

Governing Body Meeting in Public Agenda

Date: Wednesday 23rd September 2015, 1300 hrs to 1500 hrs
Venue: Family Life Centre, Ash Street, Southport, Merseyside, PR8 6JH

1300 hrs Members of the public may highlight any particular areas of concern/interest and address questions to Board members. If you wish, you may present your question in writing beforehand to the Chair.

1315 hrs Formal meeting of the Governing Body in Public commences. Members of the public may stay and observe this part of the meeting.

The Governing Body

Dr Rob Caudwell	Chair and Clinical Director	RC
Helen Nichols	Vice Chair and Lay Member for Governance	HN
Dr Niall Leonard	Clinical Vice Chair and Clinical Director	NL
Paul Ashby	Practice Manager and Governing Body Member	PA
Dr Doug Callow	GP Clinical Director and Governing Body Member	DC
Fiona Clark	Chief Officer	FLC
Dr Martin Evans	GP Clinical Director and Governing Body Member	ME
Debbie Fagan	Chief Nurse	DF
Dwayne Johnson	Director for Older People, SMBC <i>(co-opted member)</i>	DJ
Maureen Kelly	Chair, Healthwatch <i>(co-opted Member)</i>	MK
Anthony Leo	Director of Commissioning, NHSE – North (Cheshire & Merseyside)	AL
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director and Governing Body Member	HM
Roger Pontefract	Lay Member for Patient & Public Engagement	RP
Colette Riley	Practice Manager and Governing Body Member	CR
Dr Kati Scholtz	GP Clinical Director and Governing Body Member	KS
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS

In Attendance

Malcolm Cunningham	Head of Contracting & Procurement <i>(for item 15/160)</i>	MC
Tracey Forshaw	Designated Nurse Safeguarding Adults <i>(for item 15/162)</i>	TF
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer <i>(for items 15/165)</i>	KMcC
Liz Williams	Sefton Carer Centre, Chief Executive <i>(presentation on 'Carers in Sefton')</i>	LW
Judy Graves	Business Manager <i>(Minute taker)</i>	

Presentation on "Carers in Sefton" (15 mins)

No	Item	Lead	Report	Receive/Approve	Time
Governance					
GB15/153	Apologies for Absence	Chair	-	R	3 mins
GB15/154	Declarations of Interest	Chair	Verbal	R	2 mins
GB15/155	Minutes of Previous Meeting	Chair	✓	A	5 mins
GB15/156	Action Points from Previous Meeting	Chair	✓	A	5 mins
GB15/157	Business Update	Chair	Verbal	R	5 mins
GB15/158	Chief Officer Report	FLC	✓	R	10 mins

No	Item	Lead	Report	Receive/Approve	Time
GB15/159	GP Pressures and Supporting Practices	All	Verbal	R	5 mins
GB15/160	Emergency Preparedness, Resilience and Response Assurance	MC/FLC	✓	A	5 mins
GB15/161	Safeguarding Policy & Strategy	DF	✓	R	5 mins
GB15/162	Allegations of Abuse Policy	TF/DF	✓	A	5 mins
Service Improvement/Strategic Delivery					
GB15/163	Developing Personal Health Budgets	DF	✓	R	5 mins
GB15/164	Collaborative Commissioning in Specialised Services	FLC	✓	R	5 mins
Finance and Quality Performance					
GB15/165	Integrated Performance Report	KMcC/ MMcD/ DF	✓ <i>to follow</i>	R	10 mins
GB15/166	Safeguarding Annual Report	DF	✓	R	5 mins
For Information					
GB15/167	Key Issues reports from committees of Governing Body: a) Finance & Resource Committee b) Audit Committee c) Quality Committee		✓ ✓ ✓	R R R	5 mins
GB15/168	Finance & Resource Committee Minutes: 22/7/15	-	✓	R	5 mins
GB15/169	Audit Committee Minutes: 15/7/15	-	✓	R	
GB15/170	Quality Committee Minutes: 20/5/15, 19/8/15	-	✓	R	
GB15/171	Locality Meetings: a) Ainsdale & Birkdale (South) Locality: 11/6/15, 9/7/15 b) Formby Locality: 9/7/15, 6/8/15 c) Central Locality: 7/7/15 d) North Locality: 16/4/15, 21/5/15, 18/6/15	- - - -	✓ ✓ ✓ ✓	R R R R	
Closing Business					
GB15/172	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB15/173	Date of Next Meeting Wednesday 25 th November 2015 at 1300 hrs, Family Life Centre, Southport				-
Estimated meeting close					1500 hrs

Motion to Exclude the Public:

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

Governing Body Meeting in Public **DRAFT** Minutes

Date: Wednesday 29th July 2015, 13:00 hrs to 15:15 hrs
Venue: Family Life Centre, Ash Street, Southport, Merseyside, PR8 6JH

The Governing Body

Dr Rob Caudwell	Chair and Clinical Director	RC
Dr Niall Leonard	Clinical Vice Chair and Clinical Director	NL
Helen Nichols	Vice Chair and Lay Member for Governance	HN
Paul Ashby	Practice Manager and Governing Body Member	PA
Dr Doug Callow	GP Clinical Director and Governing Body Member	DC
Hannah Chellaswamy	Deputy Director of Public Health, SMBC	HC
Fiona Clark	Chief Officer	FLC
Dr Martin Evans	GP Clinical Director and Governing Body Member	ME
Debbie Fagan	Chief Nurse	DF
Dwayne Johnson	Director of Social Services & Health, SMBC <i>(co-opted member)</i>	DJ
Maureen Kelly	Chair, Healthwatch <i>(co-opted Member)</i>	MK
Anthony Leo	Director of Commissioning, NHSE – North (Cheshire & Merseyside)	AL
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director and Governing Body Member	HM
Roger Pontefract	Lay Member for Patient & Public Engagement	RP
Colette Riley	Practice Manager and Governing Body Member	CR
Dr Kati Scholtz	GP Clinical Director and Governing Body Member	KS
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS

In Attendance

Tracy Jeffes	Chief Delivery & Integration Officer <i>(for items GB15/127 and GB15129)</i>	TJ
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Lyn Cooke	Head of Communications	LC
Liz Williams	Sefton Carer Centre, Chief Executive <i>(presentation on 'Carers in Sefton')</i>	LW
Judy Graves	Corporate Business Manager <i>(minute taker)</i>	

No	Item	Action
Public Forum	<p>A member of the public asked the Governing Body for their views on the Rose Report and the accountability of GPs in relation to the setting of salaries.</p> <p>Fiona Clark (FLC) provided an update on the recent report by Lord Rose, who had been invited by the Health Secretary to assess NHS leadership. The report had included a number of recommendations covering training, performance management, bureaucracy and management support. The report also made reference to NHS values and the need for a vision for the NHS workforce as a whole.</p> <p>FLC explained that the CCG and its members were held to account via the organisation's constitution which sets out the organisation's responsibilities. All practices were signed up to the constitution, with the membership meeting on a quarterly basis. The constitution also details the governance arrangements, committees of the Governing Body, membership and powers, all of which is open to scrutiny via internal and external audit.</p> <p>The CCG has a Conflict of Interests Policy which clearly defines when GPs and Practice Managers should and shouldn't be involved in a discussing a matter. 'Declarations of Interest' is a standing item on all agendas.</p>	

No	Item	Action
	<p>FLC clarified that the Chief Officer and Chief Finance Officer salaries were dealt with through NHS England. All senior and clinical salaries were discussed through the Remuneration Committee. This ensured members had no conflict of interest in relation to matters being discussed.</p> <p>The Chair added that the CCG were held to account by a number of organisations including NHS England, the Care Quality Commission and the Health and Wellbeing Board.</p>	
GB15/120	<p>Apologies for Absence</p> <p>Apologies were received from Helen Nichols, Dr Doug Callow, Anthony Leo, Dr Martin Evans and Hannah Chellaswamy (HC). Members were informed that HC had finished in post as Deputy Director of Public Health as of 28th July 2015 and subsequently was no longer a member of the Southport and Formby Governing Body. Apologies had also been received from Liz Williams who was due to present Carers in Sefton: item to be deferred to September 2015.</p> <p>FLC informed members that she had personally visited Hannah to thank her for her contribution to the CCG. FLC was in discussions with the Local Authority to discuss continued support on the Governing Body by the Local Authority.</p>	
GB15/121	<p>Declarations of Interest</p> <p>Those holding dual roles across both Southport & Formby CCG and South Sefton CCG declared their interest.</p>	
GB15/122	<p>Minutes of Meeting were presented to members.</p> <p>Outcome The minutes were approved.</p> <p>Action Ratified minutes to be uploaded onto the CCG website.</p>	JG & LC
GB15/123	<p>Action Points from Previous Meeting</p> <p><i>GB15/4 Review of Case for Change: July 2015 agenda item (GB15/131)</i> <i>GB15/93 Annual Report and Audit Opinion 2014/15: now uploaded onto the website.</i> <i>G15/96 Strategic Blueprints: now uploaded onto the website.</i></p>	
GB15/124	<p>Business Update</p> <p><u>CQC Practice Inspections</u> Dr Caudwell (RC) updated members on the recent CQC practice inspections. Verbal feedback from the inspections had been positive.</p> <p><u>Joint Commissioning Group</u> RC briefed members on the ongoing Joint Commissioning Group with NHS England, purpose being to enhance Primary Care services for Southport & Formby residents.</p> <p>Outcome The Governing Body noted the updates:</p>	

No	Item	Action
GB15/125	<p>Chief Officer Report</p> <p>FLC updated as per report presented.</p> <p>Outcome The Governing Body received the report:</p> <ul style="list-style-type: none"> - FLC thanked Tracy Jeffes for her work relating to commissioning support services. - FLC thanked all those involved in the Better Patient Experience Initiative. <p>Action</p> <ul style="list-style-type: none"> - Shaping Sefton Governance arrangements to be presented at the September Governing Body meeting 	FLC
GB15/126	<p>GP Pressures and Supporting Practices</p> <p>RC explained that the practices had been under huge pressures due to a number of current schemes, including a pilot to look at the best way of getting care for frail elderly residents. RC also highlighted the national issue regarding the difficulty in the recruitment of appropriate staff.</p> <p>Dr Niall Leonard briefed members on the impact the CQC inspections had on the practices, on services and staff. All agreed that it would take time to for the new inspection regime to fully develop.</p> <p>Outcome The Governing Body received the report.</p>	
GB15/127	<p>Q1 Corporate Risk Register and GB Assurance Framework</p> <p>Tracy Jeffes presented the current Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF). The report detailed the organisations risks, positions and process as at the end of quarter 1 (June) 2015 and was being presented to the Governing Body for review.</p> <p>TJ reminded members on the normal review and scrutiny process for the CRR and GBAF. Members were informed that the Quality Committee had not reviewed the risks at the meeting in July: meeting had been used as an Extraordinary Quality Committee meeting to discuss Quality, Innovation, Productivity and Prevention (QIPP).</p> <p>Members were briefed on the work undertaken to update, complete and review the information relating to the CRR and GBAF, as per the report presented.</p> <p>Members reviewed the report and each of the highlights, corresponding risk positions and progress detailed, with particular reference to the 2 extreme risks.</p> <p>Outcome The Governing Body:</p> <ul style="list-style-type: none"> - Noted and received the report presented - Noted the support provided and the work completed - Reviewed Q1 (June) 2015/16 CRR, with specific scrutiny of the highlights (section 4) and the decisions of the SMT and, following scrutiny, agreed with the positions as presented and considered all that could be done was being done - Reviewed the Q1 (June) 2015/16 GBAF, specifically the highlights (section 5) and the decisions of the SMT and, following scrutiny, agreed with the positions as presented and considered all that could be done was being done 	

No	Item	Action
GB15/128	<p>CCG Annual Audit Letter 2014/15</p> <p>Martin McDowell (MMcD) presented the CCG's Annual Audit Letter 2014/15. The report was provided by the CCG's External Auditors and confirmed their findings from the Audit of the CCG's financial statements. The report concluded that the CCG's accounts were in line with approved Auditing Standards and issued an unqualified Audit Opinion.</p> <p>Reference was made to the criteria and findings detailed on page 61 of the report which confirmed that the organisation had proper arrangements in place for securing financial resilience and for challenging how it secures economy, efficiency and effectiveness. Based upon the findings of the work the CCG's external auditors issued an unqualified 'value for money' conclusion.</p> <p>Members were referred to page 65 which highlighted one area to be worked on. This was in relation to contract activity levels and the need to review on a more regular basis. MMcD informed members that this was being looked at to ensure contract apportionments are split accurately in line with patient data and activity wherever possible.</p> <p>Roger Pontefract (RP) repeated the Audit Committee discussion and congratulated those involved in getting the organisation to such a strong position. FLC reiterated the thanks.</p> <p>Outcome The Governing Body received the report and thanked those involved in putting the organisation in such a strong position.</p>	
GB15/129	<p>Quality, Improvement, Productivity and Prevention (QIPP)/Service Improvement and Redesign (SIR) Terms of Reference: Revised</p> <p>Karl McClusky (KMcC) presented the new joint Terms of reference for the QIPP/SIR Committee. KMcC explained that it had been recognised that there was an overlap and similarity between the committees. Members were briefed on the role of the Joint Committee (page 67), adding that the committee would not have the power to authorise expenditure but were able to make recommendations which would be submitted to the Finance and Resources Committee for consideration.</p> <p>MMcD informed all that the committees were keen on the proposal to merge, given the similarity in roles, the opportunity for good practice and the opportunity to pollenate ideas. Members discussed. Further discussion was had on the importance of strong clinical leadership and this approach guaranteed this input.</p> <p>Members highlighted the need to include Lay membership. Further discussion was had regarding the Chief Finance Officer declaring an interest on any item involving Liverpool Community Health (LCH) and Roger Pontefract, Lay member, deputising in that.</p> <p>Outcome The Governing Body agreed the merger of the QIPP/SIR Committees and the revised Terms of Reference presented.</p> <p>Action</p> <ul style="list-style-type: none"> - Lay membership positions to be added to the Terms of Reference membership list: 1 representative per CCG. - A Lay Member to deputise for the Chief Finance Officer in relation to any matter relating to LCH 	KMcC

No	Item	Action
<p>GB15/130</p>	<p>ILinks Update MMcD informed members that the report built on the discussions from the Joint Governing Body Development session held the previous week and provided Southport & Formby CCG with the ILINKS Information Sharing Framework for the North Mersey Health and Social Economy.</p> <p>The document provided a clear set of safeguards and principles in relation to information sharing and described a clinically led scaled information sharing model.</p> <p>The framework will enable the economy to achieve a major step change in information sharing, subject to consent, will provide all local health and social care practitioners' access to relevant information to care for individuals, regardless of the care setting or organisation where the information is held. To date 6.5 million records had been shared across Merseyside which is aiding the richness of decision making.</p> <p>Members discussed the report and the partners involved in the scope of the framework (page 79), the 4 segments of the framework (page 87), differing clinical roles and related data access (page 95), the exclusions (page 100), the Commitment agreement (page 103) and that the data was only to be used for the purposes set out in the agreement and not for selling on. Dr Rob Caudwell was confirmed as the Joint Chair.</p> <p>Roger Pontefract reminded all of the discussions at the Joint Development Session where he had highlighted the possible difficulty in persuading people of the benefits and the need to involve patient participation groups as well as other groups. This may have a resource implication for CCG managers.</p> <p>Outcome The Governing Body:</p> <ul style="list-style-type: none"> - Approved the organisation to be signed up to the principles of the framework - Approved the direction of travel - Approved the priority areas for implementation - Approved the delegation to the ILINKS Clinical Informatics Advisory Group and Programme Board to pursue the principles. <p>Action</p> <ul style="list-style-type: none"> - Implementation Plans to be agreed with each individual organisation - Need a clear Training Plan that ensures consistency - Engagement/Communication Plan needed: need to involve patient participation groups. Need to consider impact on capacity of CCG Manager 	<p>MMcD Information Merseyside (IM)</p> <p>TJ & IM</p>
<p>GB15/131</p>	<p>Review of Case for Change</p> <p>KMcC presented the report which followed on from the discussion regarding the Joint QIPP/SIR Committee (GB15/129) and outlined the new committee approval process for Cases for Change to reflect the new role of the Joint QIPP/SIR Committee. It described the CCG's criteria and prioritisation process which will be used to evaluate all future investments to ensure all investments provide health outcomes, whilst contributing to QIPP. Southport & Formby CCG have set a minimum QIPP contribution of £3 return for every £1 investment.</p>	

No	Item	Action
	<p>The Governing Body was taken through the report (page 106). Areas highlighted and discussed included:</p> <ul style="list-style-type: none"> - The need to consider the financial envelope - The need for return on investment - Evaluate and compare on like for like cases - Importance of patient safety and quality: all on a par with finance - Managed and administered through new Joint QIPP/SIR Committee <p>The Governing Body discussed. Debbie Fagan (DF) considered it pleasing to see that finance, quality and safety were all being given the same importance and, together with the Terms of Reference, being clinically driven forward with the support of the Clinical and Quality teams of the CCG.</p> <p>Outcome The Governing Body approved the QIPP prioritisation and approval process.</p> <p>Action</p> <ul style="list-style-type: none"> - A new Case for Change document will be developed to ensure that all categories in the prioritisation process are fully reflected by November 2015. - The CCG is looking to introduce a fixed number of gateways for case prioritisation and assessment in 2016/17 - Both proposals to be brought back to the Governing Body in Quarter 3 for approval 	<p>KMcC</p> <p>KMcC</p>
GB15/132	<p>Refresh of Dementia Strategy</p> <p>Members were presented with the Refresh of the Dementia Strategy for Sefton (page 113). Sefton's current strategy for Dementia, written following the publication of "Living Well with Dementia: A National Dementia Strategy" which was published in 2009, ran from 2009-2014. The refreshed strategy had been revised in order to reflect the changes in national policy and guidelines and the changes in structure to health services in Sefton.</p> <p>DF provided some background information: predicted that there were one million in the UK with Dementia, with 4600 in Sefton. However 50 to 60% would not have received a diagnosis. The Governing Body were referred to page 116 which provided information on the co-production of the strategy.</p> <p>The Governing Body discussed work already underway in the area. FLC welcomed the strategy as it was multi-faceted. The strategy was further discussed in relation to Dementia training and how a Dementia friendly society would help to identify those suffering earlier and therefore receive earlier treatment. Paul Ashby (PA) briefed members on the Dementia Training process carried out at Ainsdale Medical Centre. Two staff had received Dementia training and had then rolled out to other colleagues within the surgery. The Governing Body discussed training in-depth, as well as the need to ensure that information was available for the community and voluntary organisations, and the importance of support within the Communities i.e. local businesses being Dementia friendly.</p>	

No	Item	Action
	<p>Outcome</p> <ul style="list-style-type: none"> - Roger Pontefract declared an interest: was Chair for Sefton Partnership for Older Citizens - The Governing Body approved the draft strategy and: <ul style="list-style-type: none"> o Noted the content of the report and the feedback from the consultation and engagement process o Considered it important for all frontline staff to have Dementia Training and that the training be the same across, so as to ensure the same message is delivered in the same way. o Considered it important to involve all organisations necessary and to keep them informed: Community, Voluntary, Residential and Nursing Care o Important that all public facing organisations are Dementia friendly: all surgeries and pharmacies as well as other businesses in the communities <p>Action</p> <ul style="list-style-type: none"> - Paul Ashby to speak with the GP Practices to see if possible for the Dementia Champions to roll out training to other practices - Information to be available to the Community and Voluntary organisations on the strategy. 	<p>Dol: JG</p> <p>PA</p> <p>DJ</p>
GB15/133	<p>Hosted Safeguarding Service Governing Body Update: (Part 1) HM Coroner (Merseyside) and Deprivation of Liberty Safeguards authorisations and (Part 2) Counter Terrorism & Security Act (2015)</p> <p>Part 1 Tracy Forshaw (TF) presented the Governing Body with a briefing in relation to the bulletin circulated to GPs across Southport & Formby CCG, outlining HM Coroner for Merseyside's requirements, when an adult dies within a care home and where there is a Deprivation of Liberty Safeguards (DoLs) authorisation in place and as per the report presented (page 258).</p> <p>Reference was made to a briefing circulated to GPs which outlined the expectations and roles of GP's. TF highlighted the need for engagement with local partners to ensure roles and responsibilities are carried out and authorities notified when there is a DoLs in place.</p> <p>The Governing Body discussed in relation to the legislation and the statutory responsibilities of Local Authority. Dwayne Johnson briefed members on the challenges being faced by the Local Authority on carrying out such without additional funding. Mental Capacity Act training is available through Mersey Care. Members were informed of another free session due to be held September 2015.</p> <p>Was confirmed that providers should be aware of their responsibilities as per CQC registration. It was confirmed that providers should be aware of their responsibilities as per CQC registration. A Mental Capacity Act Lead (MCA) is in place for the CCG within the CCG Safeguarding Service hosted by Halton CCG.</p> <p>Part 2 An update was also given, as per the report (page 259) in relation to Prevent and the Counter-Terrorism and Security Bill which received Royal Assent in February 2015, making the Channel programme, Prevent Statutory and Duty, as part of the overall counter terrorism strategy called CONTEST a legal requirement for public bodies. The overarching principle is to protect vulnerable people from being drawn into terrorism.</p> <p>Whilst this currently applies to NHS Trusts and Foundations Trusts only, the guidance is subject to review following national consultation. An update is expected October 2015.</p>	

No	Item	Action
	<p>Whilst this currently applies to NHS Trusts and Foundations Trusts only, the guidance is subject to review following national consultation. An update is expected October 2015.</p> <p>Requirements were discussed in relation to systems, policies and procedures.</p> <p>Preparation work has been carried out with regards benchmarking and state of readiness. Response has gone back to NHS England on the state of readiness for the Prevention Duty Guidance for Southport & Formby CCG. Service is now looking to do a Prevention Strategy.</p> <p>Wide discussion was had on GP responsibilities, the guidance in place to assist and the resulting actions should an incident be reported.</p> <p>Outcome The Governing Body received the report and noted the content.</p> <p>Action</p> <p>Part 1</p> <ul style="list-style-type: none"> - Title on agenda to be changed to reflect full title of report - Mersey Care to advise the CCG when another round of Mental Capacity Act training is due to be delivered <p>Part 2</p> <ul style="list-style-type: none"> - Confirmation to be obtained on where responsibility sits with regards training on the Channel programme/Prevent Duty: CCG or NHS England. - National guidance on 'risk to others' to be circulated to the Governing Body 	<p>JG TF</p> <p>TF</p> <p>TF</p>
GB15/134	<p>Integrated Performance Report</p> <p>The report presented (page 264) provided summary information on the activity and quality performance of Southport and Formby CCG as per time periods given for each source.</p> <p>The financial position for Southport & Formby CCG as at 30 June 2015 (month 3) is £0.133m underspent on operational budget areas before the application of reserves or contingency. The forecast outturn is £0.277m overspent. The CCG experienced significant financial pressures in the last financial year and a number of risks continue into the new financial year. Although budgets have been increased for growth, there are cost pressures emerging which will need close management if the CCG is to achieve the planned surplus. In addition, plans to achieve the CCG's QIPP requirement of £6.151m have not yet been fully identified.</p> <p>KMcC updated members as per the report (page 271) highlighting: A&E: Southport & Ormskirk have failed to achieve target since October 2014. However latterly there had been an improvement. This will be monitored through the SRG and CQPG's. July CQPG picked up A&E performance issue, plan being progressed.</p> <p>Ambulance Activity: Category Red 1 relates to cardiac and respiratory arrest. Similar pattern latter part of 2014/15 and beginning of 2015/16. Investment been made into NWSAS in 2015/16. May 2015 showed a significant improvement in Red 1.</p> <p>KMcC highlighted areas of underperformance in relation to Stroke, Cancer (two week referral) and Transient Ischaemic Attack (TIA) services.</p>	

No	Item	Action
	<p>KMcC highlighted a campaign to be held later in the year on Prescription Wastage. Trying to get responsibility from all with a potential saving of £1.5m. The Governing Body discussed in relation to safety and it was considered that there were a number of options open to the CCG that were reasonable and rational without affecting patient care.</p> <p>DF updated as per report and highlighted:</p> <ul style="list-style-type: none"> - MRSA performance will remain RED for S&O throughout 15/16 due to the zero tolerance despite this not being a SFCCG patient. - Due to the national reporting conditions, providers have to report actual cases of C.diff. This reporting does not reflect the cases successfully appealed and upheld by the CCG due to no lapses in care being identified. The CCG takes into account the numbers successfully upheld and deduct this from the nationally reported target for contract purposes and are therefore under their year to date target when successful appeals are taken into consideration. - There has been 1 x Never Event reported in relation to a SFCCG patient from LWH and the Serious Incident processes are being followed and remain in progress. - S&O have recently held a Safety Collaborative workshop which had 2 areas of focus – care of the deteriorating patient and pressure ulcers. This was attended by the CCG Deputy Director of Nursing and Programme Manager Quality & Safety. <p>FLC questioned the Trusts performance for the last two months.</p> <p>The Governing Body were updated on the financial position (page 272). The report focused on the financial performance for Southport & Formby CCG as at 30 June 2015 (month 3). The financial position is £0.133m underspent at month 3 on operational budget areas before the application of reserves or contingency. The forecast outturn is £0.227m overspend.</p> <p>FLC emphasised her priority for improving the quality and safety of services for the residents of Southport & Formby.</p> <p>Outcome The Governing Body received the report and:</p> <ul style="list-style-type: none"> - considered that taking leave/holidays over treatment was the patients choice, however has resulted in a breach of target - need to ensure administration errors do not occur: has an impact on patient services - concern was raised regarding the performance of Liverpool Women's Hospital Trust for April and May 2015 <p>Action</p> <ul style="list-style-type: none"> - Consideration to be given to checking with other CCGs to see if they were experiencing the same problem of patient choice affecting their breach of target - Prescription Wastage to be added the August Development session <ul style="list-style-type: none"> o to explore the options for taking forward 	<p>KMcC</p> <p>JG KMcC</p>
GB15/135	<p>Emerging Issues Not applicable.</p> <p>Action Item to be removed as regular agenda item: duplication of GB15/124.</p>	<p>JG</p>

No	Item	Action
GB15/136	<p>Key Issues reports from committees of Governing Body:</p> <p>a) Finance & Resource Committee b) Service Improvement Redesign Committee</p> <p>Outcome The Governing Body received the key issues reports and noted that there was no report from the Quality Committee due to the meeting being used to discuss QIPP.</p>	
GB15/137	<p>Finance & Resource Committee Minutes: 20/05/15 The Governing Body were presented with the approved minutes.</p> <p>Outcome The approved minutes were received by the Governing Body. Governance note: FLC is an ex officio member and intends to attend F&R and Quality Committee meetings on quarterly basis.</p>	
GB15/138	<p>Quality Committee Minutes: 22/4/15 and 20/05/15 The Governing Body were presented with the approved minutes.</p> <p>Outcome The approved minutes were received by the Governing Body. Governance note: FLC is an ex officio member and intends to attend F&R and Quality Committee meetings on quarterly basis.</p>	
GB15/139	<p>Locality Meeting Minutes: The Governing Body were presented with the approved minutes.</p> <p>a) Ainsdale & Birkdale (South) Locality: 23/4/15 and 28/5/15 b) Formby Locality: 7/5/15 and 4/6/15 c) Central Locality: 28/4/15 and 19/5/15</p> <p>Outcome The approved minutes were received by the Governing Body. It was noted that there were no approved minutes for North due to the last meeting being used as a Development session.</p>	
GB15/140	<p>Any Other Business</p> <p>.1 Parliamentary Health Ombudsman Ruling FLC had received an Ombudsman ruling regarding a complaint. Reporting in PTII today. Will be presented to PTI in September 2015.</p>	FLC
GB15/141	<p>Date of Next Meeting Wednesday 23rd September at 13:00 hrs Family Life Centre, Ash Street, Southport, PR8 6JH</p>	
	<p>Motion to exclude the Public: Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960).</p>	
Meeting concluded		15:05 hrs

**Governing Body Meeting in Public
Actions from meeting held in July 2015**

GB15/156

No	Item	Action
GB15/122	Minutes of Meeting Ratified minutes to be uploaded onto the CCG website.	JG & LC
GB15/125	Chief Officer Report: Shaping Sefton Shaping Sefton Governance arrangements to be presented at the September Governing Body meeting	FLC
GB15/129	Quality, Improvement, Productivity and Prevention (QIPP)/Service Improvement and Redesign (SIR) Terms of Reference: Revised Lay membership positions to be added to the Terms of Reference membership list: 1 representative per CCG.	KMcC
GB15/130	ILinks Update <ul style="list-style-type: none"> - Implementation Plans to be agreed with each individual organisation - Need a clear Training Plan that ensures consistency - Engagement/Communication Plan needed: need to involve patient participation groups. Need to consider impact on capacity of CCG Managers 	MMcD Information Merseyside (IM) TJ & IM
GB15/131	Review of Case for Change <ul style="list-style-type: none"> - A new Case for Change document will be developed to ensure that all categories in the prioritisation process are fully reflected by November 2015. Proposal to be brought back to the Governing Body in Quarter 3. - The CCG is looking to fixed number of gateways for case prioritisation and assessment in 2016/17. Proposal to be brought back to the Governing Body in Quarter 3. 	KMcC KMcC
GB15/132	Refresh of Dementia Strategy <ul style="list-style-type: none"> - Paul Ashby to speak with the GP Practice to see if possible for the Dementia Champions to roll out training to other practices - Information to be available to the Community and Voluntary organisations on the strategy. 	PA DJ
GB15/133	Hosted Safeguarding Service Governing Body Update: (Part 1) HM Coroner (Merseyside) and Deprivation of Liberty Safeguards authorisations and (Part 2) Counter Terrorism & Security Act (2015) Part 1 <ul style="list-style-type: none"> - Title on agenda to be changed to reflect full title of report - Mersey Care to advise the CCG when another round of Mental Capacity Act training is due to be delivered Part 2 <ul style="list-style-type: none"> - Confirmation to be obtained on where responsibility sits with regards training on the Channel programme/Prevent Duty: CCG or NHS England. - National guidance on 'risk to others' to be circulated to the Governing Body 	JG TF TF TF

No	Item	Action
GB15/134	<p>Integrated Performance Report</p> <ul style="list-style-type: none"> - Consideration to be given to checking with other CCGs to see if they were experiencing the same problem of patient choice affecting their breach of target - Prescription Wastage to be added the August Development session <ul style="list-style-type: none"> o to explore the options for taking forward 	<p>KMcC</p> <p>JG</p> <p>KMcC</p>
GB15/140	<p>Any Other Business</p> <p>.1 Parliamentary Health Ombudsman Ruling Ombudsman ruling reported to July PTII regarding a complaint. Update to be presented to part one September 2015.</p>	<p>FLC</p>

DRAFT

MEETING OF THE GOVERNING BODY September 2015							
Agenda Item: 15/158	Author of the Paper: Fiona Clark Chief Officer Email: fiona.clark@southseftonccg.nhs.uk Tel: 0151 247 7061						
Report date: September 2015							
Title: Chief Officer Report							
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.							
Recommendation The Governing Body is asked to receive this report.	<table style="width: 100%;"> <tr> <td>Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

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

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

Report to Governing Body September 2015

1. Shaping Sefton Update

The third session of Shaping Sefton with the Kings Fund is planned to take place on 14th October 2015. This event will focus on the transformation of Primary Care as one of our 3 key strategic priorities. It is being led by Dr Derek Thomson GP & Medical Director at Northumbria Healthcare NHS Foundation Trust and Kings Fund Fellow and Dr Niall Leonard Chair & Clinical Lead for Primary Care.

Following discussion with Margaret Carney-CEO at Sefton MBC to think through our governance arrangements for the Shaping Sefton transformational programme and the interrelationship with the Health & Wellbeing Board (HWBB), it has been decided that the Shaping Sefton Transformation Board (SSTB) will report into the HWBB & the CCG Governing Body's. A paper was discussed at the HWBB on the 16th September 2015, in relation to the Shaping Sefton governance arrangements.

The membership will be gathered from local providers, key stakeholders and Local Authority, and the SSTB will meet monthly in the first instance.

Each of the work streams supported and driven by clinicians below will report directly to the SSTB:

- Primary Care;
- Mental Health;
- Community Services and Support;
- Intermediate Care;
- Urgent Care.

A separate piece of work will also be undertaken in the form of a workshop to understand our challenges in Children & Young People Services.

The Governing Body will continue to receive updates in the CO report in respect of the work of the SSTB.

2. Conflicts of Interests, Hospitality and Gifts and Standards of Business Conduct

In December 2014 NHS England issued guidance to CCGs in respect of managing conflicts of interest and the associated arrangements that CCGs must have in place. The Conflict of Interest policy, which includes guidance on dealing with hospitality and gifts was updated and approved by the Audit Committee in April this year and widely circulated to staff across the CCG. Changes have been made to the way in which the CCG now records interests so that registers now include information relating to business and commercial interests, conflicts associated with procurements, declarations made before and during meetings as well as any other general conflicts identified during the usual business of the CCG.

Following a recent article in The Telegraph and a subsequent letter from NHS England requesting assurance on the controls that are in place, the CCG will be undertaking a further review that will be supported by MIAA, the CCGs internal auditors. The will ensure that the Wider Constituent Group, the Governing Body, stakeholders and the public can have complete confidence in our decision making processes and can be assured that all decisions are made with the upmost integrity.

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The Register of Interest and Hospitality Registers are publically available on the CCGs website and are updated routinely each quarter. They are also updated and when a new interests or conflicts are declared or when hospitality and gifts have been offered, declined or accepted. The Audit Committee will continue to have a key role in scrutinising these registers.

Over the next few months there will be continued awareness raising throughout the CCG so that all staff are fully aware of their responsibilities to declare interests as and when appropriate and to properly record any offer of gifts or hospitality.

3. Sefton Economic Review – 5th Performance Report

Sefton's Fifth Performance Monitoring Report which continues to show how the work with partners is addressing the many challenges being faced by the borough and its communities, whilst also documenting successes and achievements.

It provides an account of the overall economic climate we work in, and shows progress through 2014/15 towards each of the five objectives of the Strategy for Sefton.

- Objective One – more starts to replenish the business population
- Objective Two – grow existing businesses and stimulate the economy
- Objective Three – target traditional and emerging growth sectors
- Objective Four – create conditions for growth
- Objective Five – increase opportunity and employment

Regular monitoring will enable a tracking of the changes in the economy. Sefton MBC has not stood still, and implementation of Sefton Economic Strategy continues to demonstrate solid progress towards sustainable jobs and prosperity.

The sixth edition of this report will be available towards the end of 2015 www.sefton.gov.uk.

4. Continuing Health Care

The CCG/CSU CHC Steering Group continues to meet regularly Chaired by a Lay member from SFCCG. Progress against the Improvement Plan continues to be monitored via an exception report produced by CSU. The recent update from the externally commissioned Mental Health Review was discussed at the Leadership Team held on 15 September 2015. Additional resource has been secured by the CCG to support CSU to undertake a more focused programme of work on undertaking Funded Nursing Care Reviews as part of QIPP.

A 'Bidders Engagement Day' has been held recently in relation to the re-procurement from the Lead Provider Framework of the CHC service.

CHC remains on the Corporate Risk Register.

5. CHC Restitution Cases (Previously Unassessed Packages of Care- PUPoC)

The CCG continues to receive monthly performance reports from NWCSU. Improvement in performance against the monthly trajectory has been seen for June – August 2015. September 2015 performance will be available in the middle of October 2015.

CHC Restitution (PUPoC) remains on the Corporate Risk Register.

Southport and Formby Clinical Commissioning Group

6. Personal Health Budgets

The CCG support for the further development of Personal Health Budgets commenced at the end of August 2015. A more detailed paper is on today's Governing Body at item 15/163.

Quality Surveillance Process

Single Item Quality Surveillance Group / Quality Review Meeting (Southport & Ormskirk Hospitals NHS Trust) – The Trust remains on enhanced surveillance. The CCG is awaiting the follow-up Single Item Quality Surveillance Group to take place. Recent developments regarding Maternity Services within the Trust have been discussed at the routine local Quality Surveillance Group which had a maternity focus and at the recent Contracts Meeting.

Single Item Quality Surveillance Group / Quality Review Meeting (Aintree University Hospital NHS Foundation Trust) – NHSE will Chair a Quality Review Meeting for Aintree University Hospital NHS Foundation Trust on 1 October 2015. This is a continuation of the Quality Surveillance process that is in place for this provider. The outcome of this meeting will be reported to the Quality Committee and Governing Body in due course.

Single Item Quality Surveillance Group / Quality Review Meeting (North West Commissioning Support Unit) NHSE have scheduled a Single Item Quality Surveillance Group Meeting for 28 September 2015 to discuss PUPoC and CSU have been invited to attend from a provider perspective.

7. Education and Health Care Plans

The production of Education & Health Care Plans (EHCP) replaced the statementing process for children and young people with Special Educational Needs and Disabilities in 2014. The CCG met all milestones for the introduction of this new system as a commissioner of health services in line with the new Code of Practice and this risk was removed from the Corporate Risk Register.

Work has been on-going to further improve the local system since the introduction of this new system between the CCG, Local Authority and Liverpool Community Health – recent reports are positive regarding the improvements made and the numbers of completed EHCPs within completed within the stipulated timeframes.

8. Student Nurse Placements

The CCG had two Student Nurses / Student Quality Ambassadors on placement in August 2015. Mentorship was provided by the Quality Team. As well as gaining experience of the work of a CCG with regard to clinical commissioning, the students spent time in General Practice and with CSU colleagues and will be reflecting on the time spent to inform how Student Quality Ambassadors can further enhance and support the work of the CCG in commissioning for quality and improving outcomes.

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9. Chief Nursing Officer (England) – Keynote Speech Expo Manchester 2015

The CCG Chief Nurse was invited to be part of the Chief Nursing Officer's (England) keynote speech in September 2015 at Manchester which focussed on Compassion and Safety in care. As part of the panel, the CCG Chief Nurse was able to discuss how the organisation had made 'Compassion in Practice' real for us and how it was important that further work on an updated strategy continues to be developed over the coming months, under the leadership of the Chief Nursing Officer (England). Some examples of how the CCG had made 'Compassion in Practice' real to us, both in terms of the 6Cs and the key action areas include:

- Inclusion in a presentation to the Health & Wellbeing Board;
- Presentation to the Governing Body as part of Chief Officer Reporting;
- Inclusion in Quality standards within provider contracts;
- Values explicit within the CCG Strategic Plan which sets out our priority areas for commissioning;
- Inclusion in the CCG Organisational Development Plan – values evident in PDRs; CCG have undertaken a 360 degree feedback with its staff;
- Accredited as a hub and spoke placement for students (students have been placed in the CCG in January 2015 and August 2015); presented CCG strategic plan to Student Nurses / Student Quality Ambassadors in 2014 for views and comments; work continues with Student Quality Ambassadors in 2015);
- Utilisation of the 6Cs and key areas for action as a framework to support quality 'walkarounds'.
- Utilisation of the 6Cs and key areas for action as a framework to support discussions re: integrated working for care homes.

The CCG Chief Nurse also took part with other members of the panel in a Q&A session with the press after the keynote speech.

10. Programme Manager Vulnerable People

A Programme Manager for Vulnerable People has commenced in post with the CCG as from 1st September 2015. The post-holder, who is a Registered Nurse, has joined the Quality Team and will be leading on key programmes of work which includes, for example, Personal Health Budgets, integrated work with the LA on the care home and domiciliary care agenda, support for GP Clinical Leads on the Care Home Innovation Programme in South Sefton.

11. Systems Resilience Group Update (SRG)

The S&O SRG met on the 19th August for the first time as a dedicated group. The winter assurance framework was discussed and the Operational group were asked to complete the document for submission to NHSE.

This work was completed and the framework submitted on the 2nd September. There were a number of outstanding issues including mental health 24/7 home care and organisational plans for flu, infection control and surge management. These areas will be addressed at the September meeting for final sign off by 30th September.

12. Public Health North West Business Plan 2015/16

This business plan sets out the services and functions that PHE North West offers as part of the wider public health system. Our focus is local and we will ensure that our work programme is tailored to serve the priorities and needs of Cheshire, Merseyside, Cumbria, Lancashire and Greater Manchester.

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The business plan has been produced following the merger and transition in 2015 of the previous Cheshire and Merseyside, Cumbria and Lancashire and Greater Manchester PHE centres to PHE North West and will provide the high level plan that we expect to deliver and achieve.

The plan flows from the work the previous PHE centres developed with local partners. We will refine this in collaboration with our partners, to enable us to develop common priorities to meet local need. The main focus of our work is to support the delivery of our four core functions to best meet local priorities alongside continued delivery of the PHE seven national priorities. The Health and Social Care Act of 2012 has already established specific legal duties on health inequalities; PHE North West will demonstrate that they are meeting these legal duties through underlying actions and activities that will contribute towards a reduction in health inequalities in the North West of England.

The plan clearly sets out the key objectives and milestones for 2015 - 2016 to deliver towards the core functions as set out in the PHE remit letter from the Department of Health and outlines some of the past successes of the North West centres in 2014 - 2015.

13. 111 Service

Mobilisation is proceeding smoothly for the new providers of UC24/NWAS October and a seamless transition from stability arrangements to material contract performer is expected.

Dental symptoms remain the single biggest call band at around 1/5th of all calls and concerns remain over the adequacy of emergency dental provision/primary care dental access in both CCG's.

Both CCG's have elected to maintain clinical call handling capacity within the out of hours provider in the specification from October 2015. Work is currently underway to update the Directory of Services (DoS) incorporating the profiling guidance for Mental Health Services.

14. Liverpool City Region Developments

A paper was received at the LCR meeting on 2nd September 2015 to approve a submission for devolution of responsibilities to the Liverpool City Region.

Members of the Governing body will note that the Government has invited areas to enter into discussion on the devolution of powers from National Government to local areas. The Liverpool City Region has commenced such discussions and is currently exploring a series of "asks". One such "ask" could relate to health and social care and as such embryonic conversations are taking place between local health and social care leaders to begin to explore ideas and approaches where this will deliver better outcomes for the local population, can be delivered at scale and pace and will be financially sustainable.

As part of these ongoing discussions a set of principles have been developed as follows:

- a) Place people at the heart of the care system and provide the most effective;
- b) pathway for individuals;
- c) Focus more on prevention and early intervention to keep people as independent as possible and maximise the opportunities for self-care;
- d) Continue to manage and improve the impact that existing chronic disease and frailty have on individuals and communities;

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- e) Optimise community resilience to manage all appropriate health and social care needs out of hospital, thus reducing inappropriate hospital attendance;
- f) Provide opportunities for joining up and integrating care where this would improve quality, cost effectiveness and citizen experience;
- g) Aspire to eliminate health and wellbeing inequalities.

The devolution agenda continues to develop at a pace and the Accountable officers of the 7 CCGs in Liverpool City Region have met and have prepared a paper regarding principles with a statement of intent to feed into the discussions.

As NHS commissioners we recognise the collective strength that already exists in devolved NHS funding and powers from central government. This will further enhance the ethos of working together to tackle system wide issues. At the same time, the NHS commissioners recognise the high value and existing successes of working within boroughs in an increasingly integrated manner with their local authority partners including social care and public health.

The significant morbidity, mortality, health inequalities and social challenges within the region coupled with the substantial challenge of a potential funding gap of £350M by 2020 require a collective response across health and social care.

The leadership team of NHS commissioners have developed the following statement of intent regarding the anticipated devolution process within the Liverpool City Region.

Statement of Intent

NHS Commissioners recognise the following principles associated with integrated working within boroughs, across adjacent boroughs and across the Liverpool City Region:

1. The foundations of our integrated response to the health and social care system challenge lies within boroughs and the evolution of closer cooperation between NHS health commissioners and local authorities. Health and Well Being Boards are well placed to assist and facilitate this process.
2. Existing joint working across boundaries between social care and health services must continue to develop on the footprint that best delivers high quality, safe and sustainable services to our populations. These footprints may vary in size or geography according to the clinical specialism or patient flows. An example would be that the effective footprint for the delivery of specialist learning disability services might be different to that of acute orthopaedic services.
3. At scale, across the Liverpool City Region, there exist significant opportunities for joint working for health and local government. Successes of existing joint working such as that for neuro-rehabilitation demonstrate what can be achieved. We believe that joint working can deliver sustainable clinical services for our population, which will ultimately reconfigure and alter how providers work.
4. The challenge we all face cannot be met unless the commissioners of public health, health and social care work alongside our providers and other key partners such as housing and the third sector at all of the levels of footprints of service delivery.
5. The NHS commissioners wish to explore the possibility of devolution of further centralised NHS funding such as that for specialised commissioning and primary care contractors; as well as closer working with Public Health England, Health Education England, the health networks and TDA/Monitor.
6. The NHS commissioners shall explore governance arrangements to enable this approach to joint working and develop an engagement strategy for CCG members, providers and the public.

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The Governing Body will be kept informed and engaged in this ongoing debate.

15. Commissioning Support Services Update

The CCG has now gone out to procurement for its commissioning support services via the Lead Provider Framework (LPF) established by NHS England. The evaluation of bids will be undertaken in October, culminating in the award of the contract in mid-November 2015. The date for commencement of the new service is now March 1st 2016.

Following approval from NHS England, the CCG will "in-house" the following services between October 2015 and 1st March 2016, with timescales dependent on factors identified within exit plans. These services are:

- Contracting (12 posts which form a shared service between South Sefton CCG, Southport & Formby CCG and NHS Halton CCG);
- Equality and Diversity (1 post to deliver a shared service across Merseyside CCGs);
- CHC Finance (1 post for South Sefton CCG and Southport & Formby CCG);
- Corporate Reporting Business Intelligence (1 post for South Sefton CCG and Southport & Formby CCG).

All posts will be hosted by South Sefton CCG. The CCGs are looking forward to welcoming the new colleagues into the respective organisations and will be undertaking a significant piece of organisational development work in order to facilitate a smooth transition.

16. Informatics Merseyside Partnership Board Operating Committee Update

The above committee received a report from Informatics Merseyside in June 2015 which outlined the progress made during the last two years to stabilise the governance, the finances and the management of risk associated with running the IM&T shared service.

The key points from the report are summarised below. Informatics Merseyside has:

- Established robust governance with all partners of IM;
- Introduced a Strategic Accountability Framework (SAF) for internal assurance review;
- Formulated a new fair and equitable service costing (financial) model to address funding gap and secure sustainable income;
- Invested in capability growth to ensure fit for purpose workforce;
- Planned for business development to build a sustainable model demonstrating value for money service provision;
- Benchmarked services to enable improved value for money.

17. Sefton Health and Social Care Integration

A considerable amount of work has been undertaken to develop an approach to closer integration and alignment of Health and Social Care in Sefton. This includes work around the Better Care Fund, Shaping Sefton and the development of joint Health and Wellbeing Strategies.

This positive work now needs to come together in an ambitious and focussed programme of activity that will deliver real change and transformation for our communities. Officers of the CCG and the Council have met to outline an approach to delivering integration and this has been considered at the HWBB on 16th September with the following points considered:

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- a) To pursue the integration agenda at pace and in the most appropriate way for Sefton and its communities;
- b) The starting parameters should be Urgent Care, Community Services and Mental Health;
- c) That the integration agenda must be seen across the whole life course and not just an older people agenda;
- d) Governance arrangements should be fit for purpose and ensure effective and streamlined decision making that produces the best possible outcomes.

The outcome of this approach would be a significant increase in pooled arrangements, co-commissioning of activity and a focus on system wide performance management. It is planned that the outcome of this approach will be implemented in April 2016.

18. Transforming Care for People with Learning Disabilities

The Transforming Care Delivery Board, comprising NHS England, the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS), the Care Quality Commission (CQC), Health Education England (HEE) and the Department of Health (DH), has today published a Progress Report on their joint work programme to improve services for people with learning disabilities and/or autism, and drive system-wide change.

The Board knows that providing high-quality support for people with learning disabilities and/or autism who have a mental illness or behaviour that challenges will require health and social care commissioners – local authorities, CCGs and NHS England as commissioner of specialised health services – to work together effectively.

NHS England, the LGA and ADASS will continue to promote joint working and pooled budgets between CCGs and local authorities.

In addition, in the light of Sir Stephen Bubb's recommendations that the Government should look at the Better Care Fund model (which mandated pooled budgets between local government and the NHS) and see what learning could be applied to this area, the Department of Health will look to explore views on this further. In line with Sir Stephen's recommendations, this could include how we can move further on local pooled budgets and joint commissioning plans, building on the development of the Integrated Personal Commissioning Programme.

In addition, from April 2015 NHS England will invite CCGs, working closely with local councils, to co-commission specialised services with NHS England, asking them to collaborate with them to transform services. As Sir Stephen Bubb's report argued, the current split in responsibilities can make that transformation harder. Under their plans, as part of ongoing discussions on ensuring that funding flows enable and incentivise transformation of services for people with learning disabilities and/or autism, from April 2015 CCGs will be able to co-commission specialised services with NHS England, and share in the gains if better preventative service result in reduced spending on specialised services.

The Board will encourage CCGs to make the transformation of services for people with learning disabilities a priority for their co-commissioning arrangements with NHS England, and where they do, they will be able to access extra support to help them adopt good practice at speed, innovate, and plan for long-term service reconfiguration.

To support accelerated delivery in the North, we will also identify areas where there will be an offer of a gain-share arrangement specifically for learning disability specialised budgets. In those areas,

Southport and Formby Clinical Commissioning Group

CCGs will be able to share in any gains to the specialised budget arising from their investment in improved community-based services, as part of a broader package of support to the region.

19. CCG Network

The Merseyside CCG network is hosted by NHS Halton CCG and over the past two months has focused its discussions on:

- AQuA Update 15/16;
- NWCSU transition;
- DOS Benchmarking Review;
- Safeguarding hosted service;
- Collaborative Stroke Network;
- Neuro-Rehabilitation Service;
- Maternity Review;
- MSK Services;
- Specialised Commissioning Follow up;
- Liverpool City Region.

Work has also been undertaken across the CCGs, through the Accountable Officers on item 14 (Liverpool City Region).

20. Organisational Development Plan

Our organisational development (OD) plan is being refreshed to ensure that that the right structures, systems, staff, skills, style of working and shared values are in place enable us to effectively deliver our strategic plan.

Whilst much has been achieved in the first two years of CCG operation, it is essential we review 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 over the summer months, providing an opportunity to reflect on the organisation's strengths and weaknesses, opportunities and threats and in particular to consider the of outcome of the nationally benchmarked 360-degree feedback exercise, which gave us anonymised feedback from our member practices and partner organisations.

More recently, NHS England has published its new CCG assurance framework, which highlights key organisational requirements against which all CCGs will be assessed and the refresh of the OD plan enables those requirements to also be considered.

Proposed priorities for CCG development over the next twelve to eighteen months include; further development commissioning in our localities, maximising the contribution of our clinical leaders throughout the CCG, increasing organisation capability and capacity through the "in-housing" of some commissioning support services, systematically implementing our programme management approach and working more closely with local communities, Sefton council , neighbouring CCGs, NHS England and other partners to join up the commissioning of services where possible.

A fully refreshed OD Plan will be presented to the Governing Body in November 2015.

Southport and Formby Clinical Commissioning Group

21. Estates Update

The first meeting of the Sefton Property Estates Partnership (SPEP) took place on Friday 11th September. This group includes key partners required to enable the development of healthcare estates across Sefton and comprises members from the CCG, NHS England, Sefton MBC, Community Health Partnerships (CHP), NHS Property Services (PropCo) and Liverpool Sefton Health Partnerships. (LSHP). This group reports into the Finance & Resources Committee through the CCG's formal governance route.

The CCG is required to develop an estates strategy by the end of December. This will provide both a short and long-term vision for the CCG's estate plans. The CCG is being supported by Sam McCumiskey through LSHP who is co-ordinating the development of the strategy.

The SPEP agreed to hold a workshop in early October to work through some of the key issues that need to be included in the strategy. The next formal meeting of the group will be in early November to confirm the draft strategy and it is planned that the governing body will receive the estates strategy for consideration and approval in its November meeting.

22. SSP GP Practices Update

SF CCG are working with NHSE as joint commissioners of primary medical care to seek an interim provider for the SSP Health GP practice whose contract ends in February 2016. This will be an interim contract whilst the commissioners review the service provision requirements going forward.

23. Community Services

In July's Governing Body closed (part II) meeting the members made the decision to re-procure community services. This was a contractual obligation given the fact that the community services contract had previously been extended. Work is now underway to manage the procurement timeline and will include public consultation and engagement. The majority of community services for the CCG are provided by Southport and Ormskirk NHS Trust.

24. Transition Plan – Young People/Mental Health

The CCG is developing local transformation plans as part of national requirements for children and young people's mental health. The plans, which are in the early stages, draw on the task force report 'Future in Mind' and are being overseen by the Sefton Children and Young People's Emotional Health and Wellbeing Steering Group. The objectives of the plans are to build capacity and capability, roll out children and young people's Improving Access to Psychological Therapies schemes, develop evidence based community eating disorder services and improve perinatal care.

25. Parliamentary Health Ombudsman

The ombudsman recently upheld a complaint made against the CCG regarding prescribing relating to multiple sclerosis. The CCG has acted on the ruling to ensure that the patient receives the treatment.

26. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Clark
Chief Officer
September 2015

MEETING OF THE GOVERNING BODY September 2015

Agenda Item: 15/160	Author of the Paper: Fiona Clark Chief Officer Email: fiona.clark@southseftonccg.nhs.uk Tel: 0151 247 7061
Report date: September 2015	
Title: Emergency Preparedness, Resilience and Response Assurance	
Summary/Key Issues: The CCG are required to provide NHSE with Assurance as to the CCGs Emergency preparedness	
Recommendation	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to approve this report.	

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

	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.

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Patient and Public Engagement				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees				

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

Report to the Governing Body September 15

1. Executive Summary

- 1.1 The Accountable Officer for the Clinical Commissioning Group has a statutory responsibility for the Emergency Preparedness, Resilience and Response arrangements as a category 2 responder under The Civil Contingencies Act 2004 (CCA 2004), the Health and Social Care Act 2012, NHS England Emergency Planning Framework and other central government guidance. All staff must be aware of their responsibilities in preparing for and for responding to emergencies. The CCG is required to undertake a self-assessment and issues a statement of compliance. This paper sets out the CCGs self-assessment statement.
- 1.2 The CCG has assessed itself as fully compliant against NHSE's statement for full compliance: *"the plans and work programme in place appropriately address all the core standards that the organisation is expected to achieve"*.

2. Introduction and Background

- 2.1 The CCG is required under the acts and guidance to have in place an Incident Response plan, Business Continuity plan and a robust 24/7 on call system. The plans detailed in this document are in place to ensure that these responsibilities are met. The CCG is part of the North Mersey on call system.
- 2.2 Some examples of events that are likely to lead to the declaration of a major incident and require support from the CCG are:
- major Incidents requiring a multi-agency response – rail, motorway, and air crashes, chemical incidents, terrorist incidents etc;
 - rising tide incident – such as infectious diseases eg pandemic flu, flooding, fuel shortages;
 - headline news report – sparking a health scare;
 - safeguarding emergency closure of residential / nursing homes;
 - incidents requiring the identification of vulnerable people;
 - naturally occurring emergencies i.e. severe weather, flooding;
 - major internal Incidents.
- 2.3 All of these may place an immense strain on the resources of the NHS and the wider community; impact on the vulnerable people in our community and could affect the ability of the CCGs to work normally.
- 2.4 Notification of a Major Incident occurring will normally be cascaded to the CCG from NHS England but could occur as a result of a local incident at a provider organisation or an incident which solely affects the ability of the CCG to undertake its functions requiring a local Business Continuity response.

- 2.5 Events such as these may require the activation of the CCG Incident Response Plan and/or the Business Continuity plan. This decision will be taken by the On Call Officer in consultation, if time allows, with the CCG Accountable Officer. It is important that all staff are familiar with the plans and are aware of their responsibilities. Staff should ensure that they are regularly updated to any changes in both the incident response plan and the Business Continuity Plan. Both are held on the CCG intranet. Accurate contact details of all staff are to be maintained, to ensure that people are accessible during an incident.
- 2.6 Whilst the Incident Response Plan or Business Continuity plan will only rarely be activated, regular training and exercising will occur, as required under the CCA 2004 and NHS Guidance. The Clinical Commissioning Group staff are to become fully involved in both the training and exercises.
- 2.7 Incidents requiring activation of the plans can occur at any time, day or night and it is essential that the CCG maintains its preparedness to respond.
- 2.8 Contact details of all managers and staff are held separately and will not form part of any documents placed in the public domain.
- 2.9 Specialist advice and support is available from North West Commissioning Support Unit Resilience Team.
- 2.10 Both the Incident Response Plan and the Business Continuity plan have been developed against the NHS Core Standards for Business Continuity and Major Incident Response published by NHS England.
- 2.11 A policy statement for business continuity has been prepared on behalf of the Clinical Commissioning Group.
- 2.12 The Business Continuity Management and Incident Response Plans for the CCG have been developed. Any additional requirements will be overseen by the CSU Resilience Team and reported to the Governing Body.
- 2.13 On 31st May 2013 the CCG was able to undertake its duties as a Category 2 responder, with 24/7 coverage provided through an on-call rota shared with the other CCGs in North Mersey.
- 2.14 The Business Continuity and Incident Response Plan together with other relevant documentation will be held electronically in a manner allowing access to all staff.

3. Policy Statement

- 3.1 Business Continuity Management (BCM) is an important part of the CCG risk management arrangements. The CCA 2004 identifies all CCGs as 'Category 2 Responders', and imposes a statutory requirement on each CCG to have robust BCM arrangements in place to manage disruptions to the delivery of services.
- 3.2 The aim of BCM is to prepare for any disruption to the continuity of the business, whether directly - i.e. within the responsibility control or influence of the business, or indirectly - i.e. due to a major incident occurring to a partner, supplier, dependant or third party, or from a natural disaster.

- 3.3 It is recognised that plans to recover from any disruption must consider the impacts not only to the CCG staff, premises, technology and operations, but that NHS Southport and Formby CCG must also plan to maintain its brand, status, relationships and reputation.
- 3.4 BCM arrangements should ensure that the CCGs continue to meet their legal, statutory and regulatory obligations to its staff and to its dependent stakeholders.
- 3.5 The CCG has developed the Business Impact Analysis which has identified the critical functions of the CCG and the potential impacts of the loss of staff, effects to communications, data systems, transport and buildings.
- 3.6 In accordance with the requirements of NHS England, the CCG BCM will be in accordance with and aligned to the ISO 22301, together with the published NHS Core Standards.
- 3.7 It is the policy of the CCG Clinical Commissioning Group to develop, implement and maintain a Business Continuity Management System (BCMS) in order to ensure the prompt and efficient recovery of the critical activities from any incident or physical disaster affecting the ability of the CCG to operate and deliver its services in support of the NHS economy.
- 3.8 It is the policy of the CCG to take all reasonable steps to ensure that in the event of a service interruption, the organisation will be able to respond appropriately and continue to deliver their essential functions, and that it is able to respond to the needs of their local populations. A service interruption is defined as:
- ‘Any incident which threatens personnel, buildings or the operational procedures of an organisation and which requires **special measures** to be taken to restore normal functions.’* (www.cabinetoffice.gov.uk/ukresilience).
- 3.9 The Cabinet Office’s “Expectations and Indicators of Good Practice Set for Category 1 and 2 Responders” describes 7 expectations drawn from the Civil Contingencies Act (2004), Regulations (2005) and guidance:
- duty to assess risk;
 - duty to maintain plans – Emergency Plan;
 - duty to maintain plans – Business Continuity;
 - duty to communicate with the public;
 - business continuity promotion;
 - information sharing;
 - co-operation.
- 3.10 The CCG is a Category 2 Responder. As such the CCG will be required to share information and to co-operate with Category 1 Responders in the event of an emergency. The organisation is also required to have Business Continuity plans and Incident Response Plans. These requirements are in place.

4. Recommendation

It is recommended that the Governing Body authorise the Chief Officer to sign the Statement of Compliance and to approve the Plans and Policy statement.

Appendices

Appendix 1 – Statement of Compliance

STATEMENT OF COMPLIANCE

NHS Southport and Formby Clinical Commissioning Groups have undertaken a self-assessment against the NHS England Core Standards for EPRR (v3.0).

Following self-assessment, and in line with the definitions of compliance stated below, the organisation declares itself as demonstrating **Full** compliance against the EPRR Core Standards.

Compliance Level	Evaluation and Testing Conclusion
Full	The plans and work programme in place appropriately address all the Core Standards that the organisation is expected to achieve.
Substantial	The plans and work programme in place do not appropriately address one or more Core Standard that the organisation is expected to achieve.
Partial	The plans and work programme in place do not adequately address multiple Core Standards that the organisation is expected to achieve.
Non-compliant	The plans and work programme in place do not appropriately address several Core Standards that the organisation is expected to achieve.

The results of the self-assessment were as follows:

Number of applicable standards	Standards rated as Red ¹	Standards rated as Amber ²	Standards rated as Green ³
30	0	3	27
Acute providers: 47 Specialist providers: 38 Community providers: 38 Mental health providers: 38 CCGs: 30	¹ Not complied with and not in an EPRR work plan for the next 12 months	² Not complied with but evidence of progress and in an EPRR work plan for the next 12 months	³ Fully complied with

Where areas require further action, this is detailed in the attached *EPRR Core Standards Improvement Plan* and will be reviewed in line with the organisation’s EPRR governance arrangements.

I confirm that the above level of compliance with the EPRR Core Standards has been or will be confirmed to the organisation’s board / governing body.

Signed by the organisation’s Accountable Emergency Officer

Date of board / governing body meeting

Date signed

MEETING OF THE GOVERNING BODY September 2015

Agenda Item: 15/161	Author of the Paper: Debbie Fagan Chief Nurse & Quality Officer Debbie.fagan@southportandformbyccg.nhs.uk 0151 247 7252						
Report date: August 2015							
Title: MIAA Safeguarding Children & Vulnerable Adults Review Assignment Report 2015/16							
<p>Summary/Key Issues:</p> <p>Mersey Internal Audit Agency (MIAA) undertook a review of the safeguarding children and adult arrangements within the CCG. The review commenced in Q4 2014/15 and the final report was received by the Chief Nurse on 26 June 2015.</p> <p>The report details the following outcome:</p> <ul style="list-style-type: none"> Significant assurance rating given 2 x detailed recommendations regarding the Safeguarding Annual Report (Medium Risk Rating) and the Safeguarding Policy & Strategy (Low Risk Rating). <p>The management response and remedial action has been agreed and undertaken by the Chief Nurse. MIAA recommend that follow-up work is undertaken to confirm the implementation of agreed management actions is conducted within the next 12 months. The CCG has formalised this follow-up request to MIAA via the Chief Accountant. The report has been received by the Quality Committee who have recommended presentation to the Governing Body.</p>							
<p>Recommendation</p> <p>The Quality Committee are asked to receive this report for the purposes of assurance.</p>	<table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">Receive</td> <td style="text-align: center; width: 30px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives <i>(X those that apply)</i>	
	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			To be presented to the Quality Committee in August 2015. Notification to the Audit Committee

Links to National Outcomes Framework (<i>X those that apply</i>)	
	Preventing people from dying prematurely.
	Enhancing quality of life for people with long-term conditions.
	Helping people to recover from episodes of ill health or following injury.
	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 Quality Committee August 2015

1. Executive Summary

1.1 Mersey Internal Audit Agency (MIAA) undertook a review of the safeguarding children and adult arrangements within the CCG. The review commenced in Q4 2014/15 and the final report was received by the Chief Nurse on 26 June 2015.

1.2 The report details the following outcome:

- Significant assurance rating given
- 2 x detailed recommendations regarding the Safeguarding Annual Report (Medium Risk Rating) and the Safeguarding Policy & Strategy (Low Risk Rating)

1.3 The management response and remedial action has been agreed and undertaken by the Chief Nurse. MIAA recommend that follow-up work is undertaken to confirm the implementation of agreed management actions is conducted within the next 12 months. The CCG has formalised this follow-up request to MIAA via the Chief Accountant. The report has been received by the Quality Committee who have recommended presentation to the Governing Body

2. Detailed Recommendations

2.1 The detailed recommendations are summarised in tables 1 and 2.

Table 1: Detailed recommendation – Safeguarding Annual Report

1. Safeguarding Annual Report	Risk Rating: Medium
Operating Effectiveness	
<p>Issue Identified – The CCG is required to produce an Annual Report. The Safeguarding Annual Report for 2013/2014 was presented to the Governing Body in November 2014 for approval. This is the CCG’s first full year report.</p>	
<p>Specific Risk – Delays in presenting the annual report Governing Body members for approval.</p>	
<p>Recommendation – The CCG should endeavour to produce and present the 2014/2015 safeguarding annual report to the Governing Body for approval on a more timely basis than in the previous year.</p>	
<p>Management Response (Remedial Action Agreed) – The Chief Nurse has discussed with the CCG Safeguarding Service the need to produce the annual report in a more timely fashion. This will be built into the quality committee workplan for 2016/17.</p>	
<p>Responsibility for Action – Chief Nurse</p>	
<p>Deadline for Action - Complete</p>	

Table 2: Detailed recommendation – Safeguarding Policy & Strategy

2. Safeguarding Policy and Strategy	Risk Rating: Low
<p>Control design</p> <p>Issue Identified – A Safeguarding policy ‘Children & Vulnerable Adults Policy 2014 (Incorporating Safeguarding and Mental Capacity Act Standards for Commissioned Services)’ is in place. Although the title of the policy reflects a date of 2014, details relating to exactly when and by whom the policy was approved are not stated within the document, or timescales for the next due review.</p> <p>Similarly, there is a Safeguarding Strategy for the period 2015 to 2017 that is dated January 2015. Details of who approved the strategy and when the next review is due are not stated within the document.</p> <p>Specific Risk – Reviews are missed or delayed. Lack of audit trail.</p> <p>Recommendation – The Safeguarding Strategy and Safeguarding Policy should be updated to reflect when who (or which committee) approved the documents, and the date the next review is due.</p> <p>Management Response (Remedial Action Agreed) – The Chief Nurse accepts this recommendation. The issue has been raised with the corporate governance support group and plans are in place for this to be addressed in July 2015.</p> <p>Responsibility for Action – Chief Nurse</p> <p>Deadline for Action – July 2015</p>	

2.2 The Safeguarding Annual Report was given a medium risk rating which means the following the assessment rationale indicates:

- Medium control weakness that has a low impact on the achievement of the key system, function or process objectives; has exposed the system, process or function to a key risk, however the likelihood of this risk occurring is low.

2.3 The Safeguarding Policy and Safeguarding Strategy was given a low risk rating which following the assessment rationale indicates:

- Low control weakness that does not impact upon the achievement of key system, function or process objectives, however implementation of the recommendation would improve overall control.

3. Management Response & Remedial Action

The Chief Nurse accepted the recommendations and has put in place the following remedial actions:

- Safeguarding Annual Report
 - CCG Safeguarding Service informed of the recommendation

- CCG Safeguarding Service to have the annual report completed for presentation to the August 2015 meeting of the Quality Committee and then to the Governing Body in September 2015
- Safeguarding Policy & Strategy
 - CCG Safeguarding Service informed of the recommendation
 - CCG Corporate Governance Manager and Corporate Business Manager informed of the recommendation in July 2015 for action via the Corporate Governance Support Group.
 - Approval process for both the Safeguarding Policy and Safeguarding Strategy reviewed. Approval and version information added to each document.
- Follow-up Review by MIAA
 - The Chief Nurse has formalised the follow-up request to MIAA with the Chief Accountant.

4. Conclusions

4.1 The CCG has been given 'Significant Assurance' for its safeguarding arrangements by MIAA. The 2 detailed recommendations have been accepted by the Chief Nurse and mitigating actions put in place to address these.

4.2 The action in relation to the Safeguarding Annual Report is expected to be closed in September 2015 following presentation to the Governing Body.

4.3 The action in relation to the Safeguarding Policy and Safeguarding Strategy was expected to be closed in August 2015. However there was a delay in information from the Safeguarding team. Actions are now complete.

5. Recommendations

The Governing Body are asked to receive this report for the purposes of assurance.

Appendices

Appendix 1 – MIAA Safeguarding Children & Vulnerable Adults Review Assignment Report 2015/16 (Southport & Formby CCG)

**Debbie Fagan
August 2015**

Safeguarding Children and Vulnerable Adults Review

Assignment Report 2015/16

Southport and Formby Clinical Commissioning
Group



Contents

1. Introduction, Background and Objectives
2. Executive Summary
3. Findings, Recommendations and Action Plan

Appendix A: Terms of Reference

Appendix B: Assurance Definitions and Risk Classifications



1. Introduction, Background and Objective

As part of our 2015/2016 audit plan, MIAA has undertaken a review of the arrangements in place in relation to Safeguarding Children and Vulnerable Adults.

All public bodies including NHS organisations are required to develop robust arrangements to ensure that safeguarding becomes fully integrated into NHS systems.

Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It is fundamental to creating high-quality health and social care. CCGs need to demonstrate that they have appropriate systems in place for discharging their responsibilities in respect of safeguarding.

NHS Halton CCG hosts the Safeguarding Service on behalf of the Merseyside CCGs, including South Sefton (SSCCG) and Southport and Formby CCG (SFCCG) with the service designed to improve capability, capacity and quality of service, and ensure statutory duties are fulfilled. The Safeguarding team is based at NHS Halton CCG.

2. Executive Summary

There are some weaknesses in the design and/or operation of controls which could impair the achievement of the objectives of the system, function or process. However, either their impact would be minimal or they would be unlikely to occur.

Significant Assurance

The following provides a summary of the key themes.

Roles and Responsibilities

A joint Accountability Framework is in place for SSCCG and SFCCG. This sets out the responsibilities of senior staff in the organisations and includes lead responsibility for safeguarding being assigned to the Chief Nurse and Quality Officer.

A Chief Officer is in place with responsibilities for ensuring that the CCG complies with its duty to exercise its functions effectively, efficiently and economically, and meets its duty to:

- Exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for, or in connection with, the prevention, diagnosis or treatment of illness;
- Meet its financial obligations, including information requests obligations relating to accounting and auditing; and,



- Provide information to the NHS England.

This is a wide collaborative role, working in partnership with all commissioners and providers of services across the CCG area including, inter alia, Local Area Team, Primary Care, NWSCT and Local Authority/Public Health. The Chief Officer is the Chair of the CCG Network Safeguarding Steering Group.

Lead GPs have been identified at GP practices. The SSSCCG and SFCCG have also recently employed a 'named GP' working 3 sessions per week. The number of sessions is determined by the size of the population.

The hosted service has designated nurses for the adult safeguarding service and the children's safeguarding service, including a designated nurse for Looked After Children (LAC). For a consistent approach the CCG deals with designated nurses who are familiar with the arrangements at the CCG.

The CCG has a Quality Committee that meets on a monthly basis. A Safeguarding Service Update Report is a standing agenda item for the committee and minutes set out the discussions that take place during meetings. The report is compiled and presented by the hosted service (NHS Halton CCG). Other agenda items for safeguarding are included as a need arises. Review of minutes from recent meetings identified further agenda items relating to:

- Child Sexual Exploitation;
- Safeguarding Strategy;
- Safeguarding Peer Review Action Plan; and,
- Chief Nurse Report.

The approval of arrangements for safeguarding children and adults remains a matter reserved for the Governing Body. Monitoring of safeguarding arrangements and activity is part of the Quality Committee's principal functions and duties, as reflected in the committee's terms of reference. Other attendees include CCG representatives, members of the safeguarding team at the host service (NHS Halton CCG) and other members of the Governing Body. Minutes of committee meetings are presented to members of the Governing Body at their meetings.

A CCG Network Safeguarding Service Steering Group meets on a monthly basis and has representation from the Merseyside CCGs included in the Merseyside network. Regular attendance is by the Chief Officer and Chief Nurses. Action notes are drafted following each meeting.

The Governing Body is in place and members meet monthly. Members are kept up to date with safeguarding developments, activity, areas of concern, etc. Examples of recent information presented to the Governing Body include:

- The Safeguarding Annual Report;
- The Key Issues Log that includes safeguarding issues;



- Corporate Risk Register that includes identified safeguarding risks;
- Report regarding Child Sexual Exploitation (CSE) by the Designated Nurse Safeguarding Children from the hosted service;
- Care Quality Commission Safeguarding Declaration;
- Updates on the Peer Review Action Plan;
- Draft Quality Strategy for approval that includes safeguarding services; and,
- Draft CCG Safeguarding Strategy for approval.

CCG representatives attend meetings of the Local Safeguarding Children's Board (LSCB) and the Safeguarding Adults Board (SAB). Organisations having representation on the Boards include Sefton Council (representation from both Children's and Adult Services), Merseyside Police, Merseyside Probation Service and Youth Offending Team.

Safeguarding Policies and Procedures

A Safeguarding strategy is in place and is specific to the CCG. The strategy covers the period 2015 to 2017, and is dated January 2015. Details of who approved the strategy and the next review date are not stated within the document.

The strategy includes:

- An introduction that sets out the approach the CCG is taking to Safeguarding children and vulnerable adults;
- Responsibilities and accountabilities for safeguarding within the CCG;
- The vision and aim, and the strategic objectives of the strategy;
- How the strategy will be delivered; and
- How the CCG will monitor the strategy to gain assurances.

The strategy advises that it must be read in conjunction with the Safeguarding Policy, Safeguarding Training Strategy and other relevant policies. We confirmed that the strategy has been developed in collaboration with local safeguarding boards and groups and key stakeholders locally.

A Safeguarding Children & Vulnerable Adults Policy (Incorporating Safeguarding and Mental Capacity Act Standards for Commissioned Services) is also in place, dated 2014. Details relating to exactly when in 2014 and by whom the policy was approved are not stated within the document or timescales for next review. **(Low)**

The policy has two functions:

- It details the roles and responsibilities of the CCG as a commissioning organisation, of its employees and GP practice members;



- It provides clear service standards against which healthcare providers will be monitored to ensure that all service users are protected from abuse and the risk of abuse.

A review of the policy confirmed that:

- Roles and responsibilities are clearly defined and the designated safeguarding contacts are outlined and contact information readily available;
- The CCG has arrangements in place for co-operation with the Local Safeguarding Children Boards (LSCBs) and Safeguarding Adults Boards (SABs);
- The requirement for good governance arrangements is outlined under roles and responsibilities and required evidence to assess compliance is outlined under governance arrangements/quality assurance of the Audit Tool; and
- Information sharing is outlined and all individual staff members are required to be aware of the information sharing arrangements. The appendices also include information sharing guidance, including a process map for sharing information with other relevant bodies.

Assurances from the Provider

A 'Memorandum of Understanding' (MoU) is in place between the Hosted Service at NHS Halton CCG and the other five Merseyside CCGs in the Safeguarding Service arrangement. All parties sign up to the MoU and the agreement period commenced on 1st April 2015.

The MoU sets out the statutory duties and responsibilities for safeguarding. This includes the principles of understanding, including CCG responsibilities.

A Service Specification is in place in respect of the Merseyside Safeguarding Service (Children and Adults) for all the Merseyside CCGs. This document sets out the safeguarding functions that are to be delivered through the service to comply with legislative requirements. The document also sets out the Key Performance Indicators that need to be reported and the regularity of production.

Performance Management/Reporting

The CCG is required to produce an Annual Report. The Annual Report for 2013/2014 was presented to the Governing Body in November 2014 for approval. **(Medium)**

The purpose of the annual safeguarding report is to provide assurance to the CCG's Governing Body that the organisation is effectively responding to the safeguarding needs of children and their families across the Merseyside and Halton area. The report reviews the work completed across the 2013/2014 financial year, providing assurance that the CCG has discharged its statutory responsibility to safeguard the welfare of children and adults both as an organisation and across the health services it commissions. As a CCG this is the first full year of reporting and provides



information about national changes and influences, local developments and activity about how statutory requirements are being managed.

Following a 'CQC style' Peer Review, an action plan was put in place to take service improvements and developments forward. This is being regularly updated with progress made. The Quality Committee monitors the action plan and Governing Body members are updated at their meetings.

3. Findings, Recommendations and Action Plan

The review findings are provided on a prioritised, exception basis, identifying the management responses to address issues raised through the review.

To aid management focus in respect of addressing findings and related recommendations, the classifications provided in Appendix B have been applied. The table below summarises the prioritisation of recommendations in respect of this review.

Critical	High	Medium	Low	Total
0	0	1	1	2

Other detailed findings and recommendations are set out below.



Detailed Recommendations

1. Safeguarding Annual Report	Risk Rating: Medium
<p>Operating Effectiveness</p> <p>Issue Identified – The CCG is required to produce an Annual Report. The Safeguarding Annual Report for 2013/2014 was presented to the Governing Body in November 2014 for approval. This is the CCG’s first full year report.</p> <p>Specific Risk – Delays in presenting the annual report Governing Body members for approval.</p> <p>Recommendation – The CCG should endeavour to produce and present the 2014/2015 safeguarding annual report to the Governing Body for approval on a more timely basis than in the previous year.</p> <p>Management Response (Remedial Action Agreed) – The Chief Nurse has discussed with the CCG Safeguarding Service the need to produce the annual report in a more timely fashion. This will be built into the quality committee workplan for 2016/17.</p> <p>Responsibility for Action – Chief Nurse</p> <p>Deadline for Action - Complete</p>	

2. Safeguarding Policy and Strategy	Risk Rating: Low
<p>Control design</p> <p>Issue Identified – A Safeguarding policy ‘Children & Vulnerable Adults Policy 2014 (Incorporating Safeguarding and Mental Capacity Act Standards for Commissioned Services)’ is in place. Although the title of the policy reflects a date of 2014, details relating to exactly when and by whom the policy was approved are not stated within the document, or timescales for the next due review.</p> <p>Similarly, there is a Safeguarding Strategy for the period 2015 to 2017 that is dated January 2015. Details of who approved the strategy and when the next review is due are not stated within the document.</p> <p>Specific Risk – Reviews are missed or delayed. Lack of audit trail.</p> <p>Recommendation – The Safeguarding Strategy and Safeguarding Policy should be updated to reflect when who (or which committee) approved the documents, and the date the next review is due.</p>	



Management Response (Remedial Action Agreed) – The Chief Nurse accepts this recommendation. The issue has been raised with the corporate governance support group and plans are in place for this to be addressed in July 2015.

Responsibility for Action – Chief Nurse

Deadline for Action – July 2015

Follow-up

In light of the findings of this audit we would recommend that follow-up work to confirm the implementation of agreed management actions is conducted within the next 12 months.



Appendix A: Terms of Reference

The overall objective of the review was to assess the systems and processes in place across the organisation to ensure compliance with Safeguarding statutory requirements and guidance. The sub-objectives of the review have been split into two areas:

Internal Assurance Provision

The following objectives have been identified:

- The CCG has developed an effective organisational structure with appropriate resources and work plans to deliver the safeguarding agenda (including training requirements);
- Roles and Responsibilities within the CCG, including the required named leads, have been clearly established;
- The CCG has Safeguarding policies and procedures in place which adhere to national standards and reflects current/best practice and these have been effectively communicated to all staff and other stakeholders;
- The CCG audits on a minimum annual basis the statutory duties for safeguarding undertaken by the provider;
- The CCG receives regular and adequate assurances from the provider that the safeguarding service is adequately managed as set out within the contract (such as compliance around training) and there are assurance processes in place from the provider that cases of abuse have been appropriately managed and dealt with;
- There is a formally defined governance framework in place for linking with external organisations and there is evidence that the CCG works in partnership with organisations such as Acute Trusts, Local Authority, Police and Probation Services, etc;
- There are appropriate risk management mechanisms around safeguarding; and,
- There are appropriate performance management/internal reporting mechanisms in place to enable the CCG to be assured that provider organisations adhere to their statutory duties.

Third Party Assurance Provision

- Roles and responsibilities in relation to safeguarding are formally defined and agreed as part of a contractual agreement between each party.
- Allocated leads for safeguarding have been identified.



- Key performance / outcome indicators have been established and are regularly reported against to provide assurance that services are being effectively provided.
- Processes have been established to enable the host service to link with the processes that are in operation at the CCG.

Limitations inherent to the internal auditor's work

We have undertaken the review of the process, subject to the following limitations.

Internal control

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Future periods

The assessment of controls relating to the process is that at April 2015. Historic evaluation of effectiveness is not always relevant to future periods due to the risk that:

- The design of controls may become inadequate because of changes in the operating environment, law, regulation or other; or
- The degree of compliance with policies and procedures may deteriorate.

Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We shall endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we shall carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.



Appendix B: Assurance Definitions and Risk Classifications

Level of Assurance	Description
High	Our work found some low impact control weaknesses which, if addressed would improve overall control. However, these weaknesses do not affect key controls and are unlikely to impair the achievement of the objectives of the system. Therefore we can conclude that the key controls have been adequately designed and are operating effectively to deliver the objectives of the system, function or process.
Significant	There are some weaknesses in the design and/or operation of controls which could impair the achievement of the objectives of the system, function or process. However, either their impact would be minimal or they would be unlikely to occur.
Limited	There are weaknesses in the design and / or operation of controls which could have a significant impact on the achievement of the key system, function or process objectives but should not have a significant impact on the achievement of organisational objectives.
No	There are weaknesses in the design and/or operation of controls which [in aggregate] have a significant impact on the achievement of key system, function or process objectives and may put at risk the achievement of organisational objectives.

Risk Rating	Assessment Rationale
Critical	Control weakness that could have a significant impact upon, not only the system, function or process objectives but also the achievement of the organisation's objectives in relation to the: <ul style="list-style-type: none"> • efficient and effective use of resources. • safeguarding of assets. • preparation of reliable financial and operational information. • compliance with laws and regulations.
High	Control weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.
Medium	Control weakness that: <ul style="list-style-type: none"> • has a low impact on the achievement of the key system, function or process objectives; • has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.
Low	Control weakness that does not impact upon the achievement of key system, function or process objectives; however implementation of the recommendation would improve overall control.



Report Distribution

Name	Title	Report Distribution
Debbie Fagan	Chief Nurse and Quality Officer	PDF
Brendan Prescott	Deputy Chief Nurse/Head of Quality and Safety	PDF
Martin McDowell	Chief Finance Officer	PDF
Ken Jones	Chief Accountant	PDF
David Smith	Deputy Chief Finance Officer	PDF

Discussion meeting held with

Name	Title	Date
Debbie Fagan	Chief Nurse and Quality Officer	25/06/2015

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MEETING OF THE GOVERNING BODY September 2015

Agenda Item: GB15/162	Author of the Paper:						
Report date: September 2015	Tracey Forshaw Designated Nurse Safeguarding Adults Tel: 015 247 7252 Email: Tracey.Forshaw@haltonccg.nhs.uk						
Title: Allegations of Abuse Policy							
Summary/Key Issues: The current Southport & Formby CCG Management of Allegations Policy has been reviewed and updated by the CCG Hosted Safeguarding Service, in line with the Care Act (2014). The draft revised policy and procedures have been submitted to the Quality Committee for comment and approval, prior to submission to the Governing Body for ratification.							
Recommendation The Governing Body is asked to ratify this policy.	<table style="border: none;"> <tr> <td>Receive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Receive	<input type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input checked="" type="checkbox"/>
Receive	<input type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input checked="" 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.
	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>)	
	Preventing people from dying prematurely.
	Enhancing quality of life for people with long-term conditions.
	Helping people to recover from episodes of ill health or following injury.
x	Ensuring that people have a positive experience of care.
x	Treating and caring for people in a safe environment and protecting them from avoidable harm.

Report to the Governing Body September 2015

1. Executive Summary

The current Southport & Formby CCG Management of Allegations Policy has been reviewed and updated by the CCG Hosted Safeguarding Service, in line with the Care Act (2014). The draft revised policy and procedures have been submitted to the Quality Committee for comment and approval, prior to submission to the Governing Body for ratification.

2. Introduction and Background

Southport & Formby Clinical Commissioning Group has a statutory duty to ensure it makes arrangements to safeguard and promote the welfare of children and young people and to protect adults at risk. The CCG requires a policy outlining the procedures for all individuals providing to Southport & Formby CCG, where there are concerns in relation to an Employee's behaviour towards a child, children, young person or an adult at risk, in line with legislation and national guidance.

3. Key Issues

NHS Southport & Formby Commissioning Group (CCG) has a statutory duty to ensure it makes arrangements to safeguard and promote the welfare of children and young people, and to protect adults at risk from abuse or the risk of abuse. This proposed Southport & Formby CCG Management of Allegations Policy and Procedures are intended to replace the existing CCG policy, which has been revised in line with the Care Act (2014) and in consultation with Sefton Adult Social Care (Appendix 1). These Policy and Procedures outline the expectations for all individuals providing services to Southport & Formby CCG, where there are concerns in relation to an Employee's behaviour towards a child, children, young person or an adult at risk.

The aim of this document is to ensure that there is a single, consistent approach in the management of an allegation made against a professional for Southport & Formby / South Sefton CCG employee about a child, young person or adult at risk that is consistent with national and local guidance i.e. Working Together to Safeguard Children (2013), Care Act (2014) Local Safeguarding Children Board's policy and Local Safeguarding Adult Policy.

It is anticipated that subject to final comments that the Policy and Procedures will be approved by the Governing Body and on ratification, amended to Version 6.0, as a final document, and uploaded onto the Southport & Formby CCG intranet site, replacing the existing policy.

4. Recommendations

The Governing Body is asked to ratify the policy.

Appendices

Appendix 1: Management of Allegations Policy

Tracey Forshaw
Designated Nurse Safeguarding Adults
26th August 2015

Southport & Formby Clinical Commissioning Group Management of Allegations Policy and Procedures

Version: 5.4

Document Control Table			
Document Title:	Management of Allegations Policy and Procedures		
Author(s) (name, job title and division):	Karen Garside - Designated Nurse Safeguarding Children Tracey Forshaw - Designated Nurse Safeguarding Adults		
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Version	Date	Author	Notes on Revisions
5.0	2014	CCG Hosted Safeguarding Service	Initial policy document
5.5	Sept 2015	CCG Hosted Safeguarding Service	Policy reviewed in line with the Care Act 2014

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1.0 Introduction and Scope of Policy

NHS Southport and Formby CCG is committed to safeguarding and promoting the welfare of children and adults. This policy and accompanying procedures have been written to reflect the standards required for those working with children and adults.

The scope of the policy and procedures is for all staff working within NHS Southport and Formby Clinical Commissioning Group (CCG). Where this policy references employee this is inclusive of all individuals providing services to Southport and Formby CCG, including South Sefton CCG, Volunteers, Celebrities, Students, Agency Workers and Contractors.

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

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

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

Any allegations in respect of children and adults from an Independent Practitioner (GP, Dentist, Optometrist, Pharmacist, Chiropodist) will be managed by the Responsible Officer for NHS England (Cheshire & Merseyside).

- In cases that relate to children, the Local Authority Designated Officer (LADO), will be directed as necessary to the appropriate contact within NHS England (Cheshire & Merseyside).
- In cases that relate to adults, the CCG *Designated Nurse for Safeguarding Adults (DNSA) will notify the appropriate contact within NHS England (Cheshire & Merseyside).

1.1 Aim

NHS Southport and Formby CCG has a responsibility to implement and adhere to the policy / procedure below. The aim of this document is to ensure that there is a consistent approach in the management of an allegation made against a professional / Southport and Formby CCG employee, about a child / young person / adult that is consistent with national and local guidance i.e.

Working Together to Safeguard Children (2015), Local Safeguarding Children Board's Policy and Local Safeguarding Adult Policy.

**The Designated Nurse Safeguarding Adults for NHS Southport and Formby CCG holds the role and responsibility of the Designated Adult Safeguarding Manager (DASM) as a delegated responsibility by the Chief Nurse for Southport and Formby (Care and Support Statutory Guidance, 2014).*

1.2 Outcomes

The intended outcomes of this policy and associated procedures are:

- That the safety and welfare of children / adults must be paramount at all times.
- That NHS Southport and Formby CCG actively contributes to keeping children / young people / adults safe from potential abuse and neglect by an adult in a position of power / trust.
- That NHS Southport and Formby CCG evidences commitment to safeguarding children / young people / adults by ensuring compliance with safer workforce / recruitment guidance.
- That all employees clearly understand their duty to report any incident that would be considered to be potentially abuse or neglect to a child / young person / adult by a colleague / another employee of NHS Southport and Formby CCG.
- That roles and responsibilities are clearly defined.
- That NHS Southport and Formby CCG employee's will understand the complexities of the process and have realistic expectations about the timeframes within which the allegation is managed.
- That the process is transparent.

1.3 Children

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

Under Section 11 Children Act (2004), CCG's are required to have clear policies in line with those of Local Safeguarding Children Board (LSCB), for dealing with allegations against people who work with children (HM Govt, 2015).

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

- Behaved in a way that has harmed a child, or may have harmed a child

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

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

The procedure should be read in conjunction with Sefton Safeguarding Children Board's Child Protection Procedures, Working Together to Safeguard Children (2015) and NHS England Serious Untoward Incident Framework (2015).

1.4 **Adults**

Throughout this document "Adult" is defined as a person who is over the age of 18 years, who has or appears to have care and support needs (Care and Support Statutory Guidance, 2014).

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

Under the Care Act (2014), CCG's are required to comply with the policies and procedures of Local Safeguarding Adults Board (LSAB), for dealing with allegations against people who work with adults.

The following procedures should be applied when there is an allegation or concern for any person employed by NHS Southport and Formby CCG, who works with adults, in connection with his/her employment or voluntary activity, has:

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

All allegations of adult abuse or neglect will be investigated, in accordance with Sefton Safeguarding Adult Policy, Procedures and Protocols. During these enquiries it is the welfare of the adult that is of paramount importance.

This procedure must be read in conjunction with Sefton Safeguarding Adult Policy, Procedures and Protocols.

The philosophy of NHS Southport and Formby CCG is to work collaboratively with other organisations to safeguard and promote the welfare of adults through the application of Local Safeguarding Adult Board (LSAB) Safeguarding Adult Policy and Procedures and work within the information sharing guidance of the LSAB.

1.5 Employees

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

2.0 Roles and Responsibilities

2.1 The Named Senior Manager

The Named Senior Manager is generally a role undertaken by the Director of Human Resources. The CCG Named Senior Officer (see section 3.2) will take guidance from its Human Resources Provider, to enable appropriate management and investigation of any such allegations.

The Named Senior Manager's responsibilities will include:

- Ensure that this procedure is properly applied and implemented within Southport and Formby CCG.
- Ensure that advice, information and guidance is available for employees within NHS Southport and Formby CCG either directly or via their nominated representative.
- Being the Named Senior Manager for NHS Southport and Formby CCG to whom allegations or concerns are reported to, and overseen by.
- Refer allegations to other agencies in accordance with this procedure, and in line with the Sefton LSCB 'Managing Allegations against Adults who work with Children and Young People' and in line with the LSAB 'Protocol to Deal with Allegations against professionals who work with adults who are deemed vulnerable'.
- Oversee the gathering of any additional information which may have a bearing on the allegation, for instance: previous concerns, care and control incidents and so on.
- Ensure an employee who is subject to the allegation is provided with information and is advised to seek representation from their Trade Union or professional body, as per the principles of NHS Southport and Formby CCG Disciplinary Policy.
- Attend Strategy Meetings where required (or via a nominated representative).
- Liaise with the Local Authority Designated Officer (LADO) or in the case of an adult, liaise with the Local Authority Designated Adult Safeguarding Manager (DASM), or via a nominated representative.
- Liaise with the Human Resources Manager allocated to the case where investigation and/or potential disciplinary action is required.
- Ensure risk assessments are undertaken where and when required.

- Ensure effective reporting and recording systems are in place which allow for the tracking of allegations through to the final outcome.
- Co-ordinate the appropriate checks with data held by their organisation.
- Co-ordinate the provision of reports and information as required.
- Ensure relevant support mechanisms are in place for employees against whom an allegation of abuse has been made, for example counselling & occupational health. Assistance from the Human Resources Department will be available in order to access these and other appropriate support mechanisms.
- Liaise with the Communications Department and discuss with them any queries from the media concerning the allegations.
- Establish whether there are any lessons to be learned arising from the allegation that have wider implications for safeguarding procedures for all agencies concerned.
- Outside of normal office hours, assistance will be provided by the Director on-call

2.2 The Named Senior Officer

The Named Senior Officer role within NHS Southport and Formby CCG undertaken by the Chief Nurse, who will provide support to the Senior Manager and provide expert advice as required. This responsibility may be devolved to the Designated Nurse for Safeguarding Children, the Designated Doctor for Safeguarding or to the Designated Nurse for Safeguarding Adults.

The Named Senior Officer's Responsibilities will include:

- Ensure NHS Southport and Formby CCG complies with the standards and processes outlined in this document and the LSCB 'Managing Allegations against Adult who work with Children and Young People', and or LSAB 'Protocol to Deal with Allegations against professionals who work with adults who are deemed vulnerable'.
- Discuss and agree with the Named Senior Manager which agencies should be informed of the allegation i.e. Police, Local Authority Designated Officer (LADO) / Local Authority Designated Adult Safeguarding Manager (DASM) / NHS England Responsible Officer.
- Ensure reporting of allegations, or incidents, of physical and sexual assault or abuse as defined in the NHS England Serious Incident Framework (2015).
- Ensure NHS Southport and Formby CCG's workforce is aware of and implements the procedures regarding allegations against adults who work with children / young people / adults.
- Coordinate where allegations are made or concerns raised about a person, whether an employee, volunteer, celebrity, student, paid or unpaid.
- Responsible for the management and oversight of cases.
- Liaise and communicate with partner organisations.

- Ensure NHS Southport and Formby CCG has systems in place to review cases and identify and implement any changes which would improve both the procedure and practice.
- Resolve any inter-agency issues which impede the implementation of Sefton LSCB's or LSAB procedures.
- Ensure NHS Southport and Formby CCG has effective reporting and recording arrangements in place.
- Establish whether there are any lessons to be learned arising from the allegation that have wider implications for safeguarding procedures for all agencies concerned.
- Discuss with Senior Managers appropriate referral to the Disclosure and Barring Service DBS and/or the appropriate Professional/Regulatory Body.

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

In order to meet NHS Southport and Formby CCG responsibilities relating to allegations against employees the Named Senior Manager/Officer will notify and access advice and guidance from the Local Authority Designated Officer (LADO), within one working day as per Working Together to Safeguarding Children (HMGovt, 2015).

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

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

2.4 **Local Authority Designated Safeguarding Adult Manager (DASM) - applies to adults only.**

In cases of alleged adult abuse or neglect, under Sefton LSAB's Safeguarding Adult Policy, Procedures and Protocols, the allegation must be referred to Sefton Adult Social Care within **one** working day.

In order to meet NHS Southport and Formby CCG responsibilities relating to allegations against employees, the Named Senior Manager/Officer will access advice and guidance from the Local Authority Incident Management Officer, by whom the case has been allocated as per Section 42 enquiry.

The Local Authority Safeguarding Adult Co-Ordinator (DASM) is responsible for:

- Management and oversight of individual cases.
- Providing advice and guidance to CCG Senior Manager / Designated Nurse Safeguarding Adults.
- Monitor progress of cases to ensure they are dealt with within agreed timescales.
- Ensure consistent and thorough process for all allegations made for abuse and neglect of an adult.
- The Local Authority Designated Adult Safeguarding Manager (DASM) will initiate enquiries, convene Discussions / Strategy Meetings.
- Liaise with Police.
- Discuss with Senior Officer / Manager the possibility of referral to the Disclosure and Barring Service DBS (from 2013) and/or the appropriate Professional/Regulatory Body.

2.5 **Chief Accountable Officer**

The Chief Accountable Officer of NHS Southport and Formby CCG is responsible for ensuring compliance with the Policies and Guidelines, Legislation, NHS guidance and for ensuring the policy is effective.

2.6 **NHS Southport and Formby CCG Board**

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

2.7 **NHS England Responsible Officer**

NHS England Medical Director holds the statutory responsibility for managing allegations which relate to Independent Practitioners (GP, Dentist, Optometrist, Pharmacist and Chiropodists).

2.8 **All NHS Southport and Formby CCG staff (including Volunteers, Celebrities, Students, Agency Workers, Temporary, Agency Staff, Contractors & Subcontractors).**

All NHS Southport and Formby CCG Staff (including volunteers, celebrities, students, agency workers, temporary, agency staff, contractors &

subcontractors) are responsible for adhering to, and complying with, the requirements of the policies, guidelines, protocols and standard operating procedures (SOPs) contained within and applicable to their area of operation.

3.0 Procedure for Managing Allegations

3.1 Initial action by person receiving or identifying an allegation or concern

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

They **must**:

- Ensure that measures are in place to ensure the safety of the child / adult.
- Escalate to line manager.
- In the case of children - Ensure the incident has been reported to Sefton Local Authority in line with the appropriate LSCB.
- In the case of adults - Ensure the incident has been reported to Sefton Adult Social Care within **1 working day**, in accordance Sefton LSAB Safeguarding Adult Policy, Procedures and Protocol.
- Make a written record of the information (where possible in the child/adult's own words), including the time, date and place of incident(s), persons present and what was said;
- Sign and date the written record.
- Immediately report the matter to the Named Senior Manager, or deputy in their absence
- Where the allegation relates to an Independent practitioner (GP, Dentist, Optometrist, Pharmacist, Chiropodist) the matter must be reported to NHS England Responsible Officer.
- Where the Named Senior Manager is the subject of the allegation the matter should be reported to NHS Southport and Formby CCG's Accountable Officer.

They **should not**:

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

3.2 Initial action by the Named Senior Manager (or nominated representative)

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

- Ensure that the incident has been discussed with LADO / DASM.
- Ensure a referral has been made to Sefton Local Authority in line with the appropriate LSCB & LSAB policy, procedures and protocols.
- Obtain written details of the concern / allegation, signed and dated by the person receiving the allegation.
- Countersign and date the written details.
- Record any information about times, dates and location of incident(s) and names of any potential witnesses.
- Record discussions about the child/ adult at risk and/or member of staff, any decisions made, and the reasons for those decisions.
- Notify the Named Senior Manager and Senior Officer (Chief Nurse) within NHS Southport and Formby CCG / Designated Nurse Safeguarding Children / Adults.

3.3 Procedures for Managing Allegations in Relation to Children

If the allegation relates to a child and meets the criteria listed below, the Named Senior Manager should report it to Sefton Local Authority Designated Officer (LADO) within **1 working day**.

- Behaved in a way that has harmed a child or young person or may have harmed a child or young person.
- Possibly committed a criminal offence against or related to an child or young person
- Behaved towards a child, young person in a way that indicates they may pose a risk of harm to children (Working Together, 2015)

Referral should not be delayed in order to gather information and a failure to report an allegation or concern in accordance with procedures is a potential disciplinary matter.

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

If the allegation is not patently false and there is cause to suspect that a child is suffering, or is likely to suffer, significant harm, the LADO will immediately

refer the case to the Local Authority Children's Services and ask for a strategy meeting to be convened straightaway. In those circumstances, the strategy meeting should include the LADO and the Named Senior Manager and Named Senior Officer (Chief Nurse) for NHS Southport and Formby CCG.

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

3.4 **Procedures for Managing Allegations in Relation to Adults**

If the allegation relates to an adult the Named Senior Manager must ensure that the allegation has been reported to the Sefton Local Authority Adult Social Care within **1 working day** in accordance with Sefton Safeguarding Adult Policy, Procedures and Protocol.

- Behaved in a way that has harmed, or may have harmed an adult.
- Possibly committed a criminal offence against or related to an adult.
- Behaved towards an adult in a way that indicates they may pose a risk of harm to other adults.

Referral should not be delayed in order to gather information and a failure to report an allegation or concern in accordance with procedures is a potential disciplinary matter.

Following a referral to Sefton Local Authority Designated Adult Safeguarding Manager (DASM) will discuss the matter with NHS Southport and Formby CCG's Named Senior Manager / Officer / Designated Nurse Safeguarding Adults. Where necessary, further details of the allegation and the circumstances in which it was made will be obtained (as per the initial action by person receiving or identifying an allegation or concern). The discussion should also consider whether there is evidence / information that establishes that the allegation is false or unfounded.

If the allegation is not patently false and there is cause to suspect that an adult is suffering, or is likely to suffer abuse or neglect, the Local Authority Designated Adult Safeguarding Manager (DASM) will commence a Section 42 safeguarding adult enquiry and where indicated convene a strategy meeting. In these circumstances, the strategy meeting will include the Local Authority Designated Adult Safeguarding Manager (DASM), Designated Nurse Safeguarding Adults, and where applicable representation from NHS England (Cheshire & Merseyside).

3.5 **Out of Hours**

If an allegation requires immediate attention, but is received outside normal office hours, NHS Southport and Formby CCG's Named Senior Manager / Officer (Chief Nurse) or Director on-call should consult the social care

emergency duty team or local police and inform the LADO, Sefton Local Authority Designated Adult Safeguarding Manager (DASM), and CCG Designated Nurse Safeguarding Children / Adults where applicable as soon as possible.

3.6 Incident Reporting

At all stages in the allegation process, consideration should be given to the procedure for notification on the Strategic Executive Information Systems (StEIS) of a Serious Incident (SI).

4.0 Record Keeping

It is important that NHS Southport and Formby CCG as an employer keeps a clear and comprehensive summary of any allegations made under the remit of this policy and the subsequent steps taken to investigate including how the allegation was resolved, actions taken and decisions reached. A pro forma summarising these components will be held on the relevant individual's personal file and them provided with a copy.

This summary information will be retained on file until the person retires or for 10 years, whichever is the longer, after which it will be confidentially destroyed. The purpose of the record is to enable accurate information to be given in response to any future request for a reference; it will also provide clarification in cases where a future DBS check reveals information from the police that an allegation was made but did not result in a prosecution or conviction. This is a variation from the records keeping provisions within the CCG's employment policies.

5.0 Information From Other Agencies

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

6.0 Timescales

The completion of disciplinary investigations are a priority for NHS Southport and Formby CCG and Investigating Officers are asked, where possible, to adhere to the indicative timescales below. The time taken to investigate and resolve individual disciplinary cases depends on a variety of factors including the nature, seriousness, and complexity of the allegation. The length of the disciplinary investigation may need to be altered to take account of these factors. Depending on the nature of the case, if the disciplinary investigation is likely to take longer than 10 working days, this will be identified at the outset of the investigation process.

- Where the initial evaluation decides that the allegation of abuse and or neglect, does not involve a possible criminal offence, it will be dealt by NHS Southport and Formby CCG in line with Sefton LSCB & LSAB

Safeguarding Policy, Procedures & Protocols. In such cases, if the nature of the allegation does not require formal disciplinary action, appropriate action should be instigated within three working days.

- Where disciplinary procedures apply, the CCG / NHS England Responsible Officer will determine who will undertake the disciplinary investigation taking account of parallel safeguarding processes, liaising with the Local Authority Designated Officer (children) / Sefton Local Authority Designated Adult Safeguarding Manager (DASM). In any case the disciplinary investigating officer should aim to provide a report to NHS Southport and Formby CCG within 10 working days. *Where the investigation relates to an Independent Practitioner (GP, Dentist, Optometrist, Pharmacist) any disciplinary action will be determined by NHS England disciplinary procedures.*
- On receipt of the disciplinary investigatory report, NHS Southport and Formby CCG should decide whether a disciplinary hearing is needed within two working days, and if a hearing is needed it should be held within 15 working days.

7.0 Monitoring and Evaluation

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

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

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

8.0 Disclosure and Barring Service (DBS)

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

9.0 Consultation, Ratification and Communication

Consultation of the policy will include the following stakeholder groups:

- NHS Southport and Formby CCG Chief Nurse
- NHS Southport and Formby CCG Quality Committee
- Sefton Local Authority - Safeguarding Adults Co-Ordinator
- North West Commissioning Support Unit (Named Senior Manager)
- NHS England (Cheshire & Merseyside)

10.0 Key References / Underpinning Guidance

- HM Government (2015) Working Together to Safeguard Children
- HM Government (2014) Care and Support Statutory Guidance. Care Act 2014. London: TSO
- Mental Capacity Act 2005: Code of Practice (Department for Constitutional Affairs 2007)
- Safeguarding Adults: The Role of Health Services (DH 2011)
- Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework. NHS England (2015)
- Human Rights Act 1998
- Equality Act 2010
- The policies and procedures of the Sefton Local Safeguarding Adults Board (LSAB) and Local Safeguarding Children Board (LSCB)
- NHS Southport and Formby CCG Disciplinary Policy
- NHS Southport and Formby CCG Recruitment and Selection Policy and Procedures
- NHS England Serious Incident Untoward Incident Framework (2015).
- Department of Health (2015) Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile.

Appendix 1: Contact Details

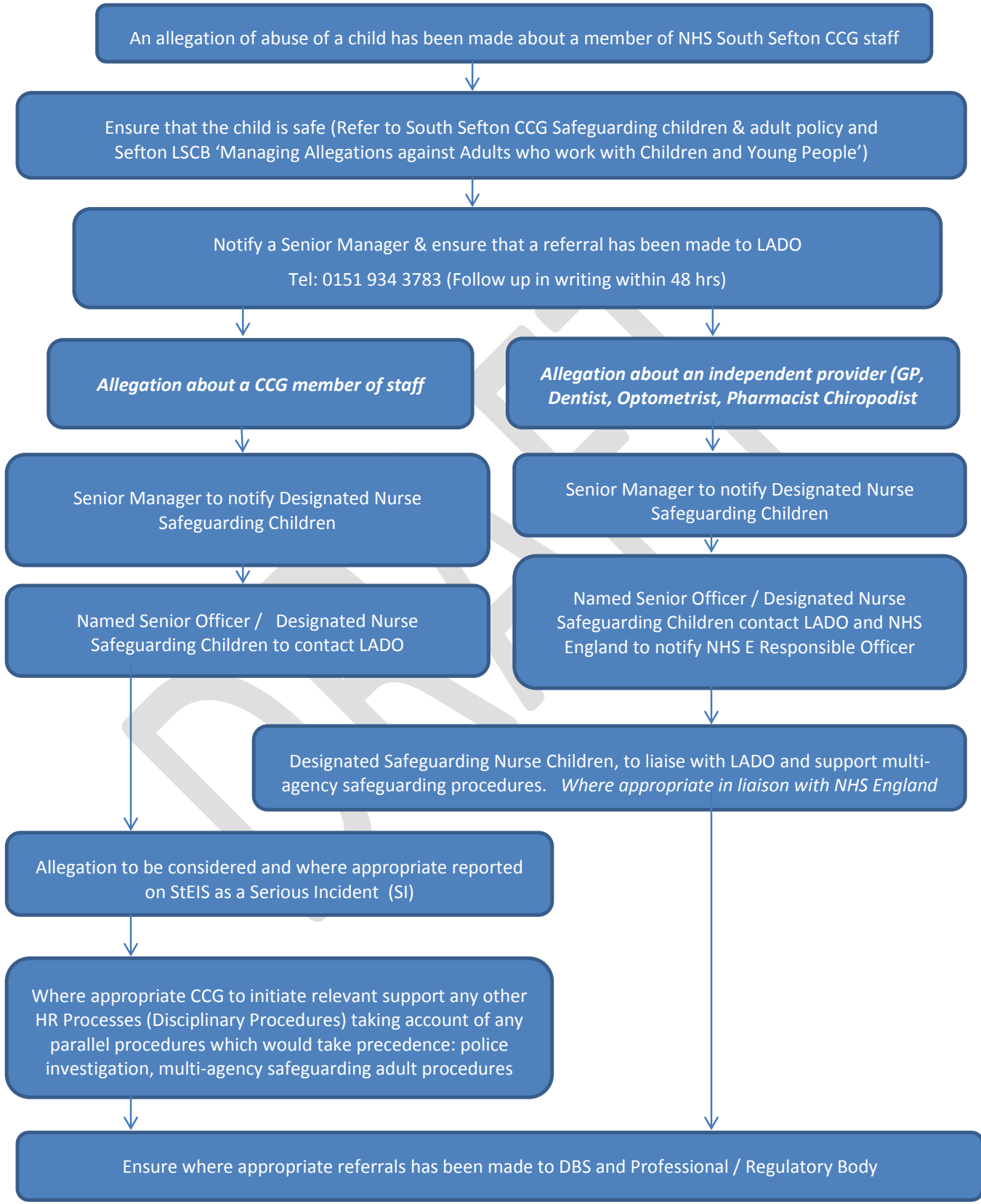
Named Senior Manager	Director of Human Resources
Named Senior Officer	Chief Nurse
Designated Nurse Safeguarding Children	Tel: 0151 495 5469
Designated Nurse Safeguarding Adults	Tel: 0151 495 5469
Children St Helens Safeguarding Unit (incorporating Local Authority Designated Officer for St Helens)	St Helens Local Authority Designated Officer Safeguarding Unit Manager Atlas House Corporation Street St Helens WA9 1LD Tel: 01744 671249
Adults St. Helen's Safeguarding Adults	Adult Social Care St. Helens Local Authority Contact Centre Tel: 01744 676600 (Mon- Fri 9am – 5pm) Emergency Duty Team (Out of Hours) Tel: 0845 0500148
Children Halton Local Authority Designated Officer	Contact Centre Tel: 0151 907 8305 Halton Local Authority Designated Officer Children & Young People Services Grosvenor House Halton Lea Runcorn WA7 2WD Tel: 01928 704347 Mobile: 07825 124000
Designated Adult Safeguarding Manager	Principal Manager Tel: 0151 511 7231 Email: IASU@halton.gcsx.gov.uk Halton Adult Social Care Tel: 0151 907 8306

Children Knowsley Local Authority Designated Officer	Knowsley Local Authority Designated Officer Service Manager Quality Assurance Unit Children's Social Care Directorate of Children and Family Services Kirkby Municipal Buildings (4th Floor) Tel: 0151 443 4079
Adults	Knowsley Access Team 0151 443 2600
Children Liverpool Local Authority Designated Officer	Liverpool Local Authority Designated Officer 2nd Floor Millennium House 60 Victoria Street Liverpool L1 6JQ Tel: 0151 233 5412
Designated Adult Safeguarding Manager	Divisional Manager Joint Commissioning / Safeguarding Lead Tel: 0151 233 0789
Adults	Careline 0151 2333800
Children Sefton Local Authority Designated Officer	Sefton Local Authority Designated Officer Merton House, Stanley Road, Bootle Merseyside L20 3JA Tel: 0151 934 3783
Designated Safeguarding Adult Manager	Principle Social Worker
Adults	Sefton Council Contact Centre 0845 1400845
Contact for Police/Social Care Emergency duty team (St Helens)	Family Crime Investigation Unit: 0151 777 1595/90 Social Care Emergency Duty Team children and adults :0845 050 0148
Contact for Police/Social Care	Cheshire Police (Based in Warrington): 01606 364878

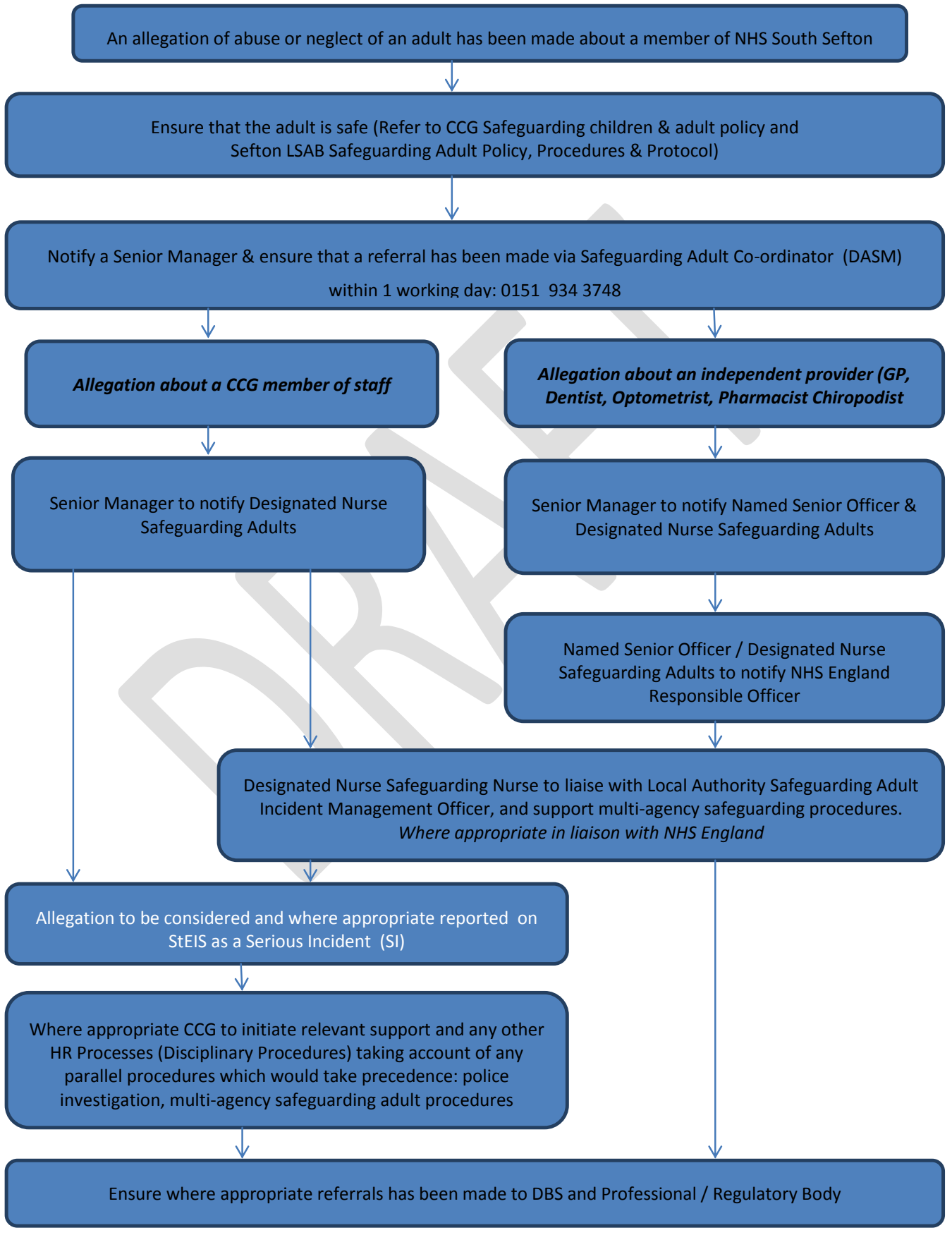
Emergency duty team (Halton)	Social Care Emergency Duty Team children: 0845 050 0148 / 01928 704341 Adult social care emergency duty team- 0151 9078306
Contact for Police/Social Care Emergency duty team (Knowsley)	Vulnerable Persons Unit: 0151 777 6509/ 6508/6527 EDT:- 07659 590 081 KAT team; 0151 443 2600
Contact for Police/Social Care Emergency duty team (Liverpool)	FCIU: 0151 777 4581/4587 5308/ 4582 Careline children and adults: 0151 233 3700
Contact for Police/Social Care Emergency duty team (Sefton)	FCIU: 0151 777 3086 Social Care Customer Access Team children and adults: 0151 920 8234.

DRAFT

APPENDIX 2: WHAT TO DO WHEN AN ALLEGATION OF ABUSE OF A CHILD IS MADE ABOUT A CCG EMPLOYEE



APPENDIX 3: WHAT TO DO WHEN AN ALLEGATION OF ABUSE OR NEGLECT OF AN ADULT IS MADE ABOUT A CCG EMPLOYEE



MEETING OF THE GOVERNING BODY September 2015

Agenda Item: 15/163	Author of the Paper: Brendan Prescott Deputy Chief Nurse Brendan.prescott@southseftonccg.nhs.uk 0151 247 7093						
Report date: 20/08/2015							
Title: Personal Health Budget – Compliance recommendations							
<p>Summary/Key Issues: The purpose of this report is to provide a brief overview on progress to date on the implementation of personal health budgets (PHBs) and direct payments.</p> <p>This paper provides information following a review of current practices, and makes key recommendations to implement a more robust PHB model including direct payments (this includes the PHB requirements for Specialist Education Needs and Disability) which will ensure compliance with regulations, ensure clinical safety, robust financial operation and includes a 10% cost saving.</p> <p>This model will also enable PHBs to be introduced more widely, for example where the legal right does not exist but in line with the NHS Five Year Forward Plan to include people who use mental health services and adults with learning difficulties.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to approve this report.</p>	<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 5px;">Receive</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding-right: 5px;">Approve</td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">X</td> </tr> <tr> <td style="padding-right: 5px;">Ratify</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>	Receive		Approve	X	Ratify	
Receive							
Approve	X						
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.
X	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.
X	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			Due to the time restraints it has not been possible as yet to engage. However engagement with patients and their families commenced on 24/8/15 as this new proposed approach is currently being road-tested with 5 – 6 families The Five Year Forward Plan requires CCGs to publish a local offer for the expansion of PHB in 2016. This work will help to inform this activity.
Clinical Engagement	x			GP Chairs, Sefton CCG, Chief Nurse and Quality Officer, Individual Commissioning Nurses and wider clinical personnel have been engaged to assure the proposed PHB model
Equality Impact Assessment	x			Once this proposal is agreed policy and practice documentation will be produced which will be equality impact assessed.
Legal Advice Sought	x			Once this proposal is agreed policy and practice documentation will be produced which will be reviewed and legal advice sought.
Resource Implications Considered	x			A cost neutral model is proposed which may generate up to 10% savings to the Continuing Health Care and Continuing Care for Children Budgets
Locality Engagement	x			Proposals for Personal Health Budgets going forward will include the development of a PHB Peer Group who will be engaged to support the ongoing development and expansion of PHBs.
Presented to other Committees				

Links to National Outcomes Framework <i>(x those that apply)</i>	
	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
September 2015**

1. Executive Summary

- 1.1 Adults eligible for NHS Continuing Healthcare and children in receipt of continuing care have had a right to have a personal health budget (PHB) since October 2014. There is a longer term objective to widen availability of personal health budgets to others who could benefit.
- 1.2 The CCG has a duty to ensure there is publicity, promotion, advice and support about PHBs. There is also a duty to consider requests for PHBs and ensure there is a system and process in place in order to make that provision.
- 1.3 Currently the CCG has one patient in receipt of a PHB and is required to develop a robust PHB model to meet its duties.

2. Introduction and Background

- 2.1 A PHB is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team. Our vision for PHBs is to enable people with long term conditions and disabilities to have greater choice, flexibility and control over the health care and support they receive. People who are eligible for fully funded NHS Continuing Healthcare (CHC) and families of children eligible for continuing care (CC) now have a right to have a PHB and direct healthcare payment. Clinical commissioning groups (CCGs) are now being encouraged to expand PHBs to others that they feel may benefit from the additional flexibility and control
- 2.2 The Forward view in to action states: "To give patients more direct control, we expect CCGs to lead a major expansion in 2015/16 in the offer and delivery of PHBs to people, where evidence indicates they could benefit. As part of this, by April 2016, we expect that PHBs or integrated personal budgets across health and social care should be an option for people with learning difficulties, in line with the Sir Stephen Bubb's review. To improve the lives of children with special educational needs, CCGs will need to continue to work alongside local authorities and schools on the implementation of integrated education, health and care plans, and the offer of personal budgets. CCGs should engage widely and fully with their local communities and patients, including with their local Healthwatch, and include clear goals on expanding personal health budgets within their published local Joint Health and Wellbeing Strategy."

A person with a PHB (or their representative) will:

- Be able to choose the health and wellbeing outcomes they want to achieve, in agreement with their named health professional;
- Know how much money they have for their health care and support;
- Be enabled to create their own care plan, with support if wanted;
- Be able to choose how their budget is managed and held, including the right to ask for a direct healthcare payment;
- Be able to spend the money in ways and at times that make sense to them, as agreed in their plan.

2.3 PHBs are included in the NHS Mandate. The Standing Rules impose duties on CCGs as follows, as of 1 October 2014:

- A duty to consider any request for a PHB from a person eligible irrespective of age.
- A duty to inform people eligible of their right to have a PHB.
- A duty to provide information, advice and support to those eligible.

PHBs also form part of the CCG Assurance Process (domain 2).

NHS Southport and Formby CCG and the CSU have started to introduce PHBs to those eligible for NHS CHC and CC.

2.4 Personal Health Budgets are deployed in the following ways, or a combination of them:

Notional Budget: Where an individual understands the amount of funding available to them and decides how the budget is used. The CCG still commissions the services, manages contracts etc. Examples of this include a spot or contracted provision.

Real Budget managed by a third party organisation: Where the individual knows how much funding is available to them but a third party organisation holds the funding. The third party organisation helps the individual decide what they need and then buys the services the individual has chosen.

Direct healthcare payments (for people with capacity): Where the individual receives the funding that is available to them as a direct healthcare payment for them to manage. The individual can elect to receive and manage the payment, buying and managing the service themselves or decide for it to be received and managed by a person of their choosing (a nominee). If the individual chooses a nominee that nominee becomes responsible for managing the payment, buying and managing the service and is responsible for the money and all aspects of the direct healthcare payment and has to show on what the money has been spent.

Direct healthcare payments (for people without capacity): Where the individual lacks capacity an 'authorised representative' (agreed by the CCG) receives the funding that is available to the individual as a direct healthcare payment. The authorised representative is responsible for managing the payment, buying and managing the service and is responsible for the money, and has to show on what the money has been spent. The authorised representative must involve the individual and act in their best interests.

In the case of children, direct healthcare payments can be received by their parents or those with parental responsibility for that child.

2.5 Volumes

As at 31 March 2015 there was a total of 197 CHC (Adults) and 13 Continuing Care (Children) recipients across the CCG as set out in Table 1. This data excludes those in receipt of Funded Nursing Care (FNC) and Residential / Nursing Care. This is the volume of patients who have the legal right to have a Personal Health Budget.

Table 1: Number of CHC (Adults) and Continuing Care (Children) recipients at Southport & Formby CCG

CCG	Adults	Children	Total
NHS Southport & Formby	197	13	210

Should the number of Personal Health Budget and Direct Healthcare Payment requests reach 5% of the adult eligible population and 5% for eligible children from the CCG over the next 6 months table two provides an indication of the maximum volumes to 31 March 2016.

Table 2: Uptake of PHBs and direct healthcare payments assuming 5% of adult eligible and 5% of child eligible population exercise the ‘right to have’ at the CCG

CCG	Uptake Adults	Uptake Children	Total
NHS Southport & Formby	10	1	11

Analysis has been completed to identify the current average weekly cost of NHS continuing healthcare as at 31 March 2015 for the eligible population and table three reflects the average weekly costs for children and adults

Table 3: Average weekly costs of NHS CHC and CC (PHB eligible) population for the CCG

CCG	Adults	Children
NHS Southport & Formby	£639.30	£1550.72

2.6 Mechanisms to deploy Personal Health Budgets (PHB) and Direct Healthcare Payments

Currently every individual eligible for Continuing Healthcare (adults) and Continuing Care (children) has a care package commissioned, clinically managed and the subsequent invoiced costs verified and authorised by the CCGs.

For the implementation and delivery of PHBs wherever possible existing processes and pathways will be utilised, however the making of direct healthcare payments and third party payments (see section 2.8) are new and this paper explores the additional processes and pathways to deliver these. Table 4 illustrates the additional activity for each deployment option.

Table 4: Options and Method

Type of PHB	Deployment Method	Payment Pathway	Additional Activity	Additional provision of Information, Advice & Guidance (IAG)
1. Notional Budget	Existing pathway	Existing pathway: CCG payment to the Provider	Advise the patient of the amount of funding Patient works with provider to develop a care plan	IAG for Notional Budget Offer
2. Third Party Payment	Existing pathway	Existing pathway CCG payment to Provider / Third Party Organisation (non NHS)	Advise the patient of the amount of funding PHB Care/Support Plan Delegation of Clinical Tasks PHB Agreement Financial Audit & Monitoring	IAG for Third Party Option
3. Direct Payment (for people with capacity)	New pathway	New pathway CCG to: <ul style="list-style-type: none"> • PHB patient • PHB patient's Nominee • DP Support Service 	Advise the patient of the amount of funding PHB Care/Support Plan Delegation of Clinical Tasks PHB Agreement Financial Audit & Monitoring	IAG for PHB options, and IAG for recruitment, interviewing, HR, payroll, contracts of employment, TAX & NI, SSP, legal requirements, self-employed staff, etc
4. Direct Payment (for people without capacity)	New pathway	New pathway CCG to: <ul style="list-style-type: none"> • PHB patients' Representative • PHB Representatives' Nominee • DP Support Service 	Advise the patients' representative of the amount of funding Care/Support Plan PHB Representative agreed by CCG Direct Payment Agreement Financial Audit & Monitoring	IAG for PHB options, recruitment, interviewing, HR, payroll, contracts of employment, TAX & NI, SSP, legal requirements, self-employed staff, etc

2.7 Information, Advice and Guidance for prospective and actual PHB recipients and their family carers

The Guidance on Direct Payments for Healthcare (paragraph 58, p.26) states

'.....that having the right information and support is key to successful outcomes with personal health budgets. CCGs must make arrangements to provide the person to whom the direct [healthcare] payments are made (including representatives or nominees) with information, advice and other support. This can be provided by another organisation working in

*partnership with the CCG. The CCG should ensure that the person receives adequate information and support at every stage of the process, including during the discussion about whether to receive direct [healthcare] payments, during care planning discussions and in managing and accounting for them correctly.'*¹

Your Life Your Way (a community interest company) provide advice, information and guidance to Personal Health Budget recipients and prospective recipients providing bespoke employer functions alongside direct healthcare payment support.

Your Life Your Way was established in 2008 to assist individuals to access personal budgets and benefit from personalised support. They were originally funded by a grant from the Department of Health together with a loan from the Social Investment Business Group (previously known as Future builders England).

Your Life Your Way is also registered with the Care Quality Commission to deliver personal care in people's own home. The Care Quality Commission regularly inspect the organisation, the last inspection was January 2014 and you can view the report at <http://www.cqc.org.uk/location/1-687875367>

The business was incorporated at Companies House on 22/08/2008, the Company Number is 06679777.

Salvere (a community interest company) and SOLO have been providing advice, information and guidance to the Personal Health Budget recipients and prospective recipients across Lancashire and beyond. Salvere support more than 2,500 Adult Social Care personal budget recipients across Lancashire. Solo Support Services provide bespoke employer functions alongside direct healthcare payment support.

2.7.1 Summary of providers

1. Salvere Social Enterprise CIC

Incorporated 27/10/2010 - Company no 7421416

Company is 51% owned by Pure Innovations Limited, as at 22/12/11, a charity providing similar regional services whom provided a cash loan towards the stabilisation of financial position after the first twelve months of significant outward investment in respect to securing initial contracts.

Turnover £1074k (previous year £518k)

Surplus £59k (previous year deficit £289k)

2. Solo Support Services Limited

Incorporated 28/5/2010 - Company no 7268492

Private company formed in 2010 by sole director.

Company Mission Statement

Our purpose is to help individuals who have chosen self-directed support, manage their 'Personal Health Budget' or 'Individual Budget'. Our objective is to create an alternative for people who require domiciliary services in their own homes but desire maximum control and choice.

No trading figures available but positive cash balance

¹ Guidance on Direct Payments for Healthcare: Understanding the Regulations, March 2014, DH, England

3. SOLO Support Services

It is proposed to utilise Your Life Your Way & SOLO Support Services to provide Information, advice and guidance to all prospective PHB recipients who request a Personal Health Budget for 'third party budgets' across Southport & Formby CCG.

It is proposed to utilise Salvere to provide information, advice and guidance to all prospective PHB recipients who request a Personal Health Budget for 'direct payments' across Southport & Formby CCG.

3. Key Issues

- 3.1 The proposed improvements to the current PHB model for the delivery of PHBs across Southport & Formby CCG aims to move towards embedding PHBs and direct healthcare payments within business as usual pathways for continuing health care / continuing care.

Additional elements required to successfully meet the associated duties include an approach to deploy PHBs and direct healthcare payments, including budget setting, development of a care / support plan, provision of information, advice, guidance, the inclusion of managed accounts and payroll for patients for example, the delegation of clinical tasks, and the audit and financial monitoring of direct healthcare payments and third party budgets. In addition a robust process will need to be introduced to ensure the decision making process is transparent and in line with NHS England regulation and guidance, including an appeals process.

Alongside this the engagement of community providers is essential to ensure clinical tasks can and will be delegated safely including ensuring the provision of appropriate training and competencies, alongside oversight of risk assessments, care and support plans and including training plans.

4. Conclusions

- 4.1 To ensure a clinically safe and compliant PHB offer the CCG will need to ensure the provision of information, advice and guidance to all PHB recipients.
- 4.2 The PHB model will need to be delivered in a cost neutral method
- 4.3 The development of PHB care and support plans must ensure delegation of clinical tasks is achieved safely
- 4.4 The development of PHB care and support plans will need to include risk assessments / training plans and include how the budget will be utilised to meet the health and well-being needs safely
- 4.5 All three deployment options will need to be available to ensure compliance with the right to have a PHB
- 4.6 PHB Policy & Practice guidance (including Direct Payments) will need to be produced including an appeals process, budget setting methodology and appropriate support templates and documentation, including a Personal Health Budget Agreement.
- 4.7 Robust financial audit mechanisms will need to be introduced,
- 4.8 Reviews will need to take place in line with the NHS England guidance, within the first 12 weeks for all direct payments, and then annually or more often if requested.
- 4.9 There is an opportunity to realise savings through the introduction of PHBs.

5. Recommendations

- 5.1 The Board are recommended to approve that :
- 5.2 Solo Support Services, Your Life Your Way and Salvere will work alongside operational staff and all PHB families to ensure
- 5.3 Budget setting for every personal health budget (including direct payments) will be based on the costs currently spent on the package of care **or** the cost to commission an appropriate package of care. The notional budget will be set at 90% of this cost.
- Your Life Your Way / Solo Support Services / Salvere will work with each patient and their family to develop a care and support plan
 - This plan will only be approved if the CCG can be assured that the plan meets the identified health and well-being needs safely.
 - This will ensure that where the budget is not sufficient no PHB / direct payments package of care will commence, however the PHB care and support plan will identify any budget shortfall and rationale. This enables the CCG to approve budgets larger than the notional budget and up to the cost it would otherwise cost us to commission an appropriate package of care.
- 5.4 The template PHB care and support plans will ensure delegation of clinical tasks is achieved safely and a consistent approach to PHBs as there will be a standardised method of producing care and support plans, risk assessments, training plans and budget information.
- 5.5 Once the governing body approves these proposals a CCG PHB Policy and Practice Guidance will be produced with accompanying templates and documentation, including a PHB agreement for legal review by CCG solicitors (see appendices 1 & 2 below)

Appendices

Appendix 1 – PHB Care & Support Planning Template from Midlands & Lancashire CSU

Appendix 2 – Example PHB Policy & Practice Guidance from Midlands & Lancashire CSU

**Brendan Prescott
August 2015**

MEETING OF THE GOVERNING BODY September 2015

Agenda Item: 15/164	Author of the Paper: Fiona Clark Chief Officer Email: fiona.clark@southseftonccg.nhs.uk Tel: 0151 247 7061						
Report date: September 2015							
Title: Collaborative Commissioning in Specialised Services							
Summary/Key Issues: To inform the Governing Body of developments in collaborative commissioning in specialised services and recommend further engagement with the emerging structures to support collaborative commissioning with NHS England.							
Recommendation The Governing Body is asked to receive the report and debate the issues.	<table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives <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				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees				

Links to National Outcomes Framework (<i>x those that apply</i>)	
	Preventing people from dying prematurely
	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
	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 September 2015

1. Executive Summary

To inform the Governing Body of developments in collaborative commissioning in specialised services and recommend further engagement with the emerging structures to support collaborative commissioning with NHS England.

2. Introduction and Background

- 2.1 In March 2015 NHS England produced two guidance documents¹ ²that set out the vision and next steps towards developing a more collaborative approach to the commissioning of specialised services for 2015/16 and beyond. This guidance was developed in collaboration with a wide range of stakeholders including the NHS Commissioning Assembly, NHS Clinical Commissioners, Public Health England, Clinical Commissioning Groups (CCGs) and Clinical Reference Groups (CRGs). The specialised commissioning Patient and Public Voice Assurance Group also contributed to the development of proposals for collaborative commissioning.
- 2.2 The guidance documents cite the duty we have as commissioners to reduce inequalities and work collaboratively to improve outcomes for populations. Patients often receive specialised care following treatment within primary and secondary care. Since the changes in commissioning arrangements in April 2013 there has been some fragmentation between NHS England and CCGs who together commission all of these services. The guidance sets out a proposed approach to bring NHS England and CCGs, as well as local authority and public health partners, closer together to ensure an integrated patient and population centred approach.
- 2.3 The approach proposed in the guidance documents is consistent with our commissioning ethos of co-operation, collaboration, co-production, compassion, communication and common purpose. It fits with the *Shaping Sefton* approach that recognises that for pan-borough services, such as specialised services, we need to engage with partners beyond Sefton. Collaborative commissioning for specialised services could lead to a significant number of benefits for patients. This would include more integrated pathways around the needs of diverse local populations and therefore reduced inequalities, improved outcomes and a better patient experience.
- 2.4 The guidance invites CCGs to work more closely with NHS England specialised commissioning to design and develop commissioning pathways, ensuring they are grounded in meeting diverse local need. The aim of the guidance was to introduce a more collaborative approach from 1st April 2015, with 2015/16 as a development year in which NHS England and CCGs can build upon and strengthen existing collaborative arrangements.

¹ NHS England Specialised Commissioning National Support Centre, *Developing a more collaborative approach to the commissioning of specialised services: Guidance document*, NHS England, 4th March 2015 – <http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/spec-serv-collabrtv-comms-guid.pdf>

² NHS England Specialised Commissioning National Support Centre, *Developing a more collaborative approach to the commissioning of specialised services: Supporting tools and resources*, NHS England, 4th March 2015 - <http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/spec-serv-collabrtv-comms-sup-res.pdf>

- 2.5 The guidance proposed that, from 1st April 2015, one collaborative commissioning oversight group will be established by NHS England in each specialised commissioning hub. CCGs will be invited to join, or be represented by another CCG at their relevant oversight group, to support priority setting and the design and delivery of transformational change across whole pathways. Local delivery sub-groups will be established to support the delivery of agreed priorities. In addition, the purpose and membership of national Programmes of Care (PoCs) and Clinical Reference Groups (CRGs) will be refreshed to strengthen CCG involvement and to support collaborative commissioning oversight groups to deliver their priorities.

3. Progress in Cheshire & Merseyside

- 3.1 On 1st July 2015 NHS England met with representatives of the Cheshire and Merseyside CCGs to discuss how to progress collaborative commissioning in specialised services. The session was led by Andrew Bibby, Assistant Regional Director of Specialised Services, NHS England and supported by Linda Devereux, Service Specialist, Tabitha Gardner, Head of Finance and Roz Jones, Senior Service Specialist.

3.2 *Aims of collaborative commissioning*

During the meeting on 1st July 2015, the aims of collaborative commissioning were reiterated as to:

- Improve pathway integrity for patients, helping to ensure that specialised care is commissioned as part of a single pathway.
- Enable better allocation or investment decisions, giving CCGs and their partners the ability to invest in prevention or more effective services.
- Move towards population accountability and lay the groundwork for 'place based' or population budget and clearer accountability to local populations.
- Improve financial incentives over the longer term, reducing demand, where appropriate, and unwarranted variation.
- Ensure providers can be effectively held to account, ensuring clearer links between services, referrers and providers.

3.3 *Benefits of collaborative commissioning*

The benefits of collaborative commissioning for transformation of place, pathway and people were identified as:

- Commissioners acting jointly to improve outcomes, quality of care, equity of access
- Fit for purpose place based governance- shared commissioning intentions, shared transformation objectives
- Identify pathway opportunities and integrated service models based on evidence- e.g. Lower Back Pain pathway- reduced ineffective therapies, improved self-management, outcomes.
- Develop and consolidate specialised service models that are more sustainable – service networks - hub and spoke, lead provider.

Southport and Formby Clinical Commissioning Group

3.4 Opportunities for CCGs in collaborative commissioning

The opportunities for CCGs in more collaborative commissioning with NHS England were posited to be:

- Realising benefits for patients and the system from consolidating services and redesigning pathways to deliver more joined up care;
- Agreeing the most optimal footprints for commissioning services and pathways for their local populations;
- Setting priorities for how and where services are delivered, and which local services are prioritised first;
- Supporting the transformation agenda through CCGs and NHS England working together to deliver transformed pathways and Quality Innovation Productivity and Prevention (QIPP) schemes for improved value.

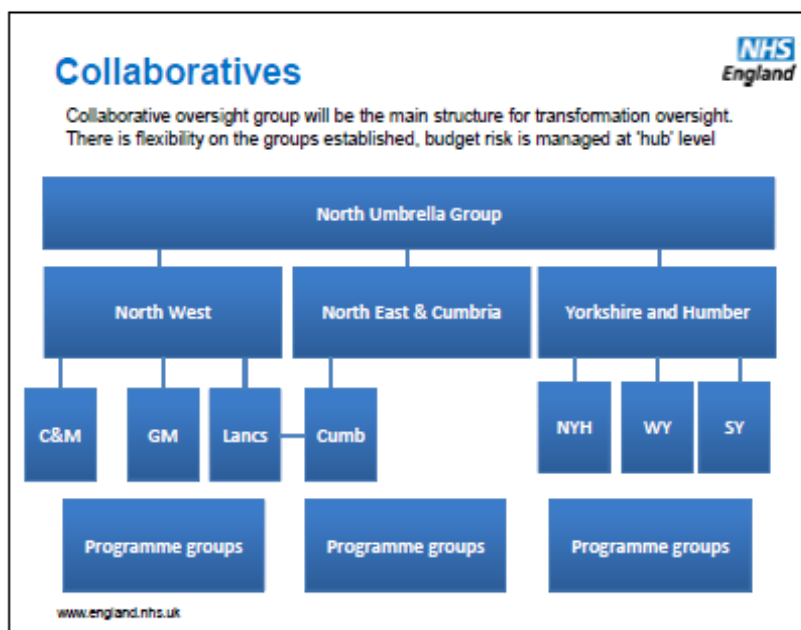
3.5 Working across pathways of care and priority areas

NHS England believes that CCGs are critical partners in delivering a shared ambition to achieve world –class patient outcomes and experience in specialised services. This needs to be based on strong working relationships and shared decision-making to create seamless patient pathways from GP surgeries through local hospitals to specialist care and back again. Appendix 1 identifies some 28 services across 5 areas (cancer and blood, internal medicine, trauma and head, mental health and women and children’s services) in which collaborative commissioning could:

- Improve outcomes;
- Improve value/cost;
- Reduce fragmentation across commissioners and providers;
- Move towards more networked service provision and/or lead provider contracts;
- Allow innovation within partnerships and networks.

3.6 Governance

NHS England is proposing that collaborative commissioning with CCGs is taken forward through the structures outlined in *Fig 1: ‘Proposed Collaborative Structure’*:



4. Questions for Southport & Formby CCG

- 4.1 All CCG representatives who attended the meeting on 1st July 2015 resolved to return to their organisations and discuss collaborative commissioning of specialised services with NHS England. This would then enable a collective view to be fed back to NHS England at the next meeting in October 2015.
- 4.2 The Governing Body is therefore asked to answer the following questions:
- Do you recognise and support the aims of collaborative commissioning in specialised services with NHS England?
 - Do you recognise and support the potential benefits and opportunities of collaborative commissioning in specialised services with NHS England?
 - Do recognise and agree with the principle of working across pathways of care? Are the priority areas identified congruent with our commissioning priorities and intentions?
 - Is the proposed collaborative approach the right way forward? At what level does Southport & Formby CCG wish to be included?

5. Conclusions and Recommendations

- 5.1 There is a clear direction of travel that has been set by NHS England towards more collaborative commissioning. As stated above, this fits with our ethos as a commissioning organisation. There is a clear desire to work better together across pathways of care, although there has been little progress to date on taking forward the arrangements suggested in the guidance on collaborative commissioning for specialised services. To be balanced, some of this is due to CCGs needing to get to a common position as to what we want to do.
- 5.2 It is recommended that the Governing Body:
- Note the contents of this report;
 - Discuss and answer the questions posed in the paper;
 - Support continued engagement with emerging governance structures to facilitate collaborative commissioning.

6. Appendices

Appendix 1 – Priority Areas for Pathway Working

Fiona Clark
Chief Officer
September 2015

Appendix One - Priority areas for pathway working

(a) Cancer and Blood

Service	Rationale	Benefits
Specialised cancer services	<ul style="list-style-type: none"> Pathway interdependencies between primary, secondary and tertiary care Variation in outcomes including emergency admissions Need for earlier detection and improved access to diagnostics Multiple commissioners along pathway 	<ul style="list-style-type: none"> Improved outcomes and reduced variation Reduction in inequalities Streamlined pathways
Chemotherapy	<ul style="list-style-type: none"> National priority service Highest spend Biggest growth Further enhanced transition to primary care Governance 	<ul style="list-style-type: none"> Maximise care closer to home Patient experience Potential cost savings Streamlined pathways
Haemoglobinopathies	<ul style="list-style-type: none"> Inequity in access to services Formal network required with shared care Service model review – focus on community provision 	<ul style="list-style-type: none"> Reduce emergency admissions for acute sickle cell crisis Equity of access Improved patient experience
Immunology & Allergy	<ul style="list-style-type: none"> Interface between secondary and tertiary care and management of patients Earlier diagnosis and management 	<ul style="list-style-type: none"> Reduction in number of outpatient admissions – better management of patients reduction in costs

(b) Internal Medicine

Service	Rationale	Benefits
Severe & Complex Obesity	Pathway interdependencies between primary, secondary and tertiary care Early management in pathway required	Better patient outcomes Possible cost savings
Renal Dialysis	Changing the model of care to increase the number of patients on home dialysis moving care out of hospital	QIPP
Complex invasive cardiology	Appropriate use of criteria Appropriate selection of centres Reduction in complications Pathway development	Quality improvement in pathway management Maximise care closer to home Potential cost savings
Cardiac surgery	Review of referral criteria	Improved classification of patients regarding risk leading to improved treatment related outcomes
Specialised dermatology	Secondary/tertiary interface – joined up care Appropriate referral, reduce repeat admissions	Improve patient experience
Hepatobiliary & Pancreas	Majority of pathway commissioned by CCGs Low number of providers for primary cancers Focus on cirrhotic patients	Earlier detection and intervention Better outcomes for patients Consistency in approach with providers
Specialised respiratory – complex home ventilation	Alignment of pathways Timely discharge into community setting	Care closer to home Potential savings

(c) Trauma and Head

Service	Rationale	Benefits
Complex disability equipment – specialised wheelchair & seating	In year change in commissioning portfolio from specialised to CCG – transition work required	Transition – handover
Neurosciences – specialised neurology	In year change in commissioning portfolio from specialised to CCG – outpatient services – transition work required.	Transition – handover
Specialist rehabilitation for patients with highly complex needs	Some are CCG commissioned Issues on access and egress – current pathways not meeting needs of patients	Improvement in care pathways Better outcomes for patients More efficient use of resources
Spinal cord injury	Patient pathway access and egress – requirement to strengthen support infrastructure in primary and secondary care to support rehabilitation	Improved patient experience/QALY Better outcomes for patients Better use of resources
Complex spinal surgery	Need to align pathways to improve outcomes for patients	Care in right place/time Avoids duplication of services Improved outcomes
Major trauma	Tertiary focus on trauma centre configuration. Network configuration in regard to trauma units and ambulance provision.	Care in right place/time Avoids duplication of services Improved outcomes

(d) Mental Health

Service	Rationale	Benefits
Specialised services eating disorders	Service interdependency issues Long waiting time or restricted access Evidence of unmet need, need for consistent and more integrated pathways – parity of esteem issues.	Reduce need for inpatient beds – realignment of resources to community
Low secure mental health services	Discussion regarding the best placed commissioning. Risk in pathway management – fragmentation of current pathways	More local ownership Less destabilisation of pathways Better integration of local services
Specialised mental health services for the deaf	Increase efficacy of community based services – reduction in inpatient beds if community resources strengthened	Reduce need for inpatient beds - realignment of resources to community
Gender identify services	Shared understanding of the pathways which has number of complexities	Right place/right time Improved care pathway, more efficient use of resources Care closer to home
CAMHS Tier 4	Improved pathway management to address inappropriate admission re urgent referrals Requirement for more integrated consistent pathway Parity of esteem issues	Patient in right place/right time Better use of resources Reduce need for inpatient beds – realignment of resources to community

(e) **Women and Children's**

Service	Rationale	Benefits
Paediatric surgery	Changes in anaesthetic guidelines – historical service shift into tertiary centres in some areas	Equity in service provision Care closer to home
Paediatric medicine – palliative care	Inequity in access/services Strengthening community provision to support patients closer to home	Quality care as close to home as possible with good networked support to families
Paediatric high dependency care	Lack of dedicated HDU provision in DGHs Reduce direct HDU access into tertiary setting to improve throughput of patients/OATs. Lack of paediatric transport service provision for back transfers	Care closer to home More efficient use of resources
Paediatric long term ventilation	Delayed discharges into community setting Alternative models to provide care closer to home being explored	Better quality of life for patients More timely care closer to home More efficient use of resources
Neonatal critical care	Focus on alternative model for special care – strengthening community nursing team support	Mum and baby cared for at home/in community More efficient use of resources
Paediatric neurosciences	Pathway management and service interdependencies Access/egress and strengthening support services	Equity in service provision Efficient use of resources

REPORT TO THE GOVERNING BODY SEPTEMBER 2015

Agenda Item: 15/165	Author of the Paper: Name Karl McCluskey Title Chief Strategy and Outcomes Officer Email: Karl.Mccluskey@southportandformbyccg.nhs.uk Tel: 0151247						
Report date: 17/09/2015							
Title: Southport and Formby Clinical Commissioning Group Integrated Performance Report							
Summary/Key Issues: 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)							
Recommendation The Governing Body is asked to receive this report.	<table style="float: right;"> <tr><td>Receive</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Approve</td><td><input type="checkbox"/></td></tr> <tr><td>Ratify</td><td><input type="checkbox"/></td></tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives <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 July 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 2)	CCG		
Ambulance Category 19 Transportation	CCG		
Cancer 2 Week Urgent GP Referral - Breast Symptoms	CCG		
Emergency Admissions Composite Indicator	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		
RTT 18 Weeks - Admitted patients	S&ORM		
RTT 18 Weeks - Non Admitted patients	S&ORM		
Stroke	CCG		
Stroke	S&ORM		
Local Measure: BME	CCG		

Yearly measures - Apr 14 to Dec 14 provisional data update

Patient reported outcomes measures for elective procedures: Hip replacement	CCG	
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Key Information from this report

Financial Performance - The forecast financial position as at 31 August 2015 (Month 5), after the application of reserves is breakeven against a planned surplus of £1.800m, which is a shortfall of £1.800m against target. The QIPP savings target for Southport and Formby CCG is £6.151m for 2015/16. This has reduced to £5.124m following delivery of several schemes totalling £1.027m.

Referrals – Referrals continue to increase above 2014/15 levels. Year to date (Apr-Jul) 15/16 referrals are 18% higher compared to the same period 2014/15.

A&E waits – Year to date the CCG achieved 94.71% against a 95% target (with July achieving 95.57%). The target has failed at CCG level since October 2014. Southport & Ormskirk achieved 94.44% year to date (with July achieving 95.51%) again failing the year to date target. Site compliance remains a challenge, due to the changing nature of non-elective patients, the risk this has on Trust compliance remains. 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 71.20% year to date against a 75% target. Category 19 Transportation recording 90.7% year to date also failing the 95% target. NWAS 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 NWAS executive team and commissioning leads. Locally the Mersey CCGs continue to meet with NWAS monthly to review performance at county and CCG level.

Cancer Indicators – For June the CCG are achieving all cancer indicators apart from two, which are 2 week breast symptoms hitting 83.33% year to date against a target of 93%, in June 4 patients were not seen within 14 days out of a total of 40 (85.71%). 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 hitting 79.55% year to date, in June 6 patients were not upgraded out of a total of 22 (72.73%). Southport & Ormskirk are achieving all cancer indicators.

Friends & Family - Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the three parts of FFT. Despite this however, the trust have shown an improvement in response rates and the percentage of patients who would recommend services in all areas assessed. An action plan for improvement 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.

HCAI – C difficile – Having 5 new cases reported in July the CCG are above target for C-difficile year to date, (actual 17 / plan 13). Year-end plan 38. Southport & Ormskirk had 3 new cases reported in July 2015 (ytd 15), against a year to date plan of 12. Of the 3 cases, 2 were aligned to Southport and Formby CCG and 1 to West Lancashire CCG . Year to date plan is 36. Following appeals, 4 cases were upheld meaning Southport & Ormskirk are now below the threshold with 11 cases against a threshold of 12.

HCAI – MRSA – In July the CCG had no new cases of MRSA. Southport & Ormskirk had no new cases in July, 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.

IAPT Access – Roll Out – The CCG are under plan for Q1 for IAPT Roll Out and reached 1.72% (plan 3.75%). This equates to 329 patients having entered into treatment out of a population of 19079 (Psychiatric Morbidity Survey). The CCG are also under plan for July 0.86% with 164 patients having entered into treatment. There has been a small and steady increase since April, (April 0.54%, May 0.50%, June 0.68%).

IAPT Recovery - The CCG are under the 50% plan for recovery rate In Q1 reaching 45.57%. This equates to 108 patients who moved to recovery out of 237 who completed treatment. Monthly data shows the CCG are over the plan for recovery rate in July reaching 54.05%. This equates to 40 patients who have moved to recovery out of 74 who have completed treatment.

RTT 18 Weeks – Admitted patients – In June Southport & Ormskirk failed to achieve the target of 90% achieving 84.40%. This equates to 166 patients out of 1064 not been seen within 18 weeks. The Trust continues to make progress toward Trust-level compliance; additional activity was scheduled in June and July in a number of specialties which will assist the Trust reach compliance.

RTT 18 Weeks – Non Admitted patients – In June Southport & Ormskirk reported below the target of 95%, achieving 93.7% this equates to 332 patients out of 5307 not being seen within 18 weeks. The Trust continues to make progress toward Trust-level compliance. A contract query relating to RTT performance remains open with Southport and Ormskirk Hospital.

Patient Safety Incidents Reported – Southport & Ormskirk reported 6 Serious Untoward Incidents in July, bringing the year to date total to 56. Of the 6, 2 were pressure ulcers grade 3, 1 Pressure Sore - (Grade 3 or 4), 1 Sub-optimal care of the deteriorating patient, 1 Failure to act upon test results and 1 confidential information leak.

Stroke 90% time on stroke unit – The CCG failed the 80% target for July reaching 64.29% which is an improvement on last month (58.80%), 10 patients out of 17 spending at least 90% of their time on a stroke unit. Of the 5 breaches, 4 were at Southport & Ormskirk and 1 at Aintree. Southport & Ormskirk failed to achieve the 80% target in June reaching 70.00%, 21 patients out of 30 spending at least 90% of their time on a stroke unit. There will be a relocation of beds within urgent care that will facilitate a dedicated stroke ward. This will assist in ensuring that patients are allocated to the correct area, particularly in times of pressure.

PROMS – Patient reported outcomes measures for elective procedures: Hip replacement – Provisional data (Apr 14 – Dec 14) shows the CCG has scored the same as previous year, but failed to achieve a score higher than the England Average which is 0.449. 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.

Local Measure – Access to Community Mental Health Services by BME - The baseline data (2013-14) for the CCG shows access to community mental health services by people from BME groups is 2118.0 which is higher for the CCG than the England rate per 100,000 (England rate 2035.9) but lower than the plan. This is an improvement on the previous year when the CCG rate was 1779.2.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for Southport and Formby CCG as at 31 August 2015 (Month 5). The forecast financial position as at 31 August 2015 (Month 5), 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 offset by a release of reserves and by non-recurrent gains.

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	(£0.532m)
QIPP	Unmet QIPP to be identified > 0	£5.124m	£6.017m
Running Costs (Forecast Outturn)	CCG running costs < National 2015/16 target of £22.07 per head	✓	✓
BPPC	NHS - Value YTD > 95%	97.4%	97.7%
	NHS - Volume YTD > 95%	82.5%	84.2%
	Non NHS - Value YTD > 95%	91.2%	90.5%
	Non NHS - Volume YTD > 95%	90.1%	90.1%

*Note this is now the position after reserves and reflects the final position before risks and mitigations as reported in Table 2.

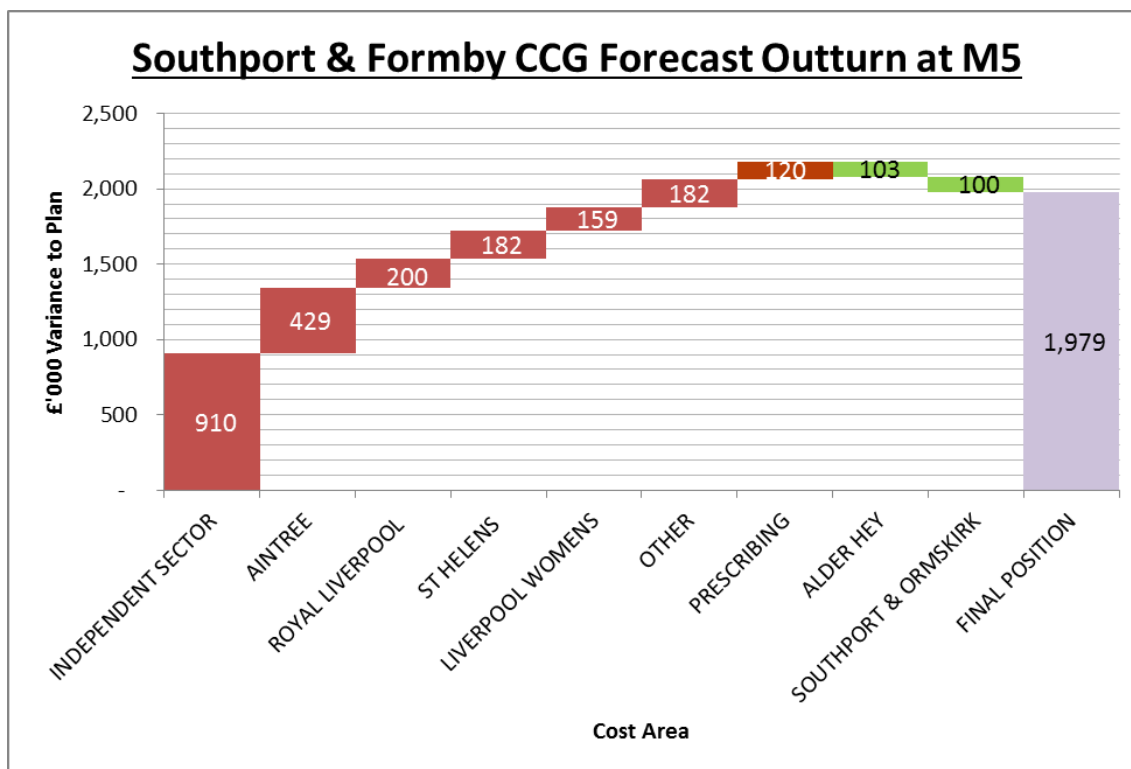
2.2 Resource Allocation

The Resource Allocation has increased by £0.073m in Month 5 in respect of additional funding for Mental Health.

2.3 Financial Position and Forecast

The main cost pressures are with Independent Sector and Acute providers as a result of increased activity compared to plan. Overspends are partly supported by underspending areas, mainly Southport and Ormskirk and Alder Hey provider contracts. Whilst the financial activity period relates to the end of August, the CCG has based its reported position on information received from Acute Trusts to the end of July 2015.

Figure 2 Forecast Outturn at Month 3



Independent Sector Providers

The forecast overspend for Independent Sector providers is £0.910m. This is projected using Month 4 data received from providers. The majority of this overspend (£0.767m) is with Ramsay Healthcare for Orthopaedics and General Surgery.

Acute commissioning

Aintree NHS Foundation Trust

The forecast overspend for Aintree is £0.429m. The Month 4 data shows overspends in relation to ARMD, excluded drugs, radiology and the breast services premium.

Royal Liverpool Hospital

Month 4 data received from Royal Liverpool Hospital shows an overperformance in a number of areas; AMD, Day Cases, Electives and Non-Electives. The current forecast is an overspend of £0.200m.

St Helens & Knowsley NHS Trust

The forecast overspend for St Helens and Knowsley NHS Trust is projected to be £0.182m with anticipated overspends within planned care and day cases.

Liverpool Womens Hospital

The forecast overspend for Liverpool Womens Hospital of £0.159m relates to deliveries, ante-natal care and HDU.

Southport and Ormskirk NHS Trust

The forecast position for Southport and Ormskirk NHS Trust is £0.100m underspent. The position is based on Month 4 data received from the trust which shows an underperformance against plan.

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. The latest contract offer has been reflected in the budget, but contract negotiations are ongoing regarding the locally negotiated prices for a number of services. The CCG has extended an improved offer to the Trust, which includes the provision of an Early Supported Discharge service to enhance stroke rehabilitation. The Trust has not formally accepted the offer, and the disputed difference now stands at £0.200m.

The CCG has received Month 4 data from the Trust which shows an underspend against the phased contract for PbR services. The underspend is in the following areas:

- Emergency admissions (including short stay admissions) - £0.138m (includes offset of GPAU activity totalling £0.173m). This is 1.9% lower than budget, which continues a consistent pattern across the year to date. One of the reasons for the underspend is the change in charging of GPAU activity. GPAU attendances that do not end in admission are charged under a locally negotiated tariff. A&E activity is also approximately 2% lower than plan.
- Outpatient care – Outpatient attendances are £0.080m lower than budget, with a marked shift from new and follow up attendances to outpatient procedures.
- Maternity pathway and deliveries – Maternity care continues to reduce at Southport & Ormskirk, with a corresponding increase at Liverpool Womens Hospital. The underspend at Southport and Ormskirk is £0.118m.

Prescribing / High Cost Drugs

The prescribing budget is overspent by £0.306m at Month 5 and the year end forecast is £0.320m overspent. 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.

2.4 QIPP

The QIPP savings target for Southport and Formby CCG is **£6.151m** for 2015/16. This has reduced to £5.124m following delivery of schemes totalling £1.027m as follows:

- Reduction in CHC / FNC costs (£0.569m) – Growth of 5% previously included in the budgets has now been taken out due to the targeted work on CHC reviews that has been done.
- Queens Court Recharge (£0.024m)
- Reductions in contract value with a number of providers (£0.134m)
- Move to cost per case for Cheshire and Merseyside rehab services (£0.300m)

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 full year cost of proposals exceed the funding available by £0.284m, however the 2015/16 position forecasts an underspend of £0.863m due to delayed implementation of some schemes. In addition to the transformational initiatives, a number of other cost reduction schemes are also being implemented.

2.5 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 current year forecast for these budgets is an underspend of £0.093m due to vacant posts.

2.6 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. £6.151m of recurrent savings must be realised 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.
- Southport & Ormskirk NHS Trust – There remains a number of contract issues with S&O relating to the prices for some services that are not governed by national prices. The difference across the four services where the parties have not reached agreement is £0.200m. The CCG is seeking a solution with the Trust through informal mediation.
- 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.
- Estates – The methodology for charging estates costs is expected to change 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. It is likely that any adjustments will need to come through S&O trust however it may be difficult to recoup any further funding in the current climate.
- Prescribing / Drugs costs – This is a volatile area of spend, and is also subject to potential pricing changes partway through the year.

- Better Care Fund – Sefton Council has predicted growth in demand for social care. As part of the governance arrangements supporting the Better Care Fund, a review of the overall Health and Social Care financial position is required to determine how the resources within the Better Care Fund will be allocated, particularly in relation to the performance element of the fund.

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 assessment of the financial position is set out in figure 3.

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 a reduction in acute care and prescribing expenditure

In order to meet the required planned surplus the CCG will need to deliver £1.800m of in-year savings, rising to £2.600m if risks are not mitigated. Failure to deliver all of the QIPP savings on a recurrent basis in 2015/16 will increase the financial pressure in future years. 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

	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)	(1.979)		(1.979)
Contingency reserves	1.581		1.581
Transformation Fund slippage		0.862	0.862
Technical adjustments		1.398	1.398
Unutilised reserves	0.877	0.447	1.324
Quality Premium		0.138	0.138
QIPP:			
CM Rehab	0.300		0.300
Contract Adjustments	0.134		0.134
Queenscourt drug charges	0.024		0.024
CHC / FNC	0.569		0.569
Forecast surplus / (deficit)	(2.845)	2.845	0.000
Risks	(0.200)		(0.200)
Mitigations	0.175	0.125	0.300
Risk adjusted forecast surplus / (deficit)	(2.870)	2.970	0.100



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

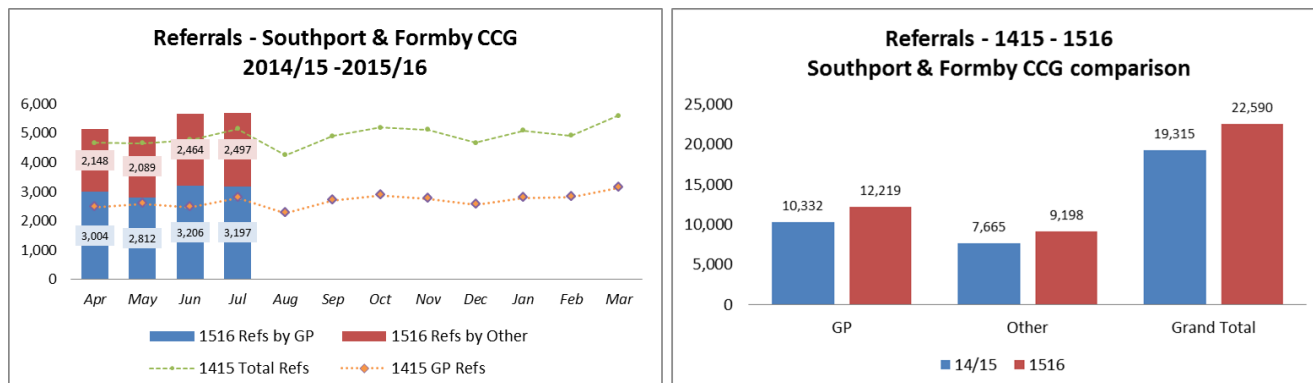


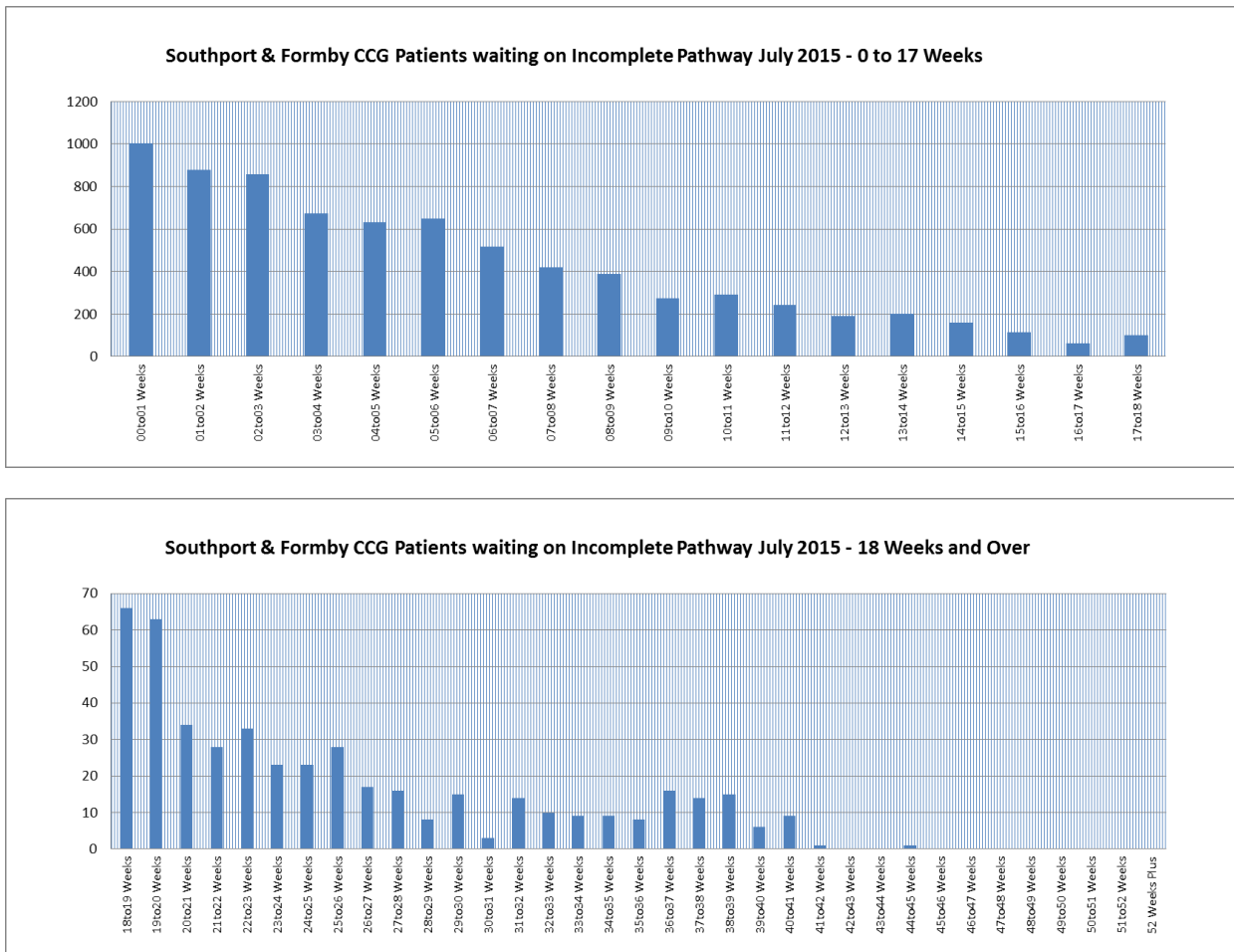
Figure 5 The number of GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month

Referral Type	DD Code	Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr-15	May-15	Jun-15	Jul-15	14/15	1516	Variance	% Variance
GP	03	GP Ref	2,472	2,579	2,487	2,794	2,275	2,703	2,887	2,755	2,567	2,805	2,826	3,149	3,004	2,812	3,206	3,197	10,332	12,219	1,887	18%
GP Total			2,472	2,579	2,487	2,794	2,275	2,703	2,887	2,755	2,567	2,805	2,826	3,149	3,004	2,812	3,206	3,197	10,332	12,219	1,887	18%
Other	01	following an emergency admission	196	174	211	200	181	188	132	7	6	10	8	12	8	10	11	10	781	39	-742	-95%
	02	following a Domiciliary Consultation					1	2	7	27	36	25	37	33	15	4		3	0	22	22	0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	228	203	253	240	239	247	270	266	219	221	204	266	282	249	320	279	924	1,130	206	22%
	05	A CONSULTANT, other than in an Accident and Emergency Department	725	674	677	747	640	695	879	936	870	952	798	874	993	977	1,232	1,310	2,823	4,512	1,689	60%
	06	self-referral	93	106	106	104	81	99	109	116	131	134	121	134	169	146	171	126	409	612	203	50%
	07	A Prosthetist		1	1	2	1	4			1	1					2		4	2	-2	-50%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	12	10	13	19	14	14	8	11	17	7	14	12	11	21	27	16	54	75	21	39%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	58	50	77	71	50	68	44	53	43	54	43	40	40	62	60	54	256	216	-40	-16%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)				1								1	2				1	2	1	0%
	13	A Specialist NURSE (Secondary Care)	2	1	2		4	4	1	3	3	2	6	1	7	9	6	16	5	38	33	660%
	14	An Allied Health Professional	140	150	127	199	127	112	86	136	103	122	125	154	129	173	144	198	616	644	28	5%
	15	An OPTOMETRIST	84	37	72	47	59	71	48	48	29	47	53	61	59	37	64	49	240	209	-31	-13%
	16	An Orthoptist						1					24	11	9	10	7	0	37	37	0%	
	17	A National Screening Programme	30	29	23	23	21	15	32	28	33	29	24	52	39	46	83	52	105	220	115	110%
	92	A GENERAL DENTAL PRACTITIONER	122	137	144	135	121	143	144	148	147	131	116	142	145	132	125	133	538	535	-3	-1%
	93	A Community Dental Service		3	2		2	2	2	2	4		2	1	3	1			5	4	-1	-20%
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	232	204	230	238	209	229	239	257	222	233	216	238	235	213	209	244	904	901	-3	0%
Other Total			1,922	1,779	1,938	2,026	1,750	1,894	2,001	2,038	1,864	1,968	1,768	2,044	2,148	2,089	2,464	2,497	7,665	9,198	1,533	20%
Unknown (All are Renaces SOR coding error)			295	317	360	346	247	318	321	341	255	335	343	426	370	338	456	9	1,318	1,173	-145	-11%
Grand Total			4,689	4,675	4,785	5,166	4,272	4,915	5,209	5,134	4,686	5,108	4,937	5,619	5,522	5,239	6,126	5,703	19,315	22,590	3,275	17%

4. Waiting Times

4.1 NHS Southport and Formby CCG patients waiting

Figure 6 Patients waiting on an incomplete pathway by weeks waiting



4.2 Top 5 Providers

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

Trust	0to10 wks	10to18 wks	Total 0 to 17 Weeks	18to24 wks	24to30 wks	30+ wks	Total 18+ Weeks	Total Incomplete
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	4499	884	5383	187	90	102	379	5762
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	409	95	504	8	4	0	12	516
RENACRES HOSPITAL	499	143	642	0	0	0	0	642
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	327	104	431	21	2	5	28	459
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	117	35	152	15	4	2	21	173
Other Providers	440	96	536	16	7	6	29	565
Total All Providers	6291	1357	7648	247	107	115	469	8117

4.3 Provider assurance for long waiters

Figure 8 Southport RTT caseload:

Provider assurance has not been received in time this month for the report. An addendum will be made to the published CCG performance reports.

5. Planned Care

5.1 All Providers

Performance at Month 4 of financial year 2015/16, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of £639k. This over-performance is driven by increases at Aintree Hospital (£113k), Renacres Hospital (£277k) and St Helens & Knowsley Hospitals (£74k).

Figure 9 All Providers (Excl S&O)

Other Providers (PBR & Non PBR)	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	13,961	4,767	5,665	898	18.83%	£2,814	£964	£1,076	£113	11.68%
Alder Hey Childrens NHS F/T	5,048	1,723	1,526	-197	-11.45%	£651	£222	£202	£-20	-8.96%
Countess of Chester Hospital NHS FT	0	0	32	32	0.00%	£0	£0	£4	£4	0.00%
Liverpool Heart and Chest NHS F/T	1,622	552	565	13	2.42%	£913	£311	£319	£8	2.73%
Liverpool Womens Hospital NHS F/T	2,398	804	788	-16	-2.02%	£727	£243	£246	£2	1.01%
Royal Liverpool & Broadgreen Hospitals	14,718	5,005	4,773	-232	-4.64%	£3,093	£1,052	£1,095	£43	4.13%
ST Helens & Knowsley Hospitals	4,280	1,430	1,490	60	4.17%	£946	£314	£387	£74	23.47%
Wirral University Hospital NHS F/T	315	104	65	-39	-37.53%	£103	£34	£15	£-19	-55.55%
Central Manchester University Hospitals Nhs FT	236	79	76	-3	-3.39%	£44	£15	£14	£0	-2.36%
Fairfield Hospital	103	30	23	-7	-22.87%	£27	£8	£4	£-4	-54.19%
ISIGHT (SOUTHPORT)	2,846	949	1,142	193	20.40%	£686	£229	£281	£52	22.93%
Renacres Hospital	11,329	3,848	4,784	936	24.33%	£3,030	£1,041	£1,318	£277	26.66%
SPIRE LIVERPOOL HOSPITAL	866	289	241	-48	-16.47%	£229	£76	£73	£-3	-4.36%
University Hospital Of South Manchester NHS FT	199	67	90	23	34.23%	£36	£12	£17	£5	39.46%
Wrightington, Wigan And Leigh Nhs FT	2,163	721	962	241	33.43%	£776	£259	£365	£107	41.26%
	60,082	20,367	22,222	1,855	9.11%	£14,076	£4,778	£5,418	£639	13.38%

5.2 Southport and Ormskirk Hospital NHS Trust

Figure 10 Month 4 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	4,028	4,229	201	4.98%	£6,367	£2,183	£2,422	£239	10.92%
Elective	1,554	536	550	14	2.57%	£4,142	£1,430	£1,382	£-48	-3.33%
Elective Excess BedDays	315	109	77	-32	-29.22%	£70	£24	£18	£-7	-27.53%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	800	279	292	13	4.77%	£129	£45	£47	£2	4.10%
OPFASPCL - Outpatient first attendance single professional consultant led	18,095	6,304	5,200	-1,104	-17.51%	£2,767	£964	£789	£-175	-18.12%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,885	657	726	69	10.53%	£198	£69	£78	£9	12.43%
OPFUPSPCL - Outpatient follow up single professional consultant led	45,503	15,852	14,926	-926	-5.84%	£4,188	£1,459	£1,392	£-67	-4.59%
Outpatient Procedure	20,351	7,090	7,977	887	12.51%	£3,599	£1,254	£1,405	£151	12.03%
Unbundled Diagnostics	10,220	3,560	4,103	543	15.24%	£820	£286	£354	£68	23.78%
Grand Total	110,470	38,415	38,080	-335	-0.87%	£22,280	£7,713	£7,885	£172	2.23%

5.2.1 Southport & Ormskirk Hospital Key Issues

Daycases are showing a £239k over performance against plan against 2015/16 Month 4 plan. Trauma & Orthopaedics and General Surgery are the 2 main contributors. This over performance is offset by a -£166k under performance in Outpatient First attendances. This is coupled with a shift from some daycase activity to Outpatient Procedure, resulting in a £151k 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 4 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	1,390	481	546	65	13.58%	£1,334	£462	£561	£99	21.55%
Elective	200	69	76	7	10.01%	£693	£240	£343	£103	43.18%
Elective Excess BedDays	13	4	0	-4	-100.00%	£4	£1	£0	£-1	-100.00%
OPFASPCL - Outpatient first attendance single professional consultant led	3,311	1,121	1,306	185	16.50%	£450	£152	£179	£26	17.30%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,149	1,066	2,163	1,097	102.93%	£258	£87	£133	£46	52.85%
Outpatient Procedure	2,102	712	328	-384	-53.90%	£197	£67	£66	£0	-0.41%
Unbundled Diagnostics	1,164	395	365	-30	-7.60%	£95	£32	£36	£4	11.00%
Grand Total	11,329	3,848	4,784	936	24.33%	£3,030	£1,041	£1,318	£277	26.66%

5.3.1 Renacres Hospital Key Issues

Renacres over performance is focused on Elective care and, as expected, within T&O. Analysis shows us that Major Hip & Knee procedures are up a combined £122k – which equates to circa 95% over performance for the two HRGs. Face to Face Follow Ups are also showing a large over performance variance of £35k, with YTD activity reporting a 121% over performance. Further analysis is being undertaken to understand if there is a shift in activity or growth.

5.4 Aintree University Hospital

Figure 12 Month 4 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	246	234	-12	-4.86%	£502	£170	£151	£-20	-11.57%
Elective	366	127	162	35	27.91%	£767	£265	£312	£47	17.79%
Elective Excess BedDays	460	159	85	-74	-46.64%	£105	£36	£20	£-16	-45.45%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	56	19	56	37	195.06%	£11	£4	£10	£6	162.09%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First Attendance Non face to Face	219	75	73	-2	-2.52%	£11	£4	£4	£0	2.73%
OPFASPCL - Outpatient first attendance single professional consultant led	2,501	855	946	91	10.63%	£404	£138	£154	£16	11.69%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	137	47	63	16	34.97%	£17	£6	£7	£1	17.68%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	84	29	119	90	314.27%	£2	£1	£3	£2	314.27%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,351	2,172	2,487	315	14.51%	£589	£201	£233	£32	15.72%
Outpatient Procedure	2,121	725	852	127	17.47%	£326	£112	£139	£27	24.64%
Unbundled Diagnostics	942	314	588	274	87.26%	£82	£27	£44	£17	62.53%
Grand Total	13,961	4,767	5,665	898	18.83%	£2,814	£964	£1,076	£113	11.68%

5.4.1 Aintree University Hospital Key Issues

Daycases under performance is due to a -£23k (64%) under performance in Ophthalmology. Electives over performance is primarily due to Gastro (£17k), Hepatobiliary & Pancreatic Surgery (£16k) and Urology (£13k). Outpatient FU over performance is due to Gastroenterology and Breast Surgery.

5.5 Wrightington, Wigan & Leigh Hospital

Figure 13 Month 4 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	49	63	14	29.45%	£218	£73	£82	£9	13.00%
Elective	70	23	37	14	58.57%	£368	£123	£200	£77	62.87%
Elective Excess BedDays	62	21	2	-19	-90.32%	£15	£5	£0	£-5	-91.43%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	30	10	13	3	30.00%	£3	£1	£1	£0	14.92%
OPFASPCL - Outpatient first attendance single professional consultant led	281	94	151	57	61.21%	£32	£11	£18	£8	72.86%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	46	15	20	5	30.43%	£4	£1	£2	£0	32.51%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	46	15	9	-6	-41.30%	£1	£0	£0	£0	-37.86%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,090	363	516	153	42.02%	£79	£26	£40	£13	50.78%
Outpatient Procedure	156	52	63	11	21.15%	£28	£9	£12	£2	22.80%
Unbundled Diagnostics	236	79	88	9	11.86%	£28	£9	£10	£1	11.43%
Grand Total	2,163	721	962	241	33.43%	£776	£259	£365	£107	41.26%

5.5.1 Wrightington, Wigan & Leigh Hospital Key Issues

Trauma & Orthopaedics is the main cause of over performance, as expected. The Planned Care total variance for T&O is £95k (41%). Elective HRG's showing the largest variances are Hip & Knee Procedures with CC which have a zero plan for 1516.

6. Unplanned Care

6.1 All Providers

Figure 14 Month 4 Unplanned Care – All Providers

Other Providers (PBR & Non PBR)	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	1,866	628	445	-183	-29.17%	£914	£307	£262	£-45	-14.75%
Alder Hey Childrens NHS F/T	773	272	275	3	1.02%	£416	£155	£131	£-24	-15.64%
Countess of Chester Hospital	0	0	11	11	0.00%	£0	£0	£3	£3	0.00%
Liverpool Heart and Chest NHS F/T	133	44	41	-3	-7.35%	£421	£140	£156	£15	10.92%
Liverpool Womens Hospital NHS F/T	247	83	84	1	1.76%	£202	£67	£94	£28	41.21%
Royal Liverpool & Broadgreen Hospitals	1,083	361	534	173	47.90%	£644	£215	£273	£58	27.25%
ST Helens & Knowsley Hospitals	398	136	130	-6	-4.63%	£214	£74	£58	£-16	-21.75%
Wirral University Hospital NHS F/T	112	37	11	-26	-70.62%	£45	£15	£6	£-9	-57.50%
Central Manchester University Hospitals	88	29	16	-13	-45.45%	£30	£10	£1	£-8	-85.29%
University Hospital Of South Manchester	47	16	10	-6	-37.31%	£8	£3	£7	£4	173.92%
Wrightington, Wigan And Leigh	62	21	41	20	98.39%	£53	£18	£21	£3	17.76%
Grand Total	4,808	1,628	1,598	-30	-1.84%	£2,947	£1,003	£1,012	£9	0.95%

6.2 Southport and Ormskirk Hospital NHS Trust

Figure 15 Month 4 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	12,208	11,954	-254	-2.08%	£3,951	£1,358	£1,340	£-18	-1.33%
NEL/NELSD - Non Elective/Non Elective IP Same Day	11,175	3,842	3,754	-88	-2.30%	£19,185	£6,596	£6,343	£-253	-3.84%
NELNE - Non Elective Non-Emergency	1,254	431	586	155	35.88%	£2,115	£727	£632	£-95	-13.05%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	217	75	56	-19	-24.93%	£68	£23	£17	£-7	-27.87%
NELST - Non Elective Short Stay	1,776	611	544	-67	-10.90%	£1,242	£427	£370	£-57	-13.25%
NELXBD - Non Elective Excess Bed Day	5,298	1,822	1,874	52	2.88%	£1,113	£383	£387	£4	1.16%
Grand Total	55,228	18,988	18,768	-220	-1.16%	£27,674	£9,515	£9,090	£-425	-4.47%

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 £303k. Over performance is offset by a large cost variance of £560k being reported in General Medicine.

6.3 Royal Liverpool & Broadgreen Hospitals

Figure 16 Month 4 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	269	277	8	3.06%	£71	£24	£26	£2	8.35%
AMAU	16	5	8	3	45.85%	£2	£1	£1	£0	44.27%
NEL - Non Elective	168	56	59	3	5.63%	£470	£157	£157	£0	0.04%
NELNE - Non Elective Non-Emergency	16	5	8	3	45.82%	£72	£24	£46	£22	90.66%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	3	1	46	45	4512.60%	£1	£0	£10	£9	4826.81%
NELST - Non Elective Short Stay	51	17	16	-1	-5.78%	£28	£9	£9	£0	-1.52%
NELXBD - Non Elective Excess Bed Day	22	7	120	113	1504.09%	£5	£2	£27	£25	1573.41%
readmissions	0	0	0	0	0.00%	£-4	£-1	£-1	£0	-1.99%
Grand Total	1,083	361	534	173	47.90%	£644	£215	£273	£58	27.25%

6.3.1 Royal Liverpool & Broadgreen Hospitals Key Issues

NEL over performance is centred on small but costly and unplanned activity in Vascular Surgery. The same patients also influence the Nel Excess Bed Day variance.

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 17 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	40	8	25%
1 Common Mental Health Problems (Low Severity)	35	18	(17)	-49%
2 Common Mental Health Problems (Low Severity with greater need)	45	27	(18)	-40%
3 Non-Psychotic (Moderate Severity)	162	201	39	24%
4 Non-Psychotic (Severe)	128	133	5	4%
5 Non-psychotic Disorders (Very Severe)	29	25	(4)	-14%
6 Non-Psychotic Disorder of Over-Valued Ideas	25	27	2	8%
7 Enduring Non-Psychotic Disorders (High Disability)	96	120	24	25%
8 Non-Psychotic Chaotic and Challenging Disorders	62	65	3	5%
10 First Episode Psychosis	52	67	15	29%
11 On-going Recurrent Psychosis (Low Symptoms)	282	283	1	0%
12 On-going or Recurrent Psychosis (High Disability)	151	154	3	2%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	109	4	4%
14 Psychotic Crisis	18	24	6	33%
15 Severe Psychotic Depression	7	5	(2)	-29%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	6	8	2	33%
17 Psychosis and Affective Disorder – Difficult to Engage	35	26	(9)	-26%
18 Cognitive Impairment (Low Need)	365	256	(109)	-30%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	465	764	299	64%
20 Cognitive Impairment or Dementia Complicated (High Need)	159	197	38	24%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	50	46	(4)	-8%
Reviewed Not Clustered	30	56	26	87%
No Cluster or Review	46	89	43	93%
Total	2,385	2,740	355	15%

Figure 18 CPA – Percentage of People under followed up within 7 days of discharge

			Apr-15	May-15	Jun-15	Jul-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	95%	100.00%	100.00%	100.00%	100.00%

Figure 19 CPA Follow up 2 days (48 hours) for higher risk groups

		Apr-15	May-15	Jun-15	Jul-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.	95%	100.00%	100.00%	100.00%

Quality Overview

At month 4, Merseycare is compliant with quality schedule reporting requirements. The Trust is working with the CCG to improve the safer staffing report, NICE and SUI reports for CQPG meetings. Underperforming KPIs are discussed at monthly quality meetings and the bi-monthly CQPGs.

7.2 Cheshire Wirral Partnership -Improving Access to Psychological Therapies Contract

Month 4 refreshed activity has been received from the trust with responses to the queries raised included.

The provider has not achieved the monthly prevalence target of 1.25% and the year to date prevalence rate as at month 4 is 2.58% against a target of 5%. If current activity levels continue this would give a forecast outturn of 7.75% for 2015/16 year end against the 15% target.

The recovery performance is above target at month 4, however to maintain this performance and based on current activity levels the provider will need to have 680 completed treatments, 316 patients moving to recovery and a below caseness average of 8 or fewer per month for the remainder of the year (August 2015 – March 2016).

There were 144 patient initiated cancellations and 54 cancellations initiated by the provider in month 4. The service has confirmed that provider cancellations are attributable to sickness within the service that the provider are managing. The provider has confirmed that cancelled appointments are rebooked immediately. A number of processes are being used by the provider with the aim of lowering the number of DNAs.

The provider has consistently failed to provide the weekly report required (every Monday) as part of the information schedule requirements to monitor the number of patients entering therapy on a weekly basis. This has been raised with the commissioners and has been discussed at the contract meetings however this weekly flow needs to be established by the provider. CSU colleagues routinely contact the provider every Monday, however the provider only include it within the monthly data submissions.

At the Contract Quality and Performance Group meeting on 23/09/2015 the provider will be requested to provide a remedial action plan, and there is potential to issue a contract query notice.

Figure 20 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator		Apr-15	May-15	Jun-15	Jul-15	
Population (Psychiatric Morbidity Survey)		19079	19079	19079	19079	
National definition of those who have entered into treatment		103	96	130	164	
Prevalence Trajectory (%)		1.25%	1.25%	1.25% (q1=3.75%)	1.25%	
Prevalence Trajectory ACTUAL		0.54%	0.50%	0.68%	0.86%	
National definition of those who have completed treatment (KPI5)		95	85	78	83	
National definition of those who have entered Below Caseness (KPI6b)		7	8	6	9	
National definition of those who have moved to recovery (KPI6)		42	28	38	40	
Recovery - National Target		50.0%	50.0%	50.0%	50.0%	
Recovery ACTUAL		47.7%	36.4%	52.8%	54.1%	
Referrals Received		290	252	255	245	
Gp Referrals		192	137	108	107	
% GP Referrals		66%	54%	42%	44%	
Self referrals		64	81	126	117	
% Self referrals		22%	32%	49%	48%	
Other referrals <small>Other Referrals are 13 - Acute Care Team, 3 - Psychiatrist, 2 - School Nurse, 1 - Perinatal Team, 1 - Health Visitor, 1 - Secondary Care</small>		34	34	21	21	
% Other referrals		12%	13%	8%	9%	
Referral not suitable or returned to GP		0	0	0	0	
Referrals opting in		146	132	153	156	
Opt-in rate %		50%	52%	60%	64%	
Patients starting treatment by step (Local Definition)		Step 2	77	65	98	127
		Step 3	26	31	32	36
		Step 4				1
		Total	103	96	130	164
Percentage of patients entering in 28 days or less		47.0%	50.0%	44.0%	58.0%	
Completed Treatment Episodes by Step (Local Definition)		Step 2	141	90	116	145
		Step 3	287	273	248	191
		Step 4		1		
		Total	428	364	364	336
Activity	Attendances	Step 2	267	314	429	541
		Step 3	283	277	389	359
		Step 4		4	1	2
	DNA's	Step 2	42	62	108	117
		Step 3	20	31	41	46
		Step 4				
	Cancels	Step 2	37	61	117	127
		Step 3	37	41	65	71
		Step 4			3	
	Attendances	Total	550	595	819	902
	DNA's	Total	62	93	149	163
	Cancelled	Total	74	102	185	198
Number Cancelled by patient	Total	43	60	136	144	
Number Cancelled by provider	Total	31	42	49	54	

Figure 21: IAPT Waiting Time KPIs

	Indicator	Target	Apr-15	May-15	Jun-15	Jul-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	75% To be achieved by April				
	Numerator		97	128	203	186
	Denominator		98	140	213	194
	%		98.98%	91.43%	95.31%	95.88%
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	95% to be achieved by April 2016				
	Numerator		98	140	213	193
	Denominator		98	140	213	194
	%		100%	100%	100%	99%

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 is being considered by CCG colleagues as to whether this will fulfill our reporting needs.

Community Gynaecology-The trust are submitting the monthly dataset as required however the data set provided does not include the capture of onward referrals. The service is due to migrate to EMIS in 2016 when this issue will be rectified. This is all part of the on-going discussions around this service with the commissioner.

Waiting Times

Work is on-going to set appropriate waiting time targets by service as the national RTT targets (18 wks) 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; however a query has been raised with them in relation to patients discharged at first visit and charged at the tariff price. Below is a table that shows the difference between using the local tariff for these attendances opposed to the full package tariff. An example of non PID analysis has been sent to the provider and a response is still awaited.

Discharged at 1st visit and on full package			Assessment Tariff Cost	
Package	Cost	Activity	£25	Difference
A	£2,850	30	£750	£2,100
B	£9,576	63	£1,575	£8,001
C	£7,956	78	£1,950	£6,006
D	£8,858	86	£2,150	£6,708
	£29,240		£6,425	£22,815

Quality Overview

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

Bridgewater

Paediatric Audiology

100 % of patients (Initial Appointments) are waiting less than 11 weeks (threshold is 60%). Both First DNA and follow up DNA are above their respective thresholds. The position for initials improved from 6.06% in June to 20.00% in July. Follow up DNAs have improved further to 16.67% in July from 4.4% in June.

The longest wait remains at 4 weeks. All patients are waiting under 11 weeks. Performance in the Southport Audiology service is 80.77% where there were 10 breaches of 6 week target in July. Assuming all patients attend as scheduled, worst case scenario is a predicted breach time of 2 weeks. Of the patients seen to date, there has been no harm associated with the delay. The service will continue to assess each patient as they attend for appointment.

An investigation has been undertaken and identified:

- Following the departure of the team leader an unreported waiting list was shared by a member of staff

- Consequently, incomplete and incorrect data submissions were made by the service for May, June and July. The trust have been asked to resubmit the corrected RTT information to Unify2 and conformation of this having been done is awaited from the trust.
- The Waiting list management system in place is inadequate.
- An uncharacteristic increase in new referrals for May (20 children) - approx. 44 % increase on the previous month. This caused a system pressure and highlighted that the waiting list management system was flawed. Further investigation into the increase revealed an increase in referrals from a new SALT practitioner in the area.

Led by the clinical manager and supported by the performance team, an immediate review of the waiting list management system is underway to ensure that appointment slots are utilised effectively and ensure that all patients are seen within 6 weeks. Assuming all patients attend as planned, the Southport service will return to full performance in September.

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 to establish when the reporting for these services will be in line. The trust has provided exception reporting for TB nurses only this month.

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.

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.

Quality Overview

The first joint LCH CQPG (Clinical Quality and Performance Group) meeting was held with South Sefton and Liverpool CCGs on 10th September. A full review of pressure ulcers is underway with representatives from both CCGs, LCH and NHSE. A workshop is due to be held in September to develop an action plan and commence the work to satisfy governance requirements of all parties.

Looked after Children (LAC) - The LCH provide a co-ordinating role for health reviews of LAC in addition to the function of the School and District Nurses in undertaking the actual health reviews. Issues became apparent regarding the local systems and processes following the local authority 903 Return. A lessons learned event and pathway planning event has been held and plans are in place to improve the local system, the Trust has been supported on this improvement journey by the CCG Designated Nurse for looked after children and weekly reporting has been requested by the commissioner for the purposes of assurance.

9. Third Sector Contracts

Contract review meetings are underway with Third Sector providers and reports demonstrating service outcomes are to be finalised by CSU colleagues and passed over to the CCG by the end of September. These reports detail activity and service outcomes during 2014-15 highlighting where they link in with the CCG 5 year forward plan. These reports will enable the CCG to assess current services looking in particular at value for money, service duplications and gaps in service.

10. Quality and Performance

10.1 NHS Southport and Formby CCG Performance

Performance Indicators	Data Period	Current Period				Exception Commentary	Actions
		Target	Actual	Direction of Travel			
IPM							
Treating and caring for people in a safe environment and protecting them from avoidable harm							
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	15/16 - July	13	17	↓	There were 5 new cases reported in July 2015, year to date there have been 17 cases against a year to date plan of 13. Of the 5 new cases 4 were reported by Southport and Ormskirk Hospital (2 apportioned to acute and 2 apportioned to community) the fifth case was at Aintree (apportioned to acute trust) . All but 2 cases reported in year to date all have been aligned to Southport & Ormskirk Hospital (8 apportioned to acute trust and 7 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.	
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	15/16 - July	12	15 (11 following appeals)	↓	There were 3 new cases reported in July 2015 (ytd 15), against a year to date plan of 12. Of the 3 cases in July, 2 were aligned to Southport and Formby CCG and 1 to West Lancashire CCG . Year to date plan is 36.	In total there were 3 new C-diff cases in July against an internal trajectory of 2 (per month). Full Root Cause Analysis is undertaken for each case. Of the 3 cases one has been identified for appeal. To date for 15/16 4 cases have been successfully appealed, a further 3 cases have been identified for appeal in October. <i>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.</i>	

Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - July	0	0	↔	No new cases reported in July 2015.	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	15/16 - July	0	1	↔	No new cases have been reported in July 2015. The trust are above the zero tolerance so will remain red for the rest of 2015-16.	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. 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. <i>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.</i>
Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - July	0.00	0.00	↔		
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	15/16 - July	0.00	0.00	↔		

Enhancing quality of life for people with long term conditions						
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 - July	801.75	803.95	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 slightly over the monthly plan and had 190 less admissions than the same period last year.	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - July	162.30	158.04	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 1 below the same period last year.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - July	364.32	354.49	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 12 lower the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - July	34.17	42.71	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 2 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 - July	589.45	441.27	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 181 lower the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - July	No Plan	17.49	↓	The emergency readmission rate for the CCG is lower than previous month (17.64) and higher than the same period last year (16.96).	

Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	Apr 14 - Dec 14 (Prov data)	Eng Ave 0.084	0.093	Provisional data	Provisional data shows the CCG has improved on previous years outcome for Groin Hernia procedures and achieved a rate greater than the England average.	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 QIPP, Quality Committees and Locality Lead GP meetings.
Patient reported outcomes measures for elective procedures: Hip replacement	Apr 14 - Dec 14 (Prov data)	Eng Ave 0.449	0.429	Provisional data	Provisional data shows the CCG has scored the same previous year, but failed to achieve a score higher than that of the England average.	
Patient reported outcomes measures for elective procedures: Knee replacement	Apr 14 - Dec 14 (Prov data)	Eng Ave 0.319		Provisional data	The CCG has no score for knee replacement, data suppressed due to low numbers.	
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	15/16 - July	80%	64.29%	↑	In July the CCG failed to achieve the 80% target, with only 9 patients out of 14 spending at least 90% of their time on a stroke unit.	<p>The Trust has not achieved the standard for 90% stroke ward stay. Trust performance for July was 70% against the 80% target. A slight deterioration based on the previous reporting period. The main reason for the breaches relates to bed availability due to pressures across the Trust.</p> <p>Actions</p> <p>There will be a relocation of beds within urgent care that will facilitate a dedicated stroke ward. This will assist in ensuring that patients are allocated to the correct area, particularly in times of pressure.</p> <p>Forecast</p> <p>There continues to be a risk around atypical presentations causing delays to diagnosis and during periods of increased bed pressures which impact on performance. The Trust has robust procedures in place to diagnose and treat patients effectively.</p>
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	15/16 - July	80%	70.00%	↓	Southport & Ormskirk have failed to achieve the target in July only 21 patients out of 30 spending at least 90% of their time on a stroke unit.	
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - July	60%	86.00%	↑		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	15/16 - July	60%	80.00%	↑		

Mental health					
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr1	95%	100.00%	↑	
IAPT Access - Roll Out	15/16 - Qtr1	3.75%	1.72%		Please see main report for exception commentary (Section 7)
IAPT Access - Roll Out	15/16 - July	1.25%	0.86%	↑	
IAPT - Recovery Rate	15/16 - Qtr1	50.00%	45.57%		
IAPT - Recovery Rate	15/16 - July	50.00%	54.05%	↑	
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%	95.90%		
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%	99.50%		
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)	2013	2,646.00	1,933.40	↑	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.

Cancer waits – 2 week wait					
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	15/16 - June	93%	93.84%	↑	
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	15/16 - June	93%	94.79%	↑	
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 - June	93%	83.33%	↑	Southport & Formby CCG failed the target for June and year to date. In June 4 patients were not seen within 14 days out of a total of 28 (85.71%).
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 - June	93%	N/A	↔	Southport & Ormskirk no longer provide this service.

Cancer waits – 31 days					
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	15/16 - June	96%	98.26%	↔	
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	15/16 - June	96%	98.62%	↑	
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - June	94%	96.10%	↔	
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	15/16 - June	94%	100.00%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - June	94%	100.00%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	15/16 - June	94%	100.00%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - June	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 - June	98%	100%	↔	

Cancer waits – 62 days						
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	15/16 - June	85% (local target)	79.55%	↓	Southport & Formby CCG failed the target for June and year to date. In June 6 patients were not upgraded out of a total of 22 (72.73%).	This is a local target. Cancer leads continue to monitor performance and managerial cancer lead now receives weekly cancer PTLs and attends the weekly cancer PTL meetings at the Trust. Root Cause Analysis of all breaches takes place at these meetings. A copy of the latest SBAR is shared with the CCG.
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 - June		88.55%	↓		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	15/16 - June	90%	100.00%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	15/16 - June	90%	100.00%	↔		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	15/16 - June	85%	85.32%	↓		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	15/16 - June	85%	86.38%	↓		

Referral To Treatment waiting times for non-urgent consultant-led treatment					
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (CCG)	15/16 - July	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Southport & Ormskirk)	15/16 - June	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - July	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Southport & Ormskirk)	15/16 - June	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 - July	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	15/16 - June	0	0	↔	

Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - July	90%	92.16%	↑		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Southport & Ormskirk)	15/16 - June	90%	84.40%	↑	The Trust failed to achieve the target of 90% in June achieving 84.40%. This equates to 166 patients out of 1064 not been seen within 18 weeks. These breaches were in the following specialities:- General Surgery (21) Urology (4) T&O (43) Ophthalmology (29) ENT (19) Oral Surgery (30) General Medicine (1) Gynaecology (1) All other (18)	The Trust continues to make progress toward Trust-level compliance. At the beginning of April there were a total of 15,886 open pathways and 1,332 patients with a wait experience of 18 weeks or longer. These figures, in August are 11,966 and 689 respectively. The admitted pathway backlog is 88 and the overall list is 1,882. We have, therefore, achieved our target backlog size of fewer than 100 breached patients. As previously advised the Trust was aiming for compliance in July, however, a number of Orthopaedics patients were treated just outside the 18 week target. The reason for this was that work instructions for booking inpatients were not adhered to. Actions • A restructure is in progress which will move the access department from having a single manager over inpatients and outpatients to a dedicated manager over each area • On-going validation • Additional activity were there are evidenced issues with demand and capacity Forecast The Trust will continue to deliver the 92% ongoing target. Based on predictions mid-month August performance is currently 91.9% against the admitted pathway and 94.5% against the non-admitted pathway. Both ENT and Gastroenterology have seen significant increases in the number of patients waiting over 18 weeks. Both specialties have issues with consultant capacity. ENT has also experienced a number of late referrals from Dermatology which has compounded the backlog issue.
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - July	95%	95.13%	↑		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Southport & Ormskirk)	15/16 - June	95%	93.74%	↓	The Trust failed to achieve the target of 95% in June achieving 93.74%. This equates to 332 patients out of 5307 not been seen within 18 weeks. These breaches were in: General Surgery (28) Urology (10) T&O (19) Ophthalmology (8) ENT (23) Oral Surgery (12) General Medicine (8) Gastroenterology (28) Cardiology (30) Dermatology (86) Rheumatology (24) Gynaecology (6) Other (50)	
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 - July	92%	94.21%	↔		
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 - June	92%	93.39%	↔		



A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	15/16 - July	95.00%	94.71%	↔	<p>Southport & Formby CCG achieved the 95% target in July reaching 95.57% but are narrowly failing year to date reaching 94.71%. In July 140 attendances out of 3161 were not admitted, transferred or discharged within 4 hours.</p> <p>The majority of Southport & Formby CCG A&E breaches occurred at Southport & Ormskirk Hospitals. Please see below for the Trust narrative.</p>
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk)	15/16 - July	95.00%	94.44%	↑	<p>Southport & Ormskirk have also achieved the target in July, reaching 95.51%, but are failing year to date reaching 94.44%. In July month 448 attendances out of 9974 were not admitted, transferred or discharged within 4 hours. This is the second month in a row the trust have achieved the target since October 2014.</p> <p>Attendances at Southport A&E are in line with July14, admissions are higher in July than the same period over the last two years. Analysis of GP referrals into the Trust has highlighted that a greater proportion of patients are seen in A&E rather than the GPAU, with their admission being recorded as A&E. The Trust has identified internal reasons for this which are being addressed by the operational team and admission criteria for GPAU is being reviewed by the Clinical Director. The volume of patients aged over 75 + has seen a slight decrease compared to the last winter period but is still significantly higher when compared to June in previous years.</p> <p>Forecast Site compliance remains a challenge, due to the changing nature of non-elective patients, the risk this has on Trust compliance remains. The wider urgent care action plan is addressing significant health economy issues, many of which are long term objectives.</p>
Diagnostic test waiting times					
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	15/16 - July	1.00%	0.71%	↓	
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	15/16 - June	1.00%	0.40%	↔	

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - July	75%	77.70%	↑	
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - July	75%	71.20%	↓	The CCG failed to achieve the 75% target year to date, or in month (July) recording 66.2%.
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - July	95%	90.70%	↓	The CCG failed to achieve the 95% target year to date, or in month (July) recording 89.5%.
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	15/16 - July	75%	77.90%	↔	
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	15/16 - July	75%	76.40%	↔	
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	15/16 - July	95%	95.00%	↔	
Local Indicator					
Access to community mental health services by people from Black and Minority Ethnic (BME) groups (Rate per 100,000 population)	2013/14	2200	2118.0	↓	The baseline data shows access to community mental health services by people from BME groups is higher for the CCG than the England rate per 100,000 (England rate 2035.9) but lower than the plan. This is an improvement on the previous year when the CCG rate was 1779.2.

Demand for the service across the North West continues to be below plan, with calls down 7.3% in July, resulting in total incidents being 4.1% down on expected levels. Calls from Southport & Formby CCG patients are 6.6% down YTD. However calls resulting in an ambulance attendance (Red and Green) are also slightly below plan despite response times failing at CCG level. NWS performance is measured at regional level, not CCG level which means performance as measured in the constitution and for Quality Premium remains on track (green).

Local data flows are being established to monitor this indicator more frequently.

10.2 Friends and Family – Southport and Ormskirk Hospital NHS Trust

Figure 22 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 (July 2015)	RR - Trajectory From Previous Month (June 15)	% Recommended (England Average)	% Recommended (July 2015)	PR Trajectory From Previous Month (June 15)	% Not Recommended (England Average)	% Not Recommended (July 2015)	PNR Trajectory From Previous Month (June 15)
Inpatients	25%	21.4%	↓	95.9%	94%	↓	1.4%	2.2%	↑
A&E	15%	8.8%	↓	88.2%	90.7%	↑	6%	6%	↓
Q1 - Antenatal Care	N/A	-	-	95%	100%	↑	2%	0%	↓
Q2 - Birth	N/A	23.2%	↓	97%	84%	↓	1%	9%	↓
Q3 - Postnatal Ward	N/A	-	-	94%	91%	↓	2%	5%	↑
Q4 - Postnatal 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 decline in response rates for both inpatients and A&E compared to the previous month, this is disappointing given an increase in response rates in June compared to May.

The percentage of patients that would recommend the inpatient service in the trust has decreased from the previous month and remains lower than the England average. The percentage of people who would not recommend the inpatient service has worsened since the previous month and is markedly higher than the England average

In A&E the percentage of people who would recommend the service has increased from the previous month to 90.7%, and surpasses the England average, and the percentage of people who would not recommend the A&E service has improved from the previous month and is in line with the England average.

For maternity services, antenatal care and postnatal community ward care are performing better than the England average. However for birth and postnatal care, the percentage of people who would recommend those areas and would actively not recommend those areas are worse than the England average

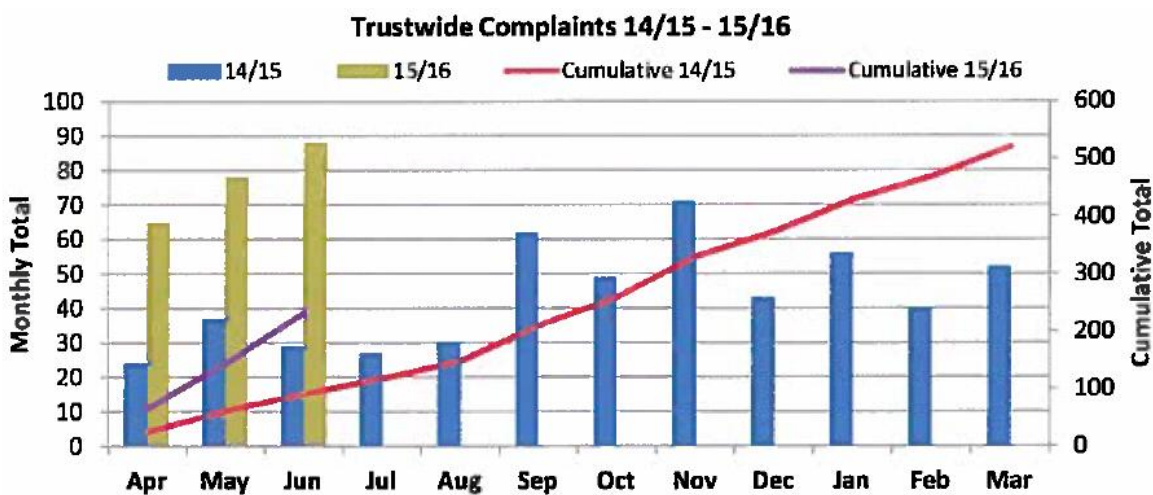
Friends and Family is a standing agenda item on the Clinical Quality Performance Group (CQPG), which is a joint meeting between the trust and the CCG. An action plan has been developed by the trust, for which the Director of Nursing is accountable. This action plan seeks to address the areas of poor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

10.3 Complaints

Southport & Ormskirk Hospital – Quarter 1 Complaints

231 complaints were received into the Trust in Q1, a 56% increase on the 148 reported in Q4 14/15. If we take into account both complaint and concerns / information requests numbers, the figures in Q1 2015/16 are 10% higher than for the same time period last year (315 in 14/15, 347 in 15/16).



Top 3 Reasons for Complaints – Quarter 1 15/16

All complaints are categorised by the subjects and sub-subjects contained within them. This means that any one complaint can contain multiple subjects. The 231 complaints received in Q1 have in them 371 subjects, the breakdown of which can be analysed.

The three top reasons for complaints in Quarter 1 were

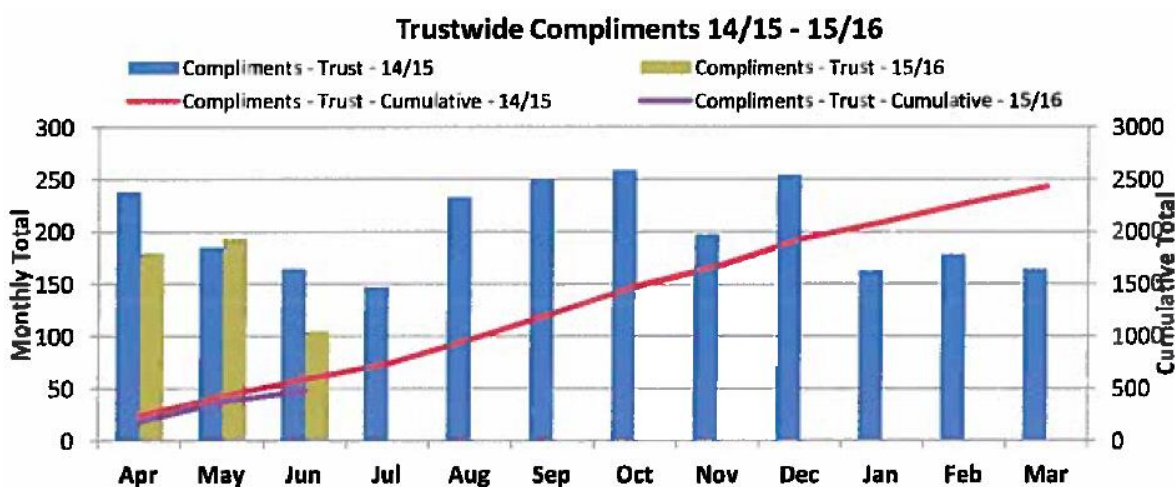
- Clinical Treatment (26%)
- Oral Communication (16%)
- both Staff Attitude / Behaviour and Date for Appointment were equal (11.5%)

Combined , these four subjects account for 65% of all complaints received in Q1.

The full complaints report will be presented to the CQPG in October, the report analyses complaint by Business Units including Community Services and provides a summary of 'lessons learned.

Compliments

The graph below shows compliment numbers this year compared to last. Numbers reported continue to remain low due to under reporting on Datix.



10.4 Serious Untoward Incidents (SUIs) and Never Events

10.4.1 CCG level Serious Untoward Incidents

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

There were 8 Serious Incidents in June involving Southport and Formby CCG patients and 2 in July.

For the year 15/16 up to and including July there have been 26 Serious Incidents involving Southport and Formby CCG patients

Figure 23 SUIs Reported at Southport & Formby CCG level



CCG Level SUIs**Southport & Formby CCG**

	Never Event
--	-------------

CCG SUIs

Type of Incident	Apr	May	Jun	Jul	YTD
Pressure ulcer - (Grade 3)	3	6	3	1	13
Pressure ulcer - (Grade 4)	2		3		5
Sub-optimal care of the deteriorating patient		2			2
Unexpected Death (general)	1				1
Surgical Error		1			1
Allegation Against HC Professional			1		1
Pressure Sore - (Grade 3 or 4)			1	1	2
Attempted Suicide by Outpatient (in receipt)		1			1
Grand Total	6	10	8	2	26

Figure 24 SUIs by Provider

Provider / Type of Incident	Apr	May	Jun	Jul	YTD
Aintree University Hospital NHS Foundation Trust					
Unexpected Death (general)	1				1
Liverpool Women's NHS Foundation Trust					
Surgical Error		1			1
Mersey Care NHS Trust					
Attempted Suicide by Outpatient (in receipt)		1			1
Southport and Ormskirk Hospital NHS Trust					
Pressure ulcer - (Grade 3)	3	6	3	1	13
Pressure ulcer - (Grade 4)	2		3		5
Sub-optimal care of the deteriorating patient		2			2
Allegation Against HC Professional			1		1
Pressure Sore - (Grade 3 or 4)			1	1	2
Grand Total	6	10	8	2	26

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

Number of Southport & Formby CCG Incidents reported by Provider

The majority of incidents have occurred in Southport & Ormskirk Hospital (23), with one incident occurring in each of the following providers:

- Aintree University Hospital NHS Foundation Trust
- Liverpool Women's NHS Foundation Trust
- Mersey Care NHS Trust

Figure 25 SUIs Reported at Southport & Ormskirk Hospital

Provider SUIs

Incident Type	Apr	May	Jun	Jul	YTD
Pressure ulcer - (Grade 3)	15	8	6	2	31
Pressure ulcer - (Grade 4)	8	2	3		13
Sub-optimal care of the deteriorating patient	1	2		1	4
Pressure Sore - (Grade 3 or 4)			2	1	3
Failure to act upon test results				1	1
Allegation Against HC Professional			1		1
Unexpected Death of Inpatient (in receipt)	1				1
Child abuse (institutional)			1		1
Confidential Information Leak				1	1
Grand Total	25	12	13	6	56

Figure 26 SUIs Reported at Southport & Ormskirk Hospital split by CCG

Incidents Split by CCG

CCG Name / Incident Type	Apr	May	Jun	Jul	YTD
Sefton CCG					
Pressure ulcer - (Grade 3)	1	1			2
Pressure ulcer - (Grade 4)	1				1
Southport & Formby CCG					
Pressure ulcer - (Grade 3)	3	6	3	1	13
Pressure ulcer - (Grade 4)	2		3		5
Pressure Sore - (Grade 3 or 4)			1	1	2
Sub-optimal care of the deteriorating patient		2			2
Allegation Against HC Professional			1		1
West Lancashire CCG					
Pressure ulcer - (Grade 3)	11	1	3	1	16
Pressure ulcer - (Grade 4)	5	2			7
Sub-optimal care of the deteriorating patient	1			1	2
Child abuse (institutional)			1		1
Confidential Information Leak				1	1
Failure to act upon test results				1	1
Unexpected Death of Inpatient (in receipt)	1				1
Pressure Sore - (Grade 3 or 4)			1		1
Grand Total	25	12	13	6	56

Number of Serious Untoward Incidents (SUIs) reported in period

For the year 15/16 up to and including July, Southport & Ormskirk Hospital Integrated Care Organisation (ICO) reported 56 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 June 2015/16.

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

Number of Incidents reported by CCG

The trust has had patients from 3 different CCGs involved in serious incidents.

- South Sefton CCG – 3
- Southport and Formby CCG – 23
- West Lancashire CCG - 30

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.

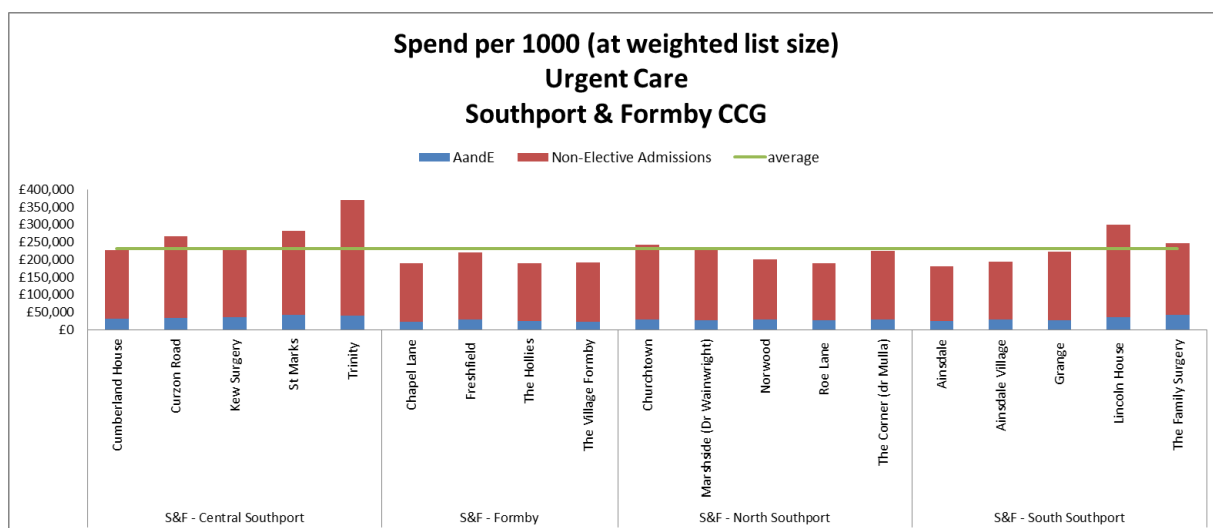
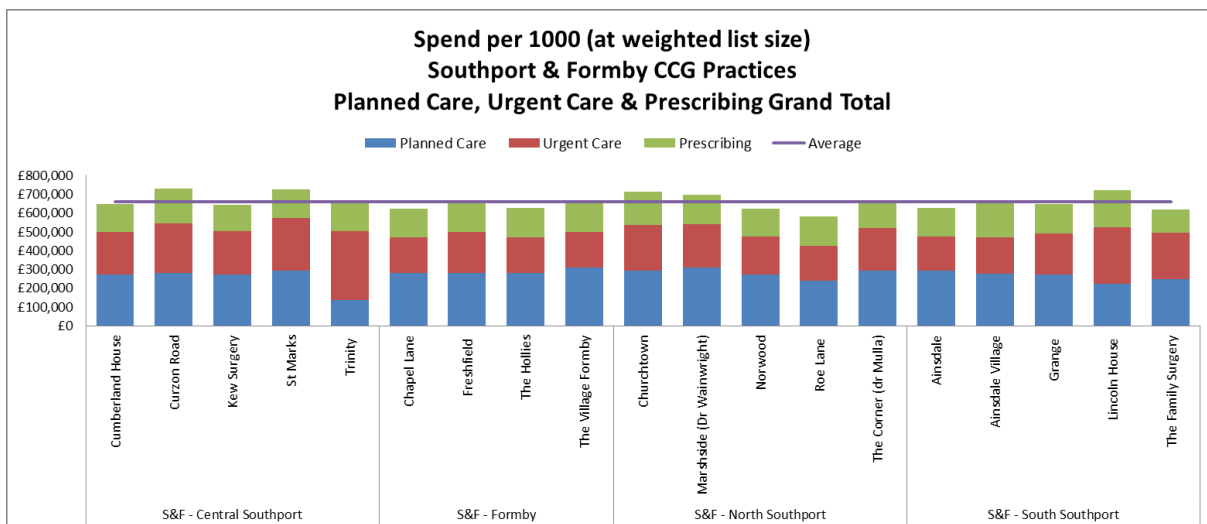
11.3 Format

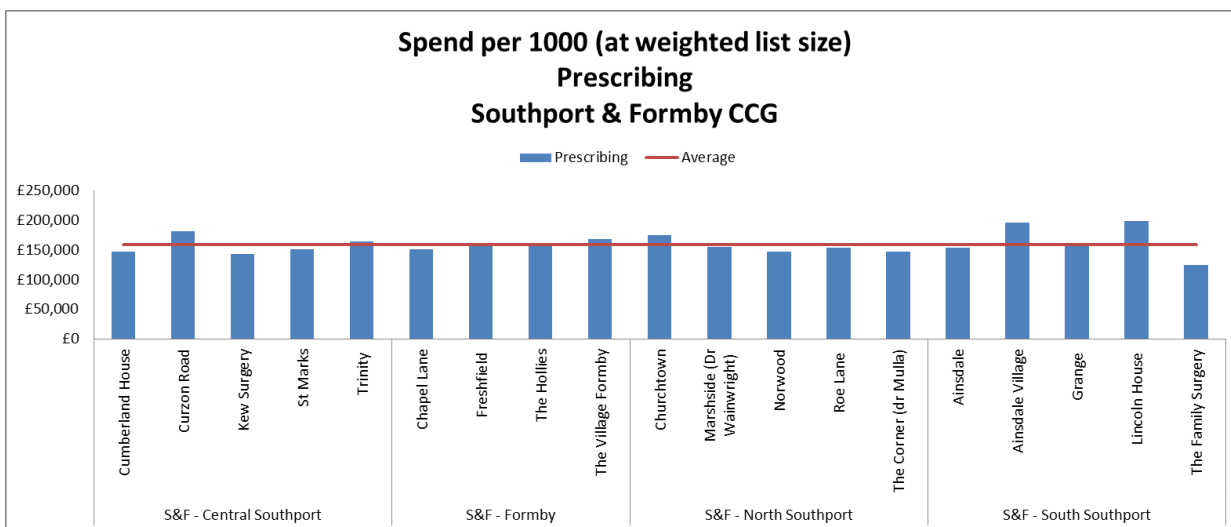
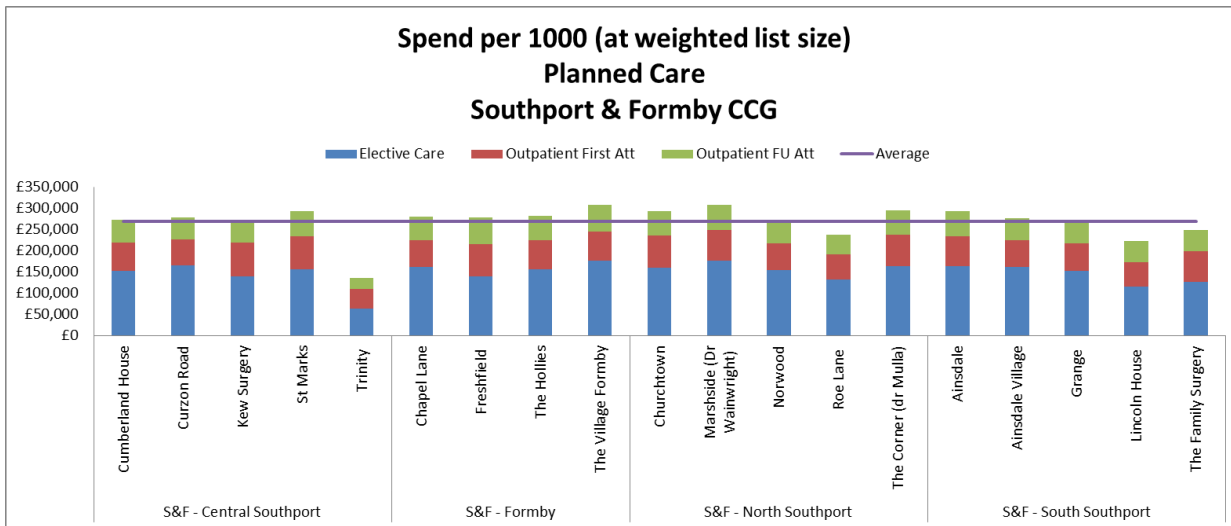
The data is presented for all practices, grouped to locality level and RAG rated to illustrate easily variation from the CCG average, where green is better than CCG average by 10% or more, and red is worse than CCG average. Amber is defined as better than CCG average but within 10%. Data is refreshed 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 27 Summary of Primary Care Dashboard – Urgent Care Summary





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 and the following reports were available as of 17/09/2015:

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 ●

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 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. This collection template for Q1 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on local metrics. It also presents an opportunity for Health and Wellbeing Boards to register interest in 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 Q1 is above the required level of reduction, therefore no payment for performance is available. Performance is summarised below:

BCF NEL Admissions (MAR)	Apr	May	Jun	Q1	Jul	Year to Date
Plan	3,003	3,003	3,003	9,009	2,941	11,950
Actual	3,257	3,245	2,958	9,461	2,957	12,418
Var	254	242	-45	452	17	468
%age Var	8.5%	8.1%	-1.5%	5.0%	0.6%	3.9%

13. NHS England Activity Monitoring

Measures		Apr	May	Jun	Jul	YTD
E.C.8 A&E (Type 1, 2 & 3)	Plan	3132	3293	3188	3442	13055
	Actual	3307	3302	3426	3529	13564
	Var	175	9	238	87	509
	%age Var	5.6%	0.3%	7.5%	2.5%	3.9%
E.C.32 Daycase (All Specs)	Plan	1629	1708	1767	1730	6834
	Actual	1530	1418	1594	1545	6087
	Var	-99	-290	-173	-185	-747
	%age Var	-6.1%	-17.0%	-9.8%	-10.7%	-10.9%
E.C.2 Daycase (G&A)	Plan	1629	1707	1767	1730	6833
	Actual	1530	1417	1594	1545	6086
	Var	-99	-290	-173	-185	-747
	%age Var	-6.1%	-17.0%	-9.8%	-10.7%	-10.9%
E.C.21 Elective (All Specs)	Plan	250	262	272	265	1049
	Actual	246	251	309	302	1108
	Var	-4	-11	37	37	59
	%age Var	-1.6%	-4.2%	13.6%	14.0%	5.6%
E.C.1 Elective (G&A)	Plan	250	262	272	266	1050
	Actual	246	251	309	302	1108
	Var	-4	-11	37	36	58
	%age Var	-1.6%	-4.2%	13.6%	13.5%	5.5%
E.C.23 Non Elective	Plan	1358	1428	1382	1492	5660
	Actual	1372	1326	1447	1572	5717
	Var	14	-102	65	80	57
	%age Var	1.0%	-7.1%	4.7%	5.4%	1.0%
E.C.4 Non Elective (G&A)	Plan	1313	1380	1335	1441	5469
	Actual	1335	1290	1413	1527	5565
	Var	22	-90	78	86	96
	%age Var	1.7%	-6.5%	5.8%	6.0%	1.8%
E.C.24 OP All 1st (All Spec)	Plan	3190	3346	3463	3389	13388
	Actual	3761	3547	4338	3997	15643
	Var	571	201	875	608	2255
	%age Var	17.9%	6.0%	25.3%	17.9%	16.8%
E.C.5 OP All 1st (G&A)	Plan	3114	3266	3380	3309	13069
	Actual	3544	3335	4101	3770	14750
	Var	430	69	721	461	1681
	%age Var	13.8%	2.1%	21.3%	13.9%	12.9%
E.C.25 OP All 1st Following GP Ref(All Spec)	Plan	2037	2137	2211	2165	8550
	Actual	2246	2235	2670	2441	9592
	Var	209	98	459	276	1042
	%age Var	10.3%	4.6%	20.8%	12.7%	12.2%
E.C.12 OP All 1st Following GP Ref (G&A)	Plan	1988	2085	2158	2112	8343
	Actual	2181	2160	2601	2375	9317
	Var	193	75	443	263	974
	%age Var	9.7%	3.6%	20.5%	12.5%	11.7%
E.C.6 All Subsequent OP	Plan	7318	7675	7943	7775	30711
	Actual	9121	8408	10144	9957	37630
	Var	1803	733	2201	2182	6919
	%age Var	24.6%	9.6%	27.7%	28.1%	22.5%

MEETING OF THE GOVERNING BODY SEPTEMBER 2015

Agenda Item: 15/166	Author of the Paper:
Report date: September 2015	Ann Dunne CCG Head of Safeguarding Children ann.dunne@haltonccg.nhs.uk Tel: 0151 495 5469 Helen Smith CCG Head of Safeguarding Adults Helen.smith2@haltonccg.nhs.uk Tel: 0151 495 5469

Title: CCG Safeguarding Annual Report 2014/15

Summary/Key Issues:

The purpose of the report is to provide assurance that the Clinical Commissioning Group (CCG) is fulfilling its statutory duties in relation to safeguarding children and adults. It takes into account:

- National changes and influences
- Local developments and activity.

This annual report provides insight into:

- Local developments and initiatives pertaining to safeguarding that have taken place during 2014/15
- Performance and governance arrangements
- Challenges to business continuity.

A separate report for Looked After Children has been authored under the current commissioning arrangements by relevant provider leads about how the health needs of this cohort of children and young people have been met. This report is expected to be included within the Quarter 2 data set (due for submission by 30 September 2015). The reporting arrangements will change for 2015/16 as it is anticipated that the Designated Nurse for Looked After Children will author an overview report incorporating all health provider data for this group of children.

<p>Recommendation The Governing Body are asked to approve the annual report.</p>	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
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Links to Corporate Objectives (<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			
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees	x			The CCG Safeguarding Annual Report 2014/15 has been presented to the last meeting of the Quality Committee. Once approved by the Governing Body it will then be submitted to the Local Safeguarding Children Board (LSCB) and Local Safeguarding Adult Board (LSAB).

Links to National Outcomes Framework (<i>X those that apply</i>)	
	Preventing people from dying prematurely.
	Enhancing quality of life for people with long-term conditions.
	Helping people to recover from episodes of ill health or following injury.
	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.

Safeguarding Annual Report 2014/15

Author: Ann Dunn, Helen Smith CCG
Safeguarding Service

Date: August 2015



Foreword by the Chief Nurse for CCG

NHS Southport and Formby Clinical Commissioning Group (CCG) demonstrates a strong commitment to safeguarding children and adults within the local communities. There are strong governance and accountability frameworks within the Organisation which clearly ensure that safeguarding children and adults is core to the business priorities. The commitment to the safeguarding agenda is demonstrated at Executive level and throughout all CCG employees. One of the key focus areas for the CCG is to actively improve outcomes for children and adults at risk and that this supports and informs decision making with regard to the commissioning and redesign of health services within the Borough.



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Executive Summary

This is the second annual safeguarding report to NHS Southport and Formby Clinical Commissioning Group Governing Body. The purpose of the report is to assure the Governing Body and members of the public that the Clinical Commissioning Group (CCG) is fulfilling its statutory duties in relation to safeguarding children and adults in NHS Southport and Formby Clinical Commissioning Group; it takes account of national changes and influences and local developments and activity.

The report also highlights the local development, performance, governance arrangements and activity and the challenges to business continuity.

A separate report around Looked After Children has been authored under the current commissioning arrangements by the provider leads about how the health needs of this cohort of children and young people have been met. This report is expected to be included within Quarter 2 data set (due for submission by 30th September 2015). The reporting arrangements will change for 2015/16. It is anticipated that the Designated Nurse for Looked After Children will author an overview report incorporating all health provider data for this group of children.



1 Purpose of the report

This is the second annual safeguarding report to NHS Southport & Formby Clinical Commissioning Group Governing Body and reviews the work across and progress throughout the 2014 /2015.

In Merseyside, to meet with national requirements, there is a Hosted Safeguarding Service, which serves Liverpool, South Sefton, Southport & Formby, Halton, St Helens and Knowsley CCG's. The hosting arrangements remain with Halton CCG as originally agreed in 2013.

This report is intended to provide assurance that the CCG has safely discharged its statutory responsibilities to safeguard the welfare of children and adults at risk of abuse across the health services it commissions.

The report will also provide information about national and local changes and influences, local development, performance, governance arrangements and activity and the challenges to business continuity.

Although the report does include information regarding Looked After Children, a separate report has been authored under the current commissioning arrangements by the provider Leads about how the health needs of this cohort of children and young people have been met. These reporting arrangements will change for 2015/16 due to the new commissioning arrangements.

2 National Context

2.1 The NHS Accountability and Assurance framework: Safeguarding Vulnerable People in the Reformed NHS (2013)

Safeguarding accountabilities for CCG's, NHS England, NHS Providers and other Organisations within the health economy are defined within the Accountability and Assurance framework: Safeguarding Vulnerable People in the Reformed NHS (2013).

NHS England has the responsibility for providing safeguarding clinical leadership support to the designated professionals for safeguarding children, looked after children and safeguarding adult's leads.

The CCG safeguarding arrangements and work plan continues to take full account of this. A revision to the 2013 framework was announced in early 2015 and a consultation document released with the intent to publish the fully revised guidance in in May 2015. The CCG responded and contributed to this consultation document.



The current framework outlines and includes the need to:

- Promote partnership working to safeguard children, young people and adults at risk of abuse, at both strategic and operational levels
- Clarify NHS roles and responsibilities for safeguarding, including in relation to education and training
- Provide a shared understanding of how the new system will operate and, in particular, how it will be held to account both locally and nationally
- Ensure professional leadership and expertise are retained in the NHS, including the continuing key role of designated and named professionals for safeguarding children
- Outline a series of principles and ways of working that are equally applicable to the safeguarding of children and young people and of adults in vulnerable situations, recognising that safeguarding is everybody's business. plans to train staff in recognising and reporting safeguarding issues
- Provide a clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements
- Provide appropriate arrangements to co-operate with local authorities in the operation of LSCBs, SABs and Health and Wellbeing Boards
- Ensure effective arrangements for information-sharing
- Have a safeguarding adults lead and a lead for the Mental Capacity Act, supported by the relevant policies and training.

2.2 Intercollegiate document: safeguarding children and young people: roles and competencies for health care staff (March 2014)

All health staff have a duty to promote the welfare of and safeguard children and young people. Staff are required to have the competences to recognise when intervention is required and be able to take effective action appropriate to their role. This third edition document has been ratified by the Royal Colleges and professional bodies in order to provide and support a consistent approach and framework for training and development across the health economy.

The document takes account of the changing landscape of the NHS and included requirements for the Executive Team and Board members.

The document indicates that all staff must clearly understand their responsibilities, and should be supported by their employing organisation to fulfil their duties. The standards within this document inform organisational training, training strategies and training needs analysis for health care organisations, providing a framework for use within annual staff appraisal to ensure knowledge and skills have been acquired.



2.3 Promoting the Health and Wellbeing of Looked After Children (March 2015)

This document was published in March 2015 by the Department for Education and the Department of Health. It outlines statutory roles and responsibilities for all agencies including Local Authority partners and NHSE. This refreshed publication is explicit with regard to the role of the CCG and will be crucial in supporting and informing the CCG work plan in 2015/16.

2.4 Looked After Children: Knowledge, Skills and Competences of Health Care Staff (March 2015)

This document was developed in partnership with the Royal College of Nursing and the Royal College of GPs, and mirrors the Intercollegiate Document for Safeguarding Children. The document outlines key levels of knowledge, skill and competencies for health staff who work (indirectly or directly) with looked after children. It provides a framework for healthcare staff to understand their role and responsibilities for meeting the needs of looked after children.

This document will be key to informing the CCG's safeguarding work plan and priorities for Looked After Children going forward into 2015/16.

'Working Together to Safeguard Children' was updated in March 2015.

The guidance outlines:

- The legislative requirements and expectations on individual services to safeguard and promote the welfare of children.
- A clear framework for Local Safeguarding Children's Boards (LSCBs) to monitor effectiveness of local services.

2.5 Safeguarding Inspection Framework

The Care Quality Commission (CQC) single agency safeguarding inspection programme continued throughout 2014 / 15 in the absence of a published multi agency inspection framework. Consultation on a joint inspection regime took place between July 2014 and September 2014 with a proposed pilot starting in autumn 2015. The current CQC Safeguarding Inspection regime focuses on evaluating the quality and impact of the local health arrangements. The hosted Safeguarding Service has continued throughout the year to provide support across the health economy in readiness for an inspection should the CQC notify.

2.6 The Care Act 2014

The Care Act 2014 provides a coherent approach to adult social care in England. It represents the most significant change to social care legislation in 60 years. The changes aim to enable people to have more control over their own lives. Support should be about prevention, with the ultimate goal of helping people stay independent. The legislation sets



out how people's care and support needs should be met and introduces the right to an assessment for anyone, including carers and self-funders, in need of support. There is a requirement for partnership working and integration in relation to care and finances. Transition assessments should be carried out for young people who will be requiring adult services once aged 18, whether already receiving children's services or not - this will need to be integrated with health and education.

The safeguarding of adults is placed on a statutory footing from April 2015. The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The Care Act places a duty on the Local Authority to make a Section 42 enquiry (or to make sure that, as the lead agency, enquiries are carried out by the relevant organisation) where there is a concern about the possible abuse or neglect of an adult at risk. An enquiry must be proportionate and may take the form of a conversation with the individual concerned (or with their representative or advocate). It may need the involvement of another organisation or individual. Or it may require a more formal process, perhaps leading to a formal multi-agency plan to ensure the wellbeing of the adult concerned.

In many cases a professional who already knows the adult will be the best person to undertake a Section 42 enquiry. The local authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. The local authority, in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under section 42 to decide what action (if any) is necessary to help and protect the adult and by whom and to ensure that such action is taken when necessary. In this role if the local authority has asked someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

The Care Act requires that all statutory members of the Safeguarding Adults Board (SAB) identify a Designated Adult Safeguarding Manager (DASM). This is a similar role to the Local Authority Designated Officer (LADO) role in children's services, responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid. Interim local arrangements are in place in Merseyside and Cheshire.

The Care Act states that all Local Authorities must have a SAB and it places them on a statutory footing from April 2015. Membership must include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding



issues. The main objective of the SAB is to ensure itself that the local safeguarding arrangements and partners act to protect adults in the area. A yearly plan and annual report must be provided. There is a well-established Sefton SAB in place with representation at the Board and subgroups by NHS Southport and Formby CCG and the hosted Safeguarding Service. There is a legal requirement to arrange for Safeguarding Adults Reviews (previously Adult Serious Case Reviews) to ensure lessons can be learned from serious incidents.

The Care Act states that arrangements must be made where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them.

All commissioners, including CCG's are expected to embed safe practice in all commissioning activity in line with Care Act and local policy requirements. The quality schedule contracts and safeguarding key performance indicators for NHS Southport and Formby CCG health commissioned services for 2015/16 are compliant with the Care Act requirements.

2.7 Mental Capacity Act and Deprivation of Liberty Safeguards

Supreme Court Ruling 2014

The Mental Capacity Act (MCA) 2005 has been fully implemented since October 2007. The Deprivations of Liberty Safeguards (DoLS), which form part of the Act, were introduced in April 2009 as part of the amendments to the Mental Health Act 1983. The intention was to provide a legal framework around the deprivation for those people who are assessed as lacking the capacity to make decisions about their care and treatment or support. The intention was to avoid breaches under Article 5 of the European Convention on Human Rights, which occurred in *HL v United Kingdom* (ECtHR; (2004) 40 EHRR 761), and often referred to as the 'Bournemouth Gap'.

Originally there lacked a legal definition about what amounted to a Deprivation of Liberty, however there were a number of factors which were required to be considered (Page 17 DoLS Code of Practice). Cheshire West and Chester local authority have been challenged in the High Court on a DoLS authorisation that was granted on *P* resulting in a Supreme Court ruling in March 2014. The Supreme Court Judgement passed, ruling that the deprivation for *P* was unlawful. A subsequent judgment of *P & Q v Surrey County Council*, also determined there was an unlawful deprivation. These land mark cases have led to significant changes to whom and when a Deprivation of Liberty authorisation must be made. There now exists a clear definition of the factors to consider when deciding is a



person is being deprived of their liberty. They introduced the "acid test" term which need to be considered when deciding whether a person is being deprived of their liberty;

- 1 - The person lacks capacity AND
- 2 - The person is not free to leave AND
- 3 - The person is subject to continuous supervision

The number of DoLS referrals has significantly increased as a result of the judgement. This is a national concern and the implications are far reaching in; resources, workload and financial costs. Several test cases continue to be taken through the Court of Protection.

Deprivation of Liberty and the Coroner Act (2009)

There are specific implications where an individual who dies with a DoLS authorisation is in place, which is deemed to be a death in custody under lawful detention. Consequently all such deaths must be referred to the Coroner requiring an inquest. Under these circumstances the responsible Medical Practitioner or General Practitioner is legally not permitted to issue the medical certificate of cause of death. This process has been described by Mr Sumner (HM Coroner) for Merseyside, in line with section 1(2)(c) of the Coroners Act and Section 16 of the Chief Coroners Guidance. There is a requirement for all GP's employed with the NHS Southport & Formby CCG area to be aware of their legal responsibilities in line with the Coroners Act. The circular was completed and submitted after April 2015 therefore, would this go into the action plan and then evidence as completed as part of the annual report for 2015-16

<https://www.judiciary.gov.uk/wp-content/uploads/2013/10/guidance-no16-dols.pdf>

2.8 Prevent

The Prevent Strategy (2011)

The Prevent strategy is a key part of CONTEST, the Government's counter terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism. The strategy aims to respond to the ideological challenge of terrorism and those who promote it, prevent people from being drawn into terrorism, and work with sectors and institutions where there are risks of radicalisation.

Work includes disrupting extremist speakers, removing material online, intervening to stop people being radicalised, and dissuading people from travelling to Syria and Iraq and intervening when they return. The most significant terrorist threat is currently from Al Qai'da-associated groups and from terrorist organisations in Syria and Iraq, including ISIL. Terrorists associated with the 'extreme right' also pose a threat.



2.9 Channel

'Channel' is a multi-agency safeguarding programme which operates throughout England and Wales. It provides tailored support to people who have been identified as at risk of being drawn into terrorism. The support offered can come from any of the partners on the panel, which include the local authority, police, education, and health providers. Support will often involve experts who understand extremist ideology. Engagement with the programme is entirely voluntary at all stages

2.10 Prevent Delivery in Health and Home Office 'Priority' and 'Non-Priority Areas'

In January 2015, NHS England reduced the Prevent resource to priority areas within the UK following the Home Office funding decision in April 2014. Regional Prevent Coordinators (RPCs) within the priority areas identified by the Home Office, continued to operate a business as usual policy providing support; and NHS commissioned providers submitted quarterly Prevent returns monitoring progress against the Home Office deliverables to RPCs.

In non-priority areas, each CCG Prevent Lead should have links with their provider organisation's Prevent Lead with RPCs being used as a point of contact for advice about issues that could not be managed locally. In the North West region the RPC role was only occupied for part of the reporting year and NHS Southport and Formby CCG health commissioned services accessed the RPC lead from another priority area as required. An RPC for the North West region will commence in post from August 2015.

CCGs were required to ensure that organisations within their regions were aware of the changes and the necessity to comply with the prevent requirements set out in the safeguarding clause of the NHS Standard Contract.

The hosted Safeguarding Service for NHS Southport and Formby CCG has incorporated Prevent into the safeguarding KPI's for health commissioned services and all health commissioned providers for NHS Southport & Formby CCG report on Prevent compliance as part of the Quality Schedule

2.11 NHS Southport & Formby CCGs work with Prevent

Liverpool is identified as a priority area and as such has an effect on the residents of Southport and Formby..

The CCG has an identified Prevent Lead and Prevent training for CCG staff is anticipated be a statutory requirement in line with the recommendations outlined in the 2015 *Prevent Duty Guidance: For England and Wales*.

Prevent delivery for each provider organisation was included within the NHS Standard Contract for 2014/15 for provider organisations.



2.12 Statutory guidance issued under section 29 of the Counter-Terrorism and Security Act (2015)

Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) places a duty on certain bodies (“specified authorities” listed in Schedule 6 to the Act), in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”.

This guidance is issued under section 29 of the Act. The Act states that the authorities subject to the provisions must have regard to this guidance when carrying out the duty. The duty applies to specified authorities in England and Wales, and Scotland. Counter terrorism is the responsibility of the UK Government.

In fulfilling the duty, the Act expects health bodies to demonstrate effective action in the following areas:

- Partnership
- Risk Assessment
- Staff Training
- Monitoring and enforcement

2.13 HM Government Channel Duty Guidance – Protecting vulnerable people from being drawn into terrorism

Channel is a programme which focuses on providing support at a pre criminal stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by:

- identifying individuals at risk
- assessing the nature and extent of that risk
- developing the most appropriate support plan for the individuals concerned

Channel may be appropriate for anyone who is vulnerable to being drawn into any form of terrorism. Channel is about ensuring that vulnerable children and adults of any faith, ethnicity or background receive support before their vulnerabilities are exploited by those that would want them to embrace terrorism, and before they become involved in criminal terrorist activity. NHS Southport and Formby CCG and the hosted Safeguarding Service will be statutory health members of a Channel Panel when required.



3 Local Context

3.1 CCG Governance arrangements

NHS Southport and Formby CCG Accountable Officer has the responsibility to ensure that the contribution by health services to safeguarding and promoting the safety of children, young people and adults at risk is appropriate and embedded across the health economy. This is largely achieved by the local commissioning arrangements and membership of the Health and Wellbeing Board. Safeguarding is the responsibility of all CCG employees and is clearly demonstrated within the CCG governance structure.

The Chief Nurse is the named representative for both the Local Safeguarding Children and Adult Boards and has the responsibility to ensure that the monitoring of children, young people and adults at risk takes place within these frameworks and should report any risk within the system through to the Accountable Officer and Governing Body.

NHS Southport and Formby CCG jointly commissions a hosted service approach to the delivery of their safeguarding function for both children and adults. The Safeguarding Service is hosted by Halton CCG and has a defined specification and Memorandum of Understanding (MOU) in place. Further to a full review within this reporting year, the Service has received increased resources and secured the expertise of: Designated Nurses Safeguarding Children, Designated Nurse Looked After Children and Designated Nurses Adults. Separate commissioning arrangements provide the expertise of a Designated Doctor and Named GP. All of these professionals have acted as clinical advisors to NHS Southport and Formby CCG on safeguarding matters and support the Chief Nurse to ensure that the local health system is safely discharging safeguarding responsibilities.

3.2 Effectiveness of Safeguarding Arrangements

The CCG has a statutory requirement under Section 11 of the Children Act 2004 to actively demonstrate that safeguarding duties are safely discharged ie the need to safeguard and promote the welfare of children and young people. The current arrangements require NHS Southport & Formby CCG to submit evidence of safeguarding compliance to Sefton LSCB for their scrutiny as per the agreed audit cycle. Any areas for development and action are presented to and monitored by the Quality Committee in accordance with the CCG governance arrangements. The hosted Safeguarding Service responded to the request by Sefton LSCB in 2014 / 15 to provide an update regarding compliance against the Section 11 standards.

Evidence available to support these standards includes the revision and ratification of the Safeguarding Children and Adults Policy, Managing Allegations against Health Professionals policy, the Safeguarding Strategy and CCG declaration.



NHS Southport & Formby CCG commissioned a review of safeguarding arrangements, in partnership with South Sefton and Liverpool CCGs. The review was conducted by Edge Hill University, the findings and recommendations of which were reported in April 2014. Progress reports against the agreed action plan have been submitted to the Quality Committee throughout the year.

The Review focused on the following themes:

- Voice of the child and young person/ voice of the vulnerable adult/adult at risk
- Vision, strategy, leadership and the capacity to improve
- Governance, accountability and risk management
- Quality improvement, learning and workforce development
- Efficient/effective use of resources

Within the current commissioning arrangements the CCG has a statutory duty to ensure that all health providers from whom we commission services (both public and independent sector), promote the welfare of children and protect adults from abuse or the risk of abuse. This includes specific responsibilities for Looked After Children. This is predominantly achieved but not limited to the use of the quality schedule within the NHS contract. The hosted Safeguarding Service is responsible for the development of the safeguarding quality schedule / performance framework and the key performance indicators (KPI's) for 2014 / 15 were informed by national indicators, guidance, LSCB /SAB priorities and Inspection findings. Commissioned services are required to report against this schedule as per the contractual agreement; evidence is submitted on a quarterly basis to provide the CCG with assurance. The hosted Safeguarding Service is responsible for the monitoring and validation of this evidence and reports on both compliance and identified risk within the system; this is achieved through the Quality Committee within the agreed reporting schedule and further discussed with our commissioned health services within the Clinical Quality and Performance Group.

Throughout this reporting year the hosted Safeguarding Service has identified that a number of commissioned health services were unable to provide an acceptable level of assurance against the safeguarding quality schedule. They have been reported to the quality committee as providing limited assurance and the detail of risk has been outlined. NHS Southport & Formby CCG is working in collaboration with the coordinating commissioners of these services and the Provider directly to support progress against the schedule and to mitigate any risks within the system where possible. The hosted Safeguarding Service on behalf of NHS Southport and Formby CCG, has undertaken a focused safeguarding audit and a planned 'walkabout' within one health commissioned organisation who were unable to provide assurance and will monitor the improvement action plan.

The CCG and the hosted service are committed to supporting provider services and work collaboratively with them to further develop systems that enable the health economy to



demonstrate outcomes for children, young people and adults at risk. This is achieved throughout the year by attendance at internal provider safeguarding assurance groups or by chairing focus groups when developing work plans in accordance with national and local guidance.

Supervision

The hosted Safeguarding Service has provided formal and informal children's and adult safeguarding supervision for health services commissioned by NHS Southport & Formby CCG.

3.3 Learning and Improvement

The hosted Safeguarding Service continues to promote the learning and development of staff across the health economy. A review and revision of the safeguarding children training modules for the NHS Southport & Formby CCG has been undertaken to ensure the quality and content is in accordance with current guidance. Oversight of training within commissioned health services is mainly achieved through the LSCB/SAB Joint training Subgroup group which the Designated Nurse currently chairs.

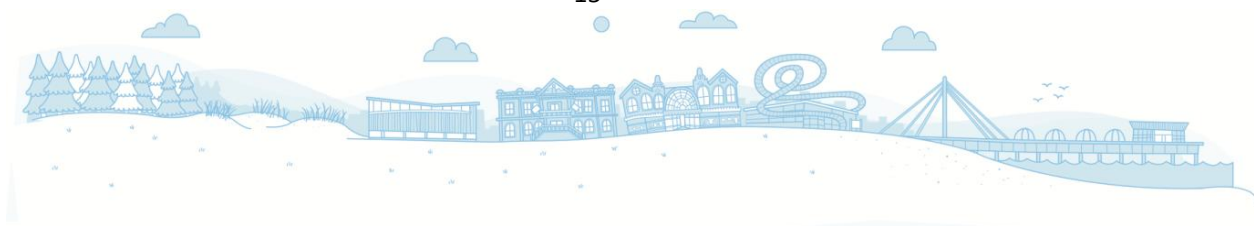
Safeguarding training is part of the mandatory schedule for all CCG employees and Level 1 competencies are achieved via an eLearning programme

Safeguarding Adults - Level 1	Safeguarding Adults - Level 2	Safeguarding Children Level 1	Safeguarding Children Level 2
94.2%	37.7%	95.7%	31.9%

The hosted Safeguarding Service are fully engaged with the work of the LSCB/SAB and continue to Lead across the health economy in relation to the Serious Case Reviews (SCR) and Domestic Homicide Reviews (DHR): both of which are fully established on a statutory basis and the threshold criteria, process and purpose defined in specific guidance.

NHS Southport and Formby Designated Nurse Professionals continue to work closely with the LSCB furnishing the Critical Incident Panels (Chair), DHR Panels and other review groups. There have been two DHR's commissioned within this reporting year. One DHR is now published and one remains on-going with a publication date yet to be determined. There have not been any new SCR's commissioned by Sefton SCB/SAB. Sefton LSCB has further developed systems in relation to multi agency audit; the Designated Nurse chairs this sub group.

Sefton Community Safety Partnership (CSP) commissioning a Domestic Homicide Review (DHR1) under the Home Office Revised Multi – Agency Statutory Guidance



(2013) for conducting Domestic Homicide Reviews (issued under section 9(3) of the Domestic Violence, Crime and Victims Act (2004), following the murder of a female by her husband in November 2012. DHR 1 report was published in 2014 and concluded that the death was not predictable or preventable. There were no single agency recommendations. The lesson learned action plan identified two actions around the need to raise awareness of domestic violence within the community; and for Professionals to understand the barriers to disclosure faced by victims of domestic abuse and develop plans to overcome them. The SAB health sub group will oversee the commissioned health provider's response to the recommendations.

A further DHR (DHR 2) was commissioned by Sefton CSP in 2014 and continues to progress. The Designated Nurse for Safeguarding Adults is a member of this DHR panel.

Sefton LSCB had previously commissioned two Independent Management Reviews which the Board had accepted and ratified, the learning from these reviews continues to be addressed through the LSCB health sub group of which the designated professionals and Named GP are active members and also Chair. This supports learning across the whole of the health economy including primary care. Themes and learning were in relation to; substance and alcohol misuse, domestic abuse, the recognition and management of neglect.

Sefton Safeguarding Adults Board (SAB)

NHS Southport & Formby CCG is a core member of the Sefton Safeguarding Adults Board which gains statutory status from April 2015 following the implementation of the Care Act 2014. The CCG's hosted Safeguarding Service has attended the SAB and subgroups and chairs the training subgroup and the joint health subgroup for Sefton and Liverpool Safeguarding Adults Boards.

NHS Southport & Formby CCG's provide a financial contribution to support the work of the Sefton Safeguarding Adults Board.

3.4 Child Death Overview Panel (CDOP)

Sefton LSCB has a statutory responsibility to ensure that a review of all child deaths (residents of the borough). This is achieved by the Child Death Overview Panel (CDOP) which Sefton LSCB commission as a Merseyside arrangement .The CCG support this arrangement through the financial contribution to the LSCB: the Designated Professionals furnish this group and ensure that any learning is communicated back through to the wider health economy.

During April 2014 - March 2015 a total of 16 Sefton child deaths were reported to the Merseyside CDOP. Nine of the deaths were related to females (56%) and seven to males (44%). Eleven (69%) of the deaths were expected.



The Merseyside CDOP met on 11 occasions and reviewed a total of 92 deaths during April 2014 – March 2015, 22 of the cases that were reviewed related to Sefton children. Of the 22 cases that were reviewed five were perinatal (24 weeks – 7days) two were neonatal (birth – 28 days), six were infants (1 month - 1 year) and nine were child death (1 year to 18 years). Of the 22 cases reviewed none were subject of a child protection plan or looked after children but five were subject to child in need plans. Two of the child deaths from Sefton were reported to have resulted from risk taking behaviour. Eight of the child deaths were considered to have had modifiable factors these included smoking in the household, co-sleeping and risk taking behaviour.

The Merseyside CDOP has continued to focus work on promoting safe sleep. A set of safe sleeping guidelines to be used by practitioners from the health economy has been developed and there are plans to expand the guidelines to be used across the multi-agency partnership. A number of safe sleeping awareness raising sessions were conducted these were organised and funded by the Merseyside CDOP and facilitated by the Lullaby Trust. One session was held in Sefton and 163 practitioners attended the event. There are plans to develop a safe sleeping campaign for 2015-16.

There have been some challenges within the process for CDOP mainly in relation to missing data and delays in data submission. Exploration of this issue has indicated that this is attributed to health services and the Designated Professionals have worked with commissioned health providers to improve the quality and timelines of responses.

A specific report was commissioned by Sefton LSCB to establish if there had been a significant increase in the number of children who had died as a result of suicide. The report concluded that although the number of children who had died from suicide had increased across Merseyside there was not a significant rise related to any particular geographical location.

3.5 Child Sexual Exploitation (CSE)

The sexual exploitation of children and young people is a form of sexual abuse. It is not new. What is new is the level of awareness of the extent and scale of the abuse and of the increasingly different ways in which perpetrators sexually exploit children and young people (Ofsted, 2014).

The Health Working Group Report on Child Sexual Exploitation (2014) highlights that ‘as Clinical Commissioning Groups (CCGs) are responsible for commissioning children’s healthcare treatment services for physical and mental health (CAMHS and other therapeutic recovery services), they are in a key position not only to stop child sexual abuse and exploitation in their day to day work, but also to significantly improve the local multi agency response’.

The CCG is fully engaged in this agenda and the hosted Safeguarding Service has provided assurance to the Governing Body in January 2015 in respect of the actions



taken. The hosted Safeguarding Service is represented on National, Regional and Local forums and has ensured that the CCG safeguarding quality schedule is fully developed to obtain assurance about the commissioned health service response and support to the agenda.

Current work within the Borough includes the mapping of children and young people vulnerable to CSE and has identified that the predominant abuse model appears to be that of the 'boyfriend' model which is in contrast to recent organised gang models highlighted in the national media.

CSE will continue to be a priority into 2015/16 and features within the work plan for the CCG Hosted Safeguarding Service.

3.6 Multi Agency Safeguarding Hubs (MASH)

Multi Agency Safeguarding Hubs (MASH) co-locate safeguarding agencies and their data into a secure assessment, research and decision making unit that is inclusive of all notifications relating to safeguarding child and adult welfare in a Local Authority area. It is well evidenced that the co-location of agencies builds trust and confidence and speeds up the process of information sharing and decision making, but the added value of MASH is that it provides for a fuller, more informative intelligence product with a risk assessment supported by a clearly recorded rationale for operational use at the earliest stage. The objective is 'early intervention' to prevent the escalation of harm, risk and crime.

The Sefton Partnership continues to develop this model of working throughout 2014 / 15. NHS Southport and Formby CCG continues to commission local health providers to support this model of working and have strategic oversight of development, management and impact of this model of service delivery by attendance at the Strategic Group chaired by the Local Authority (LA). Early indications from the available data are showing a positive impact on the timeliness and service that children, young people and their families in the Sefton Borough receive.

3.7 Business Continuity

Table 1 below identifies the business priority areas identified in last year's annual report and progress against:

Table 1

Business Priority 2014 /15	Progress
The voice of the child and adult at risk	Remains in progress - work being done through EPEG and other CCG forums. Included in quality schedule for commissioned health services
Domestic Abuse, Harmful practices	Remains in progress and a core component of the 2015/16 Business Plan



Model of supervision for the hosted Safeguarding Service	Remains outstanding whilst NHSE identify a national supervision model for adult safeguarding. Access to psychological support has been commissioned whilst a national model is awaited for all Designated Nurses (Adults and Children)
Designated LAC role and function	Achieved - Post recruited to, will commence May 2015. Refined data set in 2015/16 Quality Schedule
Develop a programme to deliver the work that will be required under The Care, Act 2015; identify a lead person responsible for coordinating and driving delivery of this and model the likely costs and other impacts of the Act.	In progress – policy and procedures are being amended to reflect the emerging implications of the Care Act. Hosted Service working in partnership with the SAB to develop a programme for the implementation of the Care Act. Lead person identified.
Contribute to the work of LSCBs and LSABs Safeguarding Strategic Plans. These should be reflected in both the commissioned services KPIs and safeguarding service work plan.	Achieved - Both LSCB / SAB have had full contribution to the business plans by the hosted Safeguarding Service Safeguarding priorities are reflected in the work plan and safeguarding quality schedule
Ensure a consistent quality of safeguarding training provision both across the CCG and the health economy as a whole.	Achieved - core modules revised in accordance with standards. Hosted Safeguarding Service fully engaged with Joint LSCB / SAB sub group (is current Chair)
Processes in place to disseminate, monitor and evaluate outcomes of all Serious Case Reviews and Domestic Homicide Reviews recommendations and actions plan within the CCG and with providers.	Achieved – the 2014 / 15 safeguarding quality schedule adapted to gain assurance across commissioned health providers in relation to progress against action and dissemination of learning. CCG Quality Committee receives report as needed.

Table 1 outlines achievements within 2014/15; it is evident that some aspects of the work plan have not been achieved in full. There have been significant challenges faced by the hosted safeguarding Service as it has been working for the whole reporting year under capacity due to recruitment and retention of staff. This has impacted on the ability to deliver against the above work plan and other competing priorities that have emerged throughout the year.

The findings of the 2014/15 Service Review reported that the service was under resourced to safely discharge statutory safeguarding responsibilities and to deliver against the increasing safeguarding agenda. NHS Southport and Formby CCG accepted these findings and has supported this by a financial contribution into the service to enable



further recruitment. This, in effect, means that the hosted Service will be adequately resourced for the 2015/16.

3.8 Key Achievements

During the reporting period the NHS Southport and Formby CCG via the hosted Safeguarding Service has:

- Successfully recruited to 2 Designated Nurse posts for children and a Designated Nurse post for adults.
- Maintained a full engagement with the LSCBs and SABs ensuring full participation with all Board activities including SCR's/ MRs/DHRs.
- Chaired and maintained active membership of LSCB and SAB sub groups
- Established a robust system of monitoring and overseeing the key providers safeguarding quality and activity.
- Provided assurance reports to inform the Governing Body in relation to areas of risk within safeguarding.
- Re-defined the internal reporting systems in relation to safeguarding.

4 Conclusion

This annual report provides an insight into the local developments and initiatives pertaining to safeguarding that have taken place during the last twelve months. In doing so it aims to provide assurance to the Governing Body that the NHS Southport and Formby CCG is fully committed to ensuring they meet their statutory duties and responsibilities for safeguarding children and adults at risk of harm.

For 2015/16 the CCG Accountable Officer and Chief Nurse have agreed the MOU and a service specification. A set of performance indicators have been developed which will have a significant impact on the service delivery and reporting.

The hosted Safeguarding Service has developed a comprehensive work plan to support the national and local safeguarding agenda and includes areas for further development. This will be ratified by NHS Southport and Formby CCG in due course through the Safeguarding Clinical Senate chaired by NHS Southport and Formby CCG Accountable Officer.

Emerging priorities for 2015/16 include

Female genital mutilation (FGM) and Harmful Practices, CSE, LAC, DV, DoLS

Supervision (including health economy strategy) all of which are identified in the work plan



NHS Southport and Formby CCG

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On request this report can be provided in different formats, such as large print, audio or Braille versions and in other languages.



Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 22nd July 2015

Chair:
Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
The CCG is forecasting a breakeven position at the year end, adrift of business rules set by NHS England.	CCG may not deliver its financial target unless mitigating actions are put in place.	CCG needs to reduce expenditure by £200k per month for the rest of the financial year.

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

- CCG 5 year financial strategy refreshed and approved by the Committee.
- CCG adopted proposed prescribing budgets.
- CSU in-housing approach agreed. Other services going to LPF w/c 27th July.
- CCG approved procurement strategy.
- MMcD noted progress and sign-off of Section 75 Better Care Fund and need for both CCG and Council to report respective financial positions to the HWB.

Key Issues Report to Governing Body

Audit Committee Meeting held on Wednesday, 15th July 2015

**Chair:
Helen Nichols**

Key Issue	Risk Identified	Mitigating Actions

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

- Approval from Audit Committee members to delegate responsibility to Audit Chair and Chief Finance Officer to approve the “Statement on Bribery Act 2010 and CCG Anti-Bribery Strategy”.
- Annual Audit Letter presented to close off the outgoing auditors’ work on 2014/15 audit.
 - Overall audit fee was in line with the original plan.
- KPMG presented annual audit fees for 2015/16 audit, which have reduced by 25% in line with Audit Commission’s guidance on fees for 2015/16.
- Noted outstanding debt with S&O in relation to the additional costs incurred by Aintree as a result of transferring Breast Services, and Audit Committee members requested that this is pursued with S&O.

Southport and Formby Clinical Commissioning Group

Key Issues Report to Governing Body

Quality Committee Meeting held on 19th August 2015

Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> CCG Safeguarding Service report Trust safeguarding performance requires improvement 	<ul style="list-style-type: none"> Commissioner level of assurance regarding performance remains limited 	<ul style="list-style-type: none"> Contract query remains in place – discussion at Contract Meeting Support remains on-going from the CCG Safeguarding Service Trust commissioned their own review – Commissioners awaiting relevant action plan
<ul style="list-style-type: none"> CCG Safeguarding Training Figures 	<ul style="list-style-type: none"> Possible issues with data quality Staff may not be up to date with training which may impact on ability to act appropriately if a safeguarding issue arises 	<ul style="list-style-type: none"> CCG undertaking a data quality exercise with support from the CCG Safeguarding Service Priority e-mail sent out to all staff detailing a date for completion and support from the Quality Team for those who may have difficulty in completing

Information Points for Southport & Formby CCG Governing Body (for noting)

- Care Act Presentation for the Governing Body has been arranged
- Safeguarding Annual Report was received and recommended for presentation to the Governing Body
- EPEG Annual Report – amended version to be brought back to Quality Committee in September which reflects the work undertaken on developing the ‘Voice of the Child and Young Person’.

Finance and Resource Committee Minutes

Wednesday 22nd July 2015, 9.30am to 11.30am

Family Life Centre, Southport

Attendees		
Helen Nichols	Lay Member (Chair)	HN
Roger Pontefract	Lay Member	RP
Dr Hilal Mulla	GP Governing Body Member	HM
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
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	TJ
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
Malcolm Cunningham	Head of Primary Care & Contracting	MC
Ex-officio Member*		
Fiona Clark	Chief Officer	FLC
Minutes		
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	✓				
Roger Pontefract	Lay Member	✓	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	✓				
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				
Malcolm Cunningham	Head of Primary Care & Contracting	A	✓	✓	✓	A	A	✓				

No	Item	Action
FR15/83	<p>Apologies for absence Apologies for absence were received from Fiona Clark.</p>	
FR15/84	<p>Declarations of interest regarding agenda items CCG officers holding dual roles in both Southport and Formby and South Sefton CCGs declared their potential conflicts of interest.</p> <p>Also declared was a potential conflict of interest by Members employed in, or having interests in, general practice with regard to agenda item FR15/90 GP Prescribing Budget Allocation.</p>	
FR15/85	<p>Minutes of the previous meeting The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair.</p>	
FR15/86	<p>Action points from the previous meeting</p> <p>FR15/64 Quality Premium Dashboard – laminated reference card for GPs – DS confirmed that HM is to meet with Becky Williams on Friday 24th July to approve this card prior to issue.</p> <p>FR15/82 Telemedicine - Case for Change – JL to confirm with Jenny Kristiansen if training programme costs will be a long term requirement – JL confirmed this is a short term requirement; MMcD said it will continue to be monitored with any future training being targeted. The Committee was advised that this scheme had been approved by the Governing Body and is now mobilised.</p> <p>ME and HM expressed concern about adequate nursing cover in nursing homes. JL confirmed she will ask Tracey Forshaw to contact all of the CCG's GPs to obtain a list of nursing homes where it was felt that adequate nursing cover is not in place. This will be undertaken in her new role working with the Quality Team to evaluate provision across nursing homes in the area. ME also asked for the minimum staffing requirements at nursing homes to be looked into. RP noted it would be helpful if the local authority was involved in this process.</p> <p>All other actions were closed as appropriate.</p>	

No	Item	Action
FR15/87	<p>Month 3 Finance Report</p> <p>This paper presented the Committee with an overview of the financial position for NHS Southport and Formby Clinical Commissioning Group as at 30th June 2015.</p> <p>MMcD highlighted that the CCG needs to reduce expenditure by c£200k per month (c1.3%) in order to deliver its financial target in line with NHS England business rules. Whilst the CCG has delivered in line with its target for the year to date, this has been supported through non-recurrent means.</p> <p>JB highlighted the three main areas of concern being: Acute Care, CHC and Prescribing. Based on the forecast position HN stated the need to put a recovery plan in place. MMcD said the CCG needed to demonstrate that it had QIPP ideas higher than target, and confirmed that QIPP meetings were taking place following today's Finance and Resource meeting to address this.</p> <p>Regarding CHC, HN expressed concern about keeping costs down as well as providing good quality care, in respect of new contracts and providers using the new framework. DF said the CCG is working with the Council to look at a single contract which should improve cost and quality in this area. MC said there are levers in place but acknowledged the influence the CCG had was quite small</p> <p>Action taken by the Committee</p> <p>The Committee noted the content of this report.</p>	
FR15/88	<p>Financial Strategy Update</p> <p>This report set out an update to the long term financial strategy and the assumptions which underpin it. It had been updated to reflect the 2015/16 budget and contracts, and also reflected changes to assumptions regarding the CCG funding allocations and tariff changes.</p> <p>JB reiterated that the financial pressure is significant, and it is the CCG's key concern as it needs to deliver, as well as achieve, safe service for its patients. In terms of the CCG's risk register, it was noted that this is joint highest risk facing the CCG has and needed to be treated as such.</p> <p>Action taken by the Committee</p> <p>The Committee noted the content of this report.</p>	
FR15/89	<p>Prescribing Performance Report</p> <p>This paper presented the Committee with a report on prescribing performance for the fourth quarter of 2014/15 for Southport and Formby CCG practices.</p> <p>The Committee noted that Seratide is a concern as the CCG is still seeing an increase due to continued prescribing of this drug.</p> <p>Action taken by the Committee</p> <p>The Committee noted the content of this report.</p>	

No	Item	Action
FR15/90	<p>GP Prescribing Budget Allocation</p> <p>This paper provided the final practice budget allocations for financial year 2015/16, posted to the prescription services division of the NHS Business Services Authority for Southport and Formby CCG.</p> <p>Action taken by the Committee</p> <p>The Committee noted the content of this report and approved the practice prescribing budget allocation for the CCG.</p>	
FR15/91	<p>NWCSU Performance Report</p> <p>TJ updated the Committee advising that the CCG were mid-process in procuring a range of CSU services, including BI function which the CCG is planning to bring in-house; the CCG will be going out to the market w /c 27th July.</p> <p>Action taken by the Committee</p> <p>The Committee noted this update.</p>	
FR15/92	<p>HR Performance Report</p> <p>TJ presented this report which incorporated a high level dashboard. Two areas had been flagged up when reviewing the HR balance scorecard, being PDRs and Statutory and Mandatory Training, and these are to be addressed proactively.</p> <p>Action taken by the Committee</p> <p>The Committee noted the content of this report.</p>	
FR15/93	<p>Procurement Strategy</p> <p>MC presented this report to the Committee, which set out a framework in which the CCG complies with the current procurement regulations, and the new European directives that come into force on 1st April 2016.</p> <p>HM asked if the CCG could refuse to use a European company if it felt it did not satisfy requirements culturally eg language difficulties. JL said requirements such as clear understanding of the English language need to be put in the service specification. MMcD requested a schedule of proposed procurements expected over the next two years and MC is to action this.</p> <p>Action taken by the Committee</p> <p>The Committee noted the content of this report and approved this procurement strategy.</p>	MC
FR15/94	<p>External Updates/Benchmarking and VFM Reports</p> <p>No update was given at this meeting.</p>	

No	Item	Action
FR15/95	<p>QIPP Update No further update was given at this meeting.</p>	
FR15/96	<p>Better Care Fund Update MMcD said the CCG is still working alongside the Council on this, and he is to discuss with Dwayne Johnson the need for visibility of both financial positions when moving into HWB Board discussions. MMcD said the BCF is subject to much debate and discussion and this will continue to be monitored.</p> <p>Action taken by the Committee The Committee noted the update.</p>	
FR15/97	<p>Quality Premium Dashboard DS presented this paper which described the 2014/15 indicative Quality Premium results which are to be confirmed in Autumn 2015.</p> <p>Action taken by the Committee The Committee noted the content of this report.</p>	
FR15/98	<p>SRG and Transformation Fund Update MMcD said this came to Committee last month and two schemes have now been approved. JB said that going forward Finance could provide transformation fund updates in their financial position papers.</p> <p>Action taken by the Committee The Committee noted the update.</p>	
FR15/99	<p>Any Other Business</p> <p>Patient Travel costs JL said she had been asked by NHSE to fund specific travel costs for a zero tolerance patient. The request is to fund taxis for a Southport and Formby patient who has a lot of complex problems; JL believes the patient does not have the capability to make these journeys on their own and will therefore need to be accompanied by an advocate. JL confirmed the taxi fares will be on an account basis and between the patient's home and practice only.</p> <p>Action taken by the Committee The Committee approved this patient funding request.</p>	
	<p>Date of next meeting Wednesday 16th September 2015 9.30am to 11.30am Family Life Centre, Southport</p>	

Audit Committee Minutes

Wednesday 15th July 2015, 9.30am to 11.00am

Family Life Centre, Southport

Attendees		
Helen Nichols	Lay Member (Chair)	HN
Roger Pontefract	Lay Member	RP
Paul Ashby	Practice Manager	PA
Jeff Simmonds	Lay Member and Governing Body Member	JS
David Smith	Deputy Chief Finance Officer	DS
Ken Jones	Chief Accountant	KJ
Michelle Moss	Local Counter Fraud Specialist, MIAA	MM
Wendy Currums	Local Counter Fraud Specialist, MIAA	WC
Mark Jones	Audit Director, PricewaterhouseCoopers	MJ
Jillian Burrows	Audit Senior Manager, KPMG	JB
Ann Ellis	Audit Manager, MIAA	AE
Apologies		
Martin McDowell	Chief Finance Officer	MMcD
Adrian Poll	Audit Manager, MIAA	AP
Minutes		
Ruth Moynihan	PA to Chief Finance Officer	RM

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	Oct 14	Jan 15	April 15	May 15	July 15	Oct 15	Jan 16
Helen Nichols	Lay Member (Chair)	A	✓	✓	✓	✓		
Roger Pontefract	Lay Member	✓	✓	✓	✓	✓		
Paul Ashby	Practice Manager	✓	✓	✓	✓	✓		
Jeff Simmonds	Lay Member and Governing Body Member	✓	A	✓	✓	✓		
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	A		
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	A	N	N		
David Smith	Deputy Chief Finance Officer	✓	A	✓	✓	✓		
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	✓	N	A	N	N		
Ken Jones	Chief Accountant	✓	✓	✓	✓	✓		
Debbie Fairclough	Head of Client Relations, CMCSU	A	A	A	N	N		
Roger Causer	Senior Local Counter Fraud Specialist, MIAA	A	N	N	N	N		
Wendy Currums	Local Counter Fraud Specialist, MIAA	✓	✓	✓	N	✓		
Michelle Moss	Local Counter Fraud Specialist, MIAA			✓	N	✓		
Adrian Poll	Audit Manager, MIAA	✓	✓	✓	N	A		
Ann Ellis	Audit Manager, MIAA					✓		
Elizabeth Tay	Audit Manager, PricewaterhouseCoopers	A	✓	✓	✓	N		
Mark Jones	Audit Director, PricewaterhouseCoopers	A	A	A	A	✓		
Ian Roberts	Senior Manager, PricewaterhouseCoopers		✓	A	✓	N		
Amanda Latham	Audit Director, KPMG							
Jillian Burrows	Audit Senior Manager, KPMG					✓		

No	Item	Action
A15/54	<p>Apologies for absence Apologies for absence were received from Martin McDowell and Adrian Poll.</p>	
A15/55	<p>Declarations of interest Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG.</p>	
A15/56	<p>Advance notice of items of other business Two items of other business were notified to the Chair being SRT and Pensions. These are both detailed in agenda item A15/66 below.</p>	
A15/57	<p>Minutes of the previous meeting The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair.</p>	
A15/58	<p>Action points from previous meeting</p> <p><i>A15/33 Conflicts of Interest Policy – MMcD to discuss refreshing of declarations with DFr – MMcD completed this action and an email has been issued requesting any new declarations to be advised to the CCG before 31st July 2015. It was also agreed to state in the 2015/16 return that sight of previous years' declarations were available upon request. DS is to speak with MMcD regarding bringing the revised register to August's Governing Body meeting.</i></p> <p>All other actions were completed and closed off accordingly.</p>	DS
A15/59	<p>Internal Audit Progress Report AE presented this progress report which provided an update to the Audit Committee in respect of the assurances, key issues and progress against the Internal Audit Plan for 2015/16.</p> <p>AE advised that with regard to work in progress on the Better Care Fund, a joint approach with the local authority is being taken.</p> <p>RP stated the absolute importance of safeguarding and commended MIAA on their findings, emphasising the need to keep this item high on the CCG's agenda on a permanent basis. HN pointed out that this item is high on the Quality Committee's agenda.</p> <p>Action by the Committee The Committee received this report by way of assurance.</p>	
A15/60	<p>Bribery Act Compliance Review MM presented this paper which set out the progress made in the implementation of the Bribery Act, which was first introduced in November 2013. The vast majority of work streams associated with the Act have been completed or remain ongoing. MM confirmed a small amount of work was still required on the Chief Officer's statement, with some minor changes/ tweaks required on policies, and this work will be progressed.</p> <p>Action by the Committee The Committee received this report by way of assurance and delegated approval to HN and MMcD to finalise changes to the Chief Officer's statement.</p>	

No	Item	Action
A15/61	<p>Receipt of Annual Audit Letter (PwC) MJ presented the Annual Audit Letter which summarised the results of PwC's audit for the year ended 31 March 2015.</p> <p>MJ thanked members of the Governing Body, management and staff for their assistance during the course of PwC's period as external auditors. He confirmed that PwC have met with KPMG to share information relevant to the audit, and to ensure a smooth transition to the new external audit arrangements. Overall MJ said this was a really positive report, as well as a very positive experience, particularly with regard to engagement with staff.</p> <p>HN thanked MJ and said the Audit Committee were equally happy and very satisfied with the way in which PwC have dealt with the audit and their interaction with the finance team.</p> <p>Action by the Committee The Committee received the Annual Audit Letter.</p>	
A15/62	<p>Receipt of External Audit Fee Letter (KPMG) Jillian Burrows was introduced to the Committee and presented the Annual Audit Fee letter which set out the proposed fee for the 2015/16 financial year. JB pointed out that the planned audit fee shows a 25% reduction in accordance with the Audit Commission mandate.</p> <p>In relation to Appendix 1, KJ queried the reduction in fee linked to assumptions "prepared by clients". JB said this is a standard listing that KPMG share with clients and KJ asked for this to be shared with the Committee.</p> <p>Action by the Committee The Committee approved the proposals contained within this letter.</p>	JB
A15/63	<p>Review of Losses and Special Payments KJ confirmed that there had been no losses or special payments made by the CCG since the last Audit Committee meeting. The outstanding debt had been reviewed up to the end of May 2015, and there are no remaining material items outstanding over 6 months without recovery plans.</p> <p>DS said there is a potential debt issue coming up and wanted to formally raise this with the Audit Committee. S&O hospital ceased breast services which were transferred to Aintree, and S&O are now disputing a premium. The CCG has paid Aintree but has not received the payment back from S&O as was agreed. DS said the CCG needs to start a process for reclaiming the money back from S&O.</p> <p>HN referred to the duplicate payment shown in Appendix 2, and KJ confirmed SBS had processed this twice due to a different invoicing format. HN said it was important to ensure that the CCG's budgetary management systems were more stringent to prevent future duplication. KJ said he had reminded budget holders that they needed to be more vigilant when reviewing invoices, and KJ is to send a copy of the duplicated payment out to budget holders as an example.</p> <p>Action by the Committee The Committee received this report by way of assurance.</p>	KJ

No	Item	Action
A15/64	<p>NHS Intelligence Report</p> <p>This intelligence update provided a statistical fraud taxonomy report for the fourth quarter of the year 1 April 2014 to 31 March 2015. The Committee noted the report covered areas of fraud across the health economies, and set out a summary for the year of the types of fraud the NHS had reported.</p> <p>HN asked, as commissions, if the CCG would be aware of any significant issues of its providers, as well as GP practices. WC confirmed that if there was an issue within GP practices the Audit Committee and CCG would not be aware of it, stating the reliance on people to report in to MIAA. WC said MM will be visiting GP practices to educate them on this. DS asked if there was a whistleblower regarding a GP would this show in the CCG's figures? WC confirmed that it would.</p> <p>HN asked if the CCG had any responsibilities in this area and, if so, how it fulfilled these responsibilities and what assurance did it provide. DS is to liaise with Malcolm Cunningham and Jan Leonard on this matter.</p> <p>Action by the Committee</p> <p>The Committee received this report by way of assurance.</p>	DS
A15/65	<p>Key Issues of other Committees</p> <p>The following Key Issues reports were received by the Committee:</p> <ul style="list-style-type: none"> • Finance and Resource – May 2015 • Quality Committee – April 2015. <p>The Committee noted that the Quality Committee Key Issues were incorrect and RM is to reissue the correct report following this meeting.</p> <p>Action by the Committee</p> <p>The Committee noted the key issues in these reports.</p>	RM
A15/66	<p>Any other business</p> <p>1. SRT</p> <p>WC advised that the CCG is due for new standards for anti-fraud crime law, and that MM and RC had recently met with MMCD to devise this Initial Gap Analysis. HN asked the Committee to give MMCD delegated approval to sign-off this SRT by the deadline of 31st July 2015.</p> <p>2. Pensions</p> <p>KJ said there is an employer's charter for NHS Pensions which the CCG needed to respond to. The Committee needed to nominate a lead person for day to day administration, as well as a financial officer lead to ensure the CCG is compliant, and KJ confirmed that MMCD has been nominated. HN asked for confirmation and formal assurance that MMCD is fulfilling this responsibility and KJ is to provide this.</p> <p>Action by the Committee</p> <p>The Committee noted the above and gave delegated approval to MMCD in order to meet the 31st July deadline.</p>	KJ
	<p>Date and time of next meeting</p> <p>Wednesday 7th October 2015 9.30am to 11.00am Family Life Centre, Southport</p>	

Quality Committee Minutes

Date: Wednesday 20th May 2015, 11.30am to 13.30pm
Venue: Family Life Centre, Ash Street, Southport.

Membership		
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 (Chair)	Lay Governing Body Member	HN
Ex officio members		
Fiona Clark	Chief Officer	FLC
Also in attendance		
James Hester	Programme Manager / Clinical Quality & Safety	JH
Brendan Prescott	Deputy Chief Nurse & Quality Officer	BP
Jo Simpson	Quality & Performance Manager – CSU	JS
Tracey Forshaw	Designated Safeguarding Nurse (Adults)	TF
Minutes		
Linda Stanley	Interim PA to Chief Nurse & Quality Team	LS

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										
Billie Dodd	Head of CCG Development	A	√										
Debbie Fagan	Chief Nurse & Quality Officer	√	√										
Martin McDowell	Chief Finance Officer	√	√										
Helen Nichols	Governing Body and Lay Member	√	√										
Dr Kati Scholtz	GP Locality Lead – North		A										
Fiona Clark	Chief Officer		A										
James Hester	Programme Manager / Clinical Quality & Safety	√	√										
Brendan Prescott	Deputy Chief Nurse & Quality Manager		A										
Jo Simpson	Quality & Performance Manager	√	√										
Tracey Forshaw	Designated Safeguarding Nurse (Adults)		√										
Linda Stanley	Interim PA to Chief Nurse & Quality Team	√	√										

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

No	Item	Action
15/059	Apologies for Absence Apologies were noted and documented from :- DC, MC, KS, FC, BP	
15/060	Declarations of Interest regarding Agenda Items None declared.	
15/061	Minutes of the previous meeting / Key Issues Log DF apologised that the revised Minutes and Action Tracker were not included in the pack; and will re-circulate to attendees for approval. DF stated that the information on page 105 of 199 re: Southport & Ormskirk Hospitals NHS Trust should read 'Community Health Services for Children, Young People & Families = Good' not 'Requires Improvement'.	
15/062	Matters Arising / Action Tracker 15/033 Mortality Meeting Update – DF confirmed that BP has completed this action – Action Closed 15/183 – Closed – new named GP in post. 15/014 – Closed - Rotavirus Study now agreed by LMC. 15/034 (1) – CCG & LMC This will be covered in Tracey Forshaw's report. 15034(2) Stroke – Update to be provided at the next meeting (June 15) 15/034 (2a) – To be picked up at the Joint Quality Committee away day. 15/034 (3) – Closed. MMcD confirmed this has been addressed through contract negotiation meetings. 15034 (4) – S&O Safeguarding, the contract query still open. An update to be given under Agenda Item 15/065. 15/035 - SUIs - Closed JH confirmed that work is on-going between the CCG and CSU to review the current SUI report and future development. 15/036 – Draft Quality Strategy Closed -. The Quality Strategy has been approved by the Governing Body in April 2015. 15/036(a) – Review Quality Strategy - Strategy to be revised in September 2015. Action not required as this has been approved by the Governing Body. Will be reviewed as part of the workplan of the team going forward.	Closed Closed Closed SF JS/JH Closed On-going Closed Closed Closed

No	Item	Action
15/063	<p>Provider Quality Reports</p> <p>Southport & Ormskirk Hospital Trust – Key Issues</p> <p>Cancer JS confirmed that the Trust has not achieved it's cancer screening target - 50% reported in March 2015 compared to a plan of 90%. Month 12's activity equates to just half a patient out of 1, waiting longer than 62 days for treatment, however this is an issue across the health economy as not many Trust's achieved this target in 14/15.</p> <p>Mortality Mortality levels since the report was presented are currently moving in a positive direction, it was confirmed that BP regularly attends the Trust's Mortality Surveillance Group.</p> <p>Stroke The Trust achieved 75% against an 80% target, narrowly missing the target. DF gave feedback received from RG at the May CQPG following a review of Stroke services from the Royal College of Physicians.</p> <p>RTT JS reported there has been IT issues regarding the new Medway system and assurance is needed to ensure that the data is correct, the Trust continues to treat patients in chronological order from the longest waiter first excluding any patients that are urgent or have another priority status Feedback received from the information sub-group highlighted issues regarding data quality, and staff training. DF stated the Trust had been asked at the Contract Meeting if any patient safety issues had been identified during this time and sought assurance re: clinical oversight - the Trust have responded that no patient safety has been comprised and there are no reports on the Datix system regarding any incidents. The Trust has also undertaken a significant validation exercise to ensure that the waiting list data is accurate. RC emphasised the need for this issue to be resolved prior to the next NHS England Checkpoint Meeting.</p> <p>A&E The Trust continues to experience a higher level of activity than at the same period in the previous year, the Trust failed to achieve the target of 95% in March, reporting 92.6%. This is the sixth consecutive month the Trust has failed the target and a decline in performance from last month.</p> <p>Action 63/1: DF will liaise with JL for a systems implementation plan, and assurances regarding A&E targets.</p> <p>Dementia CQUIN JS reported that the Trust did not achieved target for the Dementia CQUIN in 2014/15. An Action plan has been requested as Dementia remains a national CQUIN in 16/17.</p> <p>FFT – Performance remains a concern, however action plans continue to be monitored via the monthly CQPG meetings.</p>	DF

No	Item	Action
	<p>Community KPIs JS confirmed that the Trust's Information Sub-group has been tasked with developing an updated set of Community KPIs and Quality Measures, representatives from the ICO and both CCGs are members of this group. The measures are due to be signed off in Q2 and will be incorporated into the Quality Committee's Performance Report.</p> <p>Action 63/2: JS to provide an update in Q2 (August)</p> <p>Mersey Care – Key Issues</p> <p>Every Contact Counts - The trust is reviewing current systems in place to monitor physical health. The trust has put in place a procedure for obtaining more detailed commentary going forward.</p> <p>The length of stay indicator will be replaced by a bed based summary report to reported at CQPGs. HN raised a query on Page 26 regarding Psychotherapy Treatment commencing within 18 weeks of referrals, and asked if there is an escalation process for a 'distressed' patients. RC said Merseycare will treat patients in the community with increased support.</p> <p>JS referred to agenda item 15/064 for further information regarding Mersey Care KPIs and Quality.</p> <p>LCH - Key Issues</p> <p>Delayed Transfers of Care March saw a drop in performance against February in the number of days lost and as such a delay in the patients transfer of care. March figures show 13.4% against a plan of 5%. 87 bed days lost against a total of 651. The main cause of delays within Ward 35 was down to "patient or family choice" (100%). LCH involved in regional development of discharge policy which has been received and adapted to LCH bed based prior to implementation.</p> <p>Treatment Rooms & DNAs The issue regarding the treatment rooms has been resolved, with an up-turn in performance. Regarding patient DNA's (did not attends), the Trust has looked at specific target groups and initiatives such as text reminders, a DNA and Cancellation Policy has also been developed and agreed by the Trust's Policy Group.</p>	JS
15/064	<p>Merseycare NHS Trust Quality Impact Overview Report DF presented the report which had been prepared in readiness for a meeting between Executive Teams to discuss funding and quality issues. With the exception of staffing levels in some areas there were no high risk quality concerns that had been identified from the data available. Both the Trust and the CCG have agreed to commence work on joint quality risk assessment. It is likely that this will start following on from the CQC visit and DF is liaising with the Director of Nursing at the Trust in order to start preparatory work.</p> <p>Action: Liaison with Merseycare for a Joint Risk Assessment</p>	RC/DF

No	Item	Action
15/065	<p>Southport & Ormskirk Hospital Contract Queries Contract DF provided an update regarding the status of the three open Contract Queries for Southport & Ormskirk Hospital.</p> <p>Safeguarding – this Contract Query was raised because of limited assurance regarding Safeguarding KPI compliance, lack of internal process for reporting against contract measures and lack of progress regarding issues highlighted in the Safeguarding Quality Walkaround in August 2014.</p> <p>The Safeguarding Service have met with the Trust’s Director of Nursing and are awaiting an updated action plan in response to the Contract Query, at a recent CQPG meeting it was confirmed that the Trust has commissioned an independent review of Safeguarding, following receipt of this report an updated action plan will be submitted to the CCG</p> <p>Reporting of Pressure Ulcers - JH reported that the contract query was issued due to a sudden influx since 1 April 2015, with 40 pressure ulcers being declared. HN raised concerns regarding the recent increase in reporting and asked if there are any underlying themes and analysis. The Trust are due to submit a formal response regarding the Contract Query at the next CQPG meeting on the 3rd June.</p> <p>Avoidable Deaths – The third contract query related to the reporting four incidents within a three week timeframe. HN strongly emphasised the need to act on these incidents.</p> <p>The Trust are due to submit a formal response regarding the Contract Query at the next CQPG meeting on the 3rd June.</p> <p>Action: DF to provide an update on the status of the Contract Queries at the next meeting</p>	DF
15/066	<p>Southport & Ormskirk Hospitals Quality & Performance Summary DF presented the Paper and stated that the CCG has already undertaken formal Board to Board discussions with S&O. DF confirmed that the Trust Board response is being awaited.</p> <p>The 3 contract queries remain open with the Trust at present. In relation to pressure ulcers JH highlighted discrepancies in the reporting of pressure ulcers between the Acute and Community settings and in particular pressure ulcers originating in one service but being reported by the other, this highlights a lack of integrated working.</p> <p>The CQC Inspection Report assessed the Trust overall as “requires improvement”. DF pointed out that Community Health Services for Children, Young People & Families should read as “good” and not require improvement (page 105 of 208). Concerns were expressed in the CQC report regarding maternity services and spinal injuries with both services being assessed as inadequate. DF described the action being taken to date and stated that a report would be presented to the next meeting of the Governing Body.</p>	

No	Item	Action
15/067	<p>Southport & Ormskirk Hospitals – ICO Data Protection Audit Report – Update</p> <p>JH informed the meeting that the ICO (Information Commissioner’s Office) Data Protection Audit Report was included on the agenda following a number of Serious Incidents relating to Information Governance breaches in 14/15 reported by the Trust.</p> <p>Advice has been sought from the CSU Information Governance Lead regarding whether the ICO report and action plan recommendations are sufficient to monitor improvement and provide assurance for CCGs. This will be discussed internally with GP colleagues and at the June / July CQPG meetings.</p> <p>Action: Compliance against ICO action plan and recommendations to be monitored.</p>	JH
15/068	<p>Serious Incident Report</p> <p>JH reported on the Serious Incident position for Southport & Ormskirk Hospital at the end of 2014/15. The report was circulated with the agenda pack, this however was generated on 01/04/15 and since then JH informed the committee that there had been a marked increase in the declaring of Serious Incidents by the Trust, this included 40 new pressure ulcers reference was made to the Contract Query and this influx was the reason what this Query was issued.</p>	

No	Item	Action
15/069	<p>Safeguarding Service Update Report</p> <ul style="list-style-type: none"> TF presented the report in AD's absence and provided an update on the GP Bulletin circulated regarding the HM Coroner report on GP roles and responsibilities, when there is a death of a person and a DoLS is in place. The Bulletin has been circulated individually to GPs and in the in the weekly update. The Prevent Duty as a result of the 2015 Act is likely to be being extended to Primary Care. The Department of Health have given a directive to look at this in preparation. DF said the CCG have responded to the preparation enquiries via the Safeguarding Service. The Chief Nurse has attended previous Health Wrap training last year, Dr Wendy Hewitt has attended Prevent training recently and the CCG are not aware of any 'Prevent' associated cases that have need to be reported TF stated that the Safeguarding Service is collating any necessary assurances regarding the Saville Report. The Quality Committee were given an update on recently developments regarding safeguarding concerns in a local care home by way of assurance. The Safeguarding Service recently met with the Trust' Director of Nursing and the Head of Governance at S&O to support with the "Quality Walkabout" action plan. The Safeguarding Service is awaiting an updated version of the action plan from the Trust. <p>Action 69/2: The Trust will submit an updated Safeguarding Action Plan to the Safeguarding Service and the CCG on receipt of their report following the recent 'independent review of Safeguarding'.</p> <p>Action 69/3: JS confirmed that the Quarter 4 Safeguarding KPI feedback is due to be shared with the Trust on 4th June – it will be included on the CQPG agenda in July.</p>	<p>Safeguarding Service</p> <p>Safeguarding Service</p>
15/070	<p>National NHS Staff Survey – Southport & Ormskirk Hospitals</p> <p>JH said the key issues are highlighted in Section 3. Staff engagement supports the findings the CCG has observed with Staff FFT performance with staff under reporting compared to other organisations. Key concerns will be discussed at future EPEG meetings and Quality Committee asked EPEG to monitor staff and patient engagement going forward and to report back to Quality Committee as appropriate.</p> <p>Action: JH to progress with EPEG</p>	JH
15/071	<p>Tool Kit to Support NHS Commissioners to reduce poor experience of Patient Care</p> <p>JH presented the committee with NHS England's Patient Care Tool Kit which was developed following the results of the National Inpatient Survey. It highlights areas were provider organisations the CCG commissions can target to improve patient experience and care. The Tool Kit highlights providers which are particularly strong in certain areas and encourages collaborative working.</p> <p>Action: It was agreed to revisit this Tool Kit later in the year.</p>	JH

No	Item	Action
15/072	<p>Continuing Health Care / Complex Care Services Quality & Safeguarding Report for Southport & Formby</p> <p>Deferred as nobody was available from the CSU Service to present the report..</p>	
15/073	<p>GP Quality Lead Update</p> <p>Deferred due to apologies being received from DC.</p>	
15/074	<p>Locality Update</p> <p>BD provided a short update regarding Community Matron's and further issues will be picked up at future meetings.</p>	
15/075	<p>Key Issues Log</p> <p>The following key issues were identified to be brought to the attention of the Governing Body:</p> <ul style="list-style-type: none"> • Safeguarding – HM Coroner and DoLS; Prevent (national guidance being awaited) • Joint Quality Risk Assessment with Mersey Care to be commenced • Provider Quality Accounts have been presented to CCG's in May, the CCG is currently in the process of providing feedback and supporting statements prior to publication. 	
15/076	<p>Any Other Business</p> <p>JH discussed current plans for the Quality Team away day and asked members of the Committee to forward any agenda items to him to inform the day.</p> <p>Action: JH stated the next meeting is all-day event; any issues raised will be included on the Agenda. RC asked if the 2-hour joint meeting can be held in the afternoon.</p>	JH
15/077	<p>Date of Next Meeting</p> <p>Thursday 18th June 2015 at 0900 - 1700</p> <p>Formby Hall Golf Resort & Spa Southport Old Road Southport L37 0AB</p>	



Chair : ROB CAUDWELL

SIGNATURE

Date : 19.8.15

Quality Committee Minutes

Date: Wednesday 19th August 2015, 11.30 am – 1.30 pm
Venue: Family Life Centre, Ash Street, Southport

Membership		
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
Ex officio members		
Fiona Clark	Chief Officer	FLC
In Attendance		
Anne Dunne	Head of Children's Safeguarding	AD
James Hester	Programme Manager / Clinical Quality & Safety	JH
Brendan Prescott	Deputy Chief Nurse/Head of Quality & Safety	BP
Jo Simpson	Quality & Performance Manager – CSU	JS
Helen Smith	Head of Adult Safeguarding	HS
Minutes		
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							
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							
Fiona Clark	Chief Officer		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
15/078	<p>Apologies for Absence Apologies for absence were received from Malcolm Cunningham, Dave Smith, Fiona Clark. Tracey Forshaw also tendered apologies and was represented at the meeting by Ann Dunne, Designated Nurse Safeguarding Children and Susan Norbury, Designated Nurse Safeguarding Adults.</p>	
15/079	<p>Declarations of interest regarding Agenda items CCG officers holding dual roles in both Southport and Formby and South Sefton CCGs declared their potential conflicts of interest.</p>	
15/080	<p>Minutes of the previous meeting and Key Issues Log The minutes of the meeting held on 22nd April were agreed as an accurate record subject to the following amendment and signed by the Chair. 1st bullet to read 'TF presented the report <i>on behalf of the team...</i>' The minutes of the meeting held on 20th May were agreed as an accurate record and signed by the Chair.</p>	
15/081	<p>Matters Arising / Action Tracker Actions from 22nd April 2015</p> <p>15/014 Rotavirus Study – LMC contacted with letter to be sent out to all GPs. Action: Closed</p> <p>15/033 S&O Internal Mortality Meeting – BP to provide update to the Committee in September. Action: To be carried over to the next meeting</p> <p>15/034 (a) Safeguarding Information Sharing (MASH) – Now complete. Action: Closed</p> <p>15/034 (b) Stroke – JH presented update on behalf of Sharon Forrester. The S&O SSNAP rating has improved from 'D' to 'C' for January – March 2015. Action: Closed</p> <p>15/035 SUIs – All serious incidents logged on Datix to generate report. System being used is the same as CSU. The CCG will be reviewing the system over the next 6 months now the service has been in-housed from CSU. Action: Review in three months – 18.11.15</p> <p>15/052 Committee Self-Assessment Checklist – Completed. Action: Closed</p> <p>15/054 CRR/GBAF – Completed. Action: Closed</p> <p>15/055 EPEG Key issues Log – Voice of the Child. JH advised that a paper has been to the Quality Committee in the past and incorporated into the CCG's Engagement Strategy with Providers advised to submit information on a regular basis. Action: Closed</p> <p>Matters Arising</p>	<p>Closed</p> <p>BP</p> <p>Closed</p> <p>Closed</p> <p>JH</p> <p>Closed</p> <p>Closed</p> <p>Closed</p>

	<p>DF introduced the two student nurses who were on a placement with the CCG and in attendance at the meeting today to observe.</p> <p>Actions from 20th May 2015</p> <p>15/063 Provider Quality Reports: A&O Hospital Trust – Key Issues:</p> <p>1 A&E – BD and DF confirmed that an Action Plan has been received from the Trust.</p> <p>Action: Closed</p> <p>Community KPIs – The CCGs have developed a suite of KPIs for the community and the Trust is needing to address issues re: data quality due to the migration to EMIS. NHS England have undertaken to develop a full suite of new indicators, consultation is expected towards the end of 2015.</p> <p>Action: Closed</p> <p>NEW ACTION</p> <p>Action 1 15/081 – Community KPIs (15/063) – JS to contact IT re issues. Consideration to be given to impose financial penalties in light of difficulties experienced.</p> <p>Action: Ongoing – update to Committee in September.</p> <p>15/064 Mersey Care NHS Trust Quality Impact Overview Report – DF has liaised with the Director of Nursing at Mersey Care regarding the joint Risk Assessment work that is to be undertaken – feedback is awaited from the Trust. FLC is aware and has spoken to the Chief Executive in order to expedite feedback to support the commencement of the work</p> <p>Action: Ongoing – update to Committee in September.</p> <p>15/065 Southport & Ormskirk Hospital Contract Queries: Avoidable Deaths DF confirmed that the four contract queries remain open. Safeguarding reporting is an agenda item later in the meeting. The Quality team have attended a Patient Safety Collaborative Meeting at S&O which was organised by the Director of Nursing to look at care of the deteriorating patient and pressure ulcers. DF stated that she is still attempting to arrange the 2:2 meeting between DC, DF, RG and SF to discuss quality issues within the Trust. JS stated that some specific information around the RTT contract query is still being awaited. There is an agenda item on all open contract queries at the meeting of the CQPG to be held on 2nd September 2015.</p> <p>Action: Ongoing – update to Committee in September.</p> <p>15/067 Southport & Ormskirk Hospitals – ICO Data Protection Audit Report – Update – JH confirmed the action plan was being monitored.</p> <p>Action: Closed</p> <p>15/069 Safeguarding Service Update Report – Actions 1-3 – All necessary actions taken with awareness raised around the requirements for reports to be submitted.</p> <p>Action: Closed</p> <p>Action 15/070 National NHS Staff Survey – Southport & Ormskirk Hospitals – JH advised areas from the Survey were to be discussed at the EPEG meeting due to be held mid-September. All Committee members were welcome to attend. JH to send meeting details to DC and RC.</p> <p>Action: Ongoing – update to Committee in September and details of EPEG meeting to be forwarded to DC and RC.</p>	<p>Closed</p> <p>Closed</p> <p>JS</p> <p>DF</p> <p>JS</p> <p>Closed</p> <p>Closed</p> <p>JH</p>
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	<p>Action 15/076 AOB – Resolved. Action: Closed</p>	Closed
15/082	<p>Provider Quality Performance Reports The Committee received the narrative and accompanying performance dashboard in relation to:</p> <ol style="list-style-type: none"> (1) Southport and Ormskirk Hospital Trust; (2) Mersey Care NHS Trust; (3) Liverpool Community Health Trust; (4) Summary of key issues relating to Alder Hey Children’s Hospital, Royal Liverpool and Broadgreen Hospital Trust, Liverpool Heart & Chest Hospital and Liverpool Women’s Hospital. <p>The following points were reported and discussed:</p> <p>Southport & Ormskirk Hospital <i>Cancer Measures</i></p> <ul style="list-style-type: none"> • All cancer targets for Southport met in month 4, with some issues experienced with head and neck in month 3 as discussed at the recent meeting of the CQPG • All SLAs for cancer team at Aintree to be reviewed with assurance reported through the next meeting of the CQPG • The Medway appointment booking system at Southport is causing problems for patients and Consultants • DF advised that the performance around the 62 day GP referral to treatment target will be discussed at the Contract & Quality meeting due to be held on 2nd September. MMcD asked whether there were any information groups where this could be flagged to identify the size of the issue <p>Action: Healthwatch and PALs to be asked to provide any data on members and patients raising issues</p> <p><i>Mortality</i></p> <ul style="list-style-type: none"> • Brendan Prescott attended the S&O Mortality Group meeting with some slight improvements to performance having been reported. Some questions were asked from those in attendance regarding the portrayal of this information in the performance report. <p>Action: Mortality information to be reviewed to show whether a decline in statistics is a positive thing (page 32 of pack).</p> <p><i>Stroke</i></p> <ul style="list-style-type: none"> • Stroke performance was discussed at S&O and reference was made to the information relayed by JH from SF in agenda item 15/081. <p><i>PROMS</i></p> <ul style="list-style-type: none"> • Narrative is to be provided as part of contract. <p><i>A&E Department Measures</i> A&E performance was discussed. BD gave an update from discussions at the SRG.</p> <p>Action: Performance improvement to be discussed at SRG.</p> <p><i>Dementia</i></p> <ul style="list-style-type: none"> • Some improvement seen but 90% national target not yet achieved. A recovery plan has been requested and will be discussed at the CQPG. Due to the time of receipt of this report, more comprehensive information is expected to be brought to the CQPG meeting for discussion. <p><i>Friends & Family</i></p> <ul style="list-style-type: none"> • Long-standing challenges in performance exist within the Trust. JH stated that the Trust have been invited to attend EPEG to discuss plans they have in place to improve their performance. <p><i>Maternity</i></p> <ul style="list-style-type: none"> • DF voiced her concern at performance levels regarding access to a health and social care assessment by 12 weeks and 6 days at the Trust. Concerns 	<p>DF</p> <p>JS</p> <p>BD</p>

	<p>regarding ante-natal screening performance particularly around screening. JS drew the Committee's attention to page 31 of the pack in relation to the Anti-natal Screening Quality Assurance Visit. It is recognised that the data and information systems are out of date; however it was expected this would be picked up by the Action Plans around maternity which would need to be considered by PHE/NHSE as the commissioners of such screening services. A discussion also took place regarding Caesarian Section rates within the Trust. DF stated that this had been a specific agenda item for discussion recently at S&O's Quality & Safety Committee. DC asked if the information presented could be shared with him in his capacity as GP Quality Lead</p> <p>Action: DF to ask Peter Wong, Children, Young People & Maternity Commissioning Manager to be asked to provide intelligence as to why some women are not receiving their health and social care assessment by 12 weeks +6 days.</p> <p>Action: DF to send paper to DC on Caesareans.</p> <p><i>C.Difficile</i> Performance against target still showing as 'red', however following appeals the Trust are within their nationally set objective. The Trust have requested that the September 2015 Appeals Panel be cancelled with 5 cases to be submitted to the Panel in October 2015.</p> <p>Liverpool Community Health (Sefton) <i>Delayed Transfers of Care</i></p> <ul style="list-style-type: none"> The Committee were advised of the continuing issues around discharges at Ward 35 on the Aintree site provided by LCH. It was acknowledged that the CCG have no usage of these intermediate care beds due to the capacity they commission locally. <p><i>Safeguarding Children</i></p> <ul style="list-style-type: none"> DF asked that her concerns in relation to the performance under safeguarding be noted for the minutes. <p><i>Community Equipment</i></p> <ul style="list-style-type: none"> A review of this service is currently being done with the Local Authority. DF advised of a telephone meeting between herself, Jan Leonard, Public Health, Local Authority and the Provider which had taken place due to concerns regarding the Aintree equipment store. MC is leading on this on behalf of the CCG from a contract perspective. <p>Mersey Care JS summarised some of the key points from the report:</p> <ul style="list-style-type: none"> <i>Every Contact Counts</i> - Issues experienced with data quality - to be addressed as part of the CQPG work programme <i>CPA Review</i> – The Trust is experiencing problems in monitoring case-loads. Regular meetings are taking place to review performance and are being picked up at the CQPG <i>Smoking</i> – A slight improvement is being made in performance. DF asked for comparative data provided by other Trusts to demonstrate reasons for performance <p>Action: JS to ask all providers to include reasons for under-performance in future reports</p> <p>MMcD commented on the Trust's poor performance in Psychotherapy, showing them to be the poorest in the North West and was concerned at the level of overspends taking place. SPOT reports show Mersey Care to have higher spends with lower service outcomes. QIPP discussions were identifying a number of issues.</p>	<p>DF</p> <p>DF</p>
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	<p>Other Providers JS confirmed that a member of the Quality Team attended all CQPG meetings for Alder Hey Children's Hospital, Royal Liverpool & Broadgreen University Hospital, Liverpool Heart & Chest Hospital and Liverpool Women's Hospital – nil of note to report.</p> <p>NWAS A report was presented to the Committee this month by JS on behalf of MC. The Committee noted some delays in hand over times at A&E were still evident. JS stated that performance issues are addressed by MC who attends the contract meeting on behalf of the CCG.</p> <p>NHS 111 DC considered some patients were being referred to A&E unnecessarily and could be attributable to NHS 111 staff following a flowchart. Action: JS to speak to Malcom Cunningham and Andy Mimmagh regarding the NHS 111 service</p>	JS
15/083	<p>Serious incident Report The Committee received a report on the current status of serious incidents relating to Southport & Ormskirk Hospital and Southport and Formby CCG patients. JH reported that all incident reports due in July were received within the specified timescales. However, it had been necessary to give the provider some extensions. The Committee noted the continued theme of pressure ulcer reporting within the Trust but were aware that numbers had reduced.</p> <p>DF confirmed that the Trust had formally written to the CCG to request that a Never Event previously reported associated with maladministration of potassium be downgraded due to information received by the Coroner. DF stated that the CCG were liaising with NHSE to gain clarification on the national guidance to be adhered to when making a decision as the version that was in place at the time of the incident has subsequently been updated.</p>	
15/084	<p>CCG Hosted Safeguarding Service Update The Safeguarding Assurance Report was presented by AD and SN. Action plan is still awaited from S&O and the team will be attending a meeting with the Trust later today. DF stated that she had been in attendance at the Trust Quality & Safety Committee at which the Director of Nursing had presented an update on safeguarding for their assurance purposes.</p> <p>Concerns remain regarding LCH with regard to the robustness of systems and processes for Looked After Children and the CCG Designated Nurse for Looked After Children is continuing to offer support to the Trust in order to see the necessary improvements with regard to health reviews – the Trust have been asked to provide weekly performance reports. DF informed the Quality Committee that this issue is on the CCG Corporate Risk and gave details of the actions undertaken to date including the lessons learnt event and the process mapping event. The Safeguarding Service also reported a change in the line management arrangements for the Safeguarding Service within LCH which the team would be having a conversation with the provider regarding possible impacts.</p> <p>SN stated that the CCG Safeguarding Service is developing a pathway for Domestic Homicide Reviews etc and had recently met with the Chief Nurse and Local Authority due to the likelihood of additional support being required from health organisations. Dwayne Johnson has been asked to present on the Care Act to the Governing Body Development session in September 2015.</p>	

	AD stated that plans were in place for SG to meet with VT to discuss the local process for the management of inspection so that VT could support from an administrative function due to the tight timescales that all parties would have to work to.	
15/085	<p>MIAA Safeguarding Children & Vulnerable Adults Review Assignment Report 2015/16</p> <p>DF presented this report relating to a review of the safeguarding children and adult arrangements within the CCG by Mersey Internal Audit (MIAA) and was pleased to report that a significant assurance rating had been given. However two recommendations regarding the Safeguarding Annual Report and the Safeguarding Policy & Strategy had been made. As a result the Committee were asked to note that the Annual Report for 2014/15 was on today's agenda and would be presented under public business to the Governing Body in September. The issue relating to the policy and strategy concerned dates of ratification and version control for audit purposes. Judy Graves and Lisa Gilbert were reviewing current practice to avoid any repetition.</p> <p>MIAA have been invited to conduct a re-audit with the date to be advised.</p>	
15/086	<p>CCG Safeguarding Peer Review Action Plan</p> <p>DF advised that the action plan had now been updated but due to the number of items on today's agenda, would be submitted to the Quality Committee in September.</p>	
15/087	<p>CCG Safeguarding Annual Report 2014/15</p> <p>AD presented this report on behalf of the Safeguarding team to provide assurance that the CCG is fulfilling its statutory duties in relation to safeguarding children and adults taking into account National changes and influences and local developments and activity. The report also contained details of the statutory responsibilities and work undertaken in relation to these areas.</p> <p>AD made particular reference to the CCG performance of Safeguarding Children's Level 2 training as shown on page 133 of the meeting pack. DF said that this performance was disappointing and that she would request that these figures were re-checked for data quality purposes and that if they were correct then a concerted effort would need to be made to improve the current position.</p> <p>Action: DF to work with Safeguarding Service to ensure training data cleansed and checked for accuracy with action to be taken to address any shortfalls in training requirements</p> <p>The Quality Committee received the Annual Report and recommended it be presented to the Governing Body for sign-off under the Scheme of Reservation and Delegation.</p>	DF
15/088	<p>EPEG Annual Report 2014/15 and development of the group</p> <p>The Committee received this report presented by JH. Whilst the content was considered to be good, showing key areas of work and outcomes covered over the past 12 months, DF was concerned that the work the group had undertaken as requested by the Quality Committee in relation to the Voice of the Child was not explicit within the report. DF requested that the annual report be amended to reflect this area of work as it was an important part of the CCG Safeguarding Peer Review Action Plan and the Quality Committee had specifically tasked EPEG with this work.</p> <p>Action: Jo H to amend annual report to clearly reflect the work undertaken in relation to the Voice of the Child to enable clear reporting to the Quality Committee.</p> <p>MMcD asked that EPEG explore ways in which patients can be encouraged to take more responsibility for their own health.</p>	<p>Jo H</p> <p>Jo H</p>

	Action: Jo H to discuss ways of encouraging patients to take responsibility for their health with EPEG members.	
15/089	<p>Localities Update BD reported positive improvement in responses to operational issues from Localities.</p> <p>DF attended a very positive meeting of Formby's Locality at which an excellent presentation was delivered regarding the management of AF by the GP Clinical Lead. .</p>	
15/090	<p>Key issues Log The following Key Issues were identified from this meeting for notification to the Governing Body:</p> <ul style="list-style-type: none"> • Safeguarding Performance at Southport & Ormskirk Trust – contract query remains open • Looked After Children health review performance • Updated guidance re LAC • CCG training figures for safeguarding • Care Act presentation to Governing Body • Safeguarding Annual Report to Governing Body 	
15/091	<p>AOB RC was concerned at the number of issues around the quality of data submitted and asked how this could be improved. JS advised that this would be addressed via the DQIPP. MMcD suggested Executive support was also needed.</p>	
15/092	<p>Date of Next Meeting Wednesday 16th September 2015 - 11.30 am – 1.30 pm Family Life Centre, Ash Street, Southport</p>	

Chair : _____
PRINT NAME
SIGNATURE

Date : _____

Ainsdale & Birkdale Locality Meeting



Thursday, 11 June 2015 at 12.30pm at
The Family Surgery, 107 Liverpool Road, Southport PR8 4DB

Minutes

Attendees		
Dr Kebsi Naidoo	(Chair) GP, Family Surgery	KN
Dr Sivaranjini Shyamsundar	GP, Lincoln House Surgery	SS
Dr Gladys Gana	GP, Lincoln House Surgery	GG
Dr Colette Nugent	GP, Ainsdale Medical Centre	CN
Dr Lindsay McClelland	GP, Ainsdale Village Surgery	LMc
Dr Ian Kilshaw	GP, The Grange Surgery	IK
Dr Stuart Bennett	GP, Ainsdale Medical Centre	SB
Dr Octavia Stevens	GP, Ainsdale Village Surgery	OS
Dr Sonali Nayak	GP, Family Surgery	SN
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Jane Uglow	Locality Development Manager, S&F CCG	JU
Melanie Wright	Locality Development Manager, S&F CCG	MW
Karen Ridehalgh	Practice Manager, Ainsdale Village Surgery	KR
Kay Walsh	Medicines Management	KW
Karl McCluskey	S&F CCG	KM
Janice Lloyd	Practice Manager, Lincoln House Surgery	JL
Natalie Dodsworth	Practice Manger, The Family Surgery	ND
In attendance		
David Smith	Deputy Chief Finance Officer, S&F CCG	DS
Apologies		
Nina Price	Practice Manager, The Grange Surgery	NP
Minutes		
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	✓									
Dr S Shyamsundar	Lincoln House Surgery	✓	✓	✓									
Dr I Kilshaw	The Grange Surgery	✓	✓	✓									
Dr K Naidoo	The Family Surgery	✓	✓	✓									
Dr C Nugent	Ainsdale Medical Centre	✓	✓	✓									
Dr L McClelland	Ainsdale Village Surgery	✓	✓	✓									
Dr O Stevens	Ainsdale Village Surgery	✓	✓	✓									

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

No	Item	Action
15/45	Apologies for Absence were noted.	 Attendance sheet A&B Jun 2015.pdf
15/46	Minutes of Previous Meeting & Action Tracker The minutes of the previous meeting held on 14 May 2015 were amended for typographical errors as noted on 15/39 and 15/42. Under 15/39 it was amended that in the section for PMS Review the guidance requested for practices on when best to leave should also have “without suffering a financial loss.” The Action Tracker was updated.	 FINAL Minutes A&B Locality May 2015.do
15/47	Chair’s Update Dr Naidoo advised the locality group of the forthcoming guest speakers for the next meetings: for the July meeting there will be a presentation regarding DOLs and for the August meeting there will be an update regarding Community IV Services. Dr Naidoo asked for any items to be raised at the forthcoming GP Locality Leads meeting next week to be emailed to Jane Uglow who will pass on to Dr Naidoo. Dr Stevens requested that an issue with the district nurses not having big enough cuffs to be fed back. Dr Bennett also noted issues with antibiotic prescribing requests when the GP has not seen the patient.	
15/48	Locality Planning 2015/16 Dr Bennett presented to the Group with regards to the AF Audit that has been completed at Ainsdale Medical Centre who have looked at all their patients with AF, PAF and atrial flutter and reviewed them. The Group discussed different practices at each surgery and the need to monitor patients taking Warfarin as this is done through the anti-coag clinic rather than by the practice as Noacs are. Dr McClelland discussed that Ainsdale Village Surgery have moved patients on Warfarin to acute so that they are ensuring that the patients concerned are being educated and the latest INRs are passed on. The Group discussed Dr McClelland’s draft One Stop AF Clinic. ECGs were discussed; Currently, Ainsdale Village do not have an ECG machine, and although they have been told they can refer to Southport Hospital these have been rejected. The practice have been informed this is because there is no contract for this service. Karl McCluskey understands there should be a service for this. Another issue is the equipment each practice has; KM to look into what needs to be put into place. Further discussion took place over the appropriate drugs to use for Noacs. Dr Bennett suggested targeting those patients on aspirin or nothing first. It was noted that noacs can be started straight away as long as baseline tests are done. Following the discussions Dr Naidoo summarised that each locality needs to present the plans at the Board Development session on 24th June.	KMc

No	Item	Action
	<p>Discussion took place over revising idea of 'one stop clinic'. Dr Bennett suggested looking at how many AF patients are anti-coagulated and aim for 90%. At present Ainsdale Medical Centre are at 83%.</p> <p>Members agreed to bring audit results back to the locality for peer review</p> <p>Agreed to write up the pathway and bring the plan back to the locality for discussion</p> <p>Jane Uglow asked for volunteers to present at the Governing Body Development Session on 24th June; Dr Naidoo is unable to attend. Please advise JU.</p>	<p>All</p> <p>SB/JU/SF</p>
15/49	<p>Quality & Patient Safety</p> <p>Jane Uglow wished to advise the Group regarding the Maternity Liaison Service that she attends along with Dr Wendy Hewitt. An issue had been raised at the variance of levels of care for 6 week post-natal checks. JU wished to ask the locality how this is managed as patient feedback is poor. Lincolne House, The Grange and The Family Surgery reported they all have a recall process in place for post natal checks. Drs Ghana and Kilshaw acknowledged that the patients are recalled by the practice. Ainsdale Medical Centre's patients rely on the HV service to prompt patients, the practice have identified patients are attending later than 6 weeks, the practice is considering this. Ainsdale Village Surgery are in the process of setting up a recall service when they receive the birth notice.</p>	
15/50	<p>Performances & Finance</p> <p>Mr McCluskey discussed the last year's Performance Report which went to the Governing Body; they still have performance issues with Southport & Ormskirk NHS Trust, largely surrounding referral to appointment times. The Trust have acknowledged that there are problems with duplicated events and they are continually checking waiting lists to ensure patients are seen in order. Unfortunately the CCG has not been able to get the assurances needed and formal contract notices have been made to the Trust. There are also issues with specific services due to lack of consultant resources. S&O NHS Trust have been requested to produce a proposal in conjunction with Liverpool Heart & Chest Hospital to address this which should be received at the end of June and then the CCG will make decisions based on this. Regular executive team meetings are taking place Board to Board between Southport & Ormskirk NHS Trust and the CCG. A&E challenges remain, although for 1-2 weeks their targets had been reached however pressure is still considerable.</p> <p>Finance</p> <p>David Smith, Deputy Chief Finance Officer attended today; he will be the lead for this locality for finance and will attend the locality meetings. Mr Smith is happy to provide any data to the locality that they request.</p> <p>A Transformation Fund (TF) has been set up, managed by Mrs Billie Dodd, Head of CCG Development, S&F CCG and from this</p>	

No	Item	Action
	the CCG will identify areas to invest in to help; two have been endorsed by the Governing Body for Dermatology and Gynaecology services. Work will begin clinically to work up what needs doing.	
15/51	<p>Medicines Management</p> <p>Kay Walsh circulated the Black Drugs list, weighted prescribing for the locality. All were happy for the data to be unanonymised by practice. Kay Walsh also circulated the wound care letter (sent out by Ruth Menzies) and recent JMOG approvals; all of which are on the intranet.</p>	
15/52	<p>Any Other Business</p> <ul style="list-style-type: none"> • Dr McClelland queried whether any practices had more information regarding the new e-referral system that goes live on Monday. No practices had further information. • Dr Nugent discussed that the laboratory have stopped performing red blood cell sampling on urine meaning they are potentially missing out on haematuria. Dr Naidoo commented on the introduction of the new urine collection system 3 months ago. Jane Uglow to clarify tests. • Connected Communities has been re-commissioned to give more time to the current model. They have received 125 referrals, 2/3 of which they have been able to support. The service has been expanded across Southport & Formby and they are encouraging self-referrals. The team will begin a programme of engagement with the North and Formby Localities. They will also be making contact with Adult Social Care. • Jane Uglow also discussed a matter on behalf of Moira McGuinness, Locality Development Manager regarding low risk patients who are on detox programmes; some patients may require GP visits whilst at Manchester House and they wish to find out if this will be acceptable. Dr Kilshaw is agreeable to this. Dr Nugent would not be agreeable to this. 	JU
15/53	<p>Date and Venue for Next Meeting</p> <p>Thursday, 9th July 2015 at 12:30pm to 2:00 pm at The Family Surgery.</p>	

Dates for your diary – future meetings

Second Thursday of each calendar month (from May)

Thursday, 13 August 2015 at 12.30pm

Thursday, 10 September 2015 at 12.30pm

Thursday, 8 October 2015 at 12.30pm

Thursday, 12 November 2015 at 12.30pm

Thursday, 10 December 2015 at 12.30pm

Southport and Formby Clinical Commissioning Group

Ainsdale & Birkdale Locality Meeting

Thursday, 9 July 2015, 12.30pm

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



Minutes


Attendees		
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 Lindsay McClelland	GP, Ainsdale Village Surgery	LMc
Dr Ian Kilshaw	GP, The Grange Surgery	IK
Dr Stuart Bennett	GP, Ainsdale Medical Centre	SB
Dr Octavia Stevens	GP, Ainsdale Village Surgery	OS
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Jane Uglow	Locality Development Manager, S&F CCG	JU
Melanie Wright	Locality Development Manager, S&F CCG	MW
Karen Ridehalgh	Practice Manager, Ainsdale Village Surgery	KR
Kay Walsh	Medicines Management	KW
Karl McCluskey	S&F CCG	KM
Janice Lloyd	Practice Manager, Lincoln House Surgery	JL
Natalie Dodsworth	Practice Manger, The Family Surgery	ND
David Smith	Deputy Chief Finance Officer, S&F CCG	DS
Nina Price	Practice Manager, The Grange Surgery	NP
Apologies		
Dr Gladys Gana	GP, Lincoln House Surgery	GG
Minutes		
Melanie Wright		

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	✓	✓	✓	✓								
Dr O Stevens	Ainsdale Village Surgery	✓	✓	✓	✓								

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

No	Item	Action
15/54	Apologies for Absence were noted.	
15/55	<p>Minutes of Previous Meeting were approved as an accurate record of the meeting.</p> <p>The Action Tracker was discussed and updated to reflect the current status of the Potassium and Folate blood testing and it was agreed that Darren Powell be invited to a future meeting to discuss.</p> <p>Karl McCluskey's action in relation to electronic letters is carried over.</p>	JU
15/56	<p>Chair's Update</p> <p>Dr Naidoo updated the meeting following the recent GP Locality Chairs' meeting at which there was representation from the local acute Trust. Matters discussed included the Urgent Response Team, a single point of access and the Formby pilot site.</p>	
15/57	<p>Locality Planning 2015/16 Update</p> <p>Dr Bennett presented on developments with the AF pathway.</p> <div style="text-align: center;">   </div> <p>AF pathway.pptx AF review 2015.pptx</p> <p>Dr Bennett highlighted the importance of an agreed process around pulse checks for HCAs, equipment considerations and governance, together with a suggestion for a peer review.</p> <p>It was agreed that a locality 'AF Workshop' be convened and a consultant invited to increase confidence. (This to take the place of a scheduled locality meeting.)</p> <p>Practices agreed that a baseline assessment would be brought back to the next meeting in August.</p> <p>In terms of any equipment considerations, a collective view from the locality would be needed, plus agreement regarding management of the scheme.</p>	<p>SB/JU</p> <p>All practices</p>

No	Item	Action
15/58	<p>Deprivation of Liberty - Presentation</p> <p>Dr Lisa Williams and Rachel McKnight attended to present and discuss changes to the law on Deprivation of Liberty.</p>  <p>Deprivation of Liberty Safeguards (C)</p> <p>Practices indicated a 'DoLS' register in care homes would be helpful. It was noted that, for CQC inspections, GPs are required to have 'knowledge' of the law around DoLS.</p>	
15/59	<p>Quality and Patient Safety</p> <p>There was a discussion around urology referrals and the 2-week referral rule.</p>	
15/60	<p>Performances and Finance</p> <p>The meeting noted Dr Naidoo's declaration of a conflict of interests in relation to his work as a consultant for Virgin.</p>	
	<p>David Smith tabled some information in relation to Dermatology referrals, for which S&O is a huge outlier when compared to peers. There also appears to be a large variation between practices in terms of referrals. The issue will be debated at the Wider Constituent meeting next week.</p> <p>It was agreed that clarity is required regarding the nature of referrals to secondary care. David Smith agreed to obtain detailed data.</p>	DS
15/61	<p>Medicines Management</p> <p>KW has emailed the group with the unanonymised 'Black Drugs' report. She has obtained agreement that all Synalar products will be removed from the report. Report will next be run and presented to the group once September 2015 ePACT data is available. Practice pharmacists are all aware of the work and can assist if necessary.</p> <p>The 2015-16 antimicrobial audit has been started. Aim is to do the first peer review at the August locality meeting.</p> <p>Practices felt that further potential savings could be made by additional tech support. Kay Walsh and Stuart Bennett agreed to discuss outwith the meeting.</p>	KW/SB
15/62	<p>Any Other Business</p> <p><i>Clinical Waste:</i> Sefton Council do not and have never picked up clinical waste in purple containers; this service is provided by 'Healthcare at Home'. Additional arrangements have to be made for patients who decline this service. Practices to contact Kay Walsh if any issues encountered.</p>	

No	Item	Action
	<p><i>Electronic Letters:</i> Ainsdale Village are no longer getting electronic letters. Kay Walsh agreed to action following receipt of authority from Dr McClelland.</p> <p><i>Local Quality Contract:</i> the current contract has been extended to 1 October 2015. Final figures are currently being sought – practices queried the period this applied too. Jane Uglow to revert.</p> <p><i>Physio referrals:</i> an exercise to map the Physio pathway would be helpful. Jane Uglow to action.</p> <p><i>Coil referrals:</i> Ainsdale Village are interested in providing this service. Jane Uglow to link up Ainsdale Village with Angela Parkinson, as Head of Primary Care.</p> <p><i>Estates:</i> Jane Uglow will shortly be circulating a questionnaire to practices as NHS Property Services are seeking to understand practices' intentions over the next 5 years regarding their estates.</p>	<p>KW/LMcC</p> <p>JU</p> <p>JU</p> <p>JU</p> <p>JU</p>
15/63	<p>Date and Venue for Next Meeting: Thursday, 13 August 2015 at 12.30 at the Family Surgery</p>	

Southport and Formby Clinical Commissioning Group

Formby Locality Meeting Minutes

Date: Thursday 9th July 2015



Venue: Formby Village Surgery

Attendees		
Dr Chris Bolton	(Chair), GP, The Village Surgery	CB
Sue Lowe	Practice Manager, The Village Surgery	SL
Susanne Lynch	Medicines Management, S&F CCG	SLy
Moira McGuinness	Locality Manager, S&F CCG	MM
Dr Doug Callow	GP, Chapel Lane Surgery	DC
Dr Sarah Lindsay	GP, Freshfield Surgery	SL
Stewart Eden	Practice Manager, Chapel Lane Surgery	SE
Dr Liam Grant	GP, The Village Surgery	LG
Dr Deborah Sumner	GP, The Hollies Surgery	DS
Lisa Roberts	Practice Manager, Freshfield Surgery	LR
Colette Page	Practice Nurse Facilitator, S&F CCG	CP
Yvonne Sturdy	Nurse Practitioner, The Village Surgery	YS
James Bradley	Finance, CCG	JB
Apologies		
Colette Riley	Practice Manager, The Hollies	CR
Minutes		
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	✓								
Dr T Quinlan	Chapel Lane Surgery	A	A	A	A								
Dr C Bolton	The Village Surgery	✓	✓	✓	✓								
Dr J Reddington	The Village Surgery	A	A	A	A								
Dr S Johnson	The Village Surgery	A	A	A	A								
Dr L Grant	The Village Surgery	A	A	A	✓								
Dr D Mortimer	The Village Surgery	A	A	A	A								
Dr J Eldridge	The Hollies Surgery	A	A	A	A								
Dr D Sumner	The Hollies Surgery	A	✓	A	✓								
Dr T Brettel	The Village Surgery	A	A	A	A								
Dr S Lindsay	Freshfield Surgery	✓	✓	A	✓								
Debbie Fagan	S&F/SS CCG		A	A	A								

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

No	Item	Action
15/60.	<p>Welcome, apologies and introductions Apologies were noted as per the attendance sheet attached.</p>	 Attendance sh Formby July 20
15/61.	<p>Minutes of the last meeting The minutes from the last meeting on 4th June 2015 were agreed as an accurate record.</p>	 FINAL 2015 Formby Minutes
15/62.	<p>Matters Arising:</p> <ul style="list-style-type: none"> Respiratory – Colette Riley has sent apologies today; this will be carried over to the Agenda for next month’s meeting. 	CR
15/63.	<p>CCG/Local Priorities Dr Stuart Bennett is due to present his AF pathway at the next meeting in August. Moira McGuinness is hoping the Formby locality can adopt this pathway. Discussion took place over best way forward; it was agreed to wait for Dr Bennett’s presentation at next meeting and then decide on Formby’s priorities. Susanne Lynch offered for Medicines Management/Practice Pharmacists to get AF practice data in the interim. All agreed this would be helpful.</p>	SLy
15/64.	<p>Finance update – James Bradley</p> <ul style="list-style-type: none"> Dermatology. Due to the £6m gap in the budget various cost saving measures are being implemented across the CCG to try to save money. Dermatology is being looked at as part of this; JB presented data relating to the outpatients diagnoses for dermatology for discussion. Dr Callow commented that it would be helpful to know what the GPs are actually referring rather than the diagnosis outcome. He also suggested the benefit of regular education in this area. Dr Bolton suggested the higher referrers should look into this data. It was suggested that all practices audit their figures. It was further noted that the Dermatology service in being reviewed at present as the Virgincare contract comes to an end in March 2016. Mrs Billie Dodd is leading on this. Dr Callow also suggested utilising GPSI skills within the localities. Diagnostic Tests – direct access for Pathology and Radiology. James Bradley wished to raise awareness of changes to the contract with Southport & Ormskirk Trust; from April 2015 the contract for the above services is on a cost per case basis, rather than the previous block contract. This is at an additional cost to the CCG but we will be paying for what we use. James Bradley circulated the costs lists. Discussion took place; Dr Callow questioned the costs for phlebotomy at Formby Clinic and whether these charges were in fact less than what the Trust is being paid; there was also concern over duplication/repeat test costs. Dr Bolton questioned whether these charges were per biochemistry test – JB to feedback on this. JB to also look any data that the Trust can provide regarding repeat testing. 	JB
15/65.	Peer Review	

No	Item	Action
	The locality reviewed the anti-microbial data.	
15/66.	<p>Prescribing Update Susanne Lynch discussed PQS payments; by the end of next week they will have clear idea of what is happening.</p> <p>Budgets are also being set for this year. Susanne Lynch is suggesting setting the budgets as 50% historic / 50% weighted population; this is a different way forward. Discussion took place over differing practices and how this could affect each.</p> <p>Susanne Lynch discussed pharmacists' role in supporting each practice and asked if the practices would be interested in having more Medicines Management presence. Both Drs Bolton and Callow agreed this would be beneficial. Dr Callow to discuss further with Susanne Lynch.</p> <p>It was noted by Dr Bolton that 6 District Nurses have been off ill with nobody to fill these roles. Moira McGuinness to follow up.</p>	<p>DC/SLy</p> <p>MM</p>
15/67.	<p>Quality and Patient Safety Dr Callow discussed the issues surrounding Southport & Ormskirk Trust. Dr Paddy McDonald has been appointed as Clinical Director and Dr Fraser Gordon as Community Geriatrician. There have been some areas of improvement but there are still problems with quality. A clear deadline has been issued to the Trust to sort these out. Dr Callow noted that e-discharges are inaccurate and cannot be relied upon for medicines information. The hospital is quite keen to amend the e-discharge form and Dr Callow will circulate to the Group for feedback on changes.</p> <p>Another issue is the inappropriate passing of work to primary care and issues with accuracy of letters when being dictated weeks later by junior doctors although there has been useful discussion around these.</p> <p>Dr Callow asked for any problem letters received from the hospital to be copied to him so that they can be followed up.</p> <p>Dr Callow further commented on issues with the 2 week wait referrals; information coming out is incomplete and to involve the GP following up; Dr Lindsay reported similar problems with gastroenterology services and patients being sent for gastroscopy/endoscopy without seeing the consultant.</p>	<p>DC</p> <p>ALL</p>
15/68.	<p>Locality Business</p> <ul style="list-style-type: none"> Chair's update: Wider Constituent Group Meeting is to be held on 15th July. Locality Leads Meeting is to be held on 28th July. 	
15/69.	<p>AOB</p> <ul style="list-style-type: none"> Colette Page confirmed that Respiratory training for Practice Nurses has been agreed for all Southport & Formby nurses. Jenny Kristiansen will contact practices with the details. 	
	<p>Date of next meeting: Thursday 6th August 2015 at 1.15pm Formby Village Surgery.</p>	

Formby Locality Meeting Minutes

Date: Thursday 6th August 2015

Venue: Formby Village Surgery




Attendees		
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
Debbie Fagan	Chief Nurse & Quality Officer, S&F CCG (SMT rep)	DF
Colette Riley	Practice Manager, The Hollies	CR
Stewart Eden	Practice Manager, Chapel Lane Surgery	SE
Dr Liam Grant	GP, The Village Surgery	LG
Sue Lowe	Practice Manager, The Village Surgery	SL
Lisa Roberts	Practice Manager, Freshfield Surgery	LR
Colette Page	Practice Nurse Facilitator, S&F CCG	CP
Sharon Johnson	Informatics Coordinator	SJ
Dr Lowri Hughes	FY2 Doctor	LH
Dr Amy McLoughlin	FY2 Doctor, The Village Surgery	AMc
Alix Shore	Community Matron (for DoLs presentation only)	AS
In Attendance:		
Dr Lisa Williams	Consultant Psychiatrist, MerseyCare	LW
Rachel McKnight	Primary Care Mental Health Lead	RMc
Dr Stuart Bennett	GP, Ainsdale Medical Centre, Cardiology Lead	SB
Sharon Forrester	CVD Lead, S&F CCG	SF
Chris Roberts	Community IV Team	CR
Apologies		
Susanne Lynch	Medicines Management, S&F CCG	SLy
Dr Doug Callow	GP, Chapel Lane Surgery	DC
Yvonne Sturdy	Nurse Practitioner, The Village Surgery	YS
Minutes		
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							
Dr S Johnson	The Village 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 16	Mar 16
Dr L Grant	The Village Surgery	A	A	A	✓	✓							
Dr D Mortimer	The Village Surgery	A	A	A	A	A							
Dr J Eldridge	The Hollies Surgery	A	A	A	A	A							
Dr D Sumner	The Hollies Surgery	A	✓	A	✓	✓							
Dr T Brettel	The Village Surgery	A	A	A	A	A							
Dr S Lindsay	Freshfield Surgery	✓	✓	A	✓	✓							

✓ Present
A Apologies
L Late or left early

No	Item	Action
15/70.	Welcome, apologies and introductions Apologies were noted as per the attendance sheet attached.	 Attendance S Formby Aug 20
15/71.	Minutes of the last meeting The minutes from the last meeting on 9 th July 2015 were agreed as an accurate record.	 FINAL 2015 Formby Minutes
15/72.	Matters Arising: <ul style="list-style-type: none"> District Nurses Update E-discharge – Dr Callow has sent apologies - to be discussed at next meeting. 	
15/73.	DoLs Dr Lisa Williams and Rachel McKnight attended to present and discuss changes to the law on Deprivation of Liberty. It was noted that if a patient has not had both a medical assessment and a best interests assessment they are not technically on a DoLs. Dr Williams commented that there is a backlog of applications at present. It was further noted that if a patient is admitted to hospital the DoLs lapses and would require review at hospital. There is no formal process for notification of DoLs to GPs and they are a local authority responsibility. Discussion took place over whether care homes should link up to advise GPs when patients are on a DoLs.	 Deprivation Liberty Safegua
15/74.	CCG / Local Priorities AF – Dr Stuart Bennett attended to present and discuss the AF pathway adopted by Ainsdale & Birkdale locality and the audit he has completed for Ainsdale Medical Centre.	

No	Item	Action
	 <p>AF pathway.pptx AF review 2015.pptx</p> <p>Group agreed to look at data for each practice and decide on resources needed. To be reviewed at next meeting. CT to circulate presentations ahead of meeting.</p>	ALL/ CT
15/75.	<p>Community IV Chris Roberts attended the meeting today to update the Group on the Community IV pilot.</p> <p>This is for direct GP referrals at present but they are hoping to open this up to Community Matrons, CERT and District Nurses – Moira McGuinness will be advised when this happens. Referrals received before 3pm will be seen the same day. The pilot is for 6 months and they have a large team based in Litherland Town Hall that cover across South Sefton and Southport & Formby.</p>	 Community IV handout.pdf
15/76.	<p>Prescribing Update Apologies received from Susanne Lynch.</p>	
15/77.	<p>Quality and Patient Safety Apologies received from Dr Callow; any quality issues should be reported directly to Dr Callow.</p>	
15/78.	<p>Locality Business</p> <ul style="list-style-type: none"> • Chair's Update <ul style="list-style-type: none"> ➢ Locality Leads meeting took place in July when the CCNOT (Children's Community Nursing Outreach Team) presented regarding their services for children who are borderline for admission – nurses will see children in the community; this went live on Monday 3 August. They will be coming to a future locality meeting. ➢ Community Services are going out to procurement in September 2015 with a view to April 2017 start. • Governing Body Colette Riley provided the attached update.  <p>GB Feedback August 2015.docx</p> <p>Debbie Fagan queried whether the locality group have received a communication from HM Coroner - nobody has received. DF to follow up and circulate.</p>	DF
15/79.	<p>AOB</p> <ul style="list-style-type: none"> • There was a brief discussion surrounding referrals to the Mental Health Unit at Clockview however Rachel McKnight advised that this would be affect the Formby locality as patients would be referred to the Hesketh Centre in this area. • There is a new transport system being used by the Trust for samples; Dr Grant commented on problems he has had – please forward details to Moira McGuinness for follow up. 	LG/MM

No	Item	Action
	<ul style="list-style-type: none"> • Telemedicine – Moira McGuinness advised that we have funding for 22 homes across S&F; Expressions of Interest have been received for St Joseph's, Ashcroft House, Halcyon House and Leonard Cheshire in Formby so far. • Estates Planning – please could all practices return to Moira McGuinness. 	All
	<p>Date of next meeting: Thursday 10th September 2015 at 1.15pm Formby Village Surgery.</p>	

Central Locality Meeting Minutes

Date: Tuesday 7th July 2015 (June meeting – postponed)

Venue: Kew Surgery, 85 Town Lane, Southport PR8 5PH


Attendees		
Dr Ian Hughes	GP, Cumberland House	IH
Dr Halina Obuchowicz	GP, Kew Surgery	HO
Dr Louise Campbell (Chair)	GP, Trinity Practice	LC
Dr Mark Bond	GP, Curzon Road Surgery	MB
Sharon Forrester	Locality Development Manager, S&F CCG	SF
Dr Shaun Meehan	GP, St Marks Medical Centre	SM
Roy Boardman	Business Manager, St Marks Medical Centre	RB
Dawn Bradley-Jones	Practice Manager, Trinity Practice	DBJ
Karen Newman	Practice Manager, Trinity Practice	KN
Alix Shore	Community Matron	AS
Sejal Patel	Pharmacist, S&F CCG	SP
James Bradley	Finance, S&F CCG	JB
In attendance:		
Dr Stuart Bennett	GP, Ainsdale Medical Centre	SB
Apologies		
Rachel Cummings	Practice Manager, Cumberland House	RC
Kate Wood	Practice Manager, Kew Surgery	KW
Minutes		
Clare Touhey	Administrator, S&F CCG	CT


Attendance Tracker



Name	Practice / Organisation	Attendance												
		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	✓										
Dr A Farrell	Curzon Road Medical Practice	A	A	A										
Dr G Hedley	St Marks Medical Centre	A	A	A										
Dr S Meehan	St Marks Medical Centre	✓	✓	✓										
Dr G Stubbens	St Marks Medical Centre	A	A	A										
Dr I Hughes	Cumberland House	✓	✓	✓										
Dr H Obuchowicz	Kew Surgery	✓	✓	✓										
Dr W Coulter	Kew Surgery	✓	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 L Campbell	Trinity Practice	✓	✓	✓									
Dr G Kumble	Trinity Practice	A	A	A									

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

No	Item	Action
15/41.	Welcome, Apologies & Introductions Apologies were noted.	 Attendance sheet Central June (7.7.1)
	<p>Presentation by Dr Stuart Bennett, Ainsdale Medical Centre (incorporating 15/16 Locality Action Plan... Next steps)</p> <p>The meeting began with Dr Bennett's presentation to the Locality Group regarding his audit on AF patients for his practice. Dr Bennett is happy for his presentation to be circulated to the Group – Sharon Forrester/Clare Touhey to organise this and SF also asked for feedback from each practice once these have been circulated.</p> <p>Discussion took place following the presentation about Central Locality undertaking this audit as part of the Locality's Action Plan. Dr Bond questioned the resources available for this work and whether this will be replacing other tasks requested of the practices by the CCG. Sharon Forrester asked for a list of the tasks to be collated. Sharon Forrester highlighted the direct affect this audit will have on patient care, the high mortality rate / admissions for AF and stroke in Southport & Formby and therefore the importance of completing this audit. Dr Campbell discussed the Action Plan and suggested that it would be easier to carry out the work as detailed by Dr Bennett, rather than to develop a new plan. Dr Bond questioned whether this could be part of the Local Quality Contract; SF to feedback to Karl McCluskey.</p> <p>Dr Meehan raised discussion of difficulties of dealing with patients without family support and the workload involved in caring for these people.</p> <p>Sharon Forrester suggested asking data facilitators to replicate Dr Bennett's searches for each practice and to peer review this data at the next meeting. Dr Campbell also queried if Meds Management could then check off those that are already anti-coagulated. Discussion took place of previous audits done last year by Meds Management; it was noted that these audits should be done annually to take into account changes in patients/age etc.</p> <p>Dr Obuchowicz questioned whether there is a Frailty clinic; discussion took place of Dr Fraser Gordon's appointment as Community Geriatrician and, that from the 'Shaping Sefton' event held recently, 'Frailty' needs to have a criteria.</p>	<p>SF/CT</p> <p>SF/All</p> <p>SF</p>

No	Item	Action
15/42.	<p>Minutes of previous Meeting/Action Tracker The minutes of the previous meeting were agreed as an accurate record.</p>	 FINAL 201505 MINUTES Central Lc
15/43.	<p>Chair's Update Sharon Forrester gave an overview of the GP Locality Leads meeting that took place on Dr Campbell's behalf as she was on leave.</p> <p>The Trust have started to attend all lead meetings and Sharon Forrester updated the Group on progress from them:</p> <ul style="list-style-type: none"> • An 'Urgent response team' is being formed as part of Facing the Future together (FtFT); this is different from CERT although will form part of CERT as a multi-disciplinary including community matron, district nurses and chronic care. • Community IV services being 12 July for a 6 month pilot. Liverpool Community Health are delivering for Southport & Formby for cellulitis, UTIs and chest infections. SF to circulate referral forms to practices together with 2 protocols for cellulitis and UTIs. Alix Shore to clarify to practices whether this pilot definitely covers UTIs. • There is going to be public health input to each locality to tailor services to the locality's needs. • A review of the treatment rooms is taking place. • A 'Single Point of Access' is to be set up for unplanned and planned care. • The ability to have clinical discussion pre-referral is to be established. • There will be a 2 hour response for urgent care for community staff including MerseyCare for mental health. • Formby is possibly to be a pilot for the Single Point of Access. • E-discharge – Alison Blundell has done a lot of work to improve this area; they are 90% compliant. • The Trust is taking steps to improve Consultant performance and have appointed Dr Paddy McDonald as Clinical Director and so establish a governance mechanism. • The Trust are looking at benchmarking for a more efficient system, they are looking at a hybrid solution that should be in place within 3 months. • Triplicate discharges – a phased approach is being adopted for going paperless so this is ongoing. • High Potassiums; audit has been completed at the lab and the results of which are that distance/time for pick up to the lab are affecting these results. • Dr Naidoo had reported an 8 week delay on histology samples. • The problems with the urine collection system have been highlighted. • Low Folic Acid results have been reported across all practice and this is being taken back. <p>Dr Obuchowicz commented on problems with Immunology test results that come as a report saying 'please see attached report' and there is nothing attached. Discussion took place across practices that this is because these tests are completed elsewhere – Dr Meehan</p>	SF AS

No	Item	Action
	commented that this can be solved simply by the wording in the report being amended to 'report to follow'. Sharon Forrester to feedback on this.	SF
15/44.	Locality Action Plan...next steps Please see earlier section – under Dr Bennett's presentation.	
15/45.	<p>Quality and Patient Safety</p> <ul style="list-style-type: none"> • HALT – Hospital Alcohol Liaison Team – patients who are coming to the end of their detoxes can now be discharged to Manchester House to Intermediate Care. GPs are expected to visit if required, as normal. Locality queried if this is out of area for practices how is this to be dealt with – SF to discuss with Moira McGuinness/Mel Wright and feedback. • Estates Planning – there is a review taking place across Southport & Formby CCG and Sefton CCG to update plans for buildings and facilities. The CCG are asking the locality's to look at estates on a practice level and complete the attached form. Group discussed various issues with estates; namely Trinity have ongoing problems at the Health & Wellbeing Centre that are potentially dangerous due to doctors having to move consulting rooms. James Bradley discussed need for an estates plan due to huge costs to the CCGs; the old PCTs owned properties but the CCGs do not and this is an ideal opportunity to sort any problems. James Bradley to lead on this – it was suggested that he contact Anne Marie Grant, CHP and Colette Lewis, NHS Estates. 	<p>SF</p> <p> Plan on a Page Template.pptx</p> <p>JB</p>
15/46.	<p>Performances and Finance</p> <ul style="list-style-type: none"> • Diagnostic Tests - James Bradley 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>Sharon Forrester questioned whether all practices have ECGs – all have their own except for Curzon Road practice. Again, this has historically been paid for on a block contract but there has been wide variation across practices as to usage. The CCG are probably going to a cost per case from April 2016; this is a risk of x4 activity than at present. Discussion took place over alternative service from Broomwell who provide a mobile service and interpretation; all within 2 hours. This could be a cheaper service if the practice is <u>not</u> using the Trust's services; it is £300 per year to hire the equipment and then £15 at the weekend and £20 during the week for the service. The Trust charge £70 per ECG. James Bradley to look into understanding where the activity is coming from. Dr Obuchowicz questioned whether the interpretation services from Broomwell could be used on our ECGs as the Trust are not offering this service at the moment. SF to query this.</p> <p>Dr Campbell discussed the ECGs done through Mental Health Services which was raised at a previous meeting whereby the GPs are being asked to do referrals after Mental Health have found queries. SF agreed to include this in review of ECG services across the CCG that she is completing.</p> <ul style="list-style-type: none"> • Dermatology Services – James Bradley presented data 	<p> S&O Direct Access price list.xlsx</p> <p>JB</p> <p>SF</p> <p>SF</p>

No	Item	Action
	<p>regarding dermatology referrals to raise awareness of what conditions are being referred and to whom. JB discussed the financial constraints facing the CCG with a deficit of £6m and they are looking at any areas where money can be saved. Discussion of data took place; the top figure for Seborrhoeic keratosis was of concern and suggestion was made that this could be a coding issue, and whether there were any differences in data for practices with a GPSI in Dermatology. JB advised that he will hopefully be attending these meetings more regularly and be able to share comparable data. Dr Campbell suggested commissioning a dermatology service where they are able to use photographs. Virgincare's contract ends in March 2016; Billie Dodd is leading on this.</p>	
15/47.	<p>Medicines Management Sejal Patel to circulate flowcharts from Pan Mersey website.</p>	
15/48.	<p>Any Other Business</p> <ul style="list-style-type: none"> • Dr Bond queried the Lymphoedema services for non-cancer; Sharon Forrester advised that this is part of the Facing the Future Together programme. The work sits in the Treatment Rooms review. There was a review by the lymphoedema specialist nurse, she recommended training taking place for Central Locality nurses so they have links with St Catherine's nurses regarding bandaging techniques/dressings, stockings etc. SF advised to firstly refer to District Nurses and if severe can complete an IFR request. • Dr Meehan would like to raise concerns regarding the Trust's ability to manage outpatients. He has experienced a significant event recently for a patient due to be seen for review that had been missed. Dr Meehan has been advised that this was due to problems with the Medway system but he does not feel this is a good enough explanation; that we need to ensure that patients are being reviewed. He has also experienced DNAs when the patients have never received an appointment and this has led now to having to check all DNAs with patients. Dr Meehan feels that this needs action from the CCG. Sharon Forrester to forward to Jan Leonard and Debbie Fagan who is lead for Quality. 	SF
15/49.	<p>Date and Venue for next meeting: The next meeting has been rescheduled to: - Tuesday 4th August 2015 at 1:00pm to 3:00pm at Kew Surgery.</p>	

North Locality Meeting Minutes

Date: Thursday 16th April 2015 at 13.00

Venue: Marshside/Corner Surgery

Attendees

Dr Ian Scott	(Chair) GP, Churchtown Medical Centre	IS
Dr Kati Scholtz	GP, Norwood Surgery	KS
Dr Hilal Mulla	GP, Corner Surgery	HM
Dr Rory Kidd	GP, Churchtown Medical Centre	RK
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
Lydia Hale	Practice Manager, Roe Lane Surgery	LH
Sam Muir	Practice Manager, Norwood Surgery	SM
Rachel McKnight	MerseyCare	RMc
Sharon Johnson	iMersey	SJ

Apologies

Dr Miles Moriarty	GP, The Corner Surgery	MM
Dr Rob Caudwell	GP, Marshside Surgery	RC
Lyn Roberts	Practice Manager, Churchtown Medical Centre	LR
Nicole Marshall	Practice Manager, Marshside Surgery	NM

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											
Dr S Tobin	Norwood Surgery	A											
Dr D Unwin	Norwood Surgery	A											
Dr A Zubairu	Norwood Surgery	A											
Dr N Leonard	Roe Lane Surgery	✓											
Dr A Trevor	Roe Lane Surgery	A											
Dr J Fox	Roe Lane Surgery	A											
Dr J Canavan	Roe Lane 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 17	Mar 17
Dr H Mulla	The Corner Surgery	✓											
Dr S Woodcock	The Corner Surgery	A											
Dr M Moriarty	The Corner Surgery	A											
Dr R Caudwell	Marshside Practice	A											
Dr M McCormack	Churchtown Medical Centre	A											
Dr R Kidd	Churchtown Medical Centre	✓											
Dr I Scott	Churchtown Medical Centre	✓											
Dr P Giannelli	Churchtown Medical Centre	A											

- ✓ Present
A Apologies
L Late or left early

No	Item	Action
15/33	Welcome and apologies Apologies were noted. See attendance sheet.	 North Attendance sheet April 2015
15/34	Notes and actions from previous meeting The minutes of the previous meeting were agreed as an accurate record. <ul style="list-style-type: none"> AF data Jane Ayres presented the NOAC prescribing figures for Southport & Formby CCG (copy attached) for month 8, 2014/15. JA wishes to present other data for NOACs as compared to other CCGs. Discussion took place over diagnosis of strokes and how to treat and the need to understand what everybody is prescribing. JA will get data for next meeting. There is a push for Anti-coagulant services to advertise their services more; there is a meeting tomorrow that JA is attending. Potassium reporting: Dr Mulla is still having some high results; discussion took place over the services and whether they will be moving to Whiston. Sarah McGrath advised that Paul Mansour is auditing the high results against the S&F PLT dates. Sharon Johnson mentioned the introduction of ICE that will allow the doctors to track the progress of results. Discussion took place over pathology services in general and whether these would be services that the locality could do themselves. Jane Ayres suggested inviting somebody from Pathology to discuss their services. Text Messaging – South Sefton CCG are moving to iplato for which they have managed to secure funding. Sam Muir commented that this is a service they rely on and it has significantly reduced their DNA levels. SMC feels this is worth pursuing with the CCG and needs an audit across the practices of how much it is being used, SM to raise at the PM meeting. Contract for existing text messaging does not expire until October. Prime Minister's Challenge Fund – Unfortunately Southport & 	 FINAL North Locality Minutes- March 2015  SFCCG noac and acs Month 8 2014-15

No	Item	Action
	<p>Formby CCG were not successful in their bid although another Innovation funding is being looked at to utilise the models that were worked up for the bid, especially the “Guardian Angel” night cover from care homes idea</p> <ul style="list-style-type: none"> Pharmacist roles – at the last meeting, during the discussions on AF, the potential for work in chronic disease management was noted. Dr Mulla discussed the possibility of innovative use of the pharmacists picking up this work in order to operate more efficiently as a whole practice. Discussion needs to take place between Dr Leonard and Susanne Lynch, Medicines Management. Discussion took place over the potential not just on cost savings but on chronic disease management and quality for over 75s and potential to reduce episodes of unplanned care. JA to discuss to HM 	<p>SM/SMc</p> <p>JA/HM</p>
15/35	<p>Quality and Patient Safety</p> <p>Sarah McGrath raised Go to Doc services as this has been raised by other localities as having issues relating to response times and cover. From data received it does not appear that they are advising too many patients to attend A&E. Dr Leonard questioned whether we, as commissioners, should be addressing this with GTD. It was noted that if audited, the input from the 111 service could confuse the data. Dr Mulla suggested the possibility of whether the ambulance service could work with the OOH to reduce the need for doctors as the services the paramedics are providing are comprehensive. Dr Leonard suggested the possibility of working with NWAS in the future to look at this service.</p>	
15/36	<p>Medicines Management Update</p> <p>Denosumab – JA advised the Group that the first and second injections should be done at the hospital and the third by the GP. A proforma will be sent out by Dr Binymin (JA to circulate). Patients will need their calcium levels checking prior to the injection. There is no reason why a nurse cannot give these. Colette Page, Practice Nurse Facilitator, will ask the Practice Nurses if they wish training and this would be funded by the drug company.</p> <p>Smoking Cessation – there are problems with the system at present and this has resulted in it being pushed back to primary care. There is a contra-ind for Champix for patients with depression / suicidal history and a patient had managed to obtain Champix despite having history of depression. At the moment it is an interim measure; all patients who want Champix have to go to their GP with a letter to ask if they can have it prescribed. A protocol is being worked on at present. Discussion took place over the letters received as not having enough information about why the GP is being asked to prescribe. It was felt that the letter needs to clarify why cases are borderline.</p>	
15/37	<p>Care Homes Project</p> <p>Sharon Johnson is working on this project with Becky Williams; it is looking at NHS number and care home of each individual patient so that S&O Hospital can look at the homes where A&E attendances are high.</p>	

No	Item	Action
15/38	<p>Feedback from Wider Constituent Meeting 15/04/15 & Locality Action Planning. The WCG was cancelled due to pressures at A&E.</p>	
15/39	<p>Locality Business Respiratory – Dr Kati Scholtz updated the Group regarding the Community Respiratory Team (hospital at home services not that based in Ainsdale). We now have permission to refer patients without spirometry; this will come out in writing. At present there is a central number to call to speak to Community Team who will accept unless they have not got a long term history COPD ie if just diagnosed they will not see. As Southport & Formby falls under Aintree’s Respiratory team we can utilise a helpline for healthcare professionals for respiratory advice – there are no age restrictions. Dr Scholtz will circulate the information. AF Audit – JA is still waiting for data – to be discussed with Sharon Forrester.</p>	KS JA
15/40	<p>Any other business Lydia Hale queried log in details for the Iris Payroll and Accounts. The Accounts software also expires. SJ to follow up. Lydia Hale also asked if anybody has information regarding the out of area registration scheme to please let her know. The May meeting will take the form of a facilitated “Time Out” development session</p>	SJ
15/41	<p>Date for Next Meetings: Thursday 21 May 13:00 – 15.00 Thursday 18 June 13:00 - 14:30 Thursday 16 July 13:00 - 14:30 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 – Team Development Session

 Date and Time: Thursday 21st May 2015

Marshside Surgery, Southport

Attendees

Dr Ian Scott	(Chair) GP, Churchtown Medical Centre	IS
Dr Kati Scholtz	GP, Norwood Surgery	KS
Dr Rob Caudwell	GP, Marshside Surgery	RC
Dr Miles Moriarty	GP, The Corner Surgery	MM
Dr Niall Leonard	GP, Roe Lane Surgery	NL
Dr Ahmed Al-Dahiri	GP, Norwood Surgery	AA
Dr Abdul Zubairu	GP, Norwood Surgery	AZ
Jane Ayres	Medicines Management	JA
Sarah McGrath	Locality Development Manager, S&F CCG	SMc
Lydia Hale	Practice Manager, Roe Lane Surgery	LH
Sam Muir	Practice Manager, Norwood Surgery	SM
Rachel McKnight	MerseyCare	RMc
Pippa Rose	Practice Nurse Facilitator, S&F CCG	PR

In attendance:

Tracy Jeffes	Chief Delivery & Integration Officer, S&F CCG	TJ
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Apologies

Dr Rory Kidd	GP, Churchtown Medical Centre	RK
Lyn Roberts	Practice Manager, Churchtown Medical Centre	LR
Dr Hilal Mulla	GP, Corner Surgery	HM
Carol Mackenzie	Practice Manager, The Corner Surgery	CM
Nicole Marshall	Practice Manager, Marshside Surgery	NM

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	✓										
Dr S Tobin	Norwood Surgery	A	A										
Dr D Unwin	Norwood Surgery	A	A										
Dr A Zubairu	Norwood Surgery	A	✓										
Dr N Leonard	Roe Lane Surgery	✓	✓										
Dr A Trevor	Roe Lane Surgery	A	A										
Dr J Fox	Roe Lane Surgery	A	A										
Dr J Canavan	Roe Lane Surgery	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 H Mulla	The Corner Surgery	✓	A										
Dr S Woodcock	The Corner Surgery	A	A										
Dr M Moriarty	The Corner Surgery	A	✓										
Dr R Caudwell	Marshside Practice	A	✓										
Dr M McCormack	Churchtown Medical Centre	A	A										
Dr R Kidd	Churchtown Medical Centre	✓	A										
Dr I Scott	Churchtown Medical Centre	✓	✓										
Dr P Giannelli	Churchtown Medical Centre	A	A										

- ✓ Present
A Apologies
L Late or left early

From the Agenda the outcomes for the day were identified as:

- To clarify the goals and priorities for North Locality for 2015/2106
- To understand the current position across North Locality through reviewing locality data and reflecting on our strengths, weaknesses, opportunities and threats
- To agree the “key areas” for our 2015-2016 Locality Plan and actions for the next 3-6 months

Sarah McGrath discussed the Locality Profile with the group, particularly noting the stroke figures and respiratory data. Tracy Jeffes discussed the need to reflect on the locality and going forward, what would we like the locality to have achieved in 6 months’ time. A Development session is planned for the end of June to which all GP Chairs will be invited to discuss what each locality is focusing on.

Item	Action
<p>Any Other Business</p> <p>Dr Scholtz queried the 6 month pilot for a new direct from x ray to CT pathway for lung cancer referrals – asking the Group if we would like the scheme to continue. Dr Zubairu has concerns regarding x-ray to CT pathway for abnormal chest x-rays and Dr Caudwell shared these noting that the principle is good but there is a lack of contact with the patient and the GP often has to then do 2 week referrals. It was felt that the theory is good but the pathway is not quite right. SMc to feedback to Dr Allan, Clinical Lead.</p>	SMc

North Locality Meeting – Team Development Session

Date and Time: Thursday 21st May 2015

Marshside Surgery, Southport

An Action Plan was made as detailed below:-

No	Action	Lead	Progress/Update for next meeting
1	<p>Respiratory (asthma / COPD)</p> <p>Dr Caudwell suggested changes to asthma management template to add more clinical information as an achievable aim that will allow the locality to see the effect:</p> <ul style="list-style-type: none"> • Dr Scholtz to create working group across the 5 practices. Initially to work with one of Practice Nurses (Lorraine Mitchell's name was suggested to see the template that is currently in use) to devise a common template (EMIS?) for asthma/COPD patients. • Outcomes could be measured via: <ul style="list-style-type: none"> - reduction in unplanned admissions - clinical audit of scripts – possibly facilitated by data analyst • Housebound patients – Pippa Rose discussed the Crosby Locality where they have one nurse doing the housebound visits across all practices. Practices to provide numbers required and business case to be made for this. 	KS	

No	Action	Lead	Progress/Update for next meeting
2	AF: case finding Develop systematic approach Awareness raising with public etc		
3	Glucose intolerance (10%) looking at prevention in warning group. Discussion took place as take up not good with lifestyle issues and this is something that could be followed up on.		
4	Cancer – incidence. Figures high for locality; Dr Leonard discussed this may be more on incidence rather than prevalence. Tracy Jeffes suggested needs further investigation of data to ascertain if this needs more work.	SMc	
5	Practice Planning Each practice to have some time out to discuss their long term aims and plans, succession planning for retirees etc		
6	Patient Expectations – having standard approach / letters to manage requests. Clare Touhey to send out email to all PMs to collate list of regular requests.		

North Locality Meeting Minutes

Date: Thursday 18th June 2015 at 13.00

Venue: Marshside/Corner Surgery

Attendees

Dr Ian Scott	(Chair) GP, Churchtown Medical Centre	IS
Dr Kati Scholtz	GP, Norwood Surgery	KS
Dr Rory Kidd	GP, Churchtown Medical Centre	RK
Dr Niall Leonard	GP, Roe Lane Surgery	NL
Dr Stephanie Woodcock	GP, Corner Surgery	SW
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
Lyn Roberts	Practice Manager, Churchtown Medical Centre	LR
Nicole Marshall	Practice Manager, Marshside Surgery	NM
Karen Sheen	DNTL Churchtown	KS
Sue Murray	DNTL Churchtown	SM

In attendance:

Darren Powell	S&O Hospital Trust	DP
Andrew Richardson	Site Manager, Southport Pathology	AR
Chris Westcott	Pathology Manager, Southport Hospital	CW
Dr Clare Finnegan	Consultant in Palliative Medicine	CF

Apologies

Dr Hilal Mulla	GP, Corner Surgery	HM
Dr Miles Moriarty	GP, The Corner Surgery	MM
Dr Rob Caudwell	GP, Marshside Surgery	RC
Lydia Hale	Practice Manager, Roe Lane Surgery	LH
Sam Muir	Practice Manager, Norwood Surgery	SM

Minutes

Clare Touhey	Administrator, S&F CCG	CT
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Dr A Al-Dahiri	Norwood Surgery	A	✓	A									
Dr S Tobin	Norwood Surgery	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 D Unwin	Norwood Surgery	A	A	A									
Dr A Zubairu	Norwood Surgery	A	✓	A									
Dr N Leonard	Roe Lane Surgery	✓	✓	✓									
Dr A Trevor	Roe Lane Surgery	A	A	A									
Dr J Fox	Roe Lane Surgery	A	A	A									
Dr J Canavan	Roe Lane Surgery	A	A	A									
Dr H Mulla	The Corner Surgery	✓	A	A									
Dr S Woodcock	The Corner Surgery	A	A	✓									
Dr M Moriarty	The Corner Surgery	A	✓	A									
Dr R Caudwell	Marshside Practice	A	✓	A									
Dr M McCormack	Churchtown Medical Centre	A	A	A									
Dr R Kidd	Churchtown Medical Centre	✓	A	✓									
Dr I Scott	Churchtown Medical Centre	✓	✓	✓									
Dr P Giannelli	Churchtown Medical Centre	A	A	A									

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

No	Item	Action
15/42.	Welcome and apologies Apologies were noted. See attendance sheet.	
15/43.	<p>Update on Pathology Services Chris Westcott, Andrew Richardson and Darren Powell from Pathology Services attended the meeting today to update the Group on their services. St Helens joined with Southport from October 2014 and a new team has been structured, during this time services at Ormskirk/Whiston/Southport have been consolidated and these changes are now coming into effect. Chris Westcott advised that they will circulate contact details so that any issues that arise can be reported. The plan is for blood services to remain at the Southport & Ormskirk hospital sites, lab services being in one site; services to primary care and other community services look to be delivered from single site at Whiston and they will provide ICE requesting and result viewing system. This started in June and realistically it will be September before proper movement and the end of year before it is rolled out to all 50 practices. Printers need to be set up at each site with a third bin. ICE training will be provided both from IT and pathology perspectives, aiming at training 2/3 in each practice who will then cascade to the rest.</p> <p>Raised Potassium levels Darren Powell reported on audits he has completed in response to the issues with falsely raised potassium levels that all practices have been experiencing. Audit done over the last 12 months; it was found that inpatients had very few falsely raised potassiums. DP presented data to the group which looked at ranges/numbers of abnormal potassiums for</p>	

No	Item	Action
	<p>August verses February and found marked increase in abnormals in February. They also looked at transit / pick up times from the community and did not find any major changes from these and it looks like the results are spurious in nature. They will look at amending pick up times and re-auditing later in year and also the possibility of insulated transit vans to protect the samples against the lower winter temperatures.</p> <p>GPs were advised to ensure samples kept at ambient temperatures. Dr Scholtz queried which samples should be kept refrigerated? Chris Westcott advised a link to the STHK user guide will be circulated with this information. It was noted that there are no issues with district nurses dropping off samples at path lab if collections have been missed.</p> <p>Lyn Roberts requested the details of the patient collection service as they have had new people arriving at the surgery. CW advised that Southport Trust hold the transport contact – they will feed this back</p> <p>Discussion took place over new urine collection system and training received. Pots to be used were confirmed as yellow/white top for biochemistry and the green for microbiology. Plain tubes should be used for pregnancy tests and for any non-microbiology samples. CW to review information and send out.</p> <p>Andrew Richardson advised that the principle is that if urine is clear via dipstick do you need to send to lab to confirm what you have seen. It has been found that dipstick gives better results in line with NICE guidance.</p> <p>Dr Scott also queried of the patients who had been referred for the high potassium levels, how many of those were still high at follow up. Darren Powell advised that this has not been looked at due to volume of data but further work will be done.</p>	<p>CW</p> <p>CW</p> <p>CW</p>
15/44.	<p>DNACPR</p> <p>Dr Clare Finnegan, Consultant in Palliative Medicine attended today to discuss DNACPR forms. Dr Scholtz would like to discuss the logistical side and hear experiences of its use for those who have not used it before. Dr Leonard commented that it is working well having a uniform copy for all and a statement of intent for everybody involved to understand patients at end of life. Dr Finnegan discussed that the DNACPR is not for every patient but should be considered for those for whom you are anticipating cardiac arrest, who have malignancy, those with a cardiac history in a nursing home, where the outcome would mean the patient's quality of life is reduced. Consideration should also be given to patients who have been discharged home from hospital with DNACPR in place. Jane Ayres queried whether patients who come out of hospital without the recognisable form if the decision still stands – should we be chasing the form. Dr Finnegan confirmed that if decision has been made that the DNACPR should come into effect when out of hospital then the pink form should be chased up. There is a review date on the form – can be marked as indefinite for those when the situation may change. Dr Scholtz queried whether letters from solicitors for advanced decision to refuse treatment can be accepted; Dr Finnegan advised that these are acceptable however there are issues around capacity and there needs to be clear guidance if any conditions are</p>	

No	Item	Action
	<p>excluded.</p> <p>Discussion took place within the Group between the DNACPR as a medical decision verses patient choice and what to do in this situation ie. if patient wishes resuscitation but clinician does not agree. Further discussion took place about managing patient expectation in these circumstances and for patients to understand what the DNACPR means and it is not against active treatment. This should be discussed with the patient unless to do so would cause psychology harm (not distress); if they do not have capacity it should be based on a medical decision. The Group discussed the situation for patients fluctuating in mental capacity about finding the correct next of kin and the need to bring this information into care plans.</p> <p>Dr Kidd raised issue of the time limits on the form asking when would it not be indefinite in the community. It was noted that those coming out of hospital should have a review date on and discussion took place over having review dates and if they are missed whether it would still be valid; it was noted that perhaps having indefinite date on would be better and reviews could still be prompted.</p> <p>Group discussed the lack of signatures on the form; Dr Finnegan commented that would use the consultant's records of conversations that had taken place if challenged. It was also noted that DNACPR is recorded against addresses by NWAS, not by patient names.</p> <p>Dr Finnegan is happy to discuss any specific issues that arise from completing the forms.</p>	
15/45.	<p>Locality Action Plan</p> <p>Dr Scholtz discussed the Locality Action Plan to look at the registers of COPD/asthma for the 5 practices and then look at homebound patients. Aim is to find correlation from figures from the hospital to see if those that were admitted are from the group. Dr Scholtz discussed there being no systemic review of these patients at home and will only be seen if they have a flare up. Idea is these would be visited by Respiratory Nurse to assess need for rehab, home/chest physio and if suitable for rescue pack and then feedback to the practice. 4 practices have feedback. There is another issue that this might identify in that patients who are admitted with respiratory issues may not be on any list and so could identify diagnostic problems. It was noted that Churchtown Medical Centre patients are likely to form the largest group. Lyn Roberts noted that their nurses at Churchtown do visit the housebound patients regularly.</p> <p>Becky Williams, Strategy & Outcomes Officer from the CCG is working on the data – there have been 500 unplanned respiratory admittances across the locality and this is being drilled down further to check for duplications and readmissions. Dr Scholtz suggested looking at the data before looking at housebound patients in case it is not these who are being admitted. Dr Leonard discussed possibility of using a locality Practice Nurse to cover the role as detailed above and whether it would be prudent to cover more long term conditions – this is for further discussion around capacity.</p> <p>Clare Touhey to send out email to Practices to request any information</p>	

No	Item	Action
	about any particular inappropriate work the GPs are requested to do by patients so that a standardised approach can be adopted across the locality.	CT
15/46.	<p>Any Other Business</p> <p><i>Text Messages</i> – Sarah McGrath questioned whether the text message service has been discussed at Practice Manager’s meetings. Group agreed that it seems to have been accepted that it is going. Sharon Johnson to look into options for different services and feedback to Sarah McGrath.</p> <p><i>Guest Speakers at locality meetings</i>- Sarah McGrath asked for an agreed approach to guest speakers. SMc suggested that there be guest speakers at the next meeting for DOLs and from the ICO. SMc agreed to discuss beforehand to obtain agreement.</p> <p><i>Mental Health magazines</i> – Rachel McKnight distributed magazines that are free for patients. If any practices would like more copies please contact her.</p> <p><i>Local Quality Contract</i> - it was noted that the likely start date will be 1st October 2015.</p>	SJ
15/47.	<p>Date for Next Meetings:</p> <p>Thursday 16 July 13:00 - 14:30</p> <p>Thursday 20 August 13:00 - 14:30</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>	