements against which all CCGs will be assessed. The outputs of these sessions have directly contributed to the plan.

### **2.0 Organisational Progress over the Last Twelve to Eighteen Months**

Some key areas highlighting our progress as a developing organisation are highlighted below:

- A clear strategic plan in place linked to the Sefton Health and Wellbeing Board Strategic Plan and the development of "blueprints" to support the implementation of the strategy.
- The development of "Shaping Sefton": a system-wide approach to delivering key strategic priorities, underpinned by a programme devised with the King's Fund to develop collaborative relationships and solutions with partners.
- The development of a bespoke Programme Management Office (PMO) to drive delivery and focused performance management.
- The successful, smooth transition to new Governing Body Chair and Clinical Vice Chair roles
- Meeting of all financial and statutory requirements and externally verified sound financial management
- Clear and well established governance structures and systems in place
- Strong quality assurance systems established
- Significant level of public engagement through a variety of collaborative approaches
- Regular Governing Body development sessions including team coaching
- Significant individual development opportunities and achievements across the organisation

- Restructuring of Senior team and in-housing of key functions from the Commissioning Support Unit
- On-going investment in Protected Learning for GP Practices
- Successful absorption and adapted to changing roles, functions, priorities, and events in a response to a changing and complex environment.

### 3.0 Proposed Priority Areas for Organisational Development

Having undertaken a review of the CCG's stakeholder 360 degree feedback report and a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis and from reviewing the outputs from the above sessions, a range of areas for development have been identified under five key themes. This list is not exhaustive, but identifies the most critical areas for the CCG over the next twelve to eighteen months to improve our effectiveness as a commissioning organisation capable of delivering our key strategic plan and objectives for 2015 to 2017.

These are:-

- 1) Locality Development
- 2) Commissioning Capacity and Capability
- 3) Programme Management approach to transformation and Public Sector Equality Duty Compliance
- 4) Leadership, Team and Talent Management
- 5) Public Engagement and Partnership Working

#### 3.1 Locality Development

*AIM: The development of fully mature, engaged localities with significant budgetary and commissioning responsibilities underpinned by optimal use of data.*

##### KEY DEVELOPMENTS

- Locality specific commissioning / QIPP (Quality, Innovation, Prevention and Productivity) Plans
- Practice / locality-specific plans for primary care transformation
- Co-ordination of locality support teams with strong clinical and managerial leadership
- Regular finance and activity budget review and agreed action to support QIPP plans
- Clear reporting on progress through PMO (Programme Management Office)

#### 3.2 Commissioning and Capacity and Capability

*AIM: Maximise the opportunity of the "in-housing" of the shared contracting team to redesign the commissioning function to streamline operations and increase capacity for transformation.*

*AIM: Utilise the skills and expertise of (and investment in) clinical leaders to best effect, and supporting their roles through development opportunities.*

*AIM: Increase capacity of Business Intelligence function through "in-housing" to ensure delivery and monitoring of plans*

## KEY DEVELOPMENTS

- Redesign of Commissioning and Contracting
  - Work with the team to understand roles, responsibilities, skills, experience and agree plans to reduce duplication in commissioning and contracting support
  - Redesign structure and roles to release capacity to work on transformational programmes and meet financial envelope
  - Develop an effective team to work flexibly and fluidly across three organisations (provision of contracting service across Southport and Formby CCG, South Sefton SCCG and Halton CCG)
- Review Clinical Lead roles and reporting arrangements to maximising the contribution of, and better support clinical leaders to deliver CCG objectives.
- Recruit to gaps in Business Intelligence support

### **3.3 Programme Management approach to Transformation and Public Sector Equality Duty Compliance**

*AIM: A systematic approach to system-wide transformation through Shaping Sefton - strong collaborative working and programme management to deliver on focused /shared strategic objectives.*

## KEY DEVELOPMENTS

- Develop a systematic 'way of doing business' embedded across all parts of the organisation
- Establish clear reporting of progress through Shaping Sefton governance structures and improved performance management
- Personal and team development and Protected Learning Time linked to programme delivery
- Improved corporate processes to underpin delivery
- Focused approach on key objectives and programmes.
- Agreed approach in relation to Quality Improvement Methodology and working with NHSIQ, AQUA and Right Care.

### **3.4 Leadership, Team, Succession and Talent Management**

*AIM: Maximise the contribution of and better support all leaders (and specifically clinical leaders) to deliver CCG objectives*

## KEY DEVELOPMENTS

- Work with the North West Leadership Academy to develop a bespoke Governing Body Development Centre.
- Review our succession planning and development programmes for current and future leaders, both clinical and non-clinical
- 360 degree feedback arranged for all working for CCG
- Clear objectives and development plans for all (including clinical leads) through Personal Development Planning process linked to Shaping Sefton.
- Team coach / facilitation available for each team twice a year
- Consideration of adoption of Investors in People.

### **3.5 Public Engagement and Partnership Working**

*AIM: Local people and partner organisations are clear on CCG's vision and priorities and how their views have contributed to these. Partners work collaboratively for the benefit of local communities.*

#### **KEY DEVELOPMENTS**

- Revised Communications and Engagement strategy to raise profile and further develop membership and public involvement
- Shared vision with providers and other stakeholders and work collaboratively through system wide governance structures (Shaping Sefton) and system leadership programme to bring about change
- Integrated commissioning approach with LA agreed and implemented

### **4.0 Next Steps and Recommendations**

It is proposed that the Chief Delivery and Integration Officer develop an implementation plan which highlights key responsibilities, timescales and resource implications to develop these priorities for consideration by the CCG Finance and Resource Committee.

The Governing Body is asked to approve the Organisational Development priorities outlined in this plan and development of a detailed implementation plan.

**Tracy Jeffes**  
**Chief Integration and Delivery Officer**  
**November 2015**

MEETING OF THE GOVERNING BODY November 2015	
<b>Agenda Item:</b> 15/208	<b>Author of the Paper:</b> Debbie Fairclough Email: Debbie.Fairclough@cmcsu.nhs.uk Tel: 07824608578
<b>Report date:</b> November 2015	
<b>Title:</b> Community Services Project Steering Group: Terms of Reference	
<b>Summary/Key Issues:</b>  <p>The paper presents the Governing Body with a copy of the Terms of Reference for the Community Services Project Steering Group.</p> <p>The group's primary objective is to secure a high quality, value for money community service provision for the CCG's resident populations and will provide assurance to the governing body on the progress with the community service procurement and assurance that all relevant laws are adhered to.</p>	
<b>Recommendation</b>  The Governing Body is asked to approve this report.	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To place clinical leadership at the heart of localities to drive transformational change.
	To develop the integration agenda across health and social care.
	To consolidate the Estates Plan and develop one new project for March 2016.
x	To publish plans for community services and commission for March 2016.
	To commission new care pathways for mental health.
	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.



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

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

## Report to the Governing Body

October 2015

### 1. Recommendations

The Governing Body is asked to approve the Terms of Reference.

### Appendices

**Appendix 1 – Community Services Procurement – Project Steering Group Terms of Reference**

**Debbie Fairclough**  
**October 2015**

## Community Services Procurement – Project Steering Group

### Terms of Reference

#### 1. Purpose

- 1.1. The group's primary objective is to secure a high quality, value for money community service provision for the CCG's resident populations.
- 1.2. The group is a formal steering group with delegated authority from the respective CCG governing bodies to assess, approve or reject project plans associated with the procurement.
- 1.3. The group has authority from the Governing Body to approve all relevant documentation associated with the community services procurement.
- 1.4. The group will provide assurance to the governing bodies on the progress with the community service procurement and assurance that all relevant laws are adhered to.

#### 2. Roles and responsibilities

- 2.1. To determine the work programme with associated tasks and milestones to ensure the delivery of the procurement exercise
- 2.2. To implement the work programme and monitor progress.
- 2.3. To provide an appropriate structure to support the delivery of the procurement exercise
- 2.4. Ensure that there are appropriate governance arrangements in place for the declaration and management of conflicts of interest
- 2.5. To develop procurement documentation including appropriate evaluation criteria
- 2.6. To develop service specifications including quality indicators
- 2.7. To ensure that there is a robust consultation exercise, the outputs of which shall effectively inform the decision making of the group.
- 2.8. To ensure that relevant Equality Impact Assessments are undertaken when designing services
- 2.9. Ensure that there is an effective communication plan in place so that the public and stakeholders are updated on progress.
- 2.10. To ensure effective liaison and engagement with relevant stakeholders, including but not limited to, Overview and Scrutiny Committee, Health and Wellbeing Board, HealthWatch and the public.
- 2.11. Ensure the procurement process supports the CCGs duty to reduce health inequalities
- 2.12. To prepare financial proposals setting out the support requirements for the procurement. Those proposals shall be submitted to the Chief Finance Officer, Accountable Officer, Finance and Resources Committee or the Governing Body for approval.

- 2.13. Ensure that the procurement exercise is delivered within the approved budget.
- 2.14. To ensure that there is an effective framework for the identification and mitigation of all risks associated with the procurement and provide assurances to the respective Governing Bodies on the management of those risks.

### 3. Matters reserved to the Governing Body

- 3.1. The Governing Body will remain responsible for decision making in respect of all matters reserved to it as set out in the Scheme of Reservation and Delegation.
- 3.2. The Governing Body will remain responsible for decision making in respect of all matters requiring decisions to be made in public to satisfy relevant transparency directives.

### 4. Establishment of sub groups

- 4.1. The steering group has authority to establish relevant sub groups to undertake any of the tasks set out in these terms of reference.
- 4.2. The group will undertake regular reviews of its workload and will from time to time establish sub-groups to ensure that it conducts its business in an effective and appropriate manner. These sub groups will be required to provide key update reports as stipulated by the group
- 4.3. The steering group will ensure that each project sub group has a named lead that has overall responsibility for delivery of the project.
- 4.4. The work programme, including objectives and timescales for each sub group will be approved by the steering group.
- 4.5. The steering group will ensure that each group is allocated an appropriate level of resources to enable it to discharge its duties
- 4.6. The steering group will determine the reporting requirements and associated timescales for the submission of progress reports.

### 5. Membership

Jan Leonard	<b>Chair</b> , Chief Redesign and Commissioning Officer
Debbie Fairclough	Programme Lead
John Jones	Strategic Support
Billie Dodd	Head of CCG Development S&F CCG
Steve Astles	Head of CCG Development SS CCG
David Smith	Deputy Chief Finance Officer
Malcolm Cunningham	Head of Contracting and Procurement
Rob Caudwell	GP Chair S&F CCG
Craig Gillespie	GP Chair SS CCG
Clive Shaw	South Sefton GB member
Niall Leonard	Southport and Formby GB member
Debbie Fagan	Chief Nurse and Quality Officer
Jenny White	S&F CCG, Sub Group Lead for Finance and Estates
Stephen Appleton	iMerseyside, Sub Group Lead for IT
Helen Graham	CSU, Sub Group Lead for Procurement
Lyn Cooke	CCG, Sub Group Lead for Communications and Engagement
Debbie Fairclough	Governance
Roger Pontefract	Lay Member, S&F CCG Governing Body

## 6. Administration

- 6.1. The group will be supported by an appropriate administrator that will be responsible for supporting the Chairs in the management of the steering group's business.
- 6.2. The agenda for the meetings will be agreed by the Chair of the group and papers will be distributed at least two working days in advance of the meeting.
- 6.3. The administrator will take minutes and produce action plans as required to be circulated to the members within 10 working days of the meeting.
- 6.4. The administrator will be responsible for the communication of actions to ensure leads are aware of tasks assigned to them and the deadlines for completion of those tasks.

## 7. Quorum

- 7.1. Meeting shall be quorum if 50% of the membership is present and that attendees comprise the chair or nominated vice chair, one member of the senior management team, one governing body member and two clinicians.
- 7.2. The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

## 8. Frequency of meetings

- 8.1. The group shall meet at least six times a year. Members shall be notified at least 10 days in advance that a meeting is due to take place.

## 9. Accountability and reporting

- 9.1. The steering group shall submit minutes of its meetings to the **private** meeting of the governing bodies.
- 9.2. The group will provide regular updates, verbal and written to the Senior Management Team and Senior Leadership Team.
- 9.3. The steering group shall submit general progress reports to the public meetings of the governing body

## 10. Conduct and Conflicts of Interest

- 10.1. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members should notify the group chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting.
- 10.2. In the event that there is a Conflict of Interest declared before or during a meeting the procedure for dealing with Conflicts of Interest as set out in the NHS Southport and Formby CCG Constitution and NHS South Sefton Constitution shall apply.
- 10.3. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

## 11. Review

Date: 19<sup>th</sup> October 2015

Version No. **2**

Review dates  
December 2015  
June 2016  
December 2016

## MEETING OF THE GOVERNING BODY November 2015

<b>Agenda Item:</b> 15/209	<b>Author of the Paper:</b> Sam McCumiskey / Martin McDowell Strategic Estates Advisor / Chief Finance Officer Email: <a href="mailto:martin.mcdowell@southseftonccg.nhs.uk">martin.mcdowell@southseftonccg.nhs.uk</a> Tel: 0151 247 7065
<b>Report date:</b> November 2015	

**Title: CCG Interim Strategic Estates Plan 2015-2020**

**Summary/Key Issues:**

The Department of Health issued guidance under the cover of *Local Estates Strategies; A Framework for Commissioners* in June 2015. The guidance is linked into the Five Year Forward View and outlines the following objectives to allow the NHS to,

- fully rationalise its estate
- maximise use of facilities
- deliver value for money, and,
- enhance patients' experience

The CCG was asked to develop an initial strategic estates plan to outline how it will complement the objectives of the Five Year Forward View and address the key issues outlined above. This document is the first iteration of the plan which will require regular updates to respond to the changing environment that we operate within. This version of the plan is required to be submitted to the Department of Health in December 2015.

<b>Recommendation</b>	Receive <input type="checkbox"/>
The Governing Body is asked to approve this report.	Approve <input checked="" type="checkbox"/>
	Ratify <input type="checkbox"/>

**Links to Corporate Objectives** (*x those that apply*)

x	To place clinical leadership at the heart of localities to drive transformational change.
x	To develop the integration agenda across health and social care.
x	To consolidate the Estates Plan and develop one new project for March 2016.
x	To publish plans for community services and commission for March 2016.
x	To commission new care pathways for mental health.
x	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.

Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement			x	Further public engagement will be required to discuss specific plans as they are developed
Clinical Engagement	x			Discussions held at locality meetings
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered	x			
Locality Engagement	x			See above
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

## **NHS Southport & Formby Clinical Commissioning Group**

### **Interim Strategic Estates Plan (SEP) 2015 - 2020**

#### **Content**

- 1. Introduction, Purpose & Scope**
- 2. Vision & Objectives**
- 3. Drivers for Change**
- 4. Current Estate Overview**
- 5. Future Model of Care**
- 6. Future Estates Plan**
- 7. Estate Outcomes**
- 8. Delivering the Strategy**
- 9. Outline Implementation Plan**
- 10. Financial Impact**
- 11. Risk, Constraints, Stakeholders & Issues**
- 12. Summary Strategy on a Page**
- 13. Appendix**



## 1. Introduction, Purpose & Scope

This document is the Strategic Estates Plan (SEP) for NHS Southport & Formby CCG, covering 2015 – 2020. It is a working document and so will be regularly reviewed and updated. The document builds on previous work, including Estate Legacy Plans, produced in 2014, and key occupancy / utilisation studies, conducted in early 2015.

The purpose of the document is to:

- Drive better value and better use out of all local health and social care property. Collaboration, innovation, improved property management and pooling resources are key to delivering these aspirations
- Translate recent CCG commissioning strategy transformation plans, which have been articulated in, both CCG's Five Year Forward Plans and the "Vision and Blueprint for Transformation Programmes" document, produced in June 2015, into an estates strategy. The strategy will provide clarity over what is needed, over the short, medium and long term, and how we will work, in collaboration, to get there. We recognise that the built environment is a very important component of delivering high quality, accessible and efficient services.

The interim strategy will focus on primary and community healthcare property, in the first instance. However it will, take every opportunity to integrate plans across the whole local, health and social care and public sector generally. e.g. plans described in this document are already aligned with local authority plans and the CCG continues to work in partnership with the wider stakeholder group, through its Sefton Property Estates Partnership Group (SPEP), which reports to the CCG Governing Body through its governance processes.

Membership of the SPEP will be further enhanced from January 2016 with an invitation to all local provider Trusts to become members, and so future iterations of the strategy will include secondary care estate plans.

*NHS estate is cited as the third largest cost after staffing and medicines and it covers things like utilities, maintenance, security, rent and depreciation and in order to achieve... "the efficiencies required by the Five Year Forward View means CCGs must deliver good quality strategic estates planning to allow the NHS to: Enhance patient experience. Fully rationalise its estate. Maximise the use of facilities. Deliver value for money".*

*Department of Health Local Estates Strategies: A Framework for Commissioners, June 2015*

## 2. Vision & Objectives

Our vision is to provide *first class estate* across Southport and Formby, which enables the CCG to deliver its vision, which is:

*“To create a sustainable healthy community based on health needs, with partners; focused on delivering high quality and integrated care services to all, to improve the health and wellbeing of our population.”*

Table 1, below, illustrates the CCG’s transformation plans, translated into four key strategic estate objectives.

<p><b>1) Integration &amp; Co-location</b> - Estate that enables wider integration and co-location. i.e. between Primary, Community &amp; Secondary care services; Health, Social Care and Voluntary Sector; and Physical and Mental Health.</p> <p style="text-align: right; font-size: small;">South Sefton Clinical Commissioning Group Southport and Formby Clinical Commissioning Group</p> <p>Diagram Two: System blueprint for Integrated Community Services</p>	<p><b>2) Flexibility &amp; Adaptability</b> – Improved connectivity through technology (e.g. digital, telehealth), adaptable rooms and spaces to support future changes to service models and populations.</p>
<p><b>3) Quality &amp; Accessibility</b> - “Fit for purpose” premises that support, not hinder, quality care processes. Local facilities that offer open and transparent access to services over extended hours (i.e. 8am – 8pm, with 24/7 as required). Easy access, welcome and way-finding to sites, buildings and within buildings. Well maintained buildings. Age and needs appropriate environments (e.g. frailty, disability, dementia). The current demographic profile of Southport &amp; Formby population is a generation ahead of the rest of the country with 25% of the population over 65.</p>	<p><b>4) Value for Money</b> – Constraints on smaller practices threatens the development of modern primary care services. We need to establish opportunities to deliver economies of scale through larger groups of multi-disciplinary and professional staff working together. Improve occupancy and utilisation, as some key buildings in Sefton have low occupancy rates. As well as improve the management of properties to ensure we delivery value for money investments in the environment.</p>

### 3 Drivers for Change

*“Whilst there are services available in the community to support people to manage their long term conditions and help prevent hospital admissions, these are not comprehensive and sometimes ‘dis-jointed’, and information sharing can be limited. Services are not always straight forward to access or able to offer a rapid response and are not as well-known as emergency departments”. (Source: NHS Southport and Formby CCG blueprint)*

The SEP, along with any subsequent projects or work streams, must seek to address the following current system wide problems.

- The financial challenge to save infrastructure costs in order to afford front-line clinical services.
- It is a complicated system that has grown organically and not strategically.
- The system is difficult for patients and professionals to navigate and service access is limited, in some key areas.
- In particular, the system is struggling to respond to challenges posed by frail elderly and patients with complex needs. We need to develop better co-ordinated and integrated models of care.
- Prevention / early treatment services require redesign. Sometimes patients travel around the system until they becomes acute.
- A&E is the easiest part of the system to access and so receives the largest “flow” of patients, putting pressures on hospitals to meet targets.
- There are difficulties with patient flow management leading to poor value care.
- Information is not shared across all healthcare organisations.
- Demographic pressure equals pressure on urgent care services will continue the flow to A&E.
- Potential underuse of local voluntary services.

Together, with the following specific problems that relate to the current estate system.

- The number of different organisations within the sector makes co-ordination more difficult.
- Seeming disincentives and barriers to progress (e.g. costs and contracts that do not encourage GPs to move into under-utilised LIFT buildings).
- A general under occupancy of primary and community health centres. Occupancy rates are low in comparison to other areas.
- Lack of investment in Estate over the last decade.

*“Current estate looks nice but it’s not fit for purpose. Many are old houses. Accommodation needs to be adaptable and support co-location. Patients need to be able get in and around the premises easily, and we need to be assured that we are able to deliver CQC standards. Accessibility is really important”.*

*Quote from Dr Niall Leonard, at Shaping Sefton Frail Elderly Workshop June 2015*

#### 4 **Current Estate Overview**

In section 13 of the document, the appendices, there is a list of all Southport & Formby primary care property. The list includes key details of the property.

##### **In summary:**

##### **Primary Care**

- Through 6 facet survey data collected in 2013 and recent conversations with the different organisations involved in local estates e.g. NHS Property Services, Community Trusts, etc. a high level estimate of the number of primary care properties that are either in poor physical condition (based on 6 facet survey) or not fit to provide modern healthcare moving forward (e.g. not complaint with current design / building / performance guidance, and/ or able to expand to accommodate growing need), is approximately 7 out of 19 practices, 37%. Moving forward more detailed assessment needs to be conducted at an individual estate project level to determine more accurate information.

##### **Community Care**

- 7 clinical community properties have been identified.
- The 2 LIFT properties, Southport Centre for Health & Wellbeing and the Ainsdale Centre for Health & Wellbeing are in excellent condition.
- The 3 NHS Property Services buildings, 8 Church St, Curzon Rd and Southport Children's Centre are either average or in a poor condition and restrict moving forward with new models of care. NHS Property Services has plans to either vacate the properties or rationalise them.
- Formby Clinic is owned by Liverpool Community Trust and has an average condition and it not fit for purpose moving forward. This property could be considered alongside wider plans for delivery of health services across the locality.
- Churchtown Health Centre / Clinic is owned by Southport & Ormskirk Trust and is in a poor condition and is not fit for purpose moving forward. This property could be considered alongside wider plans for delivery of health services across the locality

## 5. Future Model of Care

The aspiration is for the new model of care to provide comprehensive, integrated healthcare services for physical and mental health for all age groups that will maintain and improve patient experience and clinical outcomes, while accommodating increases in demand for care, despite increasingly tight budgetary constraints.

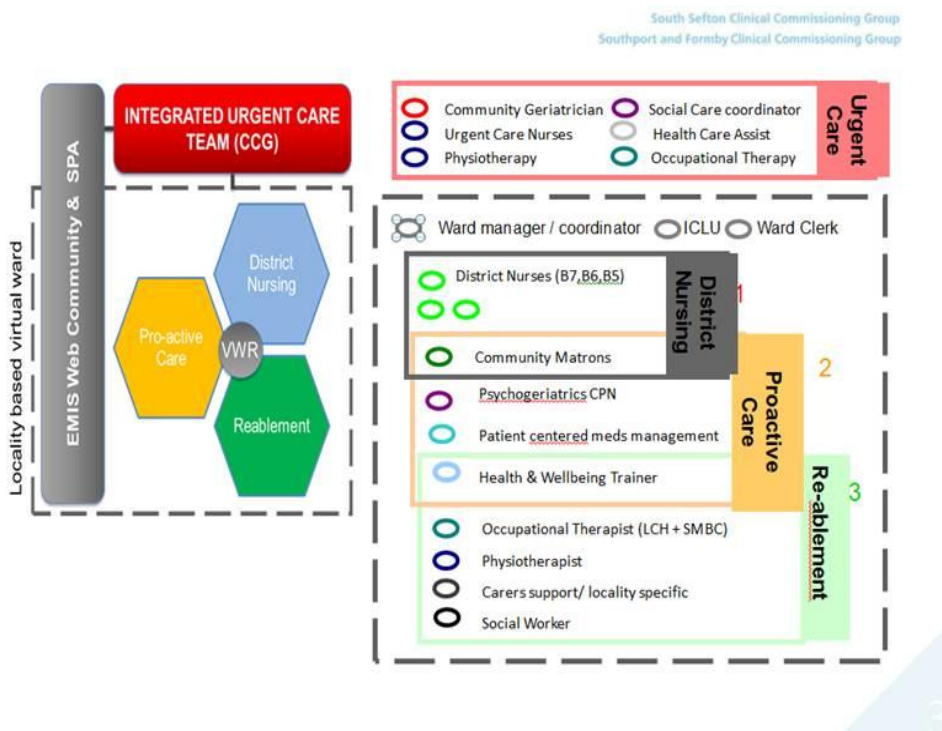
The right care must be delivered at the right time, in the right place, through integrated care services. Essential elements of the new model of care are:

- Integrated, co-ordinated services working in collaborative partnerships.
- Improving accessibility by increasing the number of services available locally organised around GP localities.
- Services that are personalised and patient led.
- Clinical leadership and clinical decision making.

The CCG has identified three main strategic priority areas as the focus for the next few years:

- Care for older and vulnerable residents
- Unplanned care
- Primary care

The new model aims to deliver integrated primary, community and social care as close to a patients home as possible. The diagram below illustrate how the CCG will deliver care closer to home, through virtual ward models.



## 6. Future Estates Plan

An assessment of current estate together with an understanding of current challenges, opportunities and future models of care requirements has determined our high level estates plan. The table below illustrates the change to the estate that will be delivered over the next five plus years, plus an analysis of current gaps.

Current Position	Future Position	Gap Analysis
1) Approximately 63% of primary care premises are good quality. The rest are poor quality and not “fit for purpose”. Many are accommodated in converted semi-detached houses that limit the practices ability to deliver community care close to home.	1) Each of the localities within the CCG will have 1 or where needed 2 “fit for purpose” hubs and a number of spokes to deliver increased primary and community services from. Each hub will serve a population of between 10,000 -30,000.	Significant investment required to deliver fit for purpose hub and spoke premises across the CCG.
2) Separate teams, and services with problems of access and uncoordinated care.	2) Larger, co-located multi-disciplinary teams and services based together in local, accessible and modern buildings providing integrated care, e.g. pharmacy, dentistry, mental health, physio, OT, therapies, social care, advocacy, support respiratory, cardio, X-ray, diagnostics, testing, tele-health, with the potential to link with other key public sector partners	Significant investment as above to enable the implementation of transformed care pathways.
3) Centres under occupied resulting in wasted capacity and costs. No focused resource to manage properties.	3) More efficient buildings and increased capacity in local communities to move services out of hospitals. Active building management and a shared property information system to make sure optimal occupancy is sustained. Target of 80% occupancy.	Lack of capacity to deliver change. Use community services tender project as the vehicle to improve utilisation, dis-invest from poor property and build in robust centre management to sustain utilisation over the long term.
4) Patients travelling to multiple appointments and venues or going to A&E. Often services are closed out of hours.	4) Less travelling time with patients being able to access integrated services close to where they live. Local services open when they need to be. Target for hubs to be open 8am – 8pm.	Significant investment as above to enable the implementation of transformed care pathways.
5) Half of properties have poor environments that are inefficient and require modernisation. They hinder modern healthcare processes	5) Comfortable, light and airy spaces with flexible rooms, modern equipment and technology. Environments that enable clinical staff to deliver quality care.	

**7. Estates Outcomes**



The estates plan will deliver the following outcomes. Delivery of outcomes will be managed through the Sefton’s Property Estates Partnership Group (SPEP) and the CCG transformation programme and its work streams, such as the community tender project.

<p><b>1) Integration &amp; Co-location</b></p> <p>Right spaces in the right places with integrated community teams.</p> <p><b>Measurement</b> – numbers of premises, coverage of premises, quality of premises (6 facet survey, plus patient feedback), numbers and quality of integrated teams and patient outcomes</p>	<p><b>2) Flexibility &amp; Adaptability</b></p> <p>Connections with technology e.g. digital, telehealth. Adaptable rooms and spaces. Regeneration - Develop or release assets to support local growth. Local connections across the community</p> <p><b>Measurement</b> – usage of premises, coverage of premises, quality of premises (functionality survey).</p>
<p><b>3) Quality &amp; Accessibility</b></p> <p><b>Measurement</b> – Reduction in patients attending hospitals, improved patient experience, (less travelling to different appointments in different places.), cohesive service delivery in as few locations as possible. Extended hours - hubs open 8am – 8pm.</p>	<p><b>4) Value for Money</b></p> <p><b>Measurement</b> - Savings resulting from improved occupancy (80% occupancy target) and disinvestment of poor properties (2- 4 properties). Efficient work spaces. Economies of scale – larger multi professional groups of staff working collaboratively. Sharing assets.</p>



## 8. Delivering the Strategy

The SEP covers a long term time period, with more detailed plans formed for the earlier years. It is important that stakeholders can understand key milestones / outcomes over the three phases of the strategy, i.e. short (2015-20), medium (2020 – 2025) and long term (2025 – 2030). The intention is to make real changes that will produce significant improvements in patient care whilst delivering cost effective services.

### 8.1 Short Term Priorities

The following are the short term estates priorities that we plan to deliver over the next 2 to 5 years.

<p>Delivery of the CCG Community Services Tender Project will improve the utilisation of "fit for purpose" properties and allow disinvestment from poor properties. The tender process will also ensure sustainable management processes are established, as well as improved financial processes. This project has started and will become operationed in 2017.</p> <p>Lead: CCG Project Leads</p>	<p>Review of North Southport properties and potentially the refurbishment of local resource centre to accommodate primary care services and provide integrated primary / community services that specialise in frail elderly patients.</p> <p>Timescale - Business case and approvals planned for in 2016.</p> <p>Lead: GPs &amp; CCG</p>
<p>Develop a disposal programme, identifying potential capital receipts and revenue cost savings, as each scheme has the potential to release a number of primary and community care properties.</p> <p>Lead: Sefton Property Estates Partnership Group</p>	<p>Deliver a new primary and community care hub for the locality. The project will be led by locality GPs and CCG. The project will be scoped in 2015/16 in relation to scale, services required, approach and procurement route, with potentially business case development.</p> <p>Lead: GPs &amp; CCG</p>
<p>Time limited project to improve occupancy and utilisation in "fit for purpose" buildings. Timescale 2016 for 2 current LIFT buildings.</p> <p>Lead: Sefton Property Estate Partnership Group</p>	<p>Agree and deliver active centre management and shared information system that captures all estate information across Partner organisations</p> <p>Lead: Sefton Property Estates Partnership Group</p>

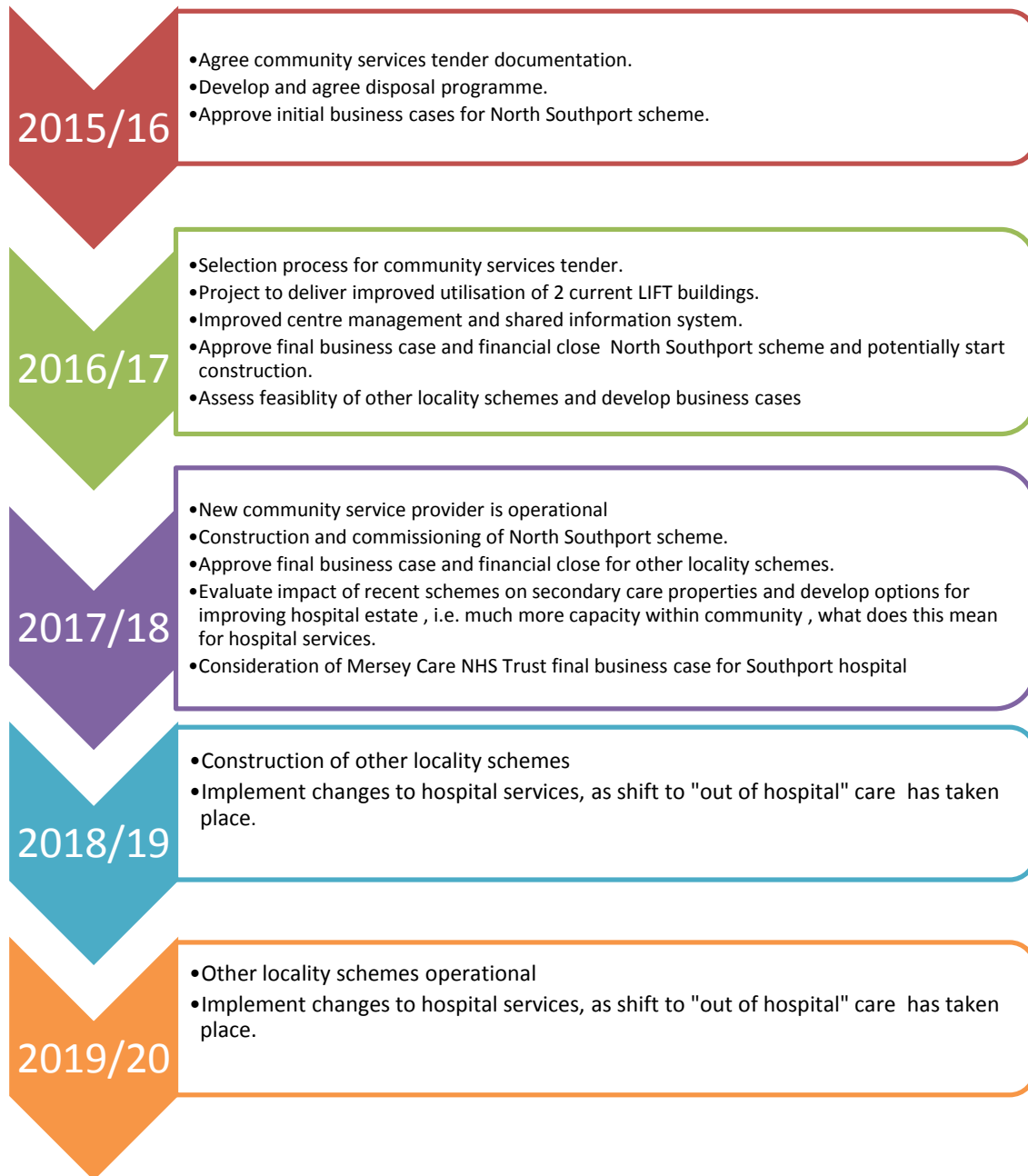
### 8.2 Medium & Longer Term Priorities – 2020+

- Work with Sefton Council and other local partners to develop opportunities to meet ambition of CCG in modernising the delivery of healthcare services within its boundary.
- Deliver a new integrated health and social care hubs in key local areas.
- Mersey Care NHS Trust plans to deliver a new mental health hospital in Southport.



## 9. Outline Implementation Plan

The diagram below identifies a high level implementation plan for the estates strategy, with indicative timescales.



## 10. Financial Impact

The previous two sections of this document have identified priorities and an implementation plan for the next five years. The high level financial impact of the implementation plan is illustrated in the table below.

Potential Projects	2015/16		2016/17		2017/18		2018/19		2019/20	
	Investments	Savings	Investments	Savings	Investment	Savings	Investment	Savings	Investment	Savings
Improving utilisation of 2 LIFT buildings project	£40,000 one off project costs			£200k million void costs						
Deliver North Southport Scheme			£ 9 million investment; £0.5 million revenue. Health Centre plus other GP premises costs potentially saved							
Deliver Other Scheme			£ 9 million investment; £0.5 million revenue. Clinic plus other GP premises costs potentially saved							
Proactive Centre Management & Shared			not yet identified							

Feasibility work and business cases are yet to be completed for the projects identified above, so it is difficult to offer accurate costs. However based on the costs of similar, previous schemes and the value and annual costs of current properties:

- The total capital requirement will be circa. £20 million, with increased revenue costs of £1 million per annum.
- Plus one off revenue cost of £40,000 this financial year and a potential void cost saving of £200k per annum.
- Offset by savings across the whole system which will require further detailed review taking on board the plans of our local partners.

As individual projects develop business cases, all the stakeholders involved, as well as members of the Sefton Property Estates Partnership group will determine best value for money in terms of procurement and funding for individual projects.

There is an opportunity for the CCG to bid for NHS England Primary Care Transformation Funding, in February 2016, and the CCG will consider all the projects described in this strategy in relation to this source of funding.

## 11. Risk, Constraints, Stakeholders & Issues

The following table identifies the key risks, constraints and stakeholder issues that need to be managed to ensure successful delivery of this strategy, along with mitigation plans.

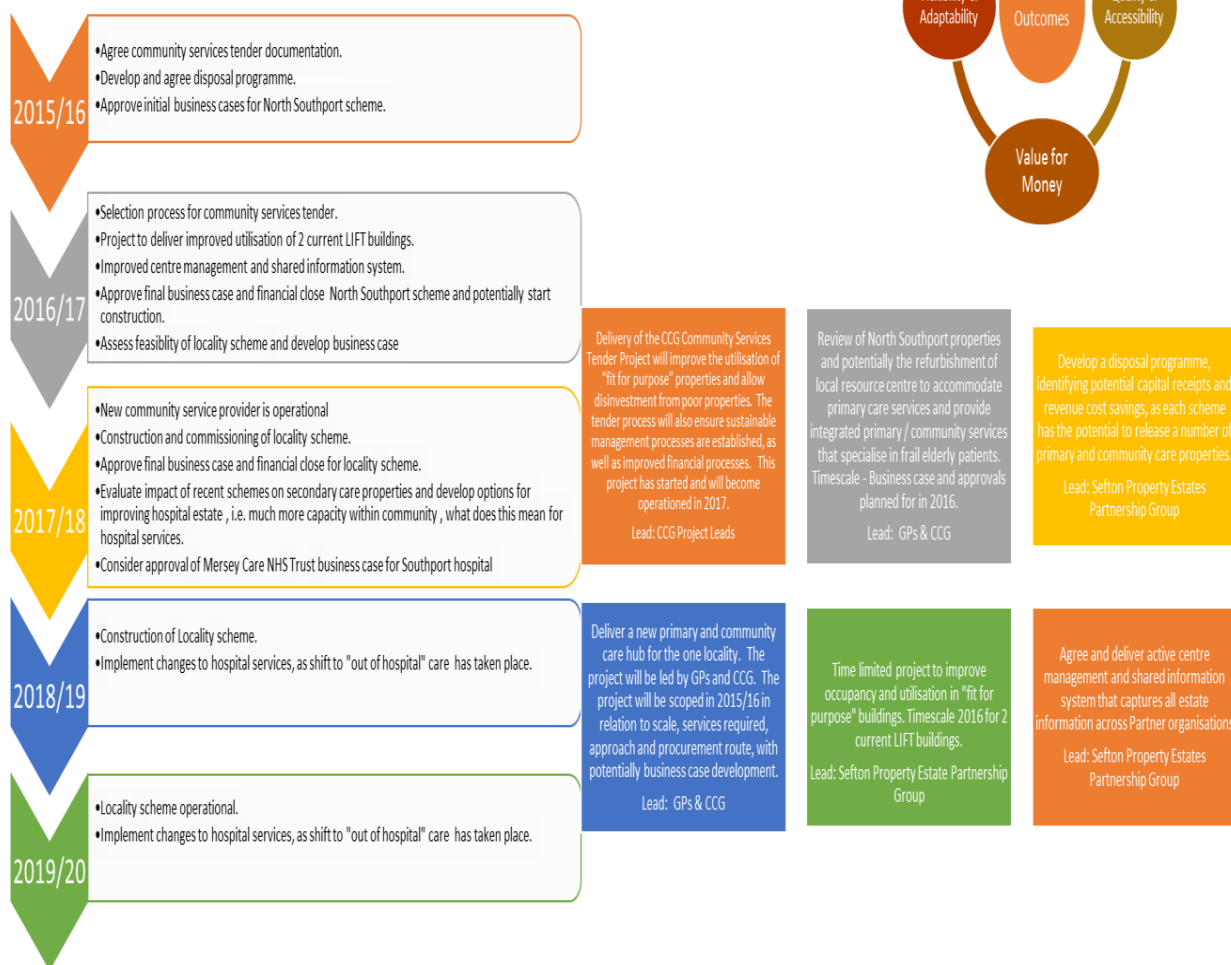
<b>Risk, Constraint or Stakeholder Issue</b>	<b>Mitigation</b>
1) Not able to afford projects now and in the future. <ul style="list-style-type: none"> <li>• Availability of capital and revenue to deliver the strategy.</li> <li>• How far can the CCG transform services to deliver revenue?</li> </ul>	Aligned and robust financial plans that connect both CCG transformation and estates plans with NHS England, NHS Property Services and Community Health Partnership financial processes, plans and timescales.
2) Poor engagement with multiple organisations and individual stakeholders who are necessary to gain support and approve projects, particularly: <ul style="list-style-type: none"> <li>• GPs and other clinicians.</li> <li>• Patients, the general public and local media.</li> <li>• CCG Governing Body</li> <li>• Sefton Metropolitan Council departments, officers, Councillors and committees.</li> <li>• Local Trusts, other providers and the voluntary sector.</li> </ul>	<ul style="list-style-type: none"> <li>• Early engagement and communication with wide stakeholder list.</li> <li>• On-going and regular engagement and communication with multiple organisations and individuals.</li> <li>• Understand and deliver requirements of individual stakeholders, such as GPs.</li> <li>• Transparent and inclusive governance, decision making and membership of projects.</li> <li>• Strong clinical and management leadership.</li> <li>• Strong patient involvement.</li> <li>• Strong project management.</li> </ul>
3) Preferred sites are not available or subsequent site issues such as planning, consultation, contamination, etc. prove restrictive.	<ul style="list-style-type: none"> <li>• Strong partnership working, inclusive and proactive membership of Sefton Property Estates Partnership group and individual project groups.</li> <li>• Good technical support and appraisal.</li> <li>• Strong design team and supply chain.</li> </ul>
4) Not being able to align the strategy to other key local plans now and in the future e.g. Local provider estate plans, local authority plans.	<ul style="list-style-type: none"> <li>• Strong partnership working, inclusive and proactive membership of Sefton Property Estates Partnership group and individual project groups.</li> <li>• Transparent and inclusive governance, decision making and membership of projects.</li> <li>• Strong communication and engagement plan.</li> </ul>

## 12. Summary – Strategy on a Page

The following diagram summarises the whole strategy onto one page, to support communication.

### NHS Southport & Formby CCG INTERIM STRATEGIC ESTATES PLAN (SEP) 2015 -2020

The purpose of the strategy is to drive better value and better use out of all property, and support the CCG to deliver its vision for the future i.e. "Vision and Blueprint for Transformation" June 2015



Key Risks: 1) Affordability – capital and revenue. 2) Engagement and sign up from all stakeholders. 3) Finding the right sites. 4) Keeping the strategy aligned with all other local plans.

**13. Appendices – Primary Care Estates Details**

Southport & Formby Primary Care Property Name	Address	Locality
Lincoln House Surgery - Dr Gana	33 Lincoln Road	South Southport
The Grange Surgery - Dr Kilshaw	41 York Road	South Southport
The Family Surgery - Dr Naidoo	107 Liverpool Road	South Southport
Ainsdale Medical Centre - Dr Russell	66 Station Road	South Southport
Ainsdale Village Surgery - Dr Smith	2 Leamington Road	South Southport
<b>Total</b>		
Curzon Road Medical Practice - Dr Bond	5 Curzon Road	Central Southport
St. Mark's Medical Centre - Dr Hedley	42 Derby Road	Central Southport
Cumberland House Surgery - Dr I M Hughes	58 Scarisbrick New Road	Central Southport
Kew Surgery - Dr Obuchowicz	85 Town Lane	Central Southport
<i>(Southport Centre for Health and Wellbeing)</i> Trinity Practice	Southport Health Centre	Central Southport
The Hollies - Dr Eldridge & Partners	Elbow Lane	Formby
The Village Surgery - Dr Reddington	Elbow Lane	Formby
Freshfield PCTMS - Dr Rowlands	61 Gores Lane	Formby
Chapel Lane Surgery - Dr Jackson	13 Chapel Lane	Formby
Churchtown Medical Centre - Dr Firth	137 Cambridge Road	North Southport
Roe Lane Surgery - Dr Fox	172 Roe Lane	North Southport
Corner Surgery - Dr Mulla	117 Fylde Road	North Southport
Norwood Surgery - Dr Unwin & Partners	11 Norwood Avenue	North Southport
Marshside Surgery - Dr Wainwright	117 Fylde Road	North Southport

## MEETING OF THE GOVERNING BODY November 2015

<b>Agenda Item:</b> 15/211	<b>Author of the Paper:</b> Fiona Doherty Strategy and Outcomes Officer						
<b>Report date:</b> November 2015	Email: <a href="mailto:fiona.doherty@southseftonccg.nhs.uk">fiona.doherty@southseftonccg.nhs.uk</a> Tel: 0151 247 7061						
<b>Title:</b> Blueprint Summary Report							
<b>Summary/Key Issues:</b> The CCG Governing Body requested development of a new reporting process to provide an overview of all Blueprints focused on creating clear plan with key milestones, associated risks, and benefits and outcomes, to provide the assurance of progress and delivery to the Governing Body. This report provides an overview of process and provides update on Blueprint progress to end of October 2015							
<b>Recommendation</b>  The Governing Body is asked to receive this report.	<table style="border-collapse: collapse;"> <tr><td style="padding: 2px;">Receive</td><td style="text-align: center; border: 1px solid black; width: 20px;">x</td></tr> <tr><td style="padding: 2px;">Approve</td><td style="text-align: center; border: 1px solid black; width: 20px;"></td></tr> <tr><td style="padding: 2px;">Ratify</td><td style="text-align: center; border: 1px solid black; width: 20px;"></td></tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

<b>Links to Corporate Objectives</b> <i>(x those that apply)</i>	
	To place clinical leadership at the heart of localities to drive transformational change.
	To develop the integration agenda across health and social care.
	To consolidate the Estates Plan and develop one new project for March 2016.
	To publish plans for community services and commission for March 2016.
	To commission new care pathways for mental health.
	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.

Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement			x	
Clinical Engagement	x			QIPP Committee November 2015
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered	x			
Locality Engagement				
Presented to other Committees	x			SLT October and November 2015

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

## **Report to Governing Body November 2015**

### **1. Introduction and Background**

In May 2015, The Governing Body approved the commissioning strategy and endorsed the prioritisation of the blueprints. (Agenda Item: 15/96)

The strategy identified 5 Transformational Programmes which were described as blueprints

- Primary Care
- Community Care
- Intermediate Care
- Unplanned Care
- Mental Health

The CCG has affirmed its focus on the two strategic programmes of CVD and respiratory, which were identified as key priorities following a programme benchmarking review.

A blueprint is used to define a programme of transformational change. It articulates the future state in more detail than a high-level vision and sets out the key milestones and task required to be put in place to enable the required outcomes and benefits, and identifies key risks to their implementation.

The Commissioning Strategy, Vision and Blueprints for Transformation Programmes stated a number of next steps; including need to introduce regular reviews of Blueprint progress against plan

The CCG Governing Body requested development of a new reporting process to provide an overview of all Blueprints focused on creating clear plan with key milestones, associated risks, and benefits and outcomes, to provide the assurance of progress and delivery to the Governing Body

A template has been developed on Microsoft excel to with three sections – The Plan, Benefits Realisation, Risk and issue log

### **2. The Blueprint Plan**

Each Blueprint has individual plan which is broken down over a number of key headings

- CCG Ref – Each scheme has an individual reference number which identifies the CCG, the Blueprint and scheme.
- Blueprint
- Programme – CVD or Respiratory schemes
- Scheme and Brief Description
- Blueprint Lead (Managerial) and Blueprint Clinical Lead – Accountable for delivery of Blueprint Plans. Managerial Lead responsible for submission of monthly highlight report



- Programme Lead (Managerial) and Programme Clinical Lead – Responsible for delivery of Programme specific schemes
- Finance Lead – Where scheme requires costing or finance support a lead will be identified.
- Milestone No, Milestone and Tasks– Each scheme identifies key milestones, which are individually referenced. Each milestone, a number of key tasks is identified, with clear start and finish dates.
- Task Start & End date (RAG rated) – All tasks must identify start and finish. Tasks are RAG rated to reflect on progress (Green), potential delay or issue, (Amber), Task delayed or at high risk of non-completion. Completed tasks are shown with Blue Rag
- Gantt Chart – Start and finish dates over week in length generate timeline on Gantt chart to provide Blueprint leads with a clear overview of major Blueprint tasks across the year
- Task owner – Clear identification of those responsible for ensuring completion of individual tasks...

The Strategic Management Office will have regular meetings to support Blueprint and programme leads, including a monthly executive lead review to ensure ongoing development of plans, progression to delivery and implementation stages.

### **3. Blueprint Plan – Benefits Realisation**

All benefits and outcomes are recorded on work plan against following headings.

- Benefit ID – CCG Ref from Blueprint plan
- Description – Outline change linked to scheme, such as increase in electronic prescription
- Benefit Type – Identify if outcome is financial or linked to improvement in quality
- How/Where measured – Describe arrangements for tracking benefit and where data will be reviewed/
- Baseline (Metric / indicator) – State current performance and target change E.g. Currently 1000 sent electronically each month - Target 5% extra sent each month
- Baseline period and Value – Confirm dates included in baseline and the total value of change in units E.g. 1/1/14-1/12/15, Reduction 50 prescriptions
- Current position – All benefits are RAG rated with all mitigating actions recorded on milestone plan.
  - GREEN: On track to realise benefit
  - AMBER: Moderate issues with mitigating actions identified and on track to be completed.
  - RED: - Significant issues which mean the benefit will not be realised
  - - Significant issues with no mitigating actions.
  - - Factors halting progress of mitigating actions.
  -
- Target date – Expected date outcome of benefit is expected to be realised
- Review date /Next review date – Confirm date and frequency of benefits to be reviewed
- Benefit realisation – Yes / No

All financial benefits will be monitored and tracked on newly developed QIPP dashboard (see section 7)

#### **4. Blueprint Plan – Risk and Issue Log**

All benefits and outcomes are recorded on work plan against following headings.

- Risk Ref - CCG Ref from Blueprint plan
- Risk owner This must be Blueprint lead, programme manager or task owner
- Description of risk - This must include the cause, effect and impact of the risk
- Controls - List the controls that are currently in place to manage the risk.
- Current Risk – Risk assessment uses standard 5x5 risk matrix currently used by the CCG. Low and moderate risks are deemed acceptable and will be monitored by SMO with a focus to introduce reasonable measures to eliminate or further reduce the risk. Any remaining significant or high risk which cannot be managed will be monitored by QIPP Committee, with high risks flagged to Governing Body and recorded on CCG Risk plan
- Gaps in controls - List of the controls that are lacking that would help to reduce either the likelihood or severity of the risk
- Actions Needed to Close Gaps in Controls: For each of the gaps in controls, list the actions that will need to be carried out in order to close the gaps in controls or 'no action', if appropriate. These actions should be shown explicitly in the Blueprint plan
- Residual Risk - update risk matrix in light of actions taken to close gaps.
- Resolved / Unresolved – All risks must reflect current status
- 

#### **5. Strategic Management Office**

##### 5.1 The Purpose of the SMO

The Strategic Management Office (SMO) has been established to promote, monitor and report progress against the CCGs blueprints. The fundamental objective is to ensure that the organisation has an accurate understanding strategic planning, assurance on delivery and financial opportunities

The SMO also promotes and facilitates the generation ideas by identifying opportunities and supports the development of Cases for Change. The SMO tests and challenges the nature of the Blueprints and Cases for Change by assessing their robustness and achievability, and potential to deliver QIPP opportunities, providing advice, and direction and support where necessary.

##### 5.2 Scope of SMO Reporting

Regular reports are provided by the SMO on the Blueprints and associated QIPP position, reviewing progress and risks to ensure that the QIPP Committee has an accurate, up to date understanding to enable effective decision making.

Formal reporting to the QIPP Committee with Blueprint Dashboard (Appendix 1) summarising progress of all blueprints, and using RAG to assess Blueprint management and progress across 3 distinct phases:

1. Planning
2. Delivery
3. Monitoring.

.The SMO will assess level of assurance evidenced by the plans using different RAG rating for each phase. RAG rating guidance is set out in Appendix 2

#### Blueprint Dashboard

- Blueprint Team – Demonstrate the performance of the team to deliver Blueprint as well as maintaining reporting deadlines
- Blueprint Plan – Defined scope and milestones
- Stakeholders – Identification of Key stakeholders necessary for the success of the Blueprint
- Milestones – Milestones and tasks identified and progressed
- KPIs and Activity – Identification of scheme benefits and outcomes
- Risk Management – Demonstrate, with strong risk management
- Benefits Realised – Track benefits and outcomes and to ensure realisation

Individual Blueprint plans are available on request from the SMO Office and can be reviewed by QIPP Committee where there are concerns regarding progress or mitigation of risks.

The SMO will also provide the Governing body with high level update of Blueprint status, key achievements, any significant risks, and update on QIPP benefits in monthly performance report

#### 7.3 Scope of SMO Monitoring

- Active involvement in the monitoring of all Blueprint schemes.
- Review of key activities in support of all projects.
- Weekly catch up with all Blueprint and Programme leads to review progress and any required updates to plans
- Monthly executive lead “Blueprint /QIPP Review” with Blueprint Leads to assess progress against plans, highlight issues and agree actions. Also review QIPP dashboard to evidence and track financial achievements of QIPP plans.
- 
- Review risks and issues with Blueprint Leads that may affect the ability to achieve planned targets.
- Escalate issues on plans where corporate assistance is required to overcome obstacles.
- Ensure Blueprints complete and submit monthly highlight (Appendix 3) report to provide QIPP Committee with update including achievements, upcoming tasks, and update on risks.

#### 7.4 Scope of SMO Support

- Support CCG in the generation of new ideas.
- Support development of Case for Change for agreement with the QIPP Committee

- Support Blueprint and Programme leads to develop and maintain Blueprint reports.

## **6. QIPP Dashboard**

Financial benefits identified on Blueprints will be added to new QIPP dashboard which is currently being developed. This will identify annual QIPP benefits, which will be risk adjusted in light of the strength of available evidence, the availability or quality of data, and clinical judgement. The level of Risk adjustment will be assessed by QIPP Committee.

The dashboard will also monitor benefit realisation as schemes move into monitoring phase.

The SMO are also working in conjunction with finance to merge Blueprint QIPP dashboard with the current finance QIPP schedule to develop single CCG QIPP dashboard. The development is being overseen by QIPP committee and work on this will be complete for January 2016.

At the moment the dashboard only captures minority of potential benefits identified by the scheme. This is mainly due to capacity to produce accurate baselines for each benefits, which does take time. However the CCG has recruited a dedicated QIPP analyst to focus solely on QIPP to ensure benefits are regularly being added to the dashboard.

The QIPP analyst will work closely with leads to understand all benefits, including more subtle benefits often overlooked in QIPP schemes, to create a comprehensive benefit plan that will address future contract variations

The next key development is rationalising the benefits on QIPP dashboard to ensure a process is put in place to avoid double counting of benefits. This work is underway in conjunction with finance and will be complete by January 2016

To date the Blueprints QIPP dashboard has identified estimated 1.4m benefits for 2015/16 and further 4.3m in 2016/17. As outlined previous these figures need to be reviewed in line with current QIPP schedule managed by finance to ensure there is no double counting, and that all CCG benefits are recorded in single dashboard.

## **7. Blueprints Update – Governing Body report**

Governing body report will provide high level overview of progress of schemes and will update on Blueprints achievements, general progress and highlight high level risks or delays

### 7.1 Achievements

Dermatology procurement is progressing as planned with bidder interviews due to be completed by 30<sup>th</sup> November, with contract award due in December 2016. Primary Care Local Quality contract Year 2 was agreed with all practices and commenced in October.

General Practice Commissioning improvement Case for change was agreed at QIPP Committee in October, with planned start date of April 1<sup>st</sup> 2016.

## 7.2 Overview of schemes

There are currently 31 live Blueprints schemes, with 29 currently in planning phase and a further 4 in delivery phase. No schemes are currently in monitoring phase at the end of October.

Two schemes - Chronic Care Co-ordinators and Develop Integrated Community Services are now part of Community Procurement, and SMO will seek permission to remove schemes from Blueprints at the QIPP committee in December

## 7.3 Risks

A number of Blueprint schemes are now part of procurement process and as risk has been identified around ability to develop services in line with CCG strategic plans. CVD schemes are also encountering delays due to internal provider processes, which are impacting on delivery of key milestones.

These issues have been raised at executive level and are actively being managed. The QIPP committee will review risks in December.

## **8. Next steps**

- Develop additional Blueprint focussing on elective and planned care to capture number of new schemes which have been identified as offering QIPP benefits.
- Develop single CCG QIPP dashboard
- Continue work on development of existing benefits

## **Appendices**

Appendix 1 - Blueprint Dashboard

Appendix 2 - Blueprint Dashboard – RAG Rating Guidance

Appendix 3 -.Blueprint Highlight Report

**Fiona Doherty**  
**November 2015**

Southport & Formby CCG Blueprint DASHBOARD 2015/16

Oct-15

CCG Ref	Blueprint	Programme	Scheme	Brief Description	Blueprint Clinical Lead	Programme Clinical Lead	Programme Manager	Finance Lead	Reporting Period			Reporting Principles (SAs-ROGS)						Status Change from last period (↑↔↓)	Original completion date	Adjusted date	COMMENTS (SMD performance)
									Scheme phase	Frequency	From To	Project Team & Team Performance	Project plan	Stakeholders & Engagement	Milestones	Benefit plan	Risk				
SFPC01	Primary Care	Increase GP access	Extended access to clinicians for chronic disease management. No closure in core hours, additional access outside of core hours.	Nail Leonard	Angela Parkinson	James Bradley	James Bradley	James Bradley	Delivery	Monthly	Apr	Oct	●	●	●	●	●	↔	01/10/2015		
SFPC02		Enhance management of patients with diabetes over 75	Offer more intensive health treatment	Nail Leonard	Angela Parkinson	Maura McGuinness	James Bradley	James Bradley	Delivery	Monthly	Apr	Oct	●	●	●	●	●	↔	01/10/2015		
SFPC03		Understand and develop PC capacity	Understand and develop PC capacity	Nail Leonard	Angela Parkinson	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	31/03/2017		
SFPC04	CVD	Early detection	Hypertension, smoking, management risk factors, Alcohol Education (A&E) Management - improve case finding and management. Also increase health checks.	Nail Leonard	Angela Parkinson	Shaun Forrester	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔			
SFPC05	Respiratory	Primary Care Training Programme	Primary Care Training Programme	Koti Scholtz	Jenny Kristenson	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	31/03/2016		Linked to Primary Care training programme - Planning day scheduled 20th November
SFPC06		Procurements	Increase use of Choice and Book utilisation for both acute and community services	Nail Leonard	Angela Parkinson	Terry Hill	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	01/09/2015	30/06/16	First test project commenced in Sept. Community mapping delayed due to procurement. Trinity and SSP practices
SFPC07		General Practice Commissioning Improvement	NHS lead procurement, Trinity and SSP practices locally ownership and responsibility for commissioning spend, enabling individual practices to review their commissioning spend and improve clinical practice	Nail Leonard	Angela Parkinson	Maura McGuinness	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	01/04/2016		Case for change - approved in October so planning at early stages
SFPC08	Community	Develop integrated Community Services	Enhance C&T skills, review treatment options, Develop SPA, implement enhanced IV service	Rob Cudwell	Billie Dodd	James Bradley	James Bradley	James Bradley	Procurement process	Monthly	Apr	Oct	●	●	●	●	●	↔	31/12/2016	31/03/16	Original plans for Community Care Blueprint have been replaced by procurement due to go live April 2017. SIGNIFICANT RISK. Ongoing issues with current provider inability to deliver services, affecting CCG strategic plans.
SFPC09		Implement all age care pathways	CVD - Acute & Community Cardio services	Rob Cudwell	Billie Dodd	Shaun Forrester	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/06/2016		From engagement in CCG strategic planning on ability to deliver new Community model and maintain history of data sets
SFPC10		Review Children's community provision	Respiratory - Spirometry Training Respiratory - Self Management Programme CNS Dementia - Design and implement Person centred memory gateway delivered across all in Primary Care and fully integrated across all Phase 1 - Dementia Procurement	Rob Cudwell	Billie Dodd	Stuart Bennett Koti Scholtz Koti Scholtz Hilal Mullah	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	31/03/2016		Linked to Primary Care training programme - Planning day scheduled 20th November
SFPC11		Discharge Flow - Map interface with intermediate care pathways with Bed Provision	Discharge Flow - Map interface with intermediate care pathways with Bed Provision	Rob Cudwell	Billie Dodd	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	01/04/2016		Detailed planning to start 23/11/15
SFPC12	Intermediate Care	Better Care Fund	Work with local authority to enhance intermediate care transition arrangements	Doug Gilrow	Mei Wright	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	01/04/2016		Case for change due at Dec 2015 QIPF Committee
SFPC13	BCF	Integrated care at locality level	Agree a suite of measurable outcomes with local authority	Rob Cudwell	Mei Wright	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Bladder interviews complete 30th November
SFPC14		Step up/down	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Rob Cudwell	Mei Wright	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	31/01/2016	31/03/16	Revised original milestones dates due to CCG capacity issue. Detailed planning to start 23/11/15
SFPC15		Stroke - 1.Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Rob Cudwell	Mei Wright	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/09/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC16		Outcomes and Activity	Design and implement person centred memory gateway delivered in primary care and fully integrated across all care settings.	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	01/04/2016		Approved via ST with delegated authority on behalf CG. Move to delivery phase
SFPC17		Stroke - 1.Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC18		Outcomes and Activity	Design and implement person centred memory gateway delivered in primary care and fully integrated across all care settings.	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC19		Stroke - 1.Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC20		Outcomes and Activity	Design and implement person centred memory gateway delivered in primary care and fully integrated across all care settings.	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC21		Stroke - 1.Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC22		Outcomes and Activity	Design and implement person centred memory gateway delivered in primary care and fully integrated across all care settings.	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC23		Stroke - 1.Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC24		Outcomes and Activity	Design and implement person centred memory gateway delivered in primary care and fully integrated across all care settings.	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC25		Stroke - 1.Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC26		Outcomes and Activity	Design and implement person centred memory gateway delivered in primary care and fully integrated across all care settings.	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC27		Stroke - 1.Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC28		Outcomes and Activity	Design and implement person centred memory gateway delivered in primary care and fully integrated across all care settings.	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC29		Stroke - 1.Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC30		Outcomes and Activity	Design and implement person centred memory gateway delivered in primary care and fully integrated across all care settings.	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC31		Stroke - 1.Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC32		Outcomes and Activity	Design and implement person centred memory gateway delivered in primary care and fully integrated across all care settings.	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC33		Stroke - 1.Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC34		Outcomes and Activity	Design and implement person centred memory gateway delivered in primary care and fully integrated across all care settings.	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC35		Stroke - 1.Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC36		Outcomes and Activity	Design and implement person centred memory gateway delivered in primary care and fully integrated across all care settings.	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC37		Stroke - 1.Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC38		Outcomes and Activity	Design and implement person centred memory gateway delivered in primary care and fully integrated across all care settings.	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC39		Stroke - 1.Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC40		Outcomes and Activity	Design and implement person centred memory gateway delivered in primary care and fully integrated across all care settings.	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC41		Stroke - 1.Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC42		Outcomes and Activity	Design and implement person centred memory gateway delivered in primary care and fully integrated across all care settings.	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC43		Stroke - 1.Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC44		Outcomes and Activity	Design and implement person centred memory gateway delivered in primary care and fully integrated across all care settings.	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC45		Stroke - 1.Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC46		Outcomes and Activity	Design and implement person centred memory gateway delivered in primary care and fully integrated across all care settings.	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC47		Stroke - 1.Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC48		Outcomes and Activity	Design and implement person centred memory gateway delivered in primary care and fully integrated across all care settings.	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC49		Stroke - 1.Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke - Service specification	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process
SFPC50		Outcomes and Activity	Design and implement person centred memory gateway delivered in primary care and fully integrated across all care settings.	Hilal Mullah	Geraldine O'Carroll	James Bradley	James Bradley	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	↔	30/10/2015		Milestone Complete. Wider project is now part of Community procurement process



# RAG Rating Guidance

Please click the links below for guidance

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[PLANNING](#)

[DELIVERY](#)

[MONITORING](#)



## PRINCIPALS GUIDANCE

<p><b>Blueprint Team Establishment &amp; Performance</b></p>	<p>The performance of the Blueprint team can be determined in many ways and the overall Blueprint status can be seen as a reflection of the performance of the team.</p> <p>However, this principle aims to demonstrate the performance of the team to manage the rest of the principles as well as maintaining workstream reporting deadlines</p> <p>This principle will assess whether:</p> <ul style="list-style-type: none"> <li>* The Blueprint team is established including the Blueprint Clinical Lead, Blueprint Lead, Finance Lead and Programme Clinical and Programme Blueprint lead if applicable.</li> <li>* There is an effective team in place (Are all team members committed to the Blueprint?)</li> <li>* Team meetings have been arranged and the Blueprint team is attending meetings on a regular basis.</li> <li>* Team members are effectively managing the other principles.</li> <li>* Team members are effectively managing and completing tasks to deadline.</li> </ul>
<p><b>Blueprint Plan (Workbook)</b></p>	<p>The Blueprint plan (workbook) consists of the following:</p> <ul style="list-style-type: none"> <li>* Milestone Plan (Gantt Chart)</li> <li>* Risk and Issue Log</li> <li>* Benefits realisation plan</li> </ul> <p>This principle measure firstly whether the Blueprint plan has been completed and then whether it has been regularly reviewed and updated.</p> <p>A fully developed Blueprint plan will have clear milestones , key tasks, and task owners. All tasks to successfully deliver the Blueprint should be detailed. The Blueprint plan will also have a fully developed risk log clearly identifying risks that are still being managed or have been resolved.</p> <p>Further to this it will have a <b>highlight report</b> linked on tracker which is updated on monthly basis by Blueprint lead and submitted to the SMO. It should have no conflicting statements and support or decisions required from the Leadership Team should be clearly identified (detailing exactly what's needed).</p> <p>It is imperative that a clearly defined Blueprint plan is completed by the end of the Planning stage to ensure all tasks and milestones are captured and to ensure the Blueprint team understand all that is required to successfully deliver the Blueprint.</p>
<p><b>Stakeholder Engagement</b></p>	<p>This principle will first assess whether all key stakeholders necessary for the success of the Blueprint have been identified then it will demonstrate the level of engagement from full (green) to little or none (red) from all key stakeholders.</p> <p>Stakeholder engagement is crucial to the overall success of a Blueprint, from the exec sponsor to the Blueprint manager and the many stakeholders who will work to deliver the changes.</p>
<p><b>Milestones</b></p>	<p>This principle demonstrates whether:</p> <ul style="list-style-type: none"> <li>* All tasks and milestones are clearly identified.</li> <li>* All task owners are clearly identified.</li> <li>* The milestone plan is regularly updated and tasks are marked completed or with revised dates.</li> <li>* How well the Milestones are being achieved or brought back on track if initially missed.</li> </ul>
<p><b>Benefits Realisation Plan</b></p>	<p>Each of the Blueprints will have a range of Benefits and Outcomes</p> <p>In the planning to delivery stages this principle will demonstrate the Blueprint teams ability to meet them or not.</p> <p>In the Monitoring stage it will demonstrate if the Blueprint has been an overall success.</p>
<p><b>Risk Management</b></p>	<p>The management of Blueprint risks and how they are mitigated is what this principle aims to demonstrate, with strong risk management and swift mitigation seen as green and poor management and continuous risk realisation seen as red.</p>
<p><b>Benefits Realised</b></p>	<p>All of the Blueprints have benefits that will be realised over a period of time identified within the Case for Change/Service Specification/milestone tracker</p> <p>This principle will show firstly if benefits whether financial or quality have been identified and then if the Blueprint is on track at realising these benefits and if not, to what extent.</p>
<p><b>Current Status (RAG)</b></p>	<p>The overall RAG rating for each Blueprint is determined by the combination of the Blueprint performance ratings above.</p>
<p><b>Status Change from last period (↑↔↓)</b></p>	<p>The arrows show which direction the Blueprint performance is going or whether it remains static.</p>

# PLANNING

The following is designed to provide guidance for the rating of the sub and overall RAGs for Blueprints in development. Overall RAG rating will be determined by the SMO depending on a number of factors. As guidance, for a Blueprint to be Green rated overall, it would be expected that all sub-RAGs are Amber or Green (no Reds). The Blueprint would also need to be on track to pass into delivery by the proposed date. A decision regarding Red or Amber overall status would be made with regard to:

- The status of the sub-RAGs
- The trajectory of the Blueprint towards its delivery date.
- The severity and potential impact of Red sub-RAGs.

It is also possible that a Blueprint could be RED rated overall, regardless of sub-RAGs, if, in the opinion of the SMO, there are issues that need to be raised at Committee or Board. For example, an interdependency having a negative impact, issues occurring that are expected to have a major impact on future performance, or continued lack of visibility or assurable evidence of progress.

If key documentation needed for progression into the next stage is incomplete or not signed off Blueprint may be rated RED.

Sub RAG	Red	Amber	Green	Potential Override examples
<u>Blueprint Team:</u> <u>An effective Blueprint team is in place</u>	2 or more of the Blueprint Lead, Blueprint Clinician, Programme Lead and Programme Clinical Lead are not identified.  OR: SMO has concerns about the effectiveness or commitment of currently identified team members.	1 of the Blueprint Lead, Blueprint Clinician, Programme Lead and Programme Clinical Lead are not identified  OR: Whole team identified, but specific leads to be nominated (e.g. finance lead).	Blueprint Lead, Blueprint Clinician, Programme Lead and Programme Clinical Lead are in place. Where Blueprints require additional people to lead specific areas on the Blueprint, these are also identified and form part of the team (e.g. financial lead).	If during the course of Blueprint development a team member is found to be inappropriate, not having adequate time or the requisite skills to function in the role. (E.g. Blueprint manager is identified, but does not have the capacity to take Blueprint forward).
<u>Blueprint Plan:</u> <u>Scope and Approach is defined</u>	No Scope or approach is present in workbook.  OR: The scope or approach is poorly / sparsely documented.  OR: Milestone plan has not been completed	One of scope or approach is defined, but not both.  OR: Details of either to be finalised.	A clear scope is present in the workbook, and the milestone headings are entered in workbook.  Blueprint highlight report updated monthly and submitted to SMO.  Milestone plan completed and all risks identified within the risk log.	In the event that the scope was impacted by developments outside of the control of the Blueprint, the rating may be downgraded until this is resolved (e.g. cancellation of an IT system.)
<u>Stakeholders:</u> <u>Stakeholders identified and engaged.</u> <u>(Based on dialogue with Blueprint Team)</u>	Blueprint team have not identified all necessary stakeholders AND / OR: Stakeholders refusing to be involved.	Blueprint team reports encountering resistance from stakeholders regarding the scope of the Blueprint or experiencing blockages to progress from stakeholders.  AND / OR: Minority of stakeholders not contacted.	Milestones requiring input from stakeholders have dates.  AND: Blueprint team have communicated with all stakeholders and report no major issues.	If, at any point, it becomes clear that a stakeholder group has been missed, rating would be downgraded until that group have been contacted and engaged.
<u>Milestones:</u> Milestone Plan is defined	Realistic and reasonable milestones are not documented in the workbook (E.g. if there are obvious meetings or activities that need to take place and they do not have a milestone attached to them).	Realistic milestones are in the workbook, but dates are missing.  AND / OR: Milestones do not link to KPIs.  AND / OR: Milestones are missing milestone owners.  AND/OR: Milestones do not align with stage timescales.  Outcomes and / or financial benefits identified, but are missing baseline data / target values.	Realistic milestones are in the workbook and all have dates that are considered appropriate.  AND: Milestones have milestone owners assigned.	In the event that the milestones was impacted by developments / third party actions outside of the control of the Blueprint, the rating may be downgraded until this is resolved (e.g. health economy partners failing to respond to required actions.)
<u>Benefit realisation plan</u>	Outcomes and / or financial benefits are not defined or not driven by milestones.	Outcomes and / or financial benefits identified, but are missing baseline data / target values.	Outcomes and / or financial benefits are identified, have baseline data / target values and have appropriate milestones to drive them.	
<u>Risks</u> Risk are identified and being managed	Risks are not identified, or limited risks entered / obvious risks are not listed.	Risks are entered in workbook, but are incomplete, missing assessments, or missing mitigating actions and dates applied.	Risks are identified, and there are mitigating actions against each risk. Risks are being managed and reviewed regularly.	During development, it would not be expected that risks would be actively managed. However, there may be risks to the development of the Blueprint, and in the event that one or more of these became issues, the rating would be downgraded.
<u>Benefits Realised (Quality or financial)</u>	No Benefits are identified AND/OR Blueprint is not on track to realise benefits identified and no mitigating actions have been identified.	Benefits (financial or quality) are not clearly identified AND Blueprint is not on track to realise ALL benefits but mitigating actions have been identified to rectify where not on track (could be RED or AMBER dependent on severity and ability to mitigate.)	Benefits (financial or quality) are clearly identified AND Blueprint is on track to realise all identified benefits.	

# DELIVERY

The following is designed to provide guidance for the rating of the sub and overall RAGs for Blueprints in delivery. Overall RAG rating will be determined by the SMO depending on a number of factors. As guidance, for a Blueprint to be Green rated overall, it would be expected that all sub-RAGs (principles) are Amber or Green (no Reds). The Blueprint would also need to be on track to be completed, or deliver the expected benefits on time. A decision regarding Red or Amber overall status would be made with regard to:

- The status of the sub-RAGs
- The trajectory of the workstream towards its completion date or benefit
- The severity and potential impact of Red sub-RAGs.

QIA's will only be RAG rated Green when there is evidence that they have been reviewed and signed off by the Clinical Lead.

It is also possible that a Blueprint could be RED rated overall, regardless of sub-RAGs, if, in the opinion of the SMO, there are issues that need to be raised at Committee or Board. For example, an interdependency having a negative impact, issues occurring that are expected to have a major impact on future performance, or continued lack of visibility or assurable evidence of progress.

Sub RAG	RED	AMBER	GREEN	Potential Override examples
Blueprint Team Performance	Blueprint Team are not functioning as a Team. AND / OR: A Blueprint team member actively blocking progress on the Blueprint. AND / OR: Blueprint Team unable to agree direction, negatively impacting milestone or KPI delivery. AND / OR: Team issues require intervention from Programme Board.	There are team issues that are unresolved but the progress of the Blueprint is largely unaffected.	Blueprint team are performing to each of the roles and responsibilities and collaborating towards success.	The is not a full team with a clear direction.
Stakeholder engagement	Stakeholders refusing to be involved. AND / OR: Stakeholders actively blocking progress on the Blueprint due to inactivity AND / OR: Stakeholder engagement is impacting milestone or KPI delivery. AND / OR: Stakeholder engagement issues require intervention from Programme Board.	Blueprint team reports encountering resistance from stakeholders regarding the Blueprint or experiencing blockages to progress from stakeholders that are not impacting milestone or KPI delivery.	Blueprint team report no major issues, and stakeholders appear to be actively supporting the Blueprint.	If, at any point, it becomes clear that a stakeholder group has been missed, is disengaging or requires an intervention from outside of the Blueprint team, RAG rating would be downgraded until the issue with that stakeholder is resolved.
Milestones	Milestones missed with no revised date entered. AND / OR: Milestones repeatedly missed with no assurance of completing at revised time. AND / OR: Critical Milestones missed which may delay completion of the Blueprint (needs Exec. Sponsor signoff before moving to Amber).	A milestone being repeatedly missed and revised dates are documented but have not yet occurred. AND / OR: Multiple milestones being missed, but having revised dates. AND / OR: Milestones met, but workbook not updated.	Milestone indicators up-to-date in the workbook. AND: All missed milestones have a revised date. AND: No significant recent history of revising or missing milestones.	This sub-RAG will include an assessment of the overall progress of the Blueprint. In the event that milestones are missed that may delay the completion of the Blueprint, or require the revision of other, milestones, this would normally be RED rated until sign-off from Exec Sponsor.
Benefit realisation plan	Outcomes and /or financial benefits are not defined or not driven by milestones.	Outcomes and / or financial benefits identified, but are missing baseline data / target values.	Outcomes and / or financial benefits are identified, have baseline data / target values and have appropriate milestones to drive them.	
Risk Management	Risk Register missing AND / OR: Risk Register not updated for over 1 month (frequency would depend on the nature of the risk and its impact) AND / OR: Risk Register incomplete (e.g. missing mitigating actions) or overall risks remain red and imminent.	Risk Register requires update <1 month) AND / OR: Risks have become an issue since the last update.	All risks recently reviewed AND: All new risks have mitigating actions AND: All issues are updated AND: No risks have become issues since last update.	Risk Management rating will also depend on the severity of the risks being managed. In the event of high impact risks becoming an issue, the rating may move to RED, whilst one low impact risk becoming an issue would result in risk rating moving to AMBER.
Benefits Realised (financial) and Quality	Financial benefits are not on track AND / OR: Financial benefit data not recorded in workbook for last 2 available dates. AND / OR: Financial benefits are close to forecast, but without a plan to get back on track.	Financial benefits are close to forecast, with a plan to get back on track / reasonable expectations for recovery (e.g. a delay to an expected payment being made) AND / OR: Workbook not updated with latest available financial data.	Financial benefits on track with forecasts / predictions / expectations, according to validated data.	Where there is reason to believe that financial benefits may come off track, either via evidence from current or another workstream, the RAG may be downgraded (e.g. a CIP's delivery if a major Blueprint is cancelled.)

# MONITORING

The following is designed to provide guidance for the rating of the sub and overall RAGs for Blueprints completed and being monitored or closed .

Overall RAG rating will be determined by the SMO depending on a number of factors. As guidance, for a Blueprint to be Green rated overall, it would be expected that all sub-RAGs (principles) are Amber or Green (no Reds). The Blueprint would also need to be delivering the expected benefits. A decision regarding Red or Amber overall status would be made with regard to:

- The status of the sub-RAGs
- The monitored indicators are being met and benefits being realised
- The severity and potential impact of Red sub-RAGs.

It is also possible that a Blueprint could be RED rated overall, regardless of sub-RAGs, if, in the opinion of the SMO, there are issues that need to be raised at Programme Board. For example, an interdependency having a negative impact, issues occurring that are expected to have a major impact on future performance, or continued lack of visibility or assurable evidence.

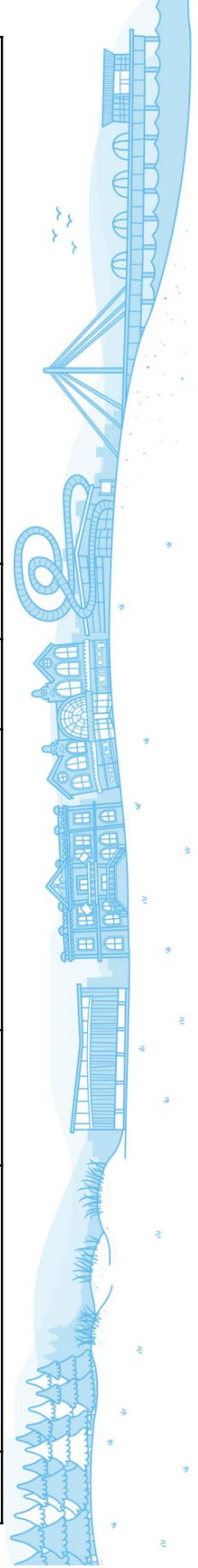
Sub RAG	RED	AMBER	GREEN	Potential Override examples
Benefit Realisation Plan	Benefits and Outcomes are not defined and baseline data/target values are missing.	Benefits and Outcome are identified, but are missing baseline data / target values.	Benefits and Outcome are identified and have baseline data / target values to be monitored	
Risk Management	Risk Register missing AND / OR: Risk Register not updated for over 1 month (frequency would depend on the nature of the risk and its impact) AND / OR: Risk Register incomplete (e.g. missing mitigating actions) or overall risks remain red and imminent.	Risk Register requires update <1 month) AND / OR: Risks have become an issue since the last update.	All risks recently reviewed AND: All new risks have mitigating actions AND: All issues are updated AND: No risks have become issues since last update.	Risk Management rating will also depend on the severity of the risks being managed. In the event of high impact risks becoming an issue, the rating may move to RED, whilst one low impact risk becoming an issue would result in risk rating moving to AMBER.
Benefits Realised (financial) and Quality	Financial benefits are not on track AND / OR: Financial benefit data not recorded in workbook for last 2 available dates. AND / OR: Financial benefits are close to forecast, but without a plan to get back on track.	Financial benefits are close to forecast, with a plan to get back on track / reasonable expectations for recovery (e.g. a delay to an expected payment being made) AND / OR: Workbook not updated with latest available financial data.	Financial benefits on track with forecasts / predictions / expectations, according to validated data.	Where there is reason to believe that financial benefits may come off track, either via evidence from current or another Blueprint, the RAG may be downgraded (e.g. a QIPP delivery if a major Blueprint is cancelled.)

<b>Blueprint Update Report</b>	
<b>Blueprint</b>	
<b>Date:</b>	<b>Clinical Lead:</b> <b>Blueprint Lead :</b>
<b>Overall Status and Update</b>	
<b>Activities Completed</b>	<b>Activities Planned for next period</b>





<u>ID</u>	<u>Principal Risk</u>	<u>Risk Owner</u>	<u>Identified Controls in Place</u>	<u>L</u>	<u>C</u>	<u>Progress against action Plan</u>



## REPORT TO THE GOVERNING BODY NOVEMBER 2015

<b>Agenda Item:</b> 15/212	<b>Author of the Paper:</b> Name: Karl McCluskey						
<b>Report date:</b> November 2015	Title: Chief Strategy and Outcomes Officer Email: <a href="mailto:Karl.Mccluskey@southportandformbyccg.nhs.uk">Karl.Mccluskey@southportandformbyccg.nhs.uk</a>						
<b>Title:</b> Southport and Formby Clinical Commissioning Group Integrated Performance Report							
<b>Summary/Key Issues:</b> This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group (note time periods of data are different for each source)							
<b>Recommendation</b>  The Governing Body are asked to receive this report.	<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; text-align: center;"> </td></tr> <tr><td style="padding: 2px;">Ratify</td><td style="border: 1px solid black; text-align: center;"> </td></tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To place clinical leadership at the heart of localities to drive transformational change.
	To develop the integration agenda across health and social care.
	To consolidate the Estates Plan and develop one new project for March 2016.
	To publish plans for community services and commission for March 2016.
	To commission new care pathways for mental health.
	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.



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

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

# Southport & Formby Clinical Commissioning Group Integrated Performance Report

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# 1. Executive Summary

This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group at September 2015 (note: time periods of data are different for each source).

## CCG Key Performance Indicators

NHS Constitution Indicators		Footprint	
A&E 4 Hour Waits	CCG		
Ambulance Category A Calls (Red 1)	CCG		
Cancer 2 Week GP Referral	CCG		
RTT 18 Week Incomplete Pathway	CCG		
Other Key Targets			
A&E 4 Hour Waits	S&ORM		
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		
Ambulance Category 19 Transportation	NWAS		
Cancer 2 Week GP Referral	CCG		
Cancer 2 Week GP Referral	S&ORM		
Cancer 2 Week Urgent GP Referral - Breast Symptoms	CCG		
Cancer 62 Day Standard	CCG		
Cancer 62 Day Standard	S&ORM		
Cancer 62 Day Consultant Upgrade	CCG		
Cancer 62 Day Screening	S&ORM		
CPA	CCG		
Diagnostics	CCG		
Diagnostics	S&ORM		
Emergency Admissions Composite Indicator	CCG		
Emergency Admissions for acute conditions that should not usual require hospital admission	CCG		
Emergency Admissions for children with Lower Respiratory Tract Infections	CCG		
HCAI - C.Diff	CCG		
HCAI - C.Diff	S&ORM		
HCAI - MRSA	S&ORM		
IAPT - Roll Out	CCG		
IAPT - Recovery Rate	CCG		
Local Measure: BME	CCG		
Mixed Sex Accommodation	CCG		
Mixed Sex Accommodation	S&ORM		
RTT 18 Weeks - Admitted patients	CCG		
RTT 18 Weeks - Admitted patients	S&ORM		
RTT 18 Weeks - Non Admitted patients	CCG		
RTT 18 Weeks - Non Admitted patients	S&ORM		
Stroke	CCG		
Stroke	S&ORM		
TIA	CCG		
TIA	S&ORM		
Unplanned hospitalisation, asthma, diabetes, epilepsy under 19s	CCG		
Unplanned hospitalisation for chronic ambulatory care	CCG		
Local Measure: BME	CCG		

### Yearly measures - Apr 14 to Mar 15 provisional data update

Patient Recorded Outcomes Measures for elective procedures: Groin Hernia	CCG	
Patient reported outcomes measures for elective procedures: Hip replacement	CCG	
Patient reported outcomes measures for elective procedures: Knee replacement	CCG	



Southport and Formby  
Clinical Commissioning Group



## Key Information from this report

**Financial Performance** - The forecast financial position after the application of reserves is breakeven against a planned surplus of £1.800m, which is a shortfall of £1.800m against target. This has resulted from non-delivery of the cost reduction target and the 'in year' pressures against operational budgets. These pressures are partly supported by a release of reserves and by non-recurrent gains.

It should be noted that the forecast position of breakeven is a near best case scenario and is reliant on delivery of a management action plan of £0.803m. The forecast breakeven position also means that the CCG is in financial recovery and must deliver additional actions to achieve the planned surplus of £1.800m.

**Referrals** – Colleagues from Southport & Ormskirk Hospital have indicated that the upgrade of the Trust's IT system in October 2014 has led to a change in how referrals are counted. The Trust have been asked to quantify this difference in order to understand where there is genuine growth in referrals and also where there is growth due to changes in recording. At the Southport & Formby CCG wider group meeting in late October, the wider membership agreed to the use of the Map of Medicine tool in the areas of Dermatology, Gastroenterology and PROMs (Patient Reported Outcome Measures).

**A&E waits** – Year to date the CCG failed the 95% target achieving 94.53% (in month achieving 92.51%). The target has failed at CCG level since April 2015. Southport & Ormskirk achieved 94.32% year to date (with September achieving 92.44%) again failing the year to date target. Actions include the promotion of use of existing alternatives such as the geriatrician rapid access scheme, pathway reviews, daily review of Delayed Transfer of Care (DTOC), continued development of intermediate care. The wider urgent care action plan is addressing significant health economy issues, many of which are long term objectives.

**Ambulance Activity** - Category A Red 1, 8 minute response time – The CCG achieved the 75% target. The CCG are failing Category A Red, 2 recording 70.3% year to date against a 75% target. Category 19 Transportation recording 90.2% year to date also failing the 95% target. NWS have achieved all 3 targets year to date and are flagged as green. The delivery and sustainability of emergency ambulance performance remains a key priority for commissioners. Performance continues to be closely monitored with the support of lead commissioner Blackpool CCG and through monthly contract and Strategic Partnership Board meetings with the NWS executive team and commissioning leads. Locally the Mersey CCGs continue to meet with NWS monthly to review performance at county and CCG level.

**Cancer Indicators** – For August the CCG are achieving all cancer indicators apart from two, which are 2 week breast symptoms which is achieving 84.9% year to date against a target of 93%, August 82.6%. This is an effect of the closure of the Southport and Ormskirk breast unit to new patients and increased demand on the Royal Liverpool service. Also 62 day consultant upgrade achieving 83.1% year to date, and are under plan partly due to previous months breaches. Southport & Ormskirk are achieving all cancer indicators apart from 62 day screening where they are failing monthly (0%) and year to date (63.6%). The Trust have shared their Situation Background Assessment Recommendation (SBAR) report. SRG will continue to monitor. This indicator failure is unusual. High likelihood that performance will recover next month

**Diagnostics** - The CCG have failed the target for diagnostics in September going over the <1% plan hitting 1.8%, this is the second month in a row since October 2014 that the target has been failed. This equates to 29 patients at Bridgewater waiting 6-13 weeks in Audiology and 1 patient at Central Manchester waiting over 13 weeks for colonoscopy. At Bridgewater the Clinical Manager and the Info & Performance Team have undertaken an immediate review of the administration system in place to ensure that appointment slots are utilised effectively and ensuring that all patients are seen within 6 weeks. Underpinning this review is an action plan which includes a patient pathway and associated

data collection methodology for each part of the patient journey through the service offer. A senior Trust administrator is on site, working with the team to implement an interim systematic waiting list management process with full application of patient access policy. All parents have been contacted to explain the situation and offer an urgent appointment should this be required, this has not been needed. Equally, there have been no requests from the referring agents to expedite appointments and no reported harms. The October submissions should show the benefits from the above action plan.

**Emergency Admissions Composite Measure** - Currently this measure is over performing year to date against plan of 1173.9 with September showing a rate of 1244.4. Compared with the same period last year the CCG has had 196 less admissions than same period last year. The monthly plans for 2015-16 been split using last year's seasonal performance.

**Friends & Family** - Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the three parts for both inpatients and A&E. Despite this however, the trust have shown an improvement in response rates for inpatients which is now over plan.

Measure – August 2015	Southport & Ormskirk	England Average
Inpatient – response	25.5%	25.1%
Recommended	96%	96%
Not Recommended	1%	2%
A&E – response	2.2%	14.1%
Recommended	77%	88%
Not Recommended	16%	6%

**HCAI – C difficile** – In total there were 5 new C-difficile cases for Southport & Ormskirk Hospital in September, bringing the year to date total to 14 against an internal trajectory of 18. Full Root Cause Analysis is undertaken for each case. For the year to date 8 cases have been successfully appealed, the last appeals panel met in October, 4 out of the 6 cases submitted were upheld.

**HCAI – MRSA** – No new cases of MRSA in September for the CCG, however there has been 1 new case reported for Southport & Ormskirk in April, the case is related to a West Lancashire CCG patient. The trust are over the zero tolerance so will remain red for the rest of 2015-16. A Post Infection Review (PIR) has been completed in collaboration with the CCG and reported to Public Health England. Primary Care and Secondary Care issues have been identified and will be reported back to SEMT in a formal de-brief to ensure lessons have been learnt and embedded.

**MSA** - In September the CCG reported 0.50 breaches per 1000 FCE, which was 2 breaches, this is above the target and as such are reporting red for this indicator the second time in 2015-16. In September Southport & Ormskirk Trust reported 0.80 breaches per 1000 FCE, which was 5 breaches, this is above the target and as such are also reporting red for this indicator for the second time in 2015-16. RCAs have been completed and shared with the CCG, all breaches related to delayed discharges from critical care.

**IAPT Access – Roll Out** – The CCG are under plan for Q2 for IAPT Roll Out and reached 2.05% (plan 3.75%). This equates to 391 patients having entered into treatment out of a population of 19079 (Psychiatric Morbidity Survey). The CCG are also under plan in September reaching 0.64%, out of a population of 19079, 123 patients have entered into treatment. There had been a steady increase since April but August and September have seen a drop in performance, (April 0.54%, May 0.50%, June 0.68%, August 0.55%).

**IAPT Recovery** - The CCG are under the 50% plan for recovery rate In Q2 reaching 48.81%. This equates to 108 patients who moved to recovery out of 237 who completed treatment. The monthly data shows for September the CCG are under plan for recovery rate reaching 44.8%. This equates to 39 patients who have moved to recovery out of 87 who have completed treatment.



**RTT 18 Weeks – Non Admitted patients** – No longer a national performance target but we continue to monitor locally. In September the CCG reported just below the 95% target, achieving 94.44% this equates to 192 out of 3451 not being seen within 18 weeks. In August Southport & Ormskirk reported below the target of 95%, achieving 94.13% this equates to 256 patients out of 4359 not being seen within 18 weeks. The Trust continues to make progress toward Trust-level compliance.

**Patient Safety Incidents Reported** – Southport & Ormskirk reported 5 Serious Untoward Incidents in September, bringing the year to date total to 65. Of the 5, 4 were pressure ulcers grade 3/4 and 1 being an unexpected death.

**PROMS** – Patient reported outcomes measures for elective procedures:

**Hip replacement** – Provisional data (Apr14 – Mar15) shows the CCG reported 0.422 for average health gain following a hip replacement which is slightly lower than the previous year (0.419) and under plan (0.429), and failed to achieve a score higher than the England average which is 0.440.

PROMS have been chosen as the CCG Quality Premium measure for 2015/16. Clinical engagement between primary and secondary care is taking place to understand how each can support. Proposal to use Shared Decision Aids with patients being discussed at QIPP, Quality Committees and Locality Lead GP meetings.

**Stroke 90% time on stroke unit** – Southport & Ormskirk failed to achieve the 80% target in September reaching 73.90%, 17 patients out of 23 spending at least 90% of their time on a stroke unit. This is a result of bed pressures across the Trust. Causing delays to patient flow to and from the ward.

## 2. Financial Summary

This section of the report focuses on the financial performance for Southport and Formby CCG as at 31 October 2015 (Month 7).

The forecast financial position after the application of reserves is breakeven against a planned surplus of £1.800m, which is a shortfall of £1.800m against target. This has resulted from non-delivery of the cost reduction target and the 'in year' pressures against operational budgets. These pressures are partly supported by a release of reserves and by non-recurrent gains.

It should be noted that the forecast position of breakeven is a near best case scenario and is reliant on delivery of a management action plan of £0.803m. The forecast breakeven position also means that the CCG is in financial recovery and must deliver additional actions to achieve the planned surplus of £1.800m.

Figure 1 Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rule (Forecast Outturn)	1% Surplus	✗	✗
	0.5% Contingency Reserve	✓	✓
	2.5% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit) *	£0m	£0m
QIPP	Unmet QIPP to be identified > 0	£4.424m	£4.439m
Running Costs (Forecast Outturn)	CCG running costs < National 2015/16 target of £22.07 per head	✓	✓

**\*Note this is the financial position after reserves and reflects the final position before risks and mitigations**

### 2.1 Resource Allocation

The resource allocation has increased by £0.554m in Month 7 in respect of the following amendments:

- Transfer of commissioning responsibility from Specialised Commissioning to South Sefton CCG:
  - Tier 3 Neurology (£0.413m)
  - Tier 3 Specialist Wheelchairs (£0.100m)
- Sefton Flu campaign (£0.010m)
- Liaison Psychiatry (£0.031m)

### 2.2 Financial Position and Forecast

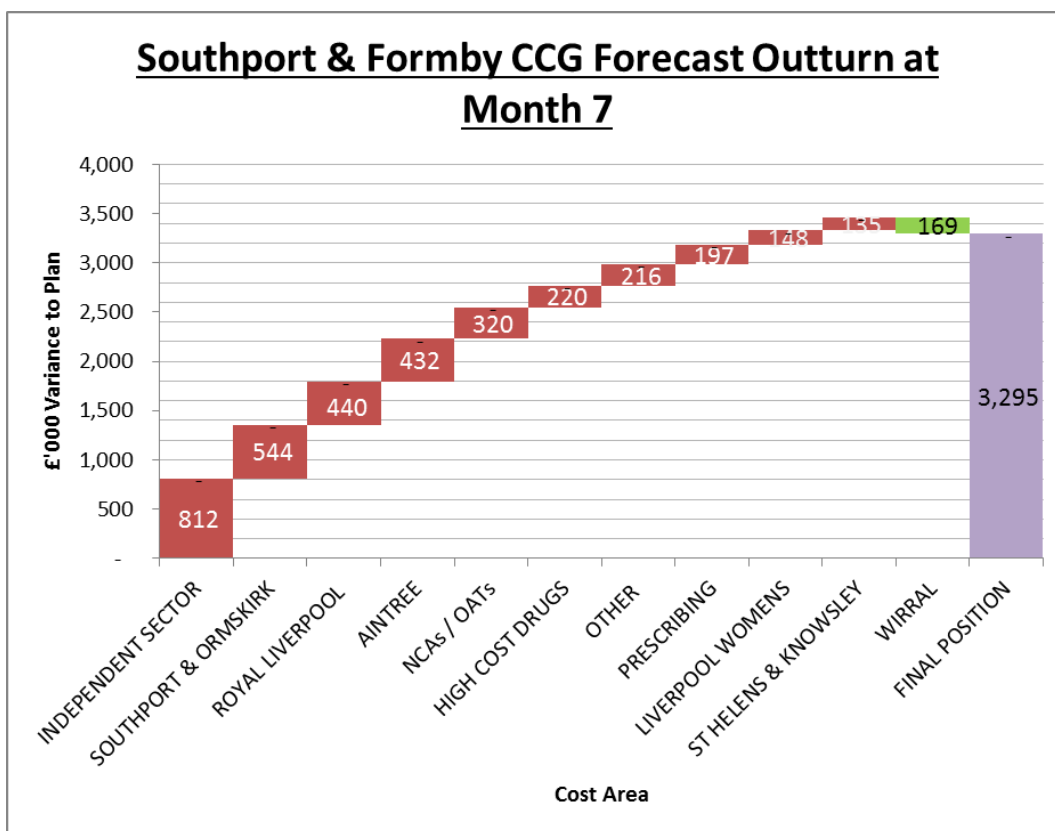
The main financial pressures within the financial position are shown below.



There are forecast overspends with Acute and Independent Sector providers, particularly Ramsay Healthcare, and also on Non-Contract / Out of Area Activity (NCAs/OATs), High Cost Drugs and prescribing budgets.

The financial activity period relates to the end of October 2015, the CCG has based its reported position on the latest information received from Acute Trusts which is up to the end of September 2015.

Figure 2 Forecast Outturn at Month 5



**Independent Sector Providers**

The forecast overspend for Independent Sector providers is £0.812m. This is projected using Month 6 data received from providers. The majority of this overspend is with Ramsay Healthcare for Orthopaedics and General Surgery. A detailed review of the existing Trauma and Orthopaedic pathway is being undertaken across both CCGs, results of which will be fed back to the CCG in January 2016.

**Acute commissioning**

**Southport and Ormskirk NHS Trust**

The forecast position for Southport and Ormskirk NHS Trust is £0.544m overspent. The position is based on Month 6 data received from the trust.

The contract for 2015/16 is still to be agreed with the Trust. The element of the contract that covers activity reported under national rules (Payment by Results) has been agreed and the Trust has

presented data in relation to this activity. Further discussions regarding contract resolution are ongoing with a number of minor outstanding points requiring resolution.

The CCG has received Month 6 data from the Trust which shows an overspend against the contract for a range of services. Activity in August exceeded the plan, particularly in the area of A&E attendances, Audiology AQP services and outpatient attendances. The main variances to the plan to date are in the following areas:

- Emergency admissions (including short stay admissions) – under-spend of £0.078m (includes offset of GPAU activity totalling £0.241m). A review of the phasing of the budget indicates that this underspend is likely to be recovered by the Trust in the latter part of the year.
- A&E attendances in September were 11% higher than the plan, and are now 7% higher than the plan for the year to date, with a variance of £0.132m at month 6.
- Outpatient care – Outpatient attendances are £0.031m higher than budget, with a marked shift from new and follow up attendances to outpatient procedures. The contract calculated the expected shift to procedures based on announced coding changes made by the Trust. However, this initial assessment under-estimated the impact. In addition to this there has been a marked shift from single speciality outpatient appointments to multi-speciality outpatient appointments, which appears to be a coding change that had not been formally notified to us. This particular area is being challenged as part of the monthly contract review meetings.
- Maternity pathway and deliveries – Maternity care continues to reduce at Southport & Ormskirk, with a corresponding increase at Liverpool Women's Hospital. The under-spend at Southport and Ormskirk is £0.114m. Although activity continues to be lower than plan on a monthly basis, the complexity assigned to patients for maternity pathway payments is higher than that assumed in the plan.
- Day cases – Day cases are £0.182m higher than plan. The Trust started the year with a backlog of patients and through concerted effort this backlog has decreased considerably. It is unclear what the ongoing activity levels will be now that most specialties have reduced their backlogs to more manageable levels.
- AQP – AQP services have shown an increase in 2015/16, with audiology the main area of growth. Costs have risen by 54%, and the overspend stands at £0.068m.
- The forecast builds in an estimate for increased gastroscopy in the latter part of the year. The Trust still has a backlog and will be working with other local providers to reduce this in the second half of the year, in line with guidance received from NHSE.

### **Royal Liverpool Hospital**

Month 6 data received from Royal Liverpool Hospital shows an over performance in a number of areas; ARMD (Age Related Macular Degeneration), Day Cases, Electives and Non-Electives.

ARMD is an area that is growing nationally, but is of particular relevance to the CCG due to its ageing population. This service is not offered by S&O trust and therefore patients generally choose either Aintree or the Royal for this treatment. A wider review of ARMD services is being undertaken across the region which should result in a standardised pathway and treatment cost across all providers. The current forecast is an overspend of £0.440m.

### Aintree University Hospitals NHS Foundation Trust

The forecast overspend is £0.432m. The majority of this relates to growth in outpatient activity and ARMD activity. It is assumed the breast services premium will not be paid by the CCG, but will be recharged to Southport & Ormskirk NHS Trust.

### Liverpool Women's Hospital

The forecast overspend for Liverpool Women's Hospital is £0.148m and relates to deliveries, ante-natal care and HDU. A corresponding decrease has been seen in S&O for maternity services.

### St Helens & Knowsley NHS Trust

The forecast overspend for St Helens and Knowsley NHS Trust is projected to be £0.135m with anticipated overspends within planned care and day cases.

### Prescribing / High Cost Drugs

The prescribing budget is overspent by £0.115m at Month 7 and the year end forecast is £0.197m overspent. This position is based on data up to month 5. The month 5 costs were slightly lower than budget leading to a small reduction in the forecast outturn. Costs remain volatile, partly due to the introduction of a new electronic payment mechanism in place at community pharmacies. The latest forecast received from the PPA indicates an overspend on the prescribing budget plus there have been increased costs within the High Cost Drugs budget in respect of healthcare at home charges from Southport and Ormskirk Hospital.

The table below shows a breakdown of the prescribing budget and the areas of overspend. This may differ from the figures presented by Medicines Management because Personally Administered Drugs are excluded from the finance analysis and accounted for separately.

### Prescribing Breakdown

	Annual budget	Forecast Spend	Variance
GP Prescribing	£20,626,632	£20,756,912	£130,280
Community services prescribing	£479,500	£502,110	£22,610
Centrally retained items	£585,890	£630,000	£44,110
Prescribing Incentive Scheme	£120,000	£120,000	£0
14/15 Year end pressure	£97,549	£97,549	£0
	<b>£21,909,571</b>	<b>£22,106,571</b>	<b>£197,000</b>

### Non Contract Activity / Out of Area Treatments

The forecast overspend for Non Contract Activity (NCA) and Out of Area Treatments (OAT) has increased to £0.320m following receipt of a number of high cost invoices from Lancashire Care NHS Trust. This concerns both inpatient and outpatient mental health care provided to a number of Southport residents. The charges are being reviewed to determine how they have arisen and whether we are liable to make payment.

### Continuing Health Care and Funded Nursing Care

The current forecast for this budget is breakeven. The forecast reflects the current number of patients, average package costs and an estimate for growth until the end of the financial year. There has been a sustained effort from the CCG and the CSU to contain CHC costs at 14/15 levels through robust case management and reviews.

As a result of this work, a recurrent efficiency of £0.569m has been achieved and transferred to support the QIPP savings target. The forecasted underspend is taken following this budget reduction.

A similar review commenced in November for Funded Nursing Care (FNC) packages and initial findings have been positive.

### 2.3 QIPP

The QIPP savings target for Southport and Formby CCG is £6.151m for 2015/16. This has reduced to £4.424m following delivery of schemes totalling £1.727m as follows:

	£'m
<b>QIPP reported at Month 6</b>	<b>1.711</b>
QIPP identified in current Month:	
Lancashire Teaching Hospital contract adjustment	0.016
<b>QIPP reported as at Month 7</b>	<b>1.727</b>

A 1% Transformation Fund was established in CCG reserves to fund transformational initiatives that would result in more efficient delivery of healthcare and improvements to quality. In addition, the CCG has invested in system resilience schemes that are aimed at reducing emergency care.

The schemes being considered against the Transformation Fund show that the full year cost of proposals exceed the funding available by £0.104m, however the 2015/16 position forecasts an underspend of £1.065m due to delayed implementation of some schemes.

### 2.4 CCG Running Costs

The CCG is currently operating within its running cost target of £2.606m. The target has been reduced in 2015/16 to £22.07 per head (from £24.81 per head in 2014/15). Plans agreed by the Governing Body to meet this target have been implemented and the relevant budgets reduced.

The Lead Provider Framework (LPF) tender process is now complete for services currently outsourced with the North West Commissioning Support Unit, Midlands and Lancashire Commissioning Support Unit has been selected as the preferred commissioning support provider and are now entering final discussions to enable contract award. Some services have transferred in house to the CCG and others will be transferred to Midlands and Lancashire CSU

The current year forecast for the running cost budget is an underspend of £0.156m and is due to vacant posts.

### 2.5 Evaluation of Risks and Opportunities

The CCG's primary risk is non-achievement of the NHS England business rule to achieve the planned 1% surplus, which is predominantly driven by non-achievement of the QIPP and creation of the transformation fund. £4.424m of recurrent savings must still be identified in 2015/16 in order to achieve financial targets.

In addition, there are a number of other risks that require monitoring and managing:

- Acute cost per case contracts – The CCG has experienced significant growth in acute care in previous years as well as seeing a significant shift of activity to non S&O providers including the

independent sector which is growing significantly. Although historic growth has been factored into plans, we are experiencing overall acute activity in excess of this.

- Continuing Healthcare Costs / Funded Nursing care – this is a volatile area of spend due to the nature of individual high cost packages of care which are difficult to forecast. In addition to this there is an overall pressure in the sector as a result of the increases to the living wage from 16/17. This is likely to materialise through the NW framework procurement exercise currently being undertaken with all care home providers. The new framework was expected to commence in November 2015, although this has been subject to delays and so the final outcome is still unknown, in terms of whether it will impact on the financial year.
- Estates – The methodology for charging estates costs has changed in 2015/16. Previously, the costs had been based on historic charges. In 2015/16, the organisation that administers the LIFT buildings (Community Health Partnerships – CHP) will be charging based on actual usage. The implementation of this change has been delayed to quarter 3. The CCG has set aside reserves to cover estates costs, and has now received the latest billing estimates from CHP. Further adjustments will need to be agreed with the Trust and whilst provision has been made within the Memorandum of Agreement, detailed information has yet to be received from the Trust.
- Prescribing / Drugs costs – This is a volatile area of spend, and this risk has increased following implementation of a new electronic prescribing system leading to a change to the process for pharmacies to submit their prescribing scripts. As a result, it is unclear whether all prescriptions relating to the period have been submitted. This is leading to inconsistent reporting through PPA forecasts and is affecting CCG estimates.

Reserve budgets are set aside as part of the Budget Setting exercise to reflect planned investments, known risks and an element for contingency. Each month, the reserves and risks are analysed against the forecast financial performance and QIPP delivery.

The forecast position at this stage is breakeven, against a planned £1.800m surplus. It should be noted that this forecast is a near best case scenario and is reliant on delivery of the management action plan of £0.803m. This position could deteriorate further if pressures in acute care continue to rise over the forecasted position.

The immediate challenge facing the CCG is to reduce expenditure levels to deliver financial balance.

The risk of not achieving the CCGs financial surplus target has been escalated within the CCGs risk reporting framework and must be considered as the CCGs top priority alongside commissioning safe services.



**Figure 3 Reserves and agreed actions**

Southport and Formby CCG		Month 7	
	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	1.800		1.800
Unidentified QIPP	(6.151)		(6.151)
Revised surplus / (deficit)	(4.351)		(4.351)
Forecast (against operational budgets)	(3.295)		(3.295)
Contingency reserves	1.581		1.581
Transformation Fund slippage		1.065	1.065
Technical adjustments		0.554	0.554
Unutilised reserves	0.834	0.944	1.778
Quality Premium		0.138	0.138
<b>QIPP:</b>			
QIPP reported at Month 6	1.711		1.711
Additional QIPP actioned in month	0.016		0.016
Forecast surplus / (deficit)	(3.504)	2.701	(0.803)
<b>Management Action plan:</b>			
Contribution to CHC claim		0.078	0.078
LQC - further year 1 underpayments		0.045	0.045
Unconfirmed Quality Premium		0.075	0.075
CQUIN under-performance		0.100	0.100
CHC - improved forecast		0.100	0.100
FNC - improved forecast		0.100	0.100
Lancs Care -MH NCA's		0.050	0.050
Prescribing - waste campaign		0.176	0.176
Estates - reduction in charges		0.079	0.079
Reported position	(3.504)	3.504	0.000
Risks	(0.550)		(0.550)
Mitigations	0.650	0.000	0.650
Risk adjusted forecast surplus / (deficit)	(3.404)	3.504	0.100

	Best Case £000	Most Likely £000	Worst Case £000
Month 7 Financial Position	(0.803)	(0.803)	(0.803)
<b>Adjustments</b>			
Further activity pressures - trend analysis	-	(0.500)	(1.000)
Management Action Plan	0.803	0.500	-
Risk Share	0.100	-	-
<b>Total</b>	<b>0.100</b>	<b>(0.803)</b>	<b>(1.803)</b>



**Southport and Formby  
Clinical Commissioning Group**





### 3. Referrals

#### 3.1 Referrals by source

Figure 4 Number of GP and 'other' referrals for the CCG across all providers

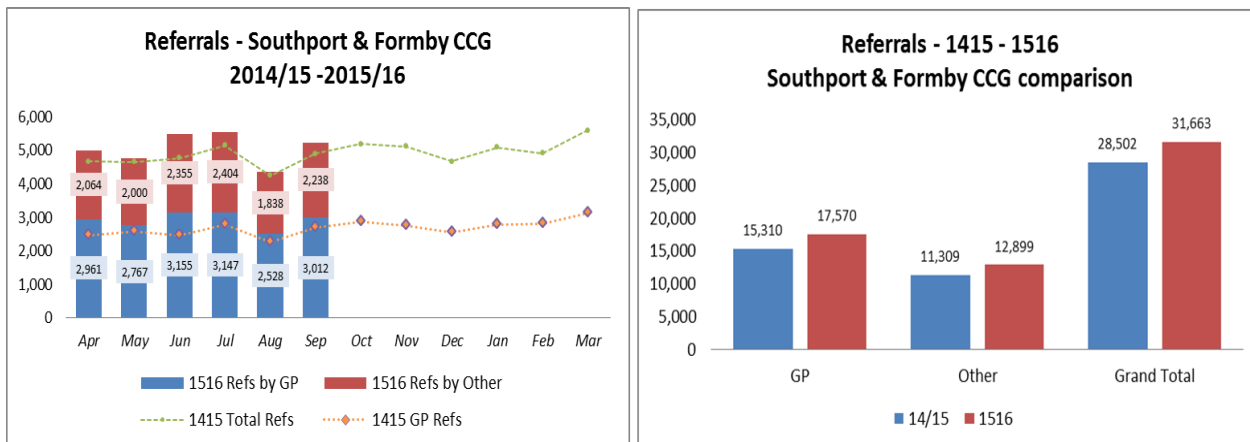


Figure 5 The number of GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month

Referral Type	DD Code	Description	1415 Q1	1415 Q2	1415 Q3	1415 Q4	1516 Q1	1516 Q2	1314 YTD	1415 YTD	1516 YTD	% Variance 1415 - 1516	1314 - 1516 Trendline
GP	03	GP Ref	7,538	7,772	8,209	8,780	8,883	8,687	14,983	15,310	17,570	15%	
<b>GP Total</b>			<b>7,538</b>	<b>7,772</b>	<b>8,209</b>	<b>8,780</b>	<b>8,883</b>	<b>8,687</b>	<b>14,983</b>	<b>15,310</b>	<b>17,570</b>	<b>15%</b>	
Other	01	following an emergency admission	581	569	145	30	29	27	1,211	1,150	56	-95%	
	02	following a Domiciliary Consultation	0	3	70	95	19	7	4	3	26	0%	
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	684	726	755	691	848	823	1,393	1,410	1,671	19%	
	05	A CONSULTANT, other than in an Accident and Emergency Department	2,076	2,082	2,685	2,624	2,960	3,192	3,984	4,158	6,152	48%	
	06	self-referral	305	284	356	389	482	397	536	589	879	49%	
	07	A Prosthetist	2	7	1	1	2	1	7	9	3	-67%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	35	47	36	33	59	51	56	82	110	34%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	185	189	140	137	136	147	358	374	283	-24%	
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	0	1	0	1	2	2	1	1	4	0%	
	13	A Specialist NURSE (Secondary Care)	5	8	7	9	13	19	13	13	32	146%	
	14	An Allied Health Professional	417	438	325	401	446	431	66	855	877	3%	
	15	An OPTOMETRIST	193	177	125	161	160	184	270	370	344	-7%	
	16	An Orthoptist	0	1	0	24	30	25	2	1	55	0%	
	17	A National Screening Programme	82	59	93	105	168	159	14	141	327	132%	
	92	A GENERAL DENTAL PRACTITIONER	403	399	439	389	402	393	818	802	795	-1%	
93	A Community Dental Service	5	4	8	3	4	0	10	9	4	-56%		
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	666	676	718	687	659	622	1,303	1,342	1,281	-5%		
<b>Other Total</b>			<b>5,639</b>	<b>5,670</b>	<b>5,903</b>	<b>5,780</b>	<b>6,419</b>	<b>6,480</b>	<b>10,046</b>	<b>11,309</b>	<b>12,899</b>	<b>14%</b>	
Unknown (All are Renaces SOR coding error)			972	911	917	1,104	1,165	29	2,399	1,883	1,194	-37%	
<b>Grand Total</b>			<b>14,149</b>	<b>14,353</b>	<b>15,029</b>	<b>15,664</b>	<b>16,467</b>	<b>15,196</b>	<b>27,428</b>	<b>28,502</b>	<b>31,663</b>	<b>11%</b>	

Colleagues from Southport & Ormskirk Hospital have indicated that the upgrade of the Trust's IT system in October 2014 has led to a change in how referrals are counted. The Trust have been asked

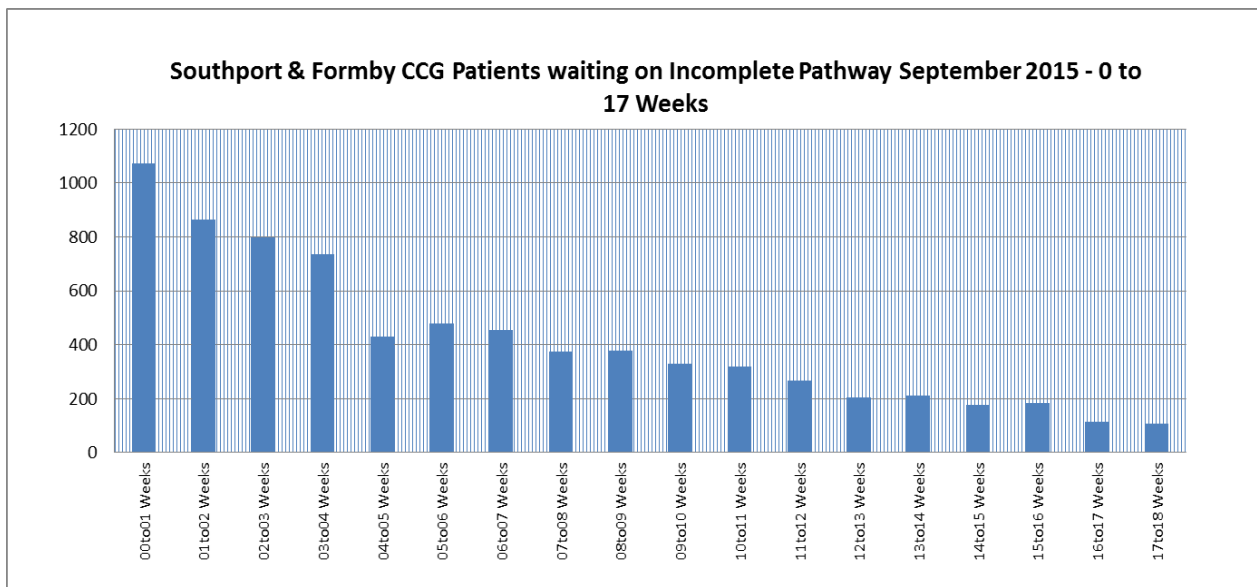
to quantify this difference in order to understand where there is genuine growth in referrals and also where there is growth due to changes in recording.

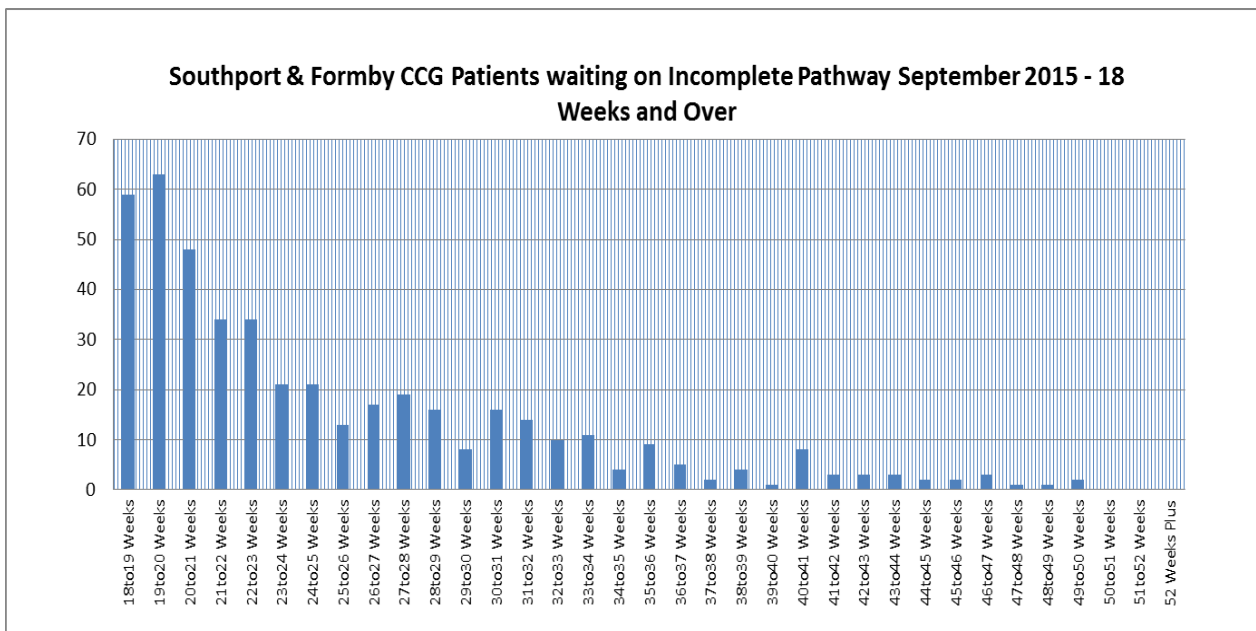
At the Southport & Formby CCG wider group meeting in late October, the wider membership agreed to the use of the Map of Medicine tool in the areas of Dermatology, Gastroenterology and PROMs (Patient Reported Outcome Measures).

## 4. Waiting Times

### 4.1 NHS Southport and Formby CCG patients waiting

Figure 6 Patients waiting on an incomplete pathway by weeks waiting





There were 457 patients (5.7%) waiting over 18 weeks on Incomplete Pathways at the end of September 2015, an decrease of 20 patients (4.2%) from Month 6 (15/16). There were no patients waiting over 52 weeks in any month of 2015/16 to date.

## 4.2 Top 5 Providers

Figure 7 Patients waiting (in bands) on incomplete pathway for the top 5 Providers

Trust	0 to 10 wks	10 to 18 wks	Total 0 to 17 Weeks	18 to 24 wks	24 to 30 wks	30+ wks	Total 18+ Weeks	Total Incomplete
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	4216	933	5149	179	77	95	351	5500
RENACRES HOSPITAL	457	197	654	0	0	0	0	654
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	317	127	444	34	9	3	46	490
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	365	88	453	12	2	2	16	469
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	79	66	145	13	3	1	17	162
Other Providers	482	172	654	21	3	3	27	681
<b>Total All Providers</b>	<b>5916</b>	<b>1583</b>	<b>7499</b>	<b>259</b>	<b>94</b>	<b>104</b>	<b>457</b>	<b>7956</b>

### 4.3 Provider assurance for long waiters

Figure 8 Patients waiting 40+ weeks by speciality and provider and reasons for delay

Trust	Speciality	No of weeks waited	No. patients	Has patient been seen / has a TCI date?	Reason for the delay
Southport and Ormskirk	Gastroenterology	40-41	3		New patient DNA's and have been discharged back to their GPs
Southport and Ormskirk	General Surgery	40-41	1		Clock stopped
Southport and Ormskirk	Ophthalmology	40-41	2		Clock stopped
Southport and Ormskirk	Trauma & Orthopaedics	40-41	1		Clock stopped
Southport and Ormskirk	Gastroenterology	41-42	1		New patient DNA's and have been discharged back to their GPs
Southport and Ormskirk	Dermatology	41-42	2		Clock stopped
Southport and Ormskirk	General Medicine	42-43	1		Clock stopped
Southport and Ormskirk	Other	42-43	1		Clock stopped
Southport and Ormskirk	Trauma & Orthopaedics	42-43	1		Clock stopped
Southport and Ormskirk	Dermatology	43-44	2		Clock stopped
Southport and Ormskirk	Other	43-44	1		Clock stopped
Southport and Ormskirk	Dermatology	44-45	1		Clock stopped
Southport and Ormskirk	Gastroenterology	45-46	1		Clock stopped
Southport and Ormskirk	Dermatology	46-47	2		Clock stopped
Southport and Ormskirk	General Medicine	46-47	1		Clock stopped
Southport and Ormskirk	General Medicine	47-48	1		Clock stopped
Southport and Ormskirk	Dermatology	48-49	1		Clock stopped
Southport and Ormskirk	Dermatology	49-50	2		Clock stopped
Central Manchester University Hospitals	Ophthalmology	40-41	1	Treated 01.10.15	
Royal Liverpool	Trauma & Orthopaedics	44-45	1	Awaiting response from Directorate	Other (NOT T&O)
Royal Liverpool	Trauma & Orthopaedics	45-46	1	TCI 02/11/15	

## 5. Planned Care

Performance at Month 6 of financial year 2015/16, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of £1.8m. This over-performance is driven by increases at Southport & Ormskirk Hospital (£779k), Aintree Hospital (£221k) and Renacres Hospital (£405k).

ARMD is a growing area. Benchmarking has revealed a variance in the prices charged by providers under local tariff arrangements. A review is being undertaken across the region to standardise treatment pathways and prices. This will be completed in Spring 2016.

### 5.1 All Providers

Figure 9 All Providers

ALL Providers (PBR & Non PBR. PBR for S&O)	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	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	14,895	7,557	8,963	1,406	19%	£3,499	£1,774	£1,995	£221	12%
Alder Hey Childrens NHS F/T	5,048	2,430	2,304	-126	-5%	£651	£314	£316	£2	1%
Countess of Chester Hospital NHS FT	0	0	40	40	0%	£0	£0	£7	£7	0%
Liverpool Heart and Chest NHS F/T	1,622	828	906	78	9%	£913	£466	£501	£35	7%
Liverpool Womens Hospital NHS F/T	2,398	1,201	1,207	6	0%	£728	£364	£356	-£8	-2%
Royal Liverpool & Broadgreen Hospitals	14,718	7,508	7,402	-106	-1%	£3,093	£1,578	£1,690	£112	7%
ST Helens & Knowsley Hospitals	4,280	2,129	2,266	137	6%	£946	£469	£542	£73	16%
Wirral University Hospital NHS F/T	315	156	115	-41	-26%	£103	£51	£24	-£27	-52%
Southport & Ormskirk Hospital	110,470	56,570	56,904	334	1%	£22,280	£11,377	£11,616	£240	2%
Central Manchester University Hospitals Nhs FT	236	118	113	-5	-4%	£44	£22	£20	-£2	-7%
Fairfield Hospital	103	48	40	-8	-17%	£27	£13	£7	-£5	-44%
ISIGHT (SOUTHPORT)	2,846	1,423	1,785	362	25%	£686	£343	£412	£69	20%
Renacres Hospital	11,606	5,835	7,208	1,373	24%	£3,095	£1,576	£1,948	£372	24%
SPIRE LIVERPOOL HOSPITAL	866	433	346	-87	-20%	£229	£115	£115	£1	1%
University Hospital Of South Manchester Nhs FT	199	100	127	27	27%	£36	£18	£21	£3	16%
Wrightington, Wigan And Leigh Nhs FT	2,163	1,081	1,445	364	34%	£776	£388	£521	£133	34%
	<b>171,764</b>	<b>87,418</b>	<b>91,171</b>	<b>3,753</b>	<b>4%</b>	<b>£37,105</b>	<b>£18,866</b>	<b>£20,091</b>	<b>£1,225</b>	<b>6%</b>

## 5.2 Southport and Ormskirk Hospital NHS Trust

Figure 10 Month 6 Planned Care- Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Planned Care (PbR ONLY)	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	11,747	5,993	6,132	139	2%	£6,367	£3,248	£3,430	£181	6%
Elective	1,554	787	806	19	2%	£4,142	£2,097	£2,064	£-33	-2%
Elective Excess BedDays	315	160	129	-31	-19%	£70	£35	£28	£-7	-20%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	800	410	655	245	60%	£129	£66	£100	£34	52%
OPFASPCL - Outpatient first attendance single professional consultant led	18,095	9,272	7,627	-1,645	-18%	£2,767	£1,418	£1,170	£-248	-17%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,885	966	1,535	569	59%	£198	£102	£159	£58	57%
OPFUPSPCL - Outpatient follow up single professional consultant led	45,503	23,317	22,292	-1,025	-4%	£4,188	£2,146	£2,080	£-66	-3%
Outpatient Procedure	20,351	10,428	11,936	1,508	14%	£3,599	£1,844	£2,096	£252	14%
Unbundled Diagnostics	10,220	5,237	5,792	555	11%	£820	£420	£488	£68	16%
<b>Grand Total</b>	<b>110,470</b>	<b>56,570</b>	<b>56,904</b>	<b>334</b>	<b>1%</b>	<b>£22,280</b>	<b>£11,377</b>	<b>£11,616</b>	<b>£240</b>	<b>2%</b>

### 5.2.1 Southport & Ormskirk Hospital Key Issues

Daycases are showing a £181k over performance against 2015/16 Month 6 plan. Trauma & Orthopaedics and General Surgery are the 2 main contributors. This over performance is offset by a --£213k under performance in Outpatient First attendances. This is coupled with a shift from some daycase activity to Outpatient Procedure, resulting in a £252k over performance in Outpatient Procedures. This was raised with the provider through the contract review meeting mechanism and further analysis will be taking place between Provider and Commissioner.

## 5.3 Renacres Hospital

Figure 11 Month 6 Planned Care- Renacres Hospital by POD

Renacres 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	1,408	723	837	114	16%	£1,348	£692	£831	£139	20%
Elective	208	107	114	7	7%	£718	£368	£496	£127	35%
Elective Excess BedDays	13	7	0	-7	-100%	£4	£2	£0	£-2	-100%
OPFASPCL - Outpatient first attendance single professional consultant led	3,412	1,709	1,929	220	13%	£462	£232	£264	£33	14%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,213	1,609	3,254	1,645	102%	£263	£132	£202	£70	53%
Outpatient Procedure	2,161	1,082	512	-570	-53%	£203	£102	£100	£-2	-2%
Unbundled Diagnostics	1,190	599	562	-37	-6%	£97	£49	£55	£6	12%
<b>Grand Total</b>	<b>11,606</b>	<b>5,835</b>	<b>7,208</b>	<b>1,373</b>	<b>24%</b>	<b>£3,095</b>	<b>£1,576</b>	<b>£1,948</b>	<b>£372</b>	<b>24%</b>

### 5.3.1 Renacres Hospital Key Issues

Renacres over performance is focused on Daycase and Elective care and, as expected, within T&O. Analysis shows us that Major Hip, Foot & Knee procedures are up a combined £207k – which equates to circa 95% over performance for the two HRGs.

## 5.4 Aintree University Hospital

Figure 12 Month 6 Planned Care- Aintree University Hospital by POD

Aintree University 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	725	365	355	-10	-3%	£502	£252	£234	£-18	-7%
Elective	366	188	227	39	21%	£767	£394	£470	£76	19%
Elective Excess BedDays	460	236	112	-124	-53%	£105	£54	£26	£-28	-52%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	56	28	86	58	205%	£11	£6	£15	£10	172%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First Attendance Non face to Face	219	111	126	15	13%	£11	£5	£7	£2	31%
OPFASPCL - Outpatient first attendance single professional consultant led	2,501	1,271	1,420	149	12%	£404	£205	£233	£28	13%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	137	69	84	15	21%	£17	£8	£9	£1	12%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	84	43	186	143	336%	£2	£1	£4	£3	336%
OPFUPSCL - Outpatient follow up single professional consultant led	6,351	3,229	3,724	495	15%	£589	£299	£349	£50	17%
Outpatient Procedure	2,121	1,078	1,295	217	20%	£326	£166	£209	£44	26%
Unbundled Diagnostics	942	471	851	380	81%	£82	£41	£66	£25	62%
Wet AMD	934	467	497	30	6%	£685	£342	£372	£29	9%
<b>Grand Total</b>	<b>14,895</b>	<b>7,557</b>	<b>8,963</b>	<b>1,406</b>	<b>19%</b>	<b>£3,499</b>	<b>£1,774</b>	<b>£1,995</b>	<b>£221</b>	<b>12%</b>

### 5.4.1 Aintree University Hospital Key Issues

Elective activity at Aintree Hospital is over performing by £76k/19%. 90% of this over performance is made up by two Specialties; Hepatobiliary & Pancreatic Surgery (£29k) and Breast Surgery (£23k). Hepatobiliary & Pancreatic Surgery has increased activity in one specific, more costly HRG "GA04B - Hepatobiliary Procedures category 6 without CC" of which there is no plan for in 2015/16.

Over performance for Outpatient First attendances is in single professional consultant led. £50k over performance for month 6 is driven by General Surgery (£14k/164% over performance), Breast Surgery (£14k/74% over performance).

Outpatient Procedure over performance is attributable mainly to two Specialties – Cardiology £62k/54% and Interventional Radiology £44k/69%. The Interventional Radiology over performance is linked to HRG 'Unilateral Breast Procedures'. Further analysis of activity carried out under this HRG show that procedures involve fine needles and imaging-guided biopsy's, therefore attributable to Interventional Radiology, but also increased due to the transfer of Breast Surgery activity into Aintree and the Breast Surgery over performance in outpatient first attendances. Cardiology over performance is solely attributable to Echocardiograms and is currently £62k/55% over performing against plan.

## 5.5 Wrightington, Wigan & Leigh Hospital

Figure 13 Month 6 Planned Care- Wrightington, Wigan & Leigh Hospital by POD

Wrightington, Wigan And Leigh Nhs Foundation Trust 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	146	73	86	13	18%	£218	£109	£106	£-3	-3%
Elective	70	35	57	22	63%	£368	£184	£288	£104	56%
Elective Excess BedDays	62	31	2	-29	-94%	£15	£8	£0	£-7	-94%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	30	15	19	4	27%	£3	£1	£2	£0	6%
OPFASPC - Outpatient first attendance single professional consultant led	281	140	224	84	59%	£32	£16	£27	£11	70%
OPFUPMPC - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	46	23	32	9	39%	£4	£2	£3	£1	50%
OPFUNFTF - Outpatient Follow-Up Non Face to Face	46	23	17	-6	-26%	£1	£1	£0	£0	-22%
OPFUSPC - Outpatient follow up single professional consultant led	1,090	545	758	213	39%	£79	£40	£58	£19	47%
Outpatient Procedure	156	78	106	28	36%	£28	£14	£19	£5	38%
Unbundled Diagnostics	236	118	139	21	18%	£28	£14	£16	£2	17%
<b>Grand Total</b>	<b>2,163</b>	<b>1,081</b>	<b>1,445</b>	<b>364</b>	<b>34%</b>	<b>£776</b>	<b>£388</b>	<b>£521</b>	<b>£133</b>	<b>34%</b>

### 5.5.1 Wrightington, Wigan & Leigh Hospital Key Issues

Elective activity is driving the increase in Planned Care at Wrightington. Within T&O Electives, there is a total cost of £95k allocated to HRGs applicable to major hip, shoulder and foot procedures but have no plan in 2015/16.

## 6. Unplanned Care

Unplanned Care at Month 6 of financial year 2015/16, shows an under-performance of circa -£273k for contracts held by NHS Southport & Formby CCG.

This underspend is clearly driven by the -£287k underspend at Southport & Ormskirk Hospital. If we exclude Southport & Ormskirk, we would be reporting a month 6 over spend of £14k. The two main Trusts over spending are Liverpool Women's £61k and Royal Liverpool £77k.

### 6.1 All Providers

Figure 14 Month 6 Unplanned Care – All Providers

ALL Providers (PBR & Non PBR. PBR for S&O)	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
Southport & Ormskirk Hospital	55,228	27,898	28,234	336	1.20%	£27,674	£14,052	£13,765	£-287	-2.04%
Aintree University Hospitals NHS F/T	1,866	936	655	-281	-30.01%	£914	£459	£406	£-53	-11.53%
Alder Hey Childrens NHS F/T	773	389	395	6	1.42%	£416	£228	£193	£-34	-15.13%
Countess of Chester Hospital	0	0	16	16	0.00%	£0	£0	£4	£4	0.00%
Liverpool Heart and Chest NHS F/T	133	66	55	-11	-17.14%	£421	£210	£195	£-16	-7.46%
Liverpool Womens Hospital NHS F/T	245	123	156	33	26.35%	£202	£102	£163	£61	60.07%
Royal Liverpool & Broadgreen Hospitals	1,083	542	726	184	34.05%	£644	£322	£398	£77	23.77%
ST Helens & Knowsley Hospitals	398	201	230	29	14.19%	£214	£109	£98	£-11	-9.67%
Wirral University Hospital NHS F/T	112	55	30	-25	-45.88%	£45	£22	£13	£-9	-41.39%
Central Manchester University Hospitals	88	44	2	-42	-95.45%	£30	£15	£5	£-10	-67.21%
University Hospital Of South Manchester	47	24	18	-6	-23.72%	£8	£4	£12	£8	206.04%
Wrightington, Wigan And Leigh	62	31	46	15	48.39%	£53	£26	£24	£-2	-8.10%
<b>Grand Total</b>	<b>60,035</b>	<b>30,310</b>	<b>30,563</b>	<b>253</b>	<b>1%</b>	<b>£30,620</b>	<b>£15,549</b>	<b>£15,276</b>	<b>£-273</b>	<b>-1.75%</b>



## 6.2 Southport and Ormskirk Hospital NHS Trust

Figure 15 Month 6 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Unplanned Care (PbR ONLY)	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	35,509	17,870	18,125	255	1.43%	£3,951	£1,988	£2,120	£132	6.63%
NEL/NELSD - Non Elective/Non Elective IP Same Day	11,175	5,683	5,546	-137	-2.41%	£19,185	£9,756	£9,510	£246	-2.53%
NELNE - Non Elective Non-Emergency	1,254	638	896	258	40.47%	£2,115	£1,075	£975	£100	-9.34%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	217	110	102	-8	-7.56%	£68	£35	£30	£5	-13.30%
NELST - Non Elective Short Stay	1,776	903	840	-63	-6.98%	£1,242	£631	£566	£65	-10.33%
NELXBD - Non Elective Excess Bed Day	5,298	2,694	2,725	31	1.14%	£1,113	£566	£564	£2	-0.40%
<b>Grand Total</b>	<b>55,228</b>	<b>27,898</b>	<b>28,234</b>	<b>336</b>	<b>1.20%</b>	<b>£27,674</b>	<b>£14,052</b>	<b>£13,765</b>	<b>£287</b>	<b>-2.04%</b>

### 6.2.1 Southport and Ormskirk Hospital NHS Trust Key Issues

Within Non Electives, the largest over performing Specialty is Geriatric Medicine, showing a cost variance of £360k. Over performance is offset by a large cost variance of -£132k in Paediatrics and -£872k being reported in General Medicine. When combining Geriatric Medicine activity with General Medicine, we see a large cost underspend of -£145k in Lobar Atypical Pneumonia followed by -£90k for kidney infections and -£73k in Stroke or cerebrovascular accidents.

## 6.3 Royal Liverpool & Broadgreen Hospitals

Figure 16 Month 6 Unplanned Care – Royal Liverpool & Broadgreen Hospitals by POD

Royal Lpool & Broadgreen Hospitals 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
AandE	806	403	424	21	5.17%	£71	£36	£40	£4	11.15%
AMAU	16	8	11	3	33.70%	£2	£1	£1	£0	32.24%
NEL - Non Elective	168	84	93	9	11.00%	£470	£235	£261	£26	11.01%
NELNE - Non Elective Non-Emergency	16	8	9	1	9.36%	£72	£36	£50	£14	39.29%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	3	1	46	45	2975.07%	£1	£0	£10	£9	3184.54%
NELST - Non Elective Short Stay	51	25	23	-2	-9.71%	£28	£14	£13	£1	-9.67%
NELXBD - Non Elective Excess Bed Day	22	11	120	109	969.39%	£5	£2	£27	£24	1015.61%
readmissions	0	0	0	0	0.00%	£4	£2	£2	£0	-2.00%
<b>Grand Total</b>	<b>1,083</b>	<b>542</b>	<b>726</b>	<b>184</b>	<b>34.05%</b>	<b>£644</b>	<b>£322</b>	<b>£398</b>	<b>£77</b>	<b>23.77%</b>

### 6.3.1 Royal Liverpool & Broadgreen Hospitals Key Issues

Non Electives & Non Elective Excess Bed days make up £50k of the total £77k unplanned over spend. Vascular Surgery & Anaesthetics are the main reason for the NEL overspend. More specifically, 2 particular HRGs relating to bypasses to tibial arteries and lower limb arterial surgery make up £45k of the overspend.

## 6.4 Liverpool Women's Hospital NHS F/T

Figure 17 Month 6 Unplanned Care – Liverpool Women's Hospital NHS F/T by POD

Liverpool Womens 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
AandE	120	60	60	-0	-0.38%	£12	£6	£6	£0	3.03%
NEL - Non Elective	13	7	10	3	47.76%	£27	£14	£35	£21	152.15%
NELNE - Non Elective Non-Emergency	73	37	56	19	51.78%	£147	£74	£113	£39	53.06%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	33	17	2	-15	-87.93%	£12	£6	£1	£5	-87.93%
NELST - Non Elective Short Stay	6	3	1	-2	-66.79%	£3	£2	£1	£1	-41.48%
NELXBD - Non Elective Excess Bed Day	0	0	27	27	0.00%	£0	£0	£7	£7	0.00%
<b>Grand Total</b>	<b>245</b>	<b>123</b>	<b>156</b>	<b>33</b>	<b>26.35%</b>	<b>£202</b>	<b>£102</b>	<b>£163</b>	<b>£61</b>	<b>60.07%</b>

#### 6.4.1 Liverpool Women's Hospital NHS F/T Key Issues

NELNE activity at Liverpool Women's, shows that there has been an increase in normal deliveries with induction with cc and emergency c sections. Non-Elective Non-Emergency Excess bed days are over performing as a result of Planned Lower Uterine C-Section. Although costs are not significant, Normal Delivery with induction is showing a 653% activity increase. Activity plan is a total of 5 for month 6; however actual activity is 34 causing a variance of 29/653%.

## 7. Mental Health

### 7.1 Mersey Care NHS Trust Contract

Figure 18 NHS Southport and Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby CCG			
	Plan	Caseload	Variance from Plan	% Variance
0 Variance	32	39	7	22%
1 Common Mental Health Problems (Low Severity)	35	15	(20)	-57%
2 Common Mental Health Problems (Low Severity with greater need)	45	19	(26)	-58%
3 Non-Psychotic (Moderate Severity)	162	202	40	25%
4 Non-Psychotic (Severe)	128	143	15	12%
5 Non-psychotic Disorders (Very Severe)	29	23	(6)	-21%
6 Non-Psychotic Disorder of Over-Valued Ideas	25	24	(1)	-4%
7 Enduring Non-Psychotic Disorders (High Disability)	96	121	25	26%
8 Non-Psychotic Chaotic and Challenging Disorders	62	62	-	0%
10 First Episode Psychosis	52	62	10	19%
11 On-going Recurrent Psychosis (Low Symptoms)	282	283	1	0%
12 On-going or Recurrent Psychosis (High Disability)	151	151	-	0%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	103	(2)	-2%
14 Psychotic Crisis	18	18	-	0%
15 Severe Psychotic Depression	7	5	(2)	-29%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	6	10	4	67%
17 Psychosis and Affective Disorder – Difficult to Engage	35	25	(10)	-29%
18 Cognitive Impairment (Low Need)	365	258	(107)	-29%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	465	783	318	68%
20 Cognitive Impairment or Dementia Complicated (High Need)	159	197	38	24%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	50	48	(2)	-4%
Reviewed Not Clustered	30	56	26	87%
No Cluster or Review	46	80	34	74%
<b>Total</b>	<b>2,385</b>	<b>2,727</b>	<b>342</b>	<b>14%</b>

**Figure 19 CPA – Percentage of People under followed up within 7 days of discharge**

			Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
E.B.S.3	The % of people under adult mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	Target 95%	100%	100%	100%	100%	100%	100%

**Figure 20 CPA Follow up 2 days (48 hours) for higher risk groups**

			Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
KPI_32	CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by CRHT, Early Intervention, Assertive Outreach or Homeless Outreach Teams.	Target 95%	100%	100%	100%	100%	100%	100%

**Quality Overview**

At Month 6, MerseyCare are compliant with the quality schedule reporting requirements. The Trust is working with the CCG Quality Team to improve the safer staffing report, NICE and Serious Incident reports for CQPG meetings. Underperforming KPIs are discussed at monthly quality and performance meetings and the bi-monthly CQPGs.

There are specific concerns exist around; DNA’s at new Clock View site, GP referral pathways, AED assessment and access to psychotherapy. The CCG are monitoring these areas through the CQP and SRG meetings.

**7.2 Cheshire Wirral Partnership -Improving Access to Psychological Therapies Contract**

Prevalence at month 6 is below the planned target with the year to date rate at 3.77%. If current activity levels continue this would give a forecast outturn that would fall below the 15% target at 2015/16 year end.

The recovery rate has dipped down below the 50% target at month 6 and is 44.8% despite being above target last month.

There were 106 (112 at month 5) cancellations by the patient and 57 (43 at month 5) cancellations recorded by the provider in month 6. The service has previously confirmed that provider cancellations are attributable to sickness within the service which they are continuing to manage. Cancelled appointments are rebooked immediately.

Step 2 staff have reported that they are experiencing a high DNA rate and are confirming appointments with clients over the phone who then subsequently do not attend the appointment. The wait to therapy post screening is still part of the timeline and as such the service think that the client may sometimes



feel they need to accept the appointment as they have waited a significant time, but then do not feel the need to attend, as essentially the need has past. This may explain the high DNA rate.

The increase in self referrals may be impacting on the “watchful wait” that is usually managed by the GP as this is missed and clients referring are assessed promptly. Following the assessment the natural process of managing some level of emotional distress occurs and when appointments are offered the desire to engage in therapy has diminished.

The service text reminder service would assist in the reduction of DNAs. This would give the prompt to clients 24 hours before an appointment for those clients most likely to have forgotten.

GP referrals appear to be on a downward trend however this is an upward trend in self referrals. Opt in rates have increased on last month and further analysis will be undertaken to understand if this increase is related to self-referrals.

There are marked differences in % opt in rates for referrals and further analysis is required to understand if the opt in rates differ between the different referral sources.

Figure 21 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	TOTALS	
Population (Psychiatric Morbidty Survey)		19079	19079	19079	19079	19079	19079	19079	
National defininiton of those who have entered into treatment		103	96	130	164	104	123	720	
Prevelance Trajectory (%)		1.25%	1.25%	1.25% (q1=3.75%)	1.25%	1.25%	1.25% (q2=3.75%)	15.00%	
Prevelance Trajectory ACTUAL		0.54%	0.50%	0.68%	0.86%	0.55%	0.64%	3.77%	
National definition of those who have completed treatment (KPI15)		95	85	78	99	83	93		
National definition of those who have entered Below Caseness (KPI6b)		7	8	6	9	8	6		
National definition of those who have moved to recovery (KPI6)		39	47	35	40	44	39		
Recovery - National Target		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%		
Recovery ACTUAL		44.3%	61.0%	48.6%	44.4%	58.7%	44.8%		
Referrals Received		290	252	255	245	209	244		
Gp Referrals		192	137	108	107	87	101		
% GP Referrals		66%	54%	42%	44%	42%	41%		
Self referrals		64	81	126	117	110	138		
% Self referrals		22%	32%	49%	48%	53%	57%		
Other referrals <small>Other Referrals are 1 - Acute Care Team, 1 - Perinatal, 2 - Secondarycare, 1- CAMHS</small>		34	34	21	21	12	5		
% Other referrals		12%	13%	8%	9%	6%	2%		
Referral not suitable or returned to GP		0	0	0	0	0	0		
Referrals opting in		146	132	153	156	111	147		
Opt-in rate %		50%	52%	60%	64%	53%	60%		
Patients starting treatment by step (Local Definition)		Step 2	77	65	98	127	72	98	
		Step 3	26	31	32	36	32	25	
		Step 4				1			
		Total	103	96	130	164	104	123	
Percentage of patients entering in 28 days or less		47.0%	50.0%	44.0%	58.0%	41.0%	45.0%		
Completed Treatment Episodes by Step (Local Definition)		Step 2	141	90	116	145	91	166	
		Step 3	287	273	248	191	261	223	
		Step 4		1			1	1	
		Total	428	364	364	336	353	390	
Activity	Attendances	Step 2	267	314	429	541	387	479	
		Step 3	283	277	389	359	330	343	
		Step 4		4	1	2	3	11	
		Total	550	595	819	902	720	833	
	DNA's	Step 2	42	62	108	117	55	84	
		Step 3	20	31	41	46	34	35	
	Cancels	Step 2	37	61	117	127	93	83	
		Step 3	37	41	65	71	62	78	
		Step 4			3			2	
	Attendances		Total	550	595	819	902	720	833
	DNAs		Total	62	93	149	163	89	119
	Cancelled		Total	74	102	185	198	155	163
Number Cancelled by patient		Total	43	60	136	144	112	106	
Number Cancelled by provider		Total	31	42	49	54	43	57	

**Figure 22: IAPT Waiting Time KPIs**

	Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
EH.1_A1	The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	75% To be achieved by April 2016						
	Numerator		97	128	203	186	138	156
	Denominator		98	140	213	194	143	158
	%		98.98%	91.43%	95.31%	95.88%	96.50%	98.73%
EH.2_A2	The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	95% to be achieved by April 2016						
	Numerator		98	140	213	193	142	158
	Denominator		98	140	213	194	143	158
	%		100%	100%	100%	99%	99%	100%

## 8. Community Health

### 8.1 Southport and Ormskirk Community Health

The Trust is still experiencing issues with reporting on CERT, Chronic Care Coordinators and Community Matrons after the migration to EMIS. These issues have been logged with EMIS and the Trust continue to work with the suppliers to resolve these issues.

Podiatry Non AQP-There has been a shift in activity between clinic based and community contacts.

Integrated Care- The trust has established a data collection process that utilises electronic proformas on Medway. It should be noted that this data collection does not support the production of a CIDS. The trust has now developed a monthly report based on the data captured on the electronic proforma of patient’s discharges under section 2 and 5 (which indicates the type of care package required for each patient) by ward. This has been shared with the commissioner for a decision as to whether this will fill the reporting needs. At the last FIG it was suggested that looking at the eligible cohort of patients would be more meaningful and looking at how it could be linked to delayed discharge reasons.

#### Waiting Times

Work is on-going to set appropriate wait targets by service as the national RTT targets are inappropriate for community services. The trust has agreed to provide thematic reasons on a monthly basis around breaches from now on.

The CCG are working with the Trust to review Community KPIs and Quality Contract Measures and develop a new suite of indicators for inclusion in the 15/16 Contract. This is part of the work plan of the Finance and Information Group.

There are general implications this year as the trust move from the IPM community system to EMIS and Medway and so far this has manifested itself in the trust being unable to date to report on Community Nurses, CERT, Chronic Care Coordinators and Lymphodema which is still a manual data collection.

#### Any Qualified Provider

The locally agreed assessment tariff of £25 is being used from 1st April in the podiatry AQP dataset.

A query was raised with them in relation to patients discharged at first visit and charged at the tariff price at month 4. This issue has now been resolved with patients seen and discharged at first visit charged at £25 and recorded as such in the supporting dataset. The trust may still need to raise credit notes.

Adult Hearing Audiology costs are over the full year budget. The budget is £248,000 and at month 6 2015/16 the costs are £216,825 which is 13% over the annual budget. The costs at the same time last year were £92,264 at month 6 2014/15. Comparisons of activity between the two time periods shows that activity is up 15/16 (704) compared to 14/15 (663) and demand has increased. This is due to three year reviews and that the allocated budget was not uplifted to take this effect into account.

The Podiatry AQP is budget is £566,000. At month 6 2015/16 the costs to date are £208,222 compared to the same time last year £183,639 and at March 2014/15 it came in at 8% over budget and there is a possibility that this will occur this year also. Activity comparisons this year to last show activity is up however the application of the £25 tariff has reduced the possible costs.

MSK AQP is also likely to over perform 2015/16 as at month 6 only 29% of the budget is left for the rest of the financial year. Last year there was financial underperformance on this AQP.

### **Quality Overview**

The CCG is working with the Trust to develop a suite of local community specific indicators and quality measures for inclusion in the quality schedule, NHSE are also developing a national set of measures for 2016/17.

### **Bridgewater**

#### **Paediatric Audiology**

There were 29 breaches of the 6 week target in September for the Southport Audiology service. This was discussed at the FARG on 03/11/2015 as part of the request for Bridgewater to provide exception reporting. Southport's Paediatric Audiology Service has received support from the information and performance team and has a senior administrator to improve the service pathway administration. Performance is forecast to return to full compliance against the 6 week wait target a by the end of October. It has been confirmed by the trust that the refresh of the data has been made to Unify.

### **Liverpool Community Health Trust**

Exception reporting started to be provided from month 3 with Allied Health professional exceptions reported a month in arrears. This is a standing item on the FIG and was raised at the latest meeting in September as the trust have failed to consistently provide them. It was also commented that the exceptions narrative need to be clear and concise and that the use of acronyms must be kept to a minimum.

The trust has provided exception reporting for TB nurses and IV Therapy only this month.

Waiting times are reported for a small number of therapy services a month in arrears.

Waiting times are not being recorded for Community Cardiac/Heart Failure, IV Therapy and Respiration. The development of waiting time thresholds is part of the work plan for the FIG as currently the default of 18 weeks is being used.

Current waiting times of concern: for Paediatric Speech and Language Therapy is reported as 22.4 weeks for NHS Southport & Formby.



#### Patient Identifiable data

The Trusts Caldicott guardian has requested that no patient identifiable data sets are to be released from the trust. This includes all national submissions such as those made to the secondary user's service e.g. Inpatient, outpatient and WIC CDS. This was escalated last year and the commissioner and trust are in discussions about this and an update is awaited.

Waiting times are not being recorded for Community Cardiac/Heart Failure, IV Therapy and Respiration. The development of waiting time thresholds is part of the work plan for the FIG as currently the default of 18 weeks is being used.

#### Quality Overview

Joint LCH Clinical Quality and Performance Group (CQPG) meetings are now held on a monthly basis with South Sefton and Liverpool CCGs. A full review of pressure ulcers is underway with representation from both CCGs, LCH and NHS England, an action plan has been developed, progress will be reviewed at the CQPGs.

#### CQC Action Plan

Collaborative Forum meets on a monthly basis, one task is to review the LCH CQC and NHS England Quality Review Action Plan. There are currently 4 work streams

Culture  
Governance  
Safety  
Workforce.

#### Looked After Children (LAC)

Currently issues regarding the timely return of LAC Health Information to the Local Authority and the undertaking of health assessments, the CCG is holding them to account regarding any challenges they may have from across the system. A paper was presented to the Sefton Corporate Parenting Board on 13<sup>th</sup> October, work continues locally on the development of new pathways and DES Nurse for Looked After Children is liaising with LCH to support the provider and improve the systems

#### Ward 35 – C-Diff

2 x C.Diff cases that have occurred recently on Ward 35 in August these were both LCCG patients. Both were in the same bay and sharing the same toilet. Potential issues as follows:

- Utilisation of C.diff assessment tool (going to be reviewed and undertaken throughout stay)
- Deviation in following prescribing guidelines (will follow Aintree's) - will need to document deviation and rationale
- The Laboratory not accepting type 5 or type 6 stools from anywhere therefore staff not sending for testing
- All GPs for the patients will be contacted - this will include other patients in the same bay who may be at an increased risk.

Both Sefton CCG's and Liverpool CCG are working together with Public Health team.

#### Speech and Language Therapy



Issues regarding Speech and Language Therapy waiting times have been escalated to the CQPG to ensure any potential patient safety concerns are addressed, an update will be provided in the Month 7 report.

## 9. Third Sector Contracts

Contract review meetings have now taken place with all Third Sector providers; Minutes have been produced and forwarded to the appropriate commissioners at the CCG's.

Reports outlining service outcomes for 2014-15 have now been finalised and have been passed over to the CCG for further review by the finance team. These reports detail activity collected within Information Schedules and service outcomes highlighting how they link in with the CCG 5 year forward plans. Further work has commenced to update the information schedules for 15-16 and NHS Number collection for service users accessing these services is to be piloted from 01.10.15.

Various Third Sector providers have invited the NWCSU contract manager to attend their support groups over the coming months to help in understanding the work they do within the community and how they contribute to the wider health economy of Sefton.

## 10. Quality and Performance

### 10.1 NHS Southport and Formby CCG Performance

Performance Indicators	Data Period	Target	Actual	Direction of Travel	Current Period	
					Exception Commentary	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)	15/16 - September	19	25	↑	There were 5 new cases reported in September 2015, year to date there have been 25 cases against a year to date plan of 19. The 5 new cases were reported by Southport and Ormskirk Hospital (3 apportioned to acute and 2 apportioned to community). All but 2 cases reported in year to date all have been aligned to Southport & Ormskirk Hospital (13 apportioned to acute trust and 8 apportioned to community). The remaining 2 cases was aligned to The Walton Centre in April and apportioned to the acute trust (1 case) and Aintree in July apportioned to community). Year-end plan is 38.	The majority of Southport & Formby CCG C.difficile cases are attributed to Southport & Ormskirk Hospitals. Please see below for the Trust narrative. Please note the HCAI DCS system was changed in October, so the figures for September are provisional and were taken from the previous system, awaiting access to the new system. Update 17-11-15 - Data checked on new system.
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	15/16 - September	18	22 (14 following appeal)	↑	There were 5 new cases reported in September 2015 (ytd 22), against a year to date plan of 18. Of the 5 cases in September, 3 were aligned to Southport and Formby CCG and 2 to West Lancs CCG. Year to date plan is 36.	In total there were 5 new C-diff cases in September against an internal trajectory of 18 (ytd). Full Root Cause Analysis is undertaken for each case. To date for 15/16 8 cases have been successfully appealed, the last appeals panel met in October, 4 out of the 6 cases submitted were upheld. Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - September	0	0	↔	No new cases reported in September 2015.	In April 2015 The Trust had an MRSA bacteraemia (West Lancs CCG patient) and are therefore over the annual trajectory of zero. A Post Infection Review (PIR) has been completed in collaboration with the CCG and reported to Public Health England. Primary Care and Secondary Care issues have been identified and will be reported back to SEMT in a formal de-brief to ensure lessons have been learnt and embedded.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	15/16 - September	0	1	↔	No new cases have been reported in September 2015. The trust are above the zero tolerance so will remain red for the rest of 2015-16.	The standard of care provided by the Critical Care Unit should be highlighted and commended for a 12 month zero rate of central venous catheter related infections. This has been accomplished through continued excellent use of aseptic technique, clinical decision making of where lines are sited combined with the relative recent innovation of chlorhexidine impregnated discs at line insertion sites. Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.



**Southport and Formby**  
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<b>Mixed Sex Accommodation Breaches</b>						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - September	0.00	0.50	↑	In September the CCG had 2 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the second time in 2015-16.	In August there were 5 Sleeping Accommodation Breaches (revised submission by the Trust), these are the first breaches this year 2015-16. RCAs have been completed and shared with the CCG, all breaches related to delayed discharges from critical care.
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	15/16 - September	0.00	0.80	↓	In August the Trust had 5 mixed sex accommodation breaches which is above the target and as such are reporting red for this indicator the second time in 2015-16.	
<b>Enhancing quality of life for people with long term conditions</b>						
Patient experience of primary care i) GP Services	Jul-Sept 14 and Jan-Mar 15		4.44%	New Measure		
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 14 and Jan-Mar 15		10.98%	New Measure		
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jul-Sept 14 and Jan-Mar 15	6%	5.18%	New Measure		
Emergency Admissions Composite Indicator (Cumulative)	15/16 - September	1173.90	1,244.40	New Plans	This measure now includes a monthly plan, this is based on the plan set within the Outcome Measure framework and has been split using last years seasonal Performance. The CCG is over the monthly plan and had 196 less admissions than the same period last year.	Plans are being reset to account for changes in pathway at S&O
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (Cumulative)	15/16 - September	264.82	205.02	New Plans	The agreed plans are based on activity for the same period last year. The CCG is under the monthly plan and the decrease in actual admissions is 14 below the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Cumulative)	15/16 - September	554.25	538.70	New Plans	The agreed plans are based on activity for the same period last year. The CCG is under the monthly plan the decrease in actual admissions is 19 lower the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI) (Cumulative)	15/16 - September	51.26	55.53	New Plans	The agreed plans are based on activity for the same period last year. (Numbers are generally very low for this indicator). The CCG is over plan for this indicator the increase in actual admissions is 1 more than the same period last year.	The CCG respiratory programme manager continues to monitor this indicator closely.
Emergency admissions for acute conditions that should not usually require hospital admission (Cumulative)	15/16 - September	841.6	695.06	New Plans	The agreed plans are based on activity for the same period last year. This indicator is below plan, the decrease in actual admissions is 179 lower the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - September	No Plan	13.41	↓	The emergency readmission rate for the CCG is lower than previous month (17.47) and lower than the same period last year (16.62).	

Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	Apr 14 - Mar 15 (Prov data)	0.082	0.091	Provisional data	Provisional data shows the CCG improved on the previous years rate of 0.080 in 2013/14 and achieved a score higher than that of the England average 0.085.	
Patient reported outcomes measures for elective procedures: Hip replacement	Apr 14 - Mar 15 (Prov data)	0.429	0.422	Provisional data	Provisional data shows the CCG has improved on the previous years rate of 0.419 in 2013/14 but are achieving a score lower than the England average 0.440.	This has been chosen as the CCG Quality Premium measure for 2015/16. Clinical engagement between primary and secondary care is taking place to understand how each can support. Proposal to use Shared Decision Aids with patients being discussed at QJPP, Quality Committees and Locality Lead GP meetings.
Patient reported outcomes measures for elective procedures: Knee replacement	Apr 14 - Mar 15 (Prov data)	0.311	0.313	Provisional data	Provisional data shows the CCG's rate has improved from previous year (2012/13 - 0.303) but is under the England average 0.316.	
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	15/16 - September	80%	80.00%	↑	Southport & Ormskirk have failed to achieve the target in September only 17 patients out of 23 spending at least 90% of their time on a stroke unit.	The main reason for reported performance relates to bed pressures across the Trust. Bed pressures impact on the Trust's ability to move people around wards to ensure that stroke patients stay on the relevant ward for the majority of their hospital episode. As previously advised, the Trust will have ring-fenced strokebeds from December 2015. This will assist in the flow of stroke patients.
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	15/16 - September	80%	73.90%	↑		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - September	60%	66.70%	↓		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	15/16 - September	60%	60.00%	↑		
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr2	95%	100.00%	↔		
IAPT Access - Roll Out	15/16 - Qtr2	3.75%	2.05%	↑	The CCG are under plan for Q2 for IAPT Roll Out, this equates to 391 patients having entered into treatment out of a population of 19079 (Psychiatric Morbidity Survey).	See section 7 of main report for commentary
IAPT Access - Roll Out	15/16 - September	1.25%	0.64%	↑	The CCG are under plan in September for IAPT Roll Out, out of a population of 19079, 123 patients have entered into treatment. There had been a steady increase since April until July but August and September have seen a drop in performance, (April 0.54%, May 0.50%, June 0.68%, July 0.86%, August 0.55%).	See section 7 of main report for commentary
IAPT - Recovery Rate	15/16 - Qtr1	50.00%	48.81%	↑	The CCG are under plan for recovery rate reaching 48.81% in Q2. This equates to 123 patients who have moved to recovery out of 252 who have completed treatment.	See section 7 of main report for commentary
IAPT - Recovery Rate	15/16 - September	50.00%	44.80%	↓	The CCG are under plan for recovery rate in September. This equates to 39 patients who have moved to recovery out of 87 who have completed treatment.	See section 7 of main report for commentary
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	Q1 15/16	75.00%	99.00%	↑		
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	Q1 15/16	95%	100.00%	↑		



Preventing people from dying prematurely			
Under 75 mortality rate from cancer	2013	120.20	
Under 75 mortality rate from cardiovascular disease	2013	57.50	
Under 75 mortality rate from liver disease	2013	15.80	
Under 75 mortality rate from respiratory disease	2013	22.30	
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Person)	2014	2,464.40	↑
<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)	15/16 - August	93%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	15/16 - August	94.86%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	15/16 - August	84.90%	↔
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)	15/16 - August	N/A	↔

The annual variation is significant and the CCG is working with Public Health locally and regionally to understand this. Indications at present are that the PYLL is significantly susceptible to fluctuations due to changes such as young deaths, which introduces major swings, particularly at CCG level.

8 patients breached at 4 different Trusts. All were for reasons related to patient choice and availability. This is probably reflective of capacity constraints at other trusts following the closure of the Southport service meaning that flexibility and notice period for appointments is reduced. Southport patients will have to travel further with reduced flexibility on their part. Cancer is not suspected in these patients, hence hard to convey urgency. The Be Clear on Cancer campaign for Breast in over 70s recently will have increased referrals in older women who potentially would need more support getting to appointments etc. Will improve with Trusts being confident in steady state referral volumes and holiday periods being over.

Southport & Formby CCG failed the target for August and year to date. In August 8 patients were not seen within 14 days out of a total of 46 (82.61%) this is an drop in performance compared to previous month when the CCG achieved 90.91%.

Southport & Ormskirk no longer provide this service.

<b>Cancer waits – 31 days</b>						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	15/16 - August	96%	98.75%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	15/16 - August	96%	98.89%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - August	94%	96.83%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	15/16 - August	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - August	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	15/16 - August	94%	94.12%	↓		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - August	98%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	15/16 - August	98%	100.00%	↔		
<b>Cancer waits – 62 days</b>						
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)	15/16 - August	85% (local target)	83.10%	↓		Southport & Formby CCG failed the target for August and year to date partly due to previous month breaches. In August 3 patients out of a total of 12 were upgraded. Year to date there have been 71 patients and 12 patient breaches and are under the 85% local target set.  Local target.
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)	15/16 - August		89.55%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	15/16 - August	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)	15/16 - August	90%	63.64%	↓		Southport & Ormskirk Trust failed the target in August and year to date, there were 2 patient breaches out of only 2 patients in total. These are the first breaches in 2015-16 for this measure. Year to date there have been the equivalent of 5.5 patients and 2 patient breaches.  Both were gynae referrals from cervical screening. Year to date there has been a equivalent of 5.5 patients with 2 patient breaches. Both of these patients were West Lancashire CCG patients. The Trust have shared their Situation Background Assessment Recommendation (SBAR) report. SRG will continue to monitor. This indicator failure is unusual. High likelihood that performance will recover next month.

Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	15/16 - August	85%	86.17%	↔		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	15/16 - August	85%	86.96%	↔		
<b>Referral To Treatment waiting times for non-urgent consultant-led treatment</b>						
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (CCG)	15/16 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Southport & Ormskirk)	15/16 - August	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Southport & Ormskirk)	15/16 - August	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways (CCG)	15/16 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways (Southport & Ormskirk)	15/16 - August	0	0	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - September	90%	92.86%	↓		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Southport & Ormskirk)	15/16 - August	90%	92.31%	↑		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - September	95%	94.44%	↔	The CCG have narrowly failed the 95% target reaching 94.65%. This equates to 192 patients out of 3451 not seen within 18 weeks.	No longer a national performance target but continue to monitor locally
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Southport & Ormskirk)	15/16 - August	95%	94.13%	↔	The Trust failed to achieve the target of 95% in August achieving 94.27%. This equates to 256 patients out of 4359 not been seen within 18 weeks.	No longer a national performance target but continue to monitor locally
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	15/16 - September	92%	94.26%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	15/16 - August	92%	93.41%	↑		

A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	15/16 - September	95.00%	94.53%	↔	Southport & Formby CCG failed the 95% target in September reaching 92.51% and are narrowly failing year to date reaching 94.53%. In September 233 attendances out of 3111 were not admitted, transferred or discharged within 4 hours.	Reasons for breaches: Peaks of higher than average conversion from attendance to admission on 1-2 days each week of the three failed weeks in September, infection control issues in the respiratory ward (D+V) for the three weeks including some staff sickness, lower than expected discharges across weekend of 14th September had a knock on effect WC 15th. High levels of vacancies having an impact on staffing. Actions: Continued support to daily operational team. Promotion of use of existing alternatives such as the geriatrician rapid access scheme in Southport & Formby CCG and Acute Visiting Scheme in West Lancashire CCG. Daily operational support of Trust actions including: pathway reviews, standardisation of ward and board rounds to ensure full MDT approach to supporting onward transfer of patients, introduction of KPIs for wards to increase ownership of admission and discharges, daily discharge meeting held with Discharge Planning team tracking patients reported as MOFD, daily review of Delayed Transfer of Care (DIOC). Continued development of intermediate care. Trust assurance re staff employed from overseas.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk)	15/16 - September	95.00%	94.70%	↔	Southport & Ormskirk have failed the target in September reaching 92.41%, and are failing year to date reaching 94.32%. In September month 742 attendances out of 9816 were not admitted, transferred or discharged within 4 hours. This is the third month the trust have achieved the target in 2015/16.	
Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	15/16 - September	1.00%	1.84%	↑	The CCG have failed the target for diagnostics in September going over the <1% plan hitting 1.84%, this is the second time since October 2014 that the target has been failed. This equates to 37 patients out of 2014 waiting 6 weeks or more for their diagnostic test.	Southport and Formby CCG failed to remain below the target of 1% achieving 1.8%. This equates to 37 patients waiting out of a total of 2014. The providers below failed to achieve the threshold for the CCG.  CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST At CCG level, the Trust failed to remain below the threshold of 1%, achieving 2.5%. This month's activity equates to just 1 patient out of 4 waiting over 6 weeks. The patient is waiting 13+ weeks for Colonoscopy.  BRIDGEWATER COMMUNITY HEALTHCARE NHS TRUST At CCG level, the Trust failed to remain below the threshold of 1%, achieving 52.7%. This month's activity equates to 29 patients out of 55 waiting over 6 weeks. All patients are waiting in Audiology - Audiology Assessments.
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	15/16 - July	1.00%	0.60%	↑		





<b>Category A ambulance calls</b>						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - September	75%	75.70%	↓		Year to date Red activity (R1+R2) for NWAS is 4% up on the equivalent period in 2014. Mersey (including Wirral) is 7.8% up and Southport & Formby CCG is 13.6% up at the end of September.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - September	75%	70.30%	↔		A new COQUIN scheme has been agreed which seeks stepped changes in the way patients are managed by more Hear & Treat and See & Treat, thereby reducing the numbers conveyed to hospital A&E departments. See & Treat activity continues to be over planned levels, which is attributed to the on-going success of the GP Visiting schemes that have been implemented across the region. The schemes are proving to be very successful with deflections away from A&E in the region of 90% being seen.
Ambulance clinical quality – Category 19 transportation time (CCG) (Cumulative)	15/16 - September	95%	90.20%	↔		The CCG failed to achieve the 75% target year to date, or in month (September) recording 68.0%.
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	15/16 - September	75%	77.90%	↔		The CCG failed to achieve the 95% target year to date, or in month (September) recording 88.0%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	15/16 - September	75%	76.00%	↔		
Ambulance clinical quality – Category 19 transportation time (NWAS) (Cumulative)	15/16 - September	95%	95.00%	↔		
<b>Local Indicator</b>						
Access to community mental health services by people from Black and Minority Ethnic (BME) groups (Rate per 100,000 population)	2014/15	2200	2202.8	↑		The latest data shows access to community mental health services by people from BME groups is over the CCG plan. This is also improvement on the previous year when the CCG rate was 2118.0.

## 10.1 Friends and Family – Southport and Ormskirk Hospital NHS Trust

Figure 23 Friends and Family –  
Southport and Ormskirk Hospital NHS  
Trust

### Friends and Family Response Rates and Scores

Southport &  
Ormskirk

Clinical Area	Response Rate (RR) Target	RR Actual (Sept 2015)	RR - Trajectory From Previous Month (Aug 15)	% Recommended (England Ave)	% Recommended (Sept 2015)	PR Trajectory From Previous Month (Aug 15)	% Not Recommended (England Ave)	% Not Recommended (Sept 2015)	PNR Trajectory From Previous Month (Aug 15)
In-patients	25%	25.5%	↑	96.0%	96%	↑	2.0%	1.0%	↓
A&E	15%	2.2%	↓	88.0%	77.0%	↓	6%	16%	↑
Q1 – Antenatal Care	N/A	-	-	95%	98%	↑	2%	0%	↔
Q2 - Birth	N/A	15.2%	↑	97%	91%	↑	1%	9%	↑
Q3 - Postnatal Ward	N/A	-	-	93%	88%	↓	2%	9%	↑
Q4 – Post-natal Community Ward	N/A	-	-	98%	100%	↔	1%	0%	↔

Where cell contains "-" no denominator data available

The Friends and Family Test (FFT) Indicator now comprises of three parts:

- % Response rate
- % Recommended
- % Not Recommended.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above three parts for both inpatients and A&E. The trust have shown a further decline in response rates for A&E services compared to the previous month, with a response rate of 2.2% the lowest they have returned, however, response rates for inpatients, have exceeded the target response rate of 25% and has improved since last month to a rate of 25.5%.

The percentage of patients that would recommend the inpatient service in the trust has improved from the previous month and has met the England average.

In A&E the percentage of people who would recommend the service has decreased from the previous month to 77%, and is below the England average, the Trust has been asked to submit an update at the December CQPG.

Friends and Family is a standing agenda item on the Clinical Quality Performance Group (CQPG), which is a joint meeting between the trust and the CCG. An action plan has been developed by the trust, for which the Director of Nursing is accountable. This action plan seeks to address the areas of poor performance.

The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a monthly basis and seek assurance from the trust that areas of poor patient experience are being addressed. Health Watch Sefton are members of EPEG and also attend the trust's patient experience group and directly ask the organisation specific questions about poor Friends and Family response rates and recommendations.

## 10.2 Serious Untoward Incidents (SUIs) and Never Events

### 10.2.1 CCG level Serious Untoward Incidents

Figure 24 SUIs Reported at Southport & Formby CCG level

#### CCG Level SUIs

#### Southport & Formby CCG

 Never Event

#### CCG SUIs

Type of Incident	Apr	May	Jun	Jul	Aug	Sep	YTD
Allegation Against HC Professional			1				1
Attempted Suicide by Outpatient (in receipt)		1					1
Pressure Sore - (Grade 3 or 4)			1	1			2
Pressure ulcer - (Grade 3)	3	6	3	1	1		14
Pressure ulcer - (Grade 4)	2		3				5
Serious Self Inflicted Injury Inpatient					1		1
Sub-optimal care of the deteriorating patient		2					2



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Surgical Error		1			1		2
Treatment						1	1
Unexpected Death						1	1
Unexpected Death (general)	1						1
<b>Grand Total</b>	<b>6</b>	<b>10</b>	<b>8</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>31</b>

### CCG level Serious Untoward Incidents

These are serious incidents involving Southport and Formby CCG patients irrespective of their location of care.

There have been 31 Serious Incidents YTD involving Southport and Formby CCG patients.

In September 2 Serious Incidents were reported for Southport and Formby CCG patients.

### Number of Never Events reported in period

One Never Event involved a Southport and Formby CCG patient. This Never event happened in the Liverpool Women's NHS Foundation Trust. It occurred in May 2015 and was a surgical error

### Provider level SUIs

#### Southport and Ormskirk Hospital

#### Provider SUIs

 Never Events

Incident Type	Apr	May	Jun	Jul	Aug	Sep	YTD
Allegation Against HC Professional			1				1
Child abuse (institutional)			1				1
Confidential Information Leak				1			1
Failure to act upon test results				1			1
Maternity services - unexpected neonatal death.					1		1
Pressure Sore - (Grade 3 or 4)			2	1			3
Pressure ulcer - (Grade 3)	15	8	6	2	2	3	36
Pressure ulcer - (Grade 4)	8	2	3			1	14
Sub-optimal care of the deteriorating patient	1	2		1			4
Surgical Error					1		1
Unexpected Death						1	1
Unexpected Death of Inpatient (in receipt)	1						1
<b>Grand Total</b>	<b>25</b>	<b>12</b>	<b>13</b>	<b>6</b>	<b>4</b>	<b>5</b>	<b>65</b>

### Southport & Ormskirk Hospital Serious Incidents

Number of Serious Untoward Incidents (SUIs) reported in period

For the year 15/16 up to and including September, Southport & Ormskirk Hospital Integrated Care Organisation (ICO) reported 65 serious incidents. These are incidents that involved patients under the care of that organisation and those patients may be from CCGs other than Southport and Formby CCG.

Number of Never Events reported in period

Southport & Ormskirk Hospital Integrated Care Organisation (ICO) reported zero Never Events YTD.

Number of repeated incidents reported YTD

The Trust has had three incidents repeated as of September 2015/16.

- 36 x Pressure ulcer – (Grade 3)
- 14 x Pressure ulcer – (Grade 4)
- 4 x Sub-optimal care of the deteriorating patient

## 11. Primary Care

### 11.1 Background

The primary care dashboard has been developed during the summer of 2014 with the intention of being used in localities so that colleagues from practices are able to see data compared to their peers in a timely and consistent format. From this, localities can use this data to request further analysis, raise queries with providers, determine local priorities for action, understand demand, and monitor improvement. The tool is to aid improvement, not a performance management tool.

### 11.2 Content

The dashboard is still evolving, but at this stage the following sections are included: Urgent care (A&E attendances and emergency admissions for children under 19, adults aged 20-74 and older people aged 75 and over separately), Demand (referrals, Choose & Book information, cancer and urgent referrals), and Prescribing indicators. Recent new additions are expected to observed disease prevalence (QOF), and forthcoming additions include financial information, and public health indicators.

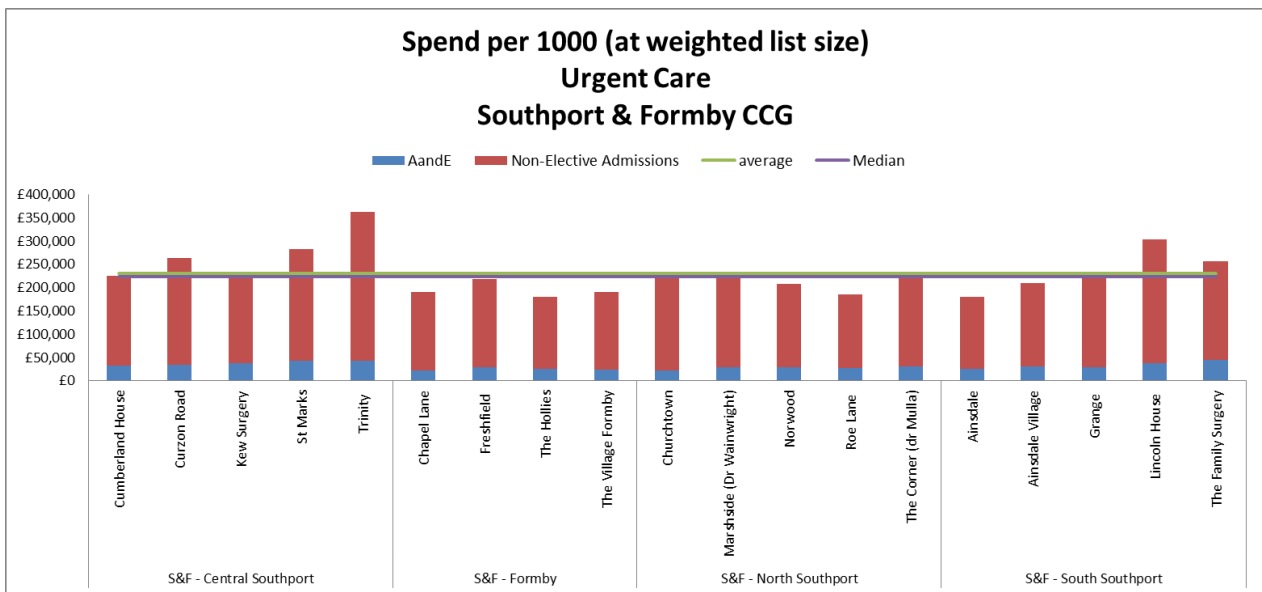
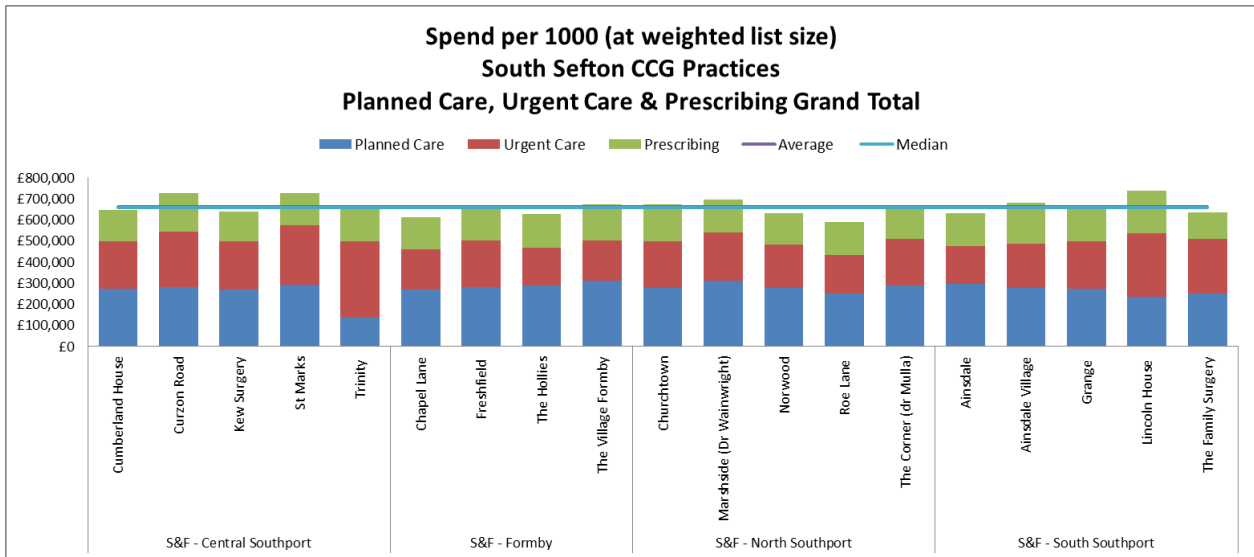
### 11.3 Format

The data is presented for all practices, grouped to locality level and RAG rated to illustrate easily variation from the CCG average, where green is better than CCG average by 10% or more, and red is worse than CCG average. Amber is defined as better than CCG average but within 10%. Data is refreshed monthly, where possible and will have a 6 week time lag from month end for secondary care data and prescribing data, and less frequent updates for the likes of annual QOF data. The dashboards have been presented to Quality Committee and to localities, and feedback has been positive. The dashboards will be available on the Cheshire & Merseyside Intelligence Portal (CMiP).

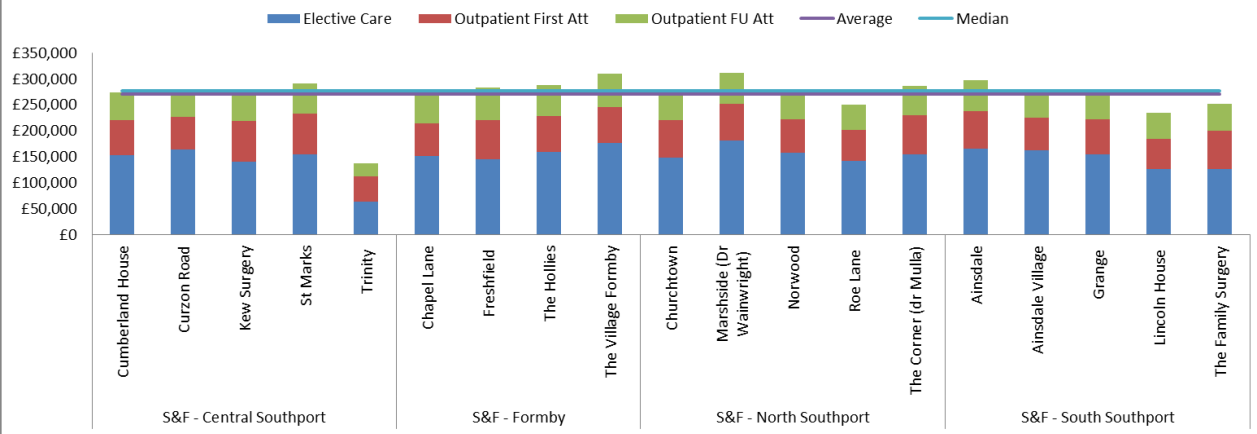
### 11.4 Summary of performance

Colleagues from Finance and Business Intelligence teams within the CCG have been working closely with clinical leads to develop financial information. Colleagues have developed a chart to show weighted spend per head of weighted practice population which takes into account age, sex, deprivation, rurality, case mix, care and nursing home residents amongst others to standardise the data. The chart below is in draft format and is currently being shared with localities for feedback.

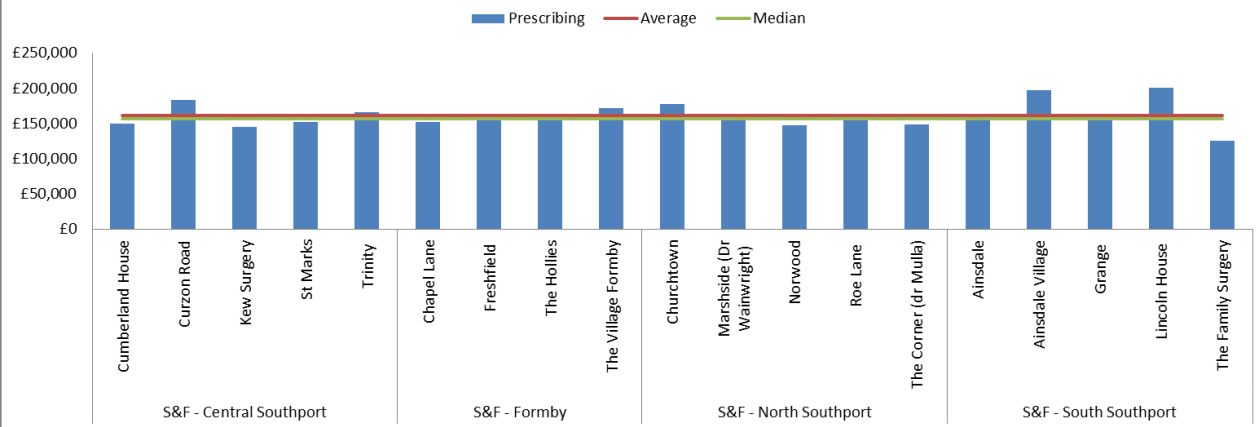
Figure 25 Summary of Primary Care Dashboard – Urgent Care Summary



### Spend per 1000 (at weighted list size) Planned Care Southport & Formby CCG



### Spend per 1000 (at weighted list size) Prescribing Southport & Formby CCG





## 11.5 CQC Inspections

A number of practices in Southport and Formby CCG have recently been visited by the Care Quality Commission. CQC publish all inspection reports on their website. There have been no further inspection results published since last month, therefore the same results are reported here as were reported in the October report:

### Dr G Hedley & Partners Good (St Marks Medical Centre) (0.6 miles away)



42 Derby Road, Southport, PR9 0TZ  
(01704) 511700

Provided by: Dr G Hedley & Partners

#### CQC inspection area ratings

(Latest report published on 8 October 2015)

Safe	Requires improvement <span style="color: orange;">●</span>
Effective	Good <span style="color: green;">●</span>
Caring	Good <span style="color: green;">●</span>
Responsive	Good <span style="color: green;">●</span>
Well-led	Good <span style="color: green;">●</span>

#### CQC Inspections and ratings of specific services

(Latest report published on 8 October 2015)

Older people	Good <span style="color: green;">●</span>
People with long term conditions	Good <span style="color: green;">●</span>
Families, children and young people	Good <span style="color: green;">●</span>
Working age people (including those recently retired and students)	Good <span style="color: green;">●</span>
People whose circumstances may make them vulnerable	Good <span style="color: green;">●</span>
People experiencing poor mental health (including people with dementia)	Good <span style="color: green;">●</span>

#### Doctors/GPs

##### Specialisms/services

- Diagnostic and screening procedures
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

## Cumberland House Surgery Good (0.9 miles away)



Cumberland House, 58 Scarisbrick New Road, Southport,  
PR8 6PG

(01704) 501500

Provided by: Cumberland House Surgery

### CQC inspection area ratings

(Latest report published on 27 August 2015)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

### CQC Inspections and ratings of specific services

(Latest report published on 27 August 2015)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●



*Southport and Formby  
Clinical Commissioning Group*

# Dr Kebalanandha Ramamurthie Naidoo Good (The Family Surgery Ltd)

(1.1 miles away)



107 Liverpool Road, Birkdale, Southport, PR8 4DB  
(01704) 566646

Provided by: Dr Kebalanandha Ramamurthie Naidoo

## CQC inspection area ratings

(Latest report published on 10 September 2015)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

## CQC Inspections and ratings of specific services

(Latest report published on 10 September 2015)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

## Doctors/GPs

### Specialisms/services

- Diagnostic and screening procedures
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

## Roe Lane Surgery Good (1.8 miles away)

**We are carrying out checks at Roe Lane Surgery using our new way of inspecting services. We will publish a report when our check is complete.**



172 Roe Lane, Churchtown, Southport, PR9 7PN  
(01704) 228439

Provided by: Roe Lane Surgery

### CQC inspection area ratings

(Latest report published on 27 August 2015)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

### CQC Inspections and ratings of specific services

(Latest report published on 27 August 2015)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

### Doctors/GPs and Clinics

#### Specialisms/services

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

## 12. Better Care Fund update

A quarterly data collection template has been issued by the Better Care Support Team for completion. It requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan. The latest collection template for Q2 2015-16 focusses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, performance on local metrics, and planning for BCF 2016/17. It also presented an opportunity for Health and Wellbeing Boards to register interest in further support.

The payment for performance element of BCF requires a target reduction to be reached in the number of non elective admissions to hospital. Current performance for Q2 was above the required level of reduction, therefore no payment for performance was available. Quarter 2 performance improved on Q1 with a reduction in two of the three months of the quarter. Performance is summarised below:

Figure 26 BCF Activity Monitoring

BCF NEL Admissions (MAR)	Jan	Feb	Mar	BCF Q1 1516 (Financial Q4 1415)	Apr	May	Jun	BCF Q2 (Financia l Q1 1516)	Jul	Aug	Sep	BCF Q3 (Financial Q2 1516)		Year to Date
Plan	3003	3003	3003	9009	2940.67	2940.67	2940.67	8822	2935	2935	2935	8806		26637
Actual	3176	2976	3516	9667	3257	3245	2958	9461	2957	2849	2766	8573		27701
Var	173	-27	513	658	317	304	18	638.5	22	-86	-169	-233		1064
%age Var	5.8%	-0.9%	17.1%	7.3%	10.8%	10.3%	0.6%	7.2%	0.7%	-2.9%	-5.8%	-2.6%		4.0%

### 13. NHS England Activity Monitoring

Figure 27 NHS England Activity Monitoring

Measures	Apr	May	Jun	Jul	Aug	Sep	YTD
E.C.8 A&E (Type 1, 2 & 3)	Plan	3132	3293	3188	3442	3144	18884
	Actual	3310	3302	3420	3532	3371	20376
	Var	178	9	232	90	227	1492
%age Var	5.7%	0.3%	7.3%	2.6%	7.2%	28.2%	7.9%
E.C.9 GP Referrals (G&A)	Plan	2214	2225	2286	2500	2052	13725
	Actual	2682	2528	2871	2927	2401	16263
	Var	468	303	585	427	349	2538
%age Var	21.1%	13.6%	25.6%	17.1%	17.0%	16.6%	18.5%
E.C.10 Other Referrals (G&A)	Plan	1160	1126	1189	1259	1082	7005
	Actual	1416	1453	1660	1807	1333	9277
	Var	256	327	471	548	251	2272
%age Var	22.1%	29.0%	39.6%	43.5%	23.2%	35.2%	32.4%
E.C.32 Daycase (All Specs)	Plan	1629	1708	1767	1730	1461	9900
	Actual	1529	1418	1592	1550	1302	8917
	Var	-100	-290	-175	-180	-159	-983
%age Var	-6.1%	-17.0%	-9.9%	-10.4%	-10.9%	-4.9%	-9.9%
E.C.2 Daycase (G&A)	Plan	1629	1707	1767	1730	1461	9899
	Actual	1529	1417	1592	1549	1302	8914
	Var	-100	-290	-175	-181	-159	-985
%age Var	-6.1%	-17.0%	-9.9%	-10.5%	-10.9%	-5.0%	-10.0%
E.C.21 Elective (All Specs)	Plan	250	262	272	265	224	1520
	Actual	246	251	310	293	257	1616
	Var	-4	-11	38	28	33	96
%age Var	-1.6%	-4.2%	14.0%	10.6%	14.7%	4.9%	6.3%
E.C.1 Elective (G&A)	Plan	250	262	272	266	225	1522
	Actual	246	251	310	293	257	1616
	Var	-4	-11	38	27	32	94
%age Var	-1.6%	-4.2%	14.0%	10.2%	14.2%	4.9%	6.2%
E.C.23 Non Elective	Plan	1358	1428	1382	1492	1363	8237

Actual	1373	1324	1441	1517	1412	1466	8533
Var	15	-104	59	25	49	252	296
%age Var	1.1%	-7.3%	4.3%	1.7%	3.6%	20.8%	3.6%
Plan	1313	1380	1335	1441	1317	1175	7961
Actual	1336	1288	1407	1471	1380	1429	8311
Var	23	-92	72	30	63	254	350
%age Var	1.8%	-6.7%	5.4%	2.1%	4.8%	21.6%	4.4%
Plan	3190	3346	3463	3389	2862	3145	19395
Actual	3758	3551	4344	4118	3622	3977	23370
Var	568	205	881	729	760	832	3975
%age Var	17.8%	6.1%	25.4%	21.5%	26.6%	26.5%	20.5%
Plan	3114	3266	3380	3309	2793	3070	18932
Actual	3541	3339	4103	3882	3413	3740	22018
Var	427	73	723	573	620	670	3086
%age Var	13.7%	2.2%	21.4%	17.3%	22.2%	21.8%	16.3%
Plan	2037	2137	2211	2165	1828	2009	12387
Actual	2244	2236	2672	2462	2221	2504	14339
Var	207	99	461	297	393	495	1952
%age Var	10.2%	4.6%	20.9%	13.7%	21.5%	24.6%	15.8%
Plan	1988	2085	2158	2122	1783	1960	12096
Actual	2179	2161	2601	2393	2140	2439	13913
Var	191	76	443	271	357	479	1817
%age Var	9.6%	3.6%	20.5%	12.8%	20.0%	24.4%	15.0%
Plan	7318	7675	7943	7775	6564	7215	44490
Actual	9141	8412	10176	10100	8765	10456	57050
Var	1823	737	2233	2325	2201	3241	12560
%age Var	24.9%	9.6%	28.1%	29.9%	33.5%	44.9%	28.2%

Source	Referrals (G&A)	Month 6 YTD	Month 6 YTD	Month 6 YTD	Month 6 YTD	Variance
		PLAN	ACTUAL			
ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%						



	Referrals (G&A)					
MAR	GP	13725	16263	18.5%		Coding of referrals is currently being investigated with Southport & Ormskirk trust as the implementation of the new PAS system has changed the recording of referrals. Compared with the same period last year the average for GP referrals into S&O per month appears to have increased by approximately 160. Work is being carried out by Southport Hospital to understand the extent the new PAS has affected the referral figures. Increases at Aintree and the Royal Hospitals are due to the change in Breast surgery out of S&O to these two Trusts. Genuine increases have been noted at Renacres Independent provider and work is being undertaken with GP surgeries to investigate referral process. Local referral information (excluding Renacres) shows an increase but much less at approx. 8% when factoring in the potential PAS impact. Renacres has been excluded as information locally has only been received for quarter 1.
MAR	Other	7005	9277	32.4%		The introduction of the new PAS system in Southport hospital has impacted on all referrals with the average increase after the installation for non GP referrals at approx. 150. Local referral information (excluding Renacres) shows an increase but much less at approx. 5% when factoring in the potential PAS impact. Renacres has been excluded as information locally has only been received for quarter 1.
MAR	Total	20730	25540	23.2%		See above.
	<b>Outpatient attendances (G&amp;A)</b>					
SUS	All 1st OP	18932	22018	16.3%		Issues regarding the planning of Outpatient measures have been noted with the reporting differences between MAR (plans based on) and SUS (activity monitored on). Analysis into the activity from 2014/15 (Apr to Sep) against the same period in 2015/16 shows a much lower increase. First outpatient attendances appear to have increased by approx. 6%, while follow up attendances are within the +/-3% range. This gives the overall G&A outpatient figure at just below 4% increase. This is in line with increased referrals to Renacres hospital. Referral patterns and pathway reviews are being undertaken through the contract monitoring route.
SUS	Follow-up	44490	57050	28.2%		
SUS	Total OP attends	63422	79068	24.7%		
SUS	Outpatient procedures (G&A) (included in attends)	12476	16337	30.9%		Not required for planning, figures shown are April to September 14/15 compared to the same period in 15/16. An increase in OP procedures has been noted with a shift from other outpatient settings as well as from Day case procedures. Agreed shifts to outpatient procedures for a number of procedures are a factor in the higher figures from last year.
	<b>Admitted Patient Care (G&amp;A)</b>					
SUS	Elective Day case spells	9899	8914	-10.0%		Although down against plan, actual activity has increased against the same period last year mainly due to increased activity based in Renacres. This is in line with heightened referrals to Renacres independent provider which is being addressed directly with the GP practices. Current activity (Apr to Sep) compared with the same period shows an increase of approx. 4%.





SUS	Elective Ordinary spells	1522	1616	6.2%	Actual activity for 15/16 (Apr-Sep) against the same period last year is in the line with the plan value. The main areas of increase are within Aintree and Liverpool Royal Providers for the shift to Breast surgery as well as Renacres hospital in line with increased referrals.
SUS	Total Elective spells	11421	10530	-7.8%	See above.
SUS	Non-elective spells complete	7961	8311	4.4%	Lower phasing of plans in the later part of the year due to GPAU at Southport & Ormskirk has caused a greater variance to occur, this may continue as the months carry on.
SUS	Total completed spells	19382	18841	-2.8%	
SUS	<b>Attendances at A&amp;E</b>				
SUS	Type 1				
SUS	All types	18884	20376	7.9%	Although increased against plan when comparing April to August 2014/15 against the same period this year in SUS the difference overall is approximately 3%, with the main increases occurring within the last two months. Further investigation is needed to see if the same issue regarding phasing of plans in NEL admissions is applicable to A&E data.

## MEETING OF THE GOVERNING BODY November 2015

<b>Agenda Item:</b> 15/213	<b>Author of the Paper:</b> Sarah McGrath Locality Development Manager <a href="mailto:Sarah.mcgrath@southportandformbyccg.nhs.uk">Sarah.mcgrath@southportandformbyccg.nhs.uk</a>  Tel: 01704 387008
<b>Report date:</b> November 2015	
<b>Title:</b> Update on Cancer Access Performance following Tripartite Priority Setting	
<b>Summary/Key Issues:</b>  The paper provides an update to NHS Southport and Formby Clinical Commissioning Group Governing Body on the detail behind performance in relation to the 62 Day cancer access standard and the approach being taken to improve and sustain performance.	
<b>Recommendation</b>  The Governing Body is asked to receive this report	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To place clinical leadership at the heart of localities to drive transformational change.
	To develop the integration agenda across health and social care.
	To consolidate the Estates Plan and develop one new project for March 2016.
	To publish plans for community services and commission for March 2016.
	To commission new care pathways for mental health.
	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.

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

### Report to the Governing Body November 2015

#### 1. Executive Summary

This paper provides detail on the following areas of activity:

Commissioner and provider –based performance against the following national standards:

- 62 days from GP referral to first definitive cancer treatment

The paper describes new national priorities intended to offer practical actions to help providers improve performance and also to support CCGs with effective commissioning of cancer services. Local progress in relation to these priorities is discussed.

#### 2. Introduction and Background

Joint correspondence from the Trust Development Authority, Monitor and NHS England in July 2015 requested a provider response against 8 key priorities for the recovery and sustainability of performance against the 62 day cancer operational standard from GP referral to first definitive treatment. This was in recognition of the fact that performance is challenged against this indicator with 83.4% achievement of the standard at a national level against a threshold of 85% and that performance has slipped by 2% over the last 2 operating years.

Local performance for 2015/16 to date is shown below for both commissioner and provider based activity.

NHS Southport and Formby CCG	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	YTD
% 62 day classic	80.56%	100.00%	77.50%	89.74%	84.62%	81.40%	85.28%
Target	85%	85%	85%	85%	85%	85%	85%
Total Treated	36	34	40	39	39	43	231
Treated within 62 Days	29	34	31	35	33	35	197
National performance	82.7%	80.8%	81.0%	81.5%	82.3%	81.2%	

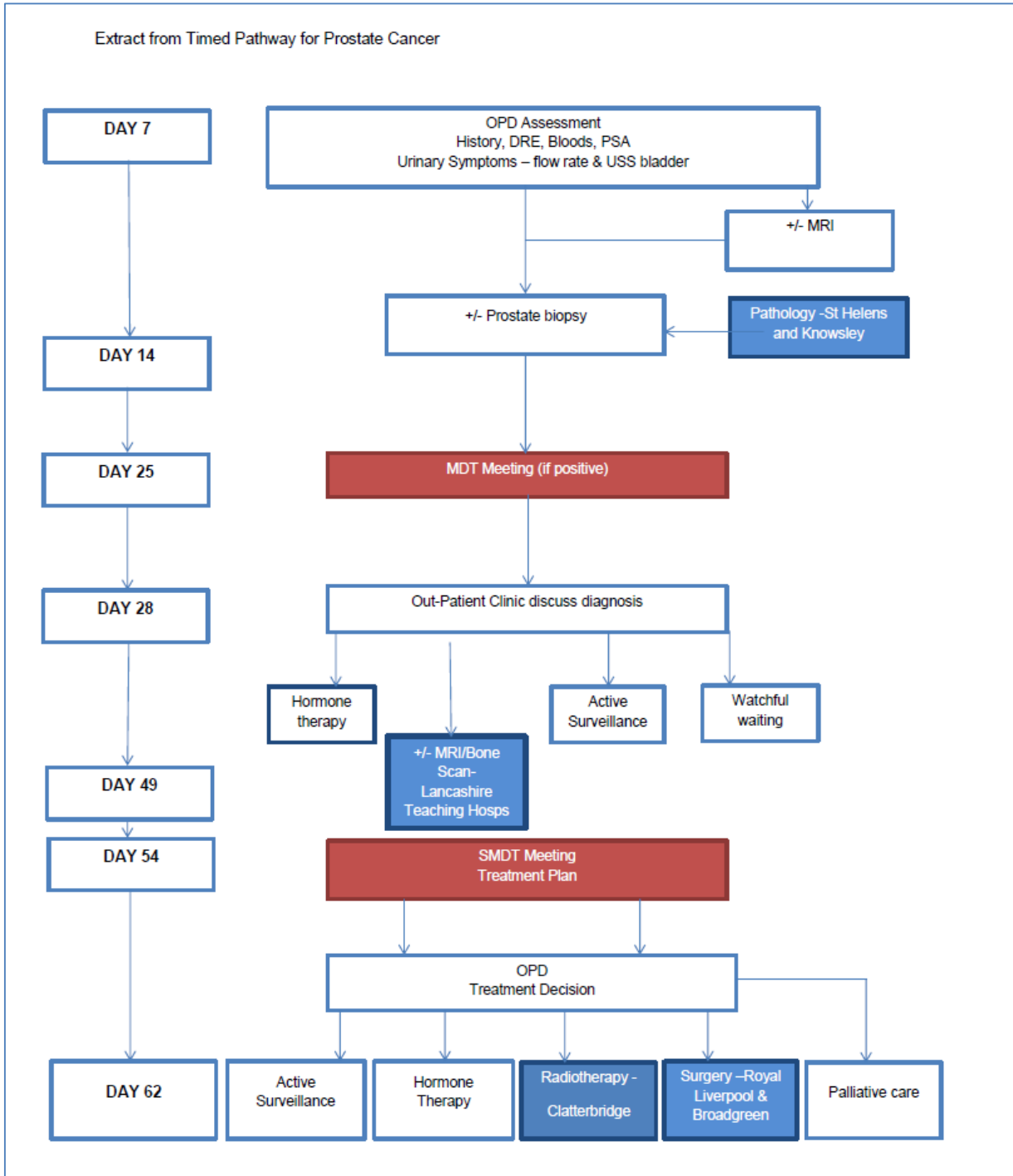
Southport and Ormskirk Hospital Catchment	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	YTD
% 62 day classic	83.52%	91.84%	83.70%	87.91%	87.50%	86.46%	86.87%
Target	85%	85%	85%	85%	85%	85%	85%
Total Treated	45.5	49	46	45.5	44	48	278
Treated within 62 Days	38	45	38.5	40	38.5	41.5	241.5

#### 3. Inter-trust pathways and breach allocation

The configuration of cancer treatment services for Southport and Formby patients is complex. Radiotherapy and chemotherapy are provided by Clatterbridge Cancer Centre at different locations. In addition, Aintree, Royal Liverpool, St Helens and Knowsley, Walton Centre, Liverpool Women's and Liverpool Heart and Chest

Hospitals all have roles as specialist surgical centres for different tumour sites. This means that two and sometimes three- trust pathways are common and facilitating timely inter-trust transfers remains the key challenge in delivering 62 day compliance.

The following extract from a timed pathway for prostate cancer aims to illustrate the complexities and inter-provider dependencies involved.



Alongside this, other providers may undertake diagnostic elements of the pathway such as pathology, bone scans or PET scanning without formal transfer of care along the pathway.

The process for the allocation and reporting of shared breaches across two or three Trusts remains an issue with Monitor and TDA -regulated Trusts operating to different definitions. The National Cancer Waiting Times Delivery Group has acknowledged that change is needed but has made the decision not to mandate a particular model at the current time but instead to undertake a listening exercise in relation to this.

#### 4. Key priorities

The Tripartite correspondence referred to asked providers to respond to the following eight questions

1. Does the Trust Board must have a named Executive Director responsible for delivering the national cancer waiting time standards?
2. Does the Board receive 62 day cancer wait performance reports for each individual cancer tumour pathway, not an all pathway average Does the Trust have a cancer operational policy in place and approved by the Trust Board?
3. Does the Trust have a cancer operational policy in place and approved by the Trust Board? This should include the approach to auditing data quality and accuracy, the Trust approach to ensure MDT coordinators are effectively supported, and have sufficient dedicated capacity to fulfil the function effectively
4. Does the Trust maintain and publish a timed pathway, agreed with the local commissioners and any other Providers involved in the pathway, taking advice from the Clinical Network for the following cancer sites: lung, colorectal, prostate and breast?
5. Is root cause breach analysis carried out for each pathway not meeting current standards, reviewing the last ten patient breaches and near misses (defined as patients who came within 48 hours of breaching)
6. Does the Trust maintain a valid cancer specific PTL and carry out a weekly review for all cancer tumour pathways to track patients and review data for accuracy and performance?
7. Is capacity and demand analysis for key elements of the pathway not meeting the standard (1st OP appointment; treatment by modality) carried out?
8. Is an Improvement Plan prepared for each pathway not meeting the standard, based on breach analysis, and capacity and demand modelling, describing a timetabled recovery trajectory for the relevant pathway to achieve the national standard?

The full response from Southport and Ormskirk Hospital is appended to this report.

#### 5. Additional Requirements

All Trusts and Foundation Trusts are expected to produce weekly PTLs for the 62 day standard and these are now shared with commissioners and received and monitored weekly.

The remit of Systems Resilience Groups will be expanded to include the 62 day cancer standard.

Each local health system will be required to prepare a cancer capacity plan for key elements of the pathway, cognisant of projected increases in demand for cancer services associated with population demographics, new NICE Guidelines for the management of suspected cancer and targeted Be Clear on Cancer awareness campaigns.

#### 6. Local Reporting Systems

Southport and Ormskirk Hospital also provide monthly SBAR ( Situation, Background, Analysis, Recommendations) reports on all breaches of 62 days to the CCG's managerial and clinical cancer leads.

These give detailed analysis of each breach, highlighting themes and trends although these are often multi-factorial. The reports also state whether the breach is considered avoidable or unavoidable. The main reasons include:

- True complexity of pathway involving multiple diagnostics and specialties to reach a definitive diagnosis and treatment plan
- Inter-trust transfers
- Health status of patient, co-morbidities which delay the start of cancer treatment
- Patient Choice both in regard to decision making on the modality of treatment ( especially for prostate) and wanting to plan treatment around personal factors
- Access to diagnostic testing and reporting timescales including services from other providers such as pathology, Haemato- Oncology Diagnostic Service (HODS), bone scans and PET.

### **Tumour level reporting of breaches from April 2014- August 2015 ( Commissioner –based NHS Southport and Formby CCG)**

Breast	4
Gynaecological	3
Haematological (Excluding Acute Leukaemia)	6
Head & Neck	9
Lower Gastrointestinal	9
Lung	18
Other	1
Sarcoma	2
Skin	4
Upper Gastrointestinal	11
Urological (Excluding Testicular)	16
<b>Grand Total</b>	<b>83</b>

35 of these patients were on the pathway for 91 days or more with lung, urology and head and neck patients being most likely to have very protracted pathways.

### **7. “Backstop” measures for long waiting patients**

The latest Tripartite communication in October 2015 directs a process for patients waiting over 104 days from referral ensuring that patients continue to be actively tracked post 62 days. Regular reporting to Trust Board should include numbers and proportion of long waiting patients.

Root cause analyses should routinely be undertaken for pathways not meeting the current standards by reviewing the last ten patient breaches and near misses.

A clinical harm review should be undertaken in patients waiting over 104 days leading to a Serious Incident investigation process where indicated with escalation to senior clinical leads at the CCG.

### **8. Developments**

- Network level focus on lung and head and neck cancers
- Implementation of new NICE guidelines for the management of suspected cancer resulting in increased access to direct diagnostics. This should speed up the front end of the pathway, but we need to seek assurance on pathway start dates in this scenario.
- *Could it be Cancer?* Pathways to direct access pelvic/abdominal CT leading to reduction in inter-specialty and back to GP pathways for patients not fitting with tumour specific criteria but in whom there is a strong suspicion of pelvic/abdominal primary or metastatic cancer.
- There is evidence that cancer patients breaching 14 days are more likely to breach 62 days as well. Making the case for Choose and Book for all 2 week referrals will help with patient choice factors, but the capacity must be there for referrers to have confidence.

## 9. Recommendations

The Governing Body is asked to note issues in relation to performance against the 62 day cancer access standard, the key priorities as set out in the Tripartite correspondence and local provider response. The Governing Body is also asked to receive the additional assurance processes relating to long waiting patients.

## Appendix

Southport and Ormskirk Hospital response to Tripartite request for self- assessment against 8 key priorities.



Southport And Ormskirk Hospital NHS Trust

	Trust Response - Yes/No	Please provide appropriate supporting narrative for each question. Where you have given a "No" response could you please include in your narrative when you expect to be compliant.
<p>1 Does the Trust Board must have a named Executive Director responsible for delivering the national cancer waiting time standards?</p>	Yes	Chief Operating Officer
<p>2 Does the Board receive 62 day cancer wait performance reports for each individual cancer tumour pathway, not an all pathway average?</p>	No	This information is available and provided to the Senior Executive Team on a monthly basis at the Trust performance management framework. The Trust is revising its integrated performance report to include this breakdown to Trust board with an expected completion by October 2015.
<p>3 Does the Trust have a cancer operational policy in place and approved by the Trust Board? This should include the approach to auditing data quality and accuracy, the Trust approach to ensure MDT coordinators are effectively supported, and have sufficient dedicated capacity to fulfil the function effectively.</p>	Yes	The Trust has a cancer access policy that has been signed off through the Trust approval process that includes board sign off. The policy was revised in April 2014 and will be reviewed further to strengthen our approach to data quality and validation processes that are in place and the support provided to the MDT coordinator team. The Cheshire and Merseyside Strategic Cancer Network Cancer Managers Group is supporting a review of cancer policies and a review of MDT coordination staffing provision.
<p>4 Does the Trust maintain and publish a timed pathway, agreed with the local commissioners and any other Providers involved in the pathway, taking advice from the Clinical Network for the following cancer sites: lung, colorectal, prostate and breast? These should specify the point within the 62 day pathway by which key activities such as OP assessment, key diagnostics, inter-Provider transfer and TCI dates need to be completed. Assurance will be provided by regional tripartite groups.</p>	Yes	Timed pathways are already in place which have been developed in line with network agreed pathways. There are monthly meetings held with CCG Quality and GP Leads to review pathways and areas non compliance. The pathways are currently under review and will be formally signed off with CCG through the contracting meetings between all parties involved.
<p>5 Does the Trust maintain a valid cancer specific PTL and carry out a weekly review for all cancer tumour pathways to track patients and review data for accuracy and performance? The Trust to identify individual patient deviation from the published pathway standards and agree corrective action.</p>	Yes	Cancer PTL maintained and reviewed twice weekly. 1. Each tumour site has a weekly PTL meeting involving cancer MDT coordinator and service managers to review PTL and identify deviation and agree escalations. 2. A weekly cancer performance meeting is chaired by Cancer Services Managers where service managers, departmental leads, feedback on PTL and identify any further escalation of patients deviating off track. Teams highlight any operational issues and actions taken to address and review performance. The performance meeting escalates direct to the ADO and Chief Operating Officer immediately following the meeting and report into the Trust performance framework meeting.
<p>6 Is not cause breach analysis carried out for each pathway not meeting current standards, reviewing the last ten patient breaches and near misses (defined as patients who came within 48hours of breaching)? These should be reviewed in the weekly PTL meetings.</p>	Yes	A full RCA (situational breach analysis - SBAR) is undertaken for all breaches - these are reviewed within the weekly cancer performance meeting and within monthly performance meetings with the CCGs. The Trust has recently commenced a process for review of the last 10 patient and is reviewing the process to commence the near miss review within the PTL meetings.
<p>7 Is capacity and demand analysis for key elements of the pathway not meeting the standard (1st OP appointment; treatment by modality) carried out? There should also be an assessment of sustainable list size at this point.</p>	Yes	Capacity for inpatients is reviewed monthly to ensure this is aligned to demand. Further review of capacity to ensure this process is in place for outpatients. (expected completion in December 2015)
<p>8 Is an Improvement Plan prepared for each pathway not meeting the standard, based on breach analysis, and capacity and demand modelling, describing a timetable recovery trajectory for the relevant pathway to achieve the national standard. This should be agreed by local commissioners and any other providers involved in the pathway, taking advice from the local Cancer Clinical Network. Regional tripartite groups will carry out escalation reviews in the event of non-delivery of an agreed Improvement Plan.</p>	Yes	The Trust has an established rolling cancer improvement action plan that addresses areas of non compliance for all tumour groups. This action plan is being reviewed in line with the updates following this self assessment and will be agreed by CCG Cancer Leads and monitored through monthly meetings with the commissioners and GP cancer leads quarterly. Cheshire and Merseyside Strategic Cancer Network is supporting organisations and prioritising network led projects for Lung and Head and Neck pathways

## Key Issues Report to Governing Body

<b>Finance and Resource Committee Meeting held on Wednesday 16<sup>th</sup> September 2015</b>	<b>Chair: Helen Nichols</b>
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>Change in CCG forecast outturn reported to NHS England. Move from £1.8m surplus to breakeven position.</li> </ul>	<ul style="list-style-type: none"> <li>Threat of not delivering:               <ol style="list-style-type: none"> <li>business rules (1% surplus)</li> <li>statutory duty (breakeven position)</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>More robust challenge to ensure delivery of QIPP ideas/plans.</li> <li>CCG should operate on basis that it is in financial turnaround.</li> <li>GB to consider whether extension to current procedures of lower clinical value policy should be applied.</li> </ul>

### Information Points for Southport and Formby CCG Governing Body (for noting)

Information points:

- Prescribing: increased pressures on high cost drugs.
- Review of secondary care drug protocols – clearer instruction in contractual terms in key areas (eg review of Anti-TNF in line with guidance).
- Supporting QIPP – Medicines Management team require support from all members to ensure that advice/recommendations are supported.
- Sefton Property Estates Group (SPEP) – first meeting on 11th September. Estates strategy to be presented to the Governing Body in November ahead of submission to NHS England in December.

# Key Issues Report to Governing Body

Quality Committee Meeting held on Wednesday, 21<sup>st</sup> October 2015  
 Chair: Paul Ashby

Key Issue	Risk Identified	Mitigating Actions
<b>Electronic Palliative Care Co-ordination System (EPaCCS)</b>	<ul style="list-style-type: none"> <li>Lack of pace in the delivery of EPaCCS across the CCG area as highlighted during a recent CQC End of Life Thematic Review</li> <li>Patients may not receive their care preference at End of Life</li> </ul>	<ul style="list-style-type: none"> <li>Identification of managerial lead from I-Merseyside and the CCG</li> <li>Paper presented to the Quality Committee                             <ul style="list-style-type: none"> <li>Recommendations supported (ie. Setting up of a Task &amp; Finish Group and performance management of action plan)</li> </ul> </li> <li>Task and Finish Group to report progress through the F&amp;R Committee and End of Life Network to report progress through Quality Committee – timeline for progress report is 6 months</li> <li>View expressed that the recent developments on the I-Links project will support the delivery of EPaCCS</li> </ul>

Information Points for Southport and Formby CCG Governing Body (for noting)
<p><b>Professional Registration Policy</b> – The policy was received but unable to be approved as the Committee was not quorate. To be re-presented to the November 2015 meeting.</p> <p><b>Governing Body Assurance Framework / Corporate Risk Register</b> – The committee challenged the risk rating for IAPT due to the feedback and experience of CCG clinicians. This is to be raised to the CCG Risk Owner for the team to review the risk due to the issue raised by the Quality Committee.</p> <p><b>Southport &amp; Ormskirk Hospitals NHS Trust Clinical Pathways</b> – GP Clinical Lead for Quality has requested a suite of clinical pathways from the Trust in order to review and consider alongside Serious Incident Reporting.</p> <p><b>Engagement &amp; Patient Experience (EPEG) Annual Report</b> - The Committee approved the EPEG Annual Report when it met in August 2015 subject to an addition detailing the work undertaken on securing the Voice of the Child and Young Person. The Committee were satisfied that the additions now reflected the work undertaken in the annual report.</p> <p><b>Internal Escalation Processes</b> – Lay Member requested further review of internal escalation processes and timelines for action when concerns are apparent regarding commissioned providers.</p>

# Key Issues Log



## Southport and Formby Clinical Commissioning Group

<b>Title of Meeting</b>	Committee in Common – Realigned Hospital-Based Care
<b>Chair</b>	Dr Nadim Fazlani, NHS Liverpool CCG
<b>Date of Meeting</b>	7 <sup>th</sup> October 2015

Issue	Risk Identified	Mitigating Action
1. Engagement/consultation across Sefton and Knowsley local authority areas.	<ul style="list-style-type: none"> <li>That each area has distinct engagement/consultation processes which need to be respected in order to ensure a comprehensive approach.</li> </ul>	<ul style="list-style-type: none"> <li>Meeting between ‘Health Liverpool’ leads and local authority leads to map processes and agree a shared timetable/action plan.</li> </ul>
2. Service Reviews faced by hospital providers outside Liverpool.	<ul style="list-style-type: none"> <li>That such reviews could result in recommended changes which impact on models agreed in Liverpool.</li> </ul>	<ul style="list-style-type: none"> <li>Bring together intelligence re service reviews.</li> <li>Meet with key chief executives outside Liverpool to align approaches.</li> </ul>

### Recommendations to NHS South Sefton CCG Governing Body:

- To note the issues, risks and mitigating actions.

## Key Issues Log

<b>Title of Meeting</b>	Committee in Common – Realigned Hospital-Based Care
<b>Chair</b>	Dr Nadim Fazlani, NHS Liverpool CCG
<b>Date of Meeting</b>	4 <sup>th</sup> November 2015

Issue	Risk Identified	Mitigating Action
1. Alignment of transformation plans across Liverpool, Sefton and Knowsley where there are co-dependencies.	<ul style="list-style-type: none"> <li>Unforeseen consequences of commissioning decisions in community services impacting on hospital services.</li> <li>Learning/skills not shared across CCGs.</li> </ul>	<ul style="list-style-type: none"> <li>Sefton plan shared at CIC.</li> <li>I Davies/K McCluskey to map areas of co-dependency and ensure alignment.</li> <li>Knowsley plan to be shared at next CIC meeting.</li> </ul>
2. Public engagement and consultation.	<ul style="list-style-type: none"> <li>Lack of clarity regarding the driving issues resulting in poor understanding of need for change across Liverpool, Sefton and Knowsley.</li> </ul>	<ul style="list-style-type: none"> <li>Comms and engagement group across Liverpool, Sefton and Knowsley CCGs and LAs to be established to jointly drive this work.</li> </ul>

### Recommendations to NHS South Sefton CCG Governing Body:

- To note the issues, risks and mitigating actions.

**Key Issues**  
**Joint Commissioning Committee**

Meeting Date

Chair

Key Issues	Risks Identified	Mitigating Actions
1. APMS contract	<ul style="list-style-type: none"> <li>The change to the APMS contract will potentially prompt a boundary review.</li> </ul>	<ul style="list-style-type: none"> <li>Discussed at S&amp;F Wider Group Meeting, and with provider on 27<sup>th</sup> October, further meetings scheduled.</li> </ul>
2. PMS reviews	<ul style="list-style-type: none"> <li>National PMS reviews are taking place which will mean a reduction in funding to PMS practices</li> </ul>	<ul style="list-style-type: none"> <li>The money released from the PMS review will be allocated for CCG investment.</li> </ul>
3. Practice List size	<ul style="list-style-type: none"> <li>The list size review (in terms of LQC) may have financial consequences for practices</li> </ul>	<ul style="list-style-type: none"> <li>Readjust LQC figures based on updated list size information mid year</li> </ul>

Recommendations to the Governing Body
1. To note



## Finance and Resource Committee Minutes

Wednesday 16<sup>th</sup> September 2015, 9.30am to 11.30am

Family Life Centre, Southport

<b>Attendees</b>		
Helen Nichols	Lay Member (Chair)	HN
Dr Martin Evans	GP Governing Body Member	ME
Colette Riley	Practice Manager	CR
Martin McDowell	Chief Finance Officer	MMcD
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Debbie Fagan	Chief Nurse & Quality Officer	DF
Susanne Lynch	CCG Lead for Medicines Management	SL
David Smith	Deputy Chief Finance Officer	DS
James Bradley	Head of Strategic Finance Planning	JB
<b>Ex-officio Member*</b>		
Fiona Clark	Chief Officer	FLC
<b>Apologies</b>		
Roger Pontefract	Lay Member	RP
Dr Hilal Mulla	GP Governing Body Member	HM
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	TJ
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Malcolm Cunningham	Head of Primary Care & Contracting	MC
<b>Minutes</b>		
Ruth Moynihan	PA to Chief Finance Officer	RM

### Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	Nov 14	Jan 15	Feb 15	Mar 15	May 15	June 15	July 15	Sept 15	Oct 15	Nov 15	Jan 16
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓	✓	✓	✓			
Dr Martin Evans	GP Governing Body Member	✓	✓	✓	✓	✓	A	✓	✓			
Dr Hilal Mulla	GP Governing Body Member	A	A	✓	A	✓	A	✓	A			
Roger Pontefract	Lay Member	✓	A	✓	A	✓	A	✓	A			
Colette Riley	Practice Manager	✓	✓	✓	A	✓	✓	✓	✓			
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓			
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	A	✓	✓	✓	✓			
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	A	A	A	✓	✓	✓			
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A	A	A	A	A	A	✓	A			
Fiona Clark	Chief Officer	*	*	*	*	*	*	*	*			
David Smith	Deputy Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓			
James Bradley	Head of Strategic Finance Planning	✓	✓	✓	A	N	✓	✓	✓			
Susanne Lynch	CCG Lead for Medicines Management	✓	✓	A	✓	✓	✓	✓	✓			
Karl McCluskey	Chief Strategy & Outcomes Officer	A	A	A	A	A	A	N	A			
Malcolm Cunningham	Head of Primary Care & Contracting	A	✓	✓	✓	A	A	✓	A			

No	Item	Action
FR15/100	<p><b>Apologies for absence</b></p> <p>Apologies for absence were received from Roger Pontefract, Hilal Mulla, Tracy Jeffes, Fiona Clark, Karl McCluskey and Malcolm Cunningham.</p>	
FR15/101	<p><b>Declarations of interest regarding agenda items</b></p> <p>CCG officers holding dual roles in both Southport and Formby and South Sefton CCGs declared their potential conflicts of interest.</p>	
FR15/102	<p><b>Minutes of the previous meeting</b></p> <p>The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair.</p>	
FR15/103	<p><b>Action points from the previous meeting</b></p> <p><i>FR15/93 – Procurement strategy – MC to provide schedule – see agenda item FR15/109.</i></p>	
FR15/104	<p><b>Month 5 Finance Report</b></p> <p>This paper presented the Committee with an overview of the financial position for NHS Southport and Formby Clinical Commissioning Group as at 31<sup>st</sup> August 2015.</p> <p>JB informed the Committee that the CCG had reported a breakeven position to NHSE. He advised that although c£900k had been set aside for payment of invoices in relation to CHC for 2014/15 year, these invoices have not yet been received; he believed that some of these monies will not be utilised thereby improving the CCG's position. JB is liaising with the organisations concerned, which mainly relate to the funding of nursing care and children's funding packages. MMcD noted that with the CHC function soon to come in-house, there will be better visibility and control in this area.</p> <p>SL referred to the increase in anti TNF drugs. MMcD said that in order to gain better control of drugs, prescribing subject to an annual review needed to be incorporated into the CCG's contracts. SL also referred to Blutech software which potentially could be used by the Trust, and she is to work with JB on this. JB said that he will speak with West Lancashire CCG to see if they have also experienced an increase, and will then carry out a sample audit. JL is to liaise with the contracting team. JB is to speak with KMcC regarding benchmarking.</p> <p>HN stated the importance of delivering the QIPP schemes which the CCG had identified, and noted that the CO and CFO were already acting on this. DF pointed out the need to recognise how the CCG intended to support its staff and colleagues on delivery of these schemes. DF also formally acknowledged the assistance from the Finance team regarding the positive narrative on CHC; she said DS and the team had been extremely supportive and she had noticed a positive change in the CHC team itself.</p> <p><b>Action taken by the Committee</b></p> <p>The Committee noted the contents of this report, and that JB and JL will provide a progress update at the next meeting.</p>	SL/JB

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Approved on the 21<sup>st</sup> October 2015



No	Item	Action
FR15/105	<p><b>Prescribing Performance Report</b></p> <p><b>(a) Q1 Report</b> SL presented this paper which detailed the prescribing performance for the first quarter of 2015/16 for Southport and Formby CCG practices. The Committee noted that Pregabalin remains an issue, and that SIP Feeds and Stoma are also a concern. SL said there were potential significant savings to be made with Quetiapine MR, and JB is to raise this with Mersey Care in their contract meeting. The Committee agreed that the contracts needed to incorporate drugs in general, and that this needed to be articulated in such a way so as to avoid any future misunderstanding.</p> <p><b>(b) Month 3 Report</b> SL presented this paper which gave an update on the prescribing spend for June 2015. The Committee noted that due to a coding issue, the CCG has been paying for some Wigan and Preston patients. Both CCGs are aware of this and, although Wigan have recognised and accepted their liability, JB said the matter is still outstanding with Preston. HN asked for a breakdown of the prescribing figure to be added into the finance report going forward, to help aid understanding of the relationship between the two, and JB is to action this.</p> <p><b>(c) APC Recommendations</b> SL presented this report which brought the new APC recommendations to the attention of the CCG.</p>	JB
<b>Action taken by the Committee</b>		
The Committee noted the content of these reports and approved the APC recommendations therein.		
FR15/106	<p><b>Sefton Property Estate Partnership Group (SPEP)</b></p> <p>MMcD advised the Committee that the first SPEP Group meeting took place on 11<sup>th</sup> September 2015, and that the first output was to recommend the development of an Estates Strategy. The strategy is expected to take six months to develop, and Sam McCumiskey, LSHP &amp; GB Partnerships, is working with the CCG to see what some of the high level figures might look like. The Committee noted the following:</p> <ul style="list-style-type: none"> <li>• SMcC will be organising a workshop in October;</li> <li>• SPEP are to meet again in November;</li> <li>• the Estates Strategy will be presented to the Governing Body in November, before formal presentation to NHSE by the end of December;</li> <li>• current membership includes individuals from Sefton Council, NHSE, NHSE Property and Community Partnerships;</li> <li>• key providers will be brought in at a future key point;</li> <li>• some of the Group has the opportunity to work with wider services eg police, and it is hoped that the Council will take on this wider group.</li> </ul> <p>MMcD said there are some real prospects for key regeneration and he is to follow this up with the newly appointed Deputy Chief Executive of the Council.</p>	
<b>Action taken by the Committee</b>		
The Committee noted the update.		

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Approved on the 21<sup>st</sup> October 2015

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Approved on the 21<sup>st</sup> October 2015

No	Item	Action
FR15/107	<b>External Updates/Benchmarking and VFM Reports</b> DS presented this benchmarking paper which highlighted independent sector activity, with a spotlight on Renacres.	
	<b>Action taken by the Committee</b>	
	The Committee noted this benchmarking update.	
FR15/108	<b>CCG Assurance</b> MMcD said the CCG Assurance runs close to the financial recovery plan, and the CCG is still awaiting confirmation of the date for the Q1 assurance meeting with NHSE. MMcD will advise the Committee of the date at the next meeting.	
	<b>Action taken by the Committee</b>	
	The Committee noted this update.	
FR15/109	<b>Procurement Timetable</b> The Committee reviewed the procurement timetable, and MMcD stated the importance of the CCG making a very clear statement in its commissioning intentions.	
	<b>Action taken by the Committee</b>	
	The Committee noted the timetable.	
FR15/110	<b>IFR Update</b> JL presented this paper which updated the CCG on the application of the IEFR Policy and activity during April to June 2015.	
	<b>Action taken by the Committee</b>	
	The Committee noted the content of this report.	
FR15/111	<b>Better Care Fund Update</b> No update was given.	
FR15/112	<b>Financial Recovery Plan</b> MMcD outlined that the CCG would have to submit a financial recovery plan to NHSE during the next month. He reiterated HN's earlier comment that it was important that identified schemes start to deliver the QIPP savings. He outlined the roles of clinical leads and the importance of fully engaging with the full wider membership to influence key decision makers. He will discuss further at both SLT and the Governing Body meeting.	
	<b>Action taken by the Committee</b>	
	The Committee noted the above.	
FR15/113	<b>Any Other Business</b> None.	
	<b>Date of next meeting</b> Wednesday 21 <sup>st</sup> October 2015	

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Approved on the 21<sup>st</sup> October 2015

No	Item	Action
	9.30am to 11.30am Family Life Centre, Southport	

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Approved on the 21<sup>st</sup> October 2015

# Southport and Formby Clinical Commissioning Group

## Quality Committee Minutes

**Date:** Wednesday 16<sup>th</sup> September 2015, 11.30 am – 1.30 pm

**Venue:** Family Life Centre, Ash Street, Southport

<b>Membership</b>		
Dr Rob Caudwell	Clinical Governing Body Member (Chair)	RC
Paul Ashby	Practice Manager Governing Body Member	PA
Dr Doug Callow	Clinical Director Lead for Quality	DC
Malcolm Cunningham	Head of Contracting & Procurement	MC
Billie Dodd	Head of CCG Development	BD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Martin McDowell	Chief Finance Officer	MMcD
Helen Nichols	Lay Governing Body Member	HN
<b>Ex officio members</b>		
Fiona Clark	Chief Officer	FLC
<b>In Attendance</b>		
Julie Cummins	Clinical Quality CSU	JC
James Hester	Programme Manager / Clinical Quality & Safety	JH
Susanne Lynch	Head of Medicines Management	SL
Brendan Prescott	Deputy Chief Nurse/Head of Quality & Safety	BP
Helen Roberts	Senior Pharmacist	HR
Jo Simpson	Quality & Performance Manager – CSU	JS
Helen Smith	Head of Adult Safeguarding	HS
Dr Paddy McDonald	Clinical Director – Southport & Ormskirk District General Hospital	PMcD
Wendy Storey	Screening & Immunisation Co-ordinator PHE	WS
<b>Minutes</b>		
Vicky Taylor	Quality Team Business Support Officer	VT

### Membership Attendance Tracker

Name	Membership	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Dr Rob Caudwell	GP Governing Body Member (Chair as of Jun 2014)	√	√			√	√						
Paul Ashby	Practice Manager, Ainsdale Medical Centre	A	√			√	√						
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	√	A			√	√						
Malcolm Cunningham	CCG Head of Primary Care & Contracting	A	A			A	A						
Billie Dodd	Head of CCG Development	A	√			√	√						
Debbie Fagan	Chief Nurse & Quality Officer	√	√			L	√						
Martin McDowell	Chief Finance Officer	√	√			√	√						
Helen Nichols	Governing Body and Lay Member	√	√			A	L						
Fiona Clark	Chief Officer		A			A	A						
James Hester	Programme Manager / Clinical Quality & Safety	√	√			√	√						
Brendan Prescott	Deputy Chief Nurse & Quality Manager		A			A	√						
Jo Simpson	Quality & Performance Manager	√	√			L	√						
Tracey Forshaw	Designated Safeguarding Nurse (Adults)		√			A							

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

No.	Item	Action
15/093	<p><b>Apologies for Absence</b> Apologies for absence were received from Malcolm Cunningham, Fiona Clark. Ann Dunne also tendered apologies and was represented at the meeting by Helen Smith, Head of Safeguarding Adults.</p>	
15/094	<p><b>Declarations of interest regarding Agenda items</b> CCG officers holding dual roles in both Southport and Formby and South Sefton CCGs declared their potential conflicts of interest.</p>	
15/095	<p><b>Minutes of the previous meeting and Key Issues Log</b> The minutes of the meeting held on 19<sup>th</sup> August were agreed as an accurate record.</p>	
15/096	<p><b>Matters Arising / Action Tracker</b> <b>Actions from 16<sup>th</sup> September 2015</b></p> <p><b>15/064 Mersey Care NHS Trust Quality Impact Overview Report</b> DF will speak to Ray Walker (DON Mersey Care) to progress. The Committee agreed to extend for one month to receive an update. <b>Action: Ongoing – update to Committee in November</b></p> <p><b>15/065 Southport &amp; Ormskirk Hospital Contract Queries: Avoidable Deaths</b> DF confirmed this action was progressing with DC's availability awaited. All four contract queries remain open. <b>Action: Ongoing – update to Committee in November.</b></p> <p><b>Action 15/070 National NHS Staff Survey – Southport &amp; Ormskirk Hospitals</b> Completed. <b>Action: Closed.</b></p> <p><b>Action 15/071 Tool Kit to Support NHS Commissioners to reduce poor experience of Patient Care</b> The Trust gave a presentation to EPEG last week, where they addressed questions posed to them which asked about areas of poor patient experience highlighted in the commissioning toolkit. The text patient process used to capture timely patient feedback was considered an effective tool that Southport is not utilising. DF referred to the CQUIN monies from previous years which Trusts could have benefitted from if they had achieved the target. By investing in the text messaging service the trust would have enhanced their ability to achieve the CQUIN target and expenditure would have been considerably less than CQUIN monies. <b>Action: Ongoing – update to Committee in May 2016 post trust 6 monthly presentation to EPEG</b></p> <p><b>Action 15/081 – Community KPIs (15/063)</b> 1. Awaiting sign off for circulation to CCGs. MC checking whether any financial penalties are applicable through contracts. <b>Action: Ongoing – update to Committee in October.</b></p> <p><b>Action 15/081 - (originates from 15/033) – S&amp;O Mortality Surveillance Group</b> 2. JH attended a meeting on 14<sup>th</sup> September which focussed on Palliative Care. Discussion held around cardiology with some coding issues identified around dying patients not being coded as palliative as the cardiology team were managing the patient 'palliatively' and no involvement was requested from palliative care team. It was acknowledged by Dr Paddy</p>	<p>DF</p> <p>DF</p> <p>JH</p> <p>JS</p>

	<p>McDonald that feedback from Mortality Sub Groups was not being communicated effectively to the Mortality Surveillance Group. Paddy McDonald, Clinical Director – Southport &amp; Ormskirk District General Hospital reported the sepsis and pneumonia subgroups had now merged. PMcD who attended the Quality Committee will feedback to Rob Gillies – Executive Medical Director Southport Hospital</p> <p><b>Action: Closed.</b></p> <p><b>Action 15/082 – Provider Quality Performance (S&amp;O Cancer Measures)</b></p> <p>1. No specific issues raised; however further liaison is taking place with Macmillan. At the time of the meeting CSU had nothing to advise with a report expected by the end of the week.</p> <p><b>Action: Closed.</b></p> <p><b>Action 15/082 – Provider Quality Performance (S&amp;O Mortality)</b></p> <p>2. Completed.</p> <p><b>Action: Closed.</b></p> <p><b>Action 15/082 – Provider Quality Performance (S&amp;O A&amp;E Departments)</b></p> <p>3. Completed.</p> <p><b>Action: Closed.</b></p> <p><b>Action 15/082 – Provider Quality Performance (Maternity)</b></p> <p>4. Initial feedback has now been received with a new IT system in use within the Trust expected to bring about improvements in the allocation of patient appointments. Further reviews of internal systems are also taking place. RC suggested that the Committee review again in 6 months.</p> <p><b>Action: Review again in 6 months.</b></p> <p><b>Action 15/082 – Provider Quality Performance (S&amp;O Caesarean Sections)</b></p> <p>5. The document in question was tabled at a meeting and DF is seeking to receive an electronic version to share with DC.</p> <p><b>Action: Ongoing – DF to share with DC on availability of electronic report.</b></p> <p><b>Action 15/082 – Provider Quality Performance (Mersey Care – Smoking)</b></p> <p>6. Issue addressed within today's Performance Report.</p> <p><b>Action: Closed.</b></p> <p><b>Action 15/082 – Provider Quality Performance (NHS 111)</b></p> <p>7. New data sets are being considered for inclusion in future reports.</p> <p><b>Action: Closed.</b></p> <p><b>Action 15/087 – CCG Safeguarding Annual Report 2014/15</b></p> <p>DF confirmed work had commenced on data cleansing of training figures reported. The Annual Report will be submitted to the Governing Body for approval with a caveat around data cleansing. Once the amended final version is available, this will be put on the CCG website.</p> <p><b>Action: Closed.</b></p> <p><b>Action 15/088(i) – EPEG Annual Report 2014/15 and development of the group</b></p> <p>Deferred to October.</p> <p><b>Action: Deferred to October.</b></p> <p><b>Action 15/088(ii) – EPEG Annual Report 2014/15 and development of the group</b></p> <p>Deferred to October.</p> <p><b>Action: Deferred to October.</b></p>	<p>JS</p> <p>DF</p> <p>JHer</p> <p>JHer</p>
15/097	<b>Communications between CCG and S&amp;O Hospital</b>	

	<p>Paddy McDonald, Clinical Director, Southport &amp; Ormskirk Hospital attended the meeting, contributing throughout on issues concerning the Trust.</p> <p>Members discussed prescribing issues in secondary and primary care recognising that communications could be improved.</p> <p>It was agreed that RC, DC and PMcD would meet, together with the Interface Pharmacist, Surgical Clinical Director and Gynaecologist and any other members of the Trust considered appropriate to look at further issues raised during discussions.</p> <p>RC acknowledged the progress made through PMcD's attendance at today's meeting and thanked him for attending.</p>	
15/098	<p><b>Audit of Cold Chain Management in GP Practices</b> SL, Head of Medicines Management presented this paper to the Committee by way of assurance.</p> <p>In September 2014 it was highlighted to the Quality Committee that there had been a number of cold chain incidents within GP practices in Southport and Formby CCG. It was agreed at the meeting that the medicines management team would facilitate an audit of the cold chain process within GP practices in Southport and Formby.</p> <p>The Committee discussed the content of the report recognising a number of issues including staff training, servicing of fridges and the need for clear identification of who practices should liaise with over cold chain problems. The Committee acknowledged the financial costs and agreed that it was unacceptable that a potential patient safety issue has arisen due to spoilt vaccines, necessitating in patients having to be re-immunised if the need arose.</p> <p>Discussions at the F&amp;R Committee held earlier in the day recognised that NHS England had accountability for the Cold Chain Audit and not the Medicines Management Team.</p> <p><b>Action: Wendy Storey, Screening &amp; Immunisation Co-ordinator Merseyside for Public Health England (PHE) took an action from the Committee to pursue the issues identified with NHSE and was asked to report back in January 2016.</b></p>	WS
15/099	<p><b>Continuing Health Care/Complex Care Services Clinical Quality &amp; Safeguarding Report</b> Julie Cummins, Clinical Quality &amp; Performance Co-ordinator explained that the content of the report related to clinical quality in care homes spread across both South Sefton and Southport &amp; Formby CCGs, highlighting where relevant where CQC reports on homes had been rated unsatisfactory and clinical quality strategies put in place to address.</p> <p>DF, advised that Tracey Forshaw, Programme Manager Vulnerable People had recently joined the Quality Team and would be liaising with CSU colleagues of behalf of herself and BP, regarding this service moving forward.</p> <p>The Committee noted that there were an increasing number of care homes being reported as 'requiring improvement' by the CQC for which they should already be held to account for, ensuring robust systems are in place. DF anticipated that integration across CCGs and Local Authorities should lead to improved quality monitoring/Performance management of providers.</p> <p>The Committee learnt that work was underway to improve CCG monitoring of CQUINs by non-compliant care homes with MMcD taking an action to review the process of CQUIN payments to care homes and payment of fees when a</p>	



	<p>patient is admitted to hospital.</p> <p>Maintenance of the NW Framework will be managed through the Quality Team meetings.</p> <p><b>Action (i): MMcD to review the process of CQUIN payments to care homes and payment of fees when a patient is admitted to hospital.</b></p> <p><b>Action (ii): JC and TF to liaise to determine report content with Q1 and 2 data to be submitted to the Quality Committee in October.</b></p>	<p>MMcD</p> <p>JC/TF</p>
15/100	<p><b>CCG Hosted Safeguarding Service Update</b></p> <p>HS, Head of Safeguarding Adults presented this paper on behalf of the Safeguarding Team, which provided the Committee with an update in relation to adult and children safeguarding.</p> <p>The analysis in relation to the Q1 submission for Alder Hey NHS Trust safeguarding compliance against Key Performance Indicators provides the detail for the current limited assurance rating for the Trust.</p> <p>The current timelines for the assessment following referral applications for Deprivation of Liberty Authorisations made by NHS Providers in Sefton has been escalated to the Sefton Local Authority DoLS team with a revised process identified which the CCG Safeguarding Service will monitor compliance with via the KPI data submissions.</p> <p>The Committee noted that a formal request was to be made through the Collaborative Commissioning Forum for a Contract Query on Safeguarding performance at AHCH.</p> <p><b>Action: Whilst safeguarding issues feature high on Liverpool CCGs Risk Register, BP will discuss issues further with CCG Lead GPs for Safeguarding (Wendy Hewitt)</b></p>	<p>BP</p>
15/101	<p><b>Revised CCG Management of Allegations Policy</b></p> <p>The Committee reviewed and approved this revised document following changes made to the current Southport and Formby CCG Management of Allegations Policy which was been reviewed and updated by the CCG Hosted Safeguarding Service, in line with the Care Act (2014). Following amendments suggested by DF and BP, an amended version of the Policy and Procedures will be submitted to the Governing Body in September 2015 for ratification.</p> <p><b>Action: Following amendments suggested by DF and BP, an amended version of the Policy and Procedures will be submitted to the Governing Body in September 2015 for ratification.</b></p>	<p>DF</p>
15/102	<p><b>CCG Safeguarding Peer Review Action Plan (v8)</b></p> <p>The Committee received the updated CCG Safeguarding Peer Review Action Plan (v8). Noting that positive progress has been made overall against the elements of the action plan. The Quality Committee noted the need to reduce the RAG rating from 'Green' to 'Amber' for the Safeguarding Service clinical supervision model as the commissioning of this element has recently stalled and further work is being progressed with the support of Halton CCG who is the host CCG for the service.</p> <p>The Safeguarding Service is currently undertaking a benchmarking exercise regarding the position of the CCG against the new National Safeguarding Accountability Framework from NHS England. The outcome will be presented to the Quality Committee by the Safeguarding Service.</p> <p><b>Action: Local safeguarding arrangements to be collated and brought back to Committee to close in November.</b></p>	<p>Safeguarding</p>

15/103	<p><b>Provider Quality Performance Reports</b>  The Committee received this report which provided the narrative and accompanying performance dashboard in relation to Southport and Ormskirk Hospital Trust; Mersey Care NHS Trust and Liverpool Community Health Trust. JS reported that some of the reports were incomplete but that action had been taken with service producing the reports for the CCG to ensure information was submitted in time to the Committee in future.</p> <p>The following points were reported and discussed:</p> <p><b>Southport &amp; Ormskirk Hospital Trust</b>  <i>Smoking</i>  Issues with data collation were reported to be back on track and will be submitted to the Committee in November</p> <p><i>Patient Reported Outcome Measures</i>  An internal process has been implemented to provide comments for scores for Q2</p> <p><i>Referral to Treatment</i>  Assurance received at CQPG that performance is improving and will continue to be monitored until targets are achieved.</p> <p><i>Friends &amp; Family</i>  Although this is no longer a CQUIN it remains on the Quality Schedule and is a standing agenda item at monthly CQPG meetings</p> <p><i>Patient Discharge Forms</i>  DC raised a query in relation to the significant number of forms where the reason given for patient discharge is recorded as 'other'.  <b>Action: DC will forward some examples of forms to JS to raise through CQPG or Clinical 2:2 meetings.</b></p> <p><i>Mixed Sex Accommodation Breaches</i>  The Trust has declared eight breaches with contact penalties imposed at the discretion of the CCG.</p> <p><i>Maternity</i>  HN expressed concern in relation to the limited assurance provided within this report and was advised that a full update following NHS England's attendance at the forthcoming CQPG will be shared with the Committee next month.</p> <p><b>Mersey Care</b>  JS advised that a review of the layout of reports is being undertaken with plans to include benchmarking and that regular monthly performance meetings with the Trust were now in place.</p> <p><i>Every Contact Counts</i>  Performance has been affected by data quality issues with a challenge made and Mersey Care Trust requested to advise the latest position in relation to staff training.</p> <p><i>Smoking</i>  The Trust has undertaken some work on physical health indicators linked with local CQIN and has been asked to make a presentation at the next CQPG meeting. JS confirmed that more detailed information will be included within future reports.</p> <p><i>KPI 22 Psychotherapy Assessments taking place within 6 weeks of referral</i></p>	DC
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	<p>The Committee noted the ongoing issues with capacity and demand.</p> <p><i>KPI 25 Psychotherapy Treatment commencing within 18 weeks of referrals</i> Reported improvements were noted.</p> <p><b>Liverpool Community Health</b> <i>Did Not Attend (DNA) and Cancelled Appointments</i> Work being conducted by the Business Intelligence Group is expected to bring about improvements in performance.</p> <p><i>Home Equipment</i> An internal review is taking place with work underway with the Local Authority.</p>	
15/104	<p><b>Serious Incident Report</b> The Committee were provided with the current status of serious incidents relating to Southport &amp; Ormskirk Hospital.</p> <p>JH confirmed to the Committee that the CCG had received confirmation from NHSE that the Never Event recorded under item 2 on page 113 of the pack relating to the maladministration of potassium had not contributed to the patient's death and should be downgraded to a 'Serious Incident'.</p> <p>There has been a reduction in the number of pressure ulcers (PUs) reported this month following measures put in place around intermediate care and mentoring of junior staff.</p> <p>The Committee were advised of a new incident involving the death of a patient which was notified to the CCG following submission of this month's report. The Route Cause Analysis is underway.</p> <p><i>Maternity/Obstetric incident meeting SI criteria: baby only (this includes foetus, neonate and infant)</i> <b>Action: The reason for the incident not being reported within the 48 hours from incident date is to be challenged as to why earlier notification was not made.</b></p> <p><b>Action: JH to check accuracy of data relating to reporting of long-standing PUs as it is believed a number have already been closed down.</b></p> <p><b>Action: An internal report detailing why a SUI is outstanding is to be sent to DF and BP.</b></p> <p>HN questioned whether the CCG considered patients and their families who refused care or advice on the treatment of PUs wholly understood the recommendations being made. <b>Action: BP will raise issue of patients/families understanding of advice given on the care/treatment of PUs at the next Patient Safety Collaborative.</b></p>	<p>JH</p> <p>JH</p> <p>JH</p> <p>BP</p>
15/105	<p><b>Localities Update</b> Discussed throughout the meeting.</p>	
15/106	<p><b>Key issues Log</b> The following Key Issues were identified from this meeting for notification to the Governing Body:</p> <ul style="list-style-type: none"> <li>The Royal College of Obstetricians and Gynecologists commissioned a review of maternity services</li> </ul> <p>Information Points:</p> <ul style="list-style-type: none"> <li>Cold Chain Audit in General Practice</li> <li>Attendance at Quality Committee of Dr P McDonald</li> </ul>	



## Southport and Formby Clinical Commissioning Group

### Ainsdale & Birkdale Locality Meeting

Thursday, 13 August 2015, 12.30pm

The Family Surgery, 107 Liverpool Road, Southport PR8 4DB




### Minutes

<b>Attendees</b>		
Dr Keksi Naidoo	(Chair) GP, Family Surgery	KN
Dr Sivaranjini Shyamsundar	GP, Lincoln House Surgery	SS
Dr Colette Nugent	GP, Ainsdale Medical Centre	CN
Dr Gladys Gana	GP, Lincoln House Surgery	GG
Dr Ian Kilshaw	GP, The Grange Surgery	IK
Dr Octavia Stevens	GP, Ainsdale Village Surgery	OS
Dr Georgina Naidoo	GP, The Family Surgery	GN
Jane Uglov	Locality Development Manager, S&F CCG	JU
Dr Sonali Nayak	GP, The Family Surgery	SN
Kay Walsh	Medicines Management	KW
David Smith	Deputy Chief Finance Officer, S&F CCG	DS
Nina Price	Practice Manager, The Grange Surgery	NP
<b>In attendance:</b>		
Peter Condliff	IV Team LCH	PC
<b>Apologies</b>		
Martin McDowell	S&F CCG	MMc
Karl McCluskey	S&F CCG	KM
Dr Lindsay McClelland	GP, Ainsdale Village Surgery	LMc
Dr Stuart Bennett	GP, Ainsdale Medical Centre	SB
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Karen Ridehalgh	Practice Manager, Ainsdale Village Surgery	KR
Natalie Dodsworth	Practice Manger, The Family Surgery	ND
Janice Lloyd	Practice Manager, Lincoln House Surgery	JL
<b>Minutes</b>		
Clare Touhey	Administrator, S&F CCG	CT





Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Dr G Gana	Lincoln House Surgery	✓	A	✓	A	✓							
Dr S Shyamsundar	Lincoln House Surgery	✓	✓	✓	✓	✓							
Dr I Kilshaw	The Grange Surgery	✓	✓	✓	✓	✓							
Dr K Naidoo	The Family Surgery	✓	✓	✓	✓	✓							
Dr C Nugent	Ainsdale Medical Centre	✓	✓	✓	✓	✓							

Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Dr L McClelland	Ainsdale Village Surgery	✓	✓	✓	✓	A							
Dr O Stevens	Ainsdale Village Surgery	✓	✓	✓	✓	✓							

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

No	Item	Action
15/64	<b>Welcome &amp; Apologies for Absence</b> were noted as per the Attendance sheet attached. Dr Naidoo introduced Dr Georgina Naidoo as the new GP with The Family Surgery.	 Attendance sh A&B Aug 2015.
15/65	<b>Minutes of Previous Meeting</b> were approved as an accurate record of the meeting.  The Action Tracker was discussed and updated to reflect the current status of each action.	 FINAL Minutes July 2015.doc
15/66	<p><b>Chair's Update</b></p> <p><i>Locality Leads Meeting</i> Dr Naidoo updated the Group on a presentation made by the Children's Community Nursing Outreach Team (CCNOT). The Family Surgery took part in a pilot from September last year along with a practice in Skelmersdale that involves a simple referral form to the CCNOT for children who are borderline admission. The Family Surgery have made 40 referrals to the team in this time, potentially saving this number of admissions. The above service has been commissioned to accept GP referrals from 8am – 6pm Monday to Friday and aim to provide quality of care for children to prevent hospital admissions and attendance. The team work from 7am – 10pm Monday to Friday and 9am to 5pm Saturday and Sunday. The services aim to review patients within 2-4 hours after being contacted. the team look at conditions such as gastro/mild asthma/high temperatures and also relieve parental anxiety. If they feel the patient needs further treatment they will be referred to a paediatrician. All team members however have advanced paediatric nursing experience in Acute and A&amp;E settings.</p> <p>Members of the CCNT team would welcome the opportunity to attend individual practices to discuss the service in more details. Information to be circulated to Group regarding CCNOT.</p> <p><i>Decision Making Tools from NHS England</i> Discussion took place over these aides; Jane Uglow distributed the packs to the Group and asked for feedback on whether they have been used and if so were they of use? Please feedback to JU.</p> <p> NHS England » Tools for shared decision m</p>	<p>JU</p> <p>ALL</p>

No	Item	Action
	<p><i>Frailty Clinic Referral Form</i></p> <p>Dr Naidoo discussed the new Frailty referral form; nobody has used this as yet to comment.</p> <p><i>ECG reporting/interpreting services</i></p> <p>Dr Naidoo discussed a new service to be piloted for 3 months by Broomwell who provide ECG interpretation service. Once an ECG is done in the practice it is then sent electronically to Broomwell and an interpretation will be provided within 2 hours; the service runs 24/7 and has consultant support. In order to take part in this pilot it will be necessary for each of the practice nurses and any clinicians who wish to take part, to undertake 90 minutes of training (provided by Broomwell). We need to decide on a date for this JU to liaise with PM to co-ordinate</p>	
15/67	<p><b>Community IV Service presentation (provider LCH)</b></p> <p>Peter Condliff attended the meeting today to present to the Group on services provided by the Community IV team. They are part of LCH and based at Brunswick dock in Liverpool, however the Liverpool and Sefton teams are due to separate and Sefton's will be based at Litherland Town Hall. Information was distributed regarding the services provided by the team and Mr Condliff discussed the North Sefton pilot for cellulitis and UTIs and also circulated copies of the referral form (this has been uplifted to the clinical systems at each practice – Jane Uglow to confirm with all Practice Managers that this has been done). Dr Nayak queried whether there are any exclusions for diabetes patients – Mr Condliff confirmed that there are not. Dr Kilshaw queried the availability of certain medication at pharmacists for UTIs; Mr Condliff advised that Moira McGuinness is looking into having a number of pharmacists in the local area on board for this – Jane Uglow to follow up with MM.</p>	JU  JU
15/68	<p><b>AF Audit Peer Review</b></p> <p>The Group provided data relating to the AF audits completed at each practice and they were discussed.</p> <p>Jane Uglow confirmed that all practices should also have their Grasp results and these could be useful to compare. These results will be discussed further with Dr Bennett.</p>	
15/69	<p><b>Quality and Patient Safety</b></p> <p>No new issues were raised. Dr Naidoo commented that they are still seeing approximately 3 raised potassium levels each week.</p>	
15/70	<p><b>Performances and Finance</b></p> <p>David Smith presented the Group with data for the Locality for Planned/Urgent Care Costs and the latest 3 months Prescribing Costs for discussion.</p>	
15/71	<p><b>Medicines Management</b></p> <p>Kay Walsh commented on item 15/62 from July's minutes regarding the destruction of clinical waste; if anybody brings in clinical waste please direct them to Southport &amp; Ormskirk Hospital and however if there are problems please contact Kay.</p> <p>Kay Walsh advised that all practices should now have received their budgets and we can now start comparing.</p>	

No	Item	Action
15/72	<p><b>Any Other Business</b></p> <p>Jane Uglow circulated information regarding the Physiotherapy pathway and MSK services to the Group.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">   MSK_flowchart_Marc h_2014.ppt </div> <div style="text-align: center;">   Referral_Form_Marc h_2014.doc </div> <div style="text-align: center;">   Sefton_MSK_Physiot herapy_Criteria_July_ </div> <div style="text-align: center;">   ccg Ainsdale 2015.doc </div> </div> <p>Dr Gana commented that she is not happy with the prescribing budget; Kay Walsh to raise with Susanne Lynch.</p> <p>Dr Kilshaw commented on prescribing of generics against branded products that are often cheaper. Kay Walsh commented that this is a directive from the Department of Health to prescribe generics.</p>	KW
15/73	<p><b>Date and Venue for Next Meeting:</b>  <b>24 September 2015 at 12.30, The Family Surgery</b></p>	



# Southport and Formby Clinical Commissioning Group

## Ainsdale & Birkdale Locality Meeting

Thursday, 24 September 2015, 12.30pm  
The Family Surgery, 107 Liverpool Road, Southport PR8 4DB

### Minutes

Draft

#### Attendees

Dr Keksi Naidoo	(Chair) GP, Family Surgery	KN
Dr Sivaranjini Shyamsundar	GP, Lincoln House Surgery	SS
Dr Colette Nugent	GP, Ainsdale Medical Centre	CN
Dr Gladys Gana	GP, Lincoln House Surgery	GG
Dr Lindsay McClelland	GP, Ainsdale Village Surgery	LMc
Dr Georgina Naidoo	GP, The Family Surgery	GN
Jane Uglow	Locality Development Manager, S&F CCG	JU
Dr Sonali Nayak	GP, The Family Surgery	SN
Kay Walsh	Medicines Management	KW
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Karen Ridehalgh	Practice Manager, Ainsdale Village Surgery	KR
Natalie Dodsworth	Practice Manger, The Family Surgery	ND
Stephanie O'Connor	Practice Nurse, The Family Surgery	SO

#### In attendance:

Sara Roberts	Children's Community Nursing Outreach Team	SR
Erica Isherwood	Children's Community Nursing Outreach Team	EI
Dr Kati Scholtz	Respiratory Clinical Lead, S&F CCG	KS

#### Apologies

Brendan Prescott	S&F CCG	BP
Karl McCluskey	S&F CCG	KM
Dr Octavia Stevens	GP, Ainsdale Village Surgery	OS
Dr Ian Kilshaw	GP, The Grange Surgery	IK
Dr Stuart Bennett	GP, Ainsdale Medical Centre	SB
David Smith	Deputy Chief Finance Officer, S&F CCG	DS
Nina Price	Practice Manager, The Grange Surgery	NP
Janice Lloyd	Practice Manager, Lincoln House Surgery	JL




#### Minutes



Clare Touhey	Administrator, S&F CCG	CT
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Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Dr G Gana	Lincoln House Surgery	✓	A	✓	A	✓	✓						
Dr S Shyamsundar	Lincoln House Surgery	✓	✓	✓	✓	✓	✓						
Dr I Kilshaw	The Grange Surgery	✓	✓	✓	✓	✓	A						

Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Dr K Naidoo	The Family Surgery	✓	✓	✓	✓	✓	✓						
Dr C Nugent	Ainsdale Medical Centre	✓	✓	✓	✓	✓	✓						
Dr L McClelland	Ainsdale Village Surgery	✓	✓	✓	✓	A	✓						
Dr O Stevens	Ainsdale Village Surgery	✓	✓	✓	✓	✓	A						

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

No	Item	Action
15/74	<p><b>Welcome &amp; Apologies for Absence</b> were noted as per the Attendance sheet attached.</p>	 A&B Attendar sheet Sep 2015
15/75	<p><b>Minutes of Previous Meeting</b> were approved as an accurate record of the meeting. The AF audit results for Lincoln House were added to the minutes.</p>  Lincoln House - AF audit.pdf <p>The Action Tracker was discussed and updated to reflect the current status of each action.</p>	
15/76	<p><b>Chair's Update</b></p> <p>Dr Naidoo updated the Group with the following:  From the <i>Locality Leads Meeting</i> held on <i>8th September</i> the following was discussed:  <i>Community Services</i> will be going out to procurement for Southport &amp; Formby although the remaining contract with the ICO will be valid for another 12 months. There are going to be clinical discussions to shape the services.  <i>The Geriatric Rapid Access Clinic</i> has not received many referrals and Dr Naidoo reminded the Group that the service is there and asked Practice Manager's to ensure the templates are available.  <i>Connecting Communities</i> – Jane Uglow has circulated an email to the Group (copy attached). We need to increase the number of referrals to the service; JU commented that unfortunately if we do not see an increase in referrals we may have to look at decommissioning the service  <i>LQC</i> – Discussion took place over the <i>LQC</i>; Dr Naidoo discussed the implications for The Family Surgery as well as others with similar demographics commenting that he feels that any new <i>LQC</i> contract should be more inclusive with each locality and members and with each practice and no practice should be discriminated against due to circumstances out of their control.</p> <p>Dr Naidoo attended the <i>Joint CCG Governing Body Development Sessions</i> held on 17<sup>th</sup> September with Fiona Clark, Chief Officer and the <i>Locality Leads</i> from both Southport &amp; Formby and South Sefton CCGs. There were group discussions held regarding the procurement for <i>Community Services</i> to consider the best model. Dr Naidoo's table</p>	 RE Central loc meeting Tuesda

No	Item	Action
	<p>discussed the possibility of the 'hub and spoke' model with a single point of referral and this was welcomed by FC and the board. Dr Naidoo intends to progress this further at the next meeting. Jane Uglow commented that this procurement is an ideal opportunity to shape services and if anybody has any ideas please forward them to either Jane or Billie Dodd, Head of CCG Development, who is leading on this.</p> <p>Dr Naidoo noted that discussions took place over whether Community Services will be procured jointly with either South Sefton or West Lancs and it was been decided to procure jointly with West Lancs due to the shared Trust; we are currently awaiting their reply. If not, we are likely to procure for Southport &amp; Formby alone although the Children's element is likely to be Sefton wide.</p>	ALL
15/77	<p><b>Children's Community Nursing Outreach Team</b></p> <p>Sisters Sara Roberts &amp; Erica Isherwood attended the meeting today to present the work of the Children's Community Nursing Outreach Team (CCNOT) based at Ormskirk District General Hospital.</p> <p>The aim of the team is to reduce admissions, lengths of stay and readmissions rates and they have recently expanded to accept referrals from GPs. They are therefore asking practices to identify cases which GPs feel may well present again or end up at A&amp;E, for example, cases of viral gastroenteritis and respiratory, they are also dealing with a lot of those with parental anxiety. The referral process involves making a call to the ODGH switchboard and asking to bleep the CCNOT team; after a quick triage with the nurse the referral form can be given to the parent or faxed through and the child will be seen within a 2-4 hour window. Referrals can be made between 8am and 6pm although it was raised at the Formby locality meeting that it would be helpful if this time extended to 6.30pm to reflect the times of most surgeries but at the moment they can only accommodate up to 6pm. The CCNOT can also keep the GP informed.</p> <p>The Group discussed their experiences of using the service; The Family Surgery have been part of the pilot and have made up to 60 referrals. Dr Naidoo commented that they have found it beneficial to keep a copy of the referral letter if handing to parents/carers so that it can be scanned to the patient's records.</p> <p>Dr Naidoo thanked Srs Roberts and Isherwood for attending the meeting today.</p>	 GP to CCNOT Ref Pathway docs.pdf
15/78	<p><b>Respiratory Education Scheme</b></p> <p>Dr Scholtz attended the meeting today to discuss the Respiratory Education that is being offered to all practices across Southport &amp; Formby by the CCG. All practices were reminded to return the template that was sent out regarding the respiratory education to Jenny Kristiansen at the CCG. Clare Touhey will send out a further copy of the letter and template to all practices.</p> <p>The are 4 areas of education that are being offered:</p> <ul style="list-style-type: none"> <li>i) education of Practice Nurses;</li> <li>ii) education of HCAs;</li> <li>iii) practice mentorship and</li> <li>iv) e-learning for GP/Nurses</li> </ul> <p>Dr Scholtz noted that there are no formal assessments at the end of the course. Those who wish to do further training / e-learning can do so and</p>	 Respiratory Education.do CT

No	Item	Action
	this should be noted on the template.	
15/79	<p><b>Quality and Patient Safety</b></p> <p>Jane Uglow commented that Brendan Prescott, Deputy Chief Nurse/Head of Quality &amp; Safety will be attending future meetings. JU noted that the Group are aware they can contact the GP response line to report through any quality issues.</p> <p>Brendan Prescott and Dr Doug Callow are due to meet with Dr Rob Gillies, Executive Medical Director and Simon Fetherstone, Director of Nursing at the Trust next week on Quality Issues so please advise of any specific issues.</p>	
15/80	<p><b>Performances and Finance</b></p> <p>Paul Ashby, Practice Manager, Ainsdale Medical Centre, commented on the quality/quantity of portal data being received; the data is very out of date and there is a lack of individual practice data. For example the dermatology data has been presented in the past but not at practice level; therefore it is not possible to effect any change. JU will feedback to Karl McCluskey.</p>	JU
15/81	<p><b>Medicines Management</b></p> <p>Kay Walsh reported that budgets are now set and we can start reporting against these. Budget data for month 4 was circulated and discussed; 3 practices are underspent, 2 overspent.</p> <p>KW commented that there is more support available within practices from the meds management team around prescribing and discussion took place on 'quick wins'.</p> <p>There is also a massive waste meds campaign underway at present. Discussion took place over pharmacy ordering of drugs that are not being used and how this can be dealt with.</p> <p><i>Antimicrobials update</i>; audits have been completed and were discussed for The Family Surgery, Lincoln House and Ainsdale Village Surgery. The Grange and Ainsdale Medical Centre are to be completed. Dr Nugent discussed the usefulness of these audits; KW noted that it is possible to make suggestions on the audits and Dr Naidoo suggested looking at the c-diff profile for each practice and see where it is originating from.</p>	
15/82	<p><b>Any Other Business</b></p> <p>Locality Project: Jane Uglow advised that, unfortunately, it has not been possible to organise an S&amp;F AF workshop across all localities so we have now returned to the plan to do this as a locality. Dr Bennett has suggested holding November's meeting as a workshop for clinical discussion for suspected AF/AF patients. Dr Bennett will set out the parameters and Jane Ayres will hopefully attend as well.</p> <p>Quality – Dr Naidoo commented that the papers circulated by Dr Callow are worth noting of the examples contained within.</p> <p>Collection of sample – Paul Ashby commented that they are experiencing lots of problems with their new 12:45 collection time. Mr Ashby has raised this with Terry Kelly but has not received a reply. They would prefer an afternoon collection and Mr Ashby will escalate this.</p> <p>Out of area patients: Karen Ridehalgh, Ainsdale Village Surgery wished</p>	

No	Item	Action
	to discuss policies on keeping patients registered who have moved out of the area and where do we stand on home visits for these patients. Discussion took place over this issue and it was suggested that AVS should contact Joe Chattin, LMC to clarify the matter and then make a practice decision.	
	Community IV Services: Jane Uglow advised group of low number of referrals received by this service and reminded Group of their availability.	
15/83	<b>Date and Venue for Next Meeting: Thursday 8<sup>th</sup> October 2015 at 12.30, The Family Surgery</b>	

## Southport and Formby Clinical Commissioning Group

### Ainsdale & Birkdale Locality Meeting

Thursday, 8 October 2015, 12.30pm

The Family Surgery, 107 Liverpool Road, Southport PR8 4DB


### Minutes

<b>Attendees</b>		
Dr Kebsi Naidoo	(Chair) GP, Family Surgery	KN
Dr Sivaranjini Shyamsundar	GP, Lincoln House Surgery	SS
Dr Colette Nugent	GP, Ainsdale Medical Centre	CN
Dr Gladys Gana	GP, Lincoln House Surgery	GG
Dr Ian Kilshaw	GP, The Grange Surgery	IK
Jane Uglow	Locality Development Manager, S&F CCG	JU
Kay Walsh	Medicines Management	KW
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Janice Lloyd	Practice Manager, Lincoln House Surgery	JL
Natalie Dodsworth	Practice Manger, The Family Surgery	ND
Stephanie O'Connor	Practice Nurse, The Family Surgery	SO
<b>In attendance:</b>		
Dr Paul Mansour	Deputy Medical Director, S&O NHS Trust	PM
Mr Andrew Richardson	Pathology Manager	AR
Dr Katherine Gray	Consultant Microbiologist	KG
<b>Apologies</b>		
Brendan Prescott	S&F CCG	BP
Karl McCluskey	S&F CCG	KM
Dr Georgina Naidoo	GP, The Family Surgery	GN
Dr Octavia Stevens	GP, Ainsdale Village Surgery	OS
Dr Lindsay McClelland	GP, Ainsdale Village Surgery	LMc
Dr Stuart Bennett	GP, Ainsdale Medical Centre	SB
Karen Ridehalgh	Practice Manager, Ainsdale Village Surgery	KR
David Smith	Deputy Chief Finance Officer, S&F CCG	DS
Nina Price	Practice Manager, The Grange Surgery	NP
<b>Minutes</b>		
Clare Touhey	Administrator, S&F CCG	CT


Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Dr G Gana	Lincoln House Surgery	✓	A	✓	A	✓	✓	✓					
Dr S Shyamsundar	Lincoln House Surgery	✓	✓	✓	✓	✓	✓	✓					
Dr I Kilshaw	The Grange Surgery	✓	✓	✓	✓	✓	A	✓					
Dr K Naidoo	The Family Surgery	✓	✓	✓	✓	✓	✓	✓					
Dr C Nugent	Ainsdale Medical Centre	✓	✓	✓	✓	✓	✓	✓					

Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Dr L McClelland	Ainsdale Village Surgery	✓	✓	✓	✓	A	✓	A					
Dr O Stevens	Ainsdale Village Surgery	✓	✓	✓	✓	✓	A	A					

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

No	Item	Action
15/84	<b>Welcome &amp; Apologies for Absence</b> were noted as per the Attendance sheet attached.	 Group Attendance A&B Locality Oct
15/85	<p><b>Quality and Patient Safety:</b></p> <p>Dr Paul Mansour, Mr Andrew Richardson and Dr Katherine Gray attended the meeting today to discuss concerns raised relating to potassium levels, transport issues and red blood cell sampling in urine.</p> <p>Dr Naidoo discussed The Family Surgery's experiences through an audit they completed in July. Discussion took place that it was felt that the time the samples were taken against the time of arrival at the lab had caused these raised potassium levels.</p> <p>Dr Mansour discussed the changes to the transport system; they had found that some practices were storing samples in the fridge which then gives inaccurate results.</p> <p>Dr Kilshaw queried what has actually changed with the way the work; bloods have been done by the practices for many years and we are now seeing all these increased levels. Mr Richardson replied that the equipment they are using is far more sensitive now and detects haemolysis; if this has interfered with the potassium result there would be a note added to the results. AR also noted that the 'order of drawer' does affect results. They are also considering an exercise to monitor the temperature of samples whilst en route to ensure they are maintained. Discussion also took place over where samples are taken (either at the practice or at clinics); most agreed it is a combination of both except for Lincoln House. AR advised that the optimum time for arrival is around 6 hours and all GP samples are spun as soon as they arrive at the lab to reduce haemolysis as they receive between 300-400 samples in an hour.</p> <p>Paul Ashby queried collection times as Ainsdale Medical Centre are having difficulties since the change in transportation as their collection is now earlier. Dr Mansour commented that the Transport services are now managed by the Trust since last month and Pathology is also a user of this service. Natalie Dodsworth also commented that the collection times for The Family Surgery vary from day to day and they routinely deliver their samples to the lab themselves. Discussion was made of the difficulty in having discussions with the Transport team and the lack of flexibility they are offering. Dr Naidoo would like PM to feed this back and also the possibility of having 2 daily collections.</p> <p>Discussions around red blood cell sampling in urine took place in relation</p>	



No	Item	Action
	<p>to problems with the new collection system. AR discussed the flowcharts that are available to explain the procedures that he will circulate to the Group and they have now introduced a new plain yellow tube for ACR/pregnancy tests that can also be used for dipping. If pt has a UTI that needs lab tests please send the green tube to lab for cultures. There is also a consumables order form as well.</p> <p>Folic Acid – Dr Naidoo also raised the low levels of folic acid being reported; AR replied that the assay changed 2 years ago and they are seeing 30-40% increase in number of tests they do for folic acid/ferritin/B12. He will feedback to the biochemist to ask the question.</p> <p>Dr Naidoo commented on the excellent services received from Microbiology; Dr Gray advised that there is a team of 3 at the Trust who are always available for advice.</p> <p>Mr Richardson also advised that practices should check their chlamydia collection kits to ensure we are using the Aptima type.</p> <p>There is also a pathology support service for enquiries: <a href="mailto:pathology.support@stkh.nhs.uk">pathology.support@stkh.nhs.uk</a> and they try to respond within 30 minutes.</p> <p>There has been a consultation about blood collection tubes and these are now changing to the Sarstedt system; Pathology will be contacting the CCG to organise training.</p> <p>AR further commented that they are happy to visit localities and for staff to visit the lab as well; please email if interested.</p>	AR
15/86	<p><b>Minutes of Previous Meeting</b> were approved as an accurate record of the meeting with one addendum under item 15/76.</p> <p>The Action Tracker was discussed and updated to reflect the current status of each action.</p>	 FINAL 201509 Minutes A&B Sep 201
15/87	<p><b>Chair's Update</b></p> <p>Dr Naidoo asked for any comments regarding the Broomwell ECG proforma to be fed back to Clare Touhey.</p> <p>Dr Naidoo confirmed that he attended the Federation meeting last night and the Group discussed this.</p>	
15/88	<p><b>Performances and Finance</b></p> <p>Jane Uglow updated the Group with regard to the financial position of the CCG in David Smith's absence. The CCG is responsible for commissioning services and as such has to maintain financial balance and report to NHS England. We will not achieve the required 1% surplus therefore have had to submit a Recovery Plan to NHS England. As background to this we were allocated the lowest element of growth as a CCG and are the lowest funded per head despite having a high over 75s population. In previous years we have managed to save money however we are currently forecast to "breakeven." There are schemes in place to help support us to do this, for example the Frail &amp; Elderly, Respiratory training, CCNOT, AF pathway and Frailty clinic. They are also looking at MCAS and would like feedback regarding referrals as there is so much increased activity in referrals to Renacres. Group discussed the inability to refer direct to Orthopaedics at the Trust; discussion took place over different practice's approach to this. JU commented that this all ties in to PROMs (patient reported outcomes) that are showing poor outcomes for surgical procedures and has prompted the discussions around the use of</p>	



No	Item	Action
	<p>Shared Decision Making tools. This will be discussed further at The Wider Group Meeting on 21st October.</p> <p>Dr Naidoo questioned what will happen if we do not breakeven; JU advised that this would mean more financial scrutiny from NHS England to ensure we deliver on the schemes we are proposing.</p>	
15/89	<p><b>Medicines Management</b></p> <p>Anti-microbial prescribing audit took place for The Grange, Lincoln House and Ainsdale Medical Centre. Discussion took place over the usefulness of these audits particularly for the larger practices who are reporting on the prescribing of other GPs.</p> <p>KW is to circulate a Public Health England resource talking about antibiotic resistance that could help to persuade patients not to over-ask.</p>	KW/CT
15/90	<p><b>Any Other Business</b></p> <ul style="list-style-type: none"> <li>• Housebound flu vaccinations – Janice Lloyd wishes to query how other practices are dealing with these as she has been informed that unless the pt is on the District Nurses caseload they will not perform these. It was noted that other practices have had different experience where the DNs have been doing these. It was further noted that the LMC has recently sent out an email to advise that there is further funding available for flu vaccinations; they would like all practices to advise on numbers of housebound patients – please advise Joe Chattin. In meantime JU will contact Maureen Collins to get a definitive answer.</li> <li>• Dermatology – Natalie Dodsworth queried whether any other practices have received rejections of referrals to Virgincare.</li> <li>• Self-referral to antenatal care – Dr Kilshaw wished to comment that he has experienced problems as the GP is not being informed of a patient's pregnancy until they come to see the in-house midwife. Dr Naidoo also commented that it is now possible to self-refer for terminations.</li> </ul>	<p>JU</p> <p>JU</p>
15/91	<p><b>Date and Venue for Next Meeting:</b>  <b>Thursday 12<sup>th</sup> November 2015 at 12.30, The Family Surgery</b></p>	

# Southport and Formby Clinical Commissioning Group

## Formby Locality Meeting Minutes

Date: Thursday 10<sup>th</sup> September 2015

Venue: Formby Village Surgery




<b>Attendees</b>		
Dr Chris Bolton	(Chair), GP, The Village Surgery	CB
Dr Sarah Lindsay	GP, Freshfield Surgery	SL
Moira McGuinness	Locality Manager, S&F CCG	MM
Dr Deborah Sumner	GP, The Hollies Surgery	DS
Dr Doug Callow	GP, Chapel Lane Surgery	DC
Dr Tim Quinlan	GP, Chapel Lane Surgery	TQ
Colette Riley	Practice Manager, The Hollies	CR
Stewart Eden	Practice Manager, Chapel Lane Surgery	SE
Jan Proctor	Chapel Lane Surgery	JP
Yvonne Sturdy	Nurse Practitioner, The Village Surgery	YS
Lisa Roberts	Practice Manager, Freshfield Surgery	LR
Colette Page	Practice Nurse Facilitator, S&F CCG	CP
Brendan Prescott	Deputy Chief Nurse, S&F CCG	BP
James Bradley	Finance, S&F CCG	JB
Jenny Johnston	Senior Practice Pharmacist, S&F CCG	JJ
<b>In Attendance:</b>		
Erica Isherwood	Sister, CCNOT	EI
Dr Kati Scholtz	Respiratory Lead, S&F CCG	KS
<b>Apologies</b>		
Susanne Lynch	Medicines Management, S&F CCG	SLy
Sue Lowe	Practice Manager, The Village Surgery	SL
Debbie Fagan	Chief Nurse & Quality Officer, S&F CCG (SMT rep)	DF
<b>Minutes</b>		
Clare Touhey	Administrator, S&F CCG	CT



### Attendance Tracker



Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Dr D Callow	Chapel Lane Surgery	✓	A	A	✓	A	✓						
Dr T Quinlan	Chapel Lane Surgery	A	A	A	A	A	✓						
Dr C Bolton	The Village Surgery	✓	✓	✓	✓	✓	✓						
Dr J Reddington	The Village Surgery	A	A	A	A	A	A						
Dr S Johnson	The Village Surgery	A	A	A	A	A	A						
Dr L Grant	The Village Surgery	A	A	A	✓	✓	A						
Dr D Mortimer	The Village Surgery	A	A	A	A	A	A						
Dr J Eldridge	The Hollies Surgery	A	A	A	A	A	A						

Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Dr D Sumner	The Hollies Surgery	A	✓	A	✓	✓	✓						
Dr T Brettel	The Village Surgery	A	A	A	A	A	A						
Dr S Lindsay	Freshfield Surgery	✓	✓	A	✓	✓	✓						

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

No	Item	Action
15/80.	<b>Welcome, apologies and introductions</b> Apologies were noted as per the attendance sheet attached.	 Attendance s Formby Sep 1
15/81.	<b>Minutes of the last meeting</b> The minutes from the last meeting on 6 <sup>th</sup> August 2015 were agreed as an accurate record.  Dr Bolton commented on the presentation held at the last meeting for DoLs and discussed recent problems with a pt at Jospice when it was not known that they were on a DoLs. Moira McGuinness is to contact all care homes to ask them to inform GPs when a pt is on a DoLs. Dr Callow further commented that he has had discussion with a police officer who has explained the process in a straightforward manner; he will circulate this to the Group.	 FINAL 2015 Formby Minutes  MM  DC
15/82.	<b>Matters Arising:</b> <ul style="list-style-type: none"> <li>• E-discharge – to be discussed under Quality section.</li> </ul>	
15/83.	<b>Respiratory Services, Dr Kati Scholtz</b> Dr Scholtz attended the meeting today to discuss the Respiratory Training that is being offered across 4 areas: i) education of Practice Nurses; ii) education of HCAs; iii) practice mentorship and iv) e-learning for GP/Nurses.  Please see attached letter from Dr Scholtz with further details.   Respiratory Education.docx  Dr Scholtz asked the practices to return the template on the attached letter to Jenny Kristiansen.  Dr Callow asked whether a data pack will be provided to see any changes; Dr Scholtz confirmed that this would be provided. Jenny Johnston advised that she has been involved in this project alongside Tracey Kirk who has done root analysis into the data results on A&E admissions and has been finding out why patients were admitted. Dr Scholtz also suggested possibility of TK coming out to practices for training and it was agreed that this would be best to take place at a	

No	Item	Action
	practice based meeting rather the locality forum.	
15/84.	<p><b>Children's Community Nursing Outreach Team</b></p> <p>Sr Erica Isherwood attended the locality meeting today to introduce the CCNOT to the Group. The CCNOT have been based in Ormskirk District General Hospital for 3 years in order to try to reduce admissions. They have ran a 12 month pilot with The Family Surgery in Birkdale so that GPs could refer to their service. The service is aimed at borderline cases where, for example, the child may need observing or there are anxious parents. Conditions they are dealing with include gastro and respiratory.</p> <p>Referrals can be made on Monday to Friday between 8am and 6pm and the service should be used for acute illnesses rather than chronic conditions. The process is to call ODGH and ask for bleep number for CCNOT, have a quick triage with the nurse and then fill in the simple referral form and fax over or alternatively give to parents to take. The team will visit the pt in 2-4 hour window; GPs can refer up to 6pm. Dr Quinlan commented that surgeries often run until 6:30pm so it would be useful for this time to be the same – Sr Isherwood advised she would feed this back. At 10pm the phone diverts to the children's ward and so anxious parents have a contact number for the team during work hours and for the Ward during out of hours. At present they are not prescribers but often get 'standby' scripts from the GP if it is thought necessary or from an A&amp;E doctor. If the child does need to be admitted they are referred to the Paediatric Assessment unit. The Hospital can also refer to the CCNOT as a step down service. Dr Quinlan suggested that it would also be helpful to have this service overnight and at weekends; EI to feedback.</p> <p>Sr Isherwood further advised that they also can get open access to children with complex needs who are under consultant care; numbers can be circulated and all referral forms should be on system.</p> <p>Dr Callow suggested sending fax of pt details for those who have concerns so parents have contact numbers if a certain criteria are reached.</p> <p>Dr Bolton thanked Sister Isherwood for attending.</p>	 GP to CCNOT Pathway docs
15/85.	<p><b>Finance Update</b></p> <p>James Bradley provided a finance update to the Group and presented data as attached relating to Planned/Urgent care prescribing costs.</p> <p>As an overview for the CCG JB advised that pressure is coming from acute care for elective/day cases; possibly from working through waiting lists as referral numbers are down slightly.</p> <p>Discussion took place over data presented; that results could be down to being a reflection of the ageing population. Referrals to orthopaedics were discussed and the inability to be able to refer direct and having to go via MCAS – although it was acknowledged that this is being looked at. Dr Bolton commented that the prescribing data needs to be looked at by a clinician in order to ensure there is no overcharging.</p>	 S&F CCG Plan Urgent care co

15/86.	<b>Locality Priorities</b> <ul style="list-style-type: none"> <li>• <b>AF Data Review &amp; Workshop</b> Group agreed to hold an AF Workshop in place of the November meeting.</li> </ul>	
15/87.	<b>Prescribing Update</b> Jenny Johnston presented the prescribing budgets to the practices. Several incidents had recently occurred in Sefton involving methotrexate prescribing including: <ul style="list-style-type: none"> <li>• Prescribing of 10mg tablets</li> <li>• A year's supply being prescribed and dispensed on one prescription</li> <li>• Daily not weekly dosage</li> </ul> Jenny advised that Methotrexate 10mg tablets should not be prescribed or dispensed. Prescribers are reminded to: <ul style="list-style-type: none"> <li>• Issue prescriptions for methotrexate as 2.5mg tablets and not to prescribe 10mg tables</li> <li>• Check that the dosage instructions are expressed as once a week or weekly</li> <li>• Avoid prescribing excessive quantities, 28 day prescribing is recommended.</li> </ul>	 S&F Prescrib budgets 15-16
15/88.	<b>Quality and Patient Safety</b> Dr Callow shared information regarding challenges ICO has around quality of discharge information, quality standards CCG expects and contractual agreement, results of e-discharge summary quality audit and GP feedback to ICO, discharge quality improvement programme at ICO and how this is driven by Mandatory professional standards, GP training programme for junior doctors and how the ICO board have been tasked with immediate improvements around quality. Mr Rob Gillies, Executive Medical Director, has taken clinical ownership supported by Alison Blundell, Quality Business and Development Lead. A further detailed update is attached.	 Quality updat Callow for Sep
15/89.	<b>Locality Business</b> <b>ICO – procurement</b> No decision was made at the development day as to how to move forward. Options available: <ul style="list-style-type: none"> <li>• S&amp;F only</li> <li>• Jointly with South Sefton</li> <li>• Jointly with West Lancashire</li> <li>• All three entering into the procurement together</li> </ul> Further discussions will take place to which for S&FCCG will be the better option.  S&FCCG are looking for one provider to provide all services with the successful provider being able to sub contract services.  The contract with ICO will be extended for a further year (2016/17), whilst the procurement process is taking place. The successful provider will be in place to deliver community services for the financial year starting April 2017/18)  There has been no resolution in regards to the ongoing investigations. An	

	<p>interim Director of Finance will start the week commencing 14 September 2015 with other interim senior management soon after.</p> <p>The LMC have developed a simple template for practices to complete when the hospital is asking GP's to re-refer or prescribe. Dr Rob Caudwell has completed one and advised it did resolve the issues he raised.</p> <p><b>Geriatrician Scheme</b> The scheme has not received a lot of referrals but those received have been dealt with in a timely and co-ordinated way. Not many direct requests for advice have been received from GP's with the majority coming via CERT.</p> <p><b>Work Force Analysis</b> Health Education England carried out a work force analysis to determine CCG workforce for the future. The LMC initially advised not to complete but then advised the CCG should take part. Unfortunately approximately half of S&amp;F GP's completed it which did not show a true picture of the likely workforce in the future. Liverpool CCG were identified as being a priority due to the number of retirements in the coming year. S&amp;F were not identified as a priority this was probably because of the small number received.</p>	
15/90.	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>• Colette Riley circulated a leaflet from the district nurses for pressure sores to be displayed in the practices.</li> <li>• Chair for November's meeting as Dr Bolton is on leave. This was agreed to be a workshop format for AF so no Chair needed.</li> </ul>	
	<p><b>Date of next meeting:</b> <b>Thursday 1<sup>st</sup> October 2015 at 1.15pm</b> <b>Formby Village Surgery.</b></p>	

# Southport and Formby Clinical Commissioning Group

## Central Locality Meeting Minutes

Date: 25<sup>th</sup> August 2015

Venue: Kew Surgery, 85 Town Lane, Southport

### Attendees

Dr L Campbell	(Chair) GP Trinity Practice	LC
Dr Mark Bond	GP Curzon Road Medical Practice	MB
Dr Shaun Meehan	GP St Marks Medical Centre	SM
Dr H Obuchowicz	GP Kew Surgery	HO
Dr Tim Irvine	GP Cumberland House	TI
Sharon Forrester	Locality Development Manager S&F CCG	SF
Jane Uglov	Locality Development Manager S&F CCG	JU
Karen Newman	PM Trinity Practice	KN
Joyce Lloyd	PM St Marks Medical Centre	JL
Kate Wood	PM Kew Surgery	KW
Adam Gamston	Finance, S&F CCG	AG
Rebecca McCullough	Finance, S&F CCG	RMc
Lydia Hale	PM Cumberland House	LH
Rachel Cummings	PM Cumberland House	RC
Sejal Patel	Pharmacist, S&F CCG	SP

### In attendance:

Dr Robert Caudwell	Chair, S&F CCG / GP Marshside Surgery	RC
Jan Leonard	Chief Redesign & Commissioning Officer, S&F CCG	JLe

### Minutes

Anne Graham	Administrator South Sefton CCG	AG
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### Apologies



Alix Shore	Community Matron	AS
Kathy Rimmer	District Nurse	KR

### Attendance Tracker


Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
Dr M Bond	Curzon Road Medical Practice	✓	A	✓	C	✓							
Dr S Meehan	St Marks Medical Centre	✓	✓	✓	C	✓							
Dr I Hughes	Cumberland House	✓	✓	✓	C	A							
Dr T Irvine	Cumberland House					✓							
Dr H Obuchowicz	Kew Surgery	✓	✓	✓	C	✓							
Dr L Campbell	Trinity Practice	✓	✓	✓	C	✓							

✓ Present      C – meeting cancelled      A Apologies      L Late or left early



No	Item	Action
15/50	<p><b>Apologies</b> Apologies were noted as per the attached attendance sheet.</p>	 Attendance s Central - August
15/51	<p><b>Minutes of the Previous Meeting</b> The minutes from the previous meeting on the 7<sup>th</sup> July 2015, were agreed as a true record.</p> <p><b>Action Tracker</b> Sharon Forrester (SF) said that with the agreement of the Locality, she would delete the items in grey from the action tracker for the next meeting. Further updates include:-</p> <ul style="list-style-type: none"> <li>• Flu vaccinations for nursing home patients. Issue has been escalated. No progress in this area. Awaiting information from NHS England who are looking at the data and will report direct to Practices. The main issue is now the housebound. Keep item on the action tracker.</li> <li>• Lymphoedema – will be funded on a case by case basis. Send requests to Anne Lucy.</li> </ul>	 FINAL MINU Central Locality  All
15/52	<p><b>Presentation: - Children's Community Nursing Team – Sr. Sara Roberts Southport and Ormskirk Hospital</b> Sr Sara Roberts gave a verbal presentation and said that the GP to Children's Community Nursing and Outreach Team (CCNOT) referral plan aims at managing a selected group of patients at home and preventing their hospital admissions. Referrals can be made on Monday to Friday between 8am and 6pm and the service should be used for acute illnesses rather than chronic conditions. Those condition appropriate for referral include:</p> <ul style="list-style-type: none"> <li>• Upper respiratory illnesses such as URTI, Tonsillitis with concerns of poor oral intake</li> <li>• Mild Lower RTI such as mild chest infection, mild viral induced wheeze, mild Asthma, mild Bronchitis</li> <li>• Gastro-enteritis with poor oral intake</li> <li>• Gastro oesophageal reflux for brief support after initiation of treatment</li> </ul> <p>SR passed around further information including a list of those patients not appropriate to be referred and the requirements for referral. GPs were asked to keep a record of the referrals sent, either electronically or a copy of the referral form.</p> <p>Members of the Group also received a copy of the referral form. This can be faxed through and the patient will be seen in 2 to 4 hours. SR said that in the initial pilot of 60 patients only 4 were admitted to hospital. The patient's feedback was excellent.</p> <p>In conclusion, Dr Campbell thanked Sr. Roberts for her presentation.</p>	
15/53	<p><b>Chair's Update</b> <u>Locality Leads Update</u></p>	



No	Item	Action
	<p>Dr Campbell (LC) reported on the GP Locality Leads meeting and commented that they had also received the presentation from the Children's Community Nursing Team and had found it to be very good. She went on to update the group on the following issues that had been under discussion: -</p> <ul style="list-style-type: none"> <li> <p><b>Decision Making Tools</b>  Shared decision aids were available and useful to give to patients, although it was noted that the information was mainly for surgical cases. A copy of the shared decision paperwork would be circulated; A web address would be circulated and members of the Locality were asked to determine its usefulness.</p>  <p>NHS England » Tools for shared decision m</p> </li> <li> <p><b>Frailty Service</b>  Practices are encouraged to use the Frailty Service and are asked to engage in the feedback process; the referral sheet can be found in the approved folder. Presently trying to make the funding more equitable.</p> </li> <li> <p><b>Respiratory</b>  Money has been set aside for a Respiratory Education Plan. Nurses are to be invited to attend x5 half-day course, which can be taken over 12 months. There is also a 2-day course available for Health Assistants. A free e-learning package will be offered to all those wanting to do it.</p> </li> <li> <p><b>Cardiology</b>  Consultants have been appointed; feedback is required as to what Practices want the Service to look like; Dr Stewart Bennett has e-mailed a survey in order to get opinions on what is required for a Cardiology Service. Practices are asked to fill in the survey and return to him.  Members of the Locality discussed Cardiology services and some of the GP's present raised concerns about the current service at Broadgreen Hospital. It was hoped that a rapid access diagnostic clinic at Aintree and Broadgreen Hospitals would be part of the redesign.</p> </li> <li> <p><b>S&amp;O Feedback</b>  It was reported that the investigation into Southport and Ormskirk Hospital is ongoing and until the results are known it is not possible to comment. Discussion took place the current problems at the hospital which included the following issues: -</p> <ul style="list-style-type: none"> <li>➤ Difficulties with appointments. Hospital does not re-book for a DNA and patients have to return to the GP. The advice given was that JU would send the Group a link to the complaint response line;</li> <li>➤ A recent review by the Royal College had resulted in a recommendation to refer on high risk deliveries at Southport &amp; Ormskirk Hospital, which at the present time affects approximately 30 women. Women are being contacted and offered options. The advice was that this is still a safe service and for practitioners to refer women as usual. The Trust was presently trying to get further information in relation to the recommendation.</li> </ul> </li> </ul>	<p>JU JU</p> <p>ALL</p> <p>JU</p>

No	Item	Action
	<ul style="list-style-type: none"> <li>• <b>LQC</b> There was an LQC meeting on the 19<sup>th</sup> August and an e-mail has been sent to members of the Locality with regard to it.</li> </ul>	
15/54	<p><b>Locality Planning / GRASP AF Results</b> <u>Peer Review / Next Steps</u> This issue was not considered.</p> <p><u>AF Workshop</u> SF discussed the ‘Local Action Plan’ which is to focus on work where Localities can make a positive and substantial change. AF had been considered and Dr Bennett has developed a local pathway to use in practice to reduce strokes and their severity. It was an ongoing piece of work.</p> <p>Practices had received an individual copy of their AF data and SF asked for the Groups opinion on the tool and if it had presented the data and figures in a way that was easily understandable.</p> <p>SF said the AF was in 2 parts. The first was the ‘case finder’. At the top of the page it identified patients not coded as AF, but who have a probable factor of AF. It looked for certain issues, for example an irregular pulse. The idea was to identify patients as having AF but who were not presently on medication and try and consider their suitability for the new oral anti-coagulant.</p> <p>At the last meeting it was decided to run the GRASP tool and audit and see if it was worth bringing patients in. This could be done as a paper review.</p> <p>The Chair raised concerns over the amount of work and the time the project was likely to take.</p> <p>The Locality undertook an in-depth discussion and considered a number of the issues and risks involved. The debate included the following: -</p> <ul style="list-style-type: none"> <li>• Members were confused over local guidelines in respect of the new oral anticoagulant and concerns over its safety;</li> <li>• The Group considered getting someone externally validated to take on the initial review of patients in practice;</li> <li>• Members considered putting on an AF workshop at a date to be organised and invite a Cardiologist and AF nurse;</li> <li>• It was suggested that the information on AF in during consultations and in leaflets should be standardised and focus on practical applications</li> </ul>	
15/55	<p><b>Quality and Patient Safety</b> <u>Collection of Blood Samples</u> A verbal update was given to Members. This was an ongoing issue. There had been consultation in July and an extensive audit. Transportation was blamed for inaccuracies. New transport was now in place and a new blood collection system. Issue to be monitored by the Locality to see if there are any concerns in the future.</p> <p><u>MerseyCare Mental Health Referrals</u> A number of concerns had been raised. If practices experience any problems with urgent assessments the advice is to send the patient to A&amp;E and let the CCG know. Geraldine O’Carroll, Snr Manager, Mental Health and Integration, is monitoring the situation.</p>	

No	Item	Action
15/56	<p><b>Performances and Finance</b>  <u>Southport &amp; Formby Financial Position</u>  Rebecca McCullough (RMc) provided an overview of the financial position and forecast for the CCG.</p> <ul style="list-style-type: none"> <li>• At Month 4 (July 2015), the CCG was £466k overspent on operational budget areas. The forecast for the financial year is £1.3m overspent. The financial position has deteriorated significantly during the last month. In addition, the QIPP efficiency target of £6.2m is still not achieved. There is a risk that the CCG will not meet its financial targets.</li> <li>• Overspending areas include independent sector provider contracts (in the areas of orthopaedics and general surgery) and other Acute contracts (Royal Liverpool, Aintree and others).</li> <li>• Underspending areas are provider contracts, notably Southport and Ormskirk and Alder Hey.</li> <li>• The Continuing Healthcare (CHC) budget has been steady since April and the current forecast is breakeven.</li> <li>• The QIPP efficiency target of £6.2m is held within the reserves budget, whilst there have been many ideas to generate savings, implementation is still progressing. The delivery of the CCG year end surplus is dependent on achieving these efficiency savings.</li> <li>• A number of initiatives are in progress to achieve recurrent efficiencies: <ul style="list-style-type: none"> <li>- Transformation fund – a 1% fund set aside for investments which would generate efficiencies;</li> <li>- Better care Better Value indicators – areas of high expenditure being targeted (Dermatology, Gastro, Gynae, Respiratory)</li> </ul> </li> <li>• Dermatology data reviewed, next to review is gastro, doing further work on this as feedback from data already presented was that this needed further analysis.</li> </ul> <p><u>Practice Level Data</u>  RMc introduced new reports presenting data on total expenditure per weighted list size for each practice within Southport and Formby CCG, broken down into Elective / Non-Elective and prescribing costs. This information has been produced by the CCG and is planned to be provided on a regular basis to localities. The aim of this is to understand and analyse comparative expenditure for each practice to identify areas to target service improvement initiatives.</p> <p>The Chair, asked about weighting as in some Practices many patients were in Care Homes. RMc said that she was not certain of the percentage, but would bring the information back.</p> <p>In conclusion, Practices were asked to feedback any comments / queries / suggestions on the format of the data and if further information would be useful.</p>	RMc
15/57	<p><b>Medicines Management</b></p> <ul style="list-style-type: none"> <li>• Results of antimicrobial audit discussed.</li> <li>• SP to do a summary of “common themes”.</li> <li>• SPU on methotrexate 10mg discussed.</li> </ul>	SP
15/58	<b>Any Other Business</b>	

No	Item	Action
	<p><u>ECG 3+1+1 Course</u> ECG Interpretation Course is free to all Practice Nurses. Course is over 5 days and runs from January to March. Information will be circulated again and it is noted that Drs and nurses can apply.</p> <p><u>Development Manager</u> The Chair thanked Sharon Forrester for her work as the Locality Development Manager and introduced Jane Uglow who has now taken over the post.</p>	
15/59	<p><b>Date and Venue for the Next Meeting</b> <b>Central Locality Meeting 29<sup>th</sup> September 2015 at the Kew Surgery.</b></p>	

# Southport and Formby Clinical Commissioning Group

## North Locality Meeting Minutes

Date: Thursday 16<sup>th</sup> July 2015 at 13.00

Venue: Marshside/Corner Surgery

### Attendees

Dr Rob Caudwell	(Chair for today's meeting) GP, Marshside Surgery	RC
Dr Kati Scholtz	GP, Norwood Surgery	KS
Dr Hilal Mulla	GP, Corner Surgery	HM
Dr Niall Leonard	GP, Roe Lane Surgery	NL
Carol Mackenzie	Practice Manager, The Corner Surgery	CM
Jane Ayres	Medicines Management	JA
Sarah McGrath	Locality Development Manager, S&F CCG	SMc
Rachel McKnight	MerseyCare	RMc
Sharon Johnson	Informatics Merseyside	SJ
Nicole Marshall	Practice Manager, Marshside Surgery	NM
Sam Muir	Practice Manager, Norwood Surgery	SM
Alison Oliver	District Nurse	AO
Rebecca McCullough	Head of Financial Management, S&F CCG	RM

### In attendance:

Dr Lisa Williams	MerseyCare	LW
Maureen Collins	Service Manager, Southport & Ormskirk ICO	MC
Judith Malkin	Assistant Director, Community S&O	JM

### Apologies

Dr Ian Scott	(Chair) GP, Churchtown Medical Centre	IS
Dr Rory Kidd	GP, Churchtown Medical Centre	RK
Lyn Roberts	Practice Manager, Churchtown Medical Centre	LR
Dr Miles Moriarty	GP, The Corner Surgery	MM
Lydia Hale	Practice Manager, Roe Lane Surgery	LH

### Minutes



Clare Touhey	Administrator, S&F CCG	CT
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### Attendance Tracker

Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 17	Mar 17
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								

Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 17	Mar 17
Dr A Zubairu	Norwood Surgery	A	✓	A	A								
Dr N Leonard	Roe Lane Surgery	✓	✓	✓	✓								
Dr A Trevor	Roe Lane Surgery	A	A	A	A								
Dr J Fox	Roe Lane Surgery	A	A	A	A								
Dr J Canavan	Roe Lane Surgery	A	A	A	A								
Dr H Mulla	The Corner Surgery	✓	A	A	✓								
Dr S Woodcock	The Corner Surgery	A	A	✓	A								
Dr M Moriarty	The Corner Surgery	A	✓	A	A								
Dr R Caudwell	Marshside Practice	A	✓	A	✓								
Dr M McCormack	Churchtown Medical Centre	A	A	A	A								
Dr R Kidd	Churchtown Medical Centre	✓	A	✓	A								
Dr I Scott	Churchtown Medical Centre	✓	✓	✓	A								
Dr P Giannelli	Churchtown Medical Centre	A	A	A	A								

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

No	Item	Action
15/48.	<b>Welcome and apologies</b> Apologies were noted. See attendance sheet.	 Attendance sheet North Locality J
15/49.	<b>DoLS</b> Dr Lisa Williams attended to present and discuss changes to the law on Deprivation of Liberty.  Deprivation of Liberty Safeguards (C)  HM thought it would be helpful for practices to have a list of their patients on DoLS. SMC/RMC to look into logistics of this	SMC/RMC
15/50.	<b>Update from Community Services</b> Judith Malkin and Maureen Collins attended the meeting to discuss how the locality may wish to take forward a 'forum' as part of the Facing the Future Together programme (FtFT) in order for the localities to be involved. This is also an opportunity to feedback any issues regarding, for example, performance, staffing, district nurses, etc.  Alison Oliver commented on how the district nurses do the very best for the locality but, with the staffing issues, they have little time for building up rapport/supporting GPs. Judith Malkin commented that they are looking at freeing up capacity of district nurses – looking at the role both nationally and locally to adopt a more holistic approach which is tailored	

No	Item	Action
	<p>to the Locality's particular demographics and needs. Sarah McGrath asked if the models could be shared - JM happy to share.</p> <p>Dr Caudwell commented on practical issues with visit management; visits can often be later in the day and this can cause problems. Also having contact name of who is requesting visits is important.</p> <p>Dr Scholtz discussed the lack of capacity of the District Nurses in terms of any tasks relating to chronic disease management; previously done by DNs but now GPs have to undertake all these tasks and also there are problems with supplies of dressings. Alison Oliver commented that there are supplies but they are soon depleted due to demand. Jane Ayres commented that there are plans to have more prescribers. Judith Malkin agreed to feed this back in terms of dressings and having a minimum stock level.</p> <p>Community Services to be invited to North Locality meetings on a quarterly basis for regular updates</p>	<p>JM</p> <p>JM</p> <p>SMc/CT</p>
15/51.	<p><b>Notes and Actions from last meeting</b> The Action Tracker was updated.</p>	
15/52.	<p><b>Finance Update</b> Rebecca McCullough introduced herself to the meeting as the representative from Finance for the CCG who will be attending future meetings.</p> <p>RMc discussed the CCG finance report; the challenges facing Southport &amp; Formby is that the efficiency targets (QIP) budgets that we allocate is a lot more than what is received and therefore part of the QIP committee's role is to evaluate schemes. They have looked at better care/better value indicators and identified certain areas that need attention. The first of which is Dermatology. RMc presented data surrounding referrals costs made in comparison with similar CCGs in which our costs are much higher. Discussion took place over the data; questioning whether the surgeries with GPWSI have different data; what are referrals made for rather than the diagnosis. RMc clarified that this data will be shared across all localities and any feedback will go to QIP to then develop actions to take forward.</p> <p>The next area to be looked at will be gastroenterology; Dr Caudwell suggested circulating data prior to meeting.</p> <p>Diagnostic Services – Rebecca McCullough presented the Group with Direct Access fees for Radiology and Pathology services. From April 2015 these services are no longer purchased on a block contract, but on a cost per case, i.e. pay for what we use.</p> <p> S&amp;O Direct Access price list.xlsx</p>	ALL



No	Item	Action
15/53.	<p><b>Medicines Management</b> Jane Ayres circulated data around the Quality Premium for anti-microbials, commenting that some of the prescribing is out of our hands. The data consists of 2 charts showing number of antimicrobials prescribed with the target for 15/16 highlighted, the second shows high risk anti-microbials. An audit will be done on the high risk anti-microbials prescribed in May.</p> <p>Peer review for anti-microbials is due next month.</p>	ALL
15/54.	<p><b>Estates Planning</b> Sarah McGrath shared the Estates Planning document for discussion.</p> <p>Discussion took place over differing needs of practices within the locality; with those that have more imminent estates problems and then contrasting that with the needs of the locality and plans for the future. It was noted that there could be more space available at Marshside/Corner Surgeries and that for both Norwood and Roe Lane Surgeries there are more immediate problems with being fit for purpose.</p> <p>Federation could have a huge impact on practice configurations in the future.</p> <p>NL described a future vision for the Chase Heys estate.</p> <p><b>Action:</b> Any thoughts and comments to fed back via SMC</p>	ALL
15/55.	<p><b>Any Other Business</b> Respiratory –</p> <ul style="list-style-type: none"> <li>• Dr Scholtz informed the meeting that the new Respiratory packs sent out yesterday contain referral for hospital at home service for patients with COPD who have no spirometry. Only request is that referrals will need checking with the Community Respiratory Team.</li> <li>• The UHA helpline for GPs is now open for respiratory advice for patients 18+.</li> <li>• The fax number for the CRT team has changed and is in the respiratory pack.</li> </ul> <p>DNACPR pads were circulated to all practices.</p> <p>Centralised letters - Dr Caudwell is in discussions with a company who provide centralised printing services and could send out letters on behalf of practices. The system is all encrypted and secure and could prove more cost effective. RC to advise with more information.</p>	RC
15/56.	<p><b>Date for Next Meetings:</b> Thursday 20 August 13:00 - 14:30 Thursday 17 September 13:00 - 14:30 Thursday 15 October 13:00 - 14:30 Thursday 19 November 13:00 - 14:30 Thursday 10 December 13:00 - 14:30</p>	



# Southport and Formby Clinical Commissioning Group

## North Locality Meeting Minutes

Date: Thursday 20<sup>th</sup> August 2015 at 13.00

Venue: Marshside/Corner Surgery

### Attendees

Dr Ian Scott	(Chair) GP, Churchtown Medical Centre	IS
Dr Rory Kidd	GP, Churchtown Medical Centre	RK
Dr Rob Caudwell	(GP, Marshside Surgery	RC
Dr Kati Scholtz	GP, Norwood Surgery	KS
Dr Niall Leonard	GP, Roe Lane Surgery	NL
Anthony North	Analyst, Southport and Formby CCG	AN
Jane Ayres	Medicines Management	JA
Sarah McGrath	Locality Development Manager, S&F CCG	SMc
Rachel McKnight	MerseyCare	RMc
Nicole Marshall	Practice Manager, Marshside Surgery	NM
Lyn Roberts	Practice Manager, Churchtown Medical Centre	LR
Pippa Rose	Practice Nurse Facilitator, S&FCCG	PR
Sam Muir	Practice Manager, Norwood Surgery	SM
Dr S Woodcock	GP, Corner Surgery	SW

### In attendance:

Wendy Crow (item 15/57 only)	Development Worker, Connected Communities	WC
Shirley King (item 15/57 only)	Project Co-ordinator, Connected Communities	SK
Karen Rigden (item 15/57 and 58 only)	CCNUT	KR
Mike Callaghan (item 15/57 and 58 only)	CCNUT	MC

### Minutes

Ruth Menzies	Administrator, S&F CCG	RM
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### Attendance Tracker

Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 17	Mar 17
Dr K Scholtz	Norwood Surgery	✓	✓	✓	✓	✓							
Dr A Al-Dahiri	Norwood Surgery	A	✓	A	A	A							
Dr S Tobin	Norwood Surgery	A	A	A	A	A							
Dr D Unwin	Norwood Surgery	A	A	A	A	A							
Dr A Zubairu	Norwood Surgery	A	✓	A	A	A							
Dr N Leonard	Roe Lane Surgery	✓	✓	✓	✓	L							
Dr A Trevor	Roe Lane Surgery	A	A	A	A	A							

Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 17	Mar 17
Dr J Fox	Roe Lane Surgery	A	A	A	A	A							
Dr J Canavan	Roe Lane Surgery	A	A	A	A	A							
Dr H Mulla	The Corner Surgery	✓	A	A	✓	A							
Dr S Woodcock	The Corner Surgery	A	A	✓	A	✓							
Dr M Moriarty	The Corner Surgery	A	✓	A	A	A							
Dr R Caudwell	Marshside Practice	A	✓	A	✓	✓							
Dr M McCormack	Churchtown Medical Centre	A	A	A	A	A							
Dr R Kidd	Churchtown Medical Centre	✓	A	✓	A	L							
Dr I Scott	Churchtown Medical Centre	✓	✓	✓	A	✓							
Dr P Giannelli	Churchtown Medical Centre	A	A	A	A	A							

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

No	Item	Action
15/56	<b>Welcome and apologies</b> Apologies were received from Tracy Jeffes and Sharon Johnson.	
15/57	<p><b>Connected Communities Roll Out (Shirley King, Wendy Crow, Sefton CVS)</b></p> <p>SK gave an overview in relation to the service they offer which being is rolled out after having been piloted in Ainsdale and Central Localities for a year. The service focuses around bringing people together and is aimed at those who are over 55 and feel socially isolated. They focus on connecting people within the community enabling them to hopefully build on these relationships which in turn benefits their general health and wellbeing.</p> <p>The service has received 160 referrals and now wishes to promote uptake right across all CCG practices. Referrals are received via a secure fax and the response time is usually within 24 hours and starts with the patient initially being interviewed in their own home.</p> <p>The service also hopes to create solutions to problems and it has grown and formed some great partnerships. An information pack was tabled giving details of the referral process, client feedback, promotional material etc.</p> <p><b>Action:</b> SMC asked whether we would be able to look at referrals by locality and SK confirmed this would be done</p>	

No	Item	Action
15/58	<p><b>Childrens Community Nursing Team (Karen Rigden and Mike Callaghan)</b></p> <p>The above service has been commissioned to accept GP referrals from 8am – 6pm Monday to Friday and aim to provide quality of care for children to prevent hospital admissions and attendance. The team work from 7am – 10pm 7 days a week. The services aim to review patients within 2-4 hours after being contacted. Details of the pathways for the various conditions were provided to the committee. If they feel the patient needs further treatment they will be referred to a paediatrician. All team members however have advanced paediatric nursing experience in Acute and A&amp;E settings.</p>	
15/59	<p><b>Notes and Actions from last meeting</b></p> <p>It was noted that HM has previously asked for a list of their patients on Deprivation of Liberty Safeguard. SMc confirmed she had a name to contact within LA but is unsure if this is do-able. It was noted Care Homes should be approached to inform</p> <p><i>Action SMc to ask Moira McGuinness to take this forward with care home representatives at the appropriate forum</i></p>	SMc
15/60	<p><b>Finance Update</b></p> <p>JB confirmed the CCG as well as the Trust are financially challenged at present. Every CCG has received a 1% surplus but currently has a deficit of £500,000 which is an overall high at the moment due to the volatility in areas such as hospital admissions, prescribing and CHC. It was also noted the new living wage would be coming in soon which would increase costs quite considerably.</p> <p>JB stated that all practices went to the recent Local Quality Contract meeting however if individuals required practice level information they should contact him.</p> <p><i>(NL/RK arrived)</i></p> <p>Discussions took place in relation to the new IT portal currently being purchased. It is hoped the new Portal will have more detailed information for the practices to be able to work with. It was felt we had gone backwards with the data and it is still not as good as it was 3 years ago.</p> <p>The first 3 months data for this year was tabled and discussed; however, more robust data is required.</p> <p>Discussions took place in relation to prescribing costs and if these were increased whether it would have an impact on unplanned care and keeping patients out of hospital. It was also asked how much the Frail Elderly (F&amp;E) Scheme was costing. It was noted every patient over 75 receives a payment which would obviously be more concentrated in particular practices. NL gave details figures he had received. JB confirmed he can supply practices with detailed individual information if</p>	

No	Item	Action
	requested. NL felt very few practices would have less money available under the new scheme.	
15/61	<p><b>Medicines Management</b></p> <p>JA confirmed the peer review for antimicrobial audit has yet to be completed by the Practice Pharmacists.</p> <p>It was noted that antimicrobial prescribing was low in this locality but was quite high in Sefton generally. Discussions took place in relation to the quality premium data which was circulated and noted it was the same as previous data. Discussions took place in relation to OOHs prescribing and that the practices were not accountable for this but it does affect quality premium.</p> <p>JA also confirmed that leaflets and posters were available for patients presenting with an infection where GPs don't want to give an antibiotic.</p>	
15/62	<p><b>Update from Chair, Governing Body, Practice Managers</b></p> <p>RC confirmed there was no update in relation to the suspensions of key personnel at the Acute Trust. Investigations were still ongoing and it would take approximately 8 weeks. .</p> <p>KS – gave details in relation to a respiratory education scheme which is due to commence. A detailed email is due to be circulated. Practices will be asked to appoint a Respiratory Lead. Nurses will have received an email for them to sign up to a 5.5 days training on all respiratory areas. KS asked those present to check with their practice nurses whether they had received an email and signed up to the scheme.</p> <p>75% of the nurses have signed up to it, however, the email gives options of the 1<sup>st</sup> day and further days will follow. 2 day training sessions are also available for HCAs. Funding is also available for education sessions in practice.</p> <p>All Practice Nurses who attend the course will be provided with backfill. It is preferred that a GP or Nurse be appointed as Respiratory Lead and that practices will support the course. The e-learning has been RCGP accredited. Any queries or concerns to be raised with KS.</p>	
15/63	<p><b>Any Other Business</b></p> <p>SM – Admissions data for unplanned respiratory admissions has been received for the locality's practices. This now needs to be cross referenced with practices' information from COPD and asthma registers and where patients are known to be in homebound settings. Practices need to give approval for this data to be extracted and used for this purpose. All agreed that the information facilitators could undertake this within their own practices.</p> <p>Ainsdale and Birkdale Locality are hoping to arrange an AF workshop at one of their locality meetings and they are wondering if any other</p>	

No	Item	Action
	<p>localities would like to take part. The suggested date is 24<sup>th</sup> September with the venue yet to be confirmed. Those in attendance expressed an interest in attending.</p> <p><b>Post-meeting Note – 24<sup>th</sup> September will not be going ahead</b></p> <p>Nurse Revalidation – PR asked those present to encourage their practice nurses to register on the NMC. Further information will be available in the bulletin.</p> <p>PLT – PR confirmed they are seeking GP support on the planning team. Meetings are often held on a Wednesday afternoon but can be moved to accommodate.</p> <p>Nurse mentoring – PR asked all present to encourage their practices to have student nurses in practice otherwise when they qualify these nurses will go straight into the hospital environment.</p> <p>RC – discussions took place in relation to appointments included in the Local Quality contract (LQC). Access to Doctors is still an issue but appointments with NMPs are not included in the LQC.</p> <p>Pharmacy Pilot - discussions took place in relation to the pharmacy pilot. It was noted 30% funding would be received over the 4 year period. It was felt it would free up a lot of time if practices had a pharmacist in place to take care. Quality of the pharmacist is obviously important and practices have to decide. Norwood happy to continue with their known pharmacist. Discussions took place as to whether there were available pharmacists to fill such posts.</p>	
15/64	<p><b>Date for Next Meetings:</b></p> <p>Thursday 17 September 13:00 - 14:30</p> <p>Thursday 15 October 13:00 - 14:30</p> <p>Thursday 19 November 13:00 - 14:30</p> <p>Thursday 10 December 13:00 - 14:30</p>	

# Southport and Formby Clinical Commissioning Group

## North Locality Meeting Minutes

Date: Thursday 17<sup>th</sup> September 2015 at 13.00

Venue: Marshside/Corner Surgery

### Attendees

Dr Ian Scott	(Chair) GP, Churchtown Medical Centre	IS
Dr Rob Caudwell	(GP, Marshside Surgery	RC
Dr Kati Scholtz	GP, Norwood Surgery	KS
Dr Niall Leonard	GP, Roe Lane Surgery	NL
Anthony North	Analyst, Southport and Formby CCG	AN
Jane Ayres	Medicines Management	JA
Sarah McGrath	Locality Development Manager, S&F CCG	SMc
Lydia Hale	PM, Roe Lane Surgery	LH
Nicole Marshall	Practice Manager, Marshside Surgery	NM
Rebecca McCullough	Head of Financial Management, S&F CCG	RMC
Chloe Rachelle	Management Accounts Assistant, S&F CCG	CRA

### In attendance:

Christine Roberts	IV Therapy Team (item 15/65 only)	CR
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### Apologies

Dr Rory Kidd	GP, Churchtown Medical Centre	RK
Tracy Jeffes	Chief Delivery & Integration Officer, S&F CCG	TJ
Rachel McKnight	MerseyCare	RMc
Lyn Roberts	Practice Manager, Churchtown Medical Centre	LR
Pippa Rose	Practice Nurse Facilitator, S&FCCG	PR
Sam Muir	Practice Manager, Norwood Surgery	SM
Sharon Johnson	Informatics Merseyside	SJ

### Minutes



Clare Touhey	Administrator, S&F CCG	RM
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### Attendance Tracker



Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 17	Mar 17
Dr K Scholtz	Norwood Surgery	✓	✓	✓	✓	✓	✓						
Dr A Al-Dahiri	Norwood Surgery	A	✓	A	A	A	A						
Dr S Tobin	Norwood Surgery	A	A	A	A	A	A						
Dr D Unwin	Norwood Surgery	A	A	A	A	A	A						
Dr A Zubairu	Norwood Surgery	A	✓	A	A	A	A						
Dr N Leonard	Roe Lane Surgery	✓	✓	✓	✓	L	L						

Name	Practice / Organisation	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 17	Mar 17
Dr A Trevor	Roe Lane Surgery	A	A	A	A	A	A						
Dr J Fox	Roe Lane Surgery	A	A	A	A	A	A						
Dr J Canavan	Roe Lane Surgery	A	A	A	A	A	A						
Dr H Mulla	The Corner Surgery	✓	A	A	✓	A	A						
Dr S Woodcock	The Corner Surgery	A	A	✓	A	✓	A						
Dr M Moriarty	The Corner Surgery	A	✓	A	A	A	A						
Dr R Caudwell	Marshside Practice	A	✓	A	✓	✓	✓						
Dr M McCormack	Churchtown Medical Centre	A	A	A	A	A	A						
Dr R Kidd	Churchtown Medical Centre	✓	A	✓	A	L	A						
Dr I Scott	Churchtown Medical Centre	✓	✓	✓	A	✓	✓						
Dr P Giannelli	Churchtown Medical Centre	A	A	A	A	A	A						

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

No	Item	Action
15/64.	<b>Welcome and Apologies for Absence</b> Apologies were noted as per the attendance sheet attached.	 Attendance sheet North Locality Sep 15
15/65.	<b>Referring to Community IV Services</b> Christine Roberts from the Community IV Team attended the meeting today to promote the services available. The team was established in 2005 and they are running a 6 month pilot that commenced in July this year to provide Community IV Services for adults patient (although will accept referrals for 17 yr olds if all in agreement). They provide services for mid-lines, IV antibiotics, simple UTIs and cellulitis. Referrals received before 3pm will be seen the same day. They have med supplies so do not need scripts. Ms Roberts circulated the referral form and information about the team (copy herewith). They are keen to receive referrals and would like to be commissioned to do other services – for example in Liverpool they are commissioned to do platelets/blood transfusions. Dr Caudwell has used the service and suggested that if they could acknowledge receipt of the referrals it may be helpful to build confidence. Ms Roberts agreed that this could be done usually they contact the patient direct and all referrals will be accepted. In Liverpool they received 19 referrals for cellulitis in the first year but now have received 300. If a patient does not respond after 3 days they can offer a further 3 days of antibiotics with GP approval.  Dr Scholtz suggested having a list of schemes that are available if considering admission – for example the Community Geriatrician, Community IV, Respiratory and Connected Communities – it is easy to forget services and it would be useful for locums who are not familiar	 Community IV info.pdf



No	Item	Action
	with the area and what is available. Sarah McGrath agreed to start a template for this; Lydia Hale suggested starting with the clinical term and building from there and that perhaps the Data Facilitators may be able to offer help with this. Dr Scholtz will forward SMC a list of the services she can think of.	SMc  KS
15/66.	<p><b>Notes and Actions from last meeting</b> The notes of the last meeting were agreed as an accurate record.</p> <p>Sarah McGrath noted that she has discovered there is an 18-month backlog on processing DoLs applications.</p>	 FINAL 201508 North Locality Minutes- Aug
15/67.	<p><b>Antimicrobial Audit &amp; Medicines Management Update</b> Jane Ayres advised that a representative from all practices is needed to complete the audit; The Corner Surgery have sent apologies and therefore this will need to be rescheduled for next month.</p> <p>With regard to budget data; month 4 figures have been circulated however JA would like to discuss further with Susanne Lynch before circulating to the practices to clarify the figures.</p>	
15/68.	<p><b>Finance Update</b> <b>Southport &amp; Formby Financial Position</b> RMC provided an overview of the financial position and forecast for the CCG. The financial position has worsened over the last two months by around £1.5m and the CCG is not on target to achieve the required 1% surplus. The Month 5 reported position is breakeven which will require a lot of work to achieve. Overspending areas are Independent Sector Providers, Acute contracts and Prescribing.</p> <p>As the CCG will not achieve the planned surplus, this automatically puts the CCG into a financial recovery position, this means additional monitoring and management by NHS England and the requirement for a recovery plan.</p> <p>The recovery plan has been developed and focusses on transformation programmes being implemented – e.g. investment in Frail and Elderly and respiratory services. The recovery plan will need organisational support to deliver.</p> <p>The QIPP efficiency target of £6.2m is held within the reserves budget, so far around £1m of schemes have been identified. The delivery of the CCG breakeven position is dependent on achieving these efficiency savings.</p>	
15/69.	<p><b>North Respiratory Project</b> Anthony North circulated the latest data for the North Respiratory Project and the Group discussed the data relating to where the admissions are coming from if it is not from GP referrals; the Group queried whether this was coming from the Out of Hours service or care homes. Discussion took place that Manchester House was not listed in the data however upon looking at the data it was thought that Southport Rest Home figures could actually be that of Manchester House's as they are next door to each other and data is collated via postcodes. AN will check with data management team to confirm this.</p>	 North Southport Respiratory Project V
15/70.	<p><b>Feedback on use of new services</b></p> <ul style="list-style-type: none"> <li>• <b>Frail Elderly</b></li> <li>• <b>Children's Community Team</b></li> </ul>	



No	Item	Action
	<ul style="list-style-type: none"> <li>• <b>Connected Communities</b></li> </ul> <p>Dr Caudwell commented that he has used the new services and they have all been good. Dr Scott commented that the Locality Chairs Group had identified that these services are being underused. Connected Communities are going to attend the Flu Clinics and Jane Ayres has circulated information to the nurses as well. It was noted that this feeds into the list mentioned at 15/65.</p>	
15/71.	<p><b>Updates from Chair, Governing Body, Practice Managers</b></p> <p><i>Community Services:</i> Dr Caudwell commented that the decision to tender with either South Sefton, West Lancs or individually is looking to be a joint procurement between Southport &amp; Formby and West Lancs, provided the financial envelopes match. This was to be discussed at the West Lancs Wider Constituent Group yesterday.</p> <p><i>S&amp;O NHS Trust-</i> have new interim CEO, HR and Chief Operating Officers for 6 months and are hoping to bid for the Community Services procurement.</p> <p><i>Respiratory</i> – Dr Scholtz urged all practices to return their templates for the respiratory training to Jenny Kristiansen if you have not already done so.</p>	ALL
15/72.	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>• <i>Flu vacs</i> - Dr Scott would like to discuss strategies for housebound patients on behalf of Lyn Roberts. LR has suggested a combined approach to share nurses between the practices. Dr Caudwell commented that this raised lots of issues over things such as care insurance for the nurses. Lydia Hale commented that Cumberland House uses their HCA to go the nursing homes although HCAs cannot attend housebound pts due to insurance; rest home/housebound pts have to be done by a nurse. Group suggested consideration is given to planning strategies for next year as time is now tight and perhaps to do it on a more informal basis this between practices individually should they wish to collaborate. LH advised that Roe Lane could offer nurses to Marshside for housebound pts and potential for Churchtown / Norwood to collaborate over Nursing Homes was mentioned. LH will advise which homes they are visiting.</li> </ul>	PM discussion
15/73.	<p><b>Date for Next Meetings:</b></p> <p>The next meeting is to be rescheduled from Thursday 15 October to the following week on:</p> <p><b>Thursday 22 October</b> 13:00 - 14:30 (to take into account the PLT event due on 14 October).</p> <p>Meetings for the remainder of the year:</p> <p>Thursday 19 November 13:00 - 14:30</p> <p>Thursday 10 December 13:00 - 14:30</p>	