NHS
Southport and Formby
Clinical Commissioning Group

Agenda

Governing Body Meeting in Public Agenda

Date: **Wednesday 3rd May 2017, 13:00 hrs to 14:20 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
Matthew Ashton	Director of Public Health, Sefton MBC *(co-opted member)*	MA
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
Susan Lowe	Practice Manager & Governing Body Member	SL
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

Jan Leonard	Chief Redesign and Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
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).

No	Item	Lead	Report/ Verbal	Receive/ Approve / Ratify	Time
General					**13:00hrs**
GB17/71	Apologies for Absence	Chair	Verbal	R	1 mins
GB17/72	Declarations of Interest	Chair	Verbal	R	1 mins
GB17/73	Minutes of Previous Meeting - March 2017	Chair	Report	A	5 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve / Ratify	Time
GB17/74	Action Points from Previous Meeting - March 2017	Chair	Report	A	2 mins
GB17/75	Business Update	Chair	Verbal	R	5 mins
GB17/76	Chief Officer Report	FLT	Report	R	10 mins
Governance					
GB17/77	Appointment of Clinical Vice Chair: Dr Kati Scholtz	FLT	Verbal	A	5 mins
Finance and Quality Performance					
GB17/78	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	R	10 mins
GB17/79	Integrated Performance Report	KMcC/ MMcD/DCF	Report	R	30 mins
GB17/80	Pension Auto Enrolment	HN	Report	A	5 mins
For Information					
GB17/81	Key Issues reports: a) Finance & Resource Committee (F&R): February 2017 b) Quality Committee: February 2017 c) Audit Committee: January 2017 d) Joint Commissioning Committee: December 2016 and February 2017	Chair	Report	R	5 mins
GB17/82	F&R Committee Approved Minutes - February 2017		Report	R	
GB17/83	Quality Committee Approved Minutes - February 2017		Report	R	
GB17/84	Audit Committee Approved Minutes - January 2017		Report	R	
GB17/85	Joint Commissioning Committee Approved Minutes - December 2016 and February 2017		Report	R	
GB17/86	Any Other Business *Matters previously notified to the Chair no less than 48 hours prior to the meeting*				1 min

No	Item	Lead	Report/ Verbal	Receive/ Approve / Ratify	Time
GB17/87	Date of Next Meeting **Wednesday 5th July 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: 5th July 2017 6th September 2017 1st November 2017 3rd January 2018 7th March 2018 2nd May 2018 4th July 2018 All PTI public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.				-
Estimated meeting close					**14:20 hrs**

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 29th March 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
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
In Attendance		
Billie Dodd	Head of Commissioning	BD
Debbie Fairclough	Chief Operating Officer *(Minutes)*	DFair
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Margaret Jones	Consultant in public health, Sefton MBC	MJ
Brendan Prescott	Deputy Chief Nurse and Head of Quality and Safety	BP

No	Item	Action
Presentation	**Cheshire and Merseyside Oncology Service: Clatterbridge Vision** Jason Pawlek attended on behalf of Clatterbridge Centre for Oncology (COO) to present the new cancer centre model. Members were advised that the new model was not solely focussed around "on-site" services but also out-reach services that could be provided across Cheshire and Merseyside. The presentation outlined the key areas of activity that are undertaken by the COO and described the complexity of the services available to patients. The future model will be provided primarily across three sites; Wirral (the existing site of the COO), Aintree University Hospitals NHS Trust and the Royal Liverpool and Broadgreen Hospitals NHS Trust and will be focused on the need to transform services to improve patient experience and ensure services are safe and sustainable for the future. The model has also been developed in response to the increasing demand for services and the need to create greater opportunities for equitable access to multi-disciplinary teams. Members of the public queried the level of involvement from those representing the views of disabled people and the extent to which their views had informed the design of the estate that services will be delivered from. JP confirmed that there had been extensive consultation in respect of those issues and the new builds were reflective of those requirements. This is supported by a "way finding" strategy to enable patients and visitors to navigate buildings easily. The estate has also been designed on sustainability principles. JP also confirmed that there	

No	Item	Action
	was a robust workforce strategy underpinning the delivery of the new service model so that the workforce has the requisite skills to meet the needs of patients. The strategy recognises that the growth in service activity will require a growth in workforce of up to 15%. Further questions were also raised about the funding streams to support this initiative and JP confirmed that there were multiple streams including a charitable appeal; savings and a long term mortgage with a public sector funding organisation. MJ requested that Clatterbridge Centre for Oncology officers be invited to meet with the council to discuss ways in which the Living Well service could link into the new service model. **RESOLUTION** **The members thanked BP for the presentation.**	
Public	**Questions were received from the public:** **Derek Thomas:** ***Why do we have two CCGs, North and South – with modern technology it would be more cost effective to have one?*** MMcD advised that at the time the CCGs were established it was appropriate to have two separate organisations serving two very different populations. Over the past few years the system has evolved and with the creation of collaborative working across wider geographical areas and the supporting local delivery systems (LDS) the need for greater alignment of working is emerging. In response to this Southport and Formby CCG, South Sefton CCG and Liverpool CCG are exploring ways to increase this alignment as part of the strengthening commissioning programme which is being discussed later during the meeting. **Derek Thomas**: ***suggestion – Government is doing consultation on taking some drugs off prescription. When a person is first diagnosed as a type 2 diabetic and it is the only problem they shouldn't get free prescriptions – this could be an incentive to patients to change their life style.*** RC responded to this suggestion. He advised that diabetes is on a list of conditions that upon diagnosis entitles the patient to free prescriptions for all their conditions. **Linda Heap:** ***given the importance of health and social care integration, could you tell me how the people of Sefton would be better served by merging with Liverpool CCG and what public consultation arrangements will be put in place to allow people to express their views?*** The CCG has been supporting the Making it Happen strategy which supports integration whilst at the same time making sure local priorities and the supporting work plans remain the same. The strategy ensures that a locality focus is maintained but at the same time the services to patients should improve as commissioners will be able to share resources and commission services collectively. The first step in the process of bringing the three CCGs closer together is very much about the governance and ensuring the correct model is in place to support decision making whilst maintaining the focus on local priorities. At a later stage consultation and engagement will be facilitated through the CCG's regular Big Chat events. **Sandra Alford: Do you fund osteopathy, if not why not, and what is offered**	

No	Item	Action
	in its place? RC – the CCG does not commission osteopathy as it is a complimentary therapy. Whilst there is evidence that some GPs are comfortable with its use, it is not evidence based so therefore is not routinely funded. The CCG does have a Musculo-skeletal assessment service (MCAS) to improve the management of those conditions.	
GB17/38	**Apologies for Absence** Apologies were received from Fiona Taylor and Dwayne Johnson.	
GB17/39	**Declarations of Interest** Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Debbie Fagan and Martin McDowell. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.	
GB17/40	**Minutes of Previous Meeting** - January 2017 **RESOLUTION** **The minutes of the meeting held 29th January 2017 were approved as an accurate record.**	
GB17/41	**Action points from previous meeting** - January 2017 **RESOLUTION** **All actions were confirmed as having been completed.**	
GB17/42	**Business Update** RC advised members that despite the fact that the CCG had not achieved its full QIPP target, a significant proportion had been delivered which was reflective of the diligence and hard work of the staff involved. Members concurred with the assessment of RC's performance against the QIPP target and acknowledged with work of the leadership team and staff. The Chair asked that his comments and the reflections of governing body members be shared with relevant leads. Members were updated on changes to the substantive membership of the governing body. Emily Ball, Niall Leonard and Colette Riley will be leaving the governing body and their support and contributions were acknowledged. Sue Lowe will be joining the governing body as the practice manager lead in April. **RESOLUTION** **The Governing Body received the update.**	
GB17/43	**Chief Officer Report** MMcD presented the Chief Officer report in FLT's absence. Members were advised that an intensive programme of work continues in the CCG led by the interim Chief Operating Officer/QIPP Programme Lead.	

No	Item	Action
	MMcD advised that NHSE had recently commissioned an audit of the QIPP arrangements and that outputs of that report would be shared with, the leadership team in April. The interim findings were consistent with the CCGs understanding of QIPP arrangements and any gaps. 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. Members note that the CCG has been working with both Liverpool and South Sefton CCGs to develop a Terms of Reference (ToR) to establish the North Mersey LDS (NM LDS) estates group which will take a strategic overview of estates and facilities across the NM LDS. The group comprises 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 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 and 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. Members noted that 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. 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.	

No	Item	Action
	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. 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. 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. 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. 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. 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. 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. **RESOLUTION** **The Governing Body received the report.**	
GB17/44	**Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report** The governing body received the month 11 QIPP dashboard setting out the performance and progress to date. The CCG has delivered a significant proportion of its QIPP plan and although delivery is behind target, members confirmed that they were satisfied that every effort had been made to identify efficiencies and implement plans. The interim chief operating officer/QIPP programme lead is working on the development of additional QIPP plans for 2017/18 when the challenge will increase significantly. **RESOLUTION**	

No	Item	Action
	The Governing Body received the report.	
GB17/45	**Integrated Performance Report** **Planned Care** KMcC presented the integrated performance report and highlighted key areas of progress or concern to members. At month 9 performance in respect of planned care was positive with demand and referrals being managed well. There is expected to by a marginal increase at month 10 but this would still represent a positive position. There has been an increase in consultant to consultant referrals of 7% but this is being reviewed and addressed primarily via the CQUIN. The referral management system was implemented in October 2016 and it is anticipated that this will address referral activity further. Performance against the diagnostic target has deteriorated, which is a cause for concern and this is being addressed with the provider; a full response is awaited. This issue will also be the subject of discussion at the next executive to executive meeting with the trust when assurances in respect of remedial action will be sought. EB expressed concern that the provider had not provided supporting narrative in respect of the diagnostic target so it was not clear which diagnostics services were problematic. Cancer targets continue to be achieved and at month 10 the provider is achieving a performance level of 92%. This is due to an underperformance earlier in the year which continues to be reflected in overall performance. However the governing body was asked to note that the provider is now performing well in this area. **Unplanned Care** Members were advised that there continues to be an increase in attendances in A&E with a significant increase in the over 75s cohort which is higher than in other areas. The A&E department are looking into this in more detail to understand the causes. EB commented that via the telehealth system there was evidence of increased conveyances from nursing homes for the over 75 age group. Stroke performance remains a significant concern and 17 out of 28 patients were not treated within target indicators. Stroke performance has been under target all year with little or no evidence of improvement at this stage. The CCG has engaged with the provider on multiple occasions with a view to remediating this position. Further work will continue with the provider until the CCG is satisfied that the service is performing optimally. Members were pleased to note that DTOCs have decreased by 25% with three out of four delays being due to patient or family choice. **Mental Health** KMcC advised that the two key targets are being achieved however, the CPA target remains a challenge. Good progress is being made in respect of IAPT but the current forecast remains below a target of 15% due to problems earlier in the year. The dementia diagnosis rate is at 71.3% which is exceptional performance and members were asked in particularly to note this positive level of performance. Members were advised that a substantial level of support had been made available from within general practice and it is expected that this will improve	

No	Item	Action
	further in future. **Improvement and Assessment Framework** Members were advised that the annual IAF submission was now being completed noting that assessment is not just based on the CCG's performance but also based on areas such as public health. The senior leadership team will sign off the completed IAF prior to submission to NHSE. BP provided a general overview in respect of quality issues affecting the trust. Members noted that there had been 101 serious incidents at the trust but the majority of these were now closed with only three remaining open and under review. The friends and family test response rate is below the national average and the CQPG are looking at this in more detail to understand the issues and to improve the return rate. There have been some estate related issues that were impacting on the mixed sex accommodation standards however, the CCG is assured that in those circumstances the primary focus has been to maintain quality standards relating to patient care and improved outcomes. KMcC advised members that the quality team are looking at the performance of individual specialities impacted on by RTT standards to try and identify if there is a correlation between performance, complaints and SIs. The outcome of this work will be reported to the governing body in May. DC queried whether the issues associated with mortality reporting had been resolved because at present the figures are yet to be validated and consequently adjusted. BP advised that this had not yet been completed but updated figures are expected in April and this had been discussed and agreed at a meeting of the CCG and trust executives. It was noted that the issue was a national reporting issue and not just an issue with the trust's data. HN commented on the performance across specialities at other trusts including the Royal Liverpool and Broadgreen University Hospitals NHS Trust and asked that a further assessment is undertaken of waiting times for gastro and ophthalmology. **Financial position** MCcD provided and overview of the current financial position that was consistent with what had been reported in previous months. The CCG is on target to acquire a deficit of £8.5M and members were advised that this would mean that the mandated position of a £4M deficit as stipulated in the NHSE directions would be missed. This position has routinely been reported to NHSE throughout the year so that NHSE officers were clear about the risk to delivery of QIPP and the likely outturn figure at year end. This position has also been reflected in the GBAF which now reflects the risk of non-compliance with statutory targets as being "certain" and not "likely". Despite this negative position the governing body noted that the efficiencies achieved by delivery of QIPP represented 3.5% of the CCGs total allocation which is proportionately higher than within other local CCGs. In terms of QIPP schemes MCAS continues to perform well and is delivering the anticipated savings. Other CCGs have contacted Terry Hill, the lead for this programme to learn from the scheme the CCG has in place. The repeat prescription ordering pilot scheme is also having an impact and will be rolled out	KMcC KMcC

No	Item	Action
	to all practices during 2017/18. In summary MMcD advised that he CCG remains on course to meet the financial outturn as reported to NHSE. NHSE have authorised the release of the 1% reserves so the reported deficit will be £6.7M. **RESOLUTION** **The Governing Body requested that the outcome of the review at S&O be reported back to the meeting in May.** **The Governing Body noted and confirmed the financial outturn position.**	KMcC
GB17/46	**Memorandum of Understanding (MoU) between Sefton Council Public Health and NHS Southport and Formby Clinical Commissioning Group** MJ presented the MoU and discussed the content with members. The document essentially formalised the existing ways of working between the CCG and the council and sets out the key areas of work as; health improvement, health protection, healthcare public health. It provides a framework for partnership working to support population levels. The arrangements will be monitored via the joint meetings of the CCG senior team and the public health senior team. MJ advised that the document may need to be updated to reflect the impact of any changes arising following the conclusion of the strengthening commissioning work programme. **RESOLUTION** **The Governing Body approved the MoU for 12 months.**	
GB17/47	**Single Service, System Wide Delivery: Overview** KMcC presented the paper that summarises the Healthy Liverpool Programme and describes the approach being taken by Liverpool CCG to develop a more integrated Hospital System across Liverpool City and North Mersey which is described as a "single system" with underpinning principles. The case for change was set out with supporting opportunities. Members were advised that priority 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. **RESOLUTION** **The Governing Body received the paper on behalf of Liverpool CCG and noted the system approach to transformation that was set out.**	
GB17/48	**Strengthening Commissioning: joint working across Southport and Formby, South Sefton and Liverpool CCGs** MMcD presented an update on the strengthening commissioning work programme and described the work undertaken to date to bring the three organisations together to operate across a cohesive footprint. The primary objective is to bring together resources to ensure the continued effective commissioning of safe high quality services.	

No	Item	Action
	The respective governing bodies had considered the options previously and via events facilitated by AQUA had confirmed preferences for the direction of travel. Overall there had been support for the option to form a joint committee (with delegated decision making authority from each governing body) as a single decision making forum, for a limited period of time, with progression to a full merger. Any plans to progress a full merger must be notified to NHSE no later than 31st July 2017 and the merger must be completed by 1st April 2018. Members discussed the issue in more detail and concurred that some additional clarity would be required before a final definitive decision could be made. There was particular concern about the funding formula for primary care as there is inconsistency at present. There was also a level of concern about the pace being indicated to progress proposals as members didn't feel confident that it was consistent with being able to involve and engage staff constructively in what would be significant organisational change. **RESOLUTION** **The governing body remain supportive of the direction of travel to form a single decision making entity** **The governing body requested the lay member for PPI, the chief officer and the Chair receive a business case that set out the programme of work including review of the time table and rationale for deadlines. The business case should also specify in detail the objectives that the new entity will be expected to deliver for the Southport and Formby population.** **The business case should also describe how these objectives will be set out within the governance arrangements** **The governing body requested further information in respect of the funding formula for primary care.**	
GB17/49	**Better Care Fund – Section 75 Agreement: extension** MMcD presented the section 75 agreement and requested authority from the governing body to extend the agreement for a further 12 months. It was noted that 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 will need to evaluate 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. **RESOLUTION** **The governing body approved the extension of the Better Care Fund Section 75 agreement for a further 12 months by invoking the extension clause which exists in the current agreement.** **The governing body delegated authority to the CCG Chair, the Chief Officer and the Chief Finance Officer to sign off a revised BCF and section 75.**	
GB17/50	**Shaping Sefton – Five Year Forward View**	

No	Item	Action
	KMcC presented the report that set out how the Shaping Sefton schemes compare or link into the North Mersey LDS programmes of work. The report also proposed a re-wording of the CCGs corporate objectives to reflect the role of the LDS in demand management. **RESOLUTION** **The Governing Body received the update and confirmed the change to the corporate objectives.**	
GB17/51	**Key Issues Reports:** **The Governing Body received the following key issues reports.** a) Finance & Resource (F&R) Committee: November 2016 & January 2017 b) Quality Committee: November 2016 and January 2017 c) Joint commissioning committee: 22nd February 2017	
GB17/52	**Finance and Resources Committee Approved Minutes:** November 2016 and January 2017 **RESOLUTION** **The Governing Body received the approved minutes.**	
GB17/53	**Quality Committee Approved Minutes:** November 2016 and January 2017 **RESOLUTION** **The Governing Body received the approved minutes.**	
GB17/54	**Audit Committee Approved Minutes:** None **RESOLUTION** **The Governing Body received the approved minutes.**	
GB17/55	**Any Other Business** There were no items of any other business.	
GB17/56	**Date and Time of Next Meeting** **Wednesday 7th June 2017, 13:00hrs at the Family Life Centre, Southport, PR8 6JH**	
Meeting concluded		

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)

NHS
Southport and Formby
Clinical Commissioning Group

Governing Body Meeting in Public
Actions Points from Previous Meeting

Date: Wednesday 29th March 2017, 13:00 hrs to 15:30 hrs
Venue: Family Life Centre, Southport, PR8 6JH

No	Item	Action
GB17/45	**Integrated Performance Report** <u>Improvement and Assessment Framework</u> The performance of individual specialities impacted on by RTT standards was being reviewed in order to try and identify if there is a correlation between performance, complaints and SIs. The outcome of this work will be reported to the governing body in May. Performance across specialities at other trusts including the Royal Liverpool and Broadgreen University Hospitals NHS Trust was discussed and it was requested that that a further assessment is undertaken of waiting times for gastro and ophthalmology.	KMcC KMcC

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
May 2017

Agenda Item: 17/76	**Author of the Paper:** Fiona Taylor Chief Officer Email: fiona.taylor@southseftonccg.nhs.uk Tel: 01704 38 7012
Report date: May 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 and as part of the North Mersey LDS.
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.

Southport and Formby Clinical Commissioning Group

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

Southport and Formby Clinical Commissioning Group

Report to Governing Body
May 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

The CCG's QIPP programme delivered significant savings during 2016/17 with £7.0m (c. 3.8%) of allocation being saved as the result of direct management actions undertaken by the CCG. The task facing the CCG remains challenging with a further £10.8m (c. 5.2%) worth of savings required in 2017/18. The CCG has planned events in May to reconsider all aspects of its commissioning portfolio to identify further areas of savings in areas that offer little or no benefit to patients.

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 the North Mersey LDS.

2. North Mersey Local Delivery System (NM LDS)

South Sefton CCG, Southport & Formby CCG and Liverpool CCG have continued to work together to agree priority areas of work. Over the last couple of months, particular areas that have been progressed include medicines management and primary care.

Medicines management is looking to jointly progress work with acute providers on high cost drugs and clinical pathways. A key piece of work under primary care is now GP Streaming from A&E and a working group is now in place to advance this. This is particularly pertinent given the recent guidance published in March 2017 on the Five Year Forward View.

3. Strengthening Commissioning

The Governing body approved the recommendations at the March 2017 meeting. Since then, the Chairs across the three CCGs have met to progress the detail.

Both Sefton MBC and Liverpool City Council have been formally asked to support the merger.

The Chairs and both Accountable Officers have a meeting on 27th April 2017 with NHS England Cheshire & Merseyside Director of Commissioning. The membership of all the CCGs will need to approve any application.

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

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

The CCG and Local Authority colleagues attended a meeting of the Sefton Overview and Scrutiny Committee (Children and Safeguarding Services) in April 2017 to present the latest version of the draft plan. The plan was further amended following the discussion and scrutiny at the Committee. The local statement of action was submitted to OfSTED on 18th April 2017 on behalf of the Local Authority and the CCG. Formal feedback is currently awaited.

5. Care Quality Committee Chief Inspector of Hospitals Visits

5.1 Mersey Care NHS Foundation Trust

The CQC undertook an inspection visit to the Trust in March 2017. CCG representatives attended a stakeholder meeting with the regulator to inform the key lines of enquiry. Commissioners are awaiting the outcome of the visit.

5.2 Alder Hey Children's NHS Foundation Trust

The CQC undertook an inspection visit to the Trust in April 2017. Commissioners are awaiting the outcome of the visit. Child and Adolescent Mental Health Services (CAMHS) in Sefton were reportedly amongst the services visited by the regulator.

6. Liverpool Community Health NHS Trust Transition of Services

As the Trust's transition of services continues and nears its completion, resilience training for staff members has been promoted. The Trust is paying particular attention to resolution and closure on existing long and short term absence cases. Progress will be reported through Clinical Quality Performance Group.

7. Combined Safeguarding Adult Board, Local Safeguarding Children Board and Corporate Parenting Board

7.1 Combined Safeguarding Adult Board – Knowsley, Liverpool, Sefton & Wirral (CSAB)

The newly established Combined Safeguarding Adult Board met formally for the first time in April 2017. The CCG are represented on the Board by the Chief Nurse and Head of Safeguarding. The CCG has nominated the Chief Nurse to Chair a sub-group of the Board if required along with nominations for several of the sub-groups. The Board will meet again in June 2017.

7.2 Local Safeguarding Children Board (LSCB)

The Chief Nurse has recently agreed to Chair the Practice Review Panel (PRP) of the LSCB and is liaising with the Board Manager to put arrangements in place. As part of the Memorandum of Understanding, the Chief Nurse will also undertake the reporting link function between the LSCB and Corporate Parenting Board.

At the March 2017 meeting, the Board received an update on the multi-agency audit process and nominations were requested from partner organisations to form part of the pool. The Designated Nurse for Safeguarding Children presented to the Board the Single Agency Review from 'health' for the purposes of learning. It was agreed that learning from the case warrants a fuller discussion at the Early Help and Health Sub-Group – the case review action plan is also to be submitted to the Practice Review Panel.

The CCG is currently submitting their contributions for the LSCB Annual Report.

7.3 Corporate Parenting Board (CPB)

The Board last met in April 2017. The CPB were provided with an update on the SEND statement of action as detailed in 3 above.

Progress on the LSCB Improvement Plan was presented by the Chair of the LSCB and this was received positively.

Concern was raised regarding performance in relation to initial health assessments for Looked After Children (LAC) as part of matters arising and an update is expected in the next health report to the meeting when validated data should be available. The Chief Nurse has requested that the Designated Nurse for LAC be made aware of the current suggested position so that partners can work together to continue mitigation of any risk and improve quality and performance.

8. Independent Inquiry Child Sexual Abuse (IICSA)

In September 2016, the Chief Nurse delivered a presentation to the Governing Body about the IICSA and was requested to bring back an update at a later date. There has been no further announcements made nationally that needed bringing to the attention of the Governing Body but the Safeguarding Service at the request of the Chief Nurse undertook an exercise to benchmark the CCG against the recommendations and develop any necessary action plan. This action plan has been presented to the Quality Committee in March 2017 and has been further updated following a challenge from the Committee in terms of provider assurance.

In the presentation to the Governing Body in September 2016, reference was made to the 'Truth Project' which gives people who have experienced child sexual abuse the opportunity to share their views and experiences in a supportive and confidential setting – information from this is then used to develop specific themes to inform any future key line of enquiry. Representatives from the 'Truth Project' attended the March 2017 meeting of the LSCB to raise awareness amongst the Board members and local partnership.

9. Stroke Services Review

The North Mersey Stroke Review continues to progress and the clinical leads have agreed a preference to direct patients to the nearest Hyper-Acute Stroke Unit (HASU) following initial attendance and thrombolysis at Southport & Ormskirk Hospital NHS Trust. This option now needs to be worked up operationally with stakeholders as is complex. Current view is that this should occur at weekends and likely from September 2017 and should be undertaken as a pilot.

The Governing body will need to debate this proposal and the intended timeline for implementation.

Southport and Formby Clinical Commissioning Group

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.

10. Local Quality Contract

A phase 3 Local Quality Contract (LQC) has been agreed for 2017/18 to invest in the capacity needed to deliver a consistently higher standard of General Practice across Southport and Formby. The focus is on transformation in line with GP Five Year Forward View plans. The specifications within the LQC have been developed to deliver enhanced services above the core services commissioned by NHS England. This will be delivered on the basis of equity across practices through the provision of an agreed level of income per weighted patient, which equates to £103.86 per weighted patient (this amount includes the core contract value), plus £3.00 per actual patient for a one-year non-recurrent transformation scheme. Additional to this will be schemes, eg phlebotomy, which will be paid on an activity basis.

11. Freshfield GP Practice

The 'listening' events over the future of Freshfield GP Practice have been taking place during April; patients can still contribute to this until 12th May (see the CCG website for details). The outcome of this will be incorporated into an options appraisal that will be considered by the commissioners, NHSE and the CCG.

Kew Surgery who had been previously rated as inadequate by CQC has been re-inspected. The practice has been re-assessed as requiring improvement and received a rating of good for the elements 'caring' and 'responsive'. We will continue to support the practice to improve their rating but recognise the hard work by staff within the practice to make the changes so far.

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

12. Community Services – Mobilisation Update

Lancashire Care NHS Foundation Trust takes over the running of community services for the CCG from 1st May 2017. As part of the mobilisation phase of the procurement we have worked with Southport and Ormskirk NHS Trust (the current provider) and Lancashire Care to ensure a safe and seamless handover for patients and staff alike. We look forward to working with Lancashire Care to deliver our vision for locally based services, wrapped around our GP practices.

Southport and Formby Clinical Commissioning Group

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

13. Making Integration Happen

The Integrated Commissioning Group is working on an implementation plan to deliver key milestones in the 'Making Integration Happen' strategy document. This plan will focus on priority areas and align with the work to develop the Better Care Fund and Section 75 for summer 2017.

14. Annual Report and Accounts 2017

The CCG submitted its draft annual report and accounts in line with deadlines set by NHS England and the Department of Health. The Audit Committee received the draft report and accounts ahead of submission and members were able to make comments on changes to the content ahead of submission.

The CCG's external auditors (KPMG Ltd) will now undertake their review of the report and accounts and the Audit Committee meeting to approve the final documents, pending external audit findings, is scheduled for Wednesday 24th May and all Governing Body members are invited to attend. The Audit Committee has delegated approval from the Governing Body to approve the documents.

The final date for submission of the annual report and accounts is noon on Wednesday 31st May.

15. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Taylor
Chief Officer
May 2017

NHS
Southport and Formby
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
MAY 2017

Agenda Item: 17/78	**Author of the Paper:** Martin McDowell Chief Finance Officer Email: martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 247 7071
Report date: May 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 and as part of the North Mersey LDS.
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.

Southport and Formby Clinical Commissioning Group

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

NHS
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Report to Governing Body
May 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.

3. Recommendations

The Governing Body is asked to receive the report.

Appendices

Appendix 1 – NHS Southport & Formby CCG Month 12 QIPP Performance Dashboard

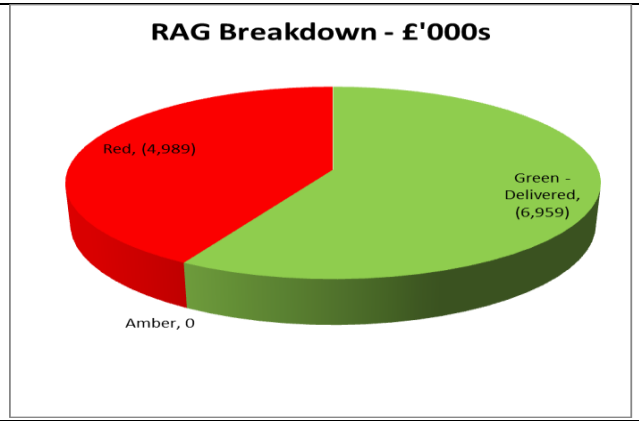
Martin McDowell
Chief Finance Officer
May 2017

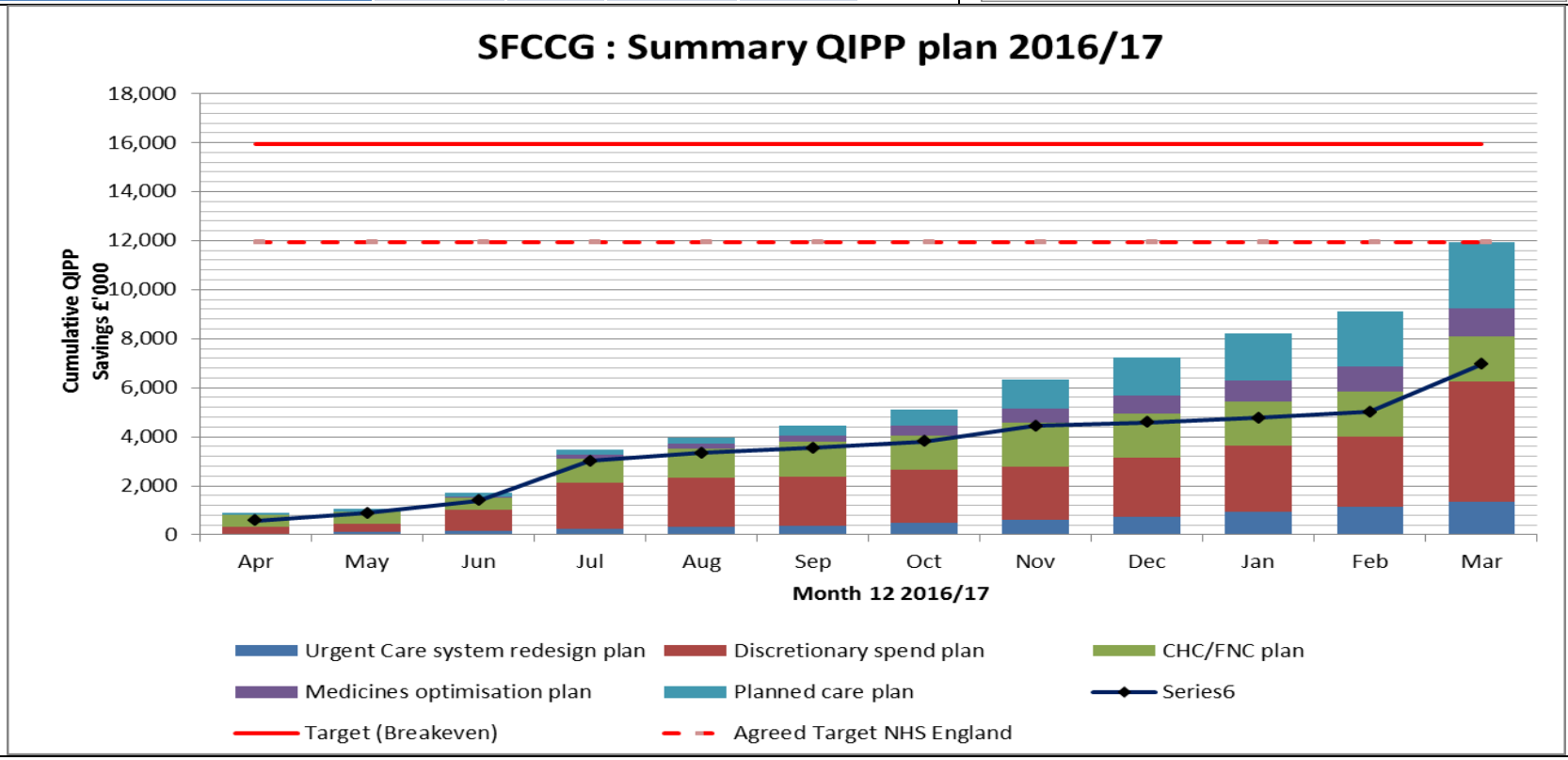
QIPP DASHBOARD – SUMMARY SFCCG AT MONTH 12

Southport and Formby CCG

£'000s

Scheme	Annual Plan	YTD Plan	YTD Actual	Variance
Planned care plan	2,706	2,706	1,141	(1,565)
Medicines optimisation plan	1,153	1,153	513	(640)
CHC/FNC Plan	1,839	1,839	1,795	(44)
Discretionary spend plan	4,913	4,913	3,032	(1,881)
Urgent Care system redesign	1,337	1,337	478	(859)
Total	11,948	11,948	6,959	(4,989)





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	
Total PLCP procedures (allowed for 10% activity to go through)	58	165	107		288	165	(123)	
MCAS / T&O 15% reduction in activity with Gain share (1st oct start date)	107	(80)	(187)		644	214	(430)	
MCAS / T&O - 6 week delay	0	0	0		330	0	(330)	
Cataracts Policy	13	0	(13)		64	0	(64)	
Review of OPP T&O Coding	38	300	263		450	300	(150)	
Dermatology - reduce block	0	0	0		50	50	0	
Contract Challenges MRET	78	78	0		78	78	0	
Contract Challenges (Phase 1)	0	0	0		128	0	(128)	
Contract Challenges (Phase 2)	32	0	(32)		190	0	(190)	
CQUIN - C2C reduction S&O	11	63	53		63	63	0	
CQUIN - 1st:Fup ratio S&O	92	271	179		421	271	(150)	
Total	**427**	**797**	**370**		**2,706**	**1,141**	**(1,565)**	

Theme 2: Medicines optimisation	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
Focus on reduced waste (repeat prescribing)	77	102	25		464	292	(172)	
Individual patient reviews (Generics / Optomise / Quick Wins)	34	0	(34)		335	165	(170)	
Additional rebate schemes	18	0	(18)		180	0	(180)	
Blood Glucose Monitoring strips	13	0	(13)		75	0	(75)	
Apixiban Price Reduction	0	0	0		56	56	0	
High Cost Drugs and Biosimilars	5	0	(5)		43	0	(43)	
Review other expenditure - Care at the chemist	0	0	0		0	0	0	
Total	**147**	**102**	**(45)**		**1,153**	**513**	**(640)**	

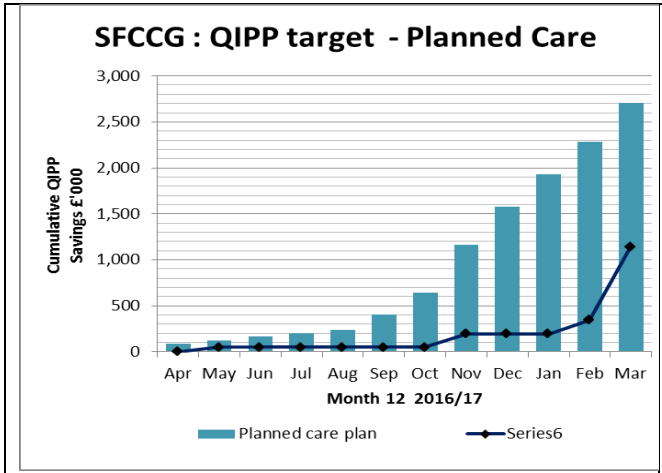
QIPP DASHBOARD SFCCG – Detail by scheme – Themes 3 & 4

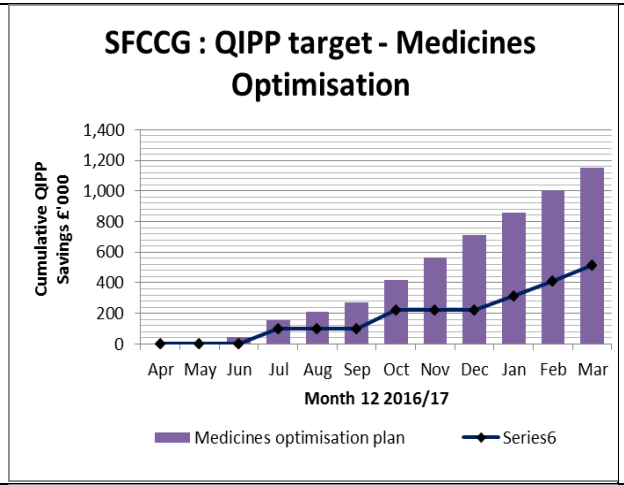
Theme 3: Individual packages of care	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
CHC reduction -Q4 savings into 16/17	0	0	0		900	900	0	
CHC reduction - No growth	0	0	0		895	895	0	
Outcome of CSU review work (net savings)	3	0	(3)		9	0	(9)	
Implementation of ADAM procurement system (net savings)	12	0	(12)		35	0	(35)	
Total	**15**	**0**	**(15)**		**1,839**	**1,795**	**(44)**	

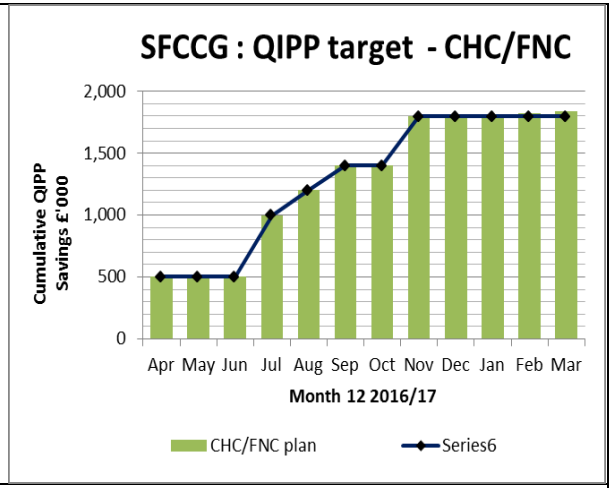
Theme 4: Discretionary spend	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
Suspend CVS Investment	0	0	0		180	180	0	
Contract Legacy review (Sexual Health/CHIS)	0	0	0		392	392	0	
Review other Expenditure - 3rd Sector	0	26	26		26	26	0	
Review other Expenditure - Remaining schemes 50% reduction	0	0	0		0	0	0	
Reduction in iLinks investment	0	0	0		20	20	0	
GPIT - Reduction on IM SLA	0	0	0		40	40	0	
Primary Care Collaborative Fees budget correction	0	0	0		45	45	0	
1% Non-recurrent not required 17/18	1,805	0	(1,805)		1,805	0	(1,805)	
Provider CQUIN delivery 2016/17 (S&O) (20% of national)	62	187	125		187	187	0	
Additional Provider CQUIN delivery 2015/16 (S&O)	0	0	0		320	320	0	
Provider Sanctions - Aintree	2	0	(2)		2	0	(2)	
Provider Sanctions - S&O	30	0	(30)		30	0	(30)	
Blue Badge Legacy review 16/17	0	0	0		74	74	0	
LQC under-performance in 16/17	134	225	91		400	225	(175)	
Slippage in Transformation Fund / SRG Funding (In year slippage)	0	0	0		954	954	0	
Review other expenditure - Transformation Fund / SRG Funding (Recurrent reduction)	0	0	0		0	0	0	
Prior Year adjustments	0	0	0		293	293	0	
Running Cost Contingency	0	121	121		80	201	121	
Move to bi monthly locality meetings	0	0	0		25	25	0	
Reduction of fast transport contract	0	0	0		40	50	10	
Total	**2,034**	**559**	**(1,475)**		**4,913**	**3,032**	**(1,881)**	

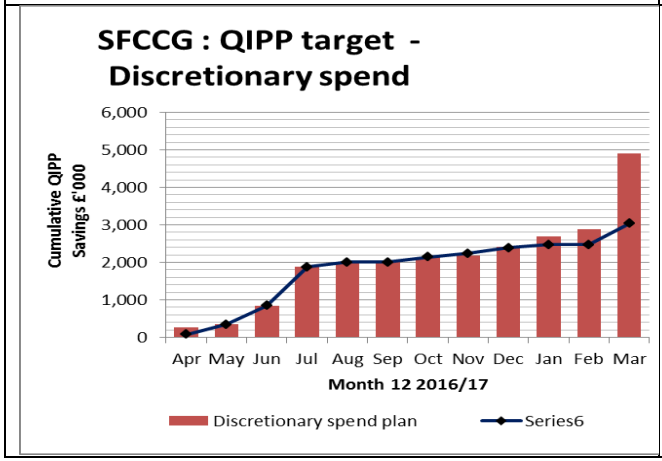
QIPP DASHBOARD SFCCG – Detail by scheme – Theme 5

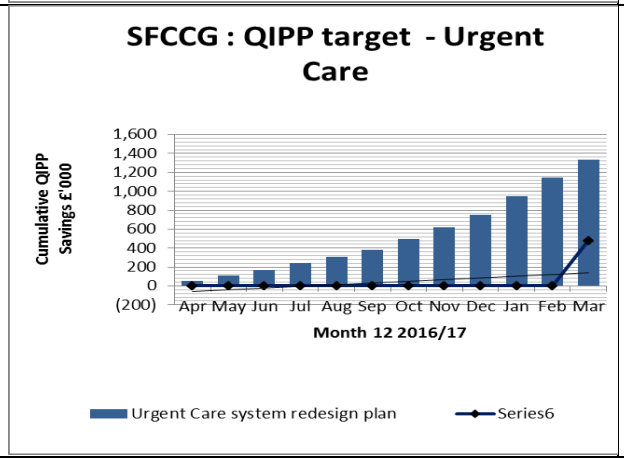
Theme 5: Urgent care system redesign	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
Respiratory Primary Care Scheme	40	0	(40)	🔴	480	0	(480)	🔴
Telehealth	41	0	(41)	🔴	370	0	(370)	🔴
CQUIN - Zero LoS - S&O	115	478	363	🟢	487	478	(9)	🔴
Total All Schemes	**196**	**478**	**282**		**1,337**	**478**	**(859)**	











Southport and Formby Clinical Commissioning Group

MEETING OF THE GOVERNING BODY MAY 2017

Agenda Item: 17/79	**Author of the Paper:** Name Karl McCluskey Position Chief Strategy and Outcomes Officer Email: Karl.Mccluskey@southportandformbyccg.nhs.uk Tel: 0151 247 7000
Report date: May 2017	
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 and as part of the North Mersey LDS.
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.

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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

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Southport & Formby Clinical Commissioning Group

Integrated Performance Report

NHS
Southport and Formby
Clinical Commissioning Group

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NHS
Southport and Formby
Clinical Commissioning Group

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Southport and Formby Clinical Commissioning Group

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 11 (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		

Key information from this report

Financial position

The year-end position after the application of reserves is a deficit of £6.695m against an original planned deficit of £4.000m. The revised position includes release of the 1% uncommitted risk reserve of £1.805m and has been discussed with and reported to NHS England throughout the year. The financial position has deteriorated during the year due to underperformance against the QIPP plan and increased cost pressures.

It should be noted that the CCGs original assessment of the 2016/17 financial position was a deficit of £6.000m; this was revised to £4.000m following negotiation with NHS England and an agreed recovery trajectory. Deterioration from the original assessment can be partly attributed to the unavoidable cost pressure in respect of Funded Nursing Care (£1.205m) which means that the CCG is effectively £1.300m away from its original plan.

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 12 is £6.959m against a target of £11.948m. It should be noted that QIPP savings delivered represent 79% of the original target of £8.782m as reported in the opening plan.

Planned Care

Local referrals for the year to date at month 11 (February) are slightly above 2015/16 levels for the same period (+1.5%). Broken down by referral source, GP referrals are 0.9% below, consultant to consultant referrals are 8.5.% above and Other referrals are 0.9 lower than 2015/16 levels. 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.

In February the CCG failed the less than 1% target for diagnostics, 34 out of 2,024 patients waited over 6 weeks for their diagnostic test (1.7%). Southport & Ormskirk also failed the diagnostic monitoring standard reporting 1.5% of patients waiting in excess of 6 weeks. The number of patients waiting over 6 weeks reduced to 39 in February (78 in the previous month).

The CCG has not achieved the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in February with a performance of 90.48% and are failing YTD with a performance of 92.51%. Year to date out of 534 patients there have been 40 breaches. The CCG did not achieve the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in February with a performance of 84.62% and are failing year to date achieving 82.29%. . In February 23 patients were seen with 9 breaching the 62 day standard. For the same measure, Southport & Ormskirk failed to achieve the target of 85% in February recording 76.47%. This and previous month's performances are still having an impact on the YTD position of 82.62%.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to Friends and Family. The Trust has seen an increase 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 a decrease on January and this is below the England average. The percentage of people who would not recommend the inpatient service has risen and is greater than the England average.

Performance at Month 11 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £29k/0%. Wrightington Wigan and Leigh shows the largest over performance with a £417k/59% variance. Overspend is offset by Southport Hospital who are showing a -£1.2m/-6% under spend at month 11.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for February reached 87.99%, which failed the Cheshire & Merseyside 5 Year Forward View (STP) plan of 94.3%. Year to date they are under plan, achieving 90.26%. Admissions, via A&E, were significantly lower than February 2016 and analysis is currently underway to review the correlation between this and the increase in senior support. Flow, however, remains a significant challenge with additional escalation areas opened to maintain patient safety. A number of areas internally and externally were affected by flu across January and February, which impacted on flow, in addition to changes in the discharge planning team. High Bed occupancy at Southport and 170 patients had a length of stay over 6 days (the highest reported figure since March 2016). Morning discharges were 12.3% against a target of 33%. These bottlenecks result in extended delays in ED that the CBU is actively trying to manage.

NWAS failed to achieve the three ambulance indicators in month and year to date, however Southport and Formby CCG Achieved the Category A Red 1 Response time target in February, whilst failing to achieve in the others. 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 metrics against the 4-hour performance, ED experienced significant bottlenecks because of the increase in bed occupancy and length of stay. These blocks resulted in delays in handing over ambulances in a timely manner. A further rapid improvement event is under discussion. As part of the A&E Delivery Sub-Group work streams, ambulance handovers are part of the focus on the 'in-hospital' work stream.

Southport & Ormskirk failed the stroke target in February with only 13 out of 25 patients spending 90% of their time on a stroke unit. This is a drop in performance from January where the Trust achieved 60.7%. As reported monthly, the current configuration of the stroke unit with 3 bays remains a challenge in meeting male/ female demand. A decision is still 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. Clinical meetings have taken place regarding the future of hyper acute stroke and a further meeting is taking place with CCGs on 20/2/17.

February saw Southport & Ormskirk fail Mixed Sex Accommodation. In month the trust had 4 mixed sex accommodation breaches (a rate of 0.8) and has therefore breached the zero tolerance threshold. All of the 4 breaches were for West Lancashire CCG patients. Year to date there have been 62 breaches. Every effort is made through the 4 x daily escalation / handover meetings to ensure appropriate beds are identified as soon as possible to prevent breeching same sex accommodation indicator.

There were 2 new cases of Clostridium Difficile attributed to the CCG in February, reported by Southport & Ormskirk Hospital Trust. For Southport & Ormskirk year to date the Trust has had 18 cases (10 upheld), against a plan of 33, so is under plan.

There were no new cases of MRSA reported in February for the CCG making 2 year to date, one in August and one in January.

There are 239 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 95 of these incidents apply to Southport & Formby CCG patients. 144 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 65 of these being Southport & Formby CCG patients.

Delayed Transfers of Care (DTOC's) remained at 4 during February 2017, the same figure as in January. 2 of the 4 delays were for patient or family choice. Analysis of delays in February 2017 compared to February 2016 shows a reduction in the number of patients waiting (57%). 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 an increase in the percentage of people who would recommend the service from 53% in January to 85% in February. This is lower than the England average. The percentage not recommending has also decreased from 28% to 9% in February, however this still remains above the England average.

Performance at Month 11 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £944k/3%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £525k overspend.

Mental Health

Two of the three Key Mental Health Performance indicators are achieving in February, however CPA follow up 2 days in high risk groups is failing for the second consecutive month.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported fewer Southport & Formby patients entering treatment in month 11. 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 10.4% against the 15% standard at year end. Referrals decreased in month 11 by 16% with a total of 235, 57% 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 reduced with 65 reported in Month 11 (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 51.7% (from 49%). This achieves the minimum standard of 50%, (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). 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 initial draft of the review has been received by commissioners and has been commented upon. The 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 70.9%, 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 Kew Surgery with a "Requires Improvement" rating.

Phase one of Primary Care Dashboard development is now complete. A live version of the dashboard is available in Aristotle. 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.

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 financial performance for Southport and Formby CCG as at 31 March 2017.

The year-end position after the application of reserves is a deficit of **£6.695m** against an original planned deficit of £4.000m. The revised position includes release of the 1% uncommitted risk reserve of £1.805m and has been discussed with and reported to NHS England throughout the year. The financial position has deteriorated during the year due to underperformance against the QIPP plan and increased cost pressures.

It should be noted that the CCGs original assessment of the 2016/17 financial position was a deficit of £6.000m; this was revised to £4.000m following negotiation with NHS England and an agreed recovery trajectory. Deterioration from the original assessment can be partly attributed to the unavoidable cost pressure in respect of Funded Nursing Care (£1.205m) which means that the CCG is effectively £1.300m away from its original plan.

	Original Plan	NHS England Revised Plan
	£'m	£'m
Plan	(6.00)	(4.00)
Mandated FNC	(1.21)	(1.21)
Total	(7.21)	(5.21)
M10 - Revised Plan	(8.50)	(8.50)
Total	(8.50)	(8.50)
Variance - out turn to original plan	**(1.29)**	**(3.29)**

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 12 is £6.959m against a target of £11.948m. It should be noted that QIPP savings delivered represent 79% of the original target of £8.782m as reported in the opening plan.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator		Full Year	Prior Month
Business Rules	1% Surplus	✗	✗
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Reserve	✓	✓
Surplus	Financial Surplus / (Deficit)	**(£6.695m)**	**(£8.500m)**
QIPP	QIPP delivered to date *(Red reflects that the QIPP delivery is behind plan)*	**£6.959m**	**£6.889m**
Running Costs	CCG running costs < 2016/17 allocation	✓	✓

2.2 Resource Allocation

Additional allocations received in Month 12 were as follows:

- PMS Premium balance transfer to March 2017 - £0.025m

This allocation reflects the PMS Premium payments due from August to March and is fully committed within the financial year.

2.3 Financial Position and forecast

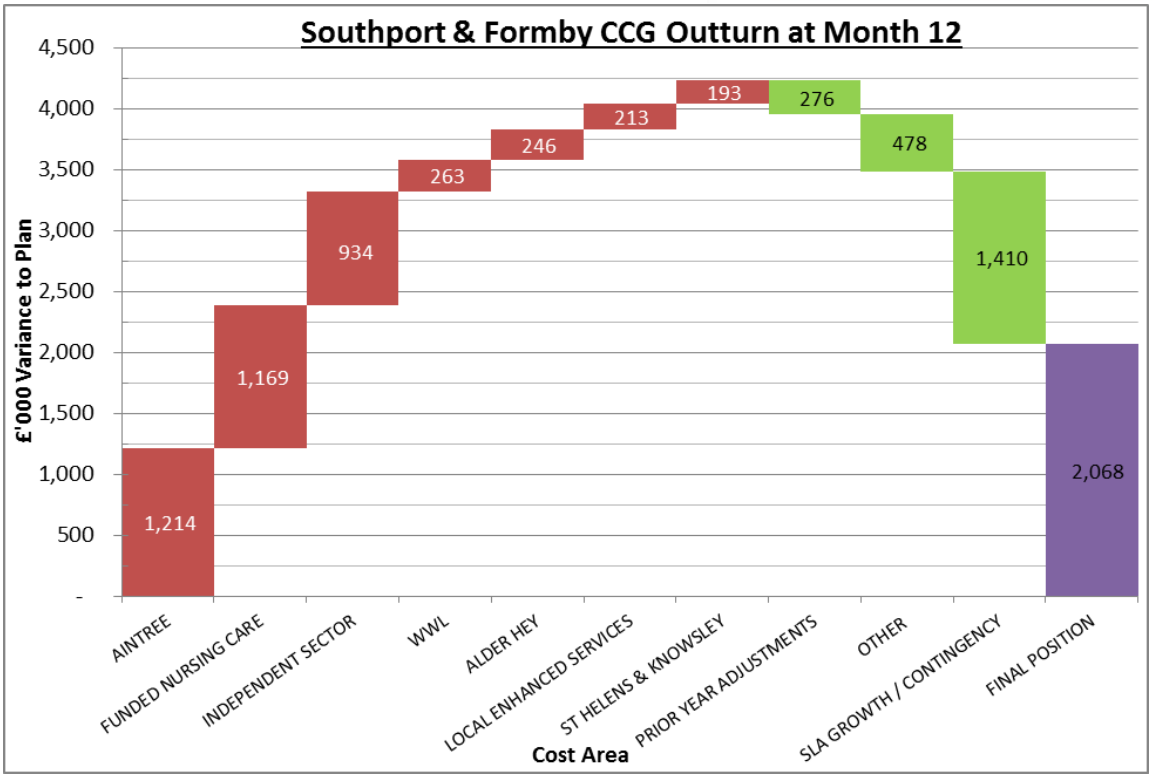
The main financial pressures included within the financial position are shown below in figure 2, which presents the CCGs forecast outturn position for the year.

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 £1.410m.

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

Figure 2 – Financial Performance by Provider

Southport and Formby
Clinical Commissioning Group



Independent Sector

The full year position is an overspend of £0.934m. This is mainly due to over performance against plan for Ramsay Healthcare of £0.807m which is partly offset by a £0.072m underperformance within the contract with Spire Healthcare. Noticeable reductions continue to be evident 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 full year underspend of £0.024m against a year-end forecast of breakeven due to delivery of in-year efficiencies in addition to the QIPP plan agreed. The full year QIPP efficiencies total £0.411m with the associated budget transferred to the QIPP plan.

Continuing Health Care and Funded Nursing Care

The Month 12 position for the Continuing Health Care and Funded Nursing Care budget is a £0.555m overspend, this position reflects the current number of patients, average package costs and the uplift to providers of 1.1%. This is a £0.105m decrease against the Month 11 forecast, 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 amounting to £0.125m for the year.

Full year QIPP savings of £1.795m have been realised including savings achieved 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.

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 manner. 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.** This plan was 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 shows a summary of the QIPP plan approved at the Governing Body in May 2016. The detailed QIPP plan shows the CCG has been delivered **£6.959m** savings in total during the year.

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	1,141	0	1,565	2,706
Medicines optimisation plan	3,070	(1,917)	1,153	513	0	640	1,153
CHC/FNC plan	1,775	64	1,839	1,795	0	44	1,839
Discretionary spend plan	10,718	(5,805)	4,913	3,032	0	1,881	4,913
Urgent Care system redesign plan	1,697	(360)	1,337	478	0	859	1,337
Total QIPP Plan	**26,057**	**(14,109)**	**11,948**	**6,959**	**0**	**4,989**	**11,948**
QIPP Delivered 2016/17				**6,959**	**0**	**0**	**6,959**

As shown in Figure 4 and 5 below, £5.023m QIPP savings have been actioned at Month 12 against a phased plan of £11.948m.

Figure 4 – Phased QIPP plan for the year

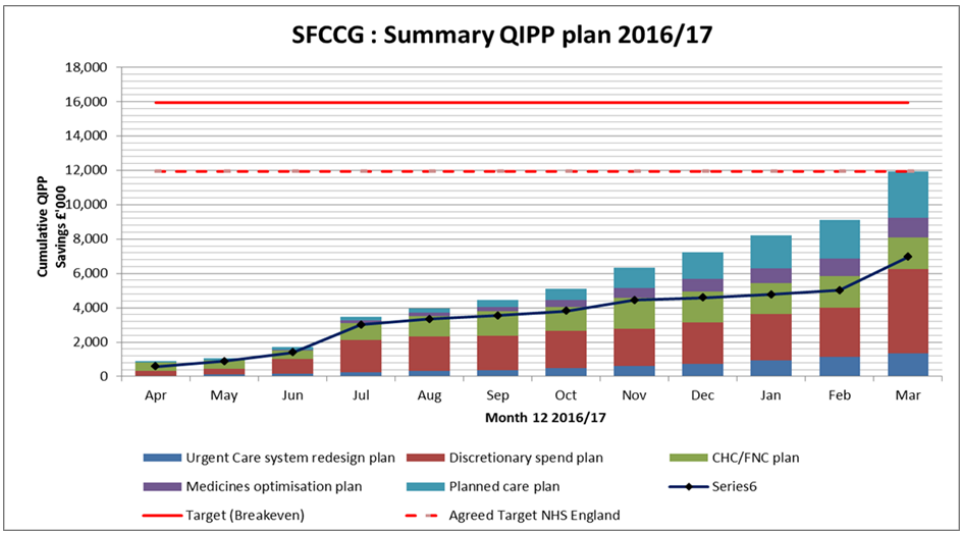


Figure 5 – QIPP performance at month 12

Scheme	Current Month (M12)								
	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		
Planned care plan	427	797	370		2,706	1,141	(1,565)		
Medicines optimisation plan	147	102	(45)		1,153	513	(640)		
CHC/FNC Plan	15	0	(15)		1,839	1,795	(44)		
Discretionary spend plan	2,034	559	(1,475)		4,913	3,032	(1,881)		
Urgent Care system redesign	196	478	282		1,337	478	(859)		
Total	**2,819**	**1,936**	**(883)**		**11,948**	**6,959**	**(4,989)**		

Figure 6 shows the QIPP savings delivered in Month 12 against savings planned at Month 11.

Figure 6 – QIPP Schemes delivered Month 12

2016/17 QIPP Plan	Plan £000	Actual £000
MCAS - T&O reduction	250	(80)
PLCV Challenge	0	165
OPPROC Review	300	300
Prescribing	175	102
Third Sector	26	26
LQC Underperformance	229	225
MRET	78	78
CQUIN	808	999
Running Costs	0	121
Total	**1,866**	**1,936**

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 position for the running cost budget is an underspend of £0.375m 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 1st 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.

Month 12 position

At month 12, the CCG was required to meet a cash target of 1.25% of its monthly cash drawdown (approximately £198k). At 31 March 2017 the CCG had a cash balance of £159k, therefore the cash target was achieved.

Run Rate

An overview of the run rate for the CCG shows the expenditure in each month for the full year. If the CCG is to achieve its year end position, the monthly expenditure needs to reduce.

2.7 Evaluation of risks and opportunities

The primary financial risks for the CCG during the financial year have been non-delivery of the QIPP target and increased performance within acute care, these risks will continue in future financial years and therefore require ongoing management and review.

QIPP

Overall management of the QIPP programme is monitored by the Joint QIPP committee. Although significant QIPP savings have been achieved during the year, the majority of savings were non-recurrent and require a recurrent solution. The focus must continue to ensure the required savings can be delivered in the new financial year.

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 has released the 1% uncommitted reserve in Month 12. Release of this reserve improved the financial position by £1.805m from a forecast deficit of £8.500m to a reported deficit of £6.695m. The CCG statutory accounts for 2016/17 will report the revised financial 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.

Figure 7 – 2016/17 Outturn Position

	Recurrent £000	Non-Recurrent £000	Total £000
Planned Deficit		(4.000)	(4.000)
QIPP Target	(8.817)	(1.165)	(9.982)
Revised surplus / (deficit)	(8.817)	(5.165)	(13.982)
Actual Outturn (against operational budgets)	(0.116)	(0.645)	(0.761)
FNC Cost Pressure	(1.205)	0.000	(1.205)
Reserves Budget	0.343	0.146	0.489
Management action plan			
QIPP Achieved	3.698	3.261	6.959
Total Management Action plan	**3.698**	**3.261**	**6.959**
Year End Surplus / (Deficit)	**(6.097)**	**(2.403)**	**(8.500)**
Release 1% Risk Reserve	0.000	1.805	1.805
Reported Surplus / (Deficit)	**(6.097)**	**(0.598)**	**(6.695)**

2.9 Recommendations

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

- The year end financial position is a deficit of **£6.695m** which includes release of the 1% uncommitted risk reserve of £1.805m.

- The CCG has delivered **£6.959m** QIPP savings during the year against a target of £11.948m. Further work is required to achieve recurrent savings.

- The position has deteriorated due to underperformance against the QIPP plan and increasing cost pressures within the financial year.

- In order to deliver the long term financial recovery plan, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to deliver a reduction in costs. The focus must be on reducing access to clinical services that provide no or little clinical benefit for patients.

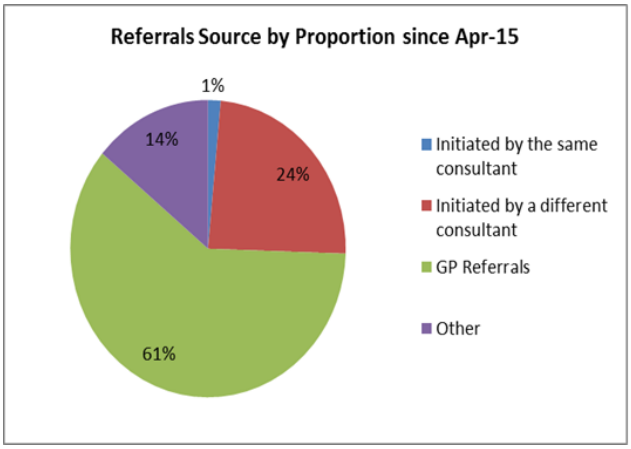
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve value for money.

Southport and Formby Clinical Commissioning Group

3. Planned Care

3.1 Referrals by Source

Figure 8 - Referrals by Source across all providers for 2015/16 & 2016/17



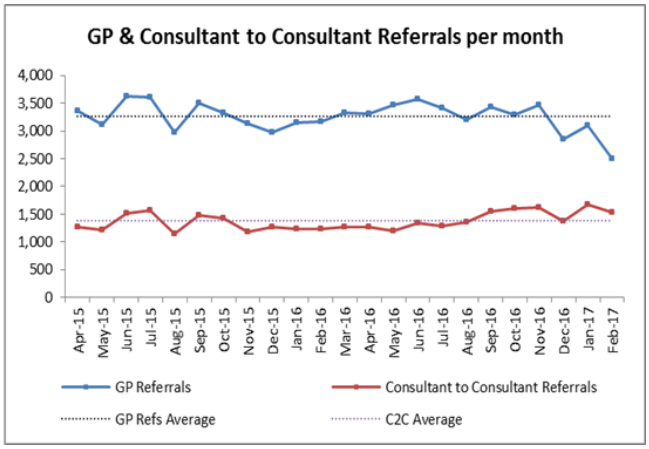


Figure 9 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	35,929	35,616	-313	-0.9%
GP Total			35,929	35,616	-313	-0.9%
Other	01	following an emergency admission	101	83	-18	-17.8%
	02	following a Domiciliary Consultation	33	6	-27	-81.8%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	2,991	2,845	-146	-4.9%
	05	A CONSULTANT, other than in an Accident and Emergency Department	10,722	12,014	1,292	12.0%
	06	self-referral	1,621	1,604	-17	-1.0%
	07	A Prosthetist	5	3	-2	-40.0%
	08	Royal Liverpool Code (TBC)	395	410		0.0%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	184	235	51	27.7%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	501	588	87	17.4%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	8	12	4	50.0%
	13	A Specialist NURSE (Secondary Care)	59	41	-18	-30.5%
	14	An Allied Health Professional	1,655	1,408	-247	-14.9%
	15	An OPTOMETRIST	868	934	66	7.6%
	16	An Orthoptist	86	35	-51	-59.3%
	17	A National Screening Programme	646	658	12	1.9%
	92	A GENERAL DENTAL PRACTITIONER	306	417	111	36.3%
	93	A Community Dental Service	6	0	-6	-100.0%
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	2,566	2,624	58	2.3%
Other Total			22,753	23,917	1,164	5.1%
Unknow n			14	15	1	7.1%
Grand Total			**58,696**	**59,548**	**852**	**1.5%**

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.

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 - Jan	80% or 20% increase on previous year (60%)	41.00%	↑

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 January when the CCG recorded 41%. This is more than the previous month when a rate of 39% 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 - Feb	<1%	1.68%	↓	34 out of 2,024 patients waited over 6 weeks for their diagnostic, 2 over 13 weeks.
% of patients waiting 6 weeks or more for a Diagnostic Test **(Southport & Ormskirk)**	16/17 - Feb	<1%	1.50%	↓	39 out of 2,575 patients waited over 6 weeks for their diagnostic, 2 over 13 weeks.

The CCG failed the less than 1% target for diagnostics in February, out of 2024 patients there were 34 who waited over 6 weeks, 2 over 13 weeks, recording 1.68%. Of the 34 long waiters 20 were for echocardiography (2 being over 13 weeks), 4 were for audiology assessments, 3 were for gastroscopy, 3 for computed tomography, 2 urodynamics and 1 for cystoscopy and peripheral neurophysiology.

Southport and Ormskirk aims to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. During February 2017, the Trust failed the diagnostic monitoring standard reporting 1.5% of patients waiting in excess of 6 weeks.

The number of patients waiting over 6 weeks has fallen to 39 in January (78 in the previous month).

Southport and Ormskirk are breaching the Diagnostic Target at 1.50% which is due in the main to capacity problems in ECG however, the Trust have made significant improvements since January to improve their position which is reflected in the numbers of breached patients.

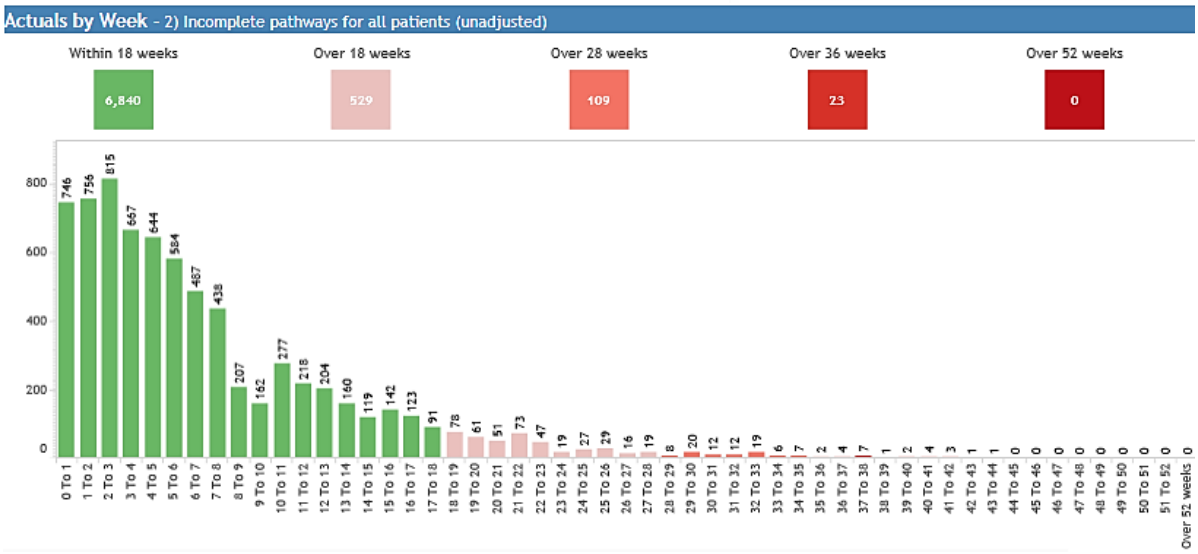
Southport and Formby Clinical Commissioning Group

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 - Feb	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. **(Southport & Ormskirk)**	16/17 - Feb	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 - Feb	92%	92.80%	↑
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 - Feb	92%	92.90%	↑

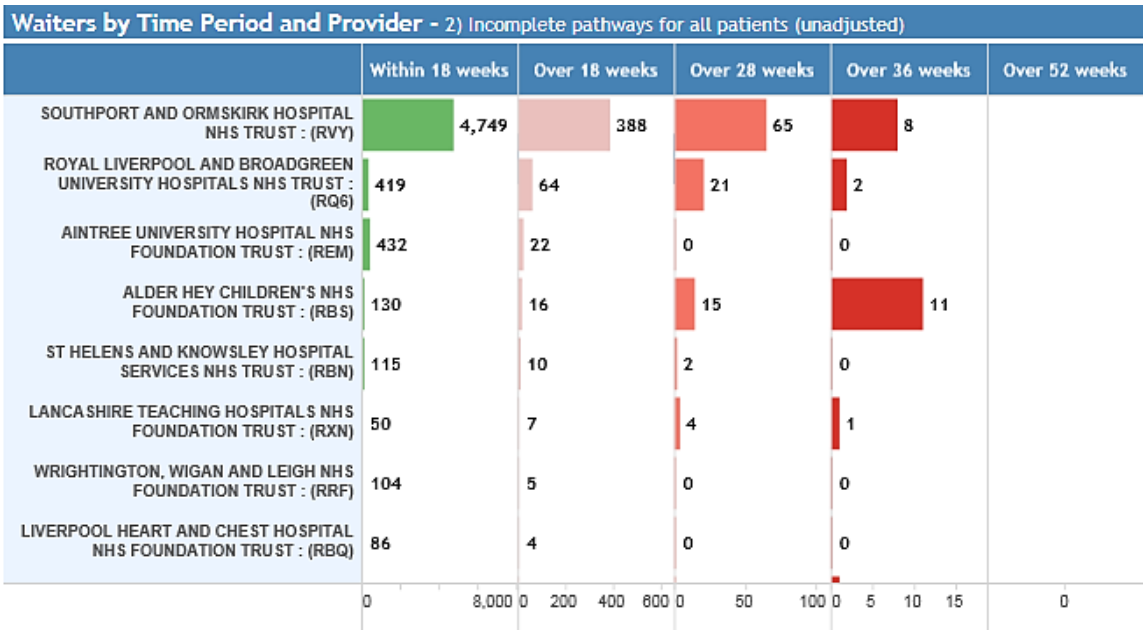
3.3.1 Incomplete Pathway Waiting Times

Figure 10 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 11 - 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 12 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

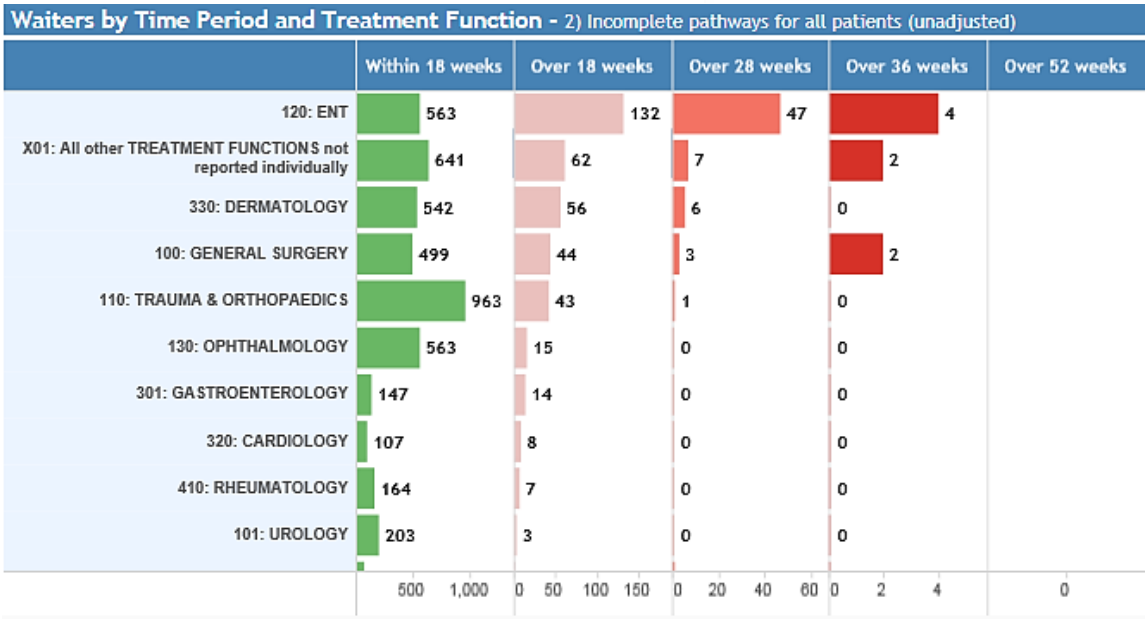
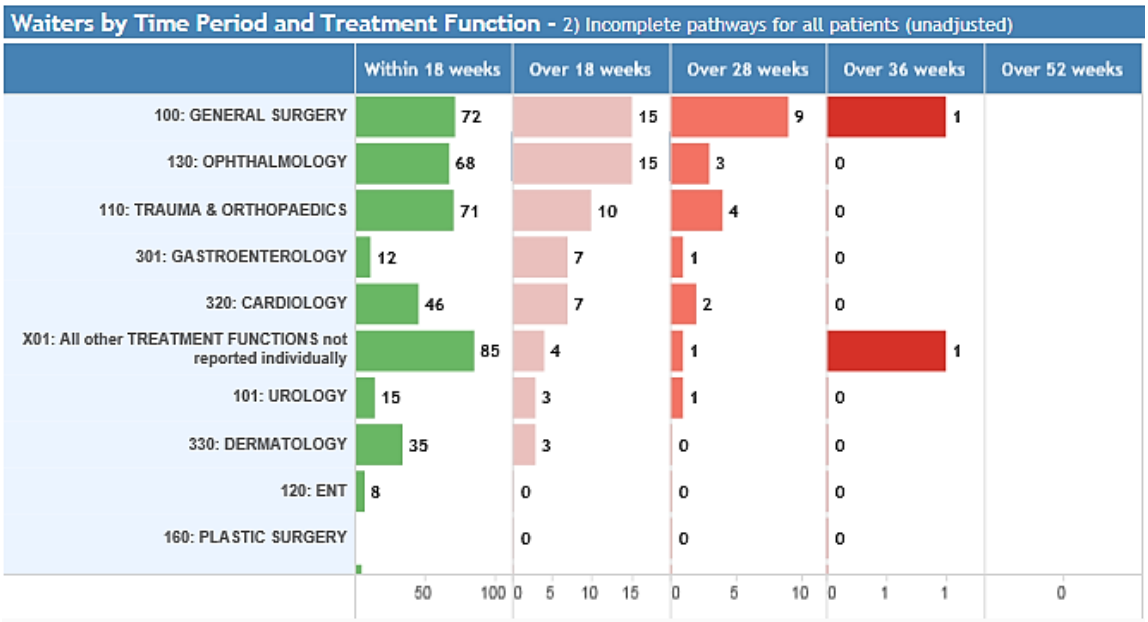


Figure 13 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Trust	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Southport & Ormskirk	40	28/03/2017	Ref 17th May 2016 1st appointment 11th July 2016 REQ US Doppler 11/07/2016 REQ CT Angio 10/08/2016 24/10/2016 Clinic appointment - Angioplasty suggested and consultant would put her through the regional MDT. 29/11/2016 MDT decided the CT should be re-done due to poor quality. 15/12/2016 CT RE done. 30/01/2017 add to day case wait list. 28/02/2017 Hospital canc. 28/03/17 procedure complete.
Alder Hey	40	07/04/2017	capacity constrained specialty
Alder Hey	40	17/05/2017	capacity constrained specialty
Alder Hey	40	07/04/2017	capacity constrained specialty
Alder Hey	41	15/03/2017 seen and treated	capacity constrained specialty
Southport & Ormskirk	41	11/03/2017	Patient ref 02/02/2016 First appointment 09/02/2016 arrange US 08/03/16 Review in clinic 16/05/2016 2.6cm lipoma found to be booked in for excision in minor ops , patient was listed 16/05/2016 Procedure 11/3/17 **The pathways stopped at 57 weeks, due to a stop being incorrectly applied. The Trust have reviewed the pathway to correct this which changed the pathway to 57 weeks.**
Lancashire Hospital	41	Treated on 03/03/17	The overall delay was due to capacity issues. This was then further delayed due to consultant illness.
Alder Hey	42	26/05/2017	capacity constrained specialty
Royal Liverpool	43	Pathway Stopped	Capacity

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 - Feb	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 - Feb	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 - Feb	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 - Feb	93%	95.02%	↔
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 - Feb	93%	92.51%	↔
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 - Feb	93%	N/A	↔

The CCG has not achieved the target of 93% for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms in February with a performance of 90.48% and are failing YTD with a performance of 92.51%. Year to date out of 534 patients there have been 40 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 - Feb	96%	97.57%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) **(Southport & Ormskirk)**	16/17 - Feb	96%	98.37%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(CCG)**	16/17 - Feb	94%	98.09%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(Southport & Ormskirk)**	16/17 - Feb	94%	0 Patients	↔

Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(CCG)**	16/17 - Feb	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(Southport & Ormskirk)**	16/17 - Feb	94%	97.50%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(CCG)**	16/17 - Feb	98%	99.52%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(Southport & Ormskirk)**	16/17 - Feb	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 - Feb	85%	85.82%	↔
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 - Feb	85% (local target)	88.97%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(CCG)**	16/17 - Feb	90%	95.24%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(Southport & Ormskirk)**	16/17 - Feb	90%	95.24%	↔

Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(CCG)**	16/17 - Feb	85%	82.29%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(Southport & Ormskirk)**	16/17 - Feb	85%	82.62%	↔

The CCG did not achieve the 85% target for the 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer in February with a performance of 84.62% and are failing year to date achieving 82.29%. This, alongside previous month's performance continues to drag down the cumulative figure. In February 23 patients were seen with 9 breaching the 62 day standard.

For the same measure, Southport & Ormskirk failed to achieve the target of 85% in February recording 76.47%. This and previous month's performances are still having an impact on the YTD position of 82.62%. In February 6 breaches occurred out of a total of 25.5 patients.

The Trust have reported lower numbers of patients on 62 day pathways particularly in dermatology and urology.

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores
Southport & Ormskirk Hospitals NHS Trust
Latest Month: **Feb-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	25.0%	11.1%		96%	91%		1%	5%	
Q1 - Antenatal Care	N/A	-		96%	*		1%	*	
Q2 - Birth	N/A	10.6%		97%	68%		1%	9%	
Q3 - Postnatal Ward	N/A	-		94%	86%		2%	7%	
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 an increase in response rates for inpatients compared to the previous month 9.4% in January and 11.1% February. The percentage of patients that would recommend the inpatient service in the Trust has seen a decrease on January from 95% down to 91% and this is below the England average. The percentage of people who would not recommend the inpatient service has risen and is also greater than the England average.

Friends and Family is a standard agenda item at the Clinical Quality Performance Group (CQPG) meetings. A Trust presentation of the new Patient and Carer Experience Strategy along with an FFT update will be required at CQPG when this is finalised. There is an expectation that the Trust will deliver the same update to EPEG. The new Deputy Director of Nursing, Midwifery and Governance responsible for developing the strategy and will notify the CCG when this is 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.

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 11 of financial year 2016/17, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £29k/0.1%. Wrightington Wigan and Leigh shows the largest over performance with a £417k/59% variance. Overspend is offset by Southport Hospital who are showing a -£1.2m/-5.6% under spend at month 11.

Figure 14 - Planned Care - All Providers

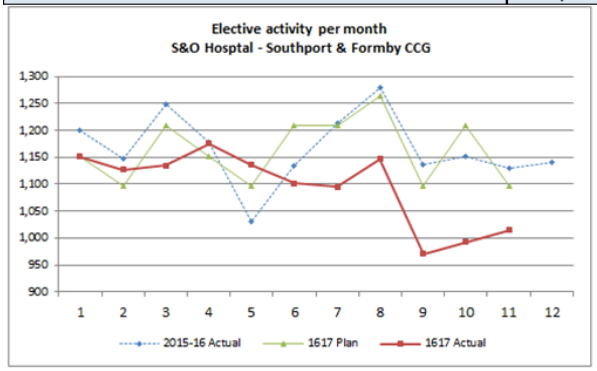
ALL Providers	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	16,715	18,065	1,350	8%	£3,747	£3,983	£237	6%
Alder Hey Childrens NHS F/T *	904	1,079	175	19%	£476	£604	£129	27%
Central Manchester University Hospitals Nhs Foundation Trust	216	392	176	81%	£41	£137	£97	238%
Fairfield Hospital	72	121	49	69%	£11	£24	£13	115%
ISIGHT (SOUTHPORT)	3,561	4,425	864	24%	£816	£811	-£5	-1%
Liverpool Heart and Chest NHS F/T	2,005	2,193	188	9%	£925	£923	-£1	0%
Liverpool Womens Hospital NHS F/T	2,221	2,417	196	9%	£638	£629	-£9	-1%
Renacres Hospital	12,012	13,378	1,366	11%	£3,785	£4,104	£319	8%
Royal Liverpool & Broadgreen Hospitals	14,415	14,726	311	2%	£3,137	£3,070	-£67	-2%
Southport & Ormskirk Hospital*	105,702	101,453	-4,249	-4%	£21,803	£20,581	-£1,222	-6%
SPIRE LIVERPOOL HOSPITAL	587	376	-211	-36%	£205	£133	-£72	-35%
ST Helens & Knowsley Hospitals	4,295	4,733	438	10%	£1,013	£1,147	£134	13%
University Hospital Of South Manchester Nhs Foundation Trust	182	223	41	22%	£33	£44	£11	32%
Walton Neuro	2,033	2,337	304	15%	£450	£510	£60	13%
Wirral University Hospital NHS F/T	288	251	-37	-13%	£94	£84	-£10	-11%
Wrightington, Wigan And Leigh Nhs Foundation Trust	1,983	3,023	1,040	52%	£711	£1,128	£417	59%
Grand Total	**167,191**	**169,192**	**2,001**	**1%**	**£37,885**	**£37,913**	**£29**	**0%**
*PbR only								

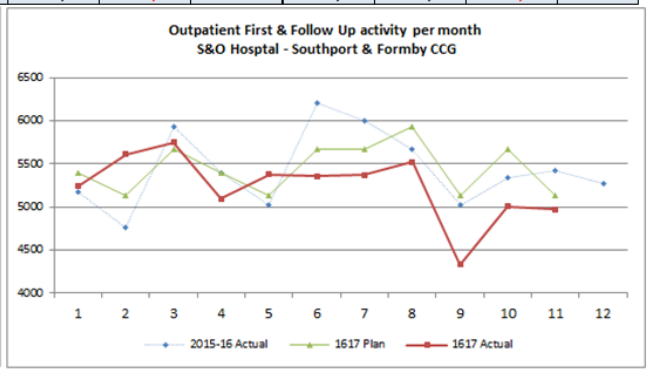
Southport and Formby Clinical Commissioning Group

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 15 - 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	11,275	10,597	-678	-6%	£6,306	£5,770	-£536	-8%
Elective	1,516	1,448	-68	-4%	£3,961	£3,859	-£102	-3%
Elective Excess BedDays	254	298	44	18%	£56	£65	£8	15%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	1,351	778	-573	-42%	£202	£128	-£74	-37%
OPFASPCL - *Outpatient first attendance single professional consultant led*	14,415	13,843	-572	-4%	£2,246	£2,137	-£109	-5%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	3,328	2,067	-1,261	-38%	£343	£235	-£108	-32%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	40,839	40,932	93	0%	£3,867	£3,833	-£34	-1%
Outpatient Procedure	22,213	22,355	142	1%	£3,941	£3,801	-£140	-4%
Unbundled Diagnostics	10,512	9,135	-1,377	-13%	£881	£754	-£128	-15%
Grand Total	**105,702**	**101,453**	**-4,249**	**-4%**	**£21,803**	**£20,581**	**-£1,222**	**-6%**





3.7.2 Southport & Ormskirk Hospital Key Issues

Planned care elements of the contract continue to underperform with month 11 showing further reductions against plan. The Trust continues to struggle with theatre staffing which has hampered their performance against plan. Cancellations due to winter pressures in January have had a knock on effect to the overall annual position.

Latest reports from the Trust indicate problems within the Dermatology service with a number of staff set to leave over the coming months.

Throughout all the issues experienced by the Provider, they remain on target to achieve the Referral to Treatment national requirement.

Outpatient activity has dropped over the past few months. This is mainly due to the first to follow-up CQUIN within the contract, which looks to reduce the levels of follow-up activity based on national standards across the majority of specialties. The introduction of the Joint Health service is also reducing the number of Outpatient and Elective/Day Case numbers flowing to the Trust.

3.7.3 Renacres Hospital

Figure 16 - 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	1,566	1,550	-16	-1%	£1,599	£1,648	£49	3%
Elective	222	298	76	34%	£992	£1,278	£286	29%
OPFASPCL - *Outpatient first attendance single professional consultant led*	3,511	2,738	-773	-22%	£516	£407	-£109	-21%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	3,462	6,350	2,888	83%	£298	£406	£108	36%
Outpatient Procedure	2,140	1,237	-903	-42%	£277	£236	-£40	-15%
Unbundled Diagnostics	1,110	1,205	95	9%	£103	£129	£26	25%
Grand Total	**12,012**	**13,378**	**1,366**	**11%**	**£3,785**	**£4,104**	**£319**	**8%**

Renacres performance is showing a £319k/8% variance against plan with individual PODS varying between over and under performance. Elective activity is the highest over performing area with a variance of £286k/29% against plan. Outpatient First Attendances are £109k/21% under plan. However, this is offset by Outpatient Follow Up attendances with an over performance of £108k/36%.

In terms of HRG performance in T&O, Major Hip, Major Knee & Major Shoulder Procedures are causing the over performance. There have been 137 Major Hip, Knee & Shoulder Procedures carried out in 2016/17 against a plan of 77. This increase results in a cost variance of £364k in the top five major Hip, Knee & Shoulder HRGs.

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 - Feb	95.00%	90.26%	↔	Southport & Formby CCG failed the 95% target in February reaching 87.92% (year to date 90.26%). In February 416 attendances out of 3,443 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 - Feb	95.00%	83.00%	↓	Southport & Formby CCG failed the 95% target in February reaching 78.26% (year to date 83%). In February 413 attendances out of 1900 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 - Feb	STF Trajectory Target for Feb 94.3%	90.54%	↔	Southport & Ormskirk have not achieved the STF trajectory target in February reaching 87.99% (and are failing it year to date recording 90.54%). In February 1,237 attendances out of 10,296 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 - Feb	95.00%	83.11%	↔	Southport & Ormskirk have failed the target in February reaching 78.5% (year to date 83.11%). In February 1,228 attendances out of 5,712 were not admitted, transferred or discharged within 4 hours.

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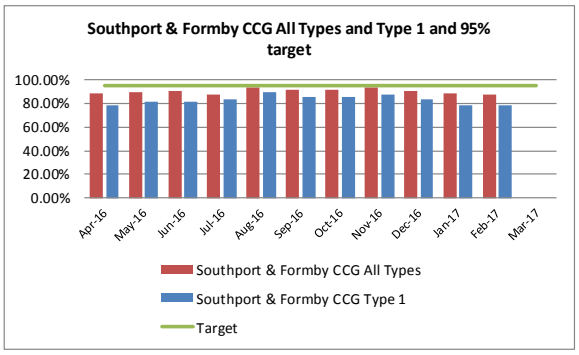
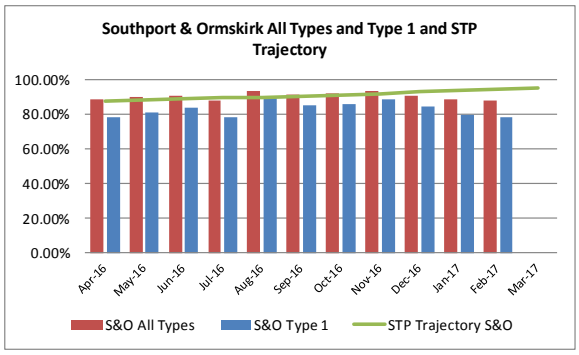
A&E All Types	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
STP Trajectory S&O	87.50%	88.30%	88.80%	90%	90%	90.70%	91.40%	92.10%	92.90%	93.60%	94.30%
S&O All Types	88.60%	89.77%	90.92%	87.98%	93.84%	91.49%	92.11%	93.73%	90.90%	88.59%	87.99%





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 February reached 87.99%, which failed the Cheshire & Merseyside 5 Year Forward View (STP) plan of 94.3%. Year to date they are under plan, achieving 90.54%. As part of the Trust's winter plan, increased consultant Physician support has been in place 7 days a week extending senior onsite presence until 9:30pm, to increase the number of patients having a senior review and maximise potential for patients to be redirected to alternative pathways rather than admission.

Admissions, via A&E, were significantly lower than February 16 and analysis is currently underway to review the correlation between this and the increase in senior support. Flow, however, remains a significant challenge with additional escalation areas opened to maintain patient safety. A number of areas internally and externally were affected by flu across January and February, which impacted on flow, in addition to changes in the discharge planning team. High Bed occupancy at Southport and 170 patients had a length of stay over 6 days (the highest reported figure since March 2016). Morning discharges were 12.3% against a target of 33%. These bottlenecks result in extended delays in ED that the CBU is actively trying to manage.

To support the trust the CCG funded access to 24hr care at home which is a service offering care support overnight to create an alternative to admission and early supported discharge. The community emergency support team have also provided 72 hours of nursing care to bridge the gap until social care package start up to reduce length of stay and improve inpatient flow over the winter months and at time of high pressure.
An enhanced service with NWAS for frequent users, falls and social issues has been introduced for >65s to offer an alternative to ambulance conveyance however referral numbers have been low.

Ward 7B based on the Southport site underwent conversion into a specialist discharge ward focusing on complex discharges in one location, the team consists of discharge specialists, which has affected the role of the discharge team to other areas.

The ward planned to have 28 beds, 14 hospital beds and 14 in the community (virtual), due to consistent pressure 25 beds have been in constant use to address operational pressures within the acute setting, which in turn has had workforce implications. Identifying patients for ward 7B became

protracted requiring staff to walk around the site identifying patients and completing paper work manually. This resulted slow discharges and patients "being batched". Teams highlighted a need for an electronic solution giving real-time data.

The Trust has reported that the issue with performance is due to the number of attendances at the trust at certain times of increased pressure. This causes a bottleneck because of a lack of space due to the size of the AED, the inability to flow patients through the department and inability to discharge patients before lunch has all influenced their ability to meet the target.

4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(CCG)** (Cumulative)	16/17 - Feb	75%	71.20%	↑	The CCG is under the 75% target year to date achieving 71.20%. However, in February the CCG achieved the monthly target with 11 breaches out of 46 incidents (76.09%).
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(CCG)** (Cumulative)	16/17 - Feb	75%	60.85%	↓	The CCG was under the 75% target year to date reaching 60.85%. In February, out of 552 incidents there were 255 breaches (53.8%).
Ambulance clinical quality - Category 19 transportation time **(CCG)** (Cumulative)	16/17 - Feb	95%	83.64%	↓	The CCG was under the 95% target year to date reaching 83.64%. In February out of 598 incidents there were 132 breaches (77.95%).
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(NWAS)** (Cumulative)	16/17 - Feb	75%	67.94%	↓	NWAS reported under the 75% target year to date reaching 67.94%. February reaching 64.71%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(NWAS)** (Cumulative)	16/17 - Feb	75%	62.60%	↔	NWAS failed to achieve the 75% target year to date reaching 62.60%. February reaching 53.80%.
Ambulance clinical quality - Category 19 transportation time **(NWAS)** (Cumulative)	16/17 - Feb	95%	88.93%	↔	NWAS failed to achieve the 95% target year to date reaching 88.93%. February reaching 88.38%.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - **Southport & Ormskirk**	16/17 - Feb	0	158	↑	The Trust recorded 158 handovers between 30 and 60 minutes, this is a decline on last month when 150 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - **Southport & Ormskirk**	16/17 - Feb	0	123	↓	The Trust recorded 123 handovers over 60 minutes, this is a reduction on last month when 157 were 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.

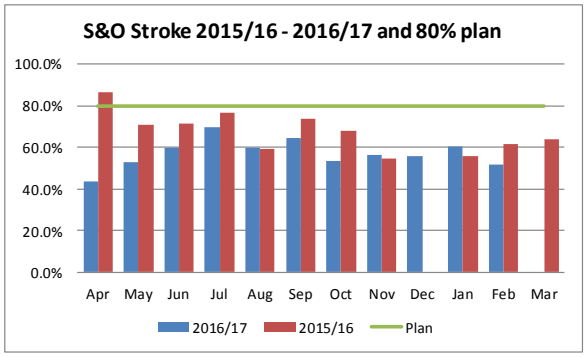
The Trust has signed up to the ambulance concordat across Cheshire and Mersey to deliver sustained improvement in handover performance across organisations.

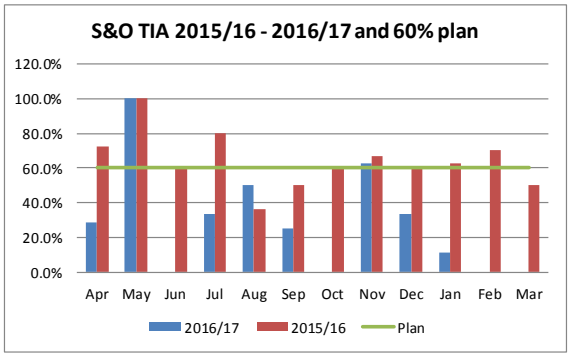
In line with the metrics against the 4-hour performance, ED experienced significant bottlenecks because of the increase in bed occupancy and length of stay. These blocks resulted in delays in handing over ambulances in a timely manner. A further rapid improvement event is under discussion. As part of the A&E Delivery Sub-Group work streams, ambulance handovers are part of the focus on the 'in-hospital' work stream.

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 - Feb	80%	52.00%	↓	The Trust failed the 80% target in February with only 13 out of 25 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 - Feb	60%	0.00%	↓	During February 2017, there were 9 reportable cases of TIA. All 9 of them were breaches, the main reasons for the breaches was due to clinical capacity, delays in referrals and missing information.





Southport & Ormskirk failed the stroke target in February with only 13 out of 25 patients spending 90% of their time on a stroke unit. This is a drop in performance from January where the Trust achieved 60.7%. As reported monthly, the current configuration of the stroke unit with 3 bays remains a challenge in meeting male/ female demand. A decision is still 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.

During February 2017, there were 9 reportable cases of TIA. Unfortunately, all 9 were breaches. 2 were due to delays in being seen, 1 was due to a delay in the referral being made, 1 was due to missing information regarding time of symptoms, and the remainder were due to clinic capacity.

Clinical meetings have taken place regarding the future of hyper acute stroke. The Chief Executive of Southport & Ormskirk Hospital will present to the CCG Governing Body in March 2017.

4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(CCG)**	16/17 - Feb	0.00	0.00	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(Southport & Ormskirk)**	16/17 - Feb	0.00	0.80	↓

February saw Southport & Ormskirk fail Mixed Sex Accommodation. In month, the trust has had 4 mixed sex accommodation breaches (a rate of 0.8) and have therefore breached the zero tolerance threshold. All of the 4 breaches were for West Lancashire CCG patients. Year to date there have been 62 breaches.

Every effort is made through the 4 x daily escalation / handover meetings to ensure appropriate beds are identified as soon as possible to prevent breaching the mixed sex accommodation indicator.

4.3.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) **(CCG)**	16/17 - Feb	32	29	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) **(Southport & Ormskirk)**	16/17 - Feb	33	18 (10 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(CCG)**	16/17 - Feb	0	2	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(Southport & Ormskirk)**	16/17 - Feb	0	1	↔

There were 2 new cases of Clostridium Difficile attributed to the CCG in February, reported by Southport & Ormskirk Hospital Trust. For Southport & Ormskirk year to date the Trust has had 18 cases (10 upheld), against a plan of 33, so is under plan.

There were no new cases of MRSA reported in February for the CCG making 2 year to date, one in August and one in January. 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.

4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - Jan	100	114.79	↑
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q1	100	107.30	

HSMR is reported for September 2016 rolling 12 month figure. The Trust report there is no clarity as to when the national issues on mortality reporting will be resolved by NHS Digital and Doctor Foster. The latter have re-run the last monthly HSMR (September 2016) at 114 which in isolation is statistically higher than expected. This is not rebased data against peers. It is anticipated there will be an increase in SHMI when data is made available. The Trust has assured that all data is now being captured. In the interim deep dives are occurring in the 4 clinical pathways as being higher risk (Stroke, COPD, Pneumonia and Urosepsis).

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 11.

There are 239 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 95 of these incidents apply to Southport & Formby CCG patients. 144 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 65 of these being Southport & Formby CCG patients.

Southport and Ormskirk Hospitals NHS Trust have 144 open serious incidents on StEIS, 65 involving Southport and Formby CCG patients, 69 involve West Lancashire CCG patients. 98 incidents are pressure ulcers with 34 occurring year to date, 35 of the 100 pressure ulcers apply to Southport and Formby CCG patients. A final draft composite pressure ulcer action plan was received and will be included at the Collaborative Commissioning Forum (CCF) followed by the CQPG in March for approval. 112 incidents remain open on StEIS >100 days for the Trust; 90 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) are to host a Never Events workshop following the rise in the number of surgical never events across the C&M foot print. The event is provisionally planned for May 2017 with CCGs and all providers to look at how this can be addressed.

Serious Incidents Open for Southport and Ormskirk Hospitals NHS Trust

Year	CCG	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	59
	GP Practice within South Sefton	3	
	GP Practice within Southport and Formby	24	
	GP Practice within West Lancashire	31	
2016	GP Practice within Knowsley	1	73
	GP Practice within South Sefton	3	
	GP Practice within Southport and Formby	33	
	GP Practice within St Helens	1	
	GP Practice within West Lancashire	34	
	Unknown/Not applicable	1	
2017	GP Practice within Southport and Formby	6	7
	GP Practice within West Lancashire	1	

Merseycare NHS Foundation Trust – 21 open incidents on StEIS for Southport and Formby CCG patients with 17 open >100 days. 1 serious incident was reported in January for an S&F CCG patient making a total of 19 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) in Southport and Ormskirk hospital remained at 4 during February 2017 the same figure as in January. 2 of the 4 delays were for patient or family choice.

Analysis of delays in February 2017 compared to February 2016 shows a reduction in the number of patients waiting (57%).

Delayed Transfers of Care - Southport and Ormskirk Hospital - April 2015 – February 2017

Southport and Formby
Clinical Commissioning Group

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

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: **Feb-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	15.0%	0.7%		87%	85%		7%	9%	

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 an increase in the percentage of people who would recommend the service from 53% in January to 85% in February. This remains lower than the England average of 87% but a significant improvement on the previous month. The percentage not recommending has also decreased from 28% to 9% in February, again above the England average but another notable improvement for the Trust.

Friends and Family is a standard agenda item at the Clinical Quality Performance Group (CQPG) meetings. A Trust presentation of the new Patient and Carer Experience Strategy along with an FFT update will be required at a CQPG when this is finalised. There is an expectation that the Trust will deliver the same update to EPEG. The new Deputy Director of Nursing, Midwifery and Governance is developing the strategy and will notify the CCG when this is 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 11 of financial year 2016/17, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over-performance of circa £944k/3%. This over-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £525k overspend.

Figure 17 - Month 11 Unplanned Care – All Providers

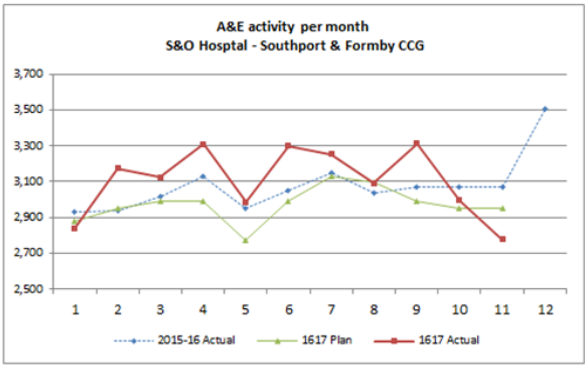
ALL Providers (PBR & Non PBR. PBR for S&O)	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	1,648	1,795	147	9%	£851	£1,154	£304	36%
Alder Hey Childrens NHS F/T	774	884	110	14%	£385	£409	£24	6%
Central Manchester University Hospitals Nhs Foundation Trust	81	112	31	39%	£27	£39	£12	43%
Countess of Chester Hospital NHS Foundation Trust	0	45	45	0%	£0	£18	£18	0%
Liverpool Heart and Chest NHS F/T	112	123	11	10%	£352	£363	£12	3%
Liverpool Womens Hospital NHS F/T	299	235	-64	-22%	£318	£275	-£44	-14%
Royal Liverpool & Broadgreen Hospitals	1,272	1,334	62	5%	£722	£764	£42	6%
Southport & Ormskirk Hospital	52,807	56,952	4,145	8%	£26,895	£27,420	£525	2%
ST Helens & Knowsley Hospitals	377	474	97	26%	£191	£220	£29	15%
Wirral University Hospital NHS F/T	102	70	-32	-31%	£41	£42	£2	4%
Wrightington, Wigan And Leigh Nhs Foundation Trust	57	83	26	46%	£48	£69	£21	43%
Grand Total	**57,529**	**62,107**	**4,578**	**8%**	**£29,830**	**£30,774**	**£944**	**3%**

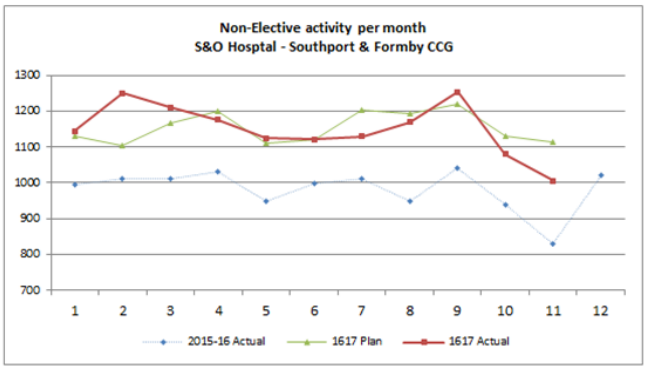
4.7.2 Southport and Ormskirk Hospital NHS Trust

Figure 18 - Month 11 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

Southport and Formby Clinical Commissioning Group

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	33,434	35,419	1,985	6%	£4,449	£5,049	£600	13%
A and E Type 3	1,497	2,021	524	35%	£88	£115	£26	30%
NEL/NELSD - *Non Elective/Non Elective IP Same Day*	10,258	10,309	51	0%	£18,374	£18,221	-£153	-1%
NELNE - *Non Elective Non-Emergency*	984	1,397	413	42%	£1,862	£1,685	-£177	-9%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	157	153	-4	-3%	£51	£42	-£9	-18%
NELST - *Non Elective Short Stay*	1,450	1,409	-41	-3%	£1,018	£991	-£27	-3%
NELXBD - *Non Elective Excess Bed Day*	5,026	6,244	1,218	24%	£1,053	£1,317	£265	25%
Grand Total	**52,807**	**56,952**	**4,145**	**8%**	**£26,895**	**£27,420**	**£525**	**2%**





4.7.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Urgent care currently over spent by £694k across PbR and Non-PbR elements of the contract. The main driver behind the over performance is Non-Elective PbR admissions. General Medicine continues to be the focus of the increased levels of activity and spend, with activity (5%) and spend (11%) above plan. The main HRGs driving the NEL over performance are Respiratory and Pneumonia related disorders.

Non-Elective excess bed days have also increased against the plan and last year's levels. This is due to major spikes in performance in both April and October 2016, which again focused primarily in General Medicine. The increase equates to approx. and extra 70 excess bed days per month against 2015/16 levels. The Trust has produced a report based on the increased levels for the month of October and is being reviewed by the CCG.

The Trust has produced a report looking at the activity levels and case mix shift noted throughout 2016/17, which the Trust presented at the contract review meeting in April. Although activity has increased within 2016/17, costs have risen further due to the increased numbers of medium and major cases presented.

4.8 Aintree and University Hospital NHS Trust

Figure 19 - Month 11 Unplanned Care – Aintree University Hospital NHS Trust by POD

Southport and Formby Clinical Commissioning Group

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	747	1,003	256	34%	£92	£122	£30	33%
NEL - *Non Elective*	293	435	142	48%	£564	£868	£304	54%
NELNE - *Non Elective Non-Emergency*	18	19	1	4%	£42	£60	£18	42%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	92	65	-27	-29%	£19	£14	-£6	-29%
NELST - *Non Elective Short Stay*	73	73	0	0%	£43	£48	£4	10%
NELXBD - *Non Elective Excess Bed Day*	425	200	-225	-53%	£90	£42	-£47	-53%
Grand Total	**1,648**	**1,795**	**147**	**9%**	**£851**	**£1,154**	**£304**	**36%**

4.8.1 Aintree University Hospital NHS Trust Key Issues

Urgent Care over spend of £304k is driven by a £304k over performance in Non Elective costs. The main specialty over performance is Acute Medicine (£51k) and Diabetic Medicine (£39k).

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 20 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

	NHS Southport and Formby CCG			
PBR Cluster	Caseload as at 28/02/2017	2016/17 Plan	Variance from Plan	Variance on 29/02/2016
0 Variance	43	41	2	5
1 Common Mental Health Problems (Low Severity)	1	3	(2)	(2)
2 Common Mental Health Problems (Low Severity with greater need)	5	11	(6)	(2)
3 Non-Psychotic (Moderate Severity)	77	174	(97)	(80)
4 Non-Psychotic (Severe)	225	156	69	67
5 Non-psychotic Disorders (Very Severe)	36	29	7	1
6 Non-Psychotic Disorder of Over-Valued Ideas	26	22	4	4
7 Enduring Non-Psychotic Disorders (High Disability)	141	112	29	20
8 Non-Psychotic Chaotic and Challenging Disorders	77	65	12	15
10 First Episode Psychosis	67	65	2	(1)
11 On-going Recurrent Psychosis (Low Symptoms)	252	291	(39)	(24)
12 On-going or Recurrent Psychosis (High Disability)	195	153	42	34
13 On-going or Recurrent Psychosis (High Symptom & Disability)	101	100	1	3
14 Psychotic Crisis	15	11	4	2
15 Severe Psychotic Depression	5	6	(1)	(1)
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	14	10	4	4
17 Psychosis and Affective Disorder – Difficult to Engage	27	26	1	4
18 Cognitive Impairment (Low Need)	208	244	(36)	(24)
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	633	787	(154)	(115)
20 Cognitive Impairment or Dementia Complicated (High Need)	320	202	118	128
21 Cognitive Impairment or Dementia (High Physical or Engagement)	83	53	30	33
Cluser 99	201	123	78	71
Total	2,752	2,684	68	142

Southport and Formby Clinical Commissioning Group

5.1.1 Key Mental Health Performance Indicators

Figure 21 - 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	Feb-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%	100%

Figure 22 - 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	Feb-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%	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 23 - 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	Feb-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%	50%
Rolling Quarter				50%	0%	40%	43%	50%	60%	71%	50%	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). 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 initial draft of the review has been received by commissioners and has been commented upon.

The 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.

In response to ongoing concerns around access and communication a bi-monthly referral interface meeting has been established involving clinical commissioners and operational staff from the Trust and it includes Access Sefton IAPT staff.

The Trust has confirmed that the RIO clinical information system will be delayed with an end date for April 2018. The Trust has created a joint implementation team with the 5 Boroughs Partnership Foundation NHS Foundation Trust. The key milestones are:

- Single governance approach for RIO to be agreed by 1st April 2017.
- Planned go live for Complex Care services – November 2017.
- Planned go live for Adult Services - February 2018.
- Planned go live for Specialist and other services - April 2018.

From April 2017 the primary data source for reporting of Early Intervention Psychosis RTT will switch from Unify to the Mental Health Services Data set (MHSDS)., as RIO has been delayed the Trust is actively testing the R32 upgrade for its existing Epex system to as ensure that EIP data will flow from the Trust to MHSDS as Unify reporting will be discontinued in June 2017. The recent tripartite meeting held on 22nd February 2017 with NHS England highlighting this as a significant risk. The Trust has highlighted MHSDS reporting as a risk within their risk register.

5.2 Improving Access to Psychological Therapies

Figure 24 - **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	196	180	168	162	151	201	188	140	217	183	
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*	*-44*	*-60*	*-72*	*-78*	*-89*	*-39*	*-52*	*-100*	*-23*	*-57*	
	%	*-16.4%*	*-18.5%*	*-25.1%*	*-30.1%*	*-32.6%*	*-37.2%*	*-16.4%*	*-21.8%*	*-41.8%*	*-9.7%*	*-23.9%*	
Access % ACTUAL *- Monthly target of 1.3%* *- Year end 15% required*	2015/16	0.54%	0.50%	0.68%	0.86%	0.55%	0.64%	0.67%	0.86%	1.00%	1.13%	0.97%	0.92%
	2016/17	1.05%	1.03%	0.94%	0.88%	0.85%	0.79%	1.05%	0.99%	0.73%	1.14%	0.96%	
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	50.9%	50.5%	50.9%	46.9%	46.2%	42.9%	51.4%	47.6%	43.5%	49.0%	51.7%	
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%	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%	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	114	111	114	101	96	138	124	138	122	101	92	
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	5	3	
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	47	46	
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%	83.9%	86.1%	88.9%	80.1%	85.1%	79.6%	

The provider (Cheshire & Wirral Partnership) reported 183 Southport & Formby patients entering treatment in Month 11. This is a reduction on the previous month when 217 patients entered treatment. Activity in the month is comparable to the equivalent period in 2015/16 however, 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 10.41% 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 decreased in Month 11 by 16.4% with 235. 57% 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 reduced with 65 reported in Month 11 (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 51.7% (from 49.0%). This achieves the minimum standard of 50%, the first time since October. A forecast outturn at Month 11 gives a year-end position of 48.1%, 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 slight reduction in Month 11 with 64 reported against 67 in the previous month. 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 decreased slightly from 71 in Month 10 to 70 in Month 11. 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.

In Month 11 100% 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 also waited less than 18 weeks (against a standard of 95%). The provider has achieved the monthly RTT targets throughout 2015/16 and in the eleven months of 2016/17 for Southport & Formby CCG.

5.3 Dementia

Summmary for NHS Southport and Formby dementia registers at 28-02-2017

People Diagnosed with Dementia (Age 65+)	1,523
Estimated Prevalence (Age 65+)	2,148
Gap - Number of addition people who could benefit from diagnosis (all ages)	665
NHS Southport and Formby - Dementia Diagnosis Rate (Age 65+)	**70.9%**
National estimated Dementia Diagnosis Rate	67.3%
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 11 2016/17 the YTD costs are £356,388, compared to £388,407 at the same time last year. Comparisons of activity between the two time periods show that activity is very similar in 16/17 at 1,092 compared to 1,097 in 15/16.

The Trust carries out quality checks on 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 11 16/17 YTD the costs are £55,918, compared to £47,462 at the same time last year. Comparing activity with last year shows that activity has increased in 16/17 at 368, compared to 316 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 13.1% in Feb-17, a slight improvement on last month's performance. Adult Dietetics is also high this month at 15.9% compared to 21.1% last month, as well as Paediatric Dietetics at 13.6% compared to 15.7% last month. Total DNA rates at Sefton are green for this month at 8.3%.

Provider cancellation rates are reporting green this month for all services with the exception of treatment rooms reporting 5.3% in February and Podiatry reporting 4.1%. 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 February 2017. Total patient cancellations for Sefton have increased slightly in February 2017, increasing from 10.9% to 11.2%.

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 January 2017;

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 and January data shows that waiting times are beginning to increase again over the 18 week threshold. In December an average (92nd percentile) wait on the incomplete pathway of 19 weeks was reported, however this has decreased again to 15 weeks in January. An average (95th percentile) wait of 20 weeks was reported on the completed pathway in December; this has worsened to 23 weeks in January. The longest waiting patient is currently at 20 weeks. 2 patients were breaching the 18 week target at this point compared to 8 last month.

Physiotherapy: Waiting times have steadily increased over the past 6 months, resulting in this service failing the 18 week target again in January for completed pathways at 20 weeks. However this is an improvement on last month. Performance on the incomplete pathway has also improved from 20 weeks in November to 15 in December and January, with 2 patients over 18 weeks compared to 8 last month. The longest waiter was 1 patient waiting at 20 weeks.

Occupational Therapy: Waiting times on the completed pathways (95th Percentile) have gradually increased over the past 5 months resulting in a breach of the 18 week target. An average of 22 weeks was reported in January, a slight decline on last month's performance. The longest waiter was at 21 weeks with the number of patients breaching falling from 7 to 2.

Nutrition & Dietetics: Waiting times on the completed pathways have increased to 24 weeks from the 20 weeks reported in December, 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 27 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 January, on the incomplete pathway the average waiting time (92nd percentile) has increased again from 34 weeks to 36 weeks and is therefore still breaching the 18 week target. The longest waiting patient was waiting at 49 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 11 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

Most NHS Standard Contracts and Grant Agreements for 2017-18 are now complete and have been issued to providers for signature. 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 and Grant Agreements will be signed by both parties by the end of April 2017. Reports detailing outcomes for 2016-17 are underway and will be finalised in May for review by commissioners.

8. Primary Care

8.1 Primary Care Dashboard Progress

Phase one of Primary Care Dashboard development is now complete. A live version of the dashboard is available in Aristotle. 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. 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. 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. The dashboard makes information 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. Phase One rollout is planned as follows:

Locality roll out in South Sefton is planned for Q2 as part of the South Sefton locality work plan that has been developed. This will support the South Sefton LQC 'Part 2 - Data Review' element of the contract

In Southport & Formby, Data Review is not part of LQC but the Southport & Formby locality lead is discussing the dashboard (and other elements of Aristotle and the use of data and tools) with GP leads to develop a work plan.

Use of Aristotle has also been built into the iMerseyside Informatics Team SLA and work plan for the Informatics Team. The SLA will be presented to LMC for review in April, and also to CCG for review and sign off.

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 Kew Surgery, it achieved a "Requires Improvement" rating.

Figure 25 – CQC Inspection Table

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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	10 April 2017	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement
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	Good	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

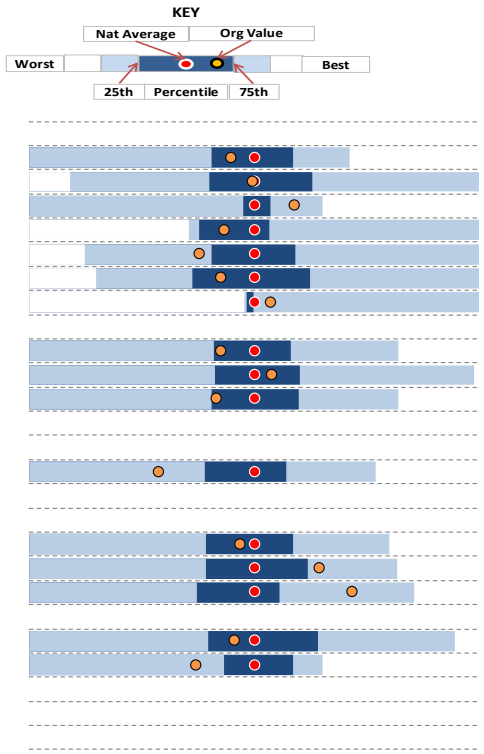
and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and the dashboard is released for all CCGs nationwide allowing further sharing of good practice.

Quarter 4 will be published on the 27th April 2017.

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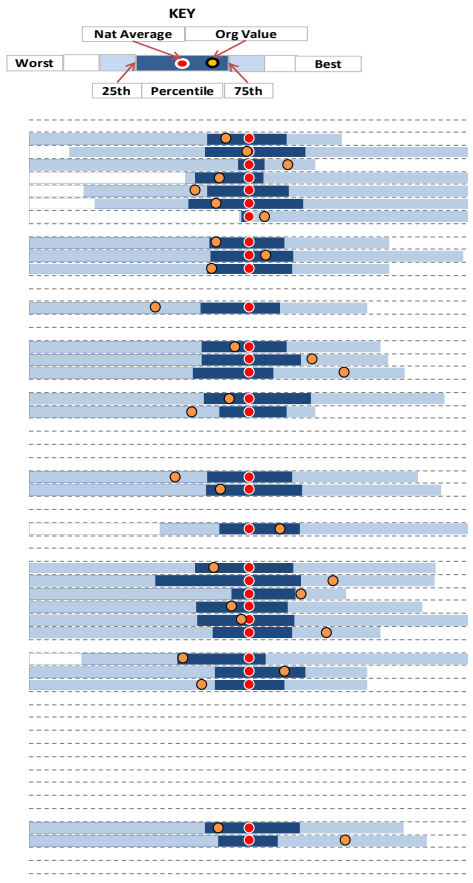
Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date

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			<>



Southport and Formby Clinical Commissioning Group

Appendix – Summary Performance Dashboard

Aristotle Business Intelligence

Southport And Formby CCG - Performance Report 2016-17

NHS Midlands and Lancashire Commissioning Support Unit

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		G
		Actual	97.273%	94.333%	94.561%	94.702%	92.077%	95.431%	92.347%	94.09%	94.664%	94.819%	94.417%		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		R
		Actual	100.00%	80.556%	80.00%	90.909%	98.214%	95.833%	91.228%	95.313%	95.652%	93.333%	90.476%		92.509%
		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 (31days) 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		G
		Actual	98.592%	96.053%	98.958%	97.297%	98.81%	96.552%	93.548%	98.611%	100.00%	97.183%	96.154%		97.573%
		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 (31days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G			G			G						G
		Actual	98.354%			97.685%			97.537%						97.885%
		Target	96.00%			96.00%			96.00%			96.00%			96.00%

Southport and Formby Clinical Commissioning Group

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		G
		Actual	100.00%	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		G
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.00%	100.00%	100.00%	100.00%	100.00%		99.519%
		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		G
		Actual	100.00%	100.00%	100.00%	100.00%	95.00%	96.667%	95.833%	94.737%	100.00%	100.00%	100.00%		98.086%
		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%			96.491%			96.491%						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		R
		Actual	88.571%	70.732%	80.851%	94.118%	85.714%	83.333%	83.333%	86.842%	80.00%	88.235%	62.50%		82.62%
		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%			84.146%						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		G
		Actual	100.00%	100.00%	100.00%	66.667%	85.714%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		95.238%
		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%

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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	85.714%	88.889%	84.211%	80.952%	100.00%	77.778%	86.667%	81.818%	90.00%	90.00%	84.615%		85.816%
		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															
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		R
		Actual	76.47%	74.28%	73.06%	70.45%	72.60%	69.49%	64.59%	62.80%	6163%	6179%	64.71%		67.947%
		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	G		R
		Actual	55.56%	86.50%	76.90%	66.67%	67.50%	77.42%	7174%	67.65%	70.00%	66.67%	76.09%		71.188%
		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		R
		Actual	67.46%	66.26%	66.20%	62.69%	65.25%	6175%	63.05%	60.35%	57.31%	58.78%	60.96%		62.593%
		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		R
		Actual	65.29%	67.40%	6170%	57.90%	6187%	61.18%	63.13%	62.05%	56.97%	58.89%	53.80%		60.813%
		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		R
		Actual	92.01%	9147%	9149%	89.81%	9109%	89.04%	88.23%	86.79%	85.42%	85.74%	88.38%		88.931%
		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		R
		Actual	89.19%	87.40%	82.50%	80.67%	85.69%	84.01%	87.65%	82.81%	8155%	8166%	77.95%		83.639%
		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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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	0	0	7
		Target													
	SOUTHPORT & FORMBY DISTRICT GENERAL HOSPITAL	RAG													
		Actual	275	298	192	309	179	236	170	134	213	307	281	327	2,921
		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	0	0
		Target													
	SOUTHPORT & FORMBY DISTRICT GENERAL HOSPITAL	RAG													
		Actual	173	134	71	172	65	107	60	57	69	157	123	146	1,334
		Target													

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

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				G
		Actual	100.00%		100.00%		100.00%				100.00%				100.00%
		Target	95.00%		95.00%		95.00%				95.00%				95.00%

Episode of Psychosis

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	R		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

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	G		R
		Actual	11	5	2	5	0	2	1	2	2	0	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

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		G
		Actual	95.201%	94.882%	94.317%	94.51%	93.492%	92.619%	92.36%	92.215%	91.481%	92.505%	92.821%		93.326%
		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		G
		Actual	0	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		R
		Actual	0.374%	0.68%	2.10%	1.916%	1.825%	0.305%	0.512%	0.768%	1.714%	3.678%	168%		1.412%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Cancelled Operations

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		G
		Actual	0	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

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	R
		YTD	0	0	0	0	1	1	1	1	1	3	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	G
		YTD	5	11	15	16	18	19	22	23	25	27	29	33	33
		Target	6	9	13	18	20	24	27	29	29	29	32	38	38

Accident & Emergency

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		R
		Actual	88.638%	89.65%	90.769%	87.891%	93.343%	91.165%	91.753%	93.159%	90.336%	88.13%	87.918%		90.255%
		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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MEETING OF THE GOVERNING BODY
MAY 2017

Agenda Item: 17/80	**Author of the Paper:** Leah Robinson Chief Accountant Email: Leah.Robinson@southseftonccg.nhs.uk Tel: 0151 247 7070
Report date: May 2017	

Title: Pension Auto Enrolment

Summary/Key Issues:

This report updates the Governing Body on the change in legislation regarding pension scheme membership under the Pensions Act 2008, all employers are required to auto enrol eligible workers into a workplace qualifying pension scheme to help them save for their pension. The CCG must commence Auto Enrolment for eligible jobholders with effect from 1 July 2017.

Recommendation

Recommendations within this paper have been endorsed by Remuneration Committee. The Governing Body is asked to approve this report.

Receive	
Approve	x
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 and as part of the North Mersey LDS.
	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.

Southport and Formby Clinical Commissioning Group

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

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

Southport and Formby Clinical Commissioning Group

Report to Governing Body
May 2017

1. Executive Summary

This report seeks approval from the Governing Body to appoint an Alternative Qualifying Pension Scheme (AQPS) provider to deliver Auto-Enrolment.

Pension Auto Enrolment (AE) is a government initiative where all employers are required to auto enrol eligible workers into a workplace pension scheme to enable them to save for their pension. This report provides background to the overall Auto Enrolment (AE) process and presents to the CCG Governing Body the proposed staging date. A decision is required on the level of Employer Scheme contribution rate to be applied.

An SFI waiver is not required as the contract value is below the required amount.

2. Introduction and Background

The law regarding pension scheme membership has changed and under the Pensions Act 2008, all employers are required to auto enrol eligible workers into a workplace qualifying pension scheme to help them save for their pension.

Auto Enrolment is a Government initiative and is primary legislation to be implemented as instructed by the Regulatory Body, The Pensions Regulator. The CCG must commence Auto Enrolment for eligible jobholders with effect from 1 July 2017 (CCG Staging Date).

3. Postponement of staging date

Within the Auto Enrolment regulations, there is provision for postponement of the staging date in respect of any workers employed on the staging date, (1 July 2017) for up to a maximum of 3 months after.

When making this decision, the CCG should consider the outcome they wish to achieve through using postponement. Postponement gives an employer the flexibility to align the administration of the employer duties to their existing business and payroll processes. Generally, postponement is in respect of a single worker. However, if an employer chooses to use postponement at their staging date, they can choose to use it in respect of one worker, or groups of workers, or all their workers in employment at the staging date. This can be done to stagger the introduction of the employer duties over a three-month period in order to help with the administration of a large number of new joiners to a pension scheme. To do this, an employer may postpone different groups of workers for different periods of time.

The deadline for issuing a postponement notice is six weeks and a day from when the CCG wishes to use postponement. If the notice is not issued, postponement cannot be applied.

The number of expected new joiners is not significant, see section 7, it is therefore not recommended that the CCG apply the postponement of staging date

Southport and Formby Clinical Commissioning Group

4. Transitional Period for Defined Benefit Schemes

Within the Auto Enrolment regulations, there is provision for a transitional period for defined benefit pension schemes which allows the employer to choose to delay automatic enrolment. The transitional period is only available for employers who provide 'Defined Benefit' pension schemes and can only be used in respect of eligible jobholders who meet certain conditions.

The NHS Pension Scheme is a defined benefit scheme (defined pension and lump sum for example) and as such, the CCG is able to exercise a choice to apply the transitional period to those workers who meet the criteria and who would have otherwise have been auto enrolled into the NHS Pension Scheme with effect from 1 July 2017 (CCG Staging Date).

Practically, the transitional period removes the original auto enrolment date and delays auto enrolment for these eligible jobholders until after the end of the transitional period (currently set as 30 September 2017).

If the CCG decides to apply the transitional period arrangements, then all eligible jobholders must be issued with a notice of such action and this must be issued before the end of the period of one month from the first enrolment date.

It is recommended that the CCG does not utilise the Transitional Period for defined benefit pension schemes and does not delay auto enrolment until 30 September 2017.

5. Alternative Qualifying Pension Scheme

Auto Enrolment requires all employers to set up a qualifying scheme. The NHS Pension Scheme is a qualifying scheme and all new staff are contractually auto enrolled into the scheme. As such, many staff are already members of and subject to its scheme benefits.

There are also a number of workers who are eligible to join the NHS Pension Scheme but who have opted out of the current contractual enrolment, these staff will be auto enrolled back into the NHS Pension Scheme on the 1 July 2017, as the CCG is advised not to apply the transitional period arrangements.

There are certain categories of workers who cannot join the NHS scheme and for these workers, the CCG will need to set up an Alternative Qualifying Pension Scheme which will need to satisfy The Pension Regulator auto enrolment criteria.

The CCG is able to select its alternative scheme provider from any commercial pension and insurance provider however; the dynamics of the potential scheme membership (low overall volumes, total pension contributions) may well restrict the actual choice.

In April 2013, two commercial pension scheme providers were contacted by the CCG's payroll provider, St Helens & Knowsley NHS Trust, to establish if they were able to offer alternative scheme provision and both declined. Both Legal and General and Standard Life stated that given the numbers of potential scheme members and the overall total scheme contribution level, the provision of a scheme would not be financially viable. Market intelligence suggests that other commercial pension providers will provide a similar response and will therefore not offer an alternative scheme.

Recognising the potential for commercial pension providers to be unable to offer alternative schemes to employers, the Government set up NEST which is specifically designed to support auto enrolment. As such, NEST have a statutory obligation to accept any employer who wishes to appoint them as its alternative scheme provider.

The NEST proposition includes:

- Regulated by the Pension Regulator
- Trustee Body
- There is no requirement to enter into a contract with NEST and therefore there will be no procurement implications (Sign up on-line / can cancel arrangement at any time)
- Dedicated members website 24/7
- Fully managed Opt Out process
- Pension fund travels with the member
- Tax relief claimed by NEST and added to retirement fund
- Mixed portfolio of Fund Investment – Pooled Funds
- Fund Choices
    - Ethical Fund (Environmental concerns)
    - Sharia Fund (Islamic Law)
    - Lower Growth Fund (Conservative)
    - Higher Risk Fund (Higher Risk – greater growth potential)
    - Pre-retirement Fund (Join NEST close to retirement)
- Help with retirement income - Retirement Panel
- No Set Up Charges
- Low Charges – 0.3% Annual Maintenance Charge (AMC)
- Member can take their money out of NEST at any age from at least 55 and up to just before their 75th birthday
- Members who suffer ill health may be able to take their money out of NEST before age 55
- Cannot accept transfers from other pension schemes
- Annual member contribution cap of £4,900 for 2016/17

It is recommended that the CCG appoint NEST as its Auto Enrolment Alternative Qualifying Pension Scheme provider with effect from 1st July 2017.

6. Scheme Contribution Rates

The Pensions Regulator has set out minimum standards for all alternative scheme providers and a schedule of minimum employee and employer contribution rates. The CCG must agree a contribution rate above the regulatory minimum.

	Employer Minimum	Employee	Total Minimum
From Staging Date to 5.04.2018	1%	1%	2%
6.04.2018 to 5.04.2019	2%	3%	5%
6.04.2019 onwards	3%	5%	8%

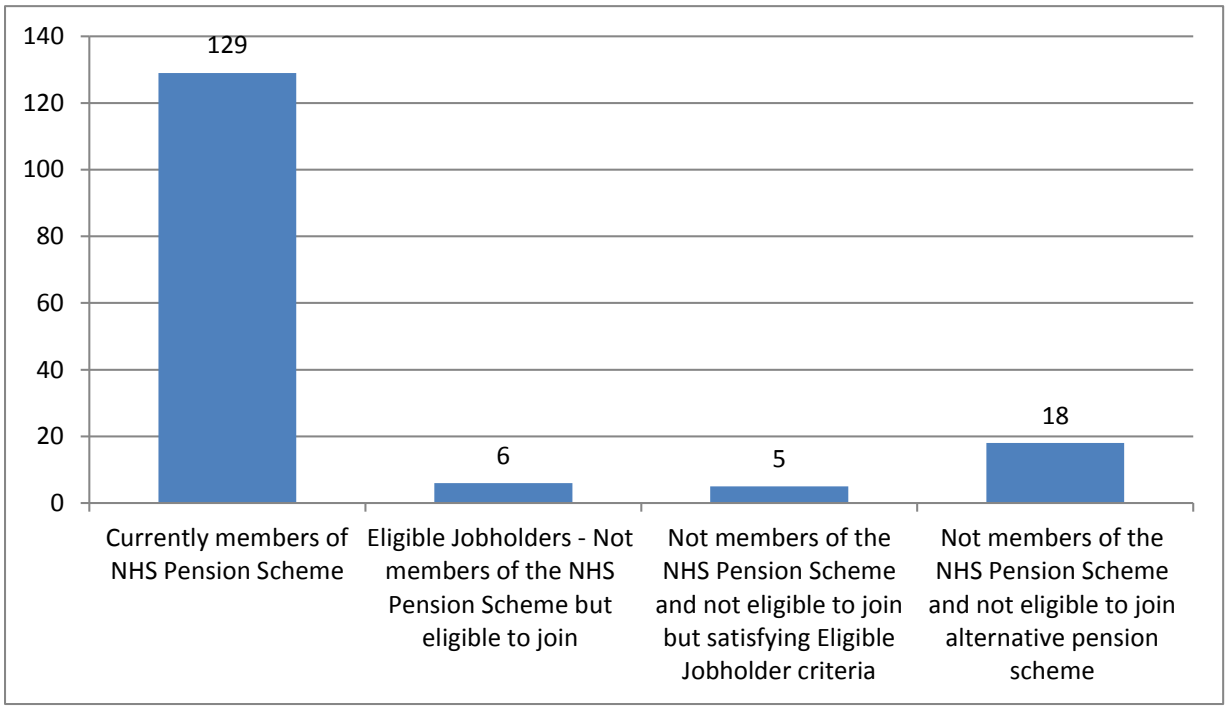
Due to the number of new joiners to the alternative qualifying pension scheme involved, see section 7, it is recommended that the CCG apply the employer minimum contribution rates.

Southport and Formby Clinical Commissioning Group

7. Assessment of Workforce and Costs

Diagram A provides a profile of workers and pension scheme membership as at 31 December 2016

Diagram A



Based on this profile the following action will be necessary:

Category	Number of staff	Action
Currently members of NHS Pension Scheme	129	No Auto Enrolment.
Eligible Jobholders - Not members of the NHS Pension Scheme but eligible to join (Workers age 22 to State Pension Age and earning over £11,000 PA / £917 in month of assessment)	6	Auto Enrolled into NHS Pension Qualifying Scheme with effect from 1 July 2017.
Not members of the NHS Pension Scheme and not eligible to join but satisfying Eligible Jobholder criteria	5	Auto Enrol into Alternative Qualifying Pension Scheme with effect from 1 July 2017.
Not members of the NHS Pension Scheme and not eligible to join alternative pension scheme e.g. Below minimum qualifying earnings	18	None.

Auto Enrolment will have cash flow and potential on-going cost implications for the CCG. For the CCG in respect of workers to be auto enrolled into the NHS Pension Qualifying Scheme, this will result in an additional 14.3% of qualifying pensionable earnings.

For workers to be auto enrolled into the Alternative Qualifying Pension Scheme, this will result in an additional minimum 1% employer contributions of qualifying pensionable earnings with effect from 1 July 2017.

8. Recommendations

The CCG does not utilise the postponement period of auto enrolment

The CCG does not utilise the Transitional Period for defined benefit pension schemes and does not delay auto enrolment until 30 September 2017.

The CCG appoint NEST as its Auto Enrolment Alternative Qualifying Pension Scheme provider with effect from 1 July 2017.

The Alternative Pension Scheme contribution rates are set in line with the Pensions Regulator minimum percentage contribution rates.

Leah Robinson
Chief Accountant
May 2017

Key Issues Report to Governing Body

NHS
Southport and Formby Clinical Commissioning Group

Finance and Resource Committee Meeting held on Wednesday 15th February 2017	Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
• QIPP Delivery – the January 2017 review of QIPP schemes has updated forecast QIPP delivery and a reduction of £261k is estimated. • The CCG is reporting a best case deficit of £8.500m against a plan of £4.000m and a most likely position of £9.000m. This has been reported to NHS England.	• Failure to deliver cost reduction via QIPP schemes will impact achievement of the forecast out turn position for 2016/17. • Financial sustainability is the key risk facing the CCG. The CCG is unlikely to meet the £4.000m deficit outlined in its legal directions.	• Continued focus by QIPP leads to ensure delivery of QIPP schemes. Close monitoring and support across the CCG. • Proactive control over expenditure for the remainder of the financial year. The CCG must continue to explore options to reduce costs in the long term.

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

- RAG rating for QIPP schemes. Agreement for introduction of two new ratings to aid understanding of scheme progress - not yet started and achieved / completed.
- Mobile Device/Smartphone Policy - agreed for further consideration to be given to issue of iPADs being taken away from work / abroad to use for work purposes.
- Deep Dive QIPP outcome report presented. Definitive view on the likelihood of delivery by 31 March 2017, weekly monitoring meetings to be held with QIPP leads.
- Finance report received. Month 10 report noted best case scenario of £8.5m deficit, most likely case as £9.0m deficit and the worst case as £9.5m deficit. Focus on QIPP delivery and cost reduction essential in the remainder of the financial year.
- Deputy Chief Finance Officer to reaffirm with NHS England that the CCG cash drawdown limit as notified and agreed will continue to be honoured.
- Agreement that the likelihood post mitigation rating of 4 and the consequence post mitigation rating of 5 should stay as is for risk FR001 (Financial duties

in 2016/17 will not be met due to significant unidentified QIPP 2016/17 and other emerging expenditure pressures resulting in statutory duties not met).

- Update received on change in legislation regarding pension auto enrolment. A paper will be presented to the Remuneration Committee for decision making.

- Draft terms of reference for joint Estates Working Group received. Feedback to be sent to Chief Finance Officer by the end of February 2017.

- Update on Repeat Prescription Ordering Service (RPOS) Pilot received.
  - Practices involved in the pilot show a reduction of 2.3% in items dispensed.
  - Practices not involved in the pilot show an increase of 2.3% in items dispensed

- Pan Mersey APC recommendations for the commissioning of the following medicines approved.
  - BIOLOGICAL AGENTS for Peripheral Spondyloarthropathy (peripheral SpA)
  - TICAGRELOR tablets (Brilique®) for Preventing atherothrombotic events after myocardial infarction

- Update on Better Care Fund received.

- Update on progress against Quality Premium Dashboard received.

NHS
Southport and Formby
Clinical Commissioning Group

Key Issues Report to Governing Body

Quality Committee Meeting held on 15th February 2017	Chair: Dr Rob Caudwell

Information Points for Southport & Formby CCG Governing Body (for noting)
• ECIP reports were presented to the JQC • MIAA review received by the JQC – Significant Assurance received. Next steps regarding lessons learnt discussed • EPACCs - concerns raised by the committee regarding progress and were unable to support sign-off of the action plan. Issue to be raised with CCG End of Life leads

Key Issues Report to Governing Body

NHS
Southport and Formby
Clinical Commissioning Group

Audit Committee Meeting held on Wednesday 11th January 2017	Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions

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

- CCG to escalate recovery of 3-6 months debt with Southport & Ormskirk Hospital
  - 15/16 CQUIN
  - 15/16 outpatient procedures versus follow up coding disagreement.
- Revised Scheme of Delegation approved. Changes designed to extend number of people able to raise orders, whilst maintaining segregation of duties.
- Anti-Fraud Proactive Detection Exercise: review of CHC charges and sample testing found high proportion of discrepancies in charging. HN to take this to the CHC Steering Group for further review/investigation.
- Internal audit plan on course for delivery in 16/17.
- External Audit outlined plan for accounts noting final submission date for accounts and the CCG annual report is Wednesday 31st May 2017.
- Standards of Business Conduct - proposed changes discussed. Committee agreed to delegate responsibility to the Audit Committee Chair to approve policy after agreed changes have been made.
- Annual Governance Statement Q1/Q2 – approved subject to amendments agreed at meeting.
- Register of Interests – CCG seeking support from NHS England regarding receipt of declaration of interest returns from member practices.

Key Issues Report to Governing Body

NHS
Southport and Formby
Clinical Commissioning Group

SF NHSE Joint Commissioning Committee, Wednesday 7th December, 2016	Chair: Gill Brown

Key Issue	Risk Identified	Mitigating Actions
APMS Procurements	Concern raised over engagement process.	A more formal process is required and actions to address
LQC Phase 2	Frailty Scheme- performance to date	Searches are being amended to ensure all appropriate activity picked up; practices have been contacted and assurances given by practices that plans are in place.
CQC Results- SFCCG practice placed into Special Measures	Quality of care. Local housing development will mean increase in patient numbers. Risk to practice resilience.	Task and Finish group to be set up to address this. Will explore offer of support through GP Resilience Fund. LMC already supporting practice to address concerns.
Care Home patients	Trinity has >10% of population as care home patients which is above CCG and national average.	Dr Kati Scholtz has successfully negotiated with local practices to take on a number of patients whose homes no longer fall within the Trinity boundary. Possibility of exploring reallocation of further patients as 2017 progresses.

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

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 15th February 2017, 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
Colette Riley	Practice Manager	CR
Dr Hilal Mulla	GP Governing Body Member	HM
Alison Ormrod	Deputy Chief Finance Officer	AO
Debbie Fagan	Chief Nurse & Quality Officer	DF
Jan Leonard	Chief Redesign & Commissioning Officer	JL
In attendance		
Debbie Fairclough (items FR17/22 – FR17/28 and FR17/38)	Chief Operating Officer	DFair
Kay Walsh	Senior Pharmacist	KW
Ex-officio Member*		
Fiona Taylor	Chief Officer	FLT
Apologies		
Dr Emily Ball	GP Governing Body Member	EB
Martin McDowell	Chief Finance Officer	MMcD
Susanne Lynch	CCG Lead for Medicines Management	SL
Minutes		
Tahreen Kutub	PA to Chief Finance Officer	TK

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

Name	Membership	Jan 17	Feb 17	Mar 17	May 17	June 17	July 17	Sept 17	Oct 17	Nov 17	Jan 17
Helen Nichols	Lay Member (Chair)	✓	✓								
Gill Brown	Lay Member	A	✓								
Dr Hilal Mulla	GP Governing Body Member	✓	✓								
Dr Emily Ball	GP Governing Body Member	✓	A								
Colette Riley	Practice Manager	A	✓								
Martin McDowell	Chief Finance Officer	✓	A								
Alison Ormrod	Deputy Chief Finance Officer	A	✓								
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓								
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓								
Susanne Lynch	CCG Lead for Medicines Management	✓	A								
Fiona Taylor	Chief Officer	*	*								

No	Item	Action
FR17/22	**Apologies for Absence** Apologies for absence were received from Dr Emily Ball, Martin McDowell and Susanne Lynch.	
FR17/23	**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 FR17/31 (Draft Terms of Reference: Joint Estates Working Group) – 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. The Chair declared that EB can attend and participate in discussion during this item. • Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG.	
FR17/24	**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.	
FR17/25	**Action points from the previous meeting** **FR16/129 - Month 7 Finance Report** - Actions to be carried forward to the next meeting. **FR16/130 - Financial Strategy Update** - Action to be carried forward to the next meeting. **FR17/06 - CSU Service Report** - An update on timescales of the Primary Care Dashboard has been sent to HN. Action closed. **FR17/07 - Estates Working Group** - A draft Terms of Reference for a Joint Estates Working Group is on the agenda. Action closed. **FR17/11 - Prescribing Spend Report – Month 7 2016/17** - KW said SL has met with Lancashire Care to discuss the options to reduce waste whilst assuring that palliative patients have quick access to medication. KW said she would email the committee the outcome of this meeting. **FR17/13 - Repeat Prescription Ordering Service (RPOS) Pilot Report** - Action still open. **FR17/18 - Committee Meeting Dates 2017/18** - TK said Formby Fire Station is unable to host the committee meetings for 2017/18. She confirmed the Ainsdale Centre for Health & Wellbeing has agreed to host the meetings for the next financial year. As there is no F&R meeting in	KW

No	Item	Action
	April, the first meeting hosted by Ainsdale Centre for Health & Wellbeing will be in May 2017. Action closed.	
FR17/26	**RAG rating for QIPP schemes** DFair presented the revised QIPP Scheme RAG rating, which provides an indication of the deliverability of schemes and moderates the anticipated financial return in accordance with the level of risk to delivery. DFair provided a summary of the proposed definitions of Red, Amber and Green ratings as detailed in the paper and discussed how the proposed changes would enhance consistency in reporting. In addition to the proposed methodology, the ability to distinguish between those schemes which had not yet started and those schemes that were completed was discussed. It was agreed to introduce the following new ratings in addition to the proposed RAG rating: blue for schemes that have not yet started and gold for schemes that have been achieved / completed. ***The Committee approved the RAG assessment for QIPP schemes subject to the addition of the further assessment categories for schemes not yet started and completed projects.***	AO
FR17/27	**Mobile Device/Smartphone Policy – Allocation and Use** DF presented the Mobile Device/Smartphone Policy. • There was a discussion about CCG Governing Body members / employees taking CCG iPADs with them when away from work / abroad to use for work purposes. It was agreed for this aspect to be reconsidered in the policy, with consideration of how many people were likely to take iPADs away. • HN referred to the following sentence: *"Subject to the circumstances arising, if it is identified that individuals have used the mobile devises inappropriately whilst abroad then reimbursement for costs incurred will be undertaken."* HN noted this sentence needs to be clearer that it is the individual that would need to reimburse and not the CCG. DF to inform Tracy Jeffes of the changes discussed; the amended policy is to be brought back to the next F&R meeting in March. ***The Committee agreed that the above changes needed to be made before approval could be given. The amended policy to be brought back to the next Committee meeting in March.***	DF
	AOB item *Deep Dive – QIPP outcome report* was covered prior to item FR17/28.	
FR17/28	**Month 10 Finance Report** AO provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 31 January 2017. The following was highlighted. • The CCG is forecasting a best case scenario of £8.500m deficit and a most likely case scenario of £9.000m deficit. These figures are not reflective of the 1% non-recurrent reserve (£1.805m) which is still	

No	Item	Action
	expected to be released at the end of the financial year. This will not count towards NHS England financial performance management but it is expected that the reserve will be reported in the CCG accounts for 2016/17. • The CCG has been notified by NHS England that there is no opportunity prior to the year end to request additional cash. AO explained that risk to the CCG is low and that an assessment of cash flow requirements has determined that the CCG should have sufficient cash to meet its obligations. There was a discussion on the potential impact of insufficient cash. HN asked the Finance team to reaffirm with NHS England that the CCG cash drawdown limit as notified and agreed will continue to be honoured. AO to action and provide an update at the next Committee meeting. • Non delivery of QIPP targets and increased costs across providers continue as the primary financial risks to the delivery of the 2016/17 forecast out turn. AO emphasised that the QIPP figures within the month 10 report reflect anticipated delivery before the recent QIPP review and that the reduction in estimated QIPP delivery creates an additional cost pressure of £261k. This will be incorporated into financial reports in February 2017. • The Director of Finance, Cheshire & Mersey – NHS England wrote to all Chief Finance Officers in February to set out NHS England expectations of CCGs in relation to formal reporting for the remainder of the financial year. Broadly, NHS England expectation is that there will be no further deterioration in financial positions from month 10 reported forecasts for 2016/17. HN asked AO to confirm the requirements and process for sign off of financial positions with NHS England. ***The Committee received the Finance Report.***	AO AO
FR17/29	**Finance & Resource Committee Risk Register** AO presented the Finance and Resource Committee risk register. The Committee agreed that the likelihood post mitigation rating of 4 and the consequence post mitigation rating of 5 should stay as is for risk FR001 *(Financial duties in 2016/17 will not be met due to significant unidentified QIPP 2016/17 and other emerging expenditure pressures resulting in statutory duties not met).* ***The Committee approved the risk register.***	
FR17/30	**Pensions – Auto Enrolment** AO informed the Committee that from 1st July 2017, a change in legislation will come into effect whereby all eligible employees will need to be enrolled into a qualifying pension scheme. The NHS pension scheme is a qualifying scheme and all new staff are contractually auto-enrolled. There are certain categories of workers who are not eligible to join the existing scheme. Therefore, with the change in legislation, the CCG must set up an alternative qualifying pension scheme which satisfies the Pension Regulator auto enrolment criteria. The Government have developed NEST, which is specifically designed to support auto enrolment. Work is ongoing to identify/ notify affected individuals within the CCG. AO said that this update is provided for information and to advise the Committee that there may be a financial impact. The potential impact is expected to be between 1% and 14.3% of qualifying pensionable earnings for auto enrolled workers depending which scheme workers join. Constitutionally, decision	

No	Item	Action
	making around the implementation of the requirements of auto enrolment is delegated to the Remuneration Committee and a meeting will be scheduled in March 2017. ***The Committee received this verbal update.***	
FR17/31	**Draft Terms of Reference: Joint Estates Working Group** AO presented the draft terms of reference for the Joint Estates Working Group which have been sent by Liverpool CCG as a first draft. She asked for comments to be sent to MMcD by the end of the month. The following comments were made at the meeting: • The word 'used' should be 'use' in the following sentence. "To identify opportunities for its used for development/reconfiguration, to ensure that it is fit for purpose, efficient and effective and sustainable in response to evolving clinical strategies." • The membership needs to be reviewed to ensure a balance of representatives between the different CCGs. ***The Committee received the draft Terms of Reference and noted that comments are to be sent to MMcD by the end of this month.***	
FR17/32	**Prescribing Spend Report – Month 8 2016/17** KW noted the Southport and Formby position for month 8 shows an underspend of £627,525 (-2.86% on a budget of £21,925,422). Overall Southport and Formby GP surgeries are forecasting an underspend. ***The Committee received this report.***	
FR17/33	**Repeat Prescription Ordering Service (RPOS) Pilot Report** KW provided an update on the RPOS pilot for November 2016 (month 3). KW commented that overall the results are positive. She confirmed practices involved in the pilot show a reduction of 2.3% in items dispensed, whilst practices not involved in the pilot show an increase of 2.3% in items dispensed. ***The Committee received this report.***	
FR17/34	**Pan Mersey APC recommendations** KW asked the Committee to consider approving Pan Mersey APC recommendations for the commissioning of the following medicines: • BIOLOGICAL AGENTS for Peripheral Spondyloarthropathy (peripheral SpA) • TICAGRELOR tablets (Brilique®) for Preventing atherothrombotic events after myocardial infarction ***The Committee approved both Pan Mersey APC recommendations.***	
FR17/35	**Better Care Fund Update** AO said the Better Care Fund guidance for 17/18 is still awaited. She said that a joint CCG and Sefton MBC pooled budget meeting took place in January. The Integrated Commissioning Group has also met. A draft integration strategy has been produced and sent to the CCG for feedback.	

No	Item	Action
	The Committee received this verbal update.	
FR17/36	**Quality Premium Dashboard** JL provided an update on the CCG's progress against the Quality Premium requirements for 2016/17. JL explained that the four constitution measures are failing to achieve the national target. NHS England has indicated that payments may be withheld if financial and quality measures are not achieved. Based on current assessment the CCG are unlikely to meet the required targets or receive quality premium payments for 2016/17. ***The Committee received this report.***	
FR17/37	**Minutes of Steering Groups to be formally received** • Sefton Property Estate Partnership (SPEP) Group – December 2016 ***The Committee received the minutes of the SPEP steering group.***	
FR17/38	**Any Other Business** <u>Deep Dive – QIPP outcome report</u> DFair introduced an unscheduled paper on the 'deep dive' assessment of QIPP schemes; in order for the Committee to be provided with the most up to date information, it was agreed that this paper could be tabled at the meeting. DFair referred to the Joint QIPP Committee and Leadership Team request for a 'deep dive' assessment in January 2017, to review key QIPP schemes and determine the likelihood of delivery by the current financial year. DFair thanked the CCG staff members involved in collating the required information and explained that the learning from the exercise would be applied to QIPP processes in the future. DFair provided an overview of the review and updated details of the schemes that were subject to the deep dive together with the QIPP delivery requirement by the end of Month 12. Assurance on progress was noted in most areas; however, DF advised it would be prudent to apply an amber rating for MCAS and PLCV as a result of the deep dive review. This means that there is an increased risk of £261k to the delivery of required QIPP by the end of the financial year. MCAS initiatives previously assessed as green at £560k will be amended to amber at £465k. PLCV previously assessed as green at £288k will be amended to amber and £122k. DFair confirmed that a recommendation in respect of the risk adjustment will be taken to the Joint QIPP Committee meeting on 28th February for approval. No plans will be risk adjusted until the Joint QIPP Committee has confirmed the action to be taken. The F&R Committee noted that additional support and data will be assessed between now and the meeting of the Joint QIPP Committee on 28th February. AO said she and DFair would arrange meetings with QIPP leads on a weekly basis through to 31st March 2017 to review delivery and emerging risks to the QIPP schemes. ***The Committee received this report.***	
FR17/39	**Key Issues Review**	

No	Item	Action
	AO 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 22nd March 2017 9.30am to 11.30am Chapel Lane Surgery, 13 Chapel Lane, Formby, L37 4DL	

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Joint Quality Committee Minutes — APPROVED

Date: Wednesday, 15th February 2017, 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
Lin Bennett	Practice Manager, Ford	LB
Graham Bayliss	Lay Member	GBa
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
Helen Roberts	Senior Pharmacist	HR
Jo Simpson	Programme Manager – Quality and Performance	JS
David Warwick	Urgent Care Commissioning Lead	DW

Apologies

Lin Bennett	Practice Manager, Ford	LB
Dr Doug Callow	GP Quality Lead S&F	DC
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	PC
Billie Dodd	Head of Commissioning	BD
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Paul Shillcock	Primary Care Informatics Manager	PS

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	√		√	A	
Debbie Fagan	Chief Nurse & Quality Officer	√	√		√		√	√	√		√	√	
Dr Gina Halstead	Chair and Clinical Lead for Quality	√	A		√		√	A	A		√	L	
Dr Dan McDowell	Secondary Care Doctor	A	√		A		A	A	A		√	A	
Martin McDowell	Chief Finance Officer	A	A		√		√	A	A		√	A	
Dr Andrew Mimnagh	Clinical Governing Body Member	√	√		A		A	√	√		√	L	
Dr Jeffrey Simmonds	Secondary Care Doctor						√	A	A		A	A	

✓ Present
A Apologies
L Late or left early

No.	Item	Action
17/017	**Apologies for Absence** Apologies for absence were received from LB, Dr DC, Dr PC, BD, Dr DMcD, MMcD, BP, PS and Dr JS. The meeting was declared quorate with Alison Ormrod, Deputy Chief Finance Officer attending on behalf of MMcD.	
17/018	**Declarations of interest regarding Agenda items** The Chair 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.	
17/019	**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.	
17/020	**Matters Arising/Action Trackers** There were no matters arising. **Action Tracker** **16/115(ii) Dementia Diagnosis Rates – Improvement Plan for South Sefton - *SSCCG*** In accordance with the Spec, all IAPT referrals are screened / triaged appropriately to determine the level of intervention (ie Step 2 or Step 3) or patient pathway. There is no prioritisation service beyond this. **Outcome: The JQC agreed that this action could be closed.** **16/128 Southern Health Report *SFCCG & SSCCG*** The JQC agreed to defer this action until the next meeting in March 2017. **Outcome: The JQC agreed to defer this action until March 2017.** **16/130 Access Sefton IAPT Performance *SFCCG & SSCCG*** JS had established that all IAPT referrals are triaged and dealt with appropriately. RC asked for clarification as to whether a prioritisation system can be built into waiting times. **Outcome: JS to seek a response to RC's question concerning a prioritisation system in IAPT waiting times.** **16/150 Any Other Business -** *Laboratory process issue – Vitamin D* ***SSCCG*** It was agreed that this action could be closed as a recent clinical discussion re: management had taken place. **Outcome: The JQC agreed that this action could be closed.**	**BP** **JS**

	17/006(i) Provider Quality Performance Reports DF confirmed that the lack of submission of data and narrative from reports had been discussed at both the S&O Exec to Exec meeting and Contract Review Meeting / Clinical Quality Performance Group. **Outcome: The JQC agreed that this action could be closed.**	
17/021	**Chief Nurse Report** DF presented the Committee with a number of key issues which had occurred since the report submitted in January 2017. Joint local area special educational needs and disability (SEND) inspection in Sefton The Committee were advised that the CCGs and Local Authority had been requested to attend an Improvement Meeting on 20th February 2017 Chaired by NHSE. DF will provide further feedback via the CCGs' formal governance arrangements going forward. MRSA – Aintree University Hospital NHS Foundation Trust Three recently reported cases of MRSA (two identified at AUH and one at S&O). Post Infection Review (PIR) meetings were held on 1st February 2017 with the outcomes included within the report. These cases will be reported through the Integrated Performance Report. MIAA Review – Assurance on Quality of Services Commissioned Review - LCH The Committee were advised that work on the MIAA Review had now been completed. This is a separate agenda item at the meeting today and will be presented to the Audit Committee and the Governing Bodies. Plans in place to inform lessons learnt at the Governing Body development session. NHSE Letter – Notification of the outcome of 2016 Quality Surveillance Annual Assessment for Cancer & Specialist Services and Confirmation of National Visiting Programme from 1st April 2017 – Southport & Ormskirk Hospitals NHS Trust The results of the 2016 visits were shared with the JQC following receipt of the Outcome letter from NHSE. This letter has also been shared with the CCGs' Head of Commissioning for cascading to the relevant commissioning managers for any appropriate action.	
	The Committee received the report	
17/022	**Mersey Internal Audit Agency - Assurance on Quality of Services Commissioned Review – Assignment Report 2016/17** DF presented this report on behalf of BP and advised the Committee of the background to the commissioning of the MIAA review which was undertaken jointly by SSCCG, SFCCG and LCCG. The report will also be presented to the forthcoming meetings of the GBs and Audit Committee. As part of the process, DF and LCCG's Chief Nurse along with other members of the CCGs team were interviewed and an assessment made with current systems and processes compared with those in place in April 2013. The report detailed 'significant assurance' and highlighted five recommendations consisting of four medium and one low. CCGs Oversight Role with Providers (page 38 of pack) – In relation to the three lines of defence model, GH asked whether Monitor should be involved. DF confirmed she had spoken to Hazel Richards, Director of Nursing & Quality, NHS England Cheshire & Merseyside regarding the report to advise of the wider recommendations which need to be considered across the system. GH noted that names of some Committees appeared to be recorded incorrectly.	

	DF was aware that there were subtle differences between Committee titles at SF/SSCCGs and LCCG but would review the report for accuracy. **ACTION: DF to check accuracy of titles of Committees within the MIAA report and ensure any necessary amendments are carried out.** GH formally thanked DF in recognition of the work involved in preparing for and contributing to this report. DF advised Committee members that the Chief Officer (CO) had received a letter and Terms of Reference from NHSI regarding a review they had commissioned following the Parliamentary Adjournment Debate. GBa asked whether this NHSI review would have any impact on the new provider. DF confirmed that this should not affect the transition of community services in Sefton.	**DF**
	The Committee received the report.	
17/023	**Cheshire & Merseyside Quality Surveillance Group Exception Report** JS presented this report on behalf of BP following a meeting held in February 2017. The paper provides an exception report on quality issues for providers incorporating Healthwatch Sefton reports and Local Authority issues relating to care provision. It was noted that the date of the attached report should read 20th January' 2017. The current surveillance level of providers was reported. <u>Aintree University Hospital NHS Foundation Trust</u> A&E12 hour breaches – 30 breaches reported by the Trust in the year to date which has subsequently risen to 43. 48 hour timelines have been shared with the Quality Team for review for the purposes of assurances. The further walk around planned of the A&E Unit has been changed to be incorporated as part of the MADE event as agreed at the last CCF. Executive Level Appointments – The posts of Director of Nursing and Medical Director have now been recruited to with positions to be taken up on 1st April 2017. <u>Southport & Ormskirk NHS Hospitals Trust</u> 12 hour A&E Breach – 7 breaches reported in the year to date, with a further one reported subsequently. Executive Level Appointments – New appointments to the posts of Chief Operating Officer and Director of Nursing have been in place since November 2016. Pressure Ulcer Action Plan – The CCG are due to meet with the Trust next week with updates included in the Serious Incidents reports and monitored by the CQPG. <u>Mersey Care</u> Timeliness of GP Communications / Discharge Letters - Delays in communications and discharge letters largely affects SS and S&F. The roll out of RiO was expected to have a positive impact on performance however the Trust confirmed in December 2016 that the roll out has been put on hold due to technical issues. RC has some concerns regarding the interoperability between RIO and EMIS and undertook to obtain more detail regarding the specification. **ACTION: RC will find out more details about the specification and plan to ascertain what has been agreed.** GB was concerned regarding whether the Trust had taken due consideration and appropriate action with regard to the recent Healthwatch report. JS reported that	**RC**

	this has already been raised at the last MerseyCare CQPG and it has been escalated accordingly. **ACTION: JS to liaise with Colette Page to have a further discussion at EPEG where Healthwatch are in attendance.** DF sought assurance as to whether Mersey Care attended EPEG. JS said this was being planned. **ACTION: JS will prepare email for DF to forward to Ray Walker to invite a representative from Mersey Care attends EPEG meetings in future.** LCH Subsequent to this report being written, positive CQC feedback has been received by the Trust. Paediatric Speech and Language Therapy – This service will be provided by AHCH as from 1st April 2017 as a result of the NHSI-led Transaction process.	**JS** **JS**
	The Committee received the report.	
17/024	**Emergency Care Improvement Programme (ECIP)** • **Southport and Ormskirk Health Economy SFCCG (West Lancashire)** • **South Sefton CCG** The JQC received the above reports relating to the ECIP reviews held at S&O between the 7th and 14th November 2016 and AUH between 31st October 2016 and 4th November 2016. The Committee noted the performance reported under AED attendances at both S&O and AUH observing how S&O had more recently achieved performance in type 3 attendance (Walk in Centres). The recommendations of ECIP and details of the next steps were included within the reports which involved the participation in Multi Agency Discharge Events (MADE). The Committee discussed the attendance levels at A&E in an attempt to establish Levels of unwarranted visits. DW explained that from an AUH perspective when applying data 44% of attendance to A&E were made by ambulance with 32% of attendees discharged from A&E. In total 42% of attendees were admitted and a large percentage were discharged without follow up. RC considered this performance was similar to that at S&O. DF reflected upon how the substantive leadership posts have now been filled at S&O and how this was reportedly having a positive impact re: Executive-level visibility for staff. DF considered that commissioners within SS and S&F areas needed to ensure that the new community services providers were aware of report content detailed on page 67 item 7.1.2 regarding the Community service element as their input into the local system would be important going forward. DF also suggested the JQC workplan include details of when Key Milestones are expected to be reached to ensure the Committee is kept informed of developments but stressed that this was for the purposes of assurance rather than to take away from where the action plans are to be routinely monitored across the system. RC looked forward to an effective community service response being available for patients to prevent escalation to GPs/hospital. JS was mindful of the LCH CQUIN	

	which had been put in place to promote admission avoidance that the provider was currently underperforming on. GH drew the JQCs attention to page 90 where details of commissioning and the procurement process was given, expressing concerns about support for Chronic Obstructive Pulmonary Disease (COPD) patients and the continuation of the delivery of evidence based pathways for this cohort of patients. **ACTION: DW to address the recommendation in the ECIP report in relation to a rapid response respiratory service.**	**DW**
	The Committee received the report.	
17/025	**Serious Incident Report** The following issues were highlighted from within the SI report: Pressure Ulcer work continues with regard to LCH in collaboration with LCCG. All SIs open beyond 100 days were included within the report with accompanying narrative. S&O - DF confirmed that a meeting is due to take place next week to go through the S&O Pressure Ulcer Action Plan with the Trust noting that the Tissue Nurse Viability Specialist has inputted into this re-iteration. Changes to the plan will be agreed on the day and will then be ready for consideration at the Collaborative Commissioning Forum to inform closedown of the Pressure Ulcer related contract query. AUHT – SI's were discussed at Aintree's CCF with some concerns raised re themes being identified in relation to Bank staff and implementation of early warning scores and appropriate escalation. . Never Events – Three surgical never events in the year have been reported - one at AUH and two at S&O. NHSE have recognised a rise in never events across the system and will be facilitating an event in May 2017 to see what can be done to prevent such instances occurring and promote system leaning. Since September 2016 there has been a requirement for providers to evidence progress against the implementation of LoCSSIPs. JS reported that these are in the contract for 2017/18.	
	The Committee received the report.	
17/026	**CCG CQ Quarterly Reporting Schedule MLCSU Nursing Home Clinical Quality Q3** JC presented this report to the JQC which included updated guidance and home by home information with regard to Clinical Quality activity throughout Quarter 3 2016/17. SSCCG - Five reviews have been undertaken in the last quarter leaving one outstanding however, JS stated this will be completed within agreed CCG timescales. SFCCG - Ten reviews have been undertaken in the last quarter with the remaining four to be completed by the end of Quarter 4 2016/17. NHSE Specialist Tissue Viability Nurse (TVN) 'React to Red Campaign' - this pilot scheme is now underway with eight homes identified to participate in the scheme to improve the rates of Pressure Ulcers (PUs) within this care environment.	

	Nine care homes are now compliant from a clinical quality stance and one partially; with ongoing support provided by JC. Twenty one homes have received clinical assessments with 4 rated as non- compliant. Monitoring revisits will be undertaken prior to Q4 reporting. SSCCG – Four homes are rated good; with six requiring improvement and one rated overall inadequate. SFCCG – 10 homes are rated good; with 13 requiring improvement and one rated inadequate. The inclusion of one care home appeared within the report by error and this will be verified by JC outside of the meeting. Safeguarding –JC provided the JQC with an update on a number of Section 42 enquiries within both CCGs. In relation to a particular patient incident that occurred within one of the nursing homes, GBr questioned what spot checks on care homes entailed and suggested the involvement of Healthwatch. JC confirmed a series of planned visits from February 2017 are underway and that Healthwatch representatives have been invited to attend a number of meetings. **ACTION: DF will talk to Tracy Jeffes regarding how the CCGs can work more closely with Healthwatch during 2017/18.**	**DF**
	The Committee received the report.	
17/027	**Diabetes Study Recruitment** DF presented this report on behalf of BP which presented the research proposals for three diabetic studies co-ordinated by Liverpool University - ROMANCE. RESILIENT and VENTURE. The JQC is asked to approve the three studies subject to confirmation of no excess treatment costs being assigned to the NHS South Sefton and NHS Southport and Formby CCGs. AM suggested a mechanism is put in place to ensure monitoring can be undertaken to provide ongoing assurance that no costs are being incurred. GBr was concerned about the use of medical terms and suggested the document is presented in a more patient friendly language. **ACTION: BP to ensure changes to medical language are made and a system put in place to give continued assurance of no costs being incurred.**	**BP**
	The Committee approved the CCGs' involvement in the studies subject to no costs being incurred and changes to medical language as raised at the meeting	
17/028	**EPaCCS in South Sefton and Southport & Formby Localities Quarterly Update** Paul Shillcock had been due to present this report on behalf of Aaron Brizell but had forwarded his apologies earlier today. The Committee received the report which provided an update on the eight key areas within the EPaCCS programme. GH commented that there were no EPaCCs leaflets at GP practices and was concerned that the recordings on page 184 of the pack had been developed on the basis of using EMIS but may not be EMIS specific. GH also noted her concerns that there had been no response from S&O. DF referred to the timelines on page 184 of the pack and felt she could not see	

	any pace or evidence of where the plan is up to. GH asked that Moira McGuiness be informed of the JQC's concerns. Given the issues with the report, the Committee felt that they could not approve the action plan in light of concerns raised. The JQC are not assured regarding the progress to date and a conversation was had regarding the place for EPaCCS within the procurement system due to local developments around it. Concern was also expressed regarding the extent of providing engagement into this process. **Action: DF will raise with commissioning leads for End of Life who will liaise across with GP clinical leads for further discussion and for them to then liaise with Paul Shillcock as IT lead.**	**DF**
	The Committee received the report but were unable to approve the Action Plan	
17/029	**GP Quality Lead / Locality Update** • AM and RC advised they had written to the Medical Director regarding concerns around the stroke services at S&O.	
	The Committee received the report	
17/030	**Key Issue Logs:** **EPEG:** • Presentation received from Healthy Liverpool Transformation Programme considered Liverpool centric. EPEG suggested groups which could support wider access to other areas across Sefton. • Repeat prescription pilot – positive feedback received and individual problems addressed. • Healthwatch – Mersey Care issues discussed earlier • STP discussions took place • Meeting held with S&O Director of Nursing • Young Persons EPEG – looked further at how to use advisers. • Demonstration of the EPEG dashboard **Corporate Governance Support Group**: The Key Issues report from the meeting held on 10th January 2017 was received by the JQC.	
	The Committee received the report	
17/031	**Any Other Business** 1. GH – spoke of services to be developed inside GPs practices which would provide support to patients who do not generally access any other services and live in isolation 2. JQC Away Day – The Patient Experience dashboard which is being developed and overseen by EPEG will be brought to QC Away day later in the year. We will also be exploring feasibility of sharing with other CCG colleagues who are interested. 3. DF advised the JQC of the success of the CHIP programme with Dr Debbie Harvey and Dr Pete Chamberlain winning a prestigious North West Award. The JQC offered their congratulations.	
17/032	**Key Issues Log** The following key issues were raised to be informed to the Governing Bodies: <u>Southport & Formby CCG</u> • ECIP reports were presented to the JQC • MIAA review received by the JQC – Significant Assurance received. Next steps regarding lessons learnt discussed	

	• EPACCs - concerns raised by the committee regarding progress and were unable to support sign-off of the action plan. Issue to be raised with CCG End of Life leads <u>South Sefton CCG</u> • ECIP reports were presented to the JQC • MIAA review received by the JQC – Significant Assurance received. Next steps regarding lessons learnt discussed • EPACCs - concerns raised by the committee regarding progress and were unable to support sign-off of the action plan. Issue to be raised with CCG End of Life leads	
	Date of Next Meeting The next meeting will be held on Wednesday 22nd March 2017, 11.30 am -1.30 pm at Chapel Lane Surgery, 13 Chapel Lane, Formby, Liverpool, Merseyside, L37 4DL	

Chair : _____ _____

PRINT NAME **SIGNATURE**

Date : _____

NHS
Southport and Formby
Clinical Commissioning Group

Audit Committee Minutes

Wednesday 11th January 2017, 10.00am to 11.30am
Family Life Centre, Southport

Attendees		
Helen Nichols	Lay Member (Chair)	HN
Gill Brown	Lay Member	GB
Martin McDowell	Chief Finance Officer	MMcD
Alison Ormrod	Deputy Chief Finance Officer	AO
Leah Robinson	Chief Accountant	LR
Michelle Moss	Local Counter Fraud Specialist, MIAA	MM
Ann Ellis	Audit Manager, MIAA	AE
Jerri Lewis	Audit Manager, KPMG	JL
Gordon Haworth	Assistant Manager, Public Sector Audit, KPMG	GH
Danielle Love	Programme Lead – Community Services Procurement	DL
Apologies		
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Adrian Poll	Audit Manager, MIAA	AP
John Prentice	Audit Director, KPMG	JP
Minutes		
Tahreen Kutub	PA to Chief Finance Officer	TK

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

Name	Membership	Jan 16	April 16	May 16	July 16	Oct 16	Jan 17
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓	✓
Roger Pontefract	Lay Member	✓					
Paul Ashby	Practice Manager	✓	✓	✓	✓	A	
Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓	✓	✓	✓	A
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer						✓
Debbie Fagan	Chief Nurse & Quality Officer	N	N	N	N	N	N
David Smith	Deputy Chief Finance Officer	✓	✓	✓	✓	✓	
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A	N	N	N	A	N
Leah Robinson	Chief Accountant	✓	✓	✓	✓	✓	✓
Roger Causer	Senior Local Counter Fraud Specialist, MIAA	A	N	N	N	N	N
Michelle Moss	Local Counter Fraud Specialist, MIAA	✓	✓	N	A	✓	✓
Adrian Poll	Audit Manager, MIAA	A	✓	A	✓	A	A
Ann Ellis	Audit Manager, MIAA	✓	N	N	N	N	✓
Amanda Latham	Audit Director, KPMG	✓	N				
Jillian Burrows	Audit Senior Manager, KPMG	A	✓				
Andrew Smith	Audit Director, KPMG		✓	✓	N	N	
Jerri Lewis	Audit Manager, KPMG		✓	✓	✓	✓	✓
John Prentice	Audit Director, KPMG						A
Gill Brown	Lay Member		✓	✓	✓	✓	✓

No	Item	Action
A17/01	**Apologies for absence** Apologies for absence were received from John Prentice, Jeff Simmonds and Adrian Poll. JL informed the Committee that Andrew Smith has left KPMG and the new Engagement Lead for the CCG is John Prentice. MMcD informed the committee that Paul Ashby has resigned from the CCG Governing Body as he has been appointed to the Board of the GP Federation. He is therefore no longer a member of the Audit Committee. The CCG is currently in the process of recruiting a successor to take Paul's position on the Governing Body and Audit Committee.	
A17/02	**Declarations of interest** 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 Audit 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** Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG.	
A17/03	**Advance notice of items of other business** None	
A17/04	**Minutes of the previous meeting and key issues** The minutes of the previous meeting were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.	
A17/05	**Action points from previous meeting** ***A16/72 Action points from previous meeting (A16/60 Internal Audit Progress Report 2015/16)*** – The Capability and Capacity PwC review report has been circulated to the Governing Body. Action closed. ***A16/72 Action points from previous meeting (A16/64 Register of Interests 2015/16)*** - Register of Interests 2015/16 was included as a paper in the November Governing Body meeting. Action closed. ***A16/74 Audit Committee Recommendations Tracker*** – LR has completed the actions regarding the tracker. Actions closed. ***A16/76 Review of Internal Audit Progress Reports*** – the Assurance Framework Benchmarking briefing note has been sent to HN. Action closed. ***A16/77 Review of Counter Fraud Progress Report*** – A policy tracker has been created and is on the agenda. Action closed. ***A16/80 Risk Register –*** DL has completed the actions regarding the Risk Register. Actions closed.	

	A16/81 Conflict of Interest Register – DL confirmed that employees, Governing Body and member practices have been separated in the register. Action closed. ***A16/81 Conflict of Interest Register*** – MMcD confirmed that an email to Rob Caudwell (Southport & Formby CCG Chair) had been sent to suggest that the duty to ensure declarations of interest are received from the relevant individuals in Member Practices is undertaken by practice managers. Rob has responded to say it would be better for senior partners to have the duty, as they have already signed up to the constitution in the first instance on behalf of the practice. Senior partners could then devolve to practice managers internally. Action closed. ***A16/81 Conflict of Interest Register*** – DL confirmed the reference to Rob Caudwell as a director was an error on the register and that this has been corrected. Action closed.	
A17/06	**Losses and special payments** LR said outstanding debt has been reviewed up to last period end (December 2016) and there are two items which are greater than £5k and over six months old. The following was discussed: 1) National Licensed Trade Association (value £20,375) – LR confirmed a letter sent by the CCG to the identified Directors of the organisation was returned due to the address being unknown. A discussion followed about the next steps to take. The difficulty of taking legal action was noted due to a contract not being in place. It was agreed for the debt to be written off and for the CCG to ensure that contracts are in place so that a similar situation does not occur in future. 2) Southport & Ormskirk Hospital (value £49,770) – LR updated that S&O has continued to dispute the invoice. MMcD said he would speak to Steve Shanahan (Director of Finance at Southport & Ormskirk Hospital) about this and if the issue is still unresolved, he would ask Fiona Taylor to liaise with the Chief Executive of Southport & Ormskirk Hospital. ***The Committee received this report.***	MMcD
A17/07	**Audit Committee Recommendations Tracker** LR reported on the audit committee recommendations tracker and highlighted the following: • HMRC Office Holders review - LR said a letter has been received by the CCG. A response is required by 16th January, which the finance team is working on. • The Tracker has been updated to include the NHS Protect Review. • Proactive Exercise CHC review (December 2015) table - LR said two actions are listed as ongoing. The first issue, Personal Demographics, has now been completed as there has been a national update called Spine to link between Broadcare and Exeter. Re. the second issue, LR confirmed six of nine discrepancies identified have been resolved. Of the remaining three discrepancies, two are with the CSU administration team and one is awaiting a further credit note. HN said she would take this to the next CHC steering group meeting. LR to check whether it's one particular provider and inform HN. • There is one ongoing action in the table for Proactive Exercise Conflict of Interest exercise (June 2016). NHS England is to provide a training exercise to be undertaken with staff, regarding declaration of interest forms. DL confirmed this has been deferred to February	HN LR

	2017. HN referred to the Whistleblowing policy. TK said Debbie Fairclough has confirmed this policy was approved at the Joint Quality Committee meeting on 16th November 2016. ***The Committee received this report.***	
A17/08	**Liaison Accounts Payable Review** LR said the report in the meeting pack notifies the Committee of final recoveries made as part of the Liaison Accounts Payable review undertaken. Liaison have confirmed the controls in place operate with high level of assurance. Liaison will contact the CCG later in the future to see if this service is required again. ***The Committee received this report.***	
A17/09	**Scheme of Delegation** LR provided an overview of the two key changes proposed to the Scheme of Delegation: an invoice limit of £20k for the Unplanned Care Lead and an invoice limit of £25k for the PA to Chief Finance Officer. The invoice limit for the PA to the Chief Finance Officer is in relation to Senior Buyer access to the ledger; this is only for purchase orders. MMcD noted that segregation of duties remained in place with regard to ordering goods. ***The Committee approved the changes to the Scheme of Delegation.***	
A17/10	**Review of Internal Audit Progress Reports** AE provided a brief overview of this report. She referred to the section on co-commissioning arrangements and noted the points that have been agreed for action. GB asked to see the Co-Commissioning Arrangements Assignment Report 2016/17, as she is the Chair of the Joint Commissioning Committee. AE to action. HN referred to the following sentence: *The CCG has a Joint Commissioning Committee with NHS England and the Chair of the Joint Commissioning Committee is a lay member and is not a member of the CCG Audit Committee.* HN noted this was not the case for Southport & Formby as GB is the Chair of the Joint Commissioning Committee and also a member of the Audit Committee. AE said this sentence may be more an aspiration than a requirement. AE to review this section and update to ensure factual accuracy. ***The Committee received this report.***	AE AE
A17/11	**CHC Report – Anti-Fraud Proactive Detection Exercise** MM provided an overview of this report, noting it has been included for completeness to show Anti-Fraud activity for the financial year 2015/16. The work had been completed by the AFS during 2015/16 but had been omitted from the annual report of Anti-Fraud activity for 2015/16. HN referred to the section regarding notification of date of death and the sample of 40 final payments to providers that was checked for accuracy, following independent verification of dates from the Exeter system to Broadcare. She referred to the table showing the discrepancies noted from the detailed testing of transactions. HN said she would take this to the CHC Steering Group for further review. ***The Committee received this report.***	HN
A17/12	**External Audit Technical Update** GH provided an overview of the External Audit Technical Update for	

	December 2016. He confirmed this report is RAG rated. ***The Committee received this report.***	
A17/13	**Agreement of External Audit Plan** JL provided an overview of the Audit Plan. She noted the details of the Engagement Lead would be changed from Andrew Smith to John Prentice. She highlighted two key areas that KPMG will be reviewing: the arrangements in place for the Sustainability and Transformation Plan and the progress in delivering financial targets and QIPP plans. It was noted that 31st May 2017 is the final submission date for the CCG annual report and accounts. ***The Committee received this report.***	
A17/14	**Macpherson Report** • **Use of estimating techniques** LR noted that this report is brought to the committee on an annual basis as good practice and provides assurance on how the CCG complies with the Macpherson review re. its estimation techniques. She confirmed the CCG has identified two business critical models in use that provide material accounting estimates for both the monthly management accounts and the year-end financial accounts. These are in the areas of prescribing and individual packages of care. MMcD noted that compliance with the Macpherson report is a requirement of the Annual Governance Statement, which will be discussed later in the meeting. ***The Committee received this report.***	
A17/15	**Review of NFI Matches** The CCG has taken part in the National Fraud Initiative for the 2016/17 financial year. All data was submitted in October 2016 in line with national guidance. Mismatches are to be received by the end of January. The Finance team will then review all mismatches and investigate as appropriate. An update will be brought to the next Committee meeting.	LR
A17/16	**Standards of Business Conduct** DL provided an overview of the Standards of Business Conduct policy for the CCG. The policy was discussed and the following comments were made: • GB noted the terminology needed to be amended. It was felt the use of the term 'CCG staff' did not apply to appointed lay members. • HN commented there was no mention of the Whistleblowing Policy, which needed to be included. • HN said section 4 and 5 could be merged. • HN said this document reiterates much of the wording from the Conflict of Interest and Gifts and Hospitality policy which would require this document to be amended in line with any changes to that policy. Document to be amended to refer to the Conflict of Interest and Gifts and Hospitality Policy without duplicating the wording • The document currently has the South Sefton CCG website, which needs to be amended to the Southport & Formby CCG website. DL to make changes to the Standards of Business Conduct to take account of the comments made at this meeting and send the revised document to HN. ***The Committee agreed to provide delegated authority to HN to approve the Standards of Business Conduct once the changes have been made by DL.***	DL HN

A17/17	**Annual Governance Statement (AGS)** DL presented the CCG Governance Statement for Q1 and Q2. The following comments were made: • HN noted sections where there was duplication of information in the document and sections where information needed to be clearer, and asked DL to update the report accordingly. It was also noted that the document does not mention the Clinical QIPP Committee, which it should do. • HN referred to the third paragraph on page 153 of the meeting pack and said the final sentence *('Throughout the year performance has continued to be maintained or improved')* is factually incorrect. This sentence is to be taken out. • Typographical errors were noted which are to be amended. ***The Committee approved the Governance Statement subject to the amendments discussed at this meeting being made.***	DL
A17/18	**Risk Register and GBAF** DL confirmed the risk register and GBAF will be presented at every Audit Committee meeting and will come to this committee before going to the Governing Body meeting. DL referred to risk 3.2, as detailed in the GBAF: *"Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category C responder."* DL noted that the CCG should be a Category 2 responder; this will be amended before being presented to the Governing Body. DL said in line with the CCG's risk management strategy this report only shows the risks rated 12 and over. All other CCG committees, however, hold their own risk register and manage all risks aligned to that committee. DL said she would work with the CCG committees to give an overall number of risks rated under 12 to give a complete overview of risks to the Audit Committee. ***The Committee approved the Risk Register and GBAF.***	DL
A17/19	**Register of Interests** DL confirmed the Register of Interests will be presented at every Audit Committee meeting. She confirmed the governance team will be working proactively with member practices to obtain returns regarding declarations of interest. DL confirmed that she has not received many returns as yet from member practices. HN said she would raise this with Rob Caudwell. DL confirmed the CCG would be seeking support from NHS England regarding receipt of declaration of interest returns from member practices. The following was agreed in regards to declarations of interest for CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG: • A note would be included at the bottom of the register stating that the majority of employees hold dual posts. This would be done instead of specifying this declaration of interest against every individual it applies to. The note would also specify the three employees who work exclusively for Southport & Formby CCG. • It was agreed that Fiona Taylor (Chief Officer), Martin McDowell (Chief Finance Officer) and Debbie Fagan (Chief Nurse and Quality Officer) would specifically note their dual post as a possible conflict on the Register of Interests. DL to action the above changes. ***The Committee received this report.***	HN DL

A17/20	**Policy Tracker** DL provided an overview of the policy tracker, noting it will support the strengthening of the audit trail between Policy authorisation and the wider sharing of the information within the CCG. ***The Committee received this report.***	
A17/21	**Committee Work Plan 2017/18** The work plan for 2017/18 was reviewed. ***The Committee received the work plan 2017/18.***	
A17/22	**Committee Meeting Dates 2017/18** The list of meeting dates for 2017/18 was reviewed. ***The Committee received the meeting dates for 2017/18.***	
A17/23	• **Finance and Resource Committee – Key Issues report** • **Quality Committee – Key Issues report** ***The Committee received the key issues of the Finance and Resource Committee and the Quality Committee.***	
A17/24	**Any other business** HN asked for an Internal and External Counter Fraud meeting to be arranged half an hour before the next Audit Committee meeting.	TK
A17/25	**Key Issues Review** MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues Report to Governing Body.	
	Date and time of next meeting Wednesday 19th April 2017 11.00am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ	

NHS Southport and Formby Clinical Commissioning Group

NHS England

S&F NHSE Joint Commissioning Committee
Final Minutes – Part I

Date: Wednesday 7th December 2016, 10.00am – 11.30am
Venue: Salvation Army Southport Corps, 65 Shakespeare Street, Southport, PR8 5AJ

Members:		
Gill Brown	SFCCG Lay Board Member (Meeting Chair)	GB
Jan Leonard	Vice Chair, S&F CCG Chief Redesign and Commissioning Officer	JL
Glenn Coleman	Head of Primary Care (NHSE C&M sub-regional team)	GC
Susanne Lynch	S&F CCG Head of Medicines Management	SL
Niall Leonard	SFCCG Primary Care Clinical Lead	NL
Rob Caudwell	SFCCG Clinical Chair	RC
Brendan Prescott	Deputy Chief Nurse	BP
In Attendance		
	Sharon Howard, Assistant Contracts Manager, NHSE	SH
	Angela Price, Primary Care Programme Lead, SFCCG	AP
Apologies	Alan Cummings, NHSE Dwayne Johnson, Sefton Council	
Minutes		
Tanya Mulvey	Primary Care Commissioning Improvement and Development Lead	TM

No	Item	Key Issue?	Action
SFNHSE 16/107	**Introductions and apologies**		
SFNHSE 16/108	**Actions and notes from the previous meeting** These were agreed.		
SFNHSE 16/109	**Declarations of interest regarding agenda items** SL declared an interest- her husband is in business with a pharmacy contractor in Southport and Formby area.		
SFNHSE 16/110	**Report from Operational Group – Report- action notes supplied** The Committee received minutes from the Joint Operational Group.		

SFNHSE 16/111	**Decisions made by Operational Group** **Kew Surgery - CQC special measures** NHSE have a CQC meeting every month, Kew Surgery will be on the agenda for the meeting next month. There will be an action plan. Fiona Taylor has written to the practice acknowledging the report and offering CCG support. NL will also contact practice to see what help can be offered. NHSE will look at the report from a contractual view to produce an overarching improvement plan. LMC support will also be required. . It was suggested that NHSE and the CCG should visit the practice together. GB asked for the improvement plan to be bought to the next meeting with clear actions and dates. CQC will also provide an action plan and will re-inspect practice. Discussion took place about the new housing estate opening in January with permission for 700 houses, 126 Care home Village and 44 bed dementia and respite Kew Surgery is the closest practice. Alison Johnson to bring up this up at the next Locality meeting. **Freshfield Surgery** – An engagement event is about to be launched. We are working with partners and NHS England to establish a formal process. **Trinity Practice –** are struggling with capacity due to the number of care home patients. The Practice is putting measures in place to help. A Paper was taken to the Governing Body to look at reallocating patients- the outcome was to reallocate the excess patients from Trinity only, rather than trying to align Care Homes to Practices. Kati Sholtz is leading on this with CCG support to manage this and make it a smoother process. There is an issue around moving notes (still need to go through Capita) around and note summarising. It was proposed that we apply to NHSE for some resilience funding money to help support practices, iMerseyside have helped with similar issues in practice e.g. North Park. It was also noted that Halton have been doing something similar. A review of the national contract 18/19 is aiming to build more equity into the contact around refugees, elderly, drugs and alcohol etc. It was suggested we should explore the possibility of whether funding from the LDS could be freed up through this process. There is a need to be proactive, but it is probably too early days to see where money could be released.		AJ

SFNHSE 16/112	Frail Elderly – data received in March 2016 indicated performance below expected. September 2016 performance remains disappointing and shows quite a variation in terms of where practices are at. Practices have until March 2017 to complete this work. There have been different reasons as to why practices aren't performing as planned. Finance information went out last week to give adjusted positions with updates list sizes as at April 2016. Louise Taylor is meeting with facilitators to look at the searches to ensure they are capturing everything. It has been suggested that another data collection in carried out in January 2017 to see where practices are up to, and email to each individual practice to show them what their position is. For LQC Phase 3, there are 2 schemes being considered- Liverpool GP specification, and Bolton Quality scheme (which is based on Liverpool). It was felt that whichever scheme is adopted it will need to be localised, especially the medicines management element. The suggestion is that we adopt this year's scheme next year and pay what they are paying now, and then adopt their 17/18 scheme the following year. If we can't get to £106 we will need to adapt the scheme accordingly. A meeting was held with Locality GP leads, and the leads agreed to pursue through Localities. Need to ensure there is a focus on this in Locality meetings to get this agreed by member practices. It has also been raised at Wider Group as to whether we should include aspects of the frailty scheme. The final scheme will need to go to an approvals panel and to the Governing Body for approval.		
SFNHSE 16/113	GPFV plan to NHSE by 23/12/2016 The Primary Care Team are currently developing a draft plan for a meeting with NHSE and other C&M CCG Primary Care Leads tomorrow to review plans. Clarity is required re the funding we are actually going to get and when for improving access. It was suggested we try and develop a plan to show that we can deliver extended access. Clarity is required on whether improved access could be a gradual implementation.		
SFNHSE 16/114	GPFV: A session is planned for 18/01/2017 which NHSE will support, the idea is to give a brief summary of some existing GPFV pilots (e.g. Time for Care or clinical pharmacist Programme) with practical examples and then a discussion, which goes into detail of what it means for a practice, how they engage, what their commitment is, what the timescales are, etc. The idea is to share up to 4 different schemes and then to get a discussion going to test the ideas with the aim of getting GPs and practices to participate. NHSE will bring some speakers along -TM to pick this up with NL. SL is starting a piece of work with Pete Chamberlain about what works well in practice re: medicines management and will pull this together to share with all practices. The plan is to test this out in Westway and then share with other practices. Feedback from the prescribing pilot is that it is reducing workload in practices.		TM SL/PC
	Date of next meeting Wednesday 22nd February 2017, 10.00 – 11.30am Salvation Army Southport Corps, 65 Shakespeare Street, Southport, PR8 5AJ		

NHS Southport and Formby Clinical Commissioning Group

NHS England

S&F NHSE Joint Commissioning Committee
FINAL Minutes – Part I

Date: Wednesday 22nd February 2017, 10.00am – 11.30am
Venue: Salvation Army Southport Corps, 65 Shakespeare Street, Southport, PR8 5AJ

Members:

Gill Brown, (Chair), S&F CCG Lay Member (GB)
Helen Nichols, S&F CCG Lay Member (HN)
Jan Leonard, (Vice Chair),S&F CCG Chief Redesign and Commissioning Officer (JL)
Alan Cummings, Senior Contract Manager, NHSE (AC)
Dr Rob Caudwell, S&F CCG Chair and GP (RC)
Dr Niall Leonard, S&F CCG Clinical Vice Chair, GP (NL)
Susanne Lynch, S&F CCG, Head of Medicines Management (SL)
Brendan Prescott, S&F CCG, Deputy Chief Nurse and Quality Officer (BP)

Attendees:

Sharon Howard, Assistant Contract Manager, NHSE (SH)
Angela Price, S&F CCG Primary Care Programme Lead (AP)
Maureen Kelly, Healthwatch Sefton (MK)
Dwayne Johnson, Director of Social Services and Health, Sefton MBC (DJ)
Chicco Kandemiiri, S&F CCG, Head of Strategic Finance Planning (CK)
Sefton LMC (LMC)

Apologies

Brendan Prescott
Susanne Lynch
Gemma Cullen
Maureen Kelly

Minutes

Louise Taylor, Commissioning Support (Primary Care) (LT)

No	Item	Key Issue?	Action
SFNHSE 16/115	**Introductions and apologies**		
SFNHSE 16/116	**Actions and notes from the previous meeting** The minutes were agreed. Action Tracker was updated. It was requested formally that minutes from the Committee are circulated to NHSE once ratified. Action Tracker- 16/97- a demo of the Primary Care dashboard will be arranged once the performance dashboard is ready. 16/111 and 16/113 – will be discussed as part of the agenda. 16/114- 7 practices signed up to the Practice Pharmacy scheme. Reimbursement is on a reducing basis from 60% to 20%, with an offer of employment expected at the end of the scheme. Further details will be presented to the next committee.		JL

SFNHSE 16/117	**Declarations of interest** GB 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 and Formby Clinical Commissioning Group. Declarations declared by members of the Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website. *No declarations were declared*		
SFNHSE 16/118	**Report from Operational Group & Decisions Made** JL gave a report from the operational group. There have been ongoing discussions with NHSE Finance regarding the HSCIC financial data. A meeting will be convened to discuss further. Kew Surgery recently received an inadequate CQC rating and iMerseyside have completed a data quality audit, and are working to a training plan with the practice. The practice have now had a reinspection and CQC felt a number of the action points had been addressed satisfactorily. Gemma Cullen (NHSE) will be working with the practice to gain assurance re: their action plan. There is a weekly Task and Finish group in respect of Freshfield practice in SFCCG area. NHSE and CCG are planning an options appraisal and are undertaking a pre-consultation engagement process with stakeholders. The operational group will monitor progress around this item. The group discussed Trinity Practices and issues relating to list size and estates.		
SFNHSE 16/119	**Performance Issues** This item was covered under 16/118.		
SFNHSE 16/120	**GP Forward View Plan** The plan was submitted on 23rd December and a feedback meeting is planned for 1st March, with a written report to be presented to the Committee in April. Pharmacy bids were agreed, and a bid for GP Career Plus was unsuccessful. ETTF bid work is ongoing- 3 technology bids were approved, and the Formby estates bid is being worked up to the next stage.		
SFNHSE 16/121	**MIAA Report** JL gave an overview of the actions which were identified as part of the draft report. The final report is to be presented to the Committee in April.		
SFNHSE 16/122	**Risk Register** JL explained the requirement for the Committee to manage a risk register. There is currently an item on the corporate risk register regarding the sustainability and resilience of primary care, and it is intended that this risk will be placed on the Committee risk register. It was agreed that Trinity, Kew, and Freshfield should be added to the register. It was agreed that the operational group would manage the risk register, presenting it in full to the Committee each meeting.		
SFNHSE 16/123	**Terms of Reference** The 3rd lay member addition will be filled by a SS lay member if required. The Terms of Reference will be amended to reflect this.		
SFNHSE 16/124	**Any other business** NL informed the Committee that this would be his last attendance, as he is stepping down from the Board. Elections are to be held and it is hoped that a Primary Care Lead is appointed. The Committee thanked Dr Leonard for his input. Alan Cummings asked that Freshfield procurement becomes a standing item on the agenda in order to keep the Committee informed as to progression on the matter.		
	Date of Next Meeting: Wednesday 26th April 2017, 10.00am – 11.30am Curzon Road		