NHS
Southport and Formby
Clinical Commissioning Group

Governing Body Meeting in Public Agenda

Date: **Wednesday 29th March 2017, 13:00 hrs to 15:50 hrs**
Venue: **Family Life Centre, Southport, PR8 6JH**

PLEASE NOTE: we are committed to using our resources effectively, with as much as possible spent on patient care so sandwiches will no longer be provided at CCG meetings.

13:00 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.

13:15 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 & Clinical Director	RC
Helen Nichols	Vice Chair & Lay Member for Governance	HN
Dr Niall Leonard	Clinical Vice Chair & Clinical Director	NL
Matthew Ashton	Director of Public Health, Sefton MBC *(co-opted member)*	MA
Dr Emily Ball	GP Clinical Director and Governing Body Member	EB
Gill Brown	Lay Member for Patient & Public Engagement	GB
Dr Doug Callow	GP Clinical Director & Governing Body Member	DC
Debbie Fagan	Chief Nurse & Head of Quality & Safety	DCF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC *(co-opted member)*	DJ
Maureen Kelly	Chair, Healthwatch *(co-opted Member)*	MK
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director & Governing Body Member	HM
Colette Riley	Practice Manager & Governing Body Member	CR
Dr Kati Scholtz	GP Clinical Director & Governing Body Member	KS
Dr Jeff Simmonds	Secondary Care Doctor & Governing Body Member	JS
Fiona Taylor	Chief Officer	FLT

In Attendance

Davina Hanlon	Consultant in Public Health, Sefton MBC	DH
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Alison Ormrod	Deputy Director of Finance	AO
Barney Schofield	Director of Transformation and Innovation, Clatterbridge NHS Trust Hospital	BS
Judy Graves	*(Minute taker)*	

Quorum: 65% of the Governing Body membership and no business to be transacted unless 5 members present including (a) at least one lay member (b) either Chief Officer/Chief Finance Officer (c) at least three clinicians (3.7 Southport & Formby CCG Constitution).

"Cheshire & Merseyside Oncology Service: Clatterbridge Vision"
presentation by Barney Schofield

No	Item	Lead	Report/ Verbal	Receive/ Approve / Ratify	Time
General					**13:35hrs**
GB17/38	Apologies for Absence	Chair	Verbal	R	3 mins
GB17/39	Declarations of Interest	Chair	Verbal	R	2 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve / Ratify	Time
GB17/40	Minutes of Previous Meeting	Chair	Report	A	5 mins
GB17/41	Action Points from Previous Meeting	Chair	Report	A	5 mins
GB17/42	Business Update	Chair	Verbal	R	5 mins
GB17/43	Chief Officer Report	FLT	Report	R	10 mins
Finance and Quality Performance					
GB17/44	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	R	10 mins
GB17/45	Integrated Performance Report	KMcC/ MMcD/DCF	Report	R	30 mins
Governance					
GB17/46	Memorandum of Understanding (MOU) between Sefton Council Public Health and NHS Southport and Formby Clinical Commissioning Group	Davina Hanlon	Report	A	10 mins
Service Improvement/Strategic Delivery					
GB17/47	Single Service, System Wide Delivery: Overview	KMcC	Report	R	10 mins
GB17/48	Strengthening Commissioning: Joint Working across Southport & Formby, South Sefton and Liverpool CCGs	FLT	Report	A	10 mins
GB17/49	Better Care Fund Section 75 Agreement: Extension	MMcD	Report	A	10 mins
GB17/50	Shaping Sefton to the Five Year Forward View	KMcC	Report	A	10 mins
For Information					
GB17/51	Key Issues reports: a) Finance & Resource (F&R) Committee: November 2016 and January 2017 b) Quality Committee: November 2016 and January 2017 c) Joint Commissioning Committee: February 2017 d) Audit Committee: None	Chair	Report	R	5 mins
GB17/52	F&R Committee Approved Minutes - November 2016 and January 2017		Report	R	5 mins
GB17/53	Quality Committee Approved Minutes - November 2016 and January 2017		Report	R	
GB17/54	Audit Committee Approved Minutes - None: Quarterly Meeting		Report	R	

No	Item	Lead	Report/ Verbal	Receive/ Approve / Ratify	Time
GB17/55	Any Other Business *Matters previously notified to the Chair no less than 48 hours prior to the meeting*				5 mins
GB17/56	Date of Next Meeting **Wednesday 7th June 2017, 13:00hrs at the Family Life Centre, Southport, PR8 6JH** <u>Future Meetings:</u> From 1st April 2017, the Governing Body meetings will be held on the first Wednesday of the month rather than the last. Dates for 2017/18 are as follows: Wednesday 7th June 2017 Wednesday 2nd August 2017 Wednesday 4th October 2017 Wednesday 6th December 2017 Wednesday 7th February 2018 Wednesday 4th April 2018 Wednesday 6th June 2018 All PTI public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.				-
Estimated meeting close					**15:50hrs**

Motion to Exclude the Public:
Representatives of the Press and other members of the Pubic 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)

NHS
Southport and Formby
Clinical Commissioning Group

Governing Body Meeting in Public
DRAFT Minutes

Date: Wednesday 25th January 2017, 13:00 hrs to 15:30 hrs
Venue: Family Life Centre, Southport, PR8 6JH

The Governing Body		
Dr Rob Caudwell	Chair & Clinical Director	RC
Helen Nichols	Vice Chair & Lay Member for Governance	HN
Dr Niall Leonard	Clinical Vice Chair & Clinical Director	NL
Matthew Ashton	Director of Public Health, Sefton MBC *(co-opted member)*	MA
Dr Emily Ball	GP Clinical Director and Governing Body Member	EB
Gill Brown	Lay Member for Patient & Public Engagement	GB
Dr Doug Callow	GP Clinical Director & Governing Body Member	DC
Debbie Fagan	Chief Nurse & Head of Quality & Safety	DCF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC *(co-opted member)*	DJ
Maureen Kelly	Chair, Healthwatch *(co-opted Member)*	MK
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director & Governing Body Member	HM
Colette Riley	Practice Manager & Governing Body Member	CR
Dr Kati Scholtz	GP Clinical Director & Governing Body Member	KS
Dr Jeff Simmonds	Secondary Care Doctor & Governing Body Member	JS
Fiona Taylor	Chief Officer	FLT
In Attendance		
Billie Dodd	Head of Commissioning	BD
Debbie Fairclough	Chief Operating Officer	DFair
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Alison Ormrod	Deputy Director of Finance	AO
Mel Wright	Planning Lead	MW
Judy Graves	*(Minute taker)*	JG

No	Item	Action
Public	**Questions were received from the public:** **1. Derek Thomas: What more can be done to ensure hospital staff fully understand patients requirements over medication, that the patients records are always read and importantly where possible, talk and listen to the patient.** A programme of work is established as part of iLinks. This provides a framework that will enable appropriate staff to access patient records as required. Safeguards are in place to ensure differing levels of access and that only eligible practitioners can access as required. **2. Frank Hanley: Following on from previous meeting, did the CCG sign contracts with providers by December 213rd and if so what was the value of these contracts in comparison to the previous round of contracts. The member of the public is concerned about changes in service being driven by financial accountability.** The CCG agreed contracts with its main providers of service in line with the 23rd December deadline. This included Southport & Ormskirk NHS Hospital Trust , Aintree University Hospital, Mersey Care NHS Trust (for Mental Health), and Alder Hey Children's Hospital.	

No	Item	Action
	Whilst specific negotiations took place with each provider, the increase compared with the previous round of contracts was in the region of 1% overall. **3. Derek Pryce: At the end of Christmas I developed symptoms that were quite serious. I went through the process of contacting NHS 111. It took three hours for a clerical person to call back, then a longer wait for a clinical person. I just wanted the number for Out of Hours service so that I could discuss the symptoms with a GP. The symptoms subsided but returned later. I took the decision not to risk seeing a GP and so presented to A&E. If it is difficult to use Out of Hours service and go to A&E, then a strain is being put on A&E. How is the Out of Hours funded?** Members noted DP dissatisfaction at the level of service. NHS 111 is managed by North West Ambulance Service. It was explained that CCG's do not have any involvement with GP contracts, these sit with NHS England. However, GP's are expected to provide a service in hours. During the hours of 6:30pm to 8:00am the answer machine will be on, this normally provides a message directing patients to NHS 111. Derek considered that NHS 111 is seen by many as a barrier, so patients go straight to A&E. It was highlighted that Derek was trying to use the services responsibly but was unable to due to the process not working. The members and public were updated on the extended bookable service which will go partway to resolve some of the issues. Improvements were expected from April 2017.	
Presentation	**Partnership Locality Model** Charlotte Bailey (CB) presented the members and the public with a presentation on the "Partnership Locality Model" which aimed to put the model into context in terms of the 2030 vision, the pledges made, making the model real in how the services need to be connected and the next steps. CB highlighted: The vision for 2030 and the pledges made by the partnership to achieve the model. Following the pledges CB explained the next level of thinking in relation to the wider system change needed for the benefit of children, adults and the communities, and the involvement of the public, community, voluntary and private sector's CB further explained the steps that need to be taken to achieve the model. The first being the consideration and alignment of the diverse footprints. The second being the alignment of the services and how the teams would work, taking into consideration the resources available in each area. The third being the alignment of assets, looking at building close relationships and agile working. CB highlighted the next steps being taken and asked it to be noted that at this stage no decisions had been made on the proposed model, it was currently going through the council processes. Once a decision was made there would be full consultation and engagement. The presentation will be made available on the Council website and in different formats. The Governing Body and CB had discussed the potential impact on the GP five year forward view, optimising the third (community/voluntary) sector, advantages in co-location, the investment needed in estates and the potential for grants. MMcD expanded on the discussions already held in relation to estates and the assistance that can be offered to those who have an interest in health and wish to co-locate, as well as the meeting that was held with the planners to look at	

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No	Item	Action
	potential sites. **RESOLUTION** **The members thanked CB for her presentation.**	
GB17/01	**Apologies for Absence** Apologies were received from Colette Riley.	
GB17/02	**Declarations of Interest** Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Fiona Taylor, Debbie Fagan and Martin McDowell. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.	
GB17/03	**Minutes of Previous Meeting** GB16/184: • Page 16, Quality, paragraph 3, 8th line "Chief Officer" should read "Chief Executive" (is in relation to the Chief Executive of the Trust). DCF asked it to be noted that the "lessons learnt" had always been a standing item at the contract meetings. • Page 17, Finance, paragraph 3: "Further discussion was had in relation to the further potential risk from secondary care in relation to over performance. FLT explained that a legal directive had been given, therefore any additional expenditure required would not be from the CCG as would constitute a breach. FLT offered to raise formally with NHSE." Replace with: "There was a further discussion regarding the over-performance in secondary care and its impact on the CCG year-end financial position. As the CCG is in legal directions to fulfil a £4m deficit any further amount over would constitute a breach of these legal directions. At present the CCG is awaiting clarification of the consequences of this breach." GB16/185: • Page 18, Looked After Children, paragraph 2, 2nd line "LAC Board" should refer to "Corporate Parenting Board". **RESOLUTION** **The minutes of the meeting held 30th November 2017 were approved as an accurate record subject to the amendments listed.**	
GB17/04	**Action Points from Previous Meeting** ***Questions 30th November 2016*** **5. Financial appendices to the STP**	

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No	Item	Action
	FLT offered to try and obtain a release date for the financial appendices to the STP *Update* Completed. ***GB16/180: Action Points from Previous Meeting*** **GB 16/108: Integrated Performance Report** *Cost improvement plans* The CCG have queried through contracting the cost improvement plans and highlighted the importance of greater understanding. HM confirmed that the question had been raised, as well as how it impacts on community services. CCG were awaiting a report from the Nursing Director and Medical Director of Southport and Ormskirk Trust. As of September the CCG were still awaiting the report. More meetings were planned. Further information would be available once these meetings had been held. Meeting had been rescheduled for December 2016. *Update* Issue has been discussed with Merseycare. Team has reported back and have now received a level of assurance from the Trust. Will be monitored through the contract meetings. A discussion has also been held in relation to the CCG expectations. **GB16/148 Safeguarding Annual Report 2015/16: PLT Review** Following discussion regarding Safeguarding and LAC training, the members had been reminded of the Protected Learning Time (PLT) events that were regularly held and normally well attended. DCF offered to ensure that any attendance by Governing Body members were recorded and mentioned accordingly. JG had requested the agenda and signing in sheet is forwarded in order to ensure any Governing Body training is captured. FLT suggested it would be useful to get a working group together to review the PLT events and see how effective they had been. *Update* Being reviewed. **GB16/182: Chief Officer Report** FLT had highlighted possible risks in relation to GP demand and workforce. Risk to be added to the risk register. *Update* Added. **GB16/184: Integrated Performance Report** Stroke Trend line to be added to the stroke data table in order to show month on month performance (as detailed on page 71 of the Governing Body report, item 4.3).	 Closed Closed Closed Closed

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No	Item	Action
	Update Added as part of process. ECIP Emergency Care Improvement Programme (ECIP) report to be presented to a future Governing Body meeting as soon as available; to be added to planner. *Update* Discussed at SMT. Added to planner. LCH: Quality Overview Discussion was had in relation to Liverpool Community Health Quality Overview and the issues outlined in 6.2.3 in relation to deteriorating waiting times for Physiotherapy, Podiatry, Nutrition & Dietetics and Paediatric SALT. FLT emphasised the need for a review of the risk register in light of the lack of improvement by LCH. *Update* Issue had been raised with LCH. Risk Register had been updated accordingly. Finance Although confirmation had been given on the end of year cash position, no formal arrangement had been received. FLT offered to look into. Further discussion was had in relation to the potential risk from secondary care with regards over performance. FLT explained that a legal directive had been given, therefore any additional expenditure required would not be from the CCG as would constitute a breach. FLT offered to raise formally with NHSE. *Update* Formal letter regarding the cash position had now been received which confirmed cash to meet liabilities. **GB16/188: Corporate Risk Register & Governing Body Assurance Framework Update** The Governing Body reviewed and scrutinised the report and highlighted the following areas: • 6.1 and SF040: was considered that there was an inconsistency in scoring. To be reviewed. • HN highlighted Nursing Homes as a potential new risk and asked it to be considered. To be discussed at Leadership Team. • SF034: consideration to be given to listing resulting consequences of risk. To be discussed at Leadership Team. *Update* Comments discussed at Leadership Team and reviewed at risk update. **GB16/189: Appointment of External Auditor 2017/8: Update**	Closed Closed Closed Closed Closed

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No	Item	Action
	Information to be made available on the website on the appointment of the external auditor. *Update* Information available on website. **GB16/190: Disinvestment Policy and Procedure (Cessation and significant reduction of services) and prioritisation principles.** Further work needed on the presentation, wording and diagrams within the policy. However need to ensure that any changes do not affect its content. *Update* Review was being carried out as per Governing Body instructions.	Closed Closed
GB17/05	**Business Update** RC updated the members and the public on a number of areas and highlighted: The CCG staff and members continue to work hard to achieve the savings needed for QIPP. Planned care referrals continue to be monitored. Paul Ashby had submitted his resignation as Practice Manager member. The position was now vacant. RC, FLT and the Governing Body members thanked PA for his support and work whilst a Governing Body member. Governing Body elections were due to be held in April 2017. Tracy Jeffes would be liaising with the LMC to progress the election process. **RESOLUTION** **The Governing Body received the update.**	
GB17/06	**Chief Officer Report** FLT presented the members and the public with the Chief Officer's monthly update and highlighted the following: 1. QIPP The CCG has continued to make good progress implementing it's QIPP priorities. The Clinical QIPP Advisory Group and Joint QIPP Committee continue to work well together ensuring there is a robust and thorough scrutiny of all QIPP related activity, as well as ongoing evaluation of clinical schemes. 2. Connecting the Clinicians Event 11th January 2017 FLT had attended the event for which there was a good turnout with useful discussion. 7. Joint Local Area special Educational Needs and Disability (SEND) inspection Inspection outcome letter was published on 13th January 2017 and contains areas of both strength and development along with some areas of significant weakness. An action plan is in place and is being progressed. Support had also been and would continue to be provided to SEND. Inspection outcome would be	

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No	Item	Action
	shared appropriately through the correct channels. 9. GP Five Year Forward View (GP%YFV) Plan has been submitted to NHS England. Currently awaiting feedback. 10. Guidance to primary care providers on supporting whistleblowing in the NHS NHS England circulated a document last November entitled "Freedom to Speak Up in Primary Care" aimed at providing guidance to primary care providers on supporting whistleblowing in the NHS. A link to the document can be found here: https://www.england.nhs.uk/wp-content/uploads/2016/11/whistleblowing-guidance.pdf 11. Community Services – Mobilisation Update Lancashire Care NHS Foundation Trust has been identified as the preferred bidder of the CCG's services from Southport & Omskirk Hospital NHS Trust. Work is underway to mobilise services from 1st May 2017. 13. Social Services Visit – 5th January 2017 FLT spent some time with Sefton Metropolitan Borough Council's Hospital Social Work team on 5th January 2017 and took the opportunity to understand their working context and interface issues. 14. Sefton Metropolitan Borough Council Budget – 2017/20 The Council has published the proposed budget for 2017/18 and the medium term financial plan for 2018/19 – 2019/20. DJ expanded on the financial challenges facing the Council and elected members during the period and the proposed approach to meeting those challenges including opportunities for building savings. DJ added that the Council were making every effort to protect the voluntary sector; members had decided that unless a contractual reason, savings from the voluntary sector were not being proposed. 15. Governing Body Elections The Governing Body's three year term comes to an end on 31st March 2017. Sefton Local Medical Committee (LMC) will be running the independent nomination and election process which will commence in early February. **RESOLUTION** **The Governing Body received the report.**	
GB17/07	**Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report** The members and the public were presented with the report which provided an update on the progress being made in implementing the QIPP plan schemes and activities. The following areas were highlighted: The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the five domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care. The QIPP plan is under regular review and as new opportunities are identified	

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No	Item	Action
	they are reflected in the plan. The plan was reviewed at the beginning of November and some changes were made, these are summarised in the report. The QIPP dashboard and the QIPP plan were received at a meeting of the Joint QIPP Committee on 10th January 2017. The total annual plan was £12.2m, this being the highest of any CCG in the North. With the expected year to date plan at month 9 of £7.7m, £4.7 of that being achieved. The planned balance for the rest of the year equated to over 4% of turnover, a considerable achievement given that other CCG's were working towards 2% / 3%. **RESOLUTION** **The Governing Body received the report.**	
GB17/08	**Integrated Performance Report** The members and the public were presented with the Integrated Performance Report which provided 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). The key information was highlighted with the following information noted: **Planned Care** Local referrals for the year to date at month 8 (November) are slightly above 2015/16 levels for the same period (+2.2%). Broken down by referral source, GP referrals are 2.2% above, consultant to consultant referrals are 3.5% above and Other referrals are 8.7% above 2015/16 levels. A referral management scheme started on 1st October in Southport & Formby CCG. A consultant to consultant referral policy for Southport & Ormskirk Hospital has been approved. The CCG has achieved the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in November 2016 with a performance of 95.31% but are failing YTD with a performance of 92.37% partly due to previous month's breaches. Year to date of 380 patients there have been 29 breaches. The CCG achieved the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in November with a performance of 86.49% but are failing year to date hitting 83.51%. Tumour sites not reaching the 85% standard were colorectal, gynaecology, haematology, head and neck, lung and urology. The Trust has instigated a Rapid Improvement Plan for 62 days for all tumours aiming for achievement by quarter 4. In terms of HRG performance in T&O, Major Hip and Major Knee Procedures are causing the over performance. There have been 89 Major Hip & Knee Procedures carried out in 2016/17. The year to date plan is 54 patients, resulting in a combined £204k over performance in the two major Hip/Knee HRGs. A discussion was had in relation to whether or not over performance in hip and knee would result in a rationing of the service. The need to get the patients the right treatments with the right outcomes was emphasised, as was the need to manage expectations. Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to inpatient Friends and Family Test scores. However, the trust has seen an increase in response rates for inpatients compared to the previous month. The	

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No	Item	Action
	percentage of patients that would recommend the inpatient service in the trust has also increased compared to the previous month and is still below the England average. The percentage of people who would not recommend the inpatient service has decreased since previous month and is the same as the England average. **Unplanned Care** Southport & Ormskirk's performance against the 4-hour target for November reached 93.7% which achieved the STF plan of 92.1%. Year to date they are under plan and are achieving 91.77%. Southport & Formby CCG failed to achieve the three ambulance indicators year to date. In line with Trusts across the region, the Trust has continued to have periods of high demand, which has resulted in delays on handovers. There had been some improvement in the performance against target for stroke but was still not achieving. Southport & Ormskirk failed the stroke target in November with only 17 out of 30 patients spending 90% of their time on the stroke unit (56.67%). Exception comments were not received from the Trust however, the October Integrated performance Report included comments that the Stroke action plan (devised during October) reviews potential to reconfigure a bay on the Stroke Unit to address breaches in relation to mixed sex accommodation. The Trusts Chief Executive was due attend a PTII Governing Body meeting in March in order to provide a further update. Item is also discussed at contract and quality meetings. Delayed Transfers of Care (DTOC's) decreased to 8 during November 2016 from 13 in October a decrease of 37.5%. Of the 8 delays the majority was for patient or family choice (5). CCG's have been written to by NHS England who have requested feedback on any Delayed Transfers of Care cases. At the time of the responding there were two cases; one as a result of choice in relation to nursing home provision; one in relation to the provision of a domiciliary. The members and the public were referred to page 72 of the meeting pack, item 4.3.3 and were updated on the new HCAI C.difficile cases reported in November 2016. The members and the public were referred to page 73, item 4.4, Serious Incident Management. Southport and Ormskirk Hospitals NHS Trust have 146 open serious incidents on StEIS, 60 involving Southport and Formby CCG patients, 73 involve West Lancashire CCG patients. 100 relate to pressure ulcers with 36 occurring year to date, 34 apply to Southport and Formby CCG patients. The contract query remains open against this and a formal letter was submitted to the Trust in October. An updated thematic analysis has been requested as an interim arrangement until the composite pressure ulcer action plan has been agreed. 93 incidents remain open on StEIS of more than 100 days, the majority of these are pressure ulcers. A new Director of Nursing is now in post and this new post had been taken into consideration and a revised action plan was expected. A discussion was held on the number of incidents open. Members were given assurance that the revised pressure ulcer action plan would be received from the newly appointed Director of Nursing and the position of the open incidents had been raised and escalated to the Executive Improvement Board. The CCG had been informed by Southport & Ormskirk Hospitals NHS Trust of an issue relating to mortality reporting that had been identified and which appears to be a national issue, not isolated to the Trust. This is being managed by NHS Digital and the Trust have informed both NHS Improvement and NHS England. A review of cases is currently underway.	March 17

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No	Item	Action
	Mental Health The three Key Mental Health Performance Indicators of Care Programme Approach and Early Intervention in Psychosis are achieving. There had been a significant increase in self referral to the Improving Access to Psychological Therapies (IAPT). The provider reported slightly fewer Southport & Formby patients entering treatment in month 8 but remains above an average for the year. The access standard is currently forecasting 11.4% against the 15% standard at year end. Referrals increased in month 8 by 22% which is the highest monthly total in 2016/17. There is to be a change in the way the dementia diagnosis rate is calculated following a review by NHS Digital. The new methodology is based on GP registered population instead of ONS population estimates. The new method is statistically more robust than the previous mixed approach. Latest figures following the change in methodology calculates Southport and Formby CCG's Dementia Diagnosis Rates at 72.1% for November 2016, 5.4% above the ambition of 66.7%. **Primary Care** The latest Southport & Formby practice to receive CQC inspection results was The Hollies Surgery with a "good" rating. The surgery was congratulated as was two members of the Governing Body who worked at the practice. Members were referred to the CQC inspection table, page 85. NL and Jan Leonard had visited Dr Obuchowicz at Kew Surgery who is also liaising with CQC in relation to the inspection. The CCG were working with the practices, offering support. **Improvement and Assessment Framework** The members and the public were referred to item 10.2 which was the new dashboard for performance reporting. **Financial position** MMcD presented the CCG's finance report for the end of December 2016 (Month 9). MMcD noted that the CCG's best case scenario was to achieve a deficit of £7m, in line with NHS England expectations. This compared with the CCG's planned deficit of £4.000m. The CCG is on target to deliver a total QIPP saving of £7.791m (equating to 89% of its original planned target) during the year. The members discussed the risk rated financial position as outlined in figure 7 (page 56). MMcD highlighted that following an in-depth review, the mitigating actions of £1m included in the CCG's likely case scenario were extremely unlikely to materialise and would increase the likely case deficit to £8.465m from the £7.465m reported in the paper. MMcD recommended that the Governing Body accept the increase in likely case deficit and this was agreed. MMcD agreed to notify NHS England of the revised position. **RESOLUTION** **The Governing Body approved the increased deficit of £8.5m. NHS England to be notified.** **The recommendations on page 56 were highlighted and the Governing**	

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<table>
<tr><th>No</th><th>Item</th><th>Action</th></tr>
<tr><td></td><td>Body noted:

• The Finance and Resource Committee (recommendation, page 56) should refer to the Governing Body

• The CCG were now forecasting a most likely deficit of £8.5m against a planned deficit of £4.000m following the discussion at Governing Body. This compared with a likely deficit reported at £7.465m in the report.

• Despite remaining on target to deliver 89% of the original plan, additional pressures have emerged during the year, which require further QIPP savings for mitigation.

• Delivery of the revised deficit of £8.5m requires further QIPP savings of £3.062m

• The CCG is undertaking an urgent and critical review of the remaining QIPP programme areas to provide assurance that the required level of savings can be achieved in the financial year.

• The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.</td><td></td></tr>
<tr><td>GB17/09</td><td>Corporate Risk Register & Governing Body Assurance Framework Update

The members and the public were presented with the updated CRR and the GBAF as at December 2016. Both of which continue to be fully reviewed, scrutinised and approved by the Audit Committee. The following areas where highlighted:

The CRR and GBAF have both been reviewed and updated by members of the Leadership Team.

QIPP remains a significant challenge and risk. Review of all potential areas of efficiency continues.

<u>GBAF</u>
1.1 QIPP continues to remain a significant challenge and risk. Ongoing review of the impact of all clinical schemes by the Clinical QIPP Advisory Group
2.1 Revised outline for Shaping Sefton due to be drafted; risk reduced.

<u>CRR</u>
• Two new risks recorded; SF041 and SF042
• SF038 has reduced in rating and been de-escalated to the Quality Committees risk register (Risk: RTT target for 18 weeks caused by lack of clinical capacity resulting in delayed treatment for patients)
• SF041: new risk is predominantly in relation to South Sefton CCG. Risk to be checked in relation to overlap.

RESOLUTION

Following review and scrutiny, the Governing Body approved the updates.</td><td>Jan Leonard and Danielle Love</td></tr>
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No	Item	Action
GB17/10	**Making Integration Happen Strategy** The members and public were presented with the strategy which had been produced jointly with Sefton Council and which provided a strategic framework for integrated commissioning. It has been reviewed and recommended by the Integrated Commissioning Group and supports the implementation of the Better Care Fund. The strategy was approved by the PTII Governing Body in December 2016 and was now being presented to the Public Governing Body meeting. The members and public were informed that it was a working document to steer the work on integration and therefore is informal in its presentation style and will evolve as the work develops. The following areas were highlighted: The members and public where taken through the document with the following areas highlighted: The four distinct and interrelated elements identified in bringing health and social care together and as detailed in section 6, page 135: Integrated Governance; Integrated Commissioning; Pooled Budgets; Integrated Delivery. How things will be different for citizens (page 145, item 8). Areas are already being worked up by the Integrated Commissioning Group. This has included four areas outlined for review and prioritisation and which are described as “System Enablers” and include: Intermediate Care and Reablement; Nursing/Residential Homes; Domiciliary Care; Continuing Health Care Funding. A discussion was held in relation to pooled budgets and finances. Members were informed that a ‘Governance’ paper had already been submitted to the Finance & Resource Committee. Further papers would follow. It was highlighted that there were certain elements of spends that the CCG were not able to pool. It was clarified that approving the strategy did not commit the CCG to the pooling of budgets. Such would need to be presented back to the Governing Body. **RESOLUTION** **The members noted that the document was for approval and not noting.** **Reference was made to page 150. Members were advised that pooled budgets were in relation to £000’s.** **Members approved the strategy and reiterated that any decision on the pooling of budgets would need to come back to the Governing Body.**	
GB17/11	**Two Year Operational Plan** The members and public were presented the proposed Operational Plan 2017-19. Developed in response to the requirements of NHS England and NHS Improvement’s jointly issued guidance. It further presents a chronological record of the work, assumptions, analysis and discussions undertaken to develop a two year CCG operational plan as required and the assurance activities NHS England have announced they will undertake when reviewing CCG plans. The following areas were highlighted: The plan gives providers and the CCG clarity and surety on the levels of activity being planned and commissioned. Because of the advanced timeline NHS England undertook the process using a month 3 2016/17 baseline to calculate a forecast outturn. Whilst being sensitive	

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No	Item	Action
	to what NHS England have produced, the CCG have recalculated this using month 5. Following first draft submissions of CCG plans, NHS England issued six key lines of enquiry (KLOE) for CCGs. These are addressed in section 3.2 to 3.7 (page 162 to 166) and include: • Affordability • Adjustments • Transformation Schemes • Alignment with other plans (including QIPP) • NHS Constitution Measures • NHS England Assessment and Assurance of Plans Members were updated on the Operational Planning templates presented in December and NHS England's announcement on the assurance process that plans will be tested against and as identified in section 3.7 (page 166). There has been a further regional review of CCG Operational Plans with recasting and emphasis on finance and QIPP. Southport & Formby CCG's two year plan was rated as red as a result of its 'Mental Health Investment Standard' financial position. As a consequence, further information was requested in relation to assurance and detail against transformation schemes by NHS England and NHS Improvement. Members discussed in relation to the red rating against the Mental Health Investment Standard and NHS England's opinion that the level of CCG investment is below the committed level. It was clarified that the CCG had evidence to the contrary. Further discussion was had in relation to the organisations QIPP position and the need for a clear financial plan to support the document. **RESOLUTION** **Members approved the Operational Plan subject to an agreed financial plan that sits alongside.**	MMcD/ KMcC
GB17/12	**Key Issues Reports:** a) Finance & Resource (F&R) Committee (October 2016) b) Quality Committee (October 2016) c) Audit Committee (July & October 2016) • Committee were working through normal audit programme • Consistently significant assurance for the CRR and GBAF • Information Governance Toolkit: members were update on the work being carried out on the toolkit and the need for such to be signed off in March. HN requested delegated authority to HN and MMcD to sign off the toolkit. Members approved. d) Joint Commissioning Committee (December 2016) • Concern had been raised by members on a new local housing development in Blowick Moss which would result in an increase in patient numbers to a local practice and a subsequent risk to practice resilience. Task and Finish Group will be set-up to look at and will explore offers of support through GP Resilience Fund	

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No	Item	Action
	e) Locality Meetings: Key issues (October to December 2016) • Concerns had been raised regarding non-commissioned work from secondary care to primary care. Quality team are looking at this. Will also be followed up at the January locality meeting. **RESOLUTION** **The Governing Body received the key issues reports.** **As discussed under the Audit Committee, members approved delegated authority to HN and MMcD to sign off the Information Governance Toolkit.**	
GB17/13	**F&R Committee Approved Minutes:** - October 2016 **RESOLUTION** **The Governing Body received the approved minutes.**	
GB17/14	**Quality Committee Approved Minutes:** - October 2016 **RESOLUTION** **The Governing Body received the approved minutes.**	
GB17/15	**Audit Committee Approved Minutes** - July and October 2016 **RESOLUTION** **The Governing Body received the approved minutes.**	
GB17/16	**Joint Commissioning Committee** - October 2016 **RESOLUTION** **The Governing Body received the approved minutes.**	
GB17/17	**Any Other Business** None.	
GB17/18	**Date of Next Meeting** **Wednesday 29th March 2017, Family Life Centre, Southport, PR8 6JH** Future Meetings: From 1st April 2017, the Governing Body meetings will be held on the first Wednesday of the month rather than the last. Dates for 2017/18 are as follows: Wednesday 7th June 2017 Wednesday 2nd August 2017 Wednesday 4th October 2017 Wednesday 6th December 2017 Wednesday 7th February 2018 Wednesday 4th April 2018 Wednesday 6th June 2018	

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No	Item	Action
	All meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.	
Meeting concluded		15:30hrs

Meeting concluded with a motion to exclude the public:

Motion to Exclude the Public:
Representatives of the Press and other members of the Pubic 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)

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NHS
Southport and Formby
Clinical Commissioning Group

Governing Body Meeting in Public GB17/41
Actions from meeting held 25th January 2017

No	Item	Action
GB17/08	**Integrated Performance Report** **Unplanned Care: Stroke Performance** There had been a discussion on the performance against target for stroke but was still not achieving. The Trusts Chief Executive was due to attend the PTII Governing Body meeting in March in order to provide a further update.	PTII March 2017 agenda item.
GB17/09	**Corporate Risk Register & Governing Body Assurance Framework Update** SF041: new APMS procurement risk is predominantly in relation to South Sefton CCG. Risk to be checked in relation to overlap.	Jan Leonard and Danielle Love
GB17/11	**Two Year Operational Plan** The Operational Plan 2017-19 was presented for approval, developed in response to the requirements of NHS England and NHS Improvement's jointly issued guidance. Members approved the Operational Plan subject to an agreed financial plan that sits alongside.	MMcD/ KMcC

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY MARCH 2017

Agenda Item: 17/43	**Author of the Paper:** Fiona Taylor Chief Officer Email: fiona.taylor@southseftonccg.nhs.uk Tel: 0151 247 7069
Report date: March 2017	
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.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

NHS Southport and Formby Clinical Commissioning Group

Report to Governing Body March 2017

To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.

1. QIPP Update

Intensive work continues in the CCG led by the interim Chief Operating Officer/Programme Lead. Currently the CCG has Mersey Internal Audit Agency (MIAA) undertaking a supportive review on behalf of NHS England.

In order to ensure sound governance and continued delivery of our QIPP programme the Senior Leadership Team approved the continued utilisation of the QIPP Programme Lead role for a further twelve months to drive the delivery of this critical agenda.

To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the 'Forward View', underpinned by transformation through the agreed strategic blueprints and programmes.

2. North Mersey Local Delivery System (NM LDS) – Estates Working Group

The CCG has been working with both Liverpool and South Sefton CCGs to develop a Terms of Reference (ToR) to establish the above group which will take a strategic overview of Estates and Facilities across the NM LDS. The Group has membership from all local Trusts along with key estates delivery partners (NHS PropCo and CHP). Liverpool and Sefton Council representatives are also in attendance so that we can look to maximise the value of integrated services through the delivery of the "One Public Estate" agenda.

The CCG has agreed the Terms of Reference through the Sefton Property and Estates Partnership (SPEP) and the F&R Committee. It is expected that the SPEP will continue with a clear focus on matters relating to Sefton.

To ensure that the CCG maintains and manages performance and quality across the mandated constitutional measures.

3. NHS England Quarter 3 Improvement and Assessment Meeting

The CCG had its Quarter 3 meeting with NHS England on 16th March. The meeting reviewed the IAF components in relation to Key Lines of Enquiry (KLOE):

- Leadership;
- Sustainability:
  - Financial sustainability in year;
  - Probity and Corporate Governance;
- Better Health;
- Better Care;

- Key areas of strength & good practice;
- Key areas of challenge, interdependencies and associated issues;

The discussion also focussed on the Improving Access to Psychological Therapies (IAPT) service and the financial position of the CCG. The new Quality of Leadership Indicator was also highlighted by NHS England. The CCG will be undertaking a self-assessment for return to NHS England by April 2017.

4. Joint Local Area Special Educational Needs and Disability (SEND) Inspection in Sefton

The CCG Chief Nurse and the Sefton Council's Director of Children's Services have attended the first joint Department for Education/NHS England Improvement Meeting which was chaired by the NHSE Cheshire & Merseyside Director of Nursing. Work is continuing on the development of the Improvement Plan in readiness for the April 2017 submission date to the CQC and OfSTED.

Staff briefing sessions have commenced with the Community Paediatric Team from Alder Hey Hospital and the Paediatric Therapy Team from Liverpool Community Health. This has included awareness raising on the role and function of the Designated Clinical Officer/Designated Medical Officer. Contact has been made with Five Boroughs Partnership NHS Foundation Trust regarding staff briefings going forward as the new provider of the LA commissioned 0-19 services.

The Chief Nurse and Children's Commissioning Manager have attended a NHSE (North) SEND development session in March 2017.

Work continues on the development of the model for Designated Clinical Officer/Designated Medical Officer function across the health economy.

5. Quality Handover Process for Liverpool Community Health NHS Trust

The CCG continues to be represented at the NHS Improvement Clinical Quality Oversight Group by the Quality Team. The Quality Risk Profile Tool has been completed for a final time and agreed with commissioners, regulators and provider the provider. The completion of an Enhanced Surveillance document has been co-ordinated by NHSE Cheshire & Merseyside with input from the CCG. These have been received by the CCG Quality Committee in March 2017. The CCG was represented at the recent Liverpool Community Health Quality Handover event on 16th March 2017 as part of the Quality Handover process.

6. Mersey Internal Audit Agency – Assurance on Quality of Services Commissioned Review (Liverpool Community Health NHS Trust) – Assignment Report 2016/17

Mersey Internal Audit Agency has completed the commissioned CCG review regarding the Assurance on Quality of Services in relation to Liverpool Community Health NHS Trust which looked at the CCG systems and processes. The outcome was 'Significant Assurance' and the recommendations in the report are being actioned. The detail has been presented to the CCG Quality Committee and plans are in place for the Chief Nurse to facilitate a discussion regarding lessons learnt at the next Governing Body Development Session.

7. Combined Safeguarding Adult Board

Development sessions have continued in readiness for the Combined Safeguarding Adult Board which will commence from 1st April 2017 across Sefton, Liverpool, Wirral and Knowsley. Due to this development, the Sefton Safeguarding Adult Boards met for the last time in March 2017. The CCGs will be represented at the new combined Board by the Chief Nurse and Designated Nurse Safeguarding Adults.

8. Southport & Ormskirk Hospitals NHS Trust Executive Improvement Board

Southport & Ormskirk Hospitals NHS Trust remains on 'Risk Summit' level of surveillance. The Executive Improvement Board continues to meet with the focus of the last meeting being 'Planned Care' – updates were also received in relation to other key lines of enquiry.

To support Primary Care development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.

9. Updates on Freshfield Surgery

Freshfield Surgery has had its interim contract extended whilst an engagement exercise is undertaken with patients and key stakeholders. The outcome of the engagement will inform the options appraisal being written. Engagement events will begin in April 2017.

To advance integration of in-hospital and community services in support of the CCG locality model of care.

10. Community Services – Mobilisation Update

Work continues to ensure the transfer of community services in Sefton to new providers. NHS Southport and Formby CCG continues to work closely with Southport & Ormskirk (S&O) Hospital NHS Trust and Lancashire Care NHS Foundation Trust for a transfer on the 1 May 2017.

To advance the integration of Health & Social Care through collaborative working with Sefton Metropolitan Council, supported by the Health & Wellbeing Board.

11. Making Integration Happen

On 28th February the Overview and Scrutiny Committee (Adult Social Care and Health) received the Sefton's Health and Wellbeing Board's integration strategy "Making It Happen". The committee considered the report and further to this discussion amendments were made which crystallised the focus on the local delivery system and Shaping Sefton.

Work continues on the three work streams which underpin the strategy.

12. Section 75 of the National Health Act 2006

In anticipation of the expiry of the current Section 75 Agreement - March 2017 there is work underway to progress towards a new Section 75 Agreement with South Sefton CCG and Sefton MBC covering the population of Sefton. The Agreement would enable pooled budget arrangements to be renewed as well as facilitating the work identified within the “Making It Happen” document.

13. Corporate Review

MIAA recently undertook a review of corporate services which resulted in a positive report. A small number of recommendations were made, which are now the subject of an action plan, which has been reviewed by the Senior Leadership Team and against which significant progress has already been made.

14. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Taylor
Chief Officer
March 2017

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
MARCH 2017

Agenda Item: 17/44	**Author of the Paper:** Martin McDowell Chief Finance Officer Email: martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 247 7071
Report date: March 2017	

Title: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report

Summary/Key Issues:
The report provides the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the five domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care.

Attached with this report are the QIPP performance dashboard (Appendix 1)

Recommendation

The Governing Body is asked to receive the report.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement	Y			Relevant QIPP schemes have been developed following engagement with the public.
Clinical Engagement	Y			The Clinical QIPP Advisory Group and the Joint QIPP Committee provide forums for clinical engagement and scrutiny. Key schemes have identified clinical leads
Equality Impact Assessment	Y			All relevant schemes in the QIPP plans have been subject to EIA
Legal Advice Sought				
Resource Implications Considered	Y			The Joint QIPP Committee considers the resource implications of all schemes
Locality Engagement	Y			The Chief Integration Officer is working with localities to ensure that key existing and new QIPP schemes are aligned to locality work programmes.
Presented to other Committees	Y			The performance dashboard was presented to the Joint QIPP Committee at its meeting on 12th September 2016.

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

NHS
Southport and Formby
Clinical Commissioning Group

Report to Governing Body
March 2017

1. Executive Summary

The Joint QIPP Committee continues to monitor performance against the QIPP plan objectives and is supported by the Clinical QIPP Advisory Group that reviews all cases for change and clinical schemes ensuring robust clinical input at every level.

2. Key Issues

The QIPP plan comprises five strategic domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care and within each domain there are number of schemes or actions that all have savings identified against them.

The QIPP plan is under regular review and as new opportunities are identified they are reflected in the plan. The plan was reviewed at the beginning of November and some changes were made, these are summarised below in the report.

3. Recommendations

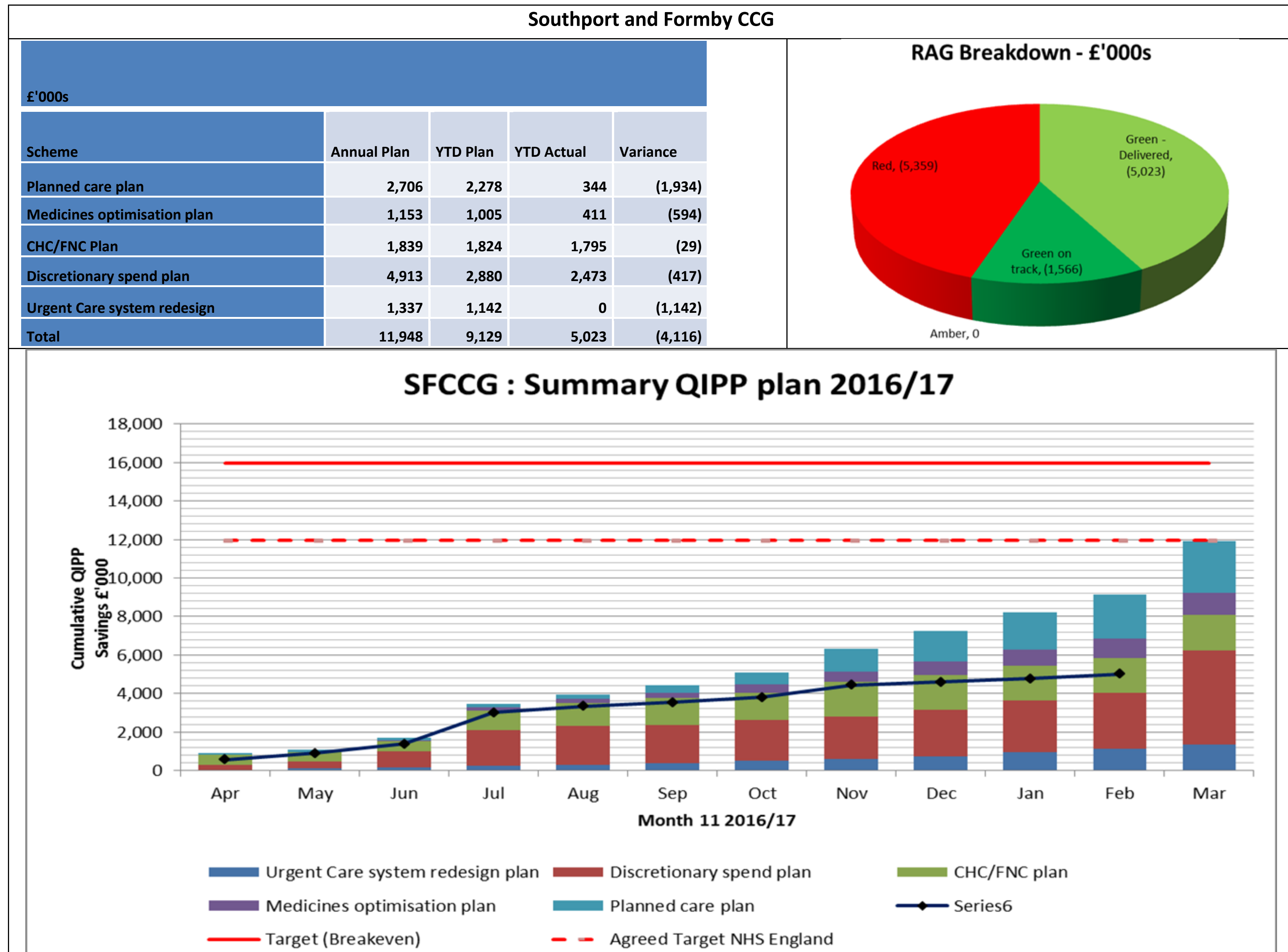
The Governing Body is asked to receive the report and note the update.

Appendices

Appendix 1 – NHS Southport & Formby CCG Month 11 QIPP Performance Dashboard

Martin McDowell
Chief Finance Officer
March 2017

QIPP DASHBOARD – SUMMARY SFCCG AT MONTH 11



Southport and Formby CCG

£'000s

Scheme	Annual Plan	YTD Plan	YTD Actual	Variance
Planned care plan	2,706	2,278	344	(1,934)
Medicines optimisation plan	1,153	1,005	411	(594)
CHC/FNC Plan	1,839	1,824	1,795	(29)
Discretionary spend plan	4,913	2,880	2,473	(417)
Urgent Care system redesign	1,337	1,142	0	(1,142)
Total	11,948	9,129	5,023	(4,116)

QIPP DASHBOARD SFCCG – Detail by scheme – Themes 1 & 2

Theme 1: Planned care	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance	Annual Plan	Forecast out-turn savings	Forecast Variance
Total PLCP procedures (allowed for 10% activity to go through)	58	0	(58)	230	0	(230)	288	0	(288)
MCAS / T&O 15% reduction in activity with Gain share (1st oct start date)	0	0	0	537	294	(243)	644	544	(100)
MCAS / T&O - 6 week delay	107	150	43	330	0	(330)	330	0	(330)
Cataracts Policy	0	0	0	51	0	(51)	64	0	(64)
Review of OPP T&O Coding	13	0	(13)	413	0	(413)	450	0	(450)
Dermatology - reduce block	38	0	(38)	50	50	0	50	50	0
Contract Challenges MRET	0	0	0	0	0	0	78	78	0
Contract Challenges (Phase 1)	0	0	0	128	0	(128)	128	0	(128)
Contract Challenges (Phase 2)	0	0	0	158	0	(158)	190	0	(190)
CQUIN - C2C reduction S&O	32	0	(32)	53	0	(53)	63	63	0
CQUIN - 1st:Fup ratio S&O	11	0	(11)	329	0	(329)	421	271	(150)
Total	**257**	**150**	**(107)**	**2,278**	**344**	**(1,934)**	**2,706**	**1,006**	**(1,700)**

Theme 2: Medicines optimisation	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance	Annual Plan	Forecast out-turn savings	Forecast Variance
Focus on reduced waste (repeat prescribing)	77	100	23	387	190	(197)	464	365	(99)
Individual patient reviews (Generics / Optomise / Quick Wins)	34	0	(34)	301	165	(136)	335	165	(170)
Additional rebate schemes	18	0	(18)	162	0	(162)	180	0	(180)
Blood Glucose Monitoring strips	13	0	(13)	63	0	(63)	75	0	(75)
Apixiban Price Reduction	0	0	0	56	56	0	56	56	0
High Cost Drugs and Biosimilars	5	0	(5)	38	0	(38)	43	0	(43)
Review other expenditure - Care at the chemist	0	0	0	0	0	0	0	0	0
Total	**147**	**100**	**(47)**	**1,005**	**411**	**(594)**	**1,153**	**586**	**(567)**

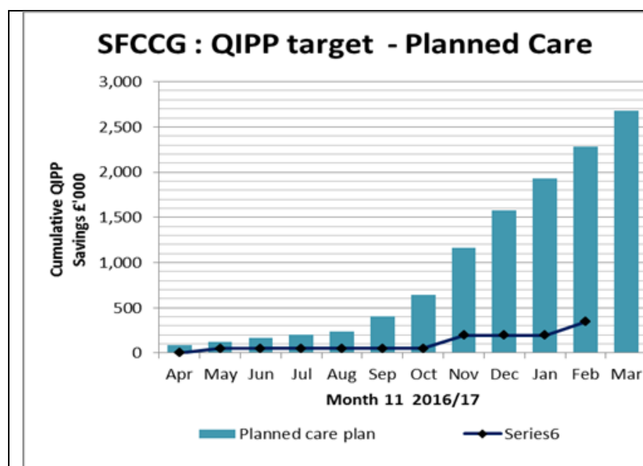
QIPP DASHBOARD SFCCG – Detail by scheme – Themes 3 & 4

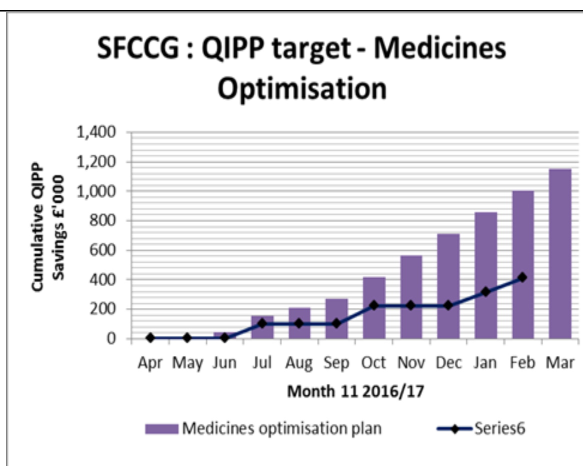
Theme 3: Individual packages of care	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance	Annual Plan	Forecast out-turn savings	Forecast Variance
CHC reduction -Q4 savings into 16/17	0	0	0	900	900	0	900	900	0
CHC reduction - No growth	0	0	0	895	895	0	895	895	0
Outcome of CSU review work (net savings)	2	0	(2)	6	0	(6)	9	0	(9)
Implementation of ADAM procurement system (net savings)	12	0	(12)	23	0	(23)	35	0	(35)
Total	**14**	**0**	**(14)**	**1,824**	**1,795**	**(29)**	**1,839**	**1,795**	**(44)**

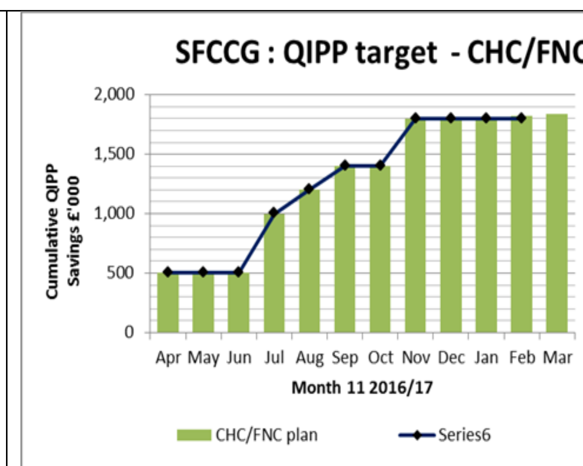
Theme 4: Discretionary spend	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance	Annual Plan	Forecast out-turn savings	Forecast Variance
Suspend CVS Investment	0	0	0	180	180	0	180	180	0
Contract Legacy review (Sexual Health/CHIS)	0	0	0	392	392	0	392	392	0
Review other Expenditure - 3rd Sector	0	0	0	26	0	(26)	26	26	(0)
Review other Expenditure - Remaining schemes 50% reduction	0	0	0	0	0	0	0	0	0
Reduction in iLinks investment	0	0	0	20	20	0	20	20	0
GPIT - Reduction on IM SLA	0	0	0	40	40	0	40	40	0
Primary Care Collaborative Fees budget correction	0	0	0	45	45	0	45	45	0
1% Non-recurrent not required 17/18	0	0	0	0	0	0	1,805	0	(1,805)
Provider CQUIN delivery 2016/17 (S&O) (20% of national)	62	0	(62)	125	0	(125)	187	187	0
Additional Provider CQUIN delivery 2015/16 (S&O)	0	0	0	320	320	0	320	320	0
Provider Sanctions - Aintree	0	0	0	0	0	0	2	0	(2)
Provider Sanctions - S&O	0	0	0	0	0	0	30	0	(30)
Blue Badge Legacy review 16/17	0	0	0	74	74	0	74	74	0
LQC under-performance in 16/17	133	0	(133)	266	0	(266)	400	229	(171)
Slippage in Transformation Fund / SRG Funding (In year slippage)	0	0	0	954	954	0	954	954	0
Review other expenditure - Transformation Fund / SRG Funding (Recurrent reduction)	0	0	0	0	0	0	0	0	0
Prior Year adjustments	0	0	0	293	293	0	293	293	0
Running Cost Contingency	0	0	0	80	80	0	80	80	0
Move to bi monthly locality meetings	0	0	0	25	25	0	25	25	0
Reduction of fast transport contract	0	0	0	40	50	10	40	50	10
Total	**195**	**0**	**(195)**	**2,880**	**2,473**	**(417)**	**4,913**	**2,915**	**(1,998)**

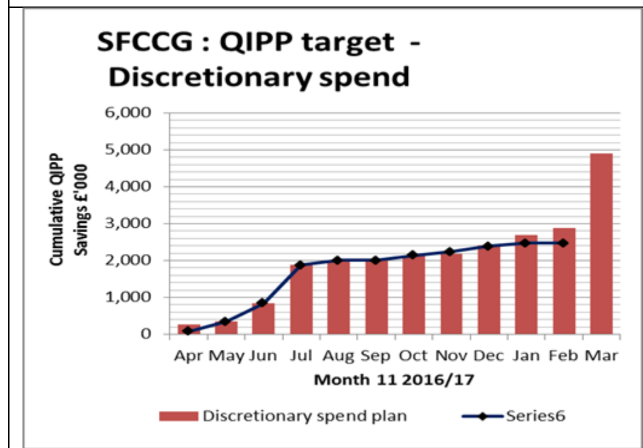
QIPP DASHBOARD SFCCG – Detail by scheme – Theme 5

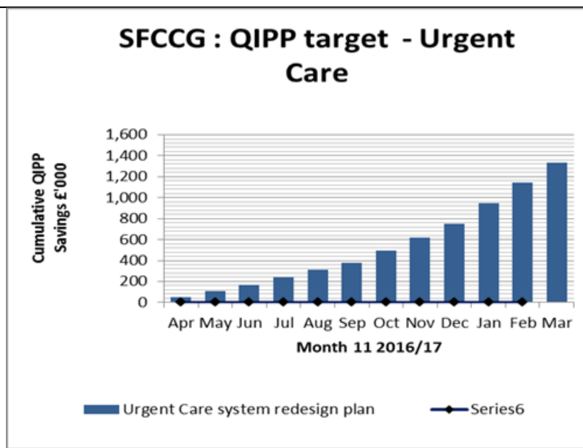
Theme 5: Urgent care system redesign	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance			Annual Plan	Forecast out-turn savings	Forecast Variance	
Respiratory Primary Care Scheme	40	0	(40)		440	0	(440)			480	0	(480)	
Telehealth	41	0	(41)		330	0	(330)			370	0	(370)	
CQUIN - Zero LoS - S&O	115	0	(115)		372	0	(372)			487	287	(200)	
Total All Schemes	**196**	**0**	**(196)**		**1,142**	**0**	**(1,142)**			**1,337**	**287**	**(1,050)**	











NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
MARCH 2017

Agenda Item: 17/45	**Author of the Paper:** Karl McCluskey Chief Strategy and Outcomes Officer Email: Karl.Mccluskey@southportandformbyccg.nhs.uk Tel: 0151 247 7000
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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.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

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Integrated Performance Report

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1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 10 (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators	CCG	Main Provider
A&E 4 Hour Waits (All Types)		SORM
Ambulance Category A Calls (Red 1)		NWAS
Cancer 2 Week GP Referral		SORM
RTT 18 Week Incomplete Pathway		SORM
Other Key Targets	**CCG**	**Main Provider**
A&E 4 Hour Waits (Type 1)		SORM
Ambulance Category A Calls (Red 2)		NWAS
Ambulance Category 19 transportation		NWAS
Cancer 14 Day Breast Symptom		
Cancer 31 Day First Treatment		SORM
Cancer 31 Day Subsequent - Drug		SORM
Cancer 31 Day Subsequent - Surgery		SORM
Cancer 31 Day Subsequent - Radiotherapy		SORM
Cancer 62 Day Standard		SORM
Cancer 62 Day Screening		SORM
Cancer 62 Day Consultant Upgrade		SORM
Diagnostic Test Waiting Time		SORM
HCAI - C.Diff		SORM
HCAI - MRSA		SORM
IAPT Access - Roll Out		
IAPT - Recovery Rate		
Mixed Sex Accommodation		SORM
RTT 18 Week Incomplete Pathway		SORM
RTT 52+ week waiters		SORM
Stroke 90% time on stroke unit		SORM
Stroke who experience TIA		SORM
NHS E-Referral Service Utilisation		

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Key information from this report

Financial position

The forecast outturn after the application of reserves is a deficit of £8.500m against a planned deficit of £4.000m. The revised forecast incorporates known risks and has been reported to NHS England. The position has deteriorated due to underperformance against the QIPP plan and increased cost pressures in the financial year. The financial position on operational budgets as at Month 11 is an overspend of £1.840m and the forecast for the year an overspend of £1.966m. The forecast position has improved by £0.992m during the month. The majority of the cost pressure in year relates to over performance within acute provider contracts and the independent sector as well as the national increase in costs for Funded Nursing Care.

The value of QIPP savings delivered at the end of Month 11 is £5.023m, with further delivery of £1.866m expected for the remainder of the financial year. This will result in an overall deficit of £8.500m. Please note the CCG is forecasting delivery of a total £6.889m worth of QIPP savings compared with £8.782m reported in the opening plan. This would equate to 78% delivery of its QIPP plan in year.

Planned Care

Local referrals for the year to date at month 10 (January) are slightly above 2015/16 levels for the same period (+1.8%). Broken down by referral source, GP referrals are 1.8% above, consultant to consultant referrals are 6.9% above and Other referrals are 2.5% lower 2015/16 levels. A referral management scheme started on 1st October in Southport & Formby CCG. A consultant to consultant referral policy for Southport & Ormskirk Hospital has been approved.

In January the CCG failed the less than 1% target for diagnostics, 73 out of 1,985 patients waited over 6 weeks for their diagnostic test (3.7%). Southport & Ormskirk also failed the diagnostic monitoring standard reporting 3.1% of patients waiting in excess of 6 weeks. The number of patients waiting over 6 weeks increased to 78 in January (46 in the previous month).

The CCG has achieved the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in January with a performance of 93.33% but are failing YTD with a performance of 92.78%, partly due to previous month's breaches. Year to date out of 471 patients there has been 34 breaches.

The CCG achieved the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in January with a performance of 88.24% but are failing year to date at 83.72%. In January 34 patients were seen with 4 breaching the 62 day standard. For the same measure Southport & Ormskirk also achieved the target of 85% in January recording 85.71%. However the previous months are still impacting on the YTD position which is failing at 83.02%.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to inpatient Friends and Family Test scores. The Trust has seen a decrease in response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the trust has increased compared to the previous month but this is still below the England average. The percentage of people who would not recommend the inpatient service has decreased since previous month and is equal to the England average.

Performance at Month 10 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £466k/1%. Wrightington

Wigan and Leigh shows the largest over performance with a £301k/52% variance. Overspend is offset by Southport Hospital who are showing a -£1m/-5% under spend at month 10.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for January reached 88.59%, which failed the Cheshire & Merseyside 5 Year Forward View (STP) plan of 93.6%. Year to date they are under plan, achieving 90.78%. Across the month, there was a 6.5% increase in overall Emergency Department attendances (compared to January 2016) and a large number of these were over the age of 75. Flow remains a significant challenge across the site with additional escalation areas opened and in use to maintain patient safety. A number of areas internally and externally were affected as a result of infection control issues; the stroke unit had confirmed norovirus, a number of wards had confirmed flu, and a number of care homes in the community (including mental health) had beds closed due to D&V. The North Mersey A&E Delivery Board has hosted daily teleconferences across the whole urgent care system to try and release pressures at the acute front door.

Southport & Formby CCG and NWAS failed to achieve the three ambulance indicators in month and year to date. At both a regional and county level, NWAS failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets. The Trust has signed up to the ambulance concordat across Cheshire and Mersey to deliver sustained improvement in handover performance across organisation. In line with the decrease in performance against the 4-hour target, there was a similar decrease in the Trust's ability to manage ambulance handovers. Investment has been made to increase nursing capacity to ensure that patients are triaged on arrival, however the department continues to experience delays in being able to offload ambulances during periods of high demand and exit blocks out of ED. Patients do continue to have routine observations undertaken whilst awaiting handover

Southport & Ormskirk failed the stroke target in January with only 17 out of 28 patients spending 90% of their time on a stroke unit. There was marginal improvement in performance against this indicator for January. The configuration of the stroke unit with 3 bays remains a challenge in meeting male/ female demand. A decision is awaited regarding capital funding to convert a bay to side rooms to meet and manage male/female demand, whilst ensuring that there are sufficient side rooms to meet Infection Prevention and Control requirements for repatriation from other Units. There have also been discussions regarding the future of hyper-acute stroke with a clinical meeting between the teams at Aintree and the Royal taking place on 14/02/17.

January saw Southport & Ormskirk fail Mixed Sex Accommodation. In month the trust had a total of 6 mixed sex accommodation breaches (a rate of 1.1) and have therefore breached the zero tolerance threshold. All of the 6 breaches were for West Lancashire CCG patients. Year to date there have been 58 breaches. Every effort is made to ensure as soon a as a patient has been deemed fit for transfer to acute ward, that this is done in a timely way. This is monitored through the 3 x daily escalation meetings. Current bed pressures have unfortunately caused these delays.

There were 2 new cases of Clostridium Difficile attributed to the CCG in January, reported by Southport & Ormskirk Hospital Trust. (actual 27/ plan 29). For Southport & Ormskirk year to date the Trust has had 17 cases (11 upheld), against a plan of 30, so is under plan.

A new case of MRSA was reported in January for the CCG making 2 year to date, the case other being in August.

There are 242 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 93 of these incidents apply to Southport & Formby CCG patients. 149 are

attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 62 of these being Southport & Formby CCG patients.

Delayed Transfers of Care (DTOC's) decreased to 4 during January 2017 from 6 in December, a decrease of 25%. 3 of the 4 delays were for patient or family choice. Analysis of delays in January 2017 compared to January 2016 shows an increase in the number of patients waiting (50%). In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the system the Commissioning lead for Urgent Care participates in a weekly meeting to review all patients who are medical fit for discharge and are delayed. This is in conjunction with acute trust, community providers and Local Authority.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates. The Trust A&E department has seen a decrease in the percentage of people who would recommend the service from 61% in December to 53% in January. This is lower than the England average. The percentage not recommending has also decreased from 33% to 28% in January, however this still remains above the England average.

Performance at Month 10 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £1m/4%.This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £651k overspend. This is mainly due to General Medicine with activity (7%) and spend (12%) above the same period last year. The main HRGs driving the NEL over performance are Respiratory and Pneumonia related disorders.

Throughout the year, urgent care elements of the contract have over performed against the plan with the focus on emergency admissions, A&E attendances and excess bed days. Activity for emergency admissions has remained fairly level with the plan and last year's levels whereas cost has increased. This is due to the higher number of patients over 60yrs admitted which in turn has increased the average length of stay and as such, the excess bed day's rate has uplifted.

Mental Health

The Key Mental Health Performance Indicator of Early Intervention in Psychosis is achieving, however the other two indicators in CPA are failing for January 2017.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported more Southport & Formby patients entering treatment in month 10 and is the highest monthly total of 2016/17 to date. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently forecasting 11.3% against the 15% standard at year end. Referrals increased in month 10 by 51% with a total of 281, 55% of these were self-referrals. Marketing work has been carried out specifically in this area, targeting specific population groups. GP referrals increased, but remained low with 71 reported in month 10 (against a monthly average of 102 in 2015/16). Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service. The percentage of people moved to recovery increased to 48.4% (from 43.5%). This fails to meet the minimum standard (and would be directly comparable with a year-end position for 2015/16).

Commissioners continue to be involved in the Trust's review of the acute care pathway (including crisis). This initial scoping and gathering of evidence and intelligence is expected to be completed by February 2017. The review will consider system wide issues that impact on the effective delivery of the acute care pathway. These will include pathways in and out of the Merseycare services and the interfaces with other providers and partners and will recommend models for each of the Mersey Care services (e.g. Access Service, A&E Liaison, Community Mental Health Teams). Functions in the

pathway (Stepped Up Care, Bed Management, Single Point of Access) and specialist pathways (e.g. personality disorder pathway, in-patient pathway). Recommendations from the review will be considered by both Mersey Care NHS Foundation Trust and the North Mersey Transformation Board. If accepted, the implementation of the recommendations will form a key area of work for both the Trust and the Transformation Board to begin from 2017/18 onwards.

Latest guidance from Operations and Guidance Directorate NHS England has confirmed that following a review by NHS Digital a decision has been made to change the way the dementia diagnosis rate is calculated. The new methodology is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach. The latest data on the NHS England site is 71.3%, however this is not using the new methodology, hence a lower rate than the new methodology will show but still above the 67% ambition.

Community Health Services

Southport & Ormskirk ICO has shifted IT systems from IPM to EMIS. However due to the contract transferring over to a different provider for June 2017 onwards, they did not commence phase 2 of this migration. Due to limited staffing and the implementation of MCAS taking priority, phase 2 was delayed.

Members of both the CCG BI team and the new provider's BI team have met on a couple of occasions to establish relationships and form an information sub group. Initial discussions have been around improving on existing reports, firstly by making sure the quality of the data is to a high standard, and eventually moving towards creating new activity plans, waiting times targets, and key performance indicators.

Primary Care

The latest Southport & Formby practice to receive CQC inspection results was Chapel Lane Surgery with a "Requires Improvement" rating.

Work has been progressing throughout 2016/17 to develop a primary care dashboard to present through the Aristotle business intelligence portal. A draft version of the dashboard is currently being tested and reviewed with clinical leads and primary care leads to assess the content, format and functionality of the report. There are various "views" of the data, for CCG level users to view the indicators across the CCG area with the ability to drill to locality and practice level. Once the testing and review process is complete and the dashboard is live in Aristotle, information may be made available to practices in a timely and consistent format to aid locality discussions. 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.

Better Care Fund

A Better Care Fund monitoring report was submitted to NHS England relating to Quarter 3 of 2016/17. The guidance for BCF 2017/18 is awaited but due for imminent release.

CCG Improvement & Assessment Framework

A dashboard is released each quarter by NHS England consisting of sixty indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and beyond.

2. Financial Position

2.1 Summary

This report focuses on the Month 11 financial performance for Southport and Formby CCG as at 28 February 2017.

The forecast outturn after the application of reserves is a deficit of £8.500m against an original planned deficit of £4.000m. The revised forecast incorporates known risks and has been discussed with and reported to NHS England throughout the year. The position has deteriorated due to underperformance against the QIPP plan and increased cost pressures in the financial year.

The financial position on operational budgets as at Month 11 is an overspend of £1.840m. The forecast outturn for the year is an expected overspend of £1.966m. This represents an improvement since Month 10 of £0.992m (Month 10 - £2.958m). The majority of the cost pressure in year relates to over performance within acute provider contracts and the independent sector as well as the national increase in costs for Funded Nursing Care.

The value of QIPP savings delivered at the end of Month 11 is £5.023m with further delivery of £1.866m expected for the remainder of the financial year. This will result in an overall deficit of £8.500m

It should be noted that the CCG is forecasting delivery of a total £6.889m worth of QIPP savings compared with £8.782m reported in the opening plan. This would equate to 78% delivery of its QIPP plan in year.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rules	1% Surplus	✗	✗
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Reserve	✓	✓
Surplus	Financial Surplus / (Deficit)	(£8.500m)	(£8.500m)
QIPP	QIPP delivered to date *(Red reflects that the QIPP delivery is behind plan)*	£6.889m	£5.023m
Running Costs	CCG running costs < 2016/17 allocation	✓	✓

2.2 Resource Allocation

Additional allocations received in Month 11 were as follows:

- NHS Property Services to move to market rents - £0.138m

This allocation reflects increased costs in respect of accommodation charges and will be utilised within the financial year.

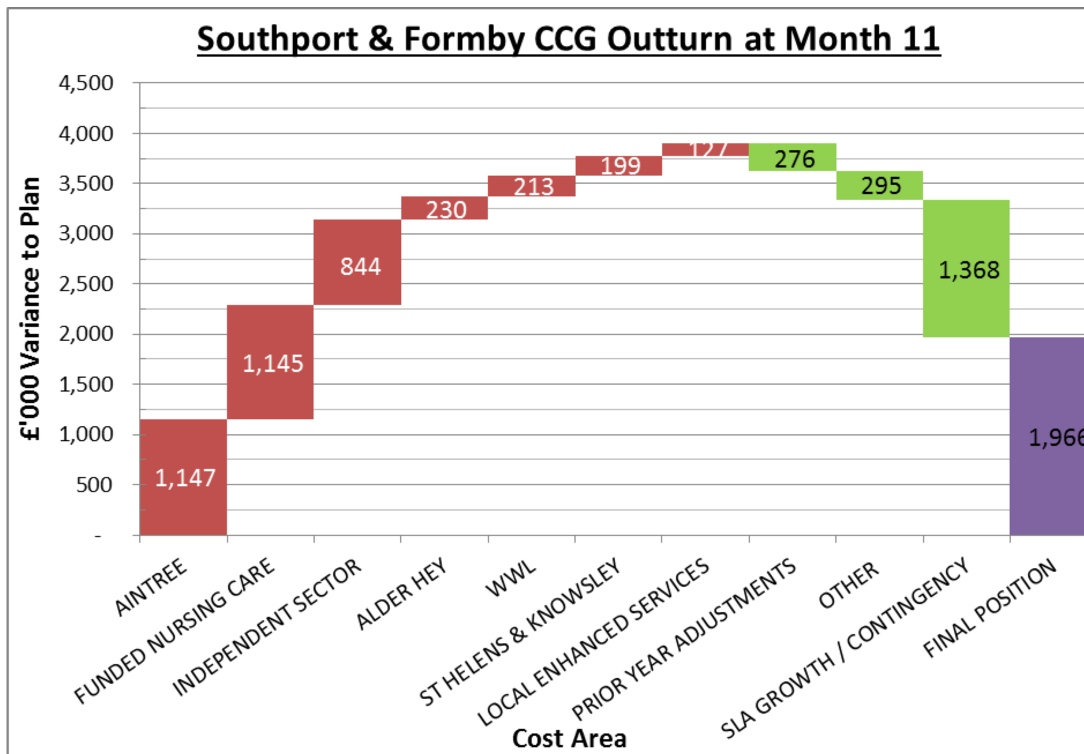
2.3 Financial Position and forecast

The main financial pressures included within the financial position are shown below in figure 2, which presents the CCGs forecast outturn position for the year.

The majority of the forecasted overspend is within acute commissioning contracts, funded nursing care, and pressure in independent sector budgets. A proportion of the overspend has been mitigated with the CCG contingency and growth reserves included in the original financial plan totalling £1.368m.

It should be noted that whilst the financial report is up to the end of February 2017, the CCG has based its reported position on the latest information received from Acute and Independent providers up to the end of January 2016 and extrapolated to February.

Figure 2 – Forecast Outturn



Independent Sector

The year to date position is an overspend of £0.844m. This is mainly due to over performance against plan for Ramsay Healthcare of £0.752m which is partly offset by a £0.108m underperformance within the contract with Spire Healthcare. The forecast has reduced as the independent sector is expected to improve in the final quarter as changes to the MCAS pathways take effect. There have been noticeable reductions in Trauma & Orthopaedics first attendances, at Ramsay Hospital, since the introduction of the new MCAS pathway. This is expected to result in reduced expenditure in future months.

Prescribing

There is a year to date overspend of £0.171m with a year-end forecast of breakeven. The achievement of a breakeven position is dependent on delivery of in-year efficiencies in addition to the QIPP plan agreed. Cost reductions are being realised in the year to date expenditure and forecast, as QIPP efficiencies are achieved, the associated budget is transferred to the QIPP plan. The year to date transfer totals £411k.

Continuing Health Care and Funded Nursing Care

The month 11 position for the continuing care and Funded Nursing Care budget is a £0.357m overspend, this position reflects the current number of patients, average package costs and the uplift to providers of 1.1% until the end of the financial year. The full year forecast has been calculated at £0.660m, which includes the £1.145m Funded Nursing Care cost pressure due to price increases.

The position also incorporates the increased cost relating to the Continuing Health Care price increase agreed by the Governing Body in October. This is predicted to be a maximum of £0.125m for 2016/17.

Additional QIPP savings of £0.395m were identified in Month 8 due to introduction of the national spine to the Broadcare system, this integration identified a number of packages included in forecast costs which could be closed. Total year to date QIPP savings of £1.795m have now been actioned.

Work is presently ongoing between the CCG and Sefton MBC to ensure that all potential liabilities are identified and notified to the CCG in a timely fashion. This review will continue in the coming months to provide assurance in this area.

2.4 QIPP and Transformation Fund

The 2016/17 identified QIPP plan is £11.948m in total; the target has reduced by £0.992m during the month due an improved forecast outturn on operational budgets.

Figure 3 shows a summary of the current risk rated QIPP plan. This demonstrates that although recurrently there are a significant number of schemes in place, further work is being done to determine whether they can be delivered in full.

The plan has been phased across the year on a scheme by scheme basis and full detail of progress at scheme level is monitored at the QIPP committee

Figure 3 – RAG rated QIPP plan

QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	8,797	(6,091)	2,706	1,006	0	1,700	2,706
Medicines optimisation plan	3,070	(1,917)	1,153	586	0	567	1,153
CHC/FNC plan	1,775	64	1,839	1,795	0	44	1,839
Discretionary spend plan	10,718	(5,505)	5,213	3,215	0	1,998	5,213
Urgent Care system redesign plan	1,697	(360)	1,337	287	0	1,050	1,337
Total QIPP Plan	26,057	(13,809)	12,248	6,889	0	5,359	12,248
Risk rated QIPP plan				**6,889**	**0**	**0**	**6,889**

As shown in Figure 4 and 5 below, £5.023m QIPP savings have been actioned at Month 11 against a phased plan of £9.129m.

Figure 4 – Phased QIPP plan for the 2016/17 year

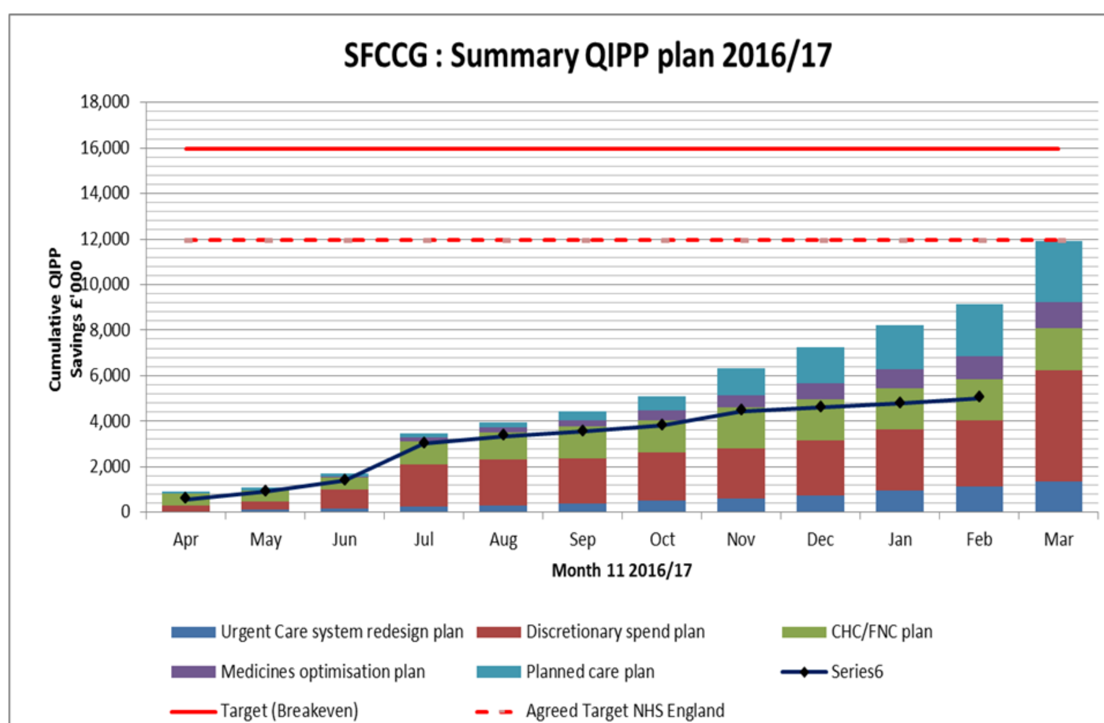


Figure 5 – QIPP performance at month 11

Scheme	Current Month (M11) plan	actual	Variance		YTD Plan	YTD Actual	Variance	
Planned care plan	257	150	(107)		2,278	344	(1,934)	
Medicines optimisation plan	147	100	(47)		1,005	411	(594)	
CHC/FNC Plan	14	0	(14)		1,824	1,795	(29)	
Discretionary spend plan	195	0	(195)		2,880	2,473	(417)	
Urgent Care system redesign	196	0	(196)		1,142	0	(1,142)	
Total	**810**	**250**	**(560)**		**9,129**	**5,023**	**(4,116)**	

QIPP delivery is £4.116m below plan at Month 11. Delivery of the year end forecast deficit of £8.500m requires further QIPP savings of £1.866m in the remaining month of the financial year. A critical review of outstanding schemes has been undertaken along with an assessment of expected delivery for the remainder of the financial year.

The CCG expects to deliver a further £1.866m in Month 12, scheme leads in particular, must work to ensure delivery of the identified schemes. Figure 6 below shows the expected delivery of QIPP schemes for the remainder of the financial year.

Figure 6 – QIPP Schemes to be delivered

2016/17 QIPP Plan	£000
MCAS / T&O 15% reduction in activity with Gain share	(250)
Contract Challenges MRET	(78)
Contract Challenges (Phase 1)	0
CQUIN - C2C reduction S&O	(63)
CQUIN - 1st:Fup ratio S&O	(271)
Medicines Optimisation	(175)
Review other Expenditure - 3rd Sector	(26)
Provider CQUIN delivery 2016/17 (S&O) (20% of national)	(187)
Provider Out Patient Coding	(300)
LQC under-performance in 16/17	(229)
CQUIN - Zero LoS - S&O	(287)
Total All Schemes	**(1,866)**

2.5 CCG Running Costs

The running cost allocation for the CCG is £2.627m and the CCG must not exceed this allocation in the financial year.

The current year outturn position for the running cost budget is an underspend of £0.256m of which, the majority relates to prior year adjustments. There is a small contingency budget within running costs which has been actioned in-year as part of the QIPP plan.

2.6 CCG Cash Position

In order to control cash expenditure within the NHS, limits are placed on the level of cash available to organisations for use in each financial year.

The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year and is made up of:

- Total Agreed Allocation,
- Opening Cash Balance (i.e. at 01 April 2016),
- Opening creditor balances less closing creditor balances.

Cash is held centrally at NHS England and is allocated monthly to CCGs following notification of cash requirements.

As well as managing the financial position, organisations must manage their cash position. The monthly cash requested should cover expenditure commitments as they fall due and the annual cash requested should not exceed the maximum cash drawdown limit.

The CCG is required to take part in a MCD submission to NHS England at month 6 and month 9 to incorporate any changes in the CCGs forecast cash position to ensure sufficient cash is available throughout the financial year.

Month 11 position

Following the month 9 submissions the MCD limit Southport & Formby CCG for 2016/17 was increased from £185.119m to £192.037m. Up to month 11, the actual cash received is £171.543m (89.3% of MCD) against a target of £176.033m (91.7% of MCD).

A full year cash flow forecast, based on information available at month 11, has been produced. This shows the CCG will have sufficient cash to meet its liabilities as they fall due. At month 12, the CCG is required to meet a cash target of 1.75% of its monthly cash drawdown, which is approximately £0.240m. This is excess cash above the threshold, which will need to be returned to NHS England.

A full year cash flow forecast, based on information available at month 10. This shows the CCG will have sufficient cash to meet its liabilities as they fall due. At month 12, the CCG is required to meet a cash target of 1.75% of its monthly cash drawdown (approximately £240k) as detailed below the CCG is forecasting to meet this target.

NHS England have confirmed that the usual year end process regarding the request for additional cash, and return of excess cash, will be in operation for 2016/17. This means the CCG will have the ability to request additional cash on 21 March 2017. At this stage, we do not anticipate the requirement for the CCG to use this facility. It should be noted that as a result of the finance team having to maintain a managed cash position, there may be a potential increase in year-end creditors.

2.7 Evaluation of risks and opportunities

Acute Contracts

The CCG has experienced significant growth in acute care year on year and this trend has continued in the current financial year. The year to date performance is particularly high and actions are required to mitigate further over performance in year and deliver the financial recovery trajectory into the new financial year.

All members of the CCG have a role to play in managing this risk including GPs and other Health professionals to ensure individuals are treated in the most clinically appropriate and cost effective way, and the acute providers are charging correctly for the clinical activity that is undertaken.

Actions to mitigate the risk of further over performance have been implemented and include:

- Implementation of contract challenges for data validation and application of penalties for performance breaches.
- Scrutiny and challenge of all activity over performance and other areas of contested activity.
- Implementation of a robust referral management process, which will ensure adherence to the CCGs existing policies for procedures of limited clinical value.

Other risks that require ongoing monitoring and managing include:

- Prescribing - This is a volatile area of spend but represents one of the biggest opportunities for the CCG, and as such this makes up one of the biggest QIPP programmes for 2016/17. The monthly expenditure and forecast is monitored closely as QIPP schemes continue to be delivered.

1% Non-Recurrent Reserve

The CCG is expecting release of the 1% uncommitted reserve within the financial year. Release of this reserve will improve the forecast financial position by £1.805m from a forecast deficit of £8.500m to a forecast deficit of £6.695m. The CCG statutory accounts for 2016/17 will report the financial position inclusive of the 1% non-recurrent reserve (forecast deficit of £6.695m).

2.8 Reserves budgets / Risk adjusted surplus

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 7 below. This demonstrates that the CCG plans to deliver a total management action plan of £6.864m in 2016/17 and this will result in a deficit of £8.500m.

Figure 7 – Forecast Outturn Position

	Recurrent £000	Non-Recurrent £000	Total £000
Planned Deficit	0.000	(4.000)	(4.000)
QIPP Target	(8.817)	(1.165)	(9.982)
Revised surplus / (deficit)	(8.817)	(5.165)	(13.982)
Forecast Outturn (against operational budgets)	(0.616)	(0.145)	(0.761)
FNC Cost Pressure	(1.205)	0.000	(1.205)
Management action plan			
Actioned QIPP to date	3.189	1.834	5.023
Remaining QIPP plan	0.806	0.760	1.566
Other Mitigations	0.119	0.740	0.859
Total Management Action plan required	4.114	3.334	7.448
Forecast Surplus / (deficit)	(6.524)	(1.976)	(8.500)

Figure 8 outlines the Best, Most likely and Worst Case scenarios. The best case scenario assumes achievement of the remaining risk adjusted QIPP plan. The most likely case assumes a reduced level of QIPP savings and the worst case includes further risks.

The worst case assumes a reduced level of QIPP savings and further risk in respect of Acute Care.

Figure 8 – Risk Rated Financial Position

Southport and Formby	Best Case £m	Most Likely £m	Worst Case £m
QIPP Target	**(11.948)**	**(11.948)**	**(11.948)**
QIPP achieved to date	5.023	5.023	5.023
Remaining QIPP requirement	**(6.925)**	**(6.925)**	**(6.925)**
Predicted QIPP achievement (M12)	1.866	1.866	1.366
Other Mitigations	0.559	0.559	0.559
Planned Deficit	(4.000)	(4.000)	(4.000)
Forecast Surplus / (Deficit)	**(8.500)**	**(8.500)**	**(9.000)**
Further Risk			
Risk adjusted Surplus / (Deficit)	**(8.500)**	**(8.500)**	**(9.000)**

2.9 Recommendations

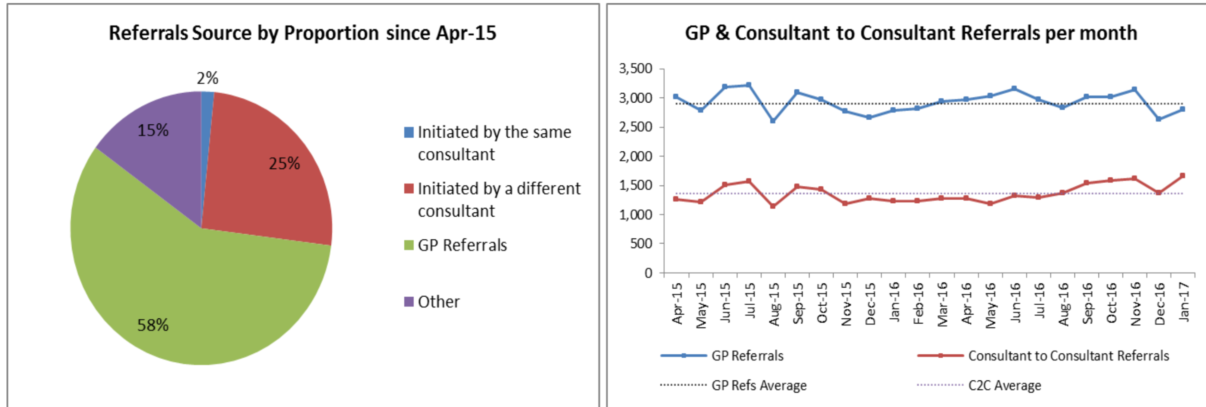
The Finance and Resource Committee is asked to receive the finance update, noting that:

- The CCG is currently forecasting a deficit of £8.500m against a planned deficit of £4.000m as its best case scenario. The likely case scenario indicates that the CCGs projected deficit will be £8.500m but this is dependent on delivery of the remaining risk adjusted QIPP plan.
- Further QIPP savings of £1.866m have been identified for the remainder of the financial year.
- The position has deteriorated due to underperformance against the QIPP plan and increasing cost pressures within the financial year.
- As described in previous reports, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to deliver a reduction in costs to deliver the CCG financial position. The focus must be on reducing access to clinical services that provide low or little clinical benefit for patients.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.

3. Planned Care

3.1 Referrals by Source

Figure 9 – Referrals by Source across all providers for 2015/16 & 2016/17



January 2017 referrals from GPs are 1.8% higher than January 2016 referrals, whilst consultant-to-consultant referrals are 6.9% higher and 'other' referrals 2.5% lower over the same time periods.

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Figure 10 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	29,086	29,600	514	1.8%
GP Total			29,086	29,600	514	1.8%
Other	01	following an emergency admission	95	71	-24	-25.3%
	02	following a Domiciliary Consultation	31	6	-25	-80.6%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	2,770	2,610	-160	-5.8%
	05	A CONSULTANT, other than in an Accident and Emergency Department	9,789	10,761	972	9.9%
	06	self-referral	1,476	1,442	-34	-2.3%
	07	A Prosthetist	5	3	-2	-40.0%
	08	Royal Liverpool Code (TBC)	353	381		0.0%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	171	225	54	31.6%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	448	547	99	22.1%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	7	10	3	42.9%
	13	A Specialist NURSE (Secondary Care)	58	37	-21	-36.2%
	14	An Allied Health Professional	1,511	1,333	-178	-11.8%
	15	An OPTOMETRIST	770	852	82	10.6%
	16	An Orthoptist	79	32	-47	-59.5%
	17	A National Screening Programme	567	603	36	6.3%
	92	A GENERAL DENTAL PRACTITIONER	274	388	114	41.6%
	93	A Community Dental Service	6	0	-6	-100.0%
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	2,246	2,453	207	9.2%
Other Total			20,656	21,754	1,098	5.3%
Unknow n			14	16	2	14.3%
Grand Total			**49,756**	**51,370**	**1,614**	**3.2%**

A referral management scheme started on 1st October in Southport & Formby CCG which is currently in Phase I (administrative phase). A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved. Clinical triage for routine dermatology began on February 13th and all specialties are now part of the referral management scheme phase I. Plans are on track for referral management phase II (clinical triage for more specialties).

Data quality note: Walton Neuro Centre & Renacres Hospitals have been excluded from the above analysis due to data quality issues. For info, Walton is recording approx. 80 referrals per month in 2016/17 and Renacres approx. 350 refs per month.

3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS Southport & Formby CCG	16/17 - Dec	80% or 20% increase on previous year (60%)	39.00%	↓

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19.

The latest data for E-referral Utilisation rates is December when the CCG recorded 39% this is less than the previous month when 41% was recorded. An improvement in E-referral rates is anticipated as a result of the use of the referral management scheme.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times					
% of patients waiting 6 weeks or more for a Diagnostic Test **(CCG)**	16/17 - Jan	<1%	3.70%	↑	73 out of 1,985 patients waited over 6 weeks for their diagnostic, 0 over 13 weeks.
% of patients waiting 6 weeks or more for a Diagnostic Test **(Southport & Ormskirk)**	16/17 - Jan	<1%	3.10%	↑	78 out of 2,549 patients waited over 6 weeks for their diagnostic, 0 over 13 weeks.

Southport and Ormskirk aims to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. During January 2017, the Trust failed the diagnostic monitoring standard reporting 3.1% of patients waiting in excess of 6 weeks.

The number of patients waiting over 6 weeks has increased to 78 in January (46 in the previous month).

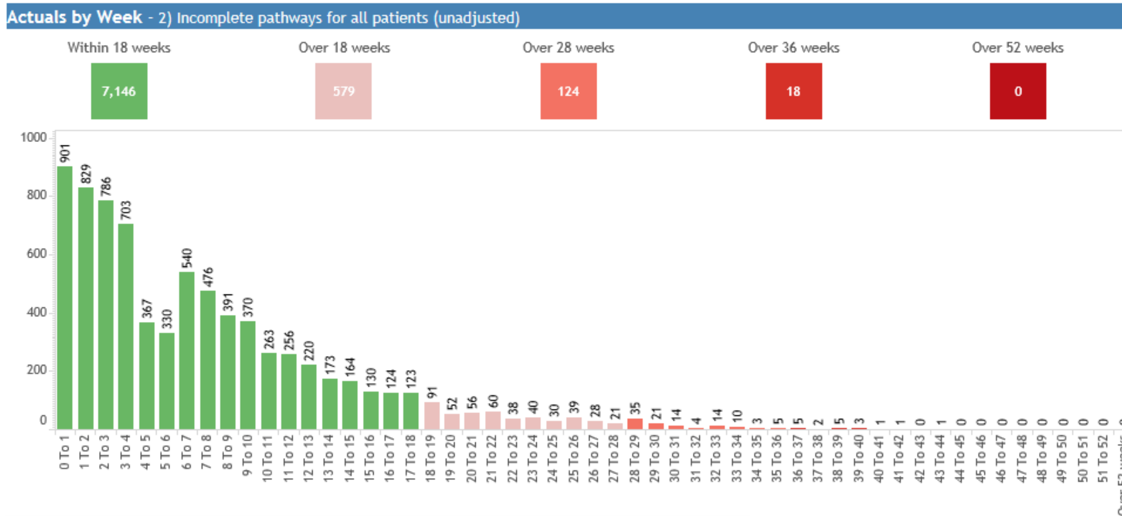
The CCG is not assured by the Trust that actions are in place to improve their diagnostics performance, despite several requests for exception commentary for this measure. Further actions are being explored with the Trust.

3.3 Referral to Treatment Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. **(CCG)**	16/17 - Jan	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. **(Southport & Ormskirk)**	16/17 - Jan	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% **(CCG)**	16/17 - Jan	92%	92.50%	↑
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% **(Southport & Ormskirk)**	16/17 - Jan	92%	92.60%	↑

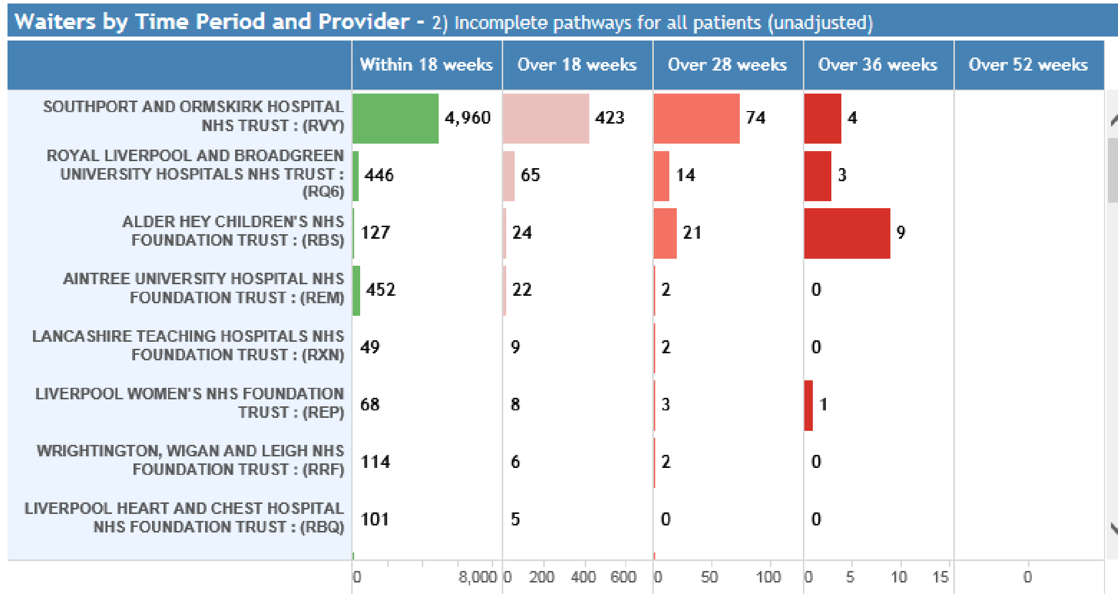
3.3.1 Incomplete Pathway Waiting Times

Figure 11 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 12 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers



3.3.3 Long waiters analysis: Top 2 Providers split by Specialty

Figure 13 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

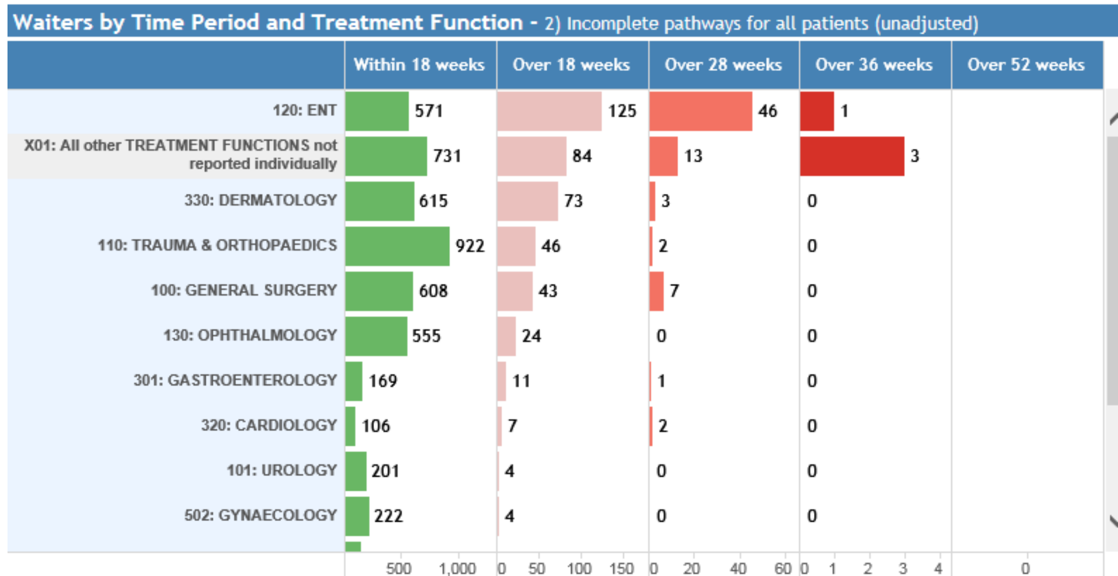
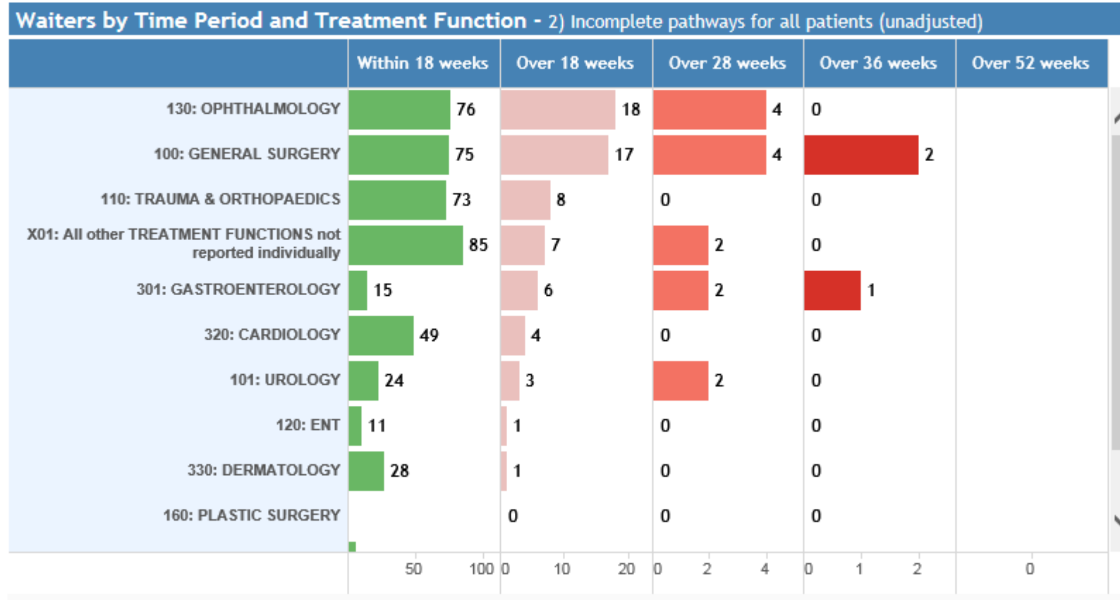


Figure 14 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Trust	Speciality	No of weeks waite	No of patients	Has patient been seen / has a TCI date?	Reason for the delay
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	Gastroenterology	43	1	Pathway Stopped	
ALDER HEY	All other	40	1	COMM - 14/02/2017 - treated	Capacity
LIVERPOOL WOMENS	Gynaecology	41	1	Yes	Combination of complex diagnostic pathway and patient initiated delay

3.4 Cancelled Operations

3.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - **Southport & Ormskirk**	16/17 - Jan	0	0	↔

3.4.2 No urgent operation to be cancelled for a 2nd time

Cancelled Operations				
No urgent operation should be cancelled for a second time - **Southport & Ormskirk**	16/17 - Jan	0	0	↔

3.5 Cancer Indicators Performance

3.5.1 - Two Week Waiting Time Performance

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)**	16/17 - Jan	93%	94.42%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) **(Southport & Ormskirk)**	16/17 - Jan	93%	95.05%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) **(CCG)**	16/17 - Jan	93%	92.78%	↔
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)**	16/17 - Jan	93%	N/A	↔

The CCG has achieved the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in January with a performance of 93.33% but are failing YTD with a performance of 92.78% partly due to previous month's breaches. Year to date out of 471 patients there have been 36 breaches.

3.5.2 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) **(CCG)**	16/17 - Jan	96%	97.67%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) **(Southport & Ormskirk)**	16/17 - Jan	96%	98.25%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(CCG)**	16/17 - Jan	94%	97.83%	↔

Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(Southport & Ormskirk)**	16/17 - Jan	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(CCG)**	16/17 - Jan	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(Southport & Ormskirk)**	16/17 - Jan	94%	97.37%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(CCG)**	16/17 - Jan	98%	99.48%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(Southport & Ormskirk)**	16/17 - Jan	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

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)**	16/17 - Jan	85%	85.94%	↔
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)**	16/17 - Jan	85% (local target)	89.17%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(CCG)**	16/17 - Jan	90%	95.12%	↔

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Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(Southport & Ormskirk)**	16/17 - Jan	90%	95.24%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(CCG)**	16/17 - Jan	85%	83.72%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(Southport & Ormskirk)**	16/17 - Jan	85%	83.02%	↔

The CCG achieved the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in January with a performance of 88.24% but are failing year to date hitting 83.72%. Previous month's performance continues to drag down the cumulative figure. In January 34 patients were seen with 4 breaching the 62 day standard.

For the same measure Southport & Ormskirk achieved the target of 85% in January recording 85.71%, the previous months are still impacting on the YTD position of 83.02%. In January, 4.5 breaches occurred out of a total of 27 patients.

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores
Southport & Ormskirk Hospitals NHS Trust
Latest Month: Jan-**17**

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	23.6%	9.4%		96%	95%		2%	2%	
A&E	12.3%	0.5%		87%	53%		7%	28%	
Q1 - Antenatal Care	N/A	-		96%	*		1%	*	
Q2 - Birth	22.5%	13.8%		97%	92%		1%	4%	
Q3 - Postnatal Ward	N/A	-		94%	95%		2%	5%	
Q4 - Postnatal Community	N/A	-		98%	*		1%	*	

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

- % Response rate
- % Recommended
- % Not Recommended

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the above. The Trust has seen a decrease in response rates for inpatients compared to the previous month. The percentage of patients that would recommend the inpatient service in the Trust has seen an increase on December but this is still below the England average. The percentage of people who would not recommend the inpatient service has fallen and now in line with the England average.

Friends and Family is a standard agenda item at the Clinical Quality Performance Group (CQPG) meetings. A Trust presentation of their new Patient and Carer Experience Strategy along with an FFT update is planned for the April CQPG. The Trust will deliver the same update to EPEG following this. The new Deputy Director of Nursing, Midwifery and Governance is developing the strategy but as yet this is not complete.

The Engagement and Patient Experience Group (EPEG) have sight of the trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience are being addressed.

The CCG Experience and Patient Engagement Group have created a dashboard to incorporate information available from FFTs, complaints and compliments.

Healthwatch are to undertake a listening event at the Trust and will be talking to patients, relatives and staff on all wards in March. The CCG quality team will pose questions to provide information from a patient perspective.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 10 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £466k/1%. Wrightington Wigan and Leigh shows the largest over performance with a £301k/52% variance. Overspend is offset by Southport Hospital who are showing a -£1m/-5% under spend at month 10.

Figure 15 - Planned Care - All Providers

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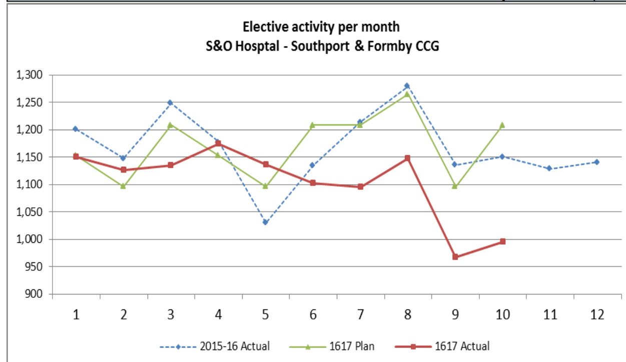
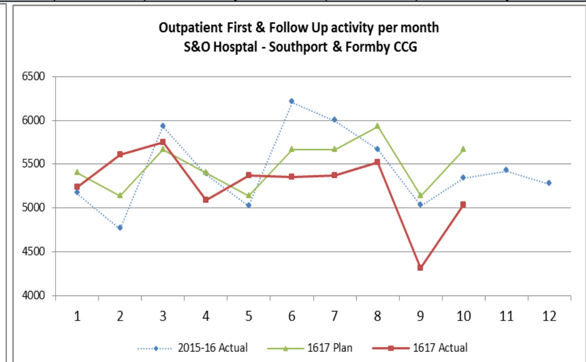
ALL Providers	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	15,162	16,310	1,148	8%	£3,409	£3,588	£179	5%
Alder Hey Childrens NHS F/T *	737	887	150	20%	£388	£504	£117	30%
Central Manchester University Hospitals Nhs Foundation Trust	197	0	-197	-100%	£37	£0	-£37	-100%
Fairfield Hospital	66	116	50	77%	£10	£23	£13	130%
ISIGHT (SOUTHPORT)	3,237	3,766	529	16%	£742	£696	-£46	-6%
Liverpool Heart and Chest NHS F/T	1,814	2,002	188	10%	£836	£837	£1	0%
Liverpool Womens Hospital NHS F/T	2,028	2,230	202	10%	£583	£589	£6	1%
Renacres Hospital	10,991	11,524	533	5%	£3,464	£3,469	£5	0%
Royal Liverpool & Broadgreen Hospitals	13,172	13,462	290	2%	£2,867	£2,820	-£47	-2%
Southport & Ormskirk Hospital*	96,642	92,576	-4,066	-4%	£19,934	£18,844	-£1,091	-5%
SPIRE LIVERPOOL HOSPITAL	533	326	-207	-39%	£186	£102	-£84	-45%
ST Helens & Knowsley Hospitals	3,915	4,258	343	9%	£923	£1,043	£120	13%
University Hospital Of South Manchester Nhs Foundation Trust	167	180	13	8%	£30	£36	£6	19%
Walton Neuro	1,844	2,135	291	16%	£409	£463	£54	13%
Wirral University Hospital NHS F/T	263	238	-25	-9%	£86	£75	-£11	-13%
Wrightington, Wigan And Leigh Nhs Foundation Trust	1,802	2,723	921	51%	£646	£996	£349	54%
Grand Total	**152,569**	**152,733**	**164**	**0%**	**£34,550**	**£34,083**	**-£466**	**-1%**
*PbR only								

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 16 - Planned Care – Southport and Ormskirk NHS Trust by POD

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	10,309	9,709	-600	-6%	£5,765	£5,308	-£457	-8%
Elective	1,386	1,322	-64	-5%	£3,621	£3,542	-£80	-2%
Elective Excess BedDays	232	284	52	22%	£51	£62	£10	20%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	1,235	733	-502	-41%	£184	£120	-£64	-35%
OPFASPCL - *Outpatient first attendance single professional consultant led*	13,179	12,635	-544	-4%	£2,053	£1,949	-£105	-5%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	3,043	1,956	-1,087	-36%	£314	£221	-£92	-29%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	37,338	37,345	7	0%	£3,536	£3,497	-£39	-1%
Outpatient Procedure	20,309	20,281	-28	0%	£3,603	£3,457	-£146	-4%
Unbundled Diagnostics	9,611	8,311	-1,300	-14%	£806	£688	-£118	-15%
Grand Total	**96,642**	**92,576**	**-4,066**	**-4%**	**£19,934**	**£18,844**	**-£1,091**	**-5%**





3.7.2 Southport & Ormskirk Hospital Key Issues

Planned Care at Southport & Ormskirk Hospital is reporting a year to date under performance of -£1m, which equates to a -5% variance. Under-Performance, in financial terms of the contract, is driven by Day Case procedures currently showing a -£457k/-8% variance. Outpatient Procedures and Unbundled Diagnostics are reporting a combined underspend of -£264k/-6% variance.

Elective care elements of the contract continues to under-perform against planned levels with all areas, with the exception of Elective excess bed days, below. Pressures remain on Elective and Day Case procedures with low theatre staff levels a problem for the Trust throughout the year.

An added pressure within the planned care sections of the contract was the cancellation of a number of Elective procedures in January. Under the advice of NHS Improvement the Trust cancelled a number of Elective operations to better manage with winter pressures, these cancellations took place during the first two weeks of January.

Outpatient attendances have reduced across a number of specialities, most significantly in Urology, Trauma & Orthopaedics, Ophthalmology, and Gynaecology. Outpatient procedures have also reduced with the focus within Urology and T&O.

Referral to Treatment had been adversely affected with December failing for the first time in the year but the Trust has improved its position and achieved in January.

Further reductions expected with the implementation of Joint Health and the introduction of the Blueteq system, which focuses on authorising procedures of low clinical value.

3.7.3 Renacres Hospital

Figure 17 - Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,433	1,309	-124	-9%	£1,464	£1,387	-£77	-5%
Elective	203	246	43	21%	£908	£1,059	£152	17%
OPFASPCL - *Outpatient first attendance single professional consultant led*	3,213	2,385	-828	-26%	£472	£354	-£118	-25%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	3,168	5,431	2,263	71%	£272	£346	£74	27%
Outpatient Procedure	1,958	1,075	-883	-45%	£253	£206	-£47	-19%
Unbundled Diagnostics	1,016	1,078	62	6%	£94	£116	£22	23%
Grand Total	**10,991**	**11,524**	**533**	**5%**	**£3,464**	**£3,469**	**£5**	**0%**

Renacres performance is showing just a £5k variance against plan although individual PODS are varying with over and under performance. £152k over performance can be seen in Elective Care, which has been a constant theme in 2016/17. Outpatient First Attendance's is showing a -£118k under performance.

In terms of HRG performance in T&O, Major Hip, Major Knee & Major Shoulder Procedures are causing the over performance. There have been 118 Major Hip, Knee & Shoulder Procedures carried out in 2016/17 against a plan of 67. This increase results in a cost variance of £304k in the five major Hip, Knee & Shoulder HRGs.

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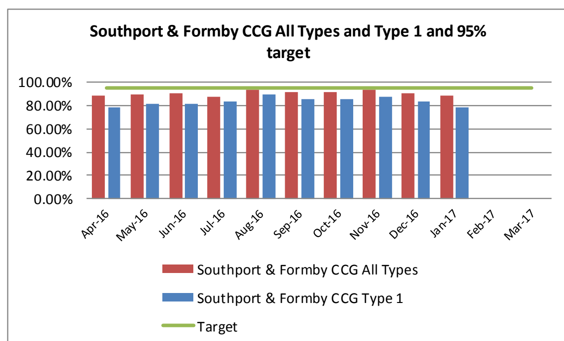
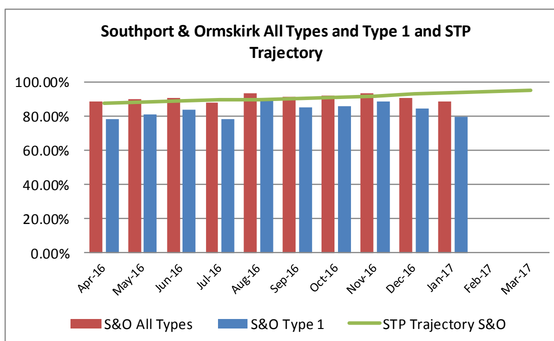
4. Unplanned Care

4.1 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(CCG) All Types**	16/17 - Jan	95.00%	90.47%	↔	Southport & Formby CCG failed the 95% target in January reaching 88.13% (year to date 90.47%). In January, 433 attendances out of 3,648 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(CCG) Type 1**	16/17 - Jan	95.00%	83.41%	↓	Southport & Formby CCG failed the 95% target in January reaching 78.62% (year to date 83.41%). In January, 431 attendances out of 2016 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(Southport & Ormskirk) All Types**	16/17 - Jan	STF Trajectory Target for Jan 93.6%	90.78%	↔	Southport & Ormskirk have not achieved the STF trajectory target in January reaching 88.59% (and are failing it year to date recording 90.78%). In January, 1,242 attendances out of 10,886 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(Southport & Ormskirk) Type 1**	16/17 - Jan	95.00%	83.53%	↔	Southport & Ormskirk have failed the target in January reaching 79.56% (year to date 83.53%). In January, 1,236 attendances out of 6,048 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
STP Trajectory S&O	87.50%	88.30%	88.80%	90%	90%	90.70%	91.40%	92.10%	92.90%	93.60%
S&O All Types	88.60%	89.77%	90.92%	87.98%	93.84%	91.49%	92.11%	93.73%	90.90%	88.59%





The CCG has updated the targets that are within Cheshire & Merseyside 5 Year Forward View (STP) accordingly. A clinical services plan is being put in place, redesigning all pathways taking account of previous advice from NHSE's Emergency Care Intensive Support Team.

Southport & Ormskirk's performance against the 4-hour target for January reached 88.59%, which failed the Cheshire & Merseyside 5 Year Forward View (STP) plan of 93.6%. Year to date they are under plan, achieving 90.78%. Across the month, there was a 6.5% increase in overall Emergency Department attendances (compared to January 2016) and a large number of these were over the age of 75. Flow remains a significant challenge across the site with additional escalation areas opened and in use to maintain patient safety. A number of areas internally and externally were affected as a result of infection control issues; the stroke unit had confirmed norovirus, a number of wards had confirmed

flu, and a number of care homes in the community (including mental health) had beds closed due to D&V. The North Mersey A&E Delivery Board has hosted daily teleconferences across the whole urgent care system to try and release pressures at the acute front door.

Ward discharges are significantly lower than January 2016 (reduction of 19%) with a number of areas seeing a significant increase in length of stay (particularly FESS from ALOS 9 days Jan 2016 to 13 days in Jan 2017). The final ECIP report has been received and the former SRG meeting has reformed with launch meetings taking place 15/2/17.

The Trust has recognised that the plans put in place for winter (e.g. Bluebell ward) have not had the impact on performance that was anticipated when the plans were devised.

4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(CCG)** (Cumulative)	16/17 - Jan	75%	70.61%	↓	The CCG is under the 75% target year to date achieving 70.61%. In January, out of 37 incidents there were 12 breaches (66.67%).
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(CCG)** (Cumulative)	16/17 - Jan	75%	61.48%	↔	The CCG was under the 75% target year to date reaching 61.48%. In January, out of 617 incidents there were 254 breaches (58.89%).
Ambulance clinical quality - Category 19 transportation time **(CCG)** (Cumulative)	16/17 - Jan	95%	84.19%	↔	The CCG was under the 95% target year to date reaching 84.19%. In January out of 654 incidents there were 534 breaches (81.66%).
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(NWAS)** (Cumulative)	16/17 - Jan	75%	68.29%	↓	NWAS reported under the 75% target year to date reaching 68.29%. January reaching 61.79%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(NWAS)** (Cumulative)	16/17 - Jan	75%	62.75%	↓	NWAS failed to achieve the 75% target year to date reaching 62.75%. Hanuary reaching 58.78%.
Ambulance clinical quality - Category 19 transportation time **(NWAS)** (Cumulative)	16/17 - Jan	95%	88.98%	↓	NWAS failed to achieve the 95% target year to date reaching 88.98%. January reaching 85.74%.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - **Southport & Ormskirk**	16/17 - Jan	0	150	↑	The Trust recorded 150 handovers between 30 and 60 minutes, this is a decline on last month when 144 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - **Southport & Ormskirk**	16/17 - Jan	0	157	↑	The Trust recorded 157 handovers over 60 minutes, this is also an increase on last month when 69 was reported.

Southport & Formby CCG failed to achieve all 3 indicators year to date (see above of number of incidents/breaches).

At both a regional and county level, NWAS failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets.

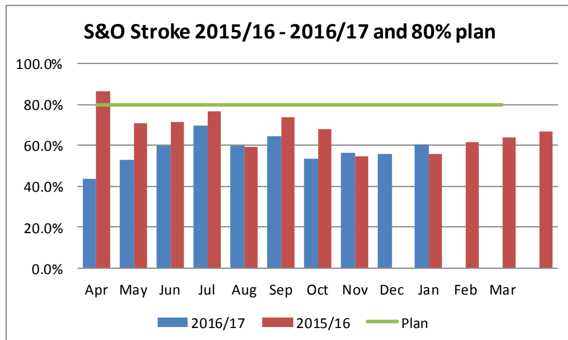
The Trust has signed up to the ambulance concordat across Cheshire and Mersey to deliver sustained improvement in handover performance across organisations.

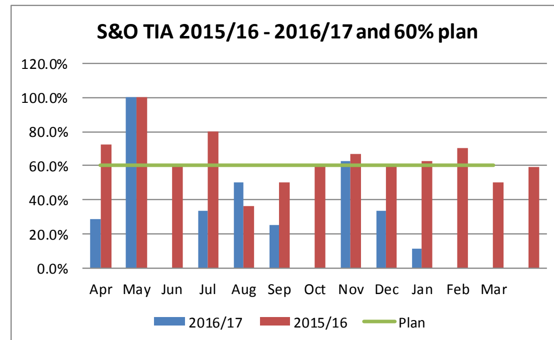
In line with the decrease in performance against the 4-hour target, there was a similar decrease in the Trust's ability to manage ambulance handovers. Investment has been made to increase nursing capacity to ensure that patients are triaged on arrival, however the department continues to experience delays in being able to offload ambulances during periods of high demand and exit blocks out of ED. Patients do continue to have routine observations undertaken whilst awaiting handover.

4.3 Unplanned Care Quality Indicators

4.3.1 Stroke and TIA Performance

Stroke/TIA					
% who had a stroke & spend at least 90% of their time on a stroke unit **(Southport & Ormskirk)**	16/17 - Jan	80%	60.70%	↑	The Trust failed the 80% target in January with only 17 out of 28 patients spending 90% of their time on a stroke unit.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours **(Southport & Ormskirk)**	16/17 - Jan	60%	11.10%	↓	During January 2017, there were 9 reportable cases of TiA. 8 of them were breaches, the main reasons for the breaches were patients had symptoms for more than 7 days and were therefore not deemed as high risk and clinic slot availability.





Southport & Ormskirk failed the stroke target in January with only 17 out of 28 patients spending 90% of their time on a stroke unit. There was marginal improvement in performance against this indicator for January. The configuration of the stroke unit with 3 bays remains a challenge in meeting male/ female demand. A decision is awaited regarding capital funding to convert a bay to side rooms to meet and manage male/female demand, whilst ensuring that there are sufficient side rooms to meet IP&C requirements for repatriation from other Units.

There have also been discussions regarding the future of hyper acute stroke with a clinical meeting between the teams at Aintree and the Royal taking place on 14/02/17.

4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(CCG)**	16/17 - Jan	0.00	0.00	↓
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(Southport & Ormskirk)**	16/17 - Jan	0.00	1.10	↑

January saw Southport & Ormskirk fail Mixed Sex Accommodation. In month the trust had a total of 6 mixed sex accommodation breaches (a rate of 1.1) and have therefore breached the zero tolerance threshold. All of the 6 breaches were for West Lancashire CCG patients. Year to date there have been 58 breaches.

Every effort is made to ensure as soon a as a patient has been deemed fit for transfer to acute ward, that this is done in a timely way. This is monitored through the 3 x daily escalation meetings. Current bed pressures have unfortunately caused these delays.

4.3.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) **(CCG)**	16/17 - Jan	29	27	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) **(Southport & Ormskirk)**	16/17 - Jan	30	17 (10 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(CCG)**	16/17 - Jan	0	2	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(Southport & Ormskirk)**	16/17 - Jan	0	1	↔

There were 2 new cases of Clostridium Difficile attributed to the CCG in January, reported by Southport & Ormskirk Hospital Trust. For Southport & Ormskirk year to date the Trust has had 17 cases (7 upheld), against a plan of 29, so is under plan.

A new case of MRSA was reported in January for the CCG making 2 year to date. (Please note 3 cases are showing on the HCAI database, awaiting refreshed information to be updated, as 3rd case is assigned to Kingston Hospital NHS Trust). For the case in August, a PIR was been held the conclusion of the meeting was to test the current PHS assignment process by assigning this as a third party incident due to the unique nature of the case.

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4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - Nov	100	99.12	↔
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q1	100	107.30	

HSMR is reported for July 2016 rolling 12 month figure. July 2016 HSMR = 90.89. Expected Deaths = 51.71, Observed Deaths = 47. Annual Rolling HSMR = 99.12.

The latest SHMI published (in June 2016) is for the period January - December 2015 and whilst it is above expected, it is not statistically significantly so and in the "as expected" range. We have received no further update for the mortality indicators.

4.4 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 10.

There are 242 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 93 of these incidents apply to Southport & Formby CCG patients. 149 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 62 of these being Southport & Formby CCG patients.

Southport and Ormskirk Hospitals NHS Trust have 149 open serious incidents on StEIS, 62 involving Southport and Formby CCG patients, 74 involve West Lancashire CCG patients. 100 incidents are pressure ulcers with 36 occurring year to date, 42 of the 100 pressure ulcers apply to Southport and Formby CCG patients. The composite pressure ulcer action plan is due to be finalised and will be included at the next Collaborative Commissioning Forum (CCF) followed by the CQPG in March for approval. 116 incidents remain open on StEIS >100 days for the Trust; 100 of these are pressure ulcers. On agreement of the action plan it is anticipated pressure ulcers will be closed with the exception of 1 for each area (S&F community, S&O hospital and 1 within West Lancashire CCG community). Going forward, monitoring of the action plan will occur at CQPG meetings.

NHS England Cheshire and Merseyside (NHS E C&M) have noted a rise in the number of surgical never events across the C&M foot print. NHS E C&M intend to schedule an event in May 2017 with CCGs and providers to look at how this can be addressed. The Trust will be invited to attend.

Serious Incidents Open for Southport and Ormskirk Hospitals NHS Trust

Year	Provider	No of Open Incidents	
2014	GP Practice within Southport and Formby	2	5
	GP Practice within West Lancashire	3	
2015	GP Practice within Liverpool	1	62
	GP Practice within South Sefton	3	
	GP Practice within Southport and Formby	25	
	GP Practice within West Lancashire	33	

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2016	GP Practice within Knowsley	1	79
	GP Practice within South Sefton	4	
	GP Practice within Southport and Formby	33	
	GP Practice within St Helens	1	
	GP Practice within West Lancashire	37	
	GP Practice within Wigan	1	
	GP Practice within Tameside & Glossop	1	
	GP Practice within Cumbria	1	
2017	GP Practice within Southport and Formby	2	3
	GP Practice within West Lancashire	1	

Merseycare NHS Foundation Trust – 19 open incidents on StEIS for Southport and Formby CCG patients with 18 open >100 days. 1 serious incident was reported in January for an S&F CCG patient making a total of 18 year to date. 1 incident reported in June relates to Secure Services which are managed by NHS England Specialist Commissioning.

4.5 Delayed Transfers of Care

Delayed transfers of care data is sourced from the NHS England website. The data is submitted by NHS providers (acute, community and mental health) monthly to the Unify2 system.

Delayed Transfers of Care (DTOC's) decreased to 4 during January 2017 from 6 in December, a decrease of 25%. 3 of the 4 delays were for patient or family choice.

Analysis of delays in January 2017 compared to January 2016 shows an increase in the number of patients waiting (50%).

Delayed Transfers of Care April 2015 – January 2017

	2015-16												2016-17									
Reason For Delay	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
A) COMPLETION ASSESSMENT	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1	0	1
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	0	0	0	0	1	1	1	1	0	1	1	1	1	0	0	0	2	0	1	1	0	0
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	1	0	0	1	1	0	0	0	1	0	0	0	1	0	0	1	0	0	0	0
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	1	1	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	1	0	0	1	0	0	0	1	0	0	1	0	0	0	0
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	0	1	1	0	0	0
G) PATIENT OR FAMILY CHOICE	1	1	0	0	0	7	2	2	1	1	4	4	3	3	4	4	1	1	7	5	6	3
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	**2**	**1**	**1**	**1**	**1**	**9**	**4**	**5**	**1**	**2**	**7**	**5**	**4**	**5**	**7**	**7**	**3**	**4**	**13**	**8**	**6**	**4**

In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the system the Commissioning lead for Urgent Care participates in a weekly meeting to review all patients who are medical fit for discharge and are delayed. This is in conjunction with acute trust, community providers and Local Authority.

At times of severe pressure and high escalation the CCG Urgent Care lead participates in a system wide teleconference, which incorporates all acute trusts within the North Mersey AED delivery board, NWAS, local authorities, intermediate care providers, community care providers and NHSE to work collaboratively and restore patient flow.

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Further plans to support the reduction of delayed transfers of care are being discussed within the CCG and include a comprehensive review of at least one DTOC each week with the aim of identifying key points of learning and improve future systems and processes.

The CCG is currently reviewing intermediate care services (ICB) to ensure sufficient capacity exists to expedite appropriate discharges at the earliest opportunity. Transitional beds are discussed between the acute provider, local authority and the CCG and agreed on an individual patient basis to facilitate early discharge to the most appropriate community setting.

4.6 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores
Southport & Ormskirk Hospitals NHS Trust

Latest Month: Jan-**17**

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	12.3%	0.5%		87%	53%		7%	28%	

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 response rates.

The Trust A&E department has seen a decrease in the percentage of people who would recommend the service from 61% in December to 53% in January. This is lower than the England average. The percentage not recommending has also decreased from 33% to 28% in January, however this still remains above the England average.

Friends and Family is a standard agenda item at the Clinical Quality Performance Group (CQPG) meetings. A Trust presentation of their new Patient and Carer Experience Strategy along with an FFT update is planned for the April CQPG. Plans will be for the Trust to deliver the same update to EPEG following this. The new Deputy Director of Nursing, Midwifery and Governance is developing the strategy but as yet is not complete.

The CCG Engagement and Patient Experience Group (EPEG) have sight of the Trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience is being addressed.

EPEG has created a dashboard to incorporate information available from FFTs, complaints and compliments with the aim to monitor patient experience from all acute and community providers.

4.7 Unplanned Care Activity & Finance, All Providers

4.7.1 All Providers

Performance at Month 10 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £1m/4%.This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £651k overspend.

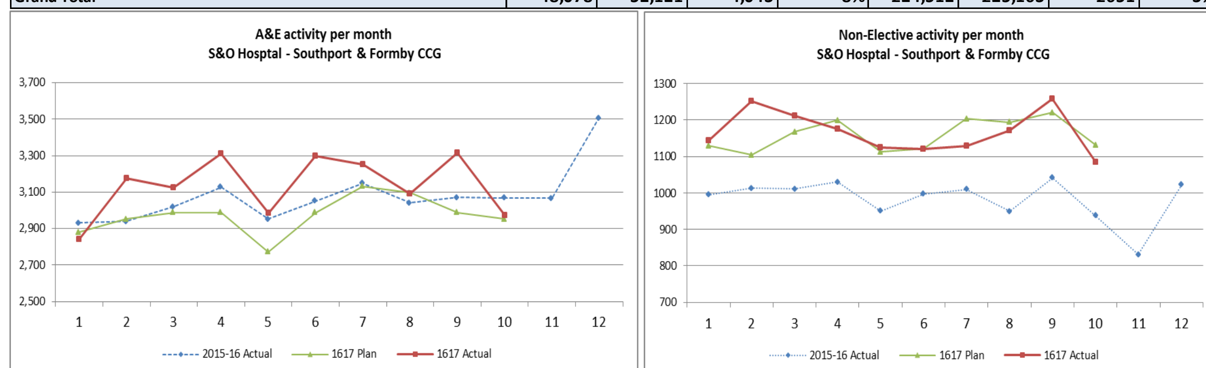
Figure 18 - Month 10 Unplanned Care – All Providers

ALL Providers (PBR & Non PBR. PBR for S&O)	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	1,509	1,579	70	5%	£779	£1,037	£258	33%
Alder Hey Childrens NHS F/T	709	816	107	15%	£352	£390	£37	11%
Central Manchester University Hospitals Nhs Foundation Trust	73	64	-9	-13%	£25	£7	-£18	-72%
Countess of Chester Hospital NHS Foundation Trust	0	45	45	0%	£0	£18	£18	0%
Liverpool Heart and Chest NHS F/T	101	113	12	12%	£318	£336	£18	6%
Liverpool Womens Hospital NHS F/T	274	213	-61	-22%	£291	£251	-£40	-14%
Royal Liverpool & Broadgreen Hospitals	1,165	1,258	93	8%	£662	£690	£28	4%
Southport & Ormskirk Hospital	48,078	52,121	4,043	8%	£24,512	£25,163	£651	3%
ST Helens & Knowsley Hospitals	345	450	105	30%	£175	£213	£39	22%
Wirral University Hospital NHS F/T	93	65	-28	-30%	£37	£41	£4	11%
Wrightington, Wigan And Leigh Nhs Foundation Trust	52	75	23	45%	£44	£56	£12	28%
Grand Total	**52,400**	**56,799**	**4,399**	**8%**	**£27,196**	**£28,203**	**£1,007**	**4%**

4.7.2 Southport and Ormskirk Hospital NHS Trust

Figure 19 - Month 10 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Unplanned Care	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	30,414	32,481	2,067	7%	£4,047	£4,605	£558	14%
A and E Type 3	1,362	1,816	454	33%	£80	£103	£23	28%
NEL/NELSD - *Non Elective/Non Elective IP Same Day*	9,341	9,525	184	2%	£16,730	£16,794	£64	0%
NELNE - *Non Elective Non-Emergency*	906	1,275	369	41%	£1,714	£1,542	-£172	-10%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	145	153	8	6%	£47	£42	-£5	-11%
NELST - *Non Elective Short Stay*	1,333	1,289	-44	-3%	£936	£899	-£37	-4%
NELXBD - *Non Elective Excess Bed Day*	4,577	5,582	1,005	22%	£959	£1,179	£220	23%
Grand Total	**48,078**	**52,121**	**4,043**	**8%**	**£24,512**	**£25,163**	**£651**	**3%**



4.7.2 Southport & Ormskirk Hospital NHS Trust Key Issues

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Urgent care currently over spent by £650k across PbR and Non-PbR elements of the contract. The main driver behind the over performance is Non-Elective PbR admissions which is currently £547k over plan. This is mainly due to General Medicine with activity (7%) and spend (12%) above the same period last year. The main HRGs driving the NEL over performance are Respiratory and Pneumonia related disorders.

Throughout the year, urgent care elements of the contract have over performed against the plan with the focus on emergency admissions, A&E attendances and excess bed days. Activity for emergency admissions has remained fairly level with the plan and last year's levels whereas cost has increased. This is due to the higher number of patients over 60yrs admitted which in turn has increased the average length of stay and as such, the excess bed day's rate has uplifted.

Work currently undertaken through the information sub group to understand better the affects this is having on the Trust and audits complied as to the nature of why patients are having a longer length of stay.

Accident and Emergency attendances at the Trust site remains above plan for the year with only April and January showing a reduction for the same period compared with 2015/16.

4.8 Aintree and University Hospital NHS Trust

Figure 20 Month 10 Unplanned Care – Aintree University Hospital NHS Trust by POD

Aintree University Hospital Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
AandE	684	918	234	34%	£84	£112	£27	32%
NEL - *Non Elective*	268	392	124	46%	£516	£792	£275	53%
NELNE - *Non Elective Non-Emergency*	17	17	0	1%	£39	£49	£10	27%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	84	65	-19	-23%	£18	£14	-£4	-23%
NELST - *Non Elective Short Stay*	67	71	4	6%	£40	£47	£7	18%
NELXBD - *Non Elective Excess Bed Day*	389	116	-273	-70%	£82	£24	-£58	-70%
Grand Total	**1,509**	**1,579**	**70**	**5%**	**£779**	**£1,037**	**£258**	**33%**

4.8.1 Aintree University Hospital NHS Trust Key Issues

Urgent Care over spend of £258k is driven by a £275k over performance in Non Elective costs. The main specialty over performance is Acute Medicine and Diabetic Medicine which is showing a £66k over spend. Further analysis of this has shown that there is a 49% increase in activity at Aintree this year with the higher proportion of those patients costs recorded against a nil plan. Further analysis of this activity is being undertaken to understand the flows of these patients.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 21 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

	NHS Southport and Formby CCG			
PBR Cluster	Caseload as at 31/01/2017	2016/17 Plan	Variance from Plan	Variance on 31/01/2016
0 Variance	46	41	5	7
1 Common Mental Health Problems (Low Severity)	2	3	(1)	(1)
2 Common Mental Health Problems (Low Severity with greater need)	3	11	(8)	(7)
3 Non-Psychotic (Moderate Severity)	80	174	(94)	(93)
4 Non-Psychotic (Severe)	218	156	62	61
5 Non-psychotic Disorders (Very Severe)	35	29	6	5
6 Non-Psychotic Disorder of Over-Valued Ideas	26	22	4	4
7 Enduring Non-Psychotic Disorders (High Disability)	137	112	25	17
8 Non-Psychotic Chaotic and Challenging Disorders	75	65	10	9
10 First Episode Psychosis	69	65	4	4
11 On-going Recurrent Psychosis (Low Symptoms)	255	291	(36)	(23)
12 On-going or Recurrent Psychosis (High Disability)	191	153	38	31
13 On-going or Recurrent Psychosis (High Symptom & Disability)	100	100	-	-
14 Psychotic Crisis	18	11	7	7
15 Severe Psychotic Depression	5	6	(1)	(2)
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	13	10	3	5
17 Psychosis and Affective Disorder – Difficult to Engage	27	26	1	2
18 Cognitive Impairment (Low Need)	207	244	(37)	(25)
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	678	787	(109)	(81)
20 Cognitive Impairment or Dementia Complicated (High Need)	301	202	99	112
21 Cognitive Impairment or Dementia (High Physical or Engagement)	73	53	20	25
Cluser 99	213	123	90	97
Total	2,772	2,684	88	154

5.1.1 Key Mental Health Performance Indicators

Figure 22 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	85%

There were 2 breaches out of a total of 13 CPA discharges these were due to one service user being discharged due to admission into an acute hospital bed. The second breach was subsequently identified as being followed up on the same day of discharge.

Figure 23 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	67%

The CPA Follow up 2 day (48 hours) for higher risk groups is a local KP related to a cohort of service users within the national 7 day CPA follow up target group and the breaches identified above will relate to those breaching services users identified above.

Figure 24 - Figure 16 EIP 2 week waits

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	50%	50%	50%	0.00%	50%	50%	50%	67%	100%	50%
Rolling Quarter				50%	0%	40%	43%	50%	60%	71%	50%

5.1.2 Mental Health Contract Quality Overview

Commissioners continue to be involved in the Trust's review of the acute care pathway (including crisis). This initial scoping and gathering of evidence and intelligence is expected to be completed by March 2017. The review will consider system wide issues that impact on the effective delivery of the acute care pathway, these will include pathways in and out of the Mersey Care services and the interfaces with other providers and partners and will recommend models for each of the Mersey Care services (e.g. Access Service, A&E Liaison, Community Mental Health Teams), functions in the pathway (Stepped Up Care, Bed Management, Single Point of Access) and specialist pathways (e.g. personality disorder pathway, in-patient pathway).

The recommendations from the Review will be considered by both Mersey Care NHS Foundation Trust and the North Mersey Transformation. If accepted, the implementation of the recommendations will form a key area of work for both the Trust and the Transformation Board to begin from 2017/18 onwards.

At the February 2017 CQPG, the CCG raised concerns regarding the underperformance in relation to the 'timeliness of GP Communications / Discharge Letters, since this KPI stopped being a CQUIN, the Trust has failed to meet the targets. A meeting was held with the Trust in December 2016 to discuss the underperformance in relation to GP communication KPIs, in South Sefton and Southport & Formby CCGs. The Trust confirmed that there are issues particularly from the Clock View site regarding timeliness of discharge summaries due to clinical staffing capacity. The Trust has added this to their Risk Register. The roll out of the RIO clinical IT system should have a positive impact on performance. However, the Trust confirmed that the RIO roll out has been put on hold due to 'technical issues' The CCGs are awaiting correspondence from Mersey Care that will provide more detail concerning this delay. Performance will continue to be monitored via the CQPG and a full report and action will be requested for submission at the February 2017 CQPG.

5.2 Improving Access to Psychological Therapies

Figure 25 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National defininiton of those who have entered into treatment	2015/16	103	96	130	164	104	123	128	165	191	216	186	176
	2016/17	201	195	180	167	162	150	201	188	140	217		
2016/17 approx. numbers required to enter treatment to meet monthly Access target of 1.3%	*Target*	*240*	*240*	*240*	*240*	*240*	*240*	*240*	*240*	*240*	*240*	*240*	*240*
	Variance	*-39*	*-45*	*-60*	*-73*	*-78*	*-90*	*-39*	*-52*	*-100*	*-23*		
	%	*-16.4%*	*-18.9%*	*-25.1%*	*-30.5%*	*-32.6%*	*-37.6%*	*-16.4%*	*-21.8%*	*-41.8%*	*-9.7%*		
Access % ACTUAL *- Monthly target of 1.3%* *- Year end 15% required*	2015/16	0.5%	0.5%	0.7%	0.9%	0.5%	0.6%	0.7%	0.9%	1.0%	1.1%	1.0%	0.9%
	2016/17	1.1%	1.0%	0.9%	0.9%	0.8%	0.8%	1.1%	1.0%	0.7%	1.1%		
Recovery % ACTUAL *- 50% target*	2015/16	44.3%	61.0%	48.6%	44.4%	58.7%	44.8%	38.2%	38.3%	55.4%	47.3%	51.1%	47.7%
	2016/17	50.5%	50.5%	50.9%	46.9%	46.2%	43.5%	51.4%	48.0%	43.5%	48.4%		
ACTUAL % 6 weeks waits *- 75% target*	2015/16	97.9%	98.8%	96.8%	91.3%	97.6%	95.2%	96.8%	98.3%	97.6%	97.0%	98.0%	97.8%
	2016/17	98.1%	99.0%	96.1%	94.8%	97.6%	98.4%	100.0%	100.0%	97.5%	100.0%		
ACTUAL % 18 weeks waits *- 95% target*	2015/16	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%
	2016/17	100.0%	100.0%	100.0%	100.0%	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%		
National definition of those who have completed treatment (KPI5)	2015/16	95	85	78	99	83	93	79	115	86	101	98	95
	2016/17	115	111	114	101	96	136	124	137	122	97		
National definition of those who have entered Below Caseness (KPI6b)	2015/16	7	8	6	9	8	6	3	8	12	8	8	7
	2016/17	8	10	4	3	3	5	15	12	7	4		
National definition of those who have moved to recovery (KPI6)	2015/16	39	47	35	40	44	39	29	41	41	44	46	42
	2016/17	54	51	56	46	43	57	56	60	50	45		
Referral opt in rate (%)	2015/16	94.8%	90.1%	80.0%	70.6%	77.5%	70.1%	68.0%	67.0%	71.8%	82.0%	82.0%	82.0%
	2016/17	93.7%	88.9%	87.4%	87.9%	88.0%	83.4%	86.1%	88.9%	80.1%	82.6%		

The provider (Cheshire & Wirral Partnership) reported 217 Southport & Formby patients entering treatment in Month 10. This is an increase from the previous month when 140 patients entered treatment and is also the highest monthly total of 2016/17 to date. Activity in the month is comparable to the equivalent period in 2015/16 but despite the highest number of patients entering treatment being reported, the access rate remained below the required standard. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn of 11.3% against the 15% standard. This would represent an improvement to 2015/16 when Southport & Formby CCG reported a year end access rate of 9.3%.

Referrals increased in Month 10 by 51% with a total of 281, which is the highest total of 2016/17 to date. 55% of these were self-referrals. Marketing work has been carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals increased but remained low with 71 reported in Month 10 (against a monthly average of 102 in 2015/16). Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery increased to 48.4% (from 43.5%). This fails to meet the minimum standard of 50%. A forecast outturn at Month 10 gives a year end position of 47.9% which

would fail to meet the minimum standard (and would be directly comparable with a year-end position for 2015/16).

Cancelled appointments by the provider saw a sharp increase in Month 10 with 67 reported against 23 in the previous month (an increase of 191%). The provider has previously stated that cancellations could be attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs increased slightly from 65 in Month 9 to 71 in Month 10. The provider has commented that the DNA policy has been reviewed with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

To date in 2016/17, 98% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%). The provider has achieved the monthly RTT targets throughout 2015/16 and in the ten months of 2016/17 for Southport & Formby CCG.

5.3 Dementia

Summmary for NHS Southport and Formby dementia registers at 31-01-2017

People Diagnosed with Dementia (Age 65+)	1,532
Estimated Prevalence (Age 65+)	2,148
Gap - Number of addition people who could benefit from diagnosis (all ages)	656
NHS Southport and Formby - Dementia Diagnosis Rate (Age 65+)	71.3%
National estimated Dementia Diagnosis Rate	67.4%
Target	67.0%

Latest guidance from Operations and Guidance Directorate NHS England has confirmed that following a review by NHS Digital a decision has been made to change the way the dementia diagnosis rate is calculated for April 2017 onwards. The new methodology is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach.

The latest data on the NHS England site (in the above table) is not using the new methodology until April 2017, hence a lower rate than the new methodology will show.

6. Community Health

6.1 Southport and Ormskirk Trust Community Services

EMIS Migration

The Trust has migrated over from the old IPM clinical system to EMIS. However due to the contract transferring over to a different provider for June 2017 onwards, they did not commence phase 2 of this migration. Phase 2 was meant to ensure that all services were recording data properly and allow for any variances from previous activity to be investigated and accounted for. Due to limited staffing and the implementation of MCAS taking priority, phase 2 was delayed.

New Community Provider

The Trust is currently liaising with the new community provider, Lancashire Care, to arrange to share their licence for EMIS for a temporary period. Although concerns over information governance issues have been raised with regards to this proposal, it has been agreed that this is the only safe option for patients, to ensure that no records are lost during the handover. However this will mean that the level of detail in terms of reporting will be limited to basic information reporting such as contacts and referrals. The proposal will be for 6 months and in the meantime the receiving organisation, Lancashire Care, will be expected to take steps towards getting their own instance of EMIS.

Members of both the CCG BI team and the new provider's BI team have met on a couple of occasions to establish relationships and form an information sub group, which will be a monthly meeting where any data quality issues can be raised by either party. Initial discussions have been around improving on existing reports, firstly by making sure the quality of the data is to a high standard, and eventually moving towards creating new activity plans, waiting times targets, and key performance indicators.

A Quality handover process is being discussed the CCF to ensure the CCG's concerns are addressed at the new CQPGs in 17/18.

6.1.1 Any Qualified Provider

Southport & Ormskirk Hospital

Podiatry

There have been known issues in Southport & Ormskirk Trust with the recording of Podiatry activity on the new clinic system EMIS, which have been discussed at the information sub group meeting. The issue was with the templates being used on EMIS not being fit for purpose. The Trust has stated that these templates have now been amended so that all required fields for AQP Podiatry can be completed, and this issue should have been rectified from October onwards. However, data cannot be corrected retrospectively for the early months of 16/17. An agreement will have to be made between the Trust and the CCG as to how the Trust will receive payment without this.

Adult Hearing

The Adult Hearing Audiology budget is £248,000.

At month 10 2016/17 the YTD costs are £371,662, compared to £363,854 at the same time last year. Comparisons of activity between the two time periods show that activity is slightly higher in 16/17 at 1,142 compared to 1,024 in 15/16.

The Trust carries out quality checks in the data before they submit. However, they have informed the CCG that due to the complexity of how they collate the dataset, some duplicates still appear, and continue to try to resolve the issue.

MSK

The budget for 2016/17 is £76,000. At month 10 16/17 YTD the costs are £54,982, compared to £43,053 at the same time last year. Comparing activity with last year shows that activity has increased in 16/17 at 362, compared to 287 in 15/16.

6.2 Liverpool Community Health Contract

The Trust continues to deliver this service and send through their usual reports until the new contract with Mersey care commences in June 2017.

6.2.1 Patient DNA's and Provider Cancellations

A number of services have seen a high number of DNA's and Provider cancellations so far in 2016/17.

For patient DNAs, Sefton Physio Service reported a high rate of 15% in Jan-17, a slight improvement on last month's performance. Adult Dietetics is also high this month at 21.8% compared to 19.3% last month, as well as Paediatric Dietetics at 15.7% compared to 20% last month. Total DNA rates at Sefton are green for this month at 8%.

Provider cancellation rates remain relatively static this month with the exception of Paediatric Dietetics reporting an improvement at 2.8% compared to 18.2% last month. Total hospital cancellation rate for Sefton is green at 2.3% this month.

Treatment rooms, Podiatry, Physio, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 10% for January 2017. Total patient cancellations for Sefton have improved slightly in January 2017, decreasing from 11.5% to 10.8%.

6.2.2 Liverpool Community Health Quality Overview

The Trust regularly revises their CQC Action Plan and shared with commissioners, the Trust will be supported with progressing actions up until services are transferred to the new providers. Therapies waiting times are being monitored through the CQC Action Plans at the Collaborative Forum (CF) and CQPG.

A Quality Handover document has been developed with NHSE and stakeholders incorporating the Risk Profile Tool to share with the new community providers, this will be monitored at the new CQPGs. In addition

The following has occurred and continues regarding Quality Handover of LCH services:

- CCG represented at the NHSI Clinical Quality Oversight Group
- Quality Risk Profile Tool has been completed for a final time and agreed with commissioners, regulators and provider (separate agenda item at Quality Committee)
- Enhanced Surveillance document completed by NHSE with input from the CCG
- CCGs attended Quality Handover event on 16th March 2017

6.2.3 Waiting Times

Waiting times are reported a month in arrears. The following issues have arisen in December 2016;

Adult SALT: This service had issues with long waiting times at the beginning of the financial year. The Trust did work to improve this, and waiting times were reduced significantly between July and November 2016. However, December data shows that waiting times are beginning to increase again over the 18 week threshold, with an average (92nd percentile) wait on the incomplete pathway of 19

weeks and an average (95th percentile) wait of 20 weeks on the completed pathway. The longest waiting patient is currently at 22 weeks. 8 patients were breaching the 18 week target at this point compared to just 1 last month.

Physiotherapy: Waiting times have steadily increased over the past 6 months, resulting in this service failing the 18 week target again in December for completed pathways at 25 weeks. However performance on the incomplete pathway has improved from 20 weeks in November to 15 in December with 8 patients over 18 weeks compared to 47 last month. The longest waiter was 1 patient waiting at 28 weeks.

Occupational Therapy: Waiting times on the completed pathways (95th Percentile) have gradually increased over the past 4 months resulting in a breach of the 18 week target. An average of 21 weeks was reported in December, a slight improvement on last month. The longest waiter was at 24 weeks with the number of patients breaching remaining static.

Nutrition & Dietetics: Waiting times on the completed pathways have increased to 20 weeks from the 22 weeks reported in November, therefore this service is still reporting a breach of the 18 week target, whilst the incomplete pathway is still achieving. The longest waiter was at 31 weeks.

Paediatric SALT: A new reporting process has now been set up for this service, and the Trust has begun to report waiting times information from August. In December, on the incomplete pathway the average waiting time (92nd percentile) improved slightly from 36 weeks to 34 weeks, however this is still breaching the 18 week target. The longest waiting patient was waiting at **55 weeks**. This service has consistently breached the 18 week target since it began reporting in August, showing no signs of improvement.

6.3 Any Qualified Provider LCH Podiatry Contract

At month 10 2016/17, the YTD cost for the CCG remains at £651 with 7 attendances and in 2015/16 the costs for the CCG were £306 with activity at 3. Low activity is due to the vast majority of podiatry AQP for this CCG occurring at the Southport and Ormskirk Trust.

7. Third Sector Contracts

Consultations and Impact Assessments are near completion with our Third Sector providers and letters requesting organisational documentation and details have been sent to all in order to enable the population of these NHS Standard Contracts for 2017-18. Commissioners are currently working with providers to tailor service specifications and activity expectations in line with local requirement and CCG plans. It is anticipated that all NHS Standard Contracts for Third Sector providers will be finalised prior to 1st April 2017.

8. Primary Care

8.1 Primary Care Dashboard Progress

Work has been progressing throughout 2016/17 to develop a primary care dashboard to present through the Aristotle business intelligence portal. A draft version of the dashboard is currently being tested and reviewed with clinical leads and primary care leads to assess the content, format and functionality of the report. There are various “views” of the data, for CCG level users to view the

indicators across the CCG area with the ability to drill to locality and practice level. A core set of indicators allowing benchmarking across a number of areas has been produced first (practice demographics, GP survey patient satisfaction, secondary care utilisation rates, CQC inspection status), followed by further indicators and bespoke information to follow in phase II of this dashboard. Another report requiring further development will allow individual practices to review individual patients where the practice may have been identified as an outlier in the benchmarking dashboard. It will allow patients to be identified to support local schemes for example A&E frequent attenders, alcohol related admissions etc.

Once the testing and review process is complete and the dashboard is live in Aristotle, information may be made available to practices in a timely and consistent format to aid locality discussions. 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.

8.2 CQC Inspections

All GP practices in Southport and Formby CCG are visited by the Care Quality Commission. The CQC publish all inspection reports on their website. Below is a table of all the results from practices in Southport & Formby CCG. The latest practice visited was Chapel Lane Surgery, it achieved a "Requires Improvement" rating.

Figure 26 – CQC Inspection Table

Southport & Formby CCG								
Practice Code	**Practice Name**	**Date of Last Visit**	**Overall Rating**	**Safe**	**Effective**	**Caring**	**Responsive**	**Well-led**
N84005	Cumberland House Surgery	27 August 2015	Good	Good	Good	Good	Good	Good
N84013	**Curzon Road Medical Practice**	**n/a**	**Not yet inspected the service was registered by CQC on 1 July 2016**					
N84021	St Marks Medical Center	08 October 2015	Good	Requires Improvement	Good	Good	Good	Good
N84617	Kew Surgery	16 November 2016	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate
Y02610	**Trinity Practice**	**n/a**	**Not yet inspected the service was registered by CQC on 26 September 2016**					
N84006	Chapel Lane Surgery	06 February 2017	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate
N84018	The Village Surgery Formby	10 November 2016	Good	Good	Good	Good	Good	Good
N84036	**Freshfield Surgery**	**n/a**	**Not yet inspected the service was registered by CQC on 11 May 2016**					
N84618	The Hollies	10 May 2016	Good	Requires Improvement	Good	Good	Good	Good
N84008	**Norwood Surgery**	**n/a**	**Not yet inspected the service was registered by CQC on 1 April 2013**					
N84017	Churchtown Medical Center	17 August 2016	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84611	Roe Lane Surgery	27 August 2015	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	15 April 2016	Good	Good	Good	Good	Good	Good
N84614	The Marshside Surgery (Dr Wainwright)	03 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Center	02 December 2016	Good	Good	Good	Good	Good	Outstanding
N84014	Ainsdale Village Surgery	10 December 2015	Good	Good	Outstanding	Good	Outstanding	Requires Improvement
N84024	Grange Surgery	30 January 2017	Good	Good	Good	Good	Good	Good
N84037	**Lincoln House Surgery**	**n/a**	**Not yet inspected the service was registered by CQC on 24 June 2016**					
N84625	**The Family Surgery**	**n/a**	**Not yet inspected the service was registered by CQC on 30 September 2016**					

Key	
	= Outstanding
	= Good
	= Requires Improvement
	= Inadequate
	= Not Rated
	= Not Applicable

9. Better Care Fund

A Better Care Fund monitoring report was submitted to NHS England relating to Quarter 3 of 2016/17. The guidance for BCF 2017/18 is awaited but due for imminent release.

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

A new NHS England improvement and assessment framework for CCGs became effective from the beginning of April 2016, replacing the existing CCG assurance framework and CCG performance dashboard. The new framework aligns key objectives and priorities, including the way NHS England assess and manage their day-to-day relationships with CCGs. In the Government's Mandate to NHS England, the framework takes an enhanced and more central place in the overall arrangements for public accountability of the NHS.

The framework draws together in one place NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership.

A dashboard is released each quarter by NHS England consisting of sixty indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and the dashboard is released for all CCGs nationwide allowing further sharing of good practice.

NHS
Southport and Formby
Clinical Commissioning Group

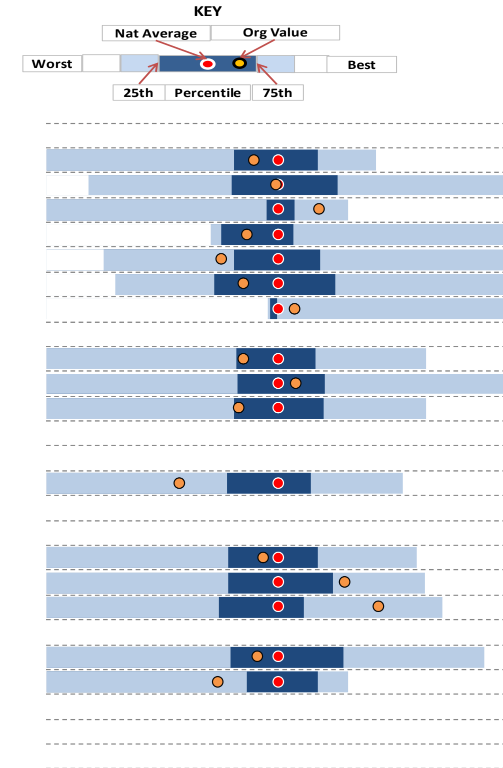
10.2 Q3 Improvement & Assessment Framework Dashboard

Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date

If indicator is highlighted in **BLUE**, this value is in the lowest performance quartile nationally.

KEY
H = Higher
L = Lower
<> = N/A

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...
Better Health					
Maternal smoking at delivery	Q2 16/17	12.6%	10.4%		L
Percentage of children aged 10-11 classified as overweight or obese	2014-15	33.4%	33.2%		L
Diabetes patients that have achieved all the NICE recommended treatment targets:	2014-15	46.8%	39.8%		H
People with diabetes diagnosed less than a year who attend a structured education	2014-15	3.1%	5.7%		H
Injuries from falls in people aged 65 and over	Jun-16	2,421	1,985		L
Utilisation of the NHS e-referral service to enable choice at first routine elective	Sep-16	40.4%	51.1%		H
Personal health budgets	Q2 16/17	45.1	18.7		H
Percentage of deaths which take place in hospital	Q1 16/17	41.2%	47.1%		<>
People with a long-term condition feeling supported to manage their condition(s)	2016	62.2%	64.3%		H
Inequality in unplanned hospitalisation for chronic ambulatory care sensitive	Q4 15/16	853	929		L
Inequality in emergency admissions for urgent care sensitive conditions	Q4 15/16	2,547	2,168		L
Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Sep-16	1.2	1.1		<>
Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in	Sep-16	7.9%	9.1%		<>
Quality of life of carers	2016	0.76	0.80		H
Better Care					
Provision of high quality care	Q3 16/17	51.0			H
Cancers diagnosed at early stage	2014	49.5%	50.7%		H
People with urgent GP referral having first definitive treatment for cancer within 62	Q2 16/17	87.5%	82.3%		H
One-year survival from all cancers	2013	72.8%	70.2%		H
Cancer patient experience	2015	8.7			H
Improving Access to Psychological Therapies recovery rate	Sep-16	46.8%	48.4%		H
People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Nov-16	57.1%	77.2%		H
Children and young people's mental health services transformation	Q2 16/17	35.0%			H
Crisis care and liaison mental health services transformation	Q2 16/17	42.5%			H
Out of area placements for acute mental health inpatient care - transformation	Q2 16/17	12.5%			H



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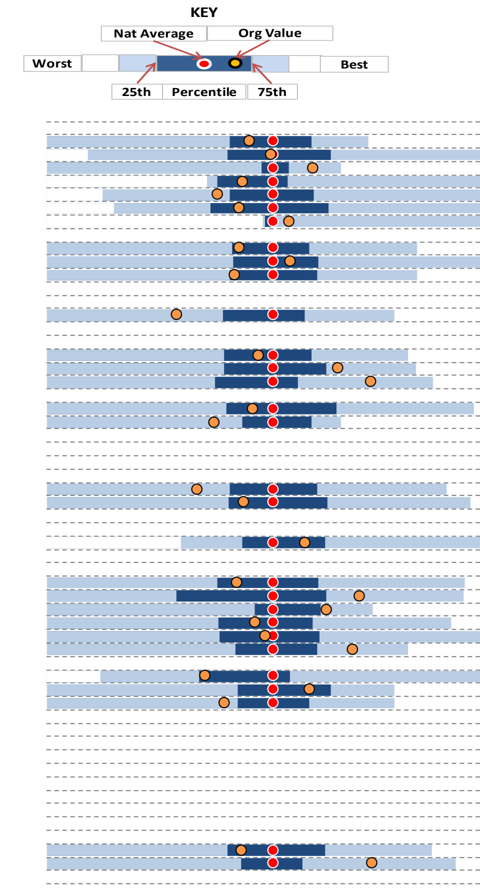
Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date

If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.

KEY
H = Higher
L = Lower
<> = N/A

	Improvement and Assessment Indicators	**Latest Period**	**CCG**	**England**	**Trend**	**Better is...**
▲	Reliance on specialist inpatient care for people with a learning disability and/or autism	Q2 16/17	66			L
◀▶	Proportion of people with a learning disability on the GP register receiving an annual health check	2015/16	25.1%	37.1%		H
◀▶	Neonatal mortality and stillbirths	2014-15	7.9	7.1		L
◀▶	Women's experience of maternity services	2015	71.2			H
◀▶	Choices in maternity services	2015	60.5			H
◀▶	Estimated diagnosis rate for people with dementia	Nov-16	72.4%	68.0%		H
▼	Dementia care planning and post-diagnostic support	2015/16	75.5%			H
◀▶	Achievement of milestones in the delivery of an integrated urgent care service	August 2016	4			H
▼	Emergency admissions for urgent care sensitive conditions	Q4 15/16	2,619	2,359		L
▲	Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Nov-16	93.2%	88.4%		H
▼	Delayed transfers of care per 100,000 population	Nov-16	7.9	15.0		L
▲	Population use of hospital beds following emergency admission	Q1 16/17	1.1	1.0		L
▼	Management of long term conditions	Q4 15/16	820	795		L
▲	Patient experience of GP services	H1 2016	90.4%	85.2%		H
◀▶	Primary care access	Q3 16/17	0.0%			H
◀▶	Primary care workforce	H1 2016	0.9	1.0		H
▼	Patients waiting 18 weeks or less from referral to hospital treatment	Nov-16	92.2%	90.6%		H
▲	People eligible for standard NHS Continuing Healthcare	Q2 16/17	63.8	46.2		<>
	Sustainability					
◀▶	Financial plan	2016	Red			<>
◀▶	In-year financial performance	Q2 16/17	Red			<>
◀▶	Outcomes in areas with identified scope for improvement	Q2 16/17	50.0%			H
▼	Expenditure in areas with identified scope for improvement	Q2 16/17	0.0%			H
◀▶	Local digital roadmap in place	Q3 16/17	Yes			<>
▲	Digital interactions between primary and secondary care	Q3 16/17	71.4%			H
◀▶	Local strategic estates plan (SEP) in place	2016-17	Yes			<>
	Well Led					
◀▶	Probity and corporate governance	Q2 16/17	Fully compliant			H
◀▶	Staff engagement index	2015	3.8	3.8		H
◀▶	Progress against workforce race equality standard	2015	0.0	0.2		L
◀▶	Effectiveness of working relationships in the local system	2015-16	69.8			H
◀▶	Quality of CCG leadership	Q2 16/17	Amber			<>



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Appendix – Summary Performance Dashboard

Southport And Formby CCG - Performance Report 2016-17

Metric	Reporting Level		2016-17 Q1 Apr	May	Jun	Q2 Jul	Aug	Sep	Q3 Oct	Nov	Dec	Q4 Jan	Feb	Mar	YTD
Preventing People from Dying Prematurely															
Cancer Waiting Times															
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	G	G	G	G	R	G	R	G	G	G			G
		Actual	97.27%	94.33%	94.56%	94.70%	92.08%	95.43%	92.35%	94.09%	94.66%	94.82%			94.423%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY) The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG		G			G			G					G
		Actual		95.297%			93.974%			93.72%					94.378%
		Target		93.00%			93.00%			93.00%			93.00%		93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	G	R	R	R	G	G	R	G	G	G			R
		Actual	100.00%	80.56%	80.00%	90.91%	98.21%	95.83%	91.23%	95.31%	95.65%	93.33%			92.781%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG		R			G			G					R
		Actual		86.607%			95.27%			93.976%					92.488%
		Target		93.00%			93.00%			93.00%			93.00%		93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G	G	G	G	R	G	G	G			G
		Actual	98.59%	96.05%	98.96%	97.30%	98.81%	96.55%	93.55%	98.61%	100.00%	97.18%			97.674%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG		G			G			G					G
		Actual		98.35%			97.69%			97.54%					97.885%
		Target		96.00%			96.00%			96.00%			96.00%		96.00%

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26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%			100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G			G			G						G
		Actual	100.00%			100.00%			100.00%						100.00%
		Target	94.00%			94.00%			94.00%			94.00%			94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G	G	G	R	G	G	G			G
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.00%	100.00%	100.00%	100.00%			99.479%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G			G			G						G
		Actual	100.00%			100.00%			98.63%						99.355%
		Target	98.00%			98.00%			98.00%			98.00%			98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	100.00%	100.00%	100.00%	100.00%	95.00%	96.67%	95.83%	94.74%	100.00%	100.00%			97.826%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G			G			G						G
		Actual	100.00%			96.49%			96.49%						97.059%
		Target	94.00%			94.00%			94.00%			94.00%			94.00%
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	G	R	R	G	G	R	R	G	R	G			R
		Actual	88.57%	70.73%	80.85%	94.12%	85.71%	83.33%	83.33%	86.84%	80.00%	88.24%			84.00%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R			G			R						R
		Actual	80.80%			87.50%			84.15%						84.013%
		Target	85.00%			85.00%			85.00%			85.00%			85.00%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	G	G	R	R	G	G	G	G	G			G
		Actual	100.00%	100.00%	100.00%	66.67%	85.71%	100.00%	100.00%	100.00%	100.00%	100.00%			95.122%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Indicator	Organisation	Measure													YTD
1886: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (QUARTERLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G			R			G						G
		Actual	100.00%			80.00%			100.00%						94.444%
		Target	90.00%			90.00%			90.00%			90.00%			90.00%
541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG													
		Actual	85.71%	88.89%	84.21%	80.95%	100.00%	77.78%	86.67%	81.82%	90.00%	90.00%			85.938%
		Target													
1878: % of patients receiving treatment for cancer within 62 days upgrade their priority (QUARTERLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority	Southport And Formby CCG	RAG													
		Actual	85.366%			82.50%			86.486%						84.746%
		Target													

Ambulance

Indicator	Organisation	Measure													YTD
1887: Category A Calls Response Time (Red1) Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	G	R	R	R	R	R	R	R	R	R			R
		Actual	76.47%	74.28%	73.06%	70.45%	72.60%	69.49%	64.59%	62.80%	61.63%	61.79%			68.289%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	Southport And Formby CCG	RAG	R	G	G	R	R	G	R	R	R	R			R
		Actual	55.56%	86.50%	76.90%	66.67%	67.50%	77.42%	71.74%	67.65%	70.00%	66.67%			70.611%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	67.46%	66.26%	66.20%	62.69%	65.25%	61.75%	63.05%	60.35%	57.31%	58.78%			62.746%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	65.29%	67.40%	61.70%	57.90%	61.87%	61.18%	63.13%	62.05%	56.97%	58.89%			61.481%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	92.01%	91.47%	91.49%	89.81%	91.09%	89.04%	88.23%	86.79%	85.42%	85.74%			88.983%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	89.19%	87.40%	82.50%	80.67%	85.69%	84.01%	87.65%	82.81%	81.55%	81.66%			84.189%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

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Measure	Provider		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD
1932: Ambulance: 30 minute handover delays Number of ambulance handover delays over 30 minutes	ORMSKIRK & DISTRICT GENERAL HOSPITAL	RAG													
		Actual	0	1	0	0	1	0	4	0	1	0			7
		Target													
	SOUTHPORT & FORMBY DISTRICT GENERAL HOSPITAL	RAG													
		Actual	275	298	192	309	179	236	170	134	213	307			2,313
		Target													
1933: Ambulance: 60 minute handover delays Number of ambulance handover delays over 60 minutes	ORMSKIRK & DISTRICT GENERAL HOSPITAL	RAG													
		Actual	0	0	0	0	0	0	0	0	0	0			0
		Target													
	SOUTHPORT & FORMBY DISTRICT GENERAL HOSPITAL	RAG													
		Actual	173	134	71	172	65	107	60	57	69	157			1,065
		Target													

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

Measure	Provider		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD
138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G			G			G						G
		Actual	100.00%			100.00%			100.00%						100.00%
		Target	95.00%			95.00%			95.00%			95.00%			95.00%

Episode of Psychosis

Measure	Provider		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD
2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	66.667%	100.00%	50.00%			56.00%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

Ensuring that People Have a Positive Experience of Care

EMSA

Measure	Provider		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD
1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	G	R	R	R	R	G			R
		Actual	11	5	2	5	0	2	1	2	2	0			30
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

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Referral to Treatment (RTT) & Diagnostics

Indicator	Organisation	Measure													
1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	R	G			G
		Actual	95.20%	94.88%	94.32%	94.51%	93.49%	92.62%	92.36%	92.22%	91.48%	92.50%			93.372%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	0	0	0	0	0	0	0	0	0	0			0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	G	G	R	R	R	G	G	G	R	R			R
		Actual	0.37%	0.68%	2.10%	1.92%	1.83%	0.30%	0.51%	0.77%	1.71%	3.68%			1.385%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

Cancelled Operations

Indicator	Organisation	Measure													
1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	0	0	0	0	0	0	0	0	0	0			0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Treating and Caring for People in a Safe Environment and Protect them from Avoidable Harm

HCAI

Indicator	Organisation	Measure													
497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	R	R	R	R	R	R	R		R
		YTD	0	0	0	0	1	1	1	1	1	3	3		3
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	R	R	G	G	G	G	G	G	G	G		G
		YTD	5	11	15	16	18	19	22	23	25	27	29		29
		Target	6	9	13	18	20	24	27	29	29	29	32	38	32

Accident & Emergency

Indicator	Organisation	Measure													
2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	88.64%	89.65%	90.77%	87.89%	93.34%	91.16%	91.75%	93.16%	90.34%	88.13%			90.468%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
MARCH 2017

Agenda Item: 17/46	**Author of the Paper:** Davina Hanlon Consultant in Public Health, Sefton Council Email: Davina.Hanlon@sefton.gov.uk Tel: 0151 934 3175
Report date: March 2017	

Title: Memorandum of Understanding (MOU) between Sefton Council Public Health and NHS Southport and Formby Clinical Commissioning Group

Summary/Key Issues:

To seek approval from the Governing Body to the Memorandum of Understanding (MOU) between Sefton Council Public Health (the Council) and NHS Southport and Formby Clinical Commissioning Group

Recommendation

The Governing Body is asked to approve this report.

Receive	
Approve	x
Ratify	

Links to Corporate Objectives *(x those that apply)*	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
X	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
Patient and Public Engagement			X	
Clinical Engagement		X		
Equality Impact Assessment			X	
Legal Advice Sought	X			From the council - the MOU describes a mutually beneficial agreement between the Council's public health function and the CCG's. It expresses a convergence between the parties, indicating an intended common line of action in this case for the effective and efficient commissioning of health care services to secure improvements in health and to reduce health inequalities amongst the Sefton population. It is not intended to imply a legal commitment.
Resource Implications Considered	X			There are no resource implications
Locality Engagement			X	
Presented to other Committees	X			Report to Councillor Moncur, Health and Wellbeing Briefing Meeting on 7th November 2016. Published as a "Decision" on Council Website in January 2017

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

NHS
Southport and Formby
Clinical Commissioning Group

Report to Governing Body
March 2017

1. Executive Summary

The purpose of this MOU is to establish a framework for relationships between the Council's Public Health functions and the CCG ***outlining the expectations and responsibilities of each party and the principles and ways of working. It will be accompanied by an agreed CCG-Council Public Health work plan for each year.***

The benefits of an MOU include clarity around an agreed annual work programme across both parties (within available resources); and efficient use of these resources (campaigns; data).

2. Introduction and Background

The Health and Social Care Act (2012) (the Act) established new arrangements in England for health improvement, health protection and for commissioning health services.

The Act gave local authorities statutory duties to improve the health of the population from April 2013. CCGs also have a duty to secure improvement in health and to reduce health inequalities, utilising the role of health services. This requires joint action between the Council and the CCGs along the entire care pathway from prevention and early years to end of life.

Joint action also supports system level prevention, health promotion and health protection opportunities in the emerging Sustainability and Transformation Plan for Cheshire and Merseyside. A good example of this is ensuring a system wide approach to 'Making Every Contact Count' to ensure key health messages are joined up, and to foster a holistic approach to the broader prevention agenda.

Nationally joint action supports the ambitions set out in the Five Year Forward View, published in October 2014, with a specific focus on making improvements to the health and wellbeing of the population.

Locally, joint action is also a prerequisite to supporting "Making Integration Happen: Sefton's Health and Social Care Integration Strategy 2016-2020", which identifies six commissioning priority areas for review, with a strong focus on public health and prevention.

3. Recommendations

The Governing Body approve the MOU, attached as an Appendix

Appendix

Memorandum of Understanding (MOU) between Sefton Council Public Health and NHS South Sefton and NHS Southport and Formby Clinical Commissioning Groups

Name **Davina Hanlon**
Title **Consultant in Public Health, Sefton Council**
Month **March 2017**

NHS
Southport and Formby
Clinical Commissioning Group

NHS
South Sefton
Clinical Commissioning Group

Sefton Council

NHS
Southport and Formby
Clinical Commissioning Group

Memorandum of Understanding

Between

Sefton Council (Public Health)

And

NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCGs)

March 2017

NHS
Southport and Formby
Clinical Commissioning Group

Memorandum of Understanding

Between

Sefton Council (Public Health)

And

NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group

1. Purpose and Scope

The purpose of this Memorandum of Understanding (MOU) is to establish a framework for relationships between Sefton Council (the Council) Public Health and NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCG's) ***outlining the expectations and responsibilities of each party and the principles and ways of working. It will be accompanied by an agreed CCG-Council Public Health work plan for each year.***

This framework recognises that the provision of good quality health care services plays a key role in improving population health outcomes and in reducing health inequalities. The Health and Social Care Act (2012) (the Act) established new arrangements in England for health improvement, health protection and for commissioning health services.

2. Context

Health Improvement:

The Act gave local authorities statutory duties to improve the health of the population from April 2013. CCGs also have a duty to secure improvement in health and to reduce health inequalities, utilising the role of health services. This requires joint action between the Council and the CCGs along the entire care pathway from prevention and early years to end of life. Prevention is also a key theme within the Local Delivery Systems (LDS).

Health Protection:

Under the Act, the Council must appoint a Director of Public Health (DPH) who has local responsibilities in respect of health protection, in conjunction with Public Health England. These include preventing and responding to outbreaks of communicable disease, planning for and mitigating the effects of environmental hazards, and NHS resilience. The Act gave CCGs a duty to ensure that they are properly prepared to deal with relevant emergencies.

Health Care Public Health:

The functions that public health will offer to the CCGs within this domain are outlined in guidance by the Department of Health (Healthcare Public Health Advice to Clinical Commissioning Groups, June 2012). This relates to public health input to the commissioning of health services, improving quality and evidence of effectiveness and improving care pathways.

IT IS AGREED AS FOLLOWS:

A. Principles and Values

The Council and the CCGs will

- Work in partnership to achieve agreed outcomes and ensure that a productive and constructive relationship continues to be developed and maintained
- Recognise and respect each other's roles in improving the health of the population and reduce health inequalities
- Support each other in finding the most efficient ways to deliver project requirements.
- Put patients /service users / citizens at the heart of all collaborative work
- Be honest, constructive and communicative in all dealings with each other.
- Have reasonable expectations of each other, consistent with Public Health / CCGs operating model.
- Use the content and terms of this MOU to help in resolving any conflicts that arise in the working relationship.
- Be responsive to each other's needs during the year, within the flexibility of a planned programme of work (as described in an annual work plan).
- Commit to working closely on matters that require consistency across organisations eg campaigns; dealing with the media in relation to specific incidents; LDS work.
- Owe each other a duty of confidentiality regarding business sensitive issues.

B. Objectives

The Council and the CCGs will work together

- to deliver improvements in the health of the borough's population, through disease prevention, health improvement, health protection and commissioning health services;
- to maintain performance against locally agreed outcome measures and priorities;
- to ensure that local commissioning fully reflects the population perspective;
- to implement a mutually agreed joint work plan to deliver both NHS commissioning and Public Health priorities for the local population as set out

in the Sefton Strategic Needs Assessment and Health and Well-Being Strategy.

C. Governance and Accountability

- The **joint CCG / Public Health senior leadership group** will be the governing body for this agreement.

- The **Director of Public Health (DPH) or nominated representative** will attend the Clinical Commissioning Groups Governing Body, as a non-voting member, to provide public health advice, support and challenge to commissioning discussions and decision-making.

- The DPH or nominated representative may attend other CCG committees, if requested.

- There will be **one named Public Health consultant** to act as the key relationship manager to the CCG and **one named senior lead** to link with from the CCG.

- The CCG will designate named **clinical leads** for population health

- The work-plan will be developed by negotiation and be based on CCG and public health and Council priorities drawn from respective commissioning intentions and strategies, including the Sefton Health and Wellbeing Strategy, Sefton 2030, Shaping Sefton, Making Integration Happen: Sefton's Health and Social Care Integration Strategy 2016-2020 and the Cheshire and Merseyside Sustainability and Transformation Plan (STP)

3. The "Core Offer"

Population Healthcare/ Health Services

This core offer is based on the Department of Health issued guidance (July 2012) and includes the generic activities listed below. The specific offer is defined and limited by the work-plan, which is mutually agreed and consistent with the needs and capacity of the CCGs and Public Health.

The Council will

- Provide specialist, objective public health advice to the CCGs in its strategic, commissioning and decision-making processes.

- Assess the health needs of the local population, through use and interpretation of data and other sources of intelligence, and analysis of how the needs can best be met using evidence-based interventions.

- Contribute towards the Sefton strategic needs assessment (SSNA)

- Support actions within the commissioning cycle to prioritise and reduce health inequalities and better meet the needs of vulnerable/ excluded communities

- Support the clinical effectiveness and quality functions of the CCGs, including input into assessing the evidence in commissioning decisions and individual funding requests, e.g. NICE or other national guidance, critical appraisal and evidence review, effective use of resources.

- Support the CCGs in its work in developing health care strategies, evidence based care pathways, service specifications and quality indicators to monitor and improve patient outcomes.

- Provide support to the CCG's QIPP (Quality Innovation Productivity Prevention) programme and other strategic commissioning plans and processes.

- Assist in the process for setting priorities or making decisions about best use of scarce resources, for example through decision-making frameworks, benchmarking/ 'comparative effectiveness' approaches linked to population need.

- Support the CCGs in the achievement of NHS Outcomes Framework indicators, particularly as regards action on Domain One – preventing people from dying prematurely, and in support of its contribution to the Public Health Outcomes Framework.

- Support the development of Public Health skills for CCG staff eg MECC

- Promote and facilitate joint working with local authority and wider partners to maximise health gain through integrated commissioning practice and service design.

- Contribute to the development of and professional support for the Sefton Health and Wellbeing Board and Health and Wellbeing Strategy.

- Provide support in relation to individual funding requests.

The CCGs will:

- Seek specialist Public Health advice to ensure that prioritisation and decision making processes are robust and based on population need, evidence of effectiveness and cost effectiveness.

- Work with the Council to develop its Public Health commissioning intentions in line with the HWB priorities, as informed by the SSNA.

- Utilise specialist Public Health skills to identify and understand high risk and/or under-served populations in order to target services at greatest population need and towards a reduction of health inequalities

- Utilise specialist Public Health skills to support development of its commissioning strategies, pathways and service improvement plans

- Contribute intelligence and capacity to the production of the SSNA, including through data-sharing agreements and support for key public health programmes eg NHS Health Checks and substance misuse services.

- Ensure necessary arrangements are in place to enable the Council to deliver the core Public Health offer and facilitate joint working,

Health Improvement

The Council will:

- Support primary care to deliver health improvements (appropriate to its provider healthcare responsibilities)–e.g. by offering training opportunities for staff and through targeted health behaviour change programmes and services

- Ensure commissioned health improvement services support the CCGs in its role of improving health and addressing health inequalities

- Support health improvement partnership working between the CCG, local partners and residents through the Health and Well-Being Board, to integrate and optimise local efforts for health improvement and disease prevention

The CCGs will:

- Contribute to strategies and action plans to improve health and reduce health Inequalities

- Encourage constituent practices to maximise their contribution to disease prevention – e.g. by taking every opportunity to encourage uptake of screening opportunities; Health Checks; flu vaccination programme etc

- Encourage constituent practices to maximise their contribution to health improvement – e.g. by taking every opportunity to address smoking, alcohol, drugs, hypertension and obesity in their patients and by optimising management of long term conditions

- Ensure primary and secondary prevention are included within all commissioned pathways

- Commission to reduce health inequalities and inequity of access to services

- Support and contribute to local, regional and national Public Health campaigns

Health Protection

The Council will:

- Assure that local strategic plans are in place for responding to the full range of potential emergencies – e.g. pandemic flu, major incidents and provide assurance to PHE regarding the arrangements

- Assure that these plans are adequately tested

- Assure that the CCG has access to these plans and an opportunity to be involved in any exercises

- Assure that the capacity and skills are in place to co-ordinate the response to emergencies, through strategic command and control arrangements

- Assure adequate advice is available to the clinical community via Public Health England and any other necessary route on health protection and infection control issues

- Keep the CCG and other local partners appraised of local and national health protection arrangements as details are made available by Public Health England through communications and the Sefton Health Protection Forum.

The CCGs will:

- Familiarise themselves with strategic plans for responding to emergencies

- Participate in emergency planning exercises when requested to do so

- Ensure that provider contracts include appropriate business continuity arrangements

- Support EPRR (Emergency Preparedness, Resilience and Response) activity, to ensure that health providers engage in contingency and business continuity planning, to ensure as far as possible their continued operation during a crisis.

- Ensure that providers have and test business continuity plans and emergency response plans covering a range of contingencies

- Assist with co-ordination of the response to emergencies, through local command and control arrangements

- Ensure that resources are available to assist with the response to emergencies, by invoking provider business continuity arrangements and through action by constituent practices

- Encourage constituent practices to maximise their contribution to health protection, e.g. by taking every opportunity to promote the uptake of screening and providing immunisations.

- Contribute to the assurance role of the Sefton Health Protection Forum

Term

This agreement commences on the date signed by both parties and will continue thereafter subject to an annual review and refresh or until reviewed by mutual agreement.

Signature:

Date:

Matthew Ashton
Director of Public Health
Sefton Council (the Council)

Signature:

Date:

Fiona Taylor
Chief Officer
S&FCCG & SSCCG (CCG's)

Southport and Formby Clinical Commissioning Group

MEETING OF THE GOVERNING BODY MARCH 2017

Agenda Item: 17/47	**Author of the Paper:** Liverpool CCG Karl McCluskey Chief Strategy & Outcomes Officer Email: karl.mccluskey@southseftonccg.nhs.uk Tel: 0151 247 7251
Report date: March 2017	
Title: Single Service, System Wide Delivery: Overview	

Summary/Key Issues:

This paper summarises the Healthy Liverpool Programme and describes the approach being taken by Liverpool CCG to develop a more integrated Hospital System across Liverpool City & North Mersey which is described as a "single system" with underpinning principles. The case for change is set out with supporting opportunities.

Priorities workpieces on clinical standards are described with specific reference to Orthopaedics, which the Governing Body has considered previously. The review of Liverpool Womens NHS Foundation Trust is also referenced as part of this system approach along with Electronic Patient Records and the Merger of the Royal Liverpool and Aintree.

Recommendation

To receive this paper on behalf of Liverpool CCG and note the system approach to transformation that is set out.

Receive	x
Approve	
Ratify	

	Links to Corporate Objectives *(x those that apply)*
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.

x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	**Yes**	**No**	**N/A**	**Comments/Detail** ***(x those that apply)***
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 *(x those that apply)*	
	Preventing people from dying prematurely
	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
	Ensuring that people have a positive experience of care
	Treating and caring for people in a safe environment and protecting them from avoidable harm

TRANSFORMING THE HEALTH OF OUR CITY

Single Service, System Wide Delivery

Overview Paper

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1. Healthy Liverpool Background

The 2013 Mayoral Health Commission set out a vision for an integrated health and social care system for Liverpool, with prevention and self-care at its core. NHS Liverpool Clinical Commissioning Group took up the challenge of delivering the recommendations of the Commission. Healthy Liverpool will realise this vision for improved health and wellbeing and a sustainable health and care system.

This paper is intended to remind readers of the Healthy Liverpool **hospitals** vision for “a centralised University Teaching Hospital Campus with a single service, system-wide delivery, through centres of clinical and academic excellence.” The case for change for single service, city wide adult acute services has been clearly articulated in the Healthy Liverpool “Prospectus” and subsequent “Blueprint”..

This vision is now being translated into implementation plans. The wider North Mersey health economy has embraced Heathy Liverpool’s intentions around service reconfigurations. We must address the duplication and fragmentation of service delivery that has led to unwarranted variation in the quality of care. Our aim is to ensure clinical and financial sustainability with services provided as local as practicable and centralised where necessary.

North Mersey is a unique health economy with 2 major university teaching hospitals fewer than six miles apart acting as district general hospitals for the City along with 5 separate specialist providers serving a broader population base and 3 further general hospitals within ten miles. The commissioning landscape is represented by four CCG commissioners - NHS Liverpool CCG, NHS South Sefton CCG, NHS Knowsley CCG and Southport and Formby CCG, 3 local authorities – Liverpool, Sefton and Knowsley and NHS England Specialised Commissioning. The North Mersey footprint includes 9 provider trusts:

- Liverpool Community Health NHS Trust
- Aintree University Hospital NHS Foundation Trust
- Liverpool Heart and Chest Hospital NHS Foundation Trust
- Clatterbridge Cancer Centre NHS Foundation Trust
- Royal Liverpool and Broadgreen University Hospitals NHS Trust
- Walton Centre NHS Foundation Trust
- Alder Hey Children’s NHS Foundation Trust
- Liverpool Women’s NHS Foundation Trust
- Mersey Care NHS Foundation Trust

It is widely accepted that the North Mersey hospital system has too many hospital trusts delivering care from too many sites to be either clinically or financially sustainable. The Mayoral Health Commission advocated for the "…reduction of duplication and unnecessary competition (particularly in secondary care) and for the restructuring of care in all settings to improve the patient pathway and quality of care." This was adopted as the direction of travel by Healthy Liverpool, the whole-system programme that was established to deliver this transformation on behalf of all partners. There is ongoing consideration as to how the next iteration of service reconfiguration would transition into a more formalised North Mersey arrangement.

The challenges we face in the North Mersey hospital system are significant and if left unaddressed will undermine service delivery, sustainability and health outcomes. We must find new and innovative ways to deliver better services at lower cost if we are to ensure clinical and financial sustainability for our hospital system, and meet the future needs of our population. We also need to create financial and workforce capacity to enable a shift of care from acute to community settings where appropriate.

The university hospital trusts and specialist trusts across the region have been working together more closely over recent years. Aintree University Hospital NHS Trust (AUH) and Royal Liverpool & Broadgreen University Hospitals NHS Trust (RLBUH) have come together to deliver Major Trauma services and joint venture partnerships have been established for both Vascular and Clinical Laboratory Services. AUH, RLBUH and Liverpool Women's NHS Foundation Trust (LWH) have also collaborated to produce the full business case for a single IT system and Electronic Patient Record (EPR). These partnerships have highlighted a consistent clinical view that joint working is essential to improve patient outcomes and to sustain clinical services in the local health economy. This paper describes how single services between local providers of care will develop. It describes the opportunities for the trusts to deliver substantial patient benefits and to maintain the long term clinical and financial sustainability of adult hospital services across the city by working together.

2. The changing context

The Five Year Forward View (5YFV) sets out how the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens so that we can promote wellbeing and prevent ill-health. It represents the shared view of the NHS' national leadership, and reflects an emerging consensus amongst patient groups, clinicians, local communities and frontline NHS leaders. It sets out a vision of a better NHS, the steps we should now take to get us there, and the actions

we need to take to provide better care, better value and better health to our local population.

Growing demand for services is placing substantial and increasing strain on the health and social care system and, in particular, acute hospital services. The scale of the challenge facing the health and social care system is widely recognised and clinicians are vigorously pursuing a number of integrated service models which will drive radical change and reconfiguration in the health and social care system as a whole, and particularly in the acute sector.

For hospital services, a key current focus is to ensure that patients have access to hospital care, delivered by consultants with the requisite sub-specialty skills, 7-days a week, and (where appropriate) 24-hours a day. New, nationally set clinical standards for 7-day working, present all small-medium sized acute providers, with challenges and a potential need for investment with no prospect of additional income.

Trusts in the city have a track record of providing high quality care as evidenced by CQC reports; however, emerging clinical standards will be very difficult indeed for each Trust to meet independently due to the current fragmentation of many clinical services.

Healthy Liverpool Vision

The Healthy Liverpool vision aims for “a healthcare system in Liverpool that is person-centred, supports people to stay well and provides the very best care.” It aims are:

- To improve health outcomes for people in Liverpool relative to the rest of England and to reduce health inequalities within the city;
- To ensure that the quality of healthcare is consistent and first class; and,
- To create a new model of care that is clinically and financially sustainable.

The single service model is centred on the principle of a central university teaching hospital campus on the site of the new Royal Liverpool University Hospital and Clatterbridge Cancer Care Centre, providing an axis against which specialised and general services can be built. This model for hospital services will see delivery of specialised and general services delivered from a network of centres, including the centralised campus site and neighbouring District General Hospitals, alongside the shift to more services being provided by hospitals in neighbourhoods across the city. This will bring health and academia together in one location, allowing maximum advantage of the city’s research and development capabilities.

The plan for hospital care to be delivered as a single service, by single teams, across the city will reduce variation and improve patient care, while allowing us to

find long-term solutions to some of the shared challenges we face, particularly around workforce and finance. By transforming hospital services we aim to:

- Have the best hospital care system in the country
- Have all patients receive the right care in the right place first time
- Have a safe health care system that is sustainable clinically and financially into the future
- Maximise patient outcomes and experience

This transformation is based on the following principles:

- Services will be delivered by single teams
- Services will be of high quality, delivered to consistent best practice standards and unwarranted variation will be eliminated
- Services will be local whenever practicable, central where necessary
- Services will be delivered by a workforce that is sustainable, motivated and champions improved patient care, experience and outcomes.

Variation in clinical services means that patients do not always get the best possible care; the Healthy Liverpool Programme is aiming to address this by adopting single service pathways across organisations and hospital sites.

A 'single service' will be underpinned by:

- Single clinical leadership and unified governance arrangements
- Combined medical and senior nursing workforce; delivering standardised patient pathways
- Standard operating procedures and clinical policies
- A single performance management framework
- Combined training, education and research arrangements
- A single shared patient record
- Single point of referral

Our focus for single service, system wide delivery for hospital services is primarily on the major trusts that provide adult services in the city. Hospital transformation also recognises the importance of hospital care for children, delivered by Alder Hey Children's NHS Foundation Trust. We recognise the importance of transitional care, specialist care, the delivery of neonatal support in partnership with Liverpool Women's Hospital and the wider contribution the Trust makes to the health and wellbeing of the next generation. Alder Hey in the Park, which opened in October 2015, is one of the city's centres of academic and clinical excellence. The important role of Mersey Care NHS Foundation Trust as the principal provider of mental health services is recognised, with the delivery of community and hospital-based mental health care making a significant contribution to the wellbeing of the North Mersey population.

In North Mersey, hospitals are not just about services that are provided under their roof but increasingly they will be the providers of specialist care and treatment out in the community, working in partnership with primary and community services, with an emphasis upon sharing and transferring skills between health care professionals.

3. Case for Change

The case for change for hospitals in the city is compelling. The challenges we face are significant and if left unaddressed will undermine service delivery, sustainability and health outcomes. The economic climate in which the NHS operates means that we must find new and innovative ways to deliver better services at a lower cost if we are to meet the future needs of our population.

Whilst the required scale of challenge is daunting, we have a great opportunity to deliver this change due to a high level of clinical collaboration, alignment about the solutions and a shared commitment to transform the way we deliver hospital services in the city.

There are a number of other reasons why change is necessary:

Provider Sustainability

The large number of Trusts in Liverpool presents challenges for our health economy. Historically, Trusts have competed with each other, with many key adult services duplicated, leading to inefficiencies and a shortage of clinical expertise, impacting on workforce sustainability, training and education. Our priority is to secure long-term clinical and financial sustainability of services in the city, rather than protect the status quo. Collaboration and a whole-system strategy for service delivery are crucial to the aim of having the best hospital care system in the country.

Clinical Variation

Variation in the quality of services means that patients do not always get the best possible care, first time and every time. This is unacceptable and a key driver for change, as reduced variation will directly improve patient outcomes.

Estate Challenge

We have a wide variation in the quality and functionality of the NHS estate in the city, despite a significant investment of £100m in primary care premises and the new Alder Hey Children's Hospital (£240m) and Royal Liverpool University Hospital (£430m), alongside investment of in Mersey Care mental health facilities (£25m) and the planned relocation of the Clatterbridge Cancer Centre from the Wirral onto the Royal Liverpool Hospital campus.

The current configuration of NHS sites has developed in a piecemeal way rather than by design, informed by individual organisational needs rather than a whole system approach. Two new hospitals and the relocation of Clatterbridge Cancer Centre onto the Royal Liverpool campus, together with the developments at Aintree, will direct the core shape of key elements of the hospital estate infrastructure for the next twenty years or more across the region.

Specialised Commissioning

NHS England (NHSE) has responsibility for commissioning specialist services.

Liverpool has a number of hospital providers that collectively deliver a wide range of specialist services to the value of circa £300 million per year to Liverpool, the city region, the North West, Isle of Man and a large part of North Wales. Many of these services have a national and international reputation.

Working in partnership with our NHSE specialist commissioning colleagues Healthy Liverpool aims to harness opportunities for specialist services to support their development and as regional centres of excellence.

Specialist services are likely to be consolidated into 20-30 national centres, with 6-8 in the North and a maximum of 3 in the North West. This smaller number of specialist centres, serving larger catchment populations, will allow these hospitals to maintain a larger, more sustainable body of clinical expertise.

Workforce Challenge

The current configuration of services, set alongside the challenge of delivering 7 day services, presents significant challenges for the recruitment, retention and training of clinicians across all settings of care and other key staff groups. The duplication of many services means that Trusts are often competing against each other for scarce staff resources. Competition for medical training places is also problematic in a number of key specialties.

Quality & Outcomes Challenge

Patients and the public have high expectations for the quality and safety of the care they receive. There is currently immense public interest, and an increasing level of public and regulatory scrutiny of the quality of care provided by the NHS. This is underpinned by a growing number of standards, many requiring additional investment, and a drive to centralise specialist services. The high profile recent Francis, Berwick and Keogh reports are illustrative of the increasing focus in the NHS on quality and quality assurance.

For core hospital services, a key current focus is to ensure that patients have access to hospital care, delivered by consultants with the requisite sub-specialty skills, 7-days a week, and (where appropriate) 24-hours a day. New, nationally set, clinical

standards for 7-day services present all acute providers with a challenging need for investment or reorganisation where their services do not have the 'critical mass' to allow for a sustainable 7/7 rota.

For core adult acute services, our acute hospitals have a track record of providing high quality care; the clinical bodies of the two adult acute Trusts and Liverpool Women's believe that emerging clinical standards will be very difficult indeed for each trust to meet independently.

The FYFV defines quality in health care in three components: patient safety, clinical effectiveness and patient experience. High quality health service exhibits all three. Organisations currently operate different models of care, leading to variations in patient experience and outcomes. Variation in the quality of services across our trusts means that patients do not always get the best possible care, first time and every time. This is unacceptable and a key driver for change.

4. Opportunities

Clinicians have been working together to develop a strong consensus concerning the potential for delivery of real patient benefits through joint working to minimise duplication and remove inefficiencies. Specifically, by working together, the trusts have the opportunity to deliver substantial benefits for patients that improve both outcomes and experience by:

- Delivering a comprehensive portfolio of sub-specialist acute services which are fully compliant with and, in some respects, exceed NHS England's emerging standards for 7-day working;
- Increasing the scale at which the Trusts deliver specialty care, enabling the maintenance of a comprehensive service portfolio and providing patients with access to the greatest range of high quality specialist services locally; and,
- Offering patients improved access to cutting edge treatments and innovative, clinically-led "best in class" care pathways
- Ease of access to information for both clinicians and patients wherever the care is delivered with unified patient records

A closer partnership will also provide a strong platform for the trusts to support and shape the transformation of the health and social care system in North Mersey and beyond. For example, working in close partnership, the trusts will be able to:

- Support the drive towards integrated care. There is ample evidence that the most effective, patient friendly and cost effective care is delivered in well-coordinated, integrated systems. The catchments of the trusts, taken together, cover a sufficiently large geography in which to establish a viable integrated care model

- Work constructively with other major providers across Cheshire and Merseyside to secure and maximise the local delivery of tertiary work
- Work with academic and NHS partners to secure the full potential of our academic partnerships and establish the City of Liverpool as a centre excellence for research, education, and innovative with clinically-led services that improve the health, wealth and wellbeing of our community.

5. Priorities for implementation

Our focus for single service system wide transformation is on major trusts that provide adult services in the city. Clinicians from across our health and care system have been leading the strategic clinical direction of this component of Healthy Liverpool; developing clinical standards that set quality and operational delivery requirements based upon best practice and guidance.

Whilst Liverpool CCG is the major commissioner of services for the Liverpool population, the city's hospital services are delivered to a wider population, particularly the two neighbouring populations of South Sefton and Knowsley and to a regional and in part national footprint through NHSE specialist commissioning. From the outset, Liverpool CCG has recognised this complexity and has put in place governance arrangements to ensure that the programme is inclusive and taking into account the needs and interests of the wider population.

Potential merger between the Royal Liverpool & Broadgreen University Hospitals and Aintree University Hospital would enable standardisation, single service pathways, delivered against high quality one-system clinical standards, one system workforce, with single clinical leadership across these hospitals and sites.

Orthopaedics is one of a number of areas being considered for single, system wide services as part of Healthy Liverpool. Other areas include cardiology, cancer services, emergency care and stroke. In 2015 it was proposed that blood cancer services currently delivered at both the Royal Liverpool Hospital and Aintree Hospital should come together as a single service based at the new Clatterbridge Cancer Centre, which is set to open in 2019.

In addition, in January 2017 the draft pre-consultation business case for the review of services at Liverpool Women's NHS Foundation Trust was published. This explains the work undertaken to set out four potential options for delivering women's and neonatal services including an identified preferred option. Further assurance from NHS England is required before full formal public consultation.

Hospital Services Digital Transformation - Electronic Patient Record

A key aim of the hospital services digital transformation is joined up electronic patient records, so that every health and social care practitioner has access to the information they need to treat individuals safely and improve quality of care.

Delivery of urgent and emergency care services requires access to data, and common infrastructure. Improving quality and productivity through being paper free at the point of care by 2020 is a key national ambition. Our plan for a shared electronic patient record has its roots in an innovative collaborative, shared by 3 North Mersey providers - Aintree University Hospital, Liverpool Women's Hospital and the Royal Liverpool & Broadgreen University Hospitals. The three providers have recognised the necessity and significance of a move to joint hospital electronic patient records and the interoperability benefits that would come with that. Organisations in North Mersey, through the shared records (ILINKS) component of the Healthy Liverpool Digital Care and Innovation Programme, will collaborate to deliver this key enabler to improved quality, safety and efficiency across the North Mersey hospital system.

Merger of Major Teaching Hospitals

The trust boards of the Royal Liverpool and Aintree have agreed to move forward with a process to merge. This initiative may be extended to include other trusts in due course and one of these trusts may include LWH. The development of this proposal has been clinically-led and is intended to be an enabler for clinical service reconfiguration which will deliver significant patient benefits as well as ensuring financial sustainability. Merger could facilitate the delivery of significant **patient benefits** through:

- Improved patient outcomes
- Improved efficiency
- Improved staff retention/resilience
- Improved access to research & innovation funding, patient trials and healthcare innovation
- Equity of access across North Mersey and reduced waiting times from economies of scale

A Strategic Options Case has been endorsed by the trust boards which recommended a transaction to create a new, single, multi-site trust under a unified single management as the organisational form most likely to facilitate the delivery of re-aligned hospital-based care.

The merger qualifies both as a 'significant transaction' subject to detailed review by NHSI and a 'statutory transaction' subject to review by the Competition and Markets Authority.

An Outline Business Case in development will be considered in 2017 and an indicative timescale, developed with NHS Improvement, could see the merger complete by spring / summer 2018.

6. Conclusion

The creation of single services would be significant for the local health economy, providing better health, better care and better value by:

- Supporting commissioners to implement the improvements in patient care through further joint working identified by clinicians under the Healthy Liverpool Programme
- Ensuring the provision of both clinically and financially sustainable secondary care and tertiary care services in North Mersey for the future
- Providing a strong platform to support further consolidation and to shape the transformation of health and social care across North Mersey.
- Supporting the shared vision developed under the Healthy Liverpool Programme for the creation of a single adult acute teaching hospital campus for the city.

ENDS

Ear Nose and Throat (ENT)

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Background

16.2. The primary reason for the review of ENT services and the preliminary measure discussed in this paper is due to the proposed reconfiguration of Orthopaedic Services.

16.3. Currently there is a full ENT service at Broadgreen Hospital that includes Outpatient, Inpatient and Day Surgery. The service also provides A & E cover at Royal Liverpool Hospital (RLUH) and an Audiology clinic in South Liverpool NHS Treatment centre (Outpatients and Audiology clinic would not be affected by any proposed options to move the service).

16.4. The inpatient and day surgery activity that takes place at Broadgreen Hospital (BGH) currently uses 10 theatre sessions across 5 days Tuesday to Saturday. The volume of ENT activity split by BGH/Aintree University Hospital (AUH) site is shown below:

RLBUHT Broadgreen Site ENT Inpatient and Day Surgery Activity. 15/16		AUH Inpatient and Day Surgery Activity 15/16	
Inpatient	Day Surgery	Inpatient	Day Surgery
204	919	910	1,039

16.5. Whilst ultimately this service will become a single service (subject to further design and consultation), delivered through the Healthy Liverpool-led process to reconfigure all adult acute services in the city, this proposal is about establishing an preliminary arrangement to co-locate the two services delivered by RLUH and Aintree onto the Aintree site, in order to facilitate proposals for a single orthopaedics service. The work to develop a single ENT service will take place as part of the wider programme of reconfiguration.

Reason

16.6. Whilst a single ENT service is in line with the Healthy Liverpool strategy and would allow for increased flexibility through combined service capacity, the principle reason for adopting an earlier phased preliminary approach to integration would be to facilitate the delivery of the single Elective Orthopaedic Centre at BGH.

16.7. Therefore the purpose of this document is to provide an outline of the proposed preliminary reconfiguration of ENT, which will facilitate the delivery of the proposal in the orthopaedics options appraisal; which identifies a preferred option of a two site model, with all orthopaedic trauma at AUH and all existing AUH orthopaedic inpatient and day surgery activity proposed to be delivered at an Elective Centre at BGH.

Case for change

16.8. The requirement for change is twofold:

- To facilitate the preferred option of a two site orthopaedic service with a single elective service at BGH;
- To support the future development of an integrated Ear Nose and Throat Service for the city.

16.9. As part of clinical service reconfiguration, an integrated ENT service, with all inpatient and day case activity at AUH would provide:

- A pool of medical resource able to deliver elective demand more efficiently.
- The opportunity for sharing of junior medical staff and increased flexibility of cover.
- Elective patients with 24/7 access to higher care beds/ critical care beds that are not currently available at BGH.
- The opportunity to consolidate services and co-locate them with the regional Head and Neck Specialist Centre at Aintree. This preliminary change would begin the phased development of a single service with designated specialist skills including ward and theatre staff.

16.10. The financial and sustainability case for change:

- Improved value for money due to a reduction of waste through duplication of multidisciplinary pathways
- Opportunity for delivery of improved theatre scheduling services and efficiency
- Opportunity to merge capacity and increase flexibility of capacity to meet demand and reduce wait times for surgery due to pooling of resources
- Increased procurement efficiencies due to combined purchase volumes
- Future proofing the service against growth in demand.

Options Appraisal

16.11. As part of the review of ENT it was agreed that a full options appraisal was not necessary after reviewing the possible options available. See the table below for a list of other possible options and reasons for/against exploring these further:

Possible Options	
Base Line (Do Nothing)	The ENT changes are being proposed in line with the proposed orthopaedic reconfiguration and the requirement for a two site Orthopaedic service
Move ENT into the New Royal Hospital	- There is not sufficient space to move the service into the new Royal. - AUH is the Merseyside regional head and neck cancer centre
New Build for ENT	- In the current financial climate the funds are not immediately available for a new build for ENT
Wait to become a complete single service	- The timelines for this are not in line with the proposed orthopaedics changes, this would result in a delay and challenges in opening the new Royal.

A full options appraisal for ENT services will be undertaken as part of the AUH and RLBUH clinical integration programme to support the production of the Outline Business Case for the proposed merger of the two Trusts.

Proposal

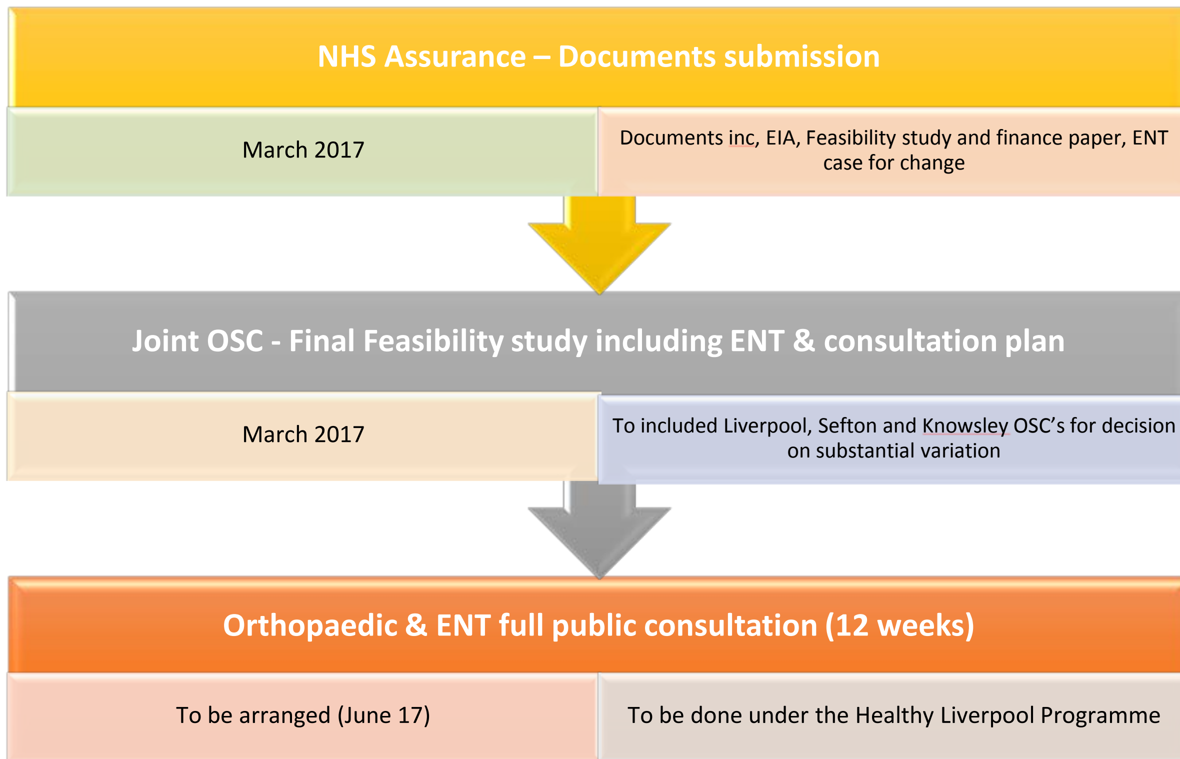
16.12. The proposal is for existing ENT day case and inpatient activity to be transferred to AUH from BGH (10 theatres sessions per week/over 5 days). Capacity at AUH has been identified as part of the Liverpool Orthopaedic and Trauma Service work stream.

16.13. Existing ENT outpatient services would remain at BGH and would be unaffected by the proposal, patients would continue to be triaged and assessed at BGH (including pre-op appointments). Patients presenting at RLUH Emergency Department with ENT complaints will continue to be seen and treated at RLUH.

16.14. As this is the preliminary phase the next step will be for ENT services at BGH and the ENT/Head and Neck Service at AUH, to form a single integrated service as part of the wider trust reconfiguration of services. This requires full integration and combined on call rotas. It would also continue to provide emergency cover at the RLUH site as per the existing model. This is out of scope for this piece of work, but will progress at a later date.

Timescales

16.15. The below diagram shows the decision making points and timescales for consultation;



Public Engagement

16.16. NHS Liverpool Clinical Commissioning Group (LCCG) is leading a programme, Healthy Liverpool, which aims to transform health within the city. The plan has been part of ongoing discussions with Liverpool communities over the last two years and has 5 priority areas:-

- Hospital Services - Creating a co-ordinated service approach across the city's hospitals which maximises clinical staff skills, other resources and expertise to improve the quality of services available to patients and improve health outcomes and efficiency.
- Community Services – improving GP and other non-hospital services and the way they interact to improve access, serve patients better and enable more care closer to people's homes where appropriate
- Living Well - Supporting people to become healthier and more physically active
- Urgent Care - To deliver an urgent and emergency care route that is recognisable and clear to patients, the public and health care professionals that delivers the right care, in the right place first time.

- Digital Innovation - Ensuring all our services make best use of developing technologies.

16.17. From June 2016 to August 2016 public engagement took place regarding the case for change and principles of Healthy Liverpool Single Service proposals. The aims of the engagement was to:-

a) Increase understanding of CCG role and intent

b) Raise awareness of Healthy Liverpool aims/benefits

c) Raise awareness and understanding of why there is a need and opportunity for change

d) Present thoughts so far and seek views on

- The need to make changes
- The priority areas for change
- People's approach to priorities and resource allocation

e) Build capacity for detailed discussion and community empowerment to collaborate in healthcare design

f) Gather knowledge, experience, information and perspectives to help improve proposals

g) Ensure diverse communities of Liverpool consider proposals and improve content so that they are appropriate to support reduction in health inequalities

h) Ensure no service is designed without input from people with patient experience

i) Make the engagement activity a positive experience for health and wellbeing

16.18. More than 14,000 people responded to this call to action, giving Liverpool CCG a rich amount of feedback.

16.19. 85% of respondents supported the priority areas set out for the Hospitals programme but felt more detail was required.

16.20. From January to March 2016 Liverpool communities were asked to comment on the next stage of Healthy Liverpool planning and in more detail about each of the programme areas. The specific aims for the hospital programme were:-

a) Understand how Liverpool people feel about a co-ordinated service approach across the city to create one team and service for specialist areas.

b) Understand how Liverpool people feel about hospital specialists working more closely with Community Care Teams and others

c) Understand attitudes to travelling for care and use of digital healthcare

were held by the Commissioning Support Unit in areas of high footfall.

It shared with people the vision for single service city wide and how specialist services could work in a more coordinated way with community care teams. The

example of a single cardiology services was shared as an example of how the approach may work.

16.21. Additional pre-consultation engagement on single service has taken place in February 2017 in Sefton and Knowsley.

16.22. Following Board approval of the Orthopaedic feasibility study including the proposed preliminary changes to co-locate ENT services on one site, a programme of public consultation will be launched prior to service mobilisation.

16.23. Following completion of a full public consultation a service mobilisation task and finish group will be established with clinical and management representation from both Trusts. Key workstreams will include: workforce focusing on staff consultation and workforce change, preparing for operational delivery on the orthopaedic trauma site, preparing for operational delivery on the elective care site, preparing for operational delivery of ENT on AUH site, communications and governance.

Expected Benefits

16.24. The following benefits are expected from the integration of ENT inpatient and day surgery at AUH;

- Full access to Critical Care beds
- Aintree is the larger provider of ENT services forming part of the Merseyside Regional Head and Neck Cancer Centre and the quality and safety of surgery would remain the same
- Sustainable service delivery
- Opportunities for improved theatre efficiency through pooling of capacity
- Co-locating will provide the right conditions for development of shared learning and relationships to support future single service work

Expected Dis-benefits

16.25. **Patient Travel Time**

The movement of inpatient and day case ENT services from Broadgreen Hospital means that some patients from the South of Liverpool could have to travel up to 90 minutes for their procedure (total travel time not additional minutes) if they do not have access to private transport (this information was taken from heat maps provided by Mersey travel), as well as increasing the travel time of those with access to private transport to an additional 7 to 17 minutes. It is estimated that this will affect only a very small number of patients (approx. 1000 patients in total had ENT surgery at Broadgreen in 15/16, from across the whole city).

16.26. **Patient Choice**

The choice of day case and NHS provider location would be reduced, however patients would still receive the same high quality ENT care at Aintree Hospital with high quality clinical outcomes and experience being maintained.

16.27. **Acute site**

There may be an increased risk that services will be affected by operational pressures on the AUH site compared to the BGH site. This would only apply to inpatient surgery, not day surgery. However AUH Head and Neck beds are currently ring fenced – so this is not expected to be an operational risk

Risks, Issues and Financial Impact

Risks

Strategic	• No strategic risks identified.
Operational	• Outpatient services are unaffected, so choice of site remains same. However choice of location for surgery would be reduced. • Day surgery beds at AUH would have to be ring fenced as part of current plans at AUH

Issues

A requirement would be that equity of on call delivery and management resource to deliver existing quality and levels of outpatient/ emergency and inpatient cover would need to be agreed. This is not a risk however it needs to be acknowledged. This is being discussed as part of the clinical workstream.

Clinical Co-dependencies

No clinical co-dependencies have been identified at present

Programme

16.28. The proposed move for ENT has come from the development of options and the proposed model for orthopaedics. This work has been undertaken, by the Collaborative Orthopaedic Project Team (COPT), with joint representation from Clinicians, Management, Business Intelligence, Finance and Liverpool CCG.

16.29. Throughout the review process the Collaborative Orthopaedic Project Team (COPT) has been committed to ensure that it informs, engages and consults with stakeholders and governance to the project has been through an Orthopaedic

Executive Oversight Group which was established to take forward this review process. Discussions have taken place with ENT clinical and managerial representatives to discuss the proposed preliminary changes.

16.30. This group included clinical, managerial representation from both AUH and RLBUHT. With representation from Liverpool CCG, the Walton Centre, North of England Specialised Commissioning Team, Cheshire & Mersey Major Trauma & Adult Critical Care Operational Delivery Networks and the North West Ambulance Service NHS Trust (NWAS).

16.31. ENDS

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
MARCH 2017

Agenda Item: 17/48	**Author of the Paper:** Fiona Taylor Chief Officer Email: fiona.taylor@southseftonccg.nhs.uk Tel: 0151 247 7061
Report date: March 2017	

Title: Joint Working across Southport & Formby, South Sefton and Liverpool CCGs

Summary/Key Issues:

NHS Southport & Formby, NHS South Sefton and NHS Liverpool CCG Governing Bodies have agreed to work together in more formal arrangements in order to optimise health services for their populations.

The Governing Bodies have considered a number of options for how the CCGs could operate, and measured these against a set of criteria. This resulted in reaching a preferred option to merge with the establishment of a joint committee as a step towards this.

This paper:

i) Proposes how a joint committee could operate and a timetable for implementation;
ii) Summarises the steps required for CCG mergers;
iii) Outlines how the joint committee could be used as a forerunner for merger and potential timescales for this to happen;
iv) Sets out the requirements for practice member support and proposes how this is sought.

It should be noted that this paper is being considered by Southport & Formby, South Sefton and Liverpool CCG Governing Bodies at each of their meetings in March 2017.

Recommendation

Receive	x
Approve	x
Ratify	

The Governing Body is asked to:

a) Approve formal consultation with member practices to merge Southport & Formby, South Sefton and Liverpool CCGs (from April 2018);
b) Note the steps required for a formal CCG merger;
c) Approve the establishment of a Joint Committee across Southport & Formby, South Sefton and Liverpool CCGs, to be responsible for strategy, performance, governance and oversee the merger process for the period to April 2018.

NHS
Southport and Formby
Clinical Commissioning Group

Links to Corporate Objectives *(x those that apply)*	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	**Yes**	**No**	**N/A**	**Comments/Detail** *(x those that apply)*
Patient and Public Engagement		x		
Clinical Engagement	x			
Equality Impact Assessment	x			
Legal Advice Sought	x			
Resource Implications Considered	x			
Locality Engagement	X			
Presented to other Committees	X			Tri Board meetings on 15/12/16, 26/1/17 and 2/3/17.

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

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Joint Working Across Liverpool, Southport & Formby and South Sefton CCGs

Report to Governing Body

March 2017

1. Introduction

NHS Liverpool, NHS Southport & Formby and NHS South Sefton CCG Governing Bodies have agreed to work together in more formal arrangements in order to optimise health services for their populations.

The Governing Bodies have considered a number of options for how the CCGs could operate, and measured these against a set of criteria. This resulted in reaching a preferred option to merge with the establishment of a joint committee as a step towards this.

This paper:

i) Proposes how a joint committee could operate and a timetable for implementation;

ii) Summarises the steps required for CCG mergers;

iii) Outlines how the joint committee could be used as a forerunner for merger and potential timescales for this to happen;

iv) Sets out the requirements for practice member support and proposes how this is sought.

It should be noted that this paper is being considered by Liverpool, Southport & Formby and South Sefton CCG Governing Bodies at each of their meetings in March 2017.

2. Recommendations

The Governing Body is asked to:

a) Approve formal consultation with member practices to merge Liverpool, Southport & Formby and South Sefton CCGs (from April 2018);

b) Note the steps required for a formal CCG merger;

c) Approve the establishment of a Joint Committee across Liverpool, Southport & Formby and South Sefton CCGs, to be responsible for strategy, performance, governance and oversee the merger process for the period to April 2018.

3. Background

CCGs were established from April 2013 as the local statutory bodies to commission the majority of health services for their populations. A key difference between CCGs and predecessor organisations such as PCTs was the emphasis on clinical leadership and the nature of the relationship with General Practice, whereby practices were 'members' of CCGs, thereby

responsible for their work. This resulted in the creation of Governing Bodies which had a significant number of GPs and other clinicians as members, and thus in leadership roles in commissioning. This has enabled commissioning strategies to be more clinically driven, with a greater understanding of patient needs.

Local areas spent considerable time to develop the right footprint for the shape of CCGs which would best optimise commissioning for their populations, taking account of Local Authority boundaries. However, the demand for health and social care continues to grow and to outstrip the expected growth in resources available, and service quality and access are being increasingly affected by cuts in Local Authority spending. In response to this, organisations across North Mersey have been 'acting as one', signing up to a programme of work to make best use of resources across primary, social care, community and hospital settings. As part of this, commissioning organisations need to have clarity of vision on a footprint which makes sense for taking strategic decisions which will enable change to happen and which also maximises resources and improves patient outcomes.

4. Case for Change

At an informal meeting of the three CCG Governing Bodies in November 2016, a discussion paper on the future working arrangements across Liverpool, Southport & Formby and South Sefton CCGs was considered (Appendix 1). This paper was the result of previous discussions across Merseyside CCGs which considered the optimum footprint for joint working.

From these discussions, the three Governing Bodies feel they have a compelling case for joining together on a formal basis. First and foremost they believe by coming together they will be able to make a greater difference to the health of and services for their individual populations than they would do in their current organisational forms.

The reasons for this include:

Strengthening commissioning capacity and leadership – Local System Delivery Plans are describing hugely ambitious programmes of change, which will require strong clinical leadership from commissioners as well as providers. By combining our existing CCG skills and resources, we will arguably strengthen our commissioning capacity and capability to deliver the ambitious transformational programmes described in Healthy Liverpool and Shaping Sefton.

Commissioning in a changing provider landscape – as a bigger commissioning organisation we will more closely mirror the form of our providers and the populations they serve, as they continue their active discussions to merge. We will be better placed to drive improved outcomes for our patients, in line with our vision to enhance community services and optimise spend in hospitals in order to free up resources and skills to treat people in their own homes.

Responding to the Five Year Forward View – the Five Year Forward View describes a number of organisational models in which financial and clinical risks are shared across providers, with some elements of more traditional commissioning functions built in to enable this to happen – for example pathway redesign. By joining, the CCGs are in a much stronger position to consider these new integrated models in the future.

An agenda for change – NHS England clearly recognises the appetite amongst some CCGs to come together to more effectively address the growing challenges being faced across health and social care. In acknowledgement of this, NHS England for the first time issued guidance in November 2016 around CCG mergers, paving the way for this to happen. This move will ensure

that the CCGs proactively strengthen the commissioning role across the health and social care system across the bigger geographical footprint in response to the five-year forward view agenda.

By taking action now, the CCGs will be better able to shape a strengthened commissioning entity around their distinct health and social care system. This will create a CCG that can deliver improved outcomes across a bigger geographical footprint, whilst retaining the ability to respond sensitively to its local communities.

It is probably fair to say that the level of change needed across the health system over the next five years is greater than anything which has gone before. No one organisation has the capacity and capability to lead these changes.

The work undertaken with AQuA led to the product described in Appendix 1, which concluded that the optimum footprint for CCGs was to work in pairs or trios as follows:

- Liverpool, Southport & Formby and South Sefton CCGs
- Knowsley and St Helens CCGs
- Halton and Warrington CCGs

The paper also set out a range of options for how joint working could be strengthened across Liverpool, Southport & Formby and South Sefton CCGs.

5. Way Forward

NHS Liverpool, NHS Southport & Formby and NHS South Sefton CCGs' Governing Bodies considered the paper and supported the case for change and to work on this footprint. They signed up to a process whereby the organisational options (Appendix 1 & 3) would be reviewed by each Governing Body individually against a set of agreed criteria (Appendix 2); with the results to be shared to see if a preferred option could be reached. If so, the aim was to present that preferred option to the formal Governing Body meetings of each CCG in March 2017.

At the Tri Governing Body discussion on 26th January 2017, it was concluded that options 1, 2 and 3 did not support improved commissioning and thereby would not improve health service delivery. As such, they were discounted. This debate led to an agreed direction of travel, concluding that merger (Appendix 4a-4C) would best enable us to meet the future challenges. It was also agreed that a joint committee with delegated responsibility for all the CCGs' work is established to achieve this.

By merging, the Governing Bodies believe this will strengthen the focus on both transformation programmes, Shaping Sefton and Healthy Liverpool. Importantly, the Governing Bodies felt this would enable them to achieve more together for their local populations, utilising talent and skills across the three organisations, building on positive relationships whilst responding to increasing financial challenges.

Some key principles for how this is taken forward were agreed (Appendix 5); these underpin the approach described below.

6. Establishing a Joint Committee

In line with the direction of travel set out above, the first step would be to establish a Joint Committee across the three CCGs for the period to April 2018.

The legal basis on which the CCGs can agree to jointly exercise a group of their functions through delegating them to a joint committee is through the powers under section 14Z3 of the NHS Act 2006 (amended) which provides that:

'(1) Any two or more clinical commissioning groups may make arrangements under this section

(2) The arrangements may provide for:

(a) One or more of the clinical commissioning groups to exercise any of the commissioning functions of another on its behalf, or

(b) All the clinical commissioning groups to exercise any of their commissioning functions jointly.

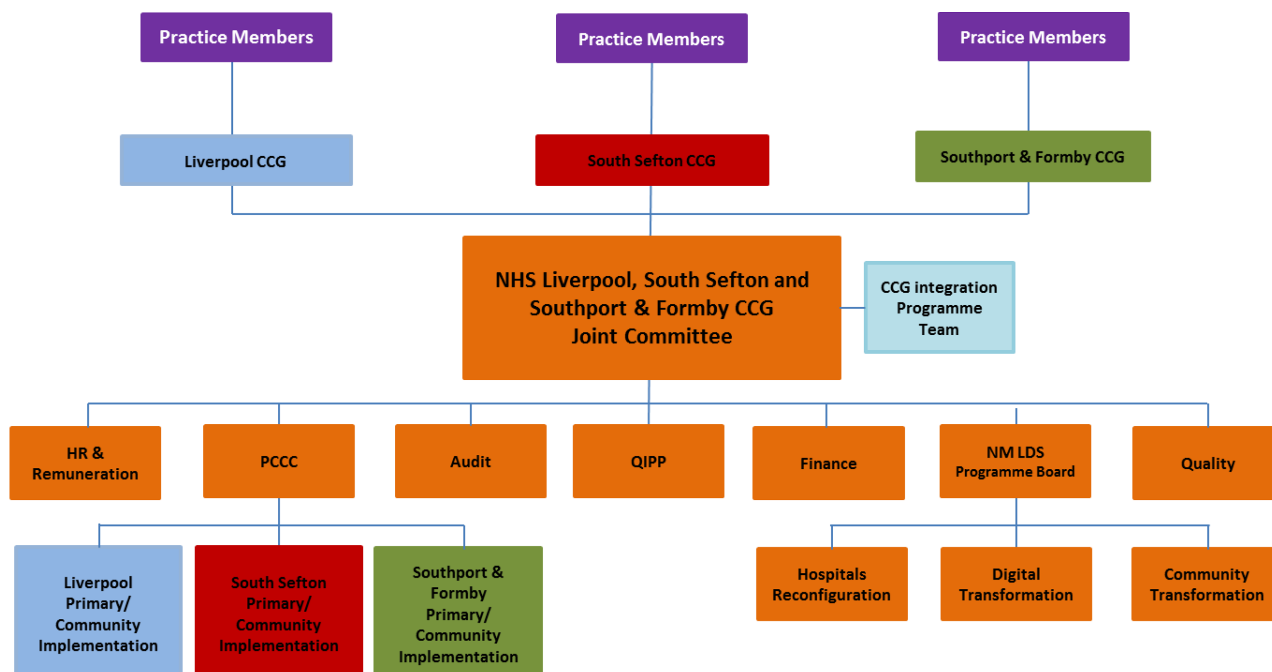
(2A) Where any functions are, by virtue of subsection (2) (b) exercisable jointly by two or more clinical commissioning groups, they may be exercised by a joint committee of the groups ….

(7) In this section, 'commissioning functions' means the functions of clinical commissioning groups in arranging for the provision of services as part of the health service (including the function of making a request to the Board for the purposes of section 14Z9).'

This is confirmed in each of the CCG Constitutions.

7. Proposed Governance Structure for the Joint Committee arrangement

A proposed governance structure is as follows:



Some key points to note:

a) Joint Committee

This will have delegated responsibilities for the commissioning functions of each CCG and so be responsible for strategy, performance and governance. The Joint Committee would also oversee the merger process. As such, the membership is required from each constituent CCG. The detail of which will need to be developed within the planned timelines.

b) Audit (Committees In Common)

Each CCG is required to have an Audit Committee with membership drawn from its constituent Governing Body. It is suggested that these meet as Committees in Common, ie each committee meets concurrently. Each Audit Committee requires its own Chair, and it is proposed that the three Audit Chairs are members of the Joint Committee.

c) Remuneration (Committees In Common)

As with the Audit Committee, each CCG is required to have a Remuneration Committee. It is suggested that these also meet as Committees in Common.

d) Primary Care Commissioning Committee (PCCC)

NHS Liverpool CCG has delegated responsibility for primary care commissioning. NHS Southport & Formby CCG is co-commissioning with NHSE (level 2) from April 2015 and NHS South Sefton CCG will move to (level 2) in April 2017. As such, the committee needs to be structured to enable the different responsibilities across the CCGs to be discharged. This will need further consideration and discussion with NHSE.

e) Other Committees

All other committees will operate in a fully integrated way, taking responsibility for the range of work of all three CCGs.

f) Primary / Community Services Transformation

In order to ensure that commissioning strategies for primary / community services are developed and implemented in a way which meets local needs, it is proposed that three separate Primary / Community Services Implementation Groups are established, with membership drawn primarily from the respective Governing Bodies to include practice representatives such as Practice Nurse and Practice Manager. This could also include Healthwatch and Public Health input as required. These groups will report into both the PCCC and the North Mersey Local Delivery System Board.

g) CCG Integration Programme Board

A CCG Integration Programme Board will be established, responsible for overseeing bringing the organisations together and reporting into the Joint Committee. This will be led by a Programme Director, Lay Member and Clinical Lead, all of whom will be co-opted onto the Joint Committee.

h) Quality, Innovation, Productivity, Prevention Committee (QIPP)

The QIPP Committee will oversee programmes across the three CCGs, ensuring co-ordinated approaches where this makes sense and maximising their impact.

i) **Health and Wellbeing Boards**

Recognising the importance of maintaining a local focus, the CCGs will of course still be full partners on the Health and Wellbeing Boards for Sefton and Liverpool, and continue to support the development of and response to the respective Joint Strategic Needs Assessment.

8. Timescales for establishing the Joint Committee (please see note on member / stakeholder engagement and approval below)

It is proposed that the Joint Committee is in place by June 2017. In order for this to happen, the membership needs to be confirmed by each Governing Body, including the Accountable Officer, Chief Finance Officer and Chief Nurse. It is suggested that these posts are recruited to during May 2017. This would then enable the management teams across the three CCGs to be brought together, with a new structure in place by October 2017, with the joint committee structure operational from this point. It should be highlighted that NHSE's approval for sharing a managerial leadership team (AO / CFO / Chief Nurse) across CCGs is required.

All other members of the Joint Committee can be nominated by each Governing Body.

9. Merging the CCGs - Steps required

'Procedures for clinical commissioning groups to apply for constitution change, merger or dissolution' sets out the procedure to agree a CCG merger (NHSE 2016). It highlights that mergers require the commitment of and leadership of CCG Governing Bodies and should only be considered when there are demonstrable benefits to patients.

In considering the new arrangements, NHSE will take into account the following factors:

- **Coterminosity with local authorities**
- **Clinically-led** – including how members will participate in decision making
- **Financial Management** – proper stewardship of financial funds
- **Arrangements with other CCGs** – for example to lead commissioning arrangements
- **Commissioning support** – whether there are good arrangements for commissioning support
- **Strategic purpose** – to provide a logical footprint for sustainability and transformation
- **Prior progress** – that mergers are a 'natural next step' building on existing joint working
- **Leadership support** – of Governing Bodies and wider strategic support, or as part of an agreed turnaround plan
- **Future-proofed** – in terms of new arrangements eg MCPs, PACs, devolution, etc
- **Ability to engage with local communities** – the larger geography cannot be at the expense of GP / community engagement
- **Optimising use of administrative resources** – merger should show how 20% in running costs is released to support local system transformation[1]

[1] Such as Healthy Liverpool, Shaping Sefton and the requirements of the North Mersey LDS. By coming together we would be able to reduce cost in a number of non-staffing areas, such as the costs associated with holding three governing body meetings instead of one. These areas of duplication would greatly contribute to this efficiency savings target.

CCGs wishing to merge are required to apply in writing by no later than 31 July of the year preceding the intended merger date, which should commence from the start of a financial year. A single application must set out how it meets all the eleven tests described above, and it should have been discussed and ideally agreed with CCG member practices and considered by local stakeholders including the Local Authorities and local Healthwatchs.

NHS England's Commissioning Committee will approve the final decision on merger proposals, based on recommendations from the executive board, co-ordinated by the National Director of Operations and Information.

10. Joint working with the Local Authorities

A key relationship in all of this is with the Local Authorities. As stated above, the CCGs will still be full partners on the Health and Wellbeing Boards for Sefton and Liverpool, and continue to support the development of and response to the respective Joint Strategic Needs Assessments.

In addition, work is progressing across Liverpool, Sefton and Knowsley Local Authorities to bring together adult social care commissioning, with a tri-partite agreement in place setting out how this will work. At CCG level, there are joint posts with the Local Authorities. In Liverpool, there are joint programmes with the City Council for Mental Health, Healthy Ageing and Living Well. Whilst in Sefton joint roles include Mental Health and Children's Services with Knowsley enjoying joint roles for Urgent Care and discharge planning. These are key to sustainability and improved outcomes for patients. Therefore, bringing the CCGs together needs to be done in such a way that joint working with the Local Authorities is both maintained and further strengthened. This is being considered with Local Authority Chief Executives and other colleagues. Given the relationship between Liverpool, Sefton and Knowsley Local Authorities, the three CCGs have been clear that Knowsley CCG can be part of new joint arrangements in the future.

11. Public Engagement

Whilst there is no requirement for formal public consultation on these changes, the Governing Bodies are keen that the changes are explained to the public, so they are assured of their continued ability to inform the shape their local NHS. As such, a programme of public engagement will be scheduled during this period of change to include working with Healthwatch organisations in both areas.

12. Practice Member Engagement

Practice members will need to support the proposal to form a new CCG across Liverpool, Southport & Formby and South Sefton. If this direction of travel is endorsed by the Governing Bodies, there will need to be a formal mechanism to assess this support.

Whilst existing CCG constitutions allow for the establishment of a Joint Committee and delegation of commissioning responsibilities to that Committee and as such formal approval is not required, it will still be important that practices understand the changes and how they can continue to shape commissioning locally.

13. Challenges and risks

As well as the opportunities described above, there are undoubtedly some challenges and risks in moving forward in this way. These include:

- Bringing together the different cultures across three organisations;
- Ensuring a bigger structure connects with the local communities;
- Managing the differences across Governing Bodies and its constituent practices, including the makeup and remuneration of the governing bodies;
- Ensuring that the skills of all Governing Body members and CCG staff are used to optimum effect in the new arrangements;
- Maximising local clinical input;
- Maintaining delivery of cost savings and financial duties;
- Managing the differences in financial position across the three CCGs in an equitable way;
- Ensuring existing strategies are built upon;
- Ensuring that local relationships are not lost, recognising differences in key community influencers and decision makers;
- Ensuring a smooth transition for staff;

The CCG Integration Programme team will need to identify all such challenges and risks and ensure they are managed and mitigated effectively.

14. Next steps

If approved by the Governing Body of each CCG, the next steps would be as follows:

MAR 2017	Formal discussion with NHSE regarding direction of travel, including seeking approval for establishment of single management team in order to set up the Joint Committee.
APRIL 2017	Approval sought from membership for establishment of single CCG across Liverpool, South Sefton and Southport & Formby. Confirmation of support sought from Local Authorities and Healthwatchs Confirm arrangements for informing the wider public
MAY 2017	Membership/Terms of reference for Joint Committee approved by each Governing Body. Each Governing Body to confirm membership of Joint Committee. Appointment of AO, CFO and Chief Nurse posts, subject to NHSE support.
JUNE 2017	1st meeting of Joint Committee – will include signing off senior management structure and process for appointments. Monthly meetings thereafter to consider and take actions on strategy, performance and governance in an integrated way across all three CCGs.
JULY 2017	Senior management team in place (including identifying person to oversee the merger). Application for the merger from April 2018 (subject to practice member support).
AUG-OCT 2017	New structure agreed.
OCT-MAR 2018	All work required to merge the three CCGs undertaken.
APRIL 2018	New CCG established.

15. Conclusion

The demand for health and social care continues to grow and to outstrip the expected growth in resources available. In response to this, organisations across North Mersey have been 'acting as one', signing up to a programme of work to make best use of resources across primary, social care, community and hospital settings. As part of this, commissioning organisations need to have clarity of vision on a footprint which makes sense for taking strategic decisions which enable change to happen.

Bringing together Liverpool, South Sefton and Southport & Formby CCGs will consolidate clinical leadership capacity and maintain credibility with member practices or local communities.

Katherine Sheerin & Fiona Taylor
March 2017

Appendices

Appendix 1	–	Discussion paper (extract) to explore future joint working arrangements across Liverpool, South Sefton and Southport & Formby CCGs (Nov 2016)
Appendix 2	–	Organisational options
Appendix 3	–	Criteria for assessing the options
Appendix 4a-4c	–	Results of the options appraisal
Appendix 5	–	Principles for taking this forward (agreed by CCG GBs Jan 2017)

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Appendix 1

DISCUSSION PAPER TO EXPLORE FUTURE WORKING ARRANGEMENTS ACROSS LIVERPOOL, SOUTH SEFTON AND SOUTHPORT & FORMBY CCGS

1. PURPOSE

The purpose of this paper is to update the three Governing Bodies (Liverpool, South Sefton and Southport & Formby CCGs) on discussions regarding joint working across CCGs, and to propose some options for the future for debate.

2. BACKGROUND

At its meeting in July, the Liverpool City Region CCG Alliance considered a paper which outlined a case for change for how clinical commissioning is organised, presented some options for how CCGs across North Mersey / the Alliance could work together in the future and provided a framework for discussion.

3. DRIVERS FOR CHANGE

The paper set out the following drivers for change:

- Capacity of CCGs to lead the changes needed
- A strengthening provider landscape
- The advent of accountable care systems
- Lack of clear national direction in relation to clinical commissioning

It is probably fair to say that the level of change needed across the health system across the next five years is greater than anything which has gone before. No one organisation has the capacity and capability to lead these changes.

4. OUTCOME OF DISCUSSIONS

The CCGs agreed to undertake a series of workshops, facilitated by AQUA, which explored further:

- The case for change
- The options for geographic configuration
- The organisational models
- Criteria against which to assess models

in order to arrive at recommended options for the future.

These workshops took place in August, September and October 2016. The output of the workshops offering, in summary the preferred way forward was for local groupings of CCGs to work together to explore future organisational arrangements and how best to achieve system changes whilst maintaining an emphasis on local needs.

The groupings are as follows:

- Halton and Warrington CCGs
- Knowsley and St Helens CCGs
- Liverpool, South Sefton and Southport & Formby CCGs

However, the work did not reach conclusions about organisational models, given it will be for the local groupings to determine. The rest of this paper considers the options and some of the issues in relation to this.

5. ORGANISATIONAL / GOVERNANCE OPTIONS

Whatever the preferred option, a robust governance framework will need to be developed to ensure that changes all are considered and decisions made in accordance with due and diligent process following legal requirements. This will require further work as part of the agreed next steps, to support the required organisational model.

Option 1

Run all / most programmes jointly with individual senior management teams in place (ie three Governing Bodies and separate governance structures are maintained).

Option 2

Create a joint committee with delegated responsibilities for work programmes and decisions which are best taken at North Mersey level with individual management teams remaining in place (ie each Governing Body delegates responsibilities and decision making to the joint committee).

Option 3

Run all / most programmes jointly with shared management team but not a joint committee (ie three Governing Bodies and separate governance structures are maintained).

Option 4

Create a joint committee with delegated responsibilities for all CCG responsibilities with shared management team (similar to the arrangement which operated in the PCT Cluster).

Option 5

Full merger.

To summarise the changes -

Option	Each Governing Body is maintained?	Decision making is kept within each CCG?	Each Management Team is maintained?
1	Yes	Yes	Yes
2	Yes	No	Yes
3	Yes	Yes	No
4	Yes	No	No
5	No	No (one CCG)	No

NB - A ‘yes’ answer above indicates no change from now.

6. CRITERIA FOR ASSESSING OPTIONS

The criteria used to assess geographic options should be reviewed and adapted to assess the organisational models described above.

7. NEXT STEPS

It is suggested that a process to define the organisational model is agreed, and then a project plan for implementing the change is drawn up. This needs to be overseen by members of each GB and Senior Management Team, with regular reports back to full Governing Bodies.

8. QUESTIONS FOR CONSIDERATION

a. Do the three GBs support the case for change?

b. Do the three GBs support the working footprint to be Liverpool, South Sefton and Southport & Formby CCGs?

c. What further organisational models could there be?

d. Are there any which we can rule out?

e. What criteria should we use to assess the models?

f. How should this be done?

g. What timeframe should we work to?

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Appendix 2

Criteria mapped to CCG Improvement and Assurance Framework 16/17

Better Health
- Address health inequalities
- Enables health outcomes to be improved for all

Sustainability
- VFM
- Enables system level change
- Enables Greater integration between Health and Social Care
- maximum opportunities for social value

Leadership
- Enhancing effective and efficient clinical leadership
- Greater influence over provider for commissioners one single voice
- Acceptability to membership
- Maximise workforce talent
- Able to manage complexity of System
- Enables local sensitivities to be recognised

Better Care
- Optimize local patient flows
- Improve access to services
- Improve quality of services

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Appendix 3

Organisational options

- **Option 1** Run programmes jointly with individual senior management teams in place (ie three Governing Bodies and separate governance structures are maintained)
- **Option 2** Create a joint committee with delegated responsibilities for work programmes and decisions which are best taken at North Mersey level with individual management teams remaining in place (ie each Governing Body delegates responsibilities and decision making to the joint committee)
- **Option 3** Run programmes jointly with shared management team but not a joint committee (ie three Governing Bodies and separate governance structures are maintained)
- **Option 4** Create a joint committee with delegated responsibilities for all CCG responsibilities with shared management team (similar to the arrangement which operated in the PCT Cluster).
- **Option 5** Full merger

Appendix 4a – Results of options appraisal by each GB

Southport & Formby[2]	Better Health	Leadership	Sustainability	Better Care	Total
Option 1 Run programmes jointly with individual senior management teams in place (ie three Governing Bodies and separate governance structures are maintained).	7	11	10	8	36
Option 2 Create a joint committee with delegated responsibilities for work programmes and decisions which are best taken at North Mersey level with individual management teams remaining in place (i.e. each Governing Body delegates responsibilities and decision making to the joint committee).	7.5	10	10	6	33.5
Option 3 Run programmes jointly with shared management team but not a joint committee (i.e. three Governing Bodies and separate governance structures are maintained).	6	10	10	6	32.0
Option 4 Create a joint committee with delegated responsibilities for all CCG responsibilities with shared management team (similar to the arrangement which operated in the PCT Cluster)	9	17	12	10	48
Option 5 Full Merger	6	16	13	10	45

[2] Governing body members agreed that by scoring option 4 the highest they were expressing their judgement that this would be the best way to retain their locality structure whilst moving to their preferred option to merge - 5 - as quickly as possible.

Appendix 4b – Results of options appraisal by each GB

South Sefton	Better Health	Leadership	Sustainability	Better Care	Total
Option 1 Run programmes jointly with individual senior management teams in place (i.e. three Governing Bodies and separate governance structures are maintained).	7	10	15	4	36
Option 2 Create a joint committee with delegated responsibilities for work programmes and decisions which are best taken at North Mersey level with individual management teams remaining in place (i.e. each Governing Body delegates responsibilities and decision making to the joint committee).	5	9	12	4	30
Option 3 Run programmes jointly with shared management team but not a joint committee (i.e. three Governing Bodies and separate governance structures are maintained).	8	10	14	7	39
Option 4 Create a joint committee with delegated responsibilities for all CCG responsibilities with shared management team (similar to the arrangement which operated in the PCT Cluster)	4	14	14	8	40
Option 5 Full Merger	8	18	15	10	51

Appendix 4c – Results of options appraisal by each GB

Liverpool	Better Health	Leadership	Sustainability	Better Care	Total
Option 1 Run programmes jointly with individual senior management teams in place (i.e. three Governing Bodies and separate governance structures are maintained).	**34**	**45**	**36**	**24**	**139**
Option 2 Create a joint committee with delegated responsibilities for work programmes and decisions which are best taken at North Mersey level with individual management teams remaining in place (i.e. each Governing Body delegates responsibilities and decision making to the joint committee).	**42**	**52**	**49**	**31**	**174**
Option 3 Run programmes jointly with shared management team but not a joint committee (i.e. three Governing Bodies and separate governance structures are maintained).	**36**	**58**	**54**	**35**	**183**
Option 4 Create a joint committee with delegated responsibilities for all CCG responsibilities with shared management team (similar to the arrangement which operated in the PCT Cluster)	**38**	**76**	**81**	**50**	**245**
Option 5 Full Merger	**41**	**75**	**91**	**51**	**258**

Appendix 5 – Principles agreed by the three Governing Bodies in taking this approach forward

Principles

'Celebrate the differences - All come together'

- Locality v Big Footprint
- Staff involvement/Celebrating the talent
- Membership decision making
- Stakeholder/Partner communication
- Pace/Clarity of timelines
- Social Value-local economies
- Learning from the past
- The 'trade-offs'
- Future state gives greater benefits
- Completed for April 2018

Southport and Formby Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
MARCH 2017

Agenda Item: 17/49	**Author of the Paper:** Martin McDowell Chief Finance Officer Email: Martin.McDowell@southseftonccg.nhs.uk Tel: 0151 247 7000
Report date: March 2017	

Title: Better Care Fund Section 75 Agreement: Extension

Summary/Key Issues:

Work is progressing to establish a new Section 75 which is underpinned by the new Health and Wellbeing Board governance structures.

The guidance supporting the Better Care Fund (and pooled budget) has been delayed and is not available at this time. The CCG's will need to understand the implications of this guidance before they can agree a new Section 75 agreement. It is therefore recommended the CCG continues with the existing section 75 agreement, by agreeing the extension for a further year, with a view to an in-year revision once the implications of the new guidance are understood and a revised plan agreed with other partners.

Recommendation

The Governing Body is asked to :-

- Approve the extension of the Better Care Fund Section 75 agreement for a further 12months by invoking the extension clause which exists in the current agreement.
- Give delegated authority to the CCG Chair, the Chief Officer and the Chief Finance Officer to sign off a revised BCF and section 75.

Receive	
Approve	X
Ratify	

Links to Corporate Objectives *(x those that apply)*	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.

x	To ensure that the CCG maintains and manages performance and quality across the mandated constitutional measures.
x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

NHS
Southport and Formby
Clinical Commissioning Group

Report to Governing Body
March 2017

1. Background

Both Southport and Formby and South Sefton CCGs entered into a partnership arrangement with Sefton MBC under section 75 of the National Health Act 2006, to enable the establishment of pooled budgets to operate across the three parties. This was undertaken in line with the establishment of the Better Care Fund.

The Agreement established that the "term" was 2 years from 1st April 2015 to 31st March 2017, with an option to extend for a further year with the agreement of all parties.

All parties are currently collaborating to establish a revised version of the section 75 for implementation in 2017/18 financial year.

2. Proposed new Section 75

The work to establish a new Section 75 is being progressed and is underpinned by the new governance structures supporting the Health and Wellbeing Board, notably through the Executive Management Group (EMG) and Integrated Commissioning Group (ICG), with the latter having identified the key priorities for focus across Sefton. In addition there is a Pooled Budget group which focuses on the financial detail of the pool and risk share and reporting arrangements.

The guidance supporting the Better Care Fund (and pooled budget) has been delayed and is not available at the time of writing this paper, although thought to be imminent. The CCG will need to understand the implications of this guidance before they can agree a new Section 75 agreement. On this basis, the CCG is advised to continue with the existing Section 75 agreement by agreeing the extension for a further year with a view to an in-year revision once the implications of the new guidance are understood and a revised plan agreed with other partners. At the point such an agreement was reached all parties would be in a position to revoke the extension clause.

3. Next steps

As the Better Care Fund (BCF) guidance is expected imminently, and a tight timescale delivery expected, the proposed next steps are:-

- That key managerial leads for both Sefton CCGs and Sefton Council respond to the BCF guidance, when published, to design the 17/18 BCF and associated new Section 75 agreement, working though the Integrated Commissioning Group and

Pooled budget group as appropriate and reporting to the Health and Wellbeing Board Executive Group.

- The Integrated Commissioning Group to confirm the criteria for pooling resources for 2017-18 and beyond in line with the direction of travel approved in the Making It Happen: Sefton's Health and Social Care Integration Strategy, approved by the Governing Body in January 2017, in order to underpin the above work.
- That the two Sefton CCG Chairs, Chief Officer and Chief Finance Officer are given delegated authority to sign off a revised BCF and Section 75 to facilitate action to meet possible tight timescales.
- That the Governing Body be given regular updates on progress and ratification of any key decisions made, if delegated authority is given to proceed.

4. Recommendation

The Governing Body is asked to:

- Approve the extension of the Better Care Fund Section 75 agreement for a further 12months by invoking the extension clause which exists in the current agreement.
- Give delegated authority to the CCG Chair, the Chief Officer and the Chief Finance Officer to sign off a revised BCF and section 75.

Martin McDowell
Chief Finance Officer
March 2017

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
MARCH 2017

Agenda Item: 17/50	**Author of the Paper:** Mel Wright Planning Lead melanie.wright@southseftonccg.nhs.uk
Report date: March 2017	

Title: Shaping Sefton to the Five Year Forward View

Summary/Key Issues:

The purpose of this report is to consider the CCG's Shaping Sefton schemes and priorities understand how these translate on a North Mersey footprint and to review the organisation's corporate objectives.

Recommendation

The Governing Body are asked to:

Receive	x
Approve	x
Ratify	

(i) receive assurance that the CCGs' work programmes and priorities are adequately represented within the North Mersey Demand Management workstream and that appropriate managerial and clinical support remains;

(ii) approve the corporate objectives set out in point 4 above.

Links to Corporate Objectives *(x those that apply)*	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.

Links to Corporate Objectives *(x those that apply)*	
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

NHS
Southport and Formby
Clinical Commissioning Group

Report to Governing Body
March 2017

1. Introduction

1.1. The purpose of this report is to consider the CCG's Shaping Sefton schemes and priorities set out in 2015 as part of the 5-year strategic planning process and understand how these are now incorporated into the future planning process on a North Mersey footprint.

1.2. Given this review, it would also seem an appropriate juncture at which to review the organisation's corporate objectives.

2. Background

2.1. In 2015, the CCGs produced Shaping Sefton[1] which set out our 5-year strategy for improving health and healthcare in Sefton and identifying eight priority transformational programmes in support thereof:

- Primary care
- Community care
- Urgent care
- Mental health
- Care for older and more frail people
- Intermediate care
- Cardiovascular disease
- Respiratory disease.

Shaping Sefton also set out our aspirations:

- *"To spend less of our money on hospital based care, so we can spend more on services that are based closer to people's homes in places like GP practices, clinics and other community centres. A range of different health and social care services will be wrapped around our GP practice localities and their patients. This will make it easier for you to access healthcare, as well as improving your experience of the support you receive.*

- *Health and care services to be more joined up, so you don't have to tell your story over and over again to all the different organisations involved in your care because they work better together. We expect hospitals, community services, GP practices and even social care will work together more seamlessly using up to date technology, so your care is more effective.*

- *Hospitals to concentrate on providing you with the most effective care should you be seriously ill, along with any specialist services you may need – some of these could also be delivered by hospital staff in community clinics, so they come to you.*

- *More support so you can better manage your health and wellbeing to prevent you from*

[1] http://www.southseftonccg.nhs.uk/media/1312/ssccg-shaping-sefton-september-2015.pdf / http://www.southportandformbyccg.nhs.uk/media/1386/sfccg-shaping-sefton-september-2015.pdf

> *becoming ill. If you have a long term condition like diabetes or asthma, we want to provide services that help you stay as well as possible for as long as possible.*
>
> - *You to have the confidence to care for minor illnesses and ailments yourself – known as self-care - through better information and advice that is easier to find, which could be from the internet, over the phone, or your local chemist.".*

2.2. These plans were refined and set out in more detail in our Commissioning Strategy and Blueprint (2015)[2] when the need for a whole system approach to transformation was also identified (page 9) as a necessity in terms of delivery:

> *"Our vision will be delivered in collaboration with our partners through our high impact transformation programmes. These programmes will focus on three key principles:*
>
> - *Whole system transformation with collective ownership and culture change of all partners*
> - *Patient pathways rather than organisational structures*
> - *Clinical and patient led.".*

The Blueprint goes on to describe the appropriate next steps to progress the vision and objectives set out in The NHS Five Year Forward View (FYFV):[3]

> - *Undertake an in depth process with our partners to include more detailed agreement of the whole system programmes enabled through the overarching Shaping Sefton programme.*
> - *Establish cross-organisation governance protocols.*
> - *Agree phased priority approach.*
> - *On-going evidence-based analysis of outcomes of new care models.*
> - *Regular review of programmes against plan.*
> - *Changes to be implemented from years 2015/16, with whole system change embedded by 2020.*

3. Informing the Development of the Cheshire and Merseyside Five Year Forward View

3.1. During the last six months, the schemes and programmes described in paragraph 2 above, have been used to shape and inform the development of the North Mersey Local Delivery System schemes and priorities and, in turn, those of the Cheshire and Merseyside Five Year Forward View.

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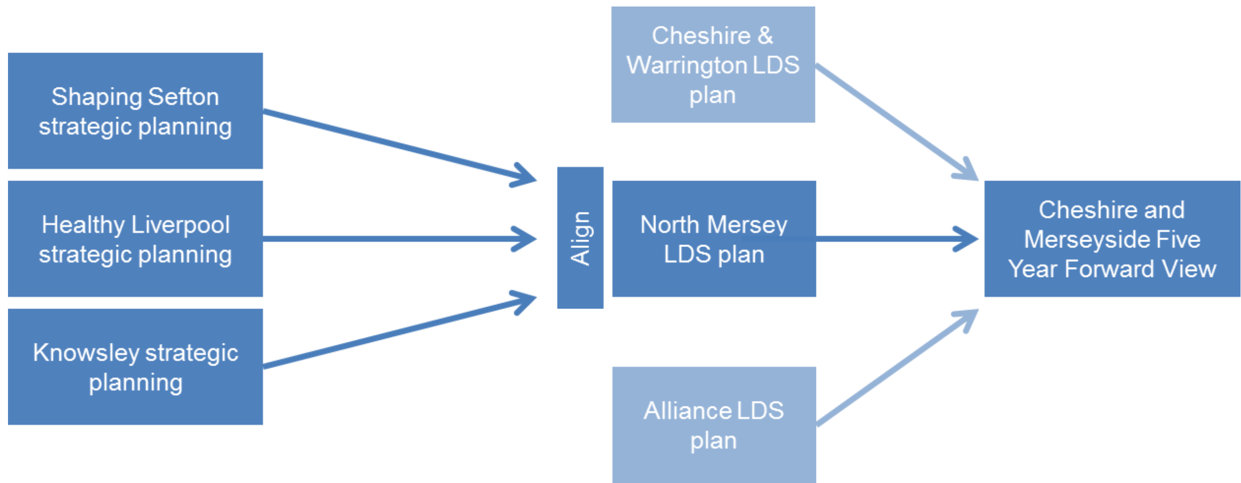
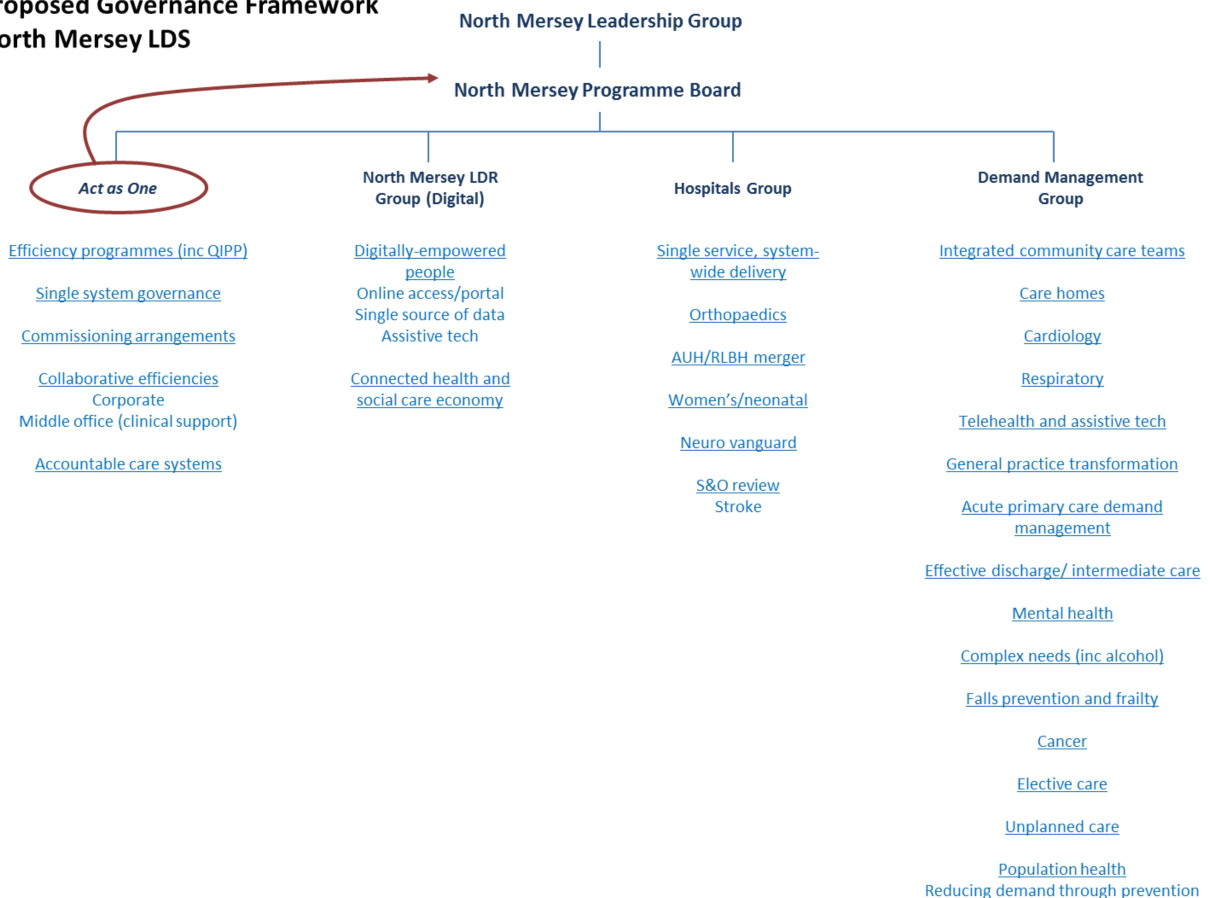
[2] http://www.southseftonccg.nhs.uk/media/1157/blueprint-for-transforming-services-june-2015.pdf

[3] https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf



3.2. These work programmes have also been considered at a North Mersey as part of the joint commissioning agenda to understand the synergies and combine efforts to create a single plan. A governance framework has been created to ensure all priorities are appropriately captured and it can be seen that all of the Shaping Sefton priorities are included.



3.3. Each of these programme areas are now considered in turn.

Demand Management workstream	Elements of Shaping Sefton incorporated
Integrated community care teams	Considerable synergy identified between Sefton and Liverpool schemes, although acknowledgement as to need for local approach.
Care homes	Sefton's Care Homes Improvement Project being considered for rollout across North Mersey.
Cardiology	Considerable synergy identified between Sefton and Liverpool schemes. Joint working group established to refine.
Respiratory	Considerable synergy identified between Sefton and Liverpool schemes.
Telehealth and assistive tech	Considerable synergy identified between Sefton and Liverpool schemes.
General practice transformation	Considerable synergy identified between Sefton and Liverpool schemes, although acknowledgement as to need for local approach.
Acute primary care demand management	Considerable synergy identified between Sefton and Liverpool schemes, although again, acknowledgement as to need for local approach.
Effective discharge/ intermediate care	North Mersey Integrated Community Reablement and Assessment Service developed collaboratively.
Mental health	Considerable synergy identified between Sefton and Liverpool schemes. Joint working group established to refine
Complex needs (inc alcohol)	New specific workstream for Sefton, although some work on Alcohol is already in place.
Falls prevention and frailty	Frailty case for change being developed at a North Mersey level.
Cancer	Considerable synergy identified between Sefton and Liverpool schemes. Joint working group established to refine.
Elective care	Considerable synergy identified between Sefton and Liverpool schemes.
Unplanned care	Considerable synergy identified between Sefton and Liverpool schemes.
Population health	New specific workstream for Sefton.
Reducing demand through prevention	New specific workstream for Sefton.

4. Corporate Objectives

As the CCGs' strategic aims remain the same for the year 2017/18, it is suggested that the current corporate objectives of 2016/17 remain appropriate and relevant, save for the following minor update, underlined below:

- to focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target;
- to progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the North Mersey LDS;
- to ensure that the CCG maintains and manages performance and quality across the mandated constitutional measures;
- to support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract;
- to advance integration of in-hospital and community services in support of the CCG locality model of care;
- to advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

5. Conclusions

5.1. Further guidance on the delivery of the FYFV notwithstanding, the direction of travel in terms of whole system programmes/large scale change by 2020 and the need for cross-organisational governance protocols was clearly identified as a requirement by the CCGs as early as 2015.

5.2. As part of the commissioning system local evolution, the strategic priorities and programmes identified within Shaping Sefton have been adequately captured and are represented within the North Mersey Demand Management workstream. Further assurance can be gained by managerial and clinical leads remaining static pending full assurance on delivery during the transition process.

6. Recommendations

The Governing Body are asked to:

6.1. receive assurance that the CCGs' work programmes and priorities are adequately represented within the North Mersey Demand Management workstream and that appropriate managerial and clinical support remains;

6.2. approve the corporate objectives set out in point 4 above.

Mel Wright
Planning Lead
March 2017

Key Issues Report to Governing Body

NHS
Southport and Formby
Clinical Commissioning Group

Finance and Resource Committee Meeting held on Wednesday 16 November 2016	Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
• The CCG is reporting a likely case deficit of £8.347m compared to plan of £4.000m and revised forecast outturn of £7.000m reported to NHSE.	• The CCG is unlikely to meet its target of £4.000m deficit as outlined within its legal directions. Financial sustainability should be considered as the key risk facing the CCG.	• The CCG must find additional savings to meet the target set by NHSE within its legal directions.

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

- The Finance report shows best case scenario as £7.000m deficit, most likely scenario as £8.347m deficit and worst case as £10.347m deficit.
- Main financial risk is under delivery of QIPP.
- Following policies approved: Security Management Policy, Health & Safety Policy and Information Governance Policy and Handbook.
- Financial Strategic Plan discussed. A further update will be presented in January 2017, with a view to having a final strategy for approval in March 2017.
- Notification has been received from NHSE that the CCG's BCF plan for 16/17 has been formally approved.
- Pan Mersey APC recommendation for the commissioning of the following medicines approved:
  - SECUKINUMAB injection (Cosentyx®▼) injection for Ankylosing Spondylitis
  - AFLIBERCEPT intravitreal injection (Eylea®▼) injection for Branch Retinal Vein Occlusion

Key Issues Report to Governing Body

NHS Southport and Formby Clinical Commissioning Group

Finance and Resource Committee Meeting held on Wednesday 18 January 2017	Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
• CCG likely case scenario is £8.5m deficit.	• CCG not on course to deliver its £4.0m financial target set under legal directions.	• Further focus on delivering QIPP plans in Q4 to deliver the CCG's forecast out-turn position.

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

- Committee approved the following six policies:
  - Capability Policy
  - Equality & Diversity Policy
  - Grievance & Disputes Policy
  - Secondment Policy
  - Special Leave Policy
  - Out of Hours/Lone Worker Procedure

- Further scrutiny required regarding the extra CSU services that the CCG has procured to enable QIPP delivery with a focus on value for money.

- Further review of QIPP to assess deliverability of £3.1m planned savings in Q4.

- Joint estates group that covers the LDS was discussed - Committee gave Chief Finance Officer approval to discuss further on basis that a Terms of Reference is brought to a future Committee meeting.

- Repeat Prescription Ordering Service (RPOS) Pilot.
  - Practices involved in the pilot show a reduction of 4.5% in items dispensed.
  - Practices not involved in the pilot show an increase of 1.0% in items dispensed.

- Pan Mersey APC recommendations.
  - SODIUM OXYBATE Oral Solution (Xyrem®) for narcolepsy with cataplexy in adult patients: approved but requires prior approval.
  - BIOLOGICAL AGENTS (Anakinra, Etanercept, Infliximab or Tocilizumab) in adult onset Still's Disease: approved.

- Individual Exceptional Funding Request Summary Quarter 2 report received.
- Committee referred decision regarding community based cardiology service pilot to the Governing Body to enable wider discussion and more participation from non-GP members.

NHS
Southport and Formby
Clinical Commissioning Group

Key Issues Report to Governing Body

Joint Quality Committee Meeting held on 16th November 2016	Chair: Dr Rob Caudwell

Information Points for Southport & Formby CCG Governing Body (for noting)
• S&O CQC Chief Inspector of Hospitals Inspection – published on 16th November 2016. Overall rating 'Requires Improvement'. Caring rated 'good' • S&O Stroke Performance – GP Clinical lead from CCG to discuss with Trust re weekend care of patients presenting with stroke/TIA and undertake a forensic analysis • Looked after Children Annual Report received – recommended presentation to the Governing Bodies • Mental Capacity Act Annual Report received – recommended presentation to the Governing Bodies • Serious Incident Standard Operating Procedures approved • Whistle Blowing Policy (Revised) approved

NHS
Southport and Formby
Clinical Commissioning Group

Key Issues Report to Governing Body

Joint Quality Committee Meeting held on 18th January 2017	Chaired by: Dr Gina Halstead

Information Points for Southport & Formby CCG Governing Body (for noting)
• Corporate Risk Register – Quality Risk Register presented to the Quality Committee • S&O Safeguarding Performance – Contract Query remains in place due to limited assurance from the CCG Safeguarding Service • S&O Mortality – Issue identified with national data upload and has been reported to NHS Digital. NHSE are aware. This may impact on Trust mortality rates. CCG to await confirmation from national data cleansing / review as it may affect other Trusts. • CCG Research Strategy – Updated strategy approved.

Key Issues Report to Governing Body

NHS
Southport and Formby
Clinical Commissioning Group

SF NHSE Joint Commissioning Committee, Wednesday 22nd February, 2017	Chair: Gill Brown

Key Issue	Risk Identified	Mitigating Actions
NHSE Funding to practices	Concern raised that HSCIC financial data is unclear and appears to indicate lower levels of funding for practices when benchmarked with other CCG's	A meeting is being arranged between CCG finance and NHSE finance to explore the HSCIC financial data in more detail.
LQC Phase 2	Frailty Scheme- year end performance	Practices are about to submit year end information in March.
CQC Results- SFCCG practice placed into Special Measures	Local housing development (Blowick Moss) will mean increase in patient numbers which is a risk to practice resilience.	The practice has had a reinspection and CQC felt that a number of the action points had been addressed satisfactorily. NHSE are working with the practice to gain assurance around the action plan.
GP Forward View	A bid for GP Career Plus funding was unsuccessful. Lack of bid approval risks disengagement of practices in GP Forward View Programme.	Assistance from SFCCG localities manager has been arranged to support engagement with further sections of the GP Forward View.

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

NHS
Southport and Formby
Clinical Commissioning Group

Finance and Resource Committee Minutes

Wednesday 16th November 2016, 9.30am to 11.30am

The Marshside Surgery, 117 Fylde Road, Southport, PR9 9XL

Attendees (Membership)		
Helen Nichols	Lay Member (Chair)	HN
Gill Brown	Lay Member	GB
Dr Emily Ball	GP Governing Body Member	EB
Colette Riley	Practice Manager	CR
Fiona Taylor	Chief Officer	FLT
Susanne Lynch	CCG Lead for Medicines Management	SL
Debbie Fagan	Chief Nurse & Quality Officer	DF
Jan Leonard	Chief Redesign & Commissioning Officer	JL
In attendance		
David Smith	Deputy Chief Finance Officer	DS
Rebecca McCullough	Head of Strategic Financial Planning	RM
Mark Jump	Midlands & Lancashire CSU	MJ
Danny Pepper	Midlands & Lancashire CSU	DP
Sam McCumiskey	LSHP & GB Partnerships	SMcC
Ex-officio Member*		
Fiona Taylor	Chief Officer	FLT
Apologies		
Dr Hilal Mulla	GP Governing Body Member	HM
Martin McDowell	Chief Finance Officer	MMcD
Minutes		
Tahreen Kutub	PA to Chief Finance Officer	TK

Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Jan 16	Feb 16	Mar 16	May 16	June 16	July 16	Sept 16	Oct 16	Nov 16	Jan 17
Helen Nichols	Lay Member (Chair)	A	✓	✓	✓	✓	✓	✓	✓	✓	
Dr Martin Evans	GP Governing Body Member	✓	A	✓							
Dr Hilal Mulla	GP Governing Body Member	✓	A	✓	A	✓	A	✓	A	A	
Roger Pontefract	Lay Member	✓	✓								
Colette Riley	Practice Manager	A	✓	✓	✓	✓	✓	✓	A	✓	
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	A	
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	✓	A	✓	✓	✓	✓	
Jan Leonard	Chief Redesign & Commissioning Officer	✓	A	✓	✓	A	✓	✓	✓	✓	
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A	✓	A	A	A	A	A			
Fiona Taylor	Chief Officer	*	*	*	*	*	*	*	*	✓	
David Smith	Deputy Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	
James Bradley	Head of Strategic Finance Planning	✓	N								
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓	✓	✓	✓	✓	✓	✓	
Malcolm Cunningham	Head of Primary Care & Contracting	A	N	N	N	N	N				
Gill Brown	Lay Member				A	✓	✓	✓	✓	✓	
Dr Emily Ball	GP Governing Body Member							✓	✓	✓	

<table>
<tr><th>No</th><th>Item</th><th>Action</th></tr>
<tr><td>FR16/121</td><td>Apologies for Absence
Apologies for absence were received from Dr Hilal Mulla and Martin McDowell.</td><td></td></tr>
<tr><td>FR16/122</td><td>Declarations of interest regarding agenda items
Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.

Declarations declared by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The Register is available via the CCG website at the following link: www.southportandformbyccg.nhs.uk/media/1760/sfccg-register-of-interests.pdf.

Declarations of interest from today's meeting
With reference to item FR16/128 (Estates Working Group – Utilisation Action Plan), EB and CR declared that the Hollies Surgery has submitted a plan for development under the ETTF scheme, which may impact on or be covered within this agenda item. As the ETTF scheme was not going to be discussed under this agenda item (which was going to be specific to the Utilisation Action Plan) the Chair declared that EB and CR can attend and participate in discussion during this item.</td><td></td></tr>
<tr><td>FR16/123</td><td>Minutes of the previous meeting and key issues
The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</td><td></td></tr>
<tr><td>FR16/124</td><td>Action points from the previous meeting

FR16/112: Month 6 Finance Report
- DS said LR has contacted NHSE to seek assurance that the CCG will receive sufficient cash during the year. A cash submission to request further cash has been completed by the CCG. It is expected that the response to the cash submission will be received by the end of November. MMcD to update at next meeting.
- MMcD has undertaken a further review with the finance team of the best and worst case figures in Table F – Risk Rated Financial Position. Figures have been updated. To be discussed in item FR16/129. Action closed.

FR16/112: Month 6 Finance Report
- The budget layout in Appendix 1 - Financial position to Month 6 is still to be amended so that it reconciles with the figures in the prescribing report. DS confirmed this will be done for the next report.
- Evaluation of risks and opportunities – to be covered under item FR16/129 on agenda.
- DS confirmed he has reviewed the Finance Outturn Variance figure in Appendix 1 for this month's report following MMcD's comment at the last F&R meeting, and actioned accordingly. Action closed.

FR16/119: Any Other Business
- Action complete.</td><td>MMcD

RM</td></tr>
<tr><td>FR16/125</td><td>Security Management Policy
MJ said all CCGs need to comply with the Security Management Policy.
FLT said the Security Management Policy will go through CCG internal communication channels (staff bulletin, Senior Management Team members disseminating to respective teams etc.) to ensure all staff members are aware of the policy.</td><td></td></tr>
</table>

Approved

No	Item	Action
	The Committee approved the Security Management Policy.	
FR16/126	**Health & Safety Policy** MJ provided an overview of the Health & Safety policy. FLT said the Health & Safety Policy will go through CCG internal communication channels (staff bulletin, Senior Management Team members disseminating to respective teams etc.) to ensure all staff members are aware of the policy. ***The Committee approved the Health & Safety Policy.***	
FR16/127	**Information Governance Policy and Handbook** DP said all CCG staff members will need to sign to confirm they have read and understood the Information Governance Policy. FLT said the Information Governance Policy and Handbook will go through CCG internal communication channels (staff bulletin, Senior Management Team members disseminating to respective teams etc.) to ensure all staff members are aware of both. ***The Committee approved the Information Governance Policy and Handbook.***	
FR16/128	**Estates Working Group – Utilisation Action Plan** SMcC said the report contains a high level Utilisation Action Plan. The detail is still to be put together. The action plan will be steered and governed by the Sefton Property Estate Partnership group. FLT said Southport and Formby CCG has appointed a new Community Services Provider (Lancashire Care) and highlighted the importance of having them involved with the action plan. SMcC confirmed she has met with JL in regards to this. JL said she has a meeting with the new provider tomorrow. ***The Committee received this report.***	
FR16/129	**Month 7 Finance Report** DS provided an overview of the year-to-date financial position for NHS Southport and Formby Clinical Commissioning Group as at 31 October 2016. The following was highlighted. • Forecast position at Month 7 is a deficit of £7.000m. • The main risk for the CCG is the non-delivery of the QIPP target in the year. • Value of QIPP savings delivered at the end of Month 7 is £3.812m. The CCG needs to deliver a further £8.657m in the year to achieve the forecast position of £7.000m deficit. • Main financial pressures are activity pressures at Southport & Ormskirk Hospital (although the pressure here is lower than at Month 6) and the in-year funded nursing care pressure of £1.205m. • Table F (Risk Rated Financial Position) was presented: forecast deficit is £9.222 before any mitigating actions. After mitigation and further QIPP delivery, the best case scenario is a £7.000m deficit, with most likely scenario being a £8.347m deficit and worst case being a £10.347m deficit. The following comments were made: • Referring to the overspend at Alder Hey, FLT said it would be useful to ascertain whether there is a parallel with performance in paediatrics at Southport & Ormskirk Hospital - i.e. whether there has been a decrease in performance at Southport & Ormskirk Hospital with the increase at	RM

Approved

No	Item	Action
	Alder Hey. RM to look into this. • FLT asked RM for information on the CCG's investment on unplanned care / out of hospital care. RM to action. • HN referred to the first paragraph in the section entitled Aintree University Hospitals NHS Foundation Trust on page 271 – commenting that there is a lot more (than what has been listed) that is contributing to the total year-to-date overspend. RM to address this in the report. • Referring to Graphs 5-7 (which illustrate the Day Case, Elective and Non-Elective costs at Aintree University Hospital Foundation Trust up to Month 6), FLT asked for an analysis on post code. RM to action. • In reference to section 8 (Evaluation of risks and opportunities) – HN said that although the risk associated with Acute Contracts has been mentioned in this section, it has not been factored into the risk rated financial position in Table F. HN felt that there needed to be a review of the worst case scenario to better reflect all issues. RM to address this. • Referring to Appendix 2 (Detailed breakdown of provider costs), HN said that a column has been added to show the FOT Variance (Most Likely) for Month 07 and Month 06 together with the movement between the two months – however, the Month 06 column and movement column is only showing on page 283 of the pack and not on page 282. RM to correct. ***The Committee received this report.***	RM RM RM RM RM
FR16/130	**Financial Strategy Update** RM provided an overview of the Financial Strategy update 2016/17-2020/21, highlighting the following: • The report is an update to the long term financial strategy for the CCG and the assumptions that underpin it. • A further update will be presented in January 2017, with a view to having a final strategy for approval in March 2017. • 2017/18 business rules (NHSE) for commissioners will remain similar to those in 2016/17 – expected that CCGs will be required to meet a surplus of 1%. • To achieve financial target in 2017/18, the CCG needs to deliver a £14.8m QIPP programme between October 2016 and March 2018 and mitigate any risks that materialise in the year. • The strategy plans for a 1% improvement to the financial position in each year of the planning period through achievement of recurrent cost reductions. • The CCG is holding a 1% non-recurrent reserve, which is a requirement by NHSE; the financial plan assumes this will be released by the CCG and will improve the outturn position from the forecast £7.000m to £5.200m. The following comments / queries were raised: • FLT queried whether the 1% non-recurrent reserve will return to the CCG in 16/17 to support the financial position and said she would raise this with NHSE. • FLT asked if the financial plan covers parity of esteem. RM confirmed it does. • HN said it would be useful to see a trend analysis of how costs have increased for acute care over the last few years. FLT commented that this could be done but with the caveat that figures may have been affected by tariffs. It was agreed for a trend analysis to be done for costs as well as activity in relation to acute care over the last three years. • HN raised the subject of block contracts and noted that fixed payments to providers would remove the opportunity to achieve QIPP. RM to raise	FLT RM

Approved

No	Item	Action
	with MMcD who is to feedback at the next Finance & Resource meeting. • RM noted that there are still changes to be made to the plan which will be actioned before an update is brought back to the committee in January. DF commented that care homes need to be factored into the plan. RM to action. ***The Committee received this report.***	RM/MMcD RM
FR16/131	**Prescribing Performance Report** SL noted the Southport and Formby position for month 5 shows an underspend of £672k (-3.1% on a budget of £21,925,422). Overall Southport and Formby GP surgeries are forecasting an underspend. ***The Committee received this report.***	
FR16/132	**Pan Mersey APC Recommendations** SL asked for the committee's approval of the Pan Mersey APC recommendation for the commissioning of the following medicines: • SECUKINUMAB injection (Cosentyx®▼) injection for Ankylosing Spondylitis • AFLIBERCEPT intravitreal injection (Eylea®▼) injection for Branch Retinal Vein Occlusion ***The Committee approved the Pan Mersey APC recommendation for the commissioning of the above medicines.***	
FR16/133	**Merseyside Local Digital Roadmap** The report provides details of further information submitted re. the Merseyside Local Digital Roadmap in response to gaps identified by NHS England. ***The Committee received this report.***	
FR16/134	**Better Care Fund Update** DS said notification has been received from NHSE that the CCG's BCF plan for 16/17 has been approved.	
FR16/135	**Terms of Reference** The changes to the Terms of Reference were noted. ***The Committee approved the changes to the Terms of Reference.***	
FR16/136	**Any Other Business** HN noted that this meeting is DS's last Southport & Formby Finance & Resource Committee meeting, as he will be leaving the CCG this week. HN thanked DS for his support to the Committee and contribution to the CCG.	
FR16/137	**Key Issues Review** DS highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.	
	Date of Next Meeting Wednesday 18th January 2017 9.30am to 11.30am The Marshside Surgery, 117 Fylde Road, Southport, PR9 9XL	

Approved

NHS
Southport and Formby
Clinical Commissioning Group

Finance and Resource Committee Minutes

Wednesday 18th January 2017, 9.30am to 11.30am
Chapel Lane Surgery, 13 Chapel Lane, Formby, L37 4DL

Attendees (Membership)		
Helen Nichols	Lay Member (Chair)	HN
Dr Emily Ball	GP Governing Body Member	EB
Dr Hilal Mulla	GP Governing Body Member	HM
Martin McDowell	Chief Finance Officer	MMcD
Susanne Lynch	CCG Lead for Medicines Management	SL
Debbie Fagan	Chief Nurse & Quality Officer	DF
Jan Leonard	Chief Redesign & Commissioning Officer	JL
In attendance		
Tracy Jeffes (for items FR/1701 – FR17/06)	Chief Delivery and Integration Officer	TJ
Rebecca McCullough	Head of Strategic Financial Planning	RM
Ex-officio Member*	Chief Officer	FLT
Fiona Taylor		
Apologies		
Gill Brown	Lay Member	GB
Colette Riley	Practice Manager	CR
Alison Ormrod	Deputy Chief Finance Officer	AO
Minutes		
Tahreen Kutub	PA to Chief Finance Officer	TK

Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Jan 16	Feb 16	Mar 16	May 16	June 16	July 16	Sept 16	Oct 16	Nov 16	Jan 17
Helen Nichols	Lay Member (Chair)	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Martin Evans	GP Governing Body Member	✓	A	✓							
Dr Hilal Mulla	GP Governing Body Member	✓	A	✓	A	✓	A	✓	A	A	✓
Roger Pontefract	Lay Member	✓	✓								
Colette Riley	Practice Manager	A	✓	✓	✓	✓	✓	✓	A	✓	A
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	A	✓
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
Jan Leonard	Chief Redesign & Commissioning Officer	✓	A	✓	✓	A	✓	✓	✓	✓	✓
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A	✓	A	A	A	A	A			
Fiona Taylor	Chief Officer	*	*	*	*	*	*	*	*	✓	*
David Smith	Deputy Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Alison Ormrod	Deputy Chief Finance Officer										A
James Bradley	Head of Strategic Finance Planning	✓	N								
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓	✓	✓	✓	✓	✓	✓	✓
Malcolm Cunningham	Head of Primary Care & Contracting	A	N	N	N	N	N				
Gill Brown	Lay Member				A	✓	✓	✓	✓	✓	A
Dr Emily Ball	GP Governing Body Member							✓	✓	✓	✓

No	Item	Action
FR17/01	**Apologies for Absence** Apologies for absence were received from Gill Brown, Colette Riley and Alison Ormrod.	
FR17/02	**Declarations of interest regarding agenda items** Committee members were reminded of their obligation to declare any interest they may have on any issues arising at Committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group. Declarations declared by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The Register is available via the CCG website at the following link: www.southportandformbyccg.nhs.uk/media/1760/sfccg-register-of-interests.pdf. **Declarations of interest from today's meeting** • Item FR17/07 (Estates Working Group) - EB declared that the Hollies Surgery has submitted a plan for development under the ETTF scheme, which may impact on or be covered within this agenda item. The Chair declared that EB can attend and participate in discussion during this item. • Item FR17/20 (AOB item - Southport and Formby Federation Cardiology Proposal) - EB and HM declared that they are members of the GP Federation. The GP Federation has been working closely with the CCG in respect of one of the key priorities to improve cardiology services. The CCG has co-designed a service model that could potentially be piloted by the CCG, subject to funding being available. It was agreed that the EB and HM were required to remain in the meeting to be able to answer any queries in respect of the outline service specification, but would not be able to participate in any debate in respect of funding. • Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG.	
FR17/03	**Minutes of the previous meeting and key issues** The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.	
FR17/04	**Action points from the previous meeting** **FR16/124: Action points from the previous meeting (FR16/112: Month 6 Finance Report)** - MMcD confirmed NHSE has written to the CCG to confirm there will be adequate cash to cover the CCG's liabilities for this financial year. Action closed. **FR16/124: Action points from the previous meeting (FR16/112: Month 6 Finance Report)** - RM confirmed the budget layout in *Appendix 1 - Financial position to Month 6* has been amended so that it reconciles with the figures in the prescribing report. Action closed. **FR16/129: Month 7 Finance Report** - RM said that from research, there does not seem to be a parallel with overspend at Alder Hey and performance in paediatrics at Southport & Ormskirk Hospital. - RM said the Business Intelligence team are in the process of doing an analysis on post code in relation to Graphs 5-7, which illustrate the Day Case, Elective and Non-Elective costs at Aintree University Hospital	

Approved

No	Item	Action
	Foundation Trust up to Month 6. This will be presented at a future meeting. - RM confirmed all other actions are complete aside from the action re. the first paragraph in the section entitled *Aintree University Hospitals NHS Foundation Trust* on page 271 of the pack – RM to address HN's comment that there appears to be more overspend than recorded in the total year to date overspend. **FR16/130: Financial Strategy Update** - MMcD said he attended the monthly Cheshire & Merseyside DOF/CFO meeting on 16th January. NHSE confirmed at this meeting that the 1% non-recurrent reserve is expected to be released at the end of the financial year. Action closed. - **FR16/130: Financial Strategy Update** - RM said the Business Intelligence team is in the process of doing a trend analysis for costs as well as activity in relation to acute care over the last three years. This will be presented at a future meeting. **FR16/130: Financial Strategy Update** - Re. block contracts - MMcD said the impact of the Acting as One agreement (block contracts) would be included in the revised financial strategy to be presented to the Governing Body on 25th January. Action closed. **FR16/130: Financial Strategy Update** - RM confirmed that the financial impact relating to care homes has been factored into the financial strategy. Action closed.	RM RM RM
FR17/05	**HR Policies and Procedures** TJ presented the following policies: Capability Policy, Equality & Diversity Policy, Grievance & Disputes Policy, Secondment Policy, Special Leave Policy and Out of Hours/Lone Working Procedure. She confirmed these policies have been supplied by the CSU and are consistent with policies across Cheshire and Merseyside. ***The Committee approved all policies.***	
FR17/06	**CSU Service Report** TJ said this report provided an overview of the range of work that the CSU has supported the CCG with. HN asked about the status of the Primary Care dashboard. TJ said Becky Williams (Strategy & Outcomes Officer) is working on this. TJ said she would ask Becky Williams for confirmation on timescales and will report back to HN. It was agreed that further scrutiny is required regarding the extra CSU services that the CCG has procured to enable QIPP delivery to determine whether value for money is being achieved. ***The Committee received this report.***	TJ
FR17/07	**Estates Working Group** MMcD asked for the Committee's support in principle for widening the membership and remit of the estates working group so that it covers a Local Delivery System (LDS) footprint. This would entail having a membership that includes Southport & Formby CCG, South Sefton CCG and Liverpool CCG. The group would have a more strategic remit whilst retaining the operational Sefton footprint that the current Sefton Property Estate Partnership (SPEP) group has. MMcD said he would bring a draft terms of reference for the group, incorporating	MMcD

Approved

No	Item	Action
	the proposed changes, to a future Committee meeting for review. ***The Committee agreed in principle for MMcD to proceed with the proposed changes subject to bringing a Terms of Reference to a future Committee meeting for review.***	
FR17/08	**Update on IM&T Funding** MMcD provided an update on IM&T funding and gave an overview of the proposed BIDs for the next financial year. He said there is an expectation that the CCG will receive the funding for Cohort 1 schemes in this financial year. ***The Committee received this report.***	
FR17/09	**Month 9 Finance Report** RM and MMcD provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 31 December 2016. The following was highlighted. • The CCG is forecasting a likely case scenario of £8.465m deficit. A deficit of £7.000m against a planned deficit of £4.000m has been forecasted as the CCG's best case scenario. • QIPP savings of £4.562m need to be delivered in the remainder of the financial year in order to deliver the agreed deficit of £7.000m. • MMcD said that an intensive review of QIPP schemes will be received next week, the findings of which will be taken to both the Southport & Formby CCG Recovery Checkpoint Meeting and the Governing Body meeting. • The CCG is undertaking a critical review of the remaining QIPP programme areas to provide assurance that the required level of savings can be achieved in the financial year. There is further focus on delivering QIPP plans in Q4 to deliver the CCG's forecast out-turn position. The following queries were raised / comments made: • MMcD noted that Southport & Formby CCG had set the highest QIPP target of all CCGs in the north, on a proportionate basis. • HN commented that the forecast outturn figures for the Independent Sector seem high in comparison to year to date. RM and MMcD noted that there had been an upward trend through the year, which was expected to continue into Q4. ***The Committee received the Finance Report.***	
FR17/10	**Finance & Resource Committee Risk Register** HN said there is a requirement for individual committees to hold their own risk register and therefore this register would be included on the agenda for review for every Finance & Resource Committee meeting going forward. ***The Committee received and approved the Committee Risk Register.***	
FR17/11	**Prescribing Spend Report – Month 7 2016/17** SL noted the Southport and Formby position for month 7 shows an underspend of £675k (-3.1% on a budget of £21,925,422). Overall Southport and Formby GP surgeries are forecasting an underspend. EB raised the issue of palliative care medicines waste. SL advised that this had	

Approved

No	Item	Action
	also been raised by members of the public. SL to discuss with Lancashire Care, as incoming providers of District Nurse services to the Southport & Formby population, the options to reduce waste whilst assuring that palliative patients have quick access to medication. ***The Committee received this report.***	SL
FR17/12	**Q2 Prescribing Performance Report 2016/17** SL presented the report noting prescribing performance for the second quarter of 2016/17 for Southport & Formby CCG practices. The report compares activity against the second quarter of 2015/16. SL confirmed there has been a reduction of 2.6% in actual cost growth and an increase of 0.2% of items dispensed compared to the previous year. SL confirmed there has been a reduction of £47k in spend from Q2 2015/16 in relation to level 3 QIPP areas. ***The Committee received this report.***	
FR17/13	**Repeat Prescription Ordering Service (RPOS) Pilot Report** SL provided an update on the RPOS pilot and confirmed the CCG has two months of data available (for September and October 2016). She said the report is focussed on the number of items dispensed compared to the same point in the previous year. She confirmed practices involved in the pilot show a reduction of 4.5% in items dispensed, whilst practices not involved in the pilot show an increase of 1.0% in items dispensed. SL said the CCG is trying to get more practices involved in the pilot. EB and HM offered to assist with engagement activity. MMcD said he would take RPOS Pilot engagement activity as an item for discussion at the Senior Leadership Team meeting. ***The Committee received this report.***	MMcD
FR17/14	**APC Recommendations – Sodium Oxybate & Biological Agents** SL asked the Committee to consider approving the following Pan Mersey APC recommendations: • SODIUM OXYBATE Oral Solution (Xyrem®) for narcolepsy with cataplexy in adult patients • BIOLOGICAL AGENTS (Anakinra, Etanercept, Infliximab or Tocilizumab) in adult onset Still's Disease SL confirmed that these are not NICE recommendations. The high cost of Sodium Oxybate was noted. SL said there is currently one patient in Southport and Formby that has been prescribed the drug. ***The Committee approved the Pan Mersey APC recommendation for the commissioning of SODIUM OXYBATE, on the basis that it is prescribed via a prior approval system, which SL and JL are to facilitate.*** ***The Committee approved the Pan Mersey APC recommendation for the commissioning of BIOLOGICAL AGENTS.***	

Approved

No	Item	Action
FR17/15	**Individual Exceptional Funding Request Summary - Quarter 2** JL provided an overview of this report which provides a summary of individual exceptional funding requests for quarter 2. ***The Committee received this report.***	
FR17/16	**Better Care Fund Update** This item was not discussed – carried forward to the next meeting.	
FR17/17	**Committee Work Plan 2017/18** The work plan for 2017/18 was reviewed. ***The Committee received the work plan 2017/18.***	
FR17/18	**Committee Meeting Dates 2017/18** The list of meeting dates and times for 2017/18 was reviewed. DF raised the subject of times for the Joint Quality Committee (JQC) meetings, which have been scheduled to take place directly after the F&R meetings and at the same location as both committees have common members. She asked the F&R Committee to consider switching the 2017/18 F&R meeting times with JQC so that each JQC meeting would take place before the F&R meeting. An earlier time for JQC would help to enable quoracy at the meetings. The Committee agreed to the time change for meetings in the next financial year onwards, subject to the JQC meeting taking place from 8.30am-10.30am to allow the F&R meeting to take place from 10.30am-12.30pm. It was noted that this change would be subject to approval by JQC. The location for the meetings was discussed for the next financial year. SL suggested Formby Fire Station as a suitable venue and noted it was free of charge. TK to look into this option. ***The Committee received the meeting dates for 2017/18.***	TK
FR17/19	**Minutes of Steering Groups to be formally received** • Sefton Property Estate Partnership (SPEP) Group – October 2016 • Information Management & Technology (IM&T) Steering Group – November 2016. ***The Committee received the minutes of the SPEP and IM&T steering groups.***	
FR17/20	**Any Other Business** Southport and Formby Federation Cardiology Proposal The CCG has co-designed a cardiology service model that could potentially be piloted by the CCG, subject to funding being available. JL presented an outline of the Cardiology Pilot so that a view could be taken in respect of the financial modelling and ensuring that it is consistent with budgetary and resource requirements. An extensive discussion took place about the proposal. It was agreed that the proposal needed to be redrafted to cover queries raised at this meeting and to then be referred to the Governing Body to enable wider discussion and more participation from non-GP members.	
FR17/21	**Key Issues Review** MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.	
	Date of Next Meeting	

Approved

No	Item	Action
	Wednesday 15th February 2017 9.30am to 11.30am The Marshside Surgery, 117 Fylde Road, Southport, PR9 9XL	

Approved

NHS

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Joint Quality Committee Minutes

Date: Wednesday, 16th November 2016, 11.30am to 1.30 pm
Venue: The Marshside Surgery, 117 Fylde Road, Southport, PR9 9XL

Membership

Dr Rob Caudwell	Chair & GP Governing Body Member	RC
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Lin Bennett	Practice Manager, Ford	LB
Graham Bayliss	Lay Member	GB
Gill Brown	Lay Member	GBr
Dr Doug Callow	GP Quality Lead S&F	DC
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	PC
Billie Dodd	Head of CCG Development	BD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Dr Gina Halstead	Vice Chair & Clinical Lead for Quality	GH
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Dr Jeffrey Simmonds	Secondary Care Doctor	JSi

Ex Officio Member

Fiona Taylor	Chief Officer	FT

In attendance

Julie Cummins	Clinical Quality & Performance Co-ordinator	JC
Tracey Forshaw	Head of Vulnerable People	TF
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist	HR
Jo Simpson	Programme Manager – Quality and Performance	JS

Apologies

Graham Bayliss	Lay Member	GB
Lin Bennett	Practice Manager, Ford	LB
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	PC
Julie Cummins	Clinical Quality & Performance Co-ordinator	JC
Tracey Forshaw	Head of Vulnerable People	TF
Dr Gina Halstead	Vice Chair & Clinical Lead for Quality	GH
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Helen Roberts	Senior Pharmacist	HR
Dr Jeffrey Simmonds	Secondary Care Doctor	JSi

Minutes

Vicky Taylor	Quality Team Business Support Officer	VT

Membership Attendance Tracker

Name	Membership	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Dr Rob Caudwell	GP Governing Body Member	√	√		√		L	L	√				
Paul Ashby	Practice Manager, Ainsdale Medical Centre	√	A		L		√	A	√				
Graham Bayliss	Lay Member for Patient & Public Involvement	A	√		A		√	√	A				
Lin Bennett	Practice Manager, Ford				√		A	√	A			A	
Gill Brown	Lay Member for Patient & Public Involvement	√	A		√		√	A	√				
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	√	A		L		L	A	√				
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	A	√		√		A	A	A			A	
Billie Dodd	Head of CCG Development	√	√		√		√	L	√				
Debbie Fagan	Chief Nurse & Quality Officer	√	√		√		√	√	√				
Dr Gina Halstead	Chair and Clinical Lead for Quality	√	A		√		√	A	A				
Dr Dan McDowell	Secondary Care Doctor	A	√		A		A	A	A				
Martin McDowell	Chief Finance Officer	A	A		√		√	A	A				
Dr Andrew Mimnagh	Clinical Governing Body Member	√	√		A		A	√	√				
Dr Jeffrey Simmonds	Secondary Care Doctor						√	A	A				

✓ Present
A Apologies
L Late or left early

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No.	Item	Action
16/136	**Apologies for Absence** Apologies for absence were received from GB, LB, Dr PC, JC, TF, Dr GH, Dr DMcD, MMcD, JR and Dr JSi	
16/137	**Declarations of interest regarding Agenda items** Dr RC reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of Southport & Formby Clinical Commissioning Group (SFCCG) or South Sefton Clinical Commissioning Group (SSCCG). Declarations declared by members of the Joint Quality Committee are listed in the CCG's Registers of Interests. The Registers are available either via the secretary to the governing bodies or the CCG websites at the following links: www.southportandformbyccg.nhs.uk/media/1760/sfccg-register-of-interests.pdf www.southseftonccg.nhs.uk/media/1858/ssccg-register-of-interests.pdf **Declarations of interest from today's meeting** CCG Officers holding dual roles in both Southport & Formby and South Sefton CCGs declared their potential conflict of interest. Dr RC welcomed FLT to the meeting and declared that the meeting is quorate.	
16/138	**Minutes and Key Issue Logs from the previous meetings** The Minutes of the Joint Quality Committee (JQC) were agreed as an accurate reflection of the previous meeting. The Key Issues for SFCCG and SSCCG were approved.	
16/139	**Matters Arising/Action Trackers** There were no matters arising. **Action Tracker** **16/054 Whistle Blowing Policy and Procedure (Raising Concerns at Work) - *SFCCG & SSCCG*** The Whistle Blowing Policies for SFCCG and SSCCG will be presented to the JQC for approval under agenda item 16/145. **Outcome: The JQC agreed that this action could now be closed.** **16/091 NWAS Quality Performance Report - *SFCCG*** The JQC were advised that a plan is in the course of preparation to address performance issues. **Outcome: The JQC agreed that this action could now be closed.** **16/109(i) Provider Quality Performance Reports – *SFCCG & SSCCG*** Aintree University Hospital (AUH) BP had provided a verbal update at the JQC meeting held on 20th October 2016, adding that a meeting had subsequently been held with the CCGs' Chief Strategy & Outcomes Officer and the Deputy Medical Director at Aintree University Hospital (AUH) to explore dermatology demand and options. The JQC were also advised of the imminent retirement of one of the Consultant Dermatologists. **Outcome: The JQC agreed that this action could now be closed.** **16/109(ii) Provider Quality Performance Reports – *SFCCG*** DC confirmed that the issue he had previously raised concerning poor quality responses /lack of narrative appeared to have been resolved and confirmed the	

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	action could be closed. **Outcome: The JQC agreed that this action could now be closed.** **16/109(iii) Provider Quality Performance Reports – *SFCCG*** Southport & Ormskirk Hospital NHS Trust (S&O) DF advised this issue had been raised formally at a recent Clinical Quality & Performance Group / Contract Review Meeting with the Trust. Directors will now have sight of the information leaving the Trust before receipt by commissioners. **Outcome: The JQC agreed that this action could now be closed.** **16/109(iv) Provider Quality Performance Reports – *SFCCG*** Mersey Care NHS Foundation Trust JS confirmed that delays with submission of data had been raised formally with the Trust. Discussions were also taking place with LCCG to determine whether the issue will be taken forward as a contract query. **Outcome: The JQC agreed that this action could now be closed.** **16/110 Safeguarding Service – CCG Safeguarding Service Quarterly Report – *SFCCG & SSCCG*** DF advised that the Safeguarding Team had been looking at alternative means of providing training and that the Designated Nurse, Looked After Children had already delivered a training session to Governing Body members last month. **Outcome: The JQC agreed that this action could now be closed.** **16/111 Safeguarding Annual Reports 2015/126 for SFCCG and SSCCG - *SFCCG & SSCCG*** DF confirmed the amendment to the annual reports had been completed and this action could be closed. **Outcome: The JQC agreed that this action could now be closed.** **16/115(ii) Dementia Diagnosis Rates – Improvement Plan for South Sefton - *SSCCG*** FLT confirmed that this issue was currently with the LMC for validation however it would appear the work is covered by existing contracts. **Outcome: The JQC agreed to receive a further update at their January 2017 meeting.** **16/124 Quality Surveillance Report – October 2016 *SFCCG & SSCCG*** BP confirmed that a response had been received from NHS E confirming that patients with an end of life plan can access out of hours dental services. **Outcome: The JQC agreed that this action could now be closed.** **16/125 Quality Team Risk Registers *SFCCG*** BP confirmed that discussions had taken place with MMcD regarding item SF004 of the Quality Team Risk Register as requested at the last meeting. **Outcome: The JQC agreed that this action could now be closed.** **16/128 Southern Health Report *SFCCG & SSCCG*** – BP is to address for the JQC to review at their next meeting and Margie Dawe will distribute the response re DoLs. **Outcome: The JQC agreed to receive a further update at their January 2017 meeting.** **16/129(i) Quality Impact Assessment Policy to support commissioning decisions *SFCCG & SSCCG*** BP confirmed he had amended the document which will now be distributed to the wider CCG management team. **Outcome: The JQC agreed that this action could now be closed.** **16/129(ii) Quality Impact Assessment Policy to support commissioning**	

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	decisions *SFCCG & SSCCG* DF confirmed that LCCG had agreed that the policy and QIA could be shared with providers. **Outcome: The JQC agreed that this action could now be closed.** **16/130 Access Sefton IAPT Performance *SFCCG & SSCCG*** The JQC agreed to receive an update through GO'C in January 2017. **Outcome: The JQC agreed to receive a further update at their January 2017 meeting.** **16/131 Dementia Diagnosis Rates – Sefton *SFCCG & SSCCG*** FLT has raised at LT and confirmed this action could be closed. **Outcome: The JQC agreed that this action could now be closed.** **16/135(i) Chief Nurse Report *SFCCG & SSCCG*** Nursing Home Update BP confirmed that the Risk Register now contained an item relating to inspections where quality is an issue. **Outcome: The JQC agreed that this action could now be closed.** **16/135(ii) Chief Nurse Report *SFCCG & SSCCG*** (Discussion Point) BP confirmed this action had been completed and could be closed. **Outcome: The JQC agreed that this action could now be closed.** **16/135(iii) Chief Nurse Report *SFCCG & SSCCG*** (Discussion Point) DF confirmed she had contacted NHS E and that further information on the CQC process had been forwarded to them with Dr AM being included in the e-mail exchanges. The CQC have also been requested to forward details of their inspection process and associated timeframes including that for when a provider may be in dispute of the judgement – this is to include inspection of general practice. **Outcome: The JQC agreed that this action could now be closed.**	
16/140	**Chief Nurse Report** DF presented the Committee with a number of key issues which had occurred since the Chief Nurse report submitted in October 2016. Stroke Services at Southport & Ormskirk NHS Trust (S&O) The Chief Strategy & Outcomes Officer has been asked to contact relevant partners to expedite the work regarding stroke services across the STP/LDS footprint. Southport & Ormskirk NHS Trust (S&O) CQC Report The Trust's CQC Report entered the public domain yesterday with the Trust awarded an overall rating of 'requires improvement'. A Quality Risk Summit is expected to take place and the CCGs await communication regarding this from the CQC/NHSE. Southport & Ormskirk NHS Trust (S&O) Executive Improvement Board Margaret Kitching, Director of Nursing for NHS E (North Region) attended a recent Executive Improvement Board meeting to enable it to fulfil the function of the Interim Risk Summit Review. The Trust remain at a Risk Summit level of surveillance. Care Homes A Care Home update was provided detailing concerns with quality. *Dovehaven Care Group* Following the approval by both Governing Bodies to provide an uplift in-line with the proposal presented to them in October 2016, a meeting took place with the	

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	provider management. As a result, the provider has withdrawn the notice served to the CCGs.	
	The Committee received the report	
16/141	**Provider Quality Performance Reports** JS presented the Provider Quality Performance Reports relating to both SFCCG and SSCCG by exception. Aintree University Hospital (AUH) JS confirmed that additional information was now being provided by the Trust within the report including Delayed Transfers of Care (DTOC), Crude Mortality and Dermatology. VTE Risk Assessment - DF referred to concerns raised re VTE performance at CQPG last week. This was originally a CQUIN and the Trust performance is red rag rated. Concerns were raised with the Trust at the last CQPG and a presentation has been built into the workplan so the provider can demonstrate how they intend to improve performance. Stroke - FLT noted the declining position with performance recorded as 58.33%. DF advised performance had been discussed at the CQPG held on 9th November 2016 with issues remaining unchanged in relation to time on stroke bed. Difficulties with recruitment of staff were also noted, although it is understood a strategy in place. BP was also aware that the Trust is reviewing its Stroke Action Plan. FLT requested CCG Chairs write to the Stroke Network to seek a solution to hyper acute stroke issues. **ACTION: Joint letter to be prepared for both chairs to sign to seek a solution to hyper acute stroke issues.** CQC Report / A&E Quality Visit – An update on the 'Must Do' key lines of enquiry will be provided to the JQC in January 2017. DF commented that the CCGs Quality and Ops Team, accompanied by GP Clinical leadership, had undertaken a quality walkaround of AED at AUH and had utilised the key issues from the CQC report to inform their KLOEs. DTOC – FLT requested details of the relevant financial costs of the reported loss of bed days. **ACTION: JS to advise FLT of costs of loss of reported 1,385 bed days.** Friends & Family – Although performance appears to be declining, JS said this was not indicative of usual performance with the cause identified as data capture rather than quality Cancer Measures E.B.13 – This service is not commissioned by the CCGs, however DF has liaised with the lead in PHE who will get a member of his team to set up a meeting to include concerns with the screening hub. DF advised this request was made 3 weeks ago and will chase this up. **ACTION: DF will pursue a response from PHE lead to ensure the meeting takes place.** Rapid Access Chest Pain – BP advised that Dr GH is working with the trust on the referral form with an audit of patient harm expected to be completed by January 2017. Currently, the Trust have reported at the CQPG that no harms have been identified and no patients have been waiting more than 14 days. JS advised that the quality elements of the contract for 2017/18 are being undertaken as per the CCGs contract planning work schedule.	 **DF** **JS** **DF**

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	Southport & Ormskirk Hospital NHS Trust (S&O) Cancer Measures – It was acknowledged that the Trust is experiencing issues with the screening hub which will be discussed at the CQPG later today. FLT noted some good reporting in this area but raised concerns that the Trust were performing just below target. JS reported that RCAs are undertaken for all breaches. Mixed Sex Accommodation - Three breeches were reported in September 2016. The Trust has requested that the CCG re-invests any possible penalties back with the Provider in order to support improvements in this area – this is being addressed outside of the Quality Committee. DF stated that she had recently responded to an enquiry from NHSE regarding the number of recent MSA breaches in both S&O and AUH. DC raised his concerns in relation to stroke cases arising from Out of Hours (OoH) or weekend admissions and asked what could be done to address issues around weekend admissions. DF suggested DC could raise these concerns at today's CQPG and also highlighted the recent presentation to the Governing Bidy by the Interim Chief Executive of the Trust. FLT believes the CCGs are doing everything they can to seek improvement in this area but made the suggestion for the GP Clinical lead from the CCG to discuss with Trust re weekend care of patients presenting with stroke/TIA and undertake a forensic analysis **ACTION: The GP Clinical lead from the CCG is to discuss the weekend care of patients presenting with stroke/TIA with the Trust and undertake a forensic analysis.**	**DC**
	Dementia – Targets relating to Dementia were not achieved last year and this was reflected in the CQUIN payment made. Issues remain in the Trust achieving this target with the suggestion made that liaison takes place with two other providers who are meeting targets with an update provided for Q3. JS is also liaising with the CCGs' Integrated Commissioning Team Manager who has responsibility for dementia performance. The JQC were advised that the Q2 complaints report had been received today with no specific complaints around stroke; fuller details will be included in January 2017's JQC reports. However, FLT was aware that the Interim Chief Executive of the Trust has been taking a personal interest in the complaints process in place. GB has offered to work with the Trust to offer support. **ACTION: JS will forward the Q2 complaints report to GB for progression through the Interim Chief Executive or the Director of Nursing.**	**JS**
	Referral to Treatment – Performance was noted as on a downward trajectory with monitoring to be maintained. A position statement is to go back to SMT if any specific specialties are an issue. FLT questioned the reasons behind cancelled operations and asked that explanations be provided in future reports to enable JQC members to understand the cause. Falls – Improved performance seen and well below trajectory. DF said conversations had taken place with the Trust regarding the use of agency staff and their subsequent induction and training. **ACTION: JS is to request an action plan to demonstrate the changes in induction and training of agency staff.**	**JS**

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	GB referred to the comments recorded against Falls which she considered were inappropriate. DF stated that concerns regarding the quality of the accompanying performance narrative being provided by the Trust had been raised at the last CQPG and the Directors present had agreed to review this process due to the changes in leadership recently. FLT recognised there had been changes in leadership and is aware of concerns regards appropriate levels of management to deal with issues occurring. DF will raise concerns of the JQC again at today's CQPG. The Committee were also asked to note that an information sub group was in operation as part of the contract process and that they had a role in providing challenge to ensure data flow from the Trust improves. FLT suggested an invitation to attend the next meeting of the JQC should be extended to the new Chief Operating Officer (COO) and Director of Nursing (DoN). **ACTION: DF to invite the COO and DoN to the January 2017 meeting of the JQC which is due to take place on Wednesday 18th January 2017.** Liverpool Community Health (Sefton) (LCH) JS assured members of the JQC that the majority of areas of concern have been raised at CQPGs, including waiting time for SALT and other therapies. Data cleansing of waiting lists is continuing throughout December 2016. A more accurate waiting list should then be available. AM also confirmed that the announcement of the future provider of these services was imminent. BP confirmed that progress on the CQC action plan is expected between now and the middle of February 2016. Ear Irrigation - FLT questioned why no narrative was recorded against this KPI and sought confirmation of what is being done about performance in this area. Other Providers The JQC were advised that work was underway with the Chief Strategy & Outcomes Officer's team to extract performance information to make it more precise. DF assured FLT that the same level of scrutiny was undertaken by the lead Liverpool CCG with providers for which they were lead commissioner and that members of the Quality Team attending the CCFs and CQPGs of other Trusts. Mersey Care NHS Foundation Trust – Mental Health Cheshire Wirral Partnership (CWP) - IAPT JS apologised for the late circulation of the Mersey Care report which was received by the JQC. FLT confirmed that IAPT performance was receiving scrutiny from both of the Governing Bodies.	**DF**
	The Committee received the report.	
16/142	**Continuing Healthcare/Complex Care Services Quality & Performance Q2 Updates for South Sefton and Southport & Formby CCG's** BP presented the Quarter 2 Update report on behalf of the Clinical Quality &	

	Performance Co-ordinator from CSU, highlighting the following issues: South Sefton CCG area Care home compliance highlight along with providers that have restrictions in place. Southport & Formby CCG area No homes are currently non-complaint with regards to clinical standards. A provider rated overall inadequate by the CQC was discussed and the JQC was highlight along with progress against the regulator action plan to bring about required improvements. BP assured the JQC that overall capacity of the homes is monitored by the CCGs through CSU.	
	The Committee received the report.	
16/143	**South Sefton CCG and Southport and Formby CCG Serious Incident Reports** BP presented this report on behalf of the Head of Vulnerable People. BP explained that the information within the report was presented separately for each CCG, highlighting the number of incidents relating to Pressure Ulcers at Southport and Ormskirk Hospitals NHS Trust. The Trust remains an outlier for the number of incidents open on StEIS compared to other Trusts (125). 90 relate to pressure ulcers, 26 of which relate to this financial year. A contract query remains open with a formal letter submitted to the Trust in October 2016. An updated thematic analysis has been requested. The CCG's are required to have in place a Standard Operating Procedure (SOP) for managing Serious Incidents in line with NHS England Serious Incident Framework (2015) and Never Events Policy (2015). The JQC approved the draft (SOP) included under Appendix 3. RC questioned the cause of delays of two Serious Incidents (SIs) which have been open for two years. BP explained that all SIs open for more than 100 days are being reviewed and tracked by the Head of Vulnerable People. **ACTION: Future reports are to include narrative against SIs open for more than 100 days with an indication of the timescale for resolution**. FLT noted the statement within the report referring to the CCGs Programme Manager Quality & Safety being on secondment and questioned the relevance, asking whether it was perceived as a risk. DF and BP assured the JQC that the inclusion of the comment was solely for awareness purposes to explain the change in report author. As information of this nature is not required, it should not be included in any future reports.	**BP/TF**
	The Committee received the report and approved the Standard Operating Procedure.	
16/144a	**Safeguarding Service:** **Looked After Children Annual Report 2015/16** The Designated Nurse Looked After Children (CB) presented the JQC with the first Looked After Children (LAC) Annual Report. The purpose of the report is to assure the Governing Bodies and members of the public that NHS Southport & Formby CCG and NHS South Sefton CCG are fulfilling their statutory duties in relation to safeguarding and LAC The annual report takes account of national changes and influences and local developments, activity, governance arrangements and the challenges for 2016/17.	

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	FLT thanked CB for the informative report suggesting she flag any issues in terms of volume of LAC. DF explained that although this was a joint report, it would be presented individually to the two Governing Bodies. GB was concerned by the number of Sefton placements at 30% out of area. CB said Sefton did tend to have a high number of out of area placements and numbers of children placed on care orders remaining with parents.	
	The Committee received the report.	
16/144b	**Safeguarding Service:** **Mental Capacity Act/Deprivation of Liberty Safeguards (MCA/DoLS) Annual Report 2015/16** The Safeguarding and MCA/DoLS Coordinator (MD) presented the JQC with the first Mental Capacity Act/ Deprivation of Liberty Safeguards (MCA/DoLS) Annual Report. The purpose of the report is to assure the Governing Bodies and members of the public that the CCGs are fulfilling their statutory duties in relation to people requiring care and treatment in the Borough who lack capacity to make best interest decisions. The annual report takes account of national changes and influences and local developments, activity, governance arrangements and the challenges for 2016/17. The Local Authority is the authorising authority for DoLS and the data provided within the report is collated by the health trusts and the Local authority and does identify and reflect some of the gaps in methods and systems to support the collection of data. This therefore presents a challenge to assess whether the data provided is effective until the systems are in place. Sefton Local Authority has seen an increase in requests and some of that is reflected in some of the data reported within the annual report. Numbers of referrals have posed capacity concerns for the local authorities – for example particularly being able to meet the required timeframes. The report also outlines some possible future implications in relation to the evolving agenda for MCA /DoLS. These have been identified within the current work plan for this year and will be reported and monitored via the quality Committee and any risks will be identified. MD raised the issue of the impact of MCA / DoLS in the commissioning of domiciliary care placements and nursing home placements. DF requested assurances that this was being taken into account and asked MD to set up a meeting with CSU colleagues and the Head of Vulnerable People and report back for the purposes of assurances. DF stated that she would also raise this issue with the HS at the next 2:2 meeting. **ACTION: DF asked that at 2:2 meeting with Safeguarding service on Monday, HS provide an update regarding patients care packages for patients on DoLs or MCA. MD is also to set up a meeting with TF and staff setting up PHBs regards DoLs and MCAs for patients within their own homes.**	**MD**
	The Committee received the report.	
16/145	**Revised Whistle Blowing Policy and Procedure (Raising Concerns at Work)** • **Southport & Formby CCG** • **South Sefton CCG** The JQC were asked to approve the updated policy which contained elements suggested by the CCGs' Safeguarding Service.	

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	The Committee approved the Revised Whistle Blowing policies for Southport & Formby CCG and South Sefton CCG	
16/146	**Corporate Governance Support Group Key issues Report** BP presented the JQC with the Key Issues from the recent meeting of the Corporate Governance Support Group held on 6th October 2016, relating to: • Whistle Blowing Policy (due to still being under revision) • Changes to the Governing Body Assurance Framework/CRR • Requirement for the CCGs to have a Security Management Policy and Strategy in place • EPRR Core Standards are method by which assurance is gained. 2016 submission recently completed, which declared 34 areas substantial assurance, and 4 areas to have action plans developed. FLT also mentioned the recent changes to the On Call System.	
	The Committee received the report	
16/147	**Quality Team Away Day : 23 June 2016** **Key Issues (summarise)** The JQC received an update from BP which provided the Committee with feedback from the Quality Team Time Out session held on 23rd June 2016. The feedback reflected the four themes of the session; celebrating success; CQUIN plans for 2017-18; Quality Strategy Refresh and embedding the quality model.	
	The Committee received the report	
16/148	**GP Quality Lead Update:** • **Locality** • **Provider** No further information to be reported other than what has been discussed throughout the meeting.	
	The Committee received the report	
16/149	**Key Issue Logs:** **EPEG** This agenda item was deferred until the next meeting of the JQC to be held on 19th January 2017.	
	The Committee noted the report had been deferred until the January 2017 meeting.	
16/150	**Any Other Business** 1. Laboratory process issue - AM advised of an issue arising from reporting of Vitamin D results coming from the laboratory. It was suggested the issue be reviewed at the next meeting of the LCL Post Review Actions Group due to be held on 12th December 2016. AM assured the JQC that no immediate risk of harm to patients was likely, or had been identified **ACTION: BP to add this agenda item to the next LCL Post Review Actions Group meeting and report back to the JQC in January 2017.** 2. Diabetes S&O – RC and DC raised possible issues relating to Diabetes Services following a complaint raised to Dr DC. It was reported that Dr DC had contacted the Trust and was to date awaiting a response. FLT stated that this needed to be managed via the CCG complaints process. FLT also stated the need for escalation to herself if clinicians are not receiving responses in a	**BP**

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	timely manner so she could address with the interim Trust CEO. 3. DF has asked LG to determine whether any other complaints about the service have been received and checks are to be made to determine whether there is any mention of this issue on the Trust's Governance Risk Register. FLT will manage the Patient complaint discussed which had been forwarded to DC as GP, following receipt by the CCG and will discuss the Community Diabetic Nursing service with the new provider. 4. SEND Inspection – The CCG had received notification of an integrated inspection for Sefton and the LA of children under SEND which will commence on Monday 21st November 2016. 5. NHSE documentation on CCG safeguarding assurance – Information has been sent out across NHSE C&M for all organisations and will be in a report to be discussed at the Chief Nurse / Director of Nursing Meeting. DF has queried some of the Amber rather than Green RAG rating for the CCGs and has had confirmation back from NHSE via the Safeguarding Service that the RAG rating had been amended and it was a timing issue.	
16/151	**Key Issues Log** The following key issues were raised to be informed to the Governing Bodies: Southport & Formby CCG • S&O CQC Chief Inspector of Hospitals Report – published on 16th November 2016. Overall rating 'Requires Improvement'. Caring rated 'good' • S&O Stroke Performance – GP Clinical lead from CCG to discuss with Trust re weekend care of patients presenting with stroke/TIA and undertake a forensic analysis • Looked after Children Annual Report received – recommended presentation to the Governing Bodies • Mental Capacity Act Annual Report received – recommended presentation to the Governing Bodies • Serious Incident Standard Operating Procedures approved • Whistle Blowing Policy (Revised) approved South Sefton CCG • AUH Stroke Performance – Joint letter from both CCG Chairs re need to expedite plans across STP LDS' network • Looked after Children Annual Report received – recommended presentation to the Governing Bodies • Mental Capacity Act Annual Report received – recommended presentation to the Governing Bodies • Serious Incident Standard Operating Procedures approved • Whistle Blowing Policy (Revised) approved	
	Date of Next Meeting The next meeting will be held on Wednesday 18th January 2017, 11.30 am -1.30 pm Chapel Lane Surgery, 13 Chapel Lane, Formby, Liverpool, Merseyside, L37 4DL	

Chair : ______________________ ______________________

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Date : ______________________

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NHS

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Joint Quality Committee Minutes

Date: Wednesday, 18th January 2017, 11.30am to 1.30 pm
Venue: Chapel Lane Surgery, 13 Chapel Lane, Formby, Liverpool, Merseyside, L37 4DL

Membership		
Dr Rob Caudwell	Chair & GP Governing Body Member	RC
Lin Bennett	Practice Manager, Ford	LB
Graham Bayliss	Lay Member	GB
Gill Brown	Lay Member	GBr
Dr Doug Callow	GP Quality Lead S&F	DC
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	PC
Billie Dodd	Head of CCG Development	BD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Dr Gina Halstead	Vice Chair & Clinical Lead for Quality	GH
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Dr Jeffrey Simmonds	Secondary Care Doctor	JSi
Ex Officio Member		
Fiona Taylor	Chief Officer	FT
In attendance		
Tracey Forshaw	Head of Vulnerable People	TF
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist	HR
Jo Simpson	Programme Manager – Quality and Performance	JS
Apologies		
Lin Bennett	Practice Manager, Ford	LB
Gill Brown	Lay Member	GB
Dr Doug Callow	GP Quality Lead S&F	DC
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	PC
Dr Jeffrey Simmonds	Secondary Care Doctor	JSi
Minutes		
Vicky Taylor	Quality Team Business Support Officer	VT

Membership Attendance Tracker

Name	Membership	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Dr Rob Caudwell	GP Governing Body Member	√	√		√		L	L	√		√		
Paul Ashby	Practice Manager, Ainsdale Medical Centre	√	A		L		√	A	√				
Graham Bayliss	Lay Member for Patient & Public Involvement	A	√		A		√	√	A		√		
Lin Bennett	Practice Manager, Ford				√		A	√	A		A	A	
Gill Brown	Lay Member for Patient & Public Involvement	√	A		√		√	A	√		A		
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	√	A		L		L	A	√		A	A	
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	A	√		√		A	A	A		A	A	
Billie Dodd	Head of CCG Development	√	√		√		√	L	√		√		
Debbie Fagan	Chief Nurse & Quality Officer	√	√		√		√	√	√		√		
Dr Gina Halstead	Chair and Clinical Lead for Quality	√	A		√		√	A	A		√		
Dr Dan McDowell	Secondary Care Doctor	A	√		A		A	A	A		√		
Martin McDowell	Chief Finance Officer	A	A		√		√	A	A		√		
Dr Andrew Mimnagh	Clinical Governing Body Member	√	√		A		A	√	√		√		
Dr Jeffrey Simmonds	Secondary Care Doctor						√	A	A		A		

✓ Present
A Apologies
L Late or left early

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No.	Item	Action
17/001	**Apologies for Absence** Apologies for absence were received from GB, LB, Dr DC, Dr PC and Dr JSi The meeting was declared quorate.	
17/002	**Declarations of interest regarding Agenda items** Dr GH reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of Southport & Formby Clinical Commissioning Group (SFCCG) or South Sefton Clinical Commissioning Group (SSCCG). Declarations declared by members of the Joint Quality Committee are listed in the CCG's Registers of Interests. The Registers are available either via the secretary to the governing bodies or the CCG websites at the following links: www.southportandformbyccg.nhs.uk/media/1760/sfccg-register-of-interests.pdf www.southseftonccg.nhs.uk/media/1858/ssccg-register-of-interests.pdf **Declarations of interest from today's meeting** CCG Officers holding dual roles in both Southport & Formby and South Sefton CCGs declared their potential conflict of interest.	
17/003	**Minutes and Key Issue Logs from the previous meetings** The Minutes of the Joint Quality Committee (JQC) were agreed as an accurate reflection of the previous meeting. The Key Issues for SFCCG and SSCCG were approved.	
17/004	**Matters Arising/Action Trackers** There were no matters arising. **Action Tracker** **16/115(ii) Dementia Diagnosis Rates – Improvement Plan for South Sefton - *SSCCG*** JS to contact GO'C and / or GJ to provide an update to the JQC in February 2017. **Outcome: JS to request an update from GO'C and / or GJ and forward to DF to present at the February 2017 meeting.** **16/128 Southern Health Report *SFCCG & SSCCG*** BP asked that this item be carried over until next month. **Outcome: BP to provide an update at the February 2017 meeting.** **16/130 Access Sefton IAPT Performance *SFCCG & SSCCG*** JS will check with GO'C and provide an update to the JQC in February 2017. **Outcome: JS to request an update from GO'C and / or GJ and forward to DF to present at the February 2017 meeting.** **16/141(i) Provider Quality Performance Reports -** *Aintree University Hospital (AUH) – Stroke* ***SFCCG & SSCCG*** DF confirmed that a letter had been sent to Kieran Murphy from FLT. **Outcome: The JQC agreed that this action could be closed.** **16/141(ii) Provider Quality Performance Reports -** *Aintree University Hospital (AUH) – DTOC* ***SFCCG & SSCCG*** JS confirmed that work was underway looking at patient flows with results to be built into the work programme.	**JS** **BP** **JS/DF**

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	Outcome: The JQC agreed that this action could be closed. **16/141(iii) Provider Quality Performance Reports -** *Aintree University Hospital (AUH) – Cancer Measures* ***SFCCG & SSCCG*** Initial discussions have been held and will continue outside of the meeting. **Outcome: The JQC agreed that this action could be closed.** **16/141(iv) Provider Quality Performance Reports -** *Southport & Ormskirk Hospital NHS Trust (S&O)* ***SFCCG*** JS confirmed that communications were underway **Outcome: The JQC agreed that this action could be closed.** **16/141(v) Provider Quality Performance Reports -** *Southport & Ormskirk Hospital NHS Trust (S&O)* ***SFCCG*** JS confirmed that this action will be picked up as part of other work. **Outcome: The JQC agreed that this action could be closed.** **16/141(vi) Provider Quality Performance Reports -** *Southport & Ormskirk Hospital NHS Trust (S&O)* ***SFCCG*** JS confirmed that the action plan had now been received. **Outcome: The JQC agreed that this action could be closed.** **16/141(vii) Provider Quality Performance Reports -** *Southport & Ormskirk Hospital NHS Trust (S&O)* ***SFCCG*** DF discussed the invitation to JQC with the new Director of Nursing however an invite was not extended as discussions have taken place regarding the issues at other meetings including Executive to Executive. **Outcome: The JQC agreed that this action could be closed.** **16/143 South Sefton CCG and Southport and Formby CCG Serious Incident Reports *SFCCG & SSCCG*** BP had discussed the requirement for the inclusion of narrative against SIs open for more than 100 days with TF. **Outcome: The JQC agreed that this action could be closed.** **16/144b Safeguarding Service:** **Mental Capacity Act/Deprivation of Liberty Safeguards (MCA/DoLS) Annual Report 2015/16 *SFCCG & SSCCG*** HS confirmed on behalf of MD that the meetings had been set up. **Outcome: The JQC agreed that this action could be closed.** **16/150 Any Other Business -** *Laboratory process issue – Vitamin D* ***SSCCG*** GH advised that she and and a GP colleague had arranged for LCL to meet with EMIS to progress this issue outside of the meeting. AM was asked to email GH with details of Vitamin D issues. RC suggested LCL liaise with S&O who could share best practice. **Outcome: GH to provide an update at the February 2017 meeting.**	**GH**
17/005	**Chief Nurse Report** DF presented the Committee with a number of key issues which had occurred since the Chief Nurse report submitted in November 2016. <u>Joint local area special educational needs and disability (SEND) inspection in Sefton (SSCCG & SFCCG)</u> Following the recent inspection, DF confirmed that the SEND report had been received and was now in the public domain. A joint press statement issued on behalf of the CCGs and the Local Authority (LA).	

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	Meetings have been held with the LA to look at the improvement plan. CCG support from NHSE (C&M) has been identified. A revised performance trajectory, regarding Paediatric Speech & Language Therapy has been agreed with Liverpool Community Health (LCH) and a future service model will be discussed. LCH have informed the CCGs that they have informed the Care Quality Commission (CQC) of the CCGs' support for this trajectory. <u>CQUIN Update (SSCCG & SFCCG)</u> The Quality Team and Finance Team have been working collaboratively to identify the current performance of the Trust in terms of delivery against CQUIN. S&O information is not yet available. This is being discussed at the Executive to Executive and Contract meetings. AM reminded the JQC of the importance of imposing any penalties for failure to submit information on time to ensure consistency within other areas. <u>MRSA – Aintree University Hospital NHS Foundation Trust – AUH (SSCCG)</u> A case of MRSA was reported from AUH on a LCCG patient. The Post Infection Review (PIR) Meeting took place on 9th January 2017. The case was attributed to the Trust. <u>Quality Risk Profile Tool – Liverpool Community Health NHS Trust (SSCCG & SFCCG)</u> DF confirmed that the quality risk profile tool for this provider has recently been reviewed and sent to NHSE (C&M).. <u>AQuA Mortality Reports</u> The latest mortality reports have been circulated to GP Quality Leads for review and to the CCGs' Business Intelligence Team. GH has reviewed AUHs noting that the SHIMI is marginally raised. GH confirmed that she was not aware of any new issues to report and noted that AUH are no longer an outlier. However, work continues to monitor the position of the Trust and a further update will be given at the AUH CCF.. Feedback from DC awaited re S&O but nothing significant to report from the AQuA data. DF stated that the Trust have identified a possible national IT issue when uploading mortality data to the NHS digital system. This could have an impact on the Trust mortality rates. National and local work is being undertaken and the CCGs await the outcome. NHSE (C&M) are aware and were informed by both the Trust and the CCGs.	
	The Committee received the report	
17/006	**Provider Quality Performance Reports** JS presented the Provider Quality Performance Reports relating to both SFCCG and SSCCG by exception. <u>Aintree University Hospital (AUH)</u> Stroke - Month 8 performance under Stroke has been achieved. A&E measures – System pressures were discussed and work is being progressed Discussions being had at the A&E Delivery Boards and other appropriate forums. Rapid Access Chest Pain – GH provided a rationale behind recent underperformance which had been discussed at the CQPG and with clinicians from the Trust. DF added that a review to ensure no harms occurred had also been completed.	

	Cancelled Operations – Performance against this KPI has been on track throughout 16/17, however the Trust reported 3 non-clinical cancellations in November 16, this KPI carries a financial penalty for underperformance which will be implemented by the CCG. DF and BP visited AUH A&E and Frailty Unit last week with a more comprehensive walk around due to take place. Staff who were spoken with during the visit reported good management support and the Acting Director of Nursing gave a positive account of work being undertaken by the Corporate Nursing team which includes daily auditing to ensure quality standards are being met. E Referrals Choose & Book - GH felt that reducing secondary care referrals though Advice and Guidance would shift the appointments the patients would otherwise have into primary care instead although she accepts there may be some small reduction in overall activity. The CCG needs to consider how it will fund this increased primary care activity in order for Advice and Guidance to be used fully and it may be helpful to liaise with the local GP federation. MUST – AM commented on whether assessments were being carried out in this area. JS confirmed that significant improvement work had been undertaken and presented through the CQPG <u>Southport & Ormskirk Hospital NHS Trust (S&O)</u> Cancer Measures - JS reported that the Trust had failed to submit a complete Month 8 KPI and Quality Schedule report and as a result there are significant gaps in narrative for Southport & Ormskirk Hospital. This will be raised at the CQPG and Executive to Executive meeting later today. The JQC wished to send a formal note to the Executive to Executive meeting and Contracts meeting regarding the lack of submission of data and the potential for financial penalties. **ACTION: DF to send a formal note to the Executive to Executive meeting and CQPG meeting regarding the lack of submission of data and the possibility of applying contract sanctions in relation to the timeliness and quality of data submitted.** Stroke / TIA - The TIA target on November 16 has been achieved. BP provided the Committee with the background to work undertaken as part of an ongoing patient complaint with the Trust around Stroke. BP asked whether the Committee considered it necessary to do a further Case Review. BP has looked at previous reviews that had been undertaken and asked the Committee for their view in this. RC felt that work already undertaken was adequate with all appropriate bodies sited on the outcomes. The Committee agreed that it was appropriate to progress the outcomes of the investigation rather than conduct another review at this time. <u>Mersey Care NHS Foundation Trust – Mental Health</u> Referral to Treatment-Psychotherapy – JS informed the committee that the CCG was still awaiting an action plan and / or business case from Mersey Care in relation to psychotherapy. A more detailed report from the Trust is due to be presented at the CQPG in February 2017. RTT - Eating Disorders – The Trust provided assurance earlier in the year that performance would improve following a successful recruitment programme, however, some staff recruited failed to commence their employment with the Trust.	**DF**

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	RC was concerned about the work being directed to GPs to complete physical health checks in relation to eating disorders. DF suggested the concerns of the JQC be raised at CCF for discussion at the CQPG. The JQC were advised that a Physical Health Matron is now in post. Smoking Indicators – Overall performance continues to improve against smoking indicators. DNA & Cancellation appointments – Work continues on the development of the Trust's DNA policy which is due to be completed in December 16, work is ongoing with commissioners and primary care in order to establish appropriate referral flows. Cheshire & Wirral Partnership NHS Trust – IAPT Performance IAPT- South Sefton IAPT KPI Summary – It was noted that referrals by GPs to Access Sefton are made by handing out a leaflet to patients. RC suggested if electronic versions of the leaflet were available they could be logged on the EMIS system. This is to be raised with CCG Mental Health Commissioners. **ACTION: DF to raise suggestion with CCG Mental Health Commissioners of e-versions being made available of the IAPT leaflets that are given out to patients so these could be logged on the GP system.** DF questioned the difference in IAPT performance between SF and SS and asked whether more could be done with regards to service delivery. **ACTION: JS to clarify cause of differences in performance between SFCCG and SSCCG.** Liverpool Community Health NHS Trust Minimise rates of Clostridium Difficile (CDif) - GH asked whether four cases of CDif reported on Ward 35 were correct and asked that an investigation be held given past good performance. **ACTION: JS will liaise with Martin Jones of Infection control to progress review.** DF stated that the Chair of SSCCG was copied into an anonymous whistleblowing letter regarding an LCH service. This has been forwarded to the Chief Executive of LCH for investigation. The CCG will also be looking at what intelligence they may have received previously in relation to this service by way of commissioner assurance. NWAS Quarterly Update BD provided the JQC with a quarterly update on local North West Ambulance Service (NWAS) performance which showed deterioration in turnaround times. BD gave an explanation regarding how improvement in performance across the system is being monitored.	**DF** **JS** **JS**
	The Committee received the report.	
17/007	**CCG Safeguarding Service Quarter 2 Update** This report provided the JQC with an update in relation to adults and children's safeguarding and an analysis of the Q2 data submitted by commissioned health services as part of the Safeguarding quality schedule. Southport & Ormskirk Hospital NHS Trust HS advised that S&O remains on limited assurance and that although an increase in training compliance figures has been noted for Levels 1 and 2, training targets have not been met against trajectories and they had not met their own internal set trajectory. DF confirmed this had been discussed at the Executive Improvement	

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	Board and that NHSE had offered support to increase the Trusts training figures. KG was conscious that some improvements had been seen with a training needs analysis submitted and data cleansing undertaken of training data. AM asked what next steps should be. DF considered the CCG's concerns are well documented and have been escalated up to the Risk Summit level of surveillance and also to the CQC prior to the Chief Inspector of Hospitals Inspection. The concerns of the JQC were noted as sufficient assurance could not be given and it was agreed that the CCG was therefore unable to close the contract query until performance improved. This issue has been escalated and will be raised again at the CQPG and Executive to Executive meetings today. DF advised that the Safeguarding Board is also aware of the contract query. DF has met with the new Director of Nursing (DoN) at S&O who will be the Executive lead on this issue and asked that the Safeguarding Team ensure the DoN is made aware of the problems with training and requested that a review is undertaken after the next quarter to determine whether there have been any improvements in performance. **ACTION: Safeguarding to inform the DoN at S&O of issues with training trajectories not being met at S&O and undertake a further review of performance after the next quarter.** Joint Targeted Area Inspection (JTAI) update - A brief presentation was presented by the CCG Safeguarding Service at the December 2016 LSCB Board mapping the findings from the Salford JTAI against the CCG's perspective in Sefton. A number of areas were highlighted to explore further with key services which will be progressed via the LSCB Health sub group including the Voice of the Child. The NHSE Safeguarding Assurance information was discussed. DF stated that she had challenged the NHSE 3 amber RAG rating via the Safeguarding Service that was in the final report and had received confirmation back that this was a timing issue and that the CCGs only had 1 remaining amber rating and that was with regard to reviewing on an annual basis capacity within the team – all the rest of the performance areas were RAG rated green. Report on Actions in Response to Kate Lampard Report Recommendations - The Safeguarding Service will complete this report on behalf of the CCGs prior to the submission date of 20th January 2017. The Safeguarding Service confirmed that they were on track to meet the submission deadline.	**KG / HS**
	The Committee received the report.	
17/008	**Commissioner Quarter 2 and Quarter 3 Controlled Drug (CD) Reports to NHS England CD Accountable Officer (AO)** This paper provides the JQC with the quarter 2 and quarter 3 2016-17 Commissioner Quarterly CD Reports to NHS England CDAO. SSCCG is deemed an outlier in terms of Schedule 2 CD prescribing (quantity x items per 1000 PU) compared with other CCGs in Q2 i.e. the amount of CDs prescribed. These concerns will be raised at quarterly meetings with practices. The JQC discussed its concerns relating to the mis-use of CDs prescribed to some patients in support of pain management within primary care. The Committee discussed the potential role for urine testing where considered appropriate to support safe CD prescribing. The JQC were also keen to have it determined whether usage of prescribed CDs	

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	was due to population or individual prescriber and were aware that the Medicines Management Team have been requested to take this further through JMOG. GH thanked the Medicines Management team for the work undertaken.	
	The Committee received the report.	
17/009	**Corporate Risk Register** This report provides a summary of the risks currently managed by the Quality Team on behalf of NHS South Sefton and NHS Southport and Formby CCGs, with risks with a post mitigation score of 12 or above presented to the respective Governing Bodies. The Likelihood and Consequence columns for QUA002 (SFCCG) and QUA006 (SSCCG) are to be amended to ensure the risk scores reflect the same content. **ACTION: BP to amend Likelihood and Consequence columns for QUA002 (SFCCG) and QUA006 (SSCCG) to ensure the risk scores reflect one another** QU019 AND QUA020 (SFCCG) - DF asked whether the JQC were satisfied with the mitigating actions given performance is deteriorating. The Committee acknowledged the pressures in the system but considered more needed to be done. **ACTION: BP to ensure the narrative by risk owners is revised.** **ACTION: AM requested that the process of presenting the Risk Register to the JQC is revised to ensure changes requested by the JQC are carried out by risk owners and the outcome brought back to the Committee for assurance.** **ACTION: Risk registers to be presented to JQC in A3 print at future meetings.**	**BP** **BP** **BP** **VT**
	The Committee ratified the report.	
17/010	**Revised Research Strategy** BP presented the JQC with a revised research strategy for NHS South Sefton and NHS Southport and Formby CCGs following its original approval in 2014. Changes to the revised strategy were highlighted in blue with the Committee's attention drawn to the link with QIPP under 'Strategic Objectives'. The JQC approved the amended version of the report and thanked BP for the work undertaken.	
	The Committee approved the revised policy.	
17/011	**Joint Medicines Operational Group (JMOG) Terms of Reference (TOR)** The JQC were asked to approve the changes to the TOR which was updated to reflect that the SMOOG are no longer held.	
	The Committee approved the revised Terms of Reference	
17/012	**Southport & Ormskirk Mortality Rate** The issues regarding the Mortality Rates at S&O were discussed earlier in the meeting.	
	The Committee received the verbal report	
17/013	**GP Quality Lead / Locality Update** There were no new matters to report.	
	The Committee received the report	
17/014	**Key Issue Logs:**	

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	EPEG GB presented the JQC with a verbal report following items reported at a recent meeting of EPEG on 14th December 2016. • A very successful Young Advisers meeting was held in December 2016. GB very impressed with the professionalism of the group. GB noted that the group membership has a number of Looked After Children (LAC). DF advised that the group have been involved in the CCGs work around CAMHs with the Local Authority and the Voice of the Child. DF also advised that she has invited members to get involved in the work of the CCG by experiencing sitting in the seat of the 'Chief Nurse' for a day. • MacMillan Centre Update - EPEG was pleased to note that there had been a 2% increase in 'face to face' and 147% increase in 'indirect' contacts' in Consultation and Engagement. Freshfield and Hightown engagement feedback was discussed and it was agreed that further comments will be fed back to Head of Communications to share with NHS E and H2A (consultation project team). • AUHT parking – A sub group within the Trust is to be set up to review charges • Access Sefton – performance perceived to have improved, however GB will feedback JQC comments.	
	The Committee received the report	
17/015	**Any Other Business** There were no matters to report under AOB.	
17/016	**Key Issues Log** The following key issues were raised to be informed to the Governing Bodies: <u>Southport & Formby CCG</u> • Corporate Risk Register – Quality Risk Register presented to the Quality Committee • S&O Safeguarding Performance – Contract Query remains in place due to limited assurance from the CCG Safeguarding Service • S&O Mortality – Issue identified with national data upload and has been reported to NHS Digital. NHSE are aware. This may impact on Trust mortality rates. CCG to await confirmation from national data cleansing / review as it may affect other Trusts. • CCG Research Strategy – Updated strategy approved. <u>South Sefton CCG</u> • Corporate Risk Register – Quality Risk Register presented to the Quality Committee • S&O Mortality – Issue identified with national data upload and has been reported to NHS Digital. NHSE are aware. This may impact on Trust mortality rates. CCG to await confirmation from national data cleansing / review as it may affect other Trusts. • CCG Research Strategy – Updated strategy approved	
	Date of Next Meeting The next meeting will be held on Wednesday 15th February 2017, 11.30 am -1.30 pm at The Marshside Surgery, 117 Fylde Road, Southport PR9 9XL	

Chair : ______________________ ______________________

PRINT NAME SIGNATURE

Date : ______________________

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