

Governing Body Meeting in Public Agenda

Date: Wednesday 5th July 2017, 13:00 hrs to 15:50hrs
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 Members

Dr Rob Caudwell	Chair & Clinical Director	RC
Dr Kati Scholtz	Clinical Vice Chair & Clinical Director	KS
Helen Nichols	Deputy Chair & Lay Member for Governance	HN
Matthew Ashton	Director of Public Health, Sefton MBC <i>(co-opted member)</i>	MA
Gill Brown	Lay Member for Patient & Public Engagement	GB
Dr Doug Callow	GP Clinical Director	DC
Debbie Fagan	Chief Nurse & Quality Officer	DCF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC <i>(co-opted member)</i>	DJ
Maureen Kelly	Chair, Healthwatch <i>(co-opted Member)</i>	MK
Susan Lowe	Practice Manager	SL
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director	HM
Dr Tim Quinlan	GP Clinical Director	TQ
Colette Riley	Practice Manager	CR
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

In Attendance

Nigel Bellamy	Deputy Chief Executive Officer, CVS, <i>presentation</i>	NB
Debbie Fairclough	Chief Operating Officer	DFair
Margaret Jones	Public Health Consultant, Sefton MBC, <i>presentation</i>	MJ
Jan Leonard	Chief Redesign and Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Judy Graves	<i>(Minute taker)</i>	

‘Sefton Public Health Annual Report 2016’
presentation by Margaret Jones, Sefton MBC

‘Working Together for a Healthier Community’
presentation by Nigel Bellamy, CVS

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					13:55hrs
GB17/110	Apologies for Absence	Chair	Verbal	R	2 mins
GB17/111	Declarations of Interest	Chair	Verbal	R	3 mins
GB17/112	Minutes of Previous Meeting - May 2017	Chair	Report	A	5 mins
GB17/113	Action Points from Previous Meeting - May 2017	Chair	Report	A	5 mins
GB17/114	Business Update	Chair	Verbal	R	5 mins
GB17/115	Chief Officer Report	FLT	Report	R	10 mins
Finance and Quality Performance					
GB17/116	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	R	10 mins
GB17/117	Integrated Performance Report	KMcC/ MMcD/DCF	Report	R	30 mins
Governance					
GB17/118	Strengthening Commissioning: Establishing a Joint Committee across Liverpool, South Sefton and Knowsley CCGs to confirm options for consultation on changes to hospital services as part of the North Mersey Local Delivery System Plan	FLT	Report	A	10 mins
GB17/119	Audit Committee Annual Report	HN	Report	R	10 mins
GB17/120	Governing Body Assurance Framework (GBAF)	DFair	Report	A	10 mins
For Information					
GB17/121	Key Issues reports: a) Finance & Resource Committee (F&R): March and May 2017 b) Quality Committee: Key Issues: March & April 2017 Annual Report 2016/17 c) Audit Committee: None d) Joint Commissioning Committee: April and June 2017 e) Locality Meetings: Quarter 1 2017/18	Chair	Report	R	10 mins
GB17/122	F&R Committee Approved Minutes: - March and May 2017		Report	R	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB17/123	Joint Quality Committee Approved Minutes: - March and April 2017		Report	R	
GB17/124	Audit Committee Approved Minutes: - None		x	x	
GB17/125	Joint Commissioning Committee Approved Minutes - April 2017		Report	R	
GB17/126	CIC Realigning Hospital Based Care Key Issues: - November 2016 - December 2016		Report	R	
GB17/127	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB17/128	Date of Next Meeting Wednesday 6th September 2017, 13:00hrs at the Family Life Centre, Southport, PR8 6JH <u>Future Meetings:</u> From 1 st 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: 1 st November 2017 3 rd January 2018 7 th March 2018 2 nd May 2018 4 th 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					15:50hrs

Motion to Exclude the Public:

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

Governing Body Meeting in Public DRAFT Minutes

Date: Wednesday 3rd May 2017, 13:05 hrs to 14:40 hrs
Venue: Family Life Centre, Southport, PR8 6JH

The Governing Body Members In Attendance

Dr Rob Caudwell	Chair & Clinical Director	RC
Helen Nichols	Deputy Chair & Lay Member for Governance	HN
Dr Kati Scholtz	Clinical Vice Chair & Clinical Director	NL
Gill Brown	Lay Member for Patient & Public Engagement	GB
Dr Doug Callow	GP Clinical Director	DC
Debbie Fagan	Chief Nurse & Head of Quality & Safety	DCF
Maureen Kelly	Chair, Healthwatch (<i>co-opted Member</i>)	MK
Susan Lowe	Practice Manager Member	SL
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director	HM
Colette Riley	Practice Manager Member	CR
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

In Attendance

Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Lyn Cooke	Head of Communications and Engagement	LC
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Judy Graves	<i>Minutes</i>	

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Governing Body Membership	Jan 17	Mar 17	May 17	July 17	Sept 17	Nov 17	Jan 18
Dr Rob Caudwell	Chair & Clinical Director	✓	✓	✓				
Helen Nichols	Vice Chair & Lay Member for Governance	✓	✓	✓				
Dr Kati Scholtz	Clinical Vice Chair (May 17) and GP Clinical Director Member	✓	✓	✓				
Dr Niall Leonard	Clinical Vice Chair & Clinical Director	✓	✓					
Matthew Ashton (<i>Margaret Jones</i>)	Director of Public Health, Sefton MBC (<i>co-opted member</i>)	✓	✓	A				
Dr Emily Ball	GP Clinical Director Member	✓	✓					
Gill Brown	Lay Member for Patient & Public Engagement	✓	✓	✓				
Dr Doug Callow	GP Clinical Director Member	✓	✓	✓				
Debbie Fagan	Chief Nurse & Head of Quality & Safety	✓	✓	✓				
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	✓	A	A				
Maureen Kelly	Chair, Healthwatch (<i>co-opted Member</i>)	✓	A	✓				
Susan Lowe	Practice Manager Member			✓				
Martin McDowell	Chief Finance Officer	✓	✓	✓				
Dr Hilal Mulla	GP Clinical Director	✓	✓	✓				
Colette Riley	Practice Manager Member	A	✓	✓				
Dr Jeff Simmonds	Secondary Care Doctor Member	✓	✓	A				
Fiona Taylor	Chief Officer South	✓	A	✓				

No	Item	Action
Public	<p>Questions</p> <p>No members of the public were in attendance and no questions had been received in advance of the meeting.</p>	
GB17/71	<p>Apologies for Absence</p> <p>Apologies were given on behalf of Dr Jeffrey Simmonds and Dwayne Johnson.</p>	
GB17/72	<p>Declarations of Interest</p> <p>Those holding dual roles across both Southport & Formby CCG and South Sefton CCG declared their interest; Fiona Taylor, Debbie Fagan and Martin McDowell. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p> <p>RC and KS both declared an interest in items to be discussed under GB17//77. The interest would constitute a material conflict and as such both members would be required to vacate the meeting during the discussion.</p>	
GB17/73	<p>Minutes of Previous Meeting: March 2017</p> <p>Members: MK confirmed that she was not in attendance at the meeting.</p> <p>GB17/45, page 10, paragraph 6 – mortality data: query had been raised by Gill Brown and not Doug Callow.</p> <p>GB17/48, page 12 (strengthening commissioning) : Clarification was requested on the discussion and resolution in relation to the business case and the sharing of the document. It was confirmed that a meeting had been held and updates received. Following a request for circulation FLT offered to obtain the latest version and circulate to the Governing Body members. FLT requested all to note that the document was to be treated in the strictest of confidence and was not for wider circulation at this moment in time.</p> <p>RESOLUTION</p> <p>The minutes of the meeting held 29th March 2017 were approved as a true and accurate record subject to the amendments highlighted.</p>	<p>Judy Graves Judy Graves</p> <p>FLT</p>
GB17/74	<p>Action Points of Previous Meeting: March 2017</p> <p><u>GB17/45 Integrated Performance Report: Improvement and Assessment Framework</u></p> <p>The performance of individual specialities struggling to achieve 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.</p> <p><i>Update</i></p> <p><i>The work on the correlation of the data continues with further discussion and work needed. Item to be presented to the Governing Body Development Session in June.</i></p>	<p>KMcC</p>

No	Item	Action
	<p>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.</p> <p><i>Update</i></p> <p><i>Ongoing.</i></p>	KMcC
GB17/75	<p>Business Update</p> <p>The Chair welcomed Susan Lowe to the Governing Body as Practice Manager Member. RC referred to the two Practice Manager positions that make up the membership of the Southport & Formby CCG Governing Body. Given the lack of uptake on the remaining position following a call for nominations, RC proposed the Governing Body co-opt Colette Riley to continue to hold the position of Practice Manager member. The position would be on an interim basis and until a further round for nominations is complete. All members agreed. RC further updated on the additional round for GP member nominations being managed by Sefton LMC.</p> <p>RC updated on the CCG falling short on its QIPP delivery. However highlighted the significant achievement in terms of delivery, with the final position being close to that which was estimated at the beginning of the year. A meeting had been held with the DCO of NHSE Cheshire and Merseyside, who had made it clear that the CCG would need to achieve its QIPP target for 2017/18. RC reported that further discussion and consultation would be needed by the Governing Body in relation to QIPP areas.</p> <p>Primary Care continues to work under huge pressures. GP forward view discussions continue with NHSE.</p> <p>Dr Callow has negotiated an agreement with Southport & Ormskirk in relation to transfer of work and inappropriate transfers, to seek to reduce the impact on primary care.</p> <p>RESOLUTION</p> <p>The Governing Body received the verbal report and reiterated the agreement that CR to continue as Practice Manager member until next round of nominations received.</p>	
GB17/76	<p>Chief Officer Report</p> <p>The Governing Body and the public were presented with the Chief Officer report with the following areas highlighted:</p> <p>There had been a slight change to the corporate objectives, specifically that relating to Shaping Sefton. FLT confirmed that the Board Assurance Framework would be constructed around the corporate objectives accordingly.</p> <p>1. <u>QIPP</u> The CCG achieved £6.969m of QIPP savings, equating to circa 3.8% of its resource allocation. The task for 2017/18 remains challenging with a further £10.8m (5.2%) of savings required. The CCG has planned events in May to reconsider all aspects of its commissioning portfolio in order to identify further areas of savings in areas that offer little or no benefit to patients.</p> <p>3. <u>Strengthening Commissioning</u> The members were referred to the conversation at the beginning of the</p>	

No	Item	Action
	<p>meeting relating to a Business Case which FLT would ensure was circulated.</p> <p>The meeting with NHSE was held on 27th April involving the chief officers and chairs of the 3 CCGs. During the discussions, NHSE confirmed that the deadline for submission of the business case remained 31st July for formal merger to be operational with effect from 1st April 2018.</p> <p>FLT advised that a further meeting of the three governing bodies would be arranged for the end of May to discuss the proposed timetable, deadlines and the process required to gain approval from the CCGs' membership</p> <p>Each Local Authority (LA) had been written to regarding the potential merger. Liverpool City Council had provided written support for the proposal whilst Sefton Council had notified the CCGs that it would be taking the proposal to the Overview and Scrutiny Committee.</p> <p>FLT advised that the proposal would be discussed in more detail in the following weeks. The discussions and preparatory work would need to include the potential options outlined in the "Next stages of the Five Year Forward View" such as accountable care, organisation and system work as well as describing the benefits for working on a larger footprint.</p> <p>Further discussion was had on the purpose of the three-way Governing Body meeting with South Sefton and Liverpool CCG's, the meetings of which had proved useful for debate and an opportunity for open discussion. This was considered important for obtaining differing views and options.</p> <p><u>4. SEND Inspections</u></p> <p>The CCG and LA were among the first 12 or so areas to be inspected in the country and were accessing local support for the improvement journey from NHSE and the DfE. FLT advised that a government minister had written to her to note interest in the delivery of the action plan that had been developed in response to the outcome of the inspection.</p> <p><u>8. Independent Inquiry Child Sexual Abuse (IICSA)</u></p> <p>An update was provided following a presentation to the Governing Body in September 2016. No further announcements have been made nationally that needed bringing to the attention of the Governing Body. However, at the Chief Nurses request, the Safeguarding Service undertook an exercise to benchmark the CCG against the recommendations and develop any necessary action plan. This has been presented to the Quality Committee in March 2017.</p> <p><u>9. Stroke Services Review</u></p> <p>The North Mersey Stroke Review continues to progress. The clinical leads have identified a preference however the Governing Body will need to debate the proposal further and this will be discussed again during a future meeting of the Governing Body.</p> <p><u>10. LQC</u></p> <p>Phase 3 LQC has been agreed for 2017/18 and has been live since 1st April 2017. The scheme aims to provide equity across practices by standardising payments. The scheme included £3 per head non-recurrent transformational funding. There will also be additional schemes for phlebotomy which will be paid on an activity basis.</p> <p><u>12. Community Services – Mobilisation Update</u></p> <p>FLT highlighted the work that had been carried out in order to ensure the timely and seamless handover of services from LCH to Lancashire Care</p>	

No	Item	Action
	<p>Foundation Trust.</p> <p><u>14. Annual Report and Accounts 2017</u> FLT noted that the CCG had achieved an Internal Audit review of 'Significant Assurance'</p> <p>The CCG's external auditors (KPMG) are now undertaking their review of the annual report and accounts. The Audit Committee will meet to discuss and approve the final documents on 24th May. An invitation was extended to Governing Body members to attend if they wished to observe the meeting.</p> <p>RESOLUTION</p> <p>The Governing Body received the report.</p>	
GB17/77	<p>RC asked for an additional item to be covered under this item:</p> <p>Governing Body Membership</p> <p><u>1. Chair: Appointment</u> RC declared an interest and vacated the meeting.</p> <p>HN informed the members and the public that the Governing Body were required to appoint a Chair. It was asked to be noted that only RC had put himself forward to be a Chair, RC was also the only person on the Governing Body who was able to be Chair as per constitutional requirements. HN proposed a vote to appoint RC to continue his position as Chair for another term. All members approved the nomination.</p> <p>RC returned to the meeting and was confirmed as Southport & Formby CCG Governing Body Chair for another term.</p> <p><u>2. Clinical Vice Chair: Appointment</u> KS declared an interest and vacated the meeting.</p> <p>RC informed the members and the public that the position of Clinical Vice Chair on the Governing Body had now become available following the retirement of the previous vice chair. KS had been the only application to the position. RC proposed a vote to appoint KS as the new Clinical Vice Chair. All members approved the nomination.</p> <p>KS returned to the meeting and was confirmed as the Clinical Vice Chair for Southport & Formby Governing Body.</p> <p>RESOLUTION</p> <p>Members approved the appointment of RC and KS to the respective positions.</p> <p>Further request was made for the three previous Governing Body members to be written to and thanked for their contribution.</p>	FLT
GB17/78	<p>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</p> <p>The Governing Body was presented with a report which provided 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. The following</p>	

No	Item	Action
	<p>areas were highlighted:</p> <p>The table on page 25 of the meeting pack provides a breakdown of the year to date plan against the actual delivery and variance. Of the savings delivered, the CCG had achieved the third highest percentage QIPP delivery in the Northern region. Both proportionately and comparatively the CCG had done well. MMcD, DFair and the team were thanked for their work.</p> <p>Discussion was had in relation to savings for 2017/18. It was highlighted that greater savings were needed for 2017/18 and that the CCGs would need to consider evidence to support potentially difficult decisions.</p> <p>A discussion was also had in relation to page 27 and the provider sanctions listed. It was clarified that this related to fines that could be imposed on providers when they failed to deliver. The CCG were able to apply these sanctions in 2016/17 to providers that had not agreed NHSI control totals or STF support.</p> <p>RESOLUTION</p> <p>The Governing Body received the report.</p>	
GB17/79	<p>Integrated Performance Report</p> <p>The Governing Body and the public were presented with a report which provided summary information on the activity and quality performance of Southport and Formby CCG. It was asked to be noted that time periods of data are different for each source.</p> <p>The members discussed the content of the report and the following areas were highlighted:</p> <p>Planned Care</p> <p>The number of referrals from the CCG to secondary care compared to 2016/17. It was noted that GP referrals were down by 1%. However Consultant to Consultant referrals within acute hospitals had increased by 8.5%. A referral management system has been introduced. A reduction in referrals was expected to be seen in the future. The overall cost of planned care was contractual on target.</p> <p>It was noted that the Diagnostics target continues to fail across many areas including Cardiology, Gastroscopy and CT.</p> <p>A discussion was had in relation to the narrowly failed targets relating to; 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms; 2 month (62 day) wait from urgent GP Referral to first definitive treatment for cancer. Southport & Ormskirk also failing at 76.47%. The members discussed the areas affected. A further discussion was had in regards to the referrals between Trusts and the possible areas that were failing, including the pathway and communication. The members and public were briefed on the processes used by other Trusts where administrators are used to track the patient through the each stage of the pathway from referral. It was added that these Trusts were normally large teaching hospitals where all services are within their scope. This process would be more difficult to operate from a district hospital. The membership conveyed their concern at the targets not being met. FLT requested some scoping work be carried out to look at some individual patient pathways, looking at what has worked and what hasn't and to be presented at the next Governing Body Development Session.</p>	KMCC/ Graeme Allen/ Sarah

No	Item	Action
	<p>Unplanned Care</p> <p>Southport & Ormskirk's performance against the 4 hour target for February reached 87.99%. This failed the Cheshire & Merseyside 5 Year Forward View (STP) plan of 94.3%. The Year to date they are under plan, achieving 90.26%. The members discussed the failed target which emphasised a case for change action plan to ensure the target is met.</p> <p>High bed occupancy at Southport & Ormskirk is currently high, with 170 patients having a length of stay over 6 days. This being the highest reported figure since March 2016.</p> <p>The members were alerted to four Mixed Sex Accommodation breaches at Southport & Ormskirk. A discussion was held in relation to possible causes and plans in place.</p> <p>NWAS failed to achieve the three ambulance indicators in month and year to date, as well as the response time targets. The members discussed areas of impact including higher than planned activity levels and the delay in turnaround times. Southport & Ormskirk have signed up to the ambulance concordat across Cheshire and Merseyside to deliver sustained improvements in handover performance across the organisation. Significant bottlenecks were experienced because of the increase in bed occupancy and length of stay, which impacted on the hand over of ambulances in a timely manner. The Trust had held an internal event to look at flow issues. The age profile of attendances and times will be looked at and presented to the Governing Body Development Session.</p> <p>Reference was made to page 63 and the gaps in information relating to Ambulance Service performance. The CCG do not directly commission as it is commissioned through NHS Blackpool CCG who lead for the 33 CCG's across the North West. FLT updated the members and the public on the increased investment since 2011/12. Information was requested on the changes in performance since the increase in investment and for data regarding patterns of calls and locations.</p> <p>Stroke</p> <p>Southport & Ormskirk failed the stroke target in February with only 13 out of 25 (52%) patients spending 90% of their time on a stroke unit. This represents a decline in performance from January where the Trust achieved 60.7%.</p> <p>Mental Health</p> <p>Two of the three Key Mental Health Performance indicators were achieved in February. However CPA follow up 2 days in high risk groups is failing for the second consecutive month and will be discussed with Mersey Care.</p> <p>Improving Access to Psychological Therapies (IAPT)</p> <p>The Governing Body were advised that 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. The CCG will continue to work with the provider to address this issue.</p> <p>Quality</p> <p>Dynamic Purchasing System for Individual Packages of Care and Domiciliary Care Packages has gone live. The system introduces quality and cost control</p>	<p>McGrath</p> <p>KMcC</p> <p>JL</p>

No	Item	Action
	<p>measures, with a number of other CCG's also introducing the system. To date system training has been delivered to local providers. Teething problems are to be expected and the CCG has requested to be notified of these.</p> <p>The members and the public were referred to pages 35 and 65 in relation to Mixed Sex Accommodation (MSA) and the prior discussion in relation to the breaches. The breaches had been reported to the Quality Surveillance Group and the CCG had offered to facilitate a walk-around with NHSE. Confirmation had now been received that the business case for additional resources to help improve the estate / environment has been submitted internally within the Trust</p> <p>Further to the information on serious incidents provided on page 38, in month 12 the number of serious incidents was reduced by 104 (pressure ulcer serious incidents). A composite action plan was in place and the CCG were now assured, with the necessary actions now undertaken. These serious incidents were now closed but the composite action plan would be monitored via the Clinical Quality Performance Meeting with the provider.</p> <p>The members and the public were referred to item 4.6 which provided an update on the position of the Friends and Family Test (FFT). Southport & Ormskirk Trust A&E department has seen an increase in the percentage of people who would recommend the service. However, this remains lower than the England average but has seen an improvement on the previous month. Also seen an improvement is the percentage not recommending where there has been a decrease. The members and the public were also updated on the launch of the Trust Patient Experience Strategy which will be presented to the Engagement and Patient Experience Group (EPEG). The Trust had also engaged the help of Healthwatch.</p> <p>A Quality Visit was arranged between the Obstetric Team at the Trust, the CCGs and NHS Improvement. NHSI were unable to be in attendance so the meeting took place with CCG and Trust representatives. The Maternity Harm Review and quality improvements were discussed including clinical case note reviews. This was followed by a walk around of the maternity unit. The outcome of the visit is to be reported to the Executive Improvement Board when it meets next together with a specific agenda item regarding the Maternity Harm Review.</p> <p>A meeting was held on 10th April with West Lancashire CCG regarding cost improvement plans. The Trust were given a deadline of 14th April to respond. Nothing was received either through contracting or finance. This will now be escalated to the Chief Officer and a formal letter written. If required</p> <p>CQC Visits</p> <p>The latest Southport & Formby practice to receive CQC inspection results was Kew Surgery with a "Requires Improvement" rating. Since the inspection improvements have been made, with two areas now "Good"; Caring and Responsive. KS to pass on the governing bodies thanks to Dr Obuchowicz for the improvements made.</p> <p>Finance</p> <p>Members were referred to page 40 of the meeting pack which focused on the financial performance as at 31 March 2017.</p> <p>The CCG was placed in legal directions during the year. The key financial target was to deliver a deficit position not exceeding £4M. MMcD reported that the CCG had not met this target.</p>	<p>DCF</p> <p>DCF</p> <p>DCF</p> <p>KS</p>

No	Item	Action
	<p>The year-end position after the application of reserves is a deficit of £6.695m against an original planned deficit of £4m. The revised position includes release of the 1% uncommitted risk reserve of £1.805, as discussed at prior Governing Body meetings and reported to NHS England throughout the year.</p> <p>It should be noted that the CCGs original assessment of the 2016/17 financial position was a deficit of £6.000m; this was revised 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 and over performance within acute provider contracts.</p> <p>The value of QIPP savings delivered at the end of Month 12 is £6.959m against a target of £11.948m.</p> <p>At month 12 the CCG achieved the cash target with a cash balance of £159k against a target of £198K (1.25%).</p> <p>RESOLUTION</p> <p>Clinical Leads to present on their areas at each Development Session. Graeme Allen to present to June on Cancer and to include information on the scoping exercise. Other leads to be scheduled accordingly.</p> <p>The Governing Body received the updates and noted:</p> <ul style="list-style-type: none"> - the end of financial year position - QIPP savings achieved - The risks and opportunities reviewed and considered through the financial year - The accounts reflects the position of the CCG reported throughout the year <p>CCG Improvement & Assessment Framework (page 39) and subset outlined on page 82 to be reviewed at the next Development Session.</p>	<p>Graeme Allen/ Sarah McGrath Judy Graves</p> <p>KMcC</p>
GB17/80	<p>Pension Auto Enrolment</p> <p>The Governing Body were presented with a report that updated 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 pensions. The CCG must commence Auto Enrolment for eligible job holders with effect from 1 July 2017.</p> <p>The change in legislation had been presented and received a recommendation from the Remuneration Committee that the Governing Body endorsed.</p> <p>RESOLUTION</p> <p>The Governing Body approved the report and the endorsement by the Remuneration Committee and as per the recommendations outlined in section 8:</p> <ul style="list-style-type: none"> - 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 Pension Regulator minimum percentage contribution rates 	

No	Item	Action
GB17/81	<p>Key Issues Reports:</p> <p>The Governing Body received the following key issues reports.</p> <p>a) Finance & Resource (F&R) Committee: February 2017</p> <p>b) Quality Committee: February 2017 End of Life: National and local reviews were being looked at the ensure patients are receiving the correct end of life care.</p> <p>c) Audit Committee: January 2017</p> <ul style="list-style-type: none"> - CCG to escalate recovery of 3-6 months debt with Southport & Ormskirk. Debts are in relation to patient procedures being incorrectly coded, transfer of services to University Hospital Aintree and 2015/16 CQUIN - Main focus is end of year accounts <p>d) Joint Commissioning Committee: December 2016 and February 2017</p> <ul style="list-style-type: none"> - Another meeting held 26 April 2017. - Main issues for discussion in PTII Governing Body meeting. - NHSE has been asked for an update on the GP 5 Year Forward view 	
GB17/82	<p>Finance and Resources Committee Approved Minutes:</p> <ul style="list-style-type: none"> - February 2017 <p>RESOLUTION</p> <p>The Governing Body received the approved minutes.</p>	
GB17/83	<p>Quality Committee Approved Minutes:</p> <ul style="list-style-type: none"> - February 2017 <p>RESOLUTION</p> <p>The Governing Body received the approved minutes.</p>	
GB17/84	<p>Audit Committee Approved Minutes:</p> <ul style="list-style-type: none"> - January 2017 <p>RESOLUTION</p> <p>The Governing Body received the approved minutes.</p>	
GB17/85	<p>Joint Commissioning Committee Approved Minutes:</p> <ul style="list-style-type: none"> - December 2016 and February 2017 <p>RESOLUTION</p> <p>The Governing Body received the approved minutes.</p>	
GB17/86	<p>Any Other Business</p> <p><u>86.1 Commissioning Policies</u></p> <p>Members were informed that another tranche of commissioning policies needed to be approved before June 2017. Given the timeframe involved, delegated authority and approval was requested for the Senior Leadership Team (SLT) who would ensure clinical input.</p> <p>RESOLUTION</p> <p>The members approved delegated authority and approval to SLT.</p>	

No	Item	Action
GB17/87	<p data-bbox="306 152 1305 181">Date and Time of Next Meeting</p> <p data-bbox="306 226 1305 293">Wednesday 5th July 2017, 13:00hrs at the Family Life Centre, Southport, PR8 6JH</p>	
Meeting concluded		14:40hrs
<p data-bbox="116 398 1476 427">Meeting concluded with a motion to exclude the public:</p> <p data-bbox="116 461 1476 577">Motion to Exclude the Public: Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		

Governing Body Meeting in Public Actions Points from Previous Meeting: May 2017

Date: Wednesday 3rd May 2017, 13:05 hrs to 14:40 hrs
Venue: Family Life Centre, Southport, PR8 6JH

No	Item	Action
GB17/73	<p>Minutes of Previous Meeting: March 2017</p> <p>Members: MK confirmed that she was not in attendance at the meeting.</p> <p>GB17/45, page 10, paragraph 6 – mortality data: query had been raised by Gill Brown and not Doug Callow.</p> <p>GB17/48, page 12 (strengthening commissioning) : Clarification was requested on the discussion and resolution in relation to the business case and the sharing of the document. It was confirmed that a meeting had been held and updates received. Following a request for circulation FLT offered to obtain the latest version and circulate to the Governing Body members. FLT requested all to note that the document was to be treated in the strictest of confidence and was not for wider circulation at this moment in time.</p>	<p>JG</p> <p>JG</p> <p>FLT</p>
GB17/74	<p>Action Points of Previous Meeting: March 2017</p> <p><u>GB17/45 Integrated Performance Report: Improvement and Assessment Framework</u></p> <p>The performance of individual specialities struggling to achieve 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.</p> <p><i>Update</i></p> <p><i>The work on the correlation of the data continues with further discussion and work needed. Item to be presented to the Governing Body Development Session in June.</i></p> <p>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.</p> <p><i>Update</i></p> <p><i>Ongoing.</i></p>	<p>KMcC</p> <p>KMcC</p>
GB17/77	<p>Governing Body Membership</p> <p>The three prior Governing Body Members to be written to and thanked for their contribution.</p>	<p>FLT</p>

No	Item	Action
GB17/79	<p>Integrated Performance Report</p> <p><u>Planned Care</u></p> <p>FLT requested some scoping work be carried out to look at some individual patient pathways , looking at what has worked and what hasn't and to be presented at the next Governing Body Development Session.</p> <p><u>Unplanned Care</u></p> <p>NWAS failed to achieve the three ambulance indicators in month and year to date, as well as the response time targets. The members discussed areas of impact including higher than planned activity levels and the delay in turnaround times. Southport & Ormskirk have signed up to the ambulance concordat across Cheshire and Merseyside to deliver sustained improvements in handover performance across the organisation. Significant bottlenecks were experienced because of the increase in bed occupancy and length of stay, which impacted on the hand over of ambulances in a timely manner. The Trust had held an internal event to look at flow issues. The age profile of attendances and times will be looked at and presented to the Governing Body Development Session.</p> <p>Reference was made to page 63 and the gaps in information relating to Ambulance Service performance. The CCG do not directly commission as it is commissioned through NHS Blackpool CCG who lead for the 33 CCG's across the North West. FLT updated the members and the public on the increased investment since 2011/12. Information was requested on the changes in performance since the increase in investment and for data regarding patterns of calls and locations.</p> <p><u>Quality</u></p> <p>The members and the public were referred to item 4.6 which provided an update on the position of the Friends and Family Test (FFT). Southport & Ormskirk Trust A&E department has seen an increase in the percentage of people who would recommend the service. However, this remains lower than the England average but has seen an improvement on the previous month. Also seen an improvement is the percentage not recommending where there has been a decrease. The members and the public were also updated on the launch of the Trust Patient Experience Strategy which will be presented to the Engagement and Patient Experience Group (EPEG). The Trust had also engaged the help of Healthwatch.</p> <p>A Quality Visit was arranged between the Obstetric Team at the Trust, the CCGs and NHS Improvement. NHSI were unable to be in attendance so the meeting took place with CCG and Trust representatives. The Maternity Harm Review and quality improvements were discussed including clinical case note reviews. This was followed by a walk around of the maternity unit. The outcome of the visit is to be reported to the Executive Improvement Board when it meets next together with a specific agenda item regarding the Maternity Harm Review.</p> <p>A meeting was held on 10th April with West Lancashire CCG regarding cost improvement plans. The Trust were given a deadline of 14th April to respond. Nothing was received either through contracting or finance. This will now be escalated to the Chief Officer and a formal letter written. If required</p> <p><u>CQC Visits</u></p> <p>The latest Southport & Formby practice to receive CQC inspection results was Kew Surgery with a "Requires Improvement" rating. Since the inspection improvements have been made, with two areas now "Good"; Caring and</p>	<p>KMcC/ Sarah McGrath / Graeme Allen</p> <p>KMcC</p> <p>JL</p> <p>DCF</p> <p>DCF</p> <p>DCF</p>

No	Item	Action
	<p>Responsive. KS to pass on the governing bodies thanks to Dr Obuchowicz for the improvements made.</p> <p><u>CCG Improvement & Assessment</u></p> <p>Framework and subset outlined on page 82 to be reviewed at the next Development Session.</p>	<p>KS</p> <p>KMcC</p>

MEETING OF THE GOVERNING BODY JULY 2017

Agenda Item: 17/115	Author of the Paper: Fiona Taylor Chief Officer Email: fiona.taylor@southseftonccg.nhs.uk Tel: 01704 38 7012
Report date: July 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 <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

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

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

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

Report to Governing Body July 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

In February 2017 the Governing Body was asked to sign off the 2017/18 QIPP plan for submission to NHSE. Since that submission, CCG leads have continued to review the existing QIPP schemes and assess the likelihood of delivery. In February 2017 the CCG held a facilitated event in which leads were tasked with the identification of new schemes for 2017/18 as it was apparent that the 2017/18 original plan was at risk and all mitigating action needed to take place to identify new schemes.

In May 2017, with a view to mitigating any potential risk to under delivery it was agreed by the Finance & Resource Committee that a QIPP plan of £20M was required and that every effort should now be made to fulfil that requirement. During May the Chief Operating Officer implemented “QIPP week” during which a series of events and workshops were held enabling the CCG to focus solely on this challenge. The output from that week resulted in a draft revised QIPP plan that was discussed at the Joint QIPP committee on 20th June. Officers have now been asked to work up project plans to support delivery of each of the newly identified schemes that will be submitted to the committee in July.

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) Update – Prevention

The CCG is actively involved with the NM LDS Prevention work stream, which is being led by Eileen O’Meara on behalf of the Cheshire and Merseyside footprint. Fiona Taylor, Chief Officer, is taking a leadership role for North Mersey on this work stream, working with Gina Perigo, Programme Manager (Alcohol & Preventions) at Liverpool CCG. The key areas of work include Hypertension, Alcohol Harm and Anti-Microbial Resistance.

In addition, in North Mersey we are currently exploring work around physical activity.

The Governing Body will continue to receive regular updates.

3. Strengthening Commissioning

South Sefton CCG, Southport & Formby CCG and Liverpool CCG are pausing their plan to merge the three organisations. The CCGs have made the decision so they can spend more time considering the implications of a merger for their patients, staff and partners. Governing body members agreed the pause at a joint meeting on 6 June 2017 and their decision will now be formally approved at their next governing body meetings. The three CCGs were required by NHSE to submit their formal merger application by July 2017, ahead of any agreed organisational change from April 2018.

Governing body members have instead agreed to delay submitting their application and revisit their proposal in a year's time. Importantly, this step takes account of the increasing challenges and demands placed on the NHS as a whole and, in particular at this time, by the three local health commissioners. At the tri-governing body meeting, members agreed that the original July 2017 application deadline would divert the CCGs' efforts away from their priority work over the coming year – a crucial period for each CCG. So, this additional time created by a pause will allow the CCGs to concentrate their efforts in two areas.

Firstly, in ensuring the CCGs' continued focus is on improving financial and health service performance for the distinct populations they serve in line with their individual statutory duties, whilst secondly, developing a more considered and robust business case that clearly demonstrates the benefits of merging to their GP practice members, local residents and other key partners. Membership of the North Mersey Local Delivery System (LDS) means the CCGs will continue to work together on system wide programmes that benefit and affect the populations they serve. Good progress and pace has already been made, without the upheaval that organisational or structural change would bring to the CCGs at this present time.

4. Commissioning Policy Review

Both Sefton CCGs have come together with some of their counterparts in the region to review a number of policies for Procedures of Lower Clinical Priority (PLCP). PLCPs form part of the CCGs' commissioning policies and they are routine procedures that have some medical benefit but only in very specific situations, or for a small group of people.

Over 100 policies for PLCPs are being reviewed to ensure they reflect the latest clinical evidence, so the local NHS can be sure it is targeting its resources as effectively as possible on procedures that have the best outcomes. PLCPs are reviewed regularly to reflect the greater understanding of ongoing medical advancements. This latest review and any associated engagement or consultation with stakeholders and the public is being carried out in phases.

The first phase of engagement will begin over the summer and is being carried out by Midlands and Lancashire Commissioning Support Unit (CSU) on behalf of the participating CCGs. It focuses on 18 out of 36 initial policies that have been updated in line with the latest medical evidence and that involve a degree of change for patients. Groups and individuals who may be particularly affected by the changes will be invited to give their views, in addition to the general public and other stakeholders.

Full information about the process will be available from each CCG website when the 12 week exercise launches on 10 July 2017.

5. Elective Care Transformation Programme (ECTP)

At the end of May, NHSE launched an Elective Care Transformation Programme nationally and have provided CCGs with guidance to support delivery. The programme has the following two core functions:

1. Transformation (speciality-based transformation, high referring practices, diversion of referrals and Right Care and supporting projects);
2. Improving operations and delivery work stream (demand and capacity, data quality, diagnostic waits, performance management, intensive support team and NHSI transformation).

The objectives of the programme are to improve the patient journey and experience, reduce referrals/waiting times and ensure they do not worsen, standardisation of pathways to help improve clinical outcomes and greater efficiency/less waste.

The ECTP has allocated funding to sub-regions, with Cheshire & Merseyside receiving £281,000. This requires the development of a local plan for delivery of the elective care programme with NHSI colleagues, which should include:

- a description of how each of the programme deliverables are to be met, with timescales;
- the local governance structure for the programme;
- the proposed use of the resources; and
- programme risks.

The local plans will also need to align with work being undertaken locally on Right Care and QIPP.

As a CCG we are developing our own plan to meet the key deliverables and will be working with colleagues across North Mersey to advance this.

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

6. Cyber Attack Update

Local NHS organisations were subjected to an attack on their IT infrastructure on Friday 12 May 2017 as part of a wider global attack on business information systems. This attack was widely reported in the press and had widespread implications for all parts of the NHS including NHS trusts and GP practices. Informatics Merseyside implemented its business continuity plan (BCP) on behalf of the CCG, local practices and other partner organisations. The prompt escalation of the BCP which included turning off the CCG's main network point (N3) meant that nearly all the IT desktop machines were protected and not infected with the virus. The CCG took part in a number of situation reporting calls chaired by NHSE during the day and over the weekend following.

Informatics Merseyside provided emergency support to all organisations over the weekend and was able to systematically re-instate IT machines on the network after determining that the appropriate "patch" had been applied to protect the machine against further infection. This meant that GP practices opening on Saturday 13th May had access to limited IT systems. GP practices had implemented paper recording systems as part of their local BCP whilst access to the network was not available and access to the network was uniformly available for GP practices as they opened for normal business on Monday 15 May 2017.

The impact on local providers was variable. Southport and Ormskirk Trust declared a "major incident" at around 1pm on 12 May and implemented its Major Incident Plan. This remained in place until the afternoon of Tuesday 16 May when the Trust "stepped down" to its BCP arrangements. The Trust returned to normal functioning on Thursday 18 May and stepped down its BCP at 9am on Monday 22 May. The Trust reported that during the major incident and BCP period, it was able to protect the A&E department and the emergency and urgent elective surgery list to ensure patient safety.

Other local Trusts implemented their business continuity plans as access to the N3 network was restricted. The main operational issues reported related to radiology equipment and ability to send images across the network. This area is being reviewed across Cheshire and Merseyside as a priority.

Locally, the NHS was able to respond quickly particularly with the willingness of IT professionals and other staff to work long periods to respond to the emergency situation and I would personally like to offer my thanks to staff involved and also offer our thanks on behalf of the CCG.

The CCG, along with other organisations has responded to a “lessons learned” exercise and will participate in events scheduled to add extra-preparedness in the event of future attacks. From an IT security perspective, the CCG will be reviewing whether there is need for further investment to augment existing arrangements and a report will be taken to the Finance & Resource Committee outlining options.

7. SEND Written Statement of Action – Response from OfSTED and CQC

On 9 June 2017, the Local Authority and CCG received a feedback letter from the regulators regarding the submitted Written Statement of Action. Feedback had been delayed due to Purdah. Further work is required on the plan in order to provide assurances that it is fit for purpose and there is a requirement to re-submit within a 20 working day timeframe (6 July 2017). The CCG has been working alongside the identified NHSE support at both a local and regional level along with local area support from the DfE. External support has been secured to assist the CCG in revising pertinent elements of the plan in order to make it more specific, measurable, relevant and timely.

The Chief Nurse represented the CCG at the Overview & Scrutiny Committee (Children’s Services & Safeguarding) on 21 July 2017 for a discussion regarding the Written Statement of Action. The CCG and Local Authority have been requested to return to an extraordinary meeting on 30 June 2017 for a further discussion and scrutiny of the action plan prior to submission to the regulators.

Due to timings, the Senior Leadership Team (SLT) will receive the Written Statement of Action before 6 July 2017 for any comment before final submission.

8. Lancashire Care NHS Foundation – Contract Review Meeting (CRM) and Clinical Quality Performance Group (CQPG) Meeting

The first meeting of the Lancashire Care NHS Foundation Trust CRM / CQPG has taken place on 7 June 2017. A Quality work plan has been developed which focusses on key issues and risks post transition of services.

Commissioner learning from Liverpool Community Health NHS Trust is being transferred to this contract. Work that is currently on-going with NHSE colleagues regarding the development of enhanced KPIs with a focus on patient safety and staff support is being replicated as appropriate within this new contract for the purposes of assurance and consistency across Sefton.

9. Risk Identification of Services at Southport & Ormskirk Hospitals NHS Trust

Southport & Formby CCG and West Lancashire LCCG have commenced a collaborative piece of work in order to provide consistency in identification of risk across the shared health economy. This will involve a review of corporate risk registers across both CCGs and the provider.

10. Provider Cost Improvement Plans

Information of provider Cost Improvement Plans have now been received by the majority of providers and is in the process of commissioner review for the purposes of assurance. Information from Aintree Hospitals NHS Foundation Trust remains outstanding and this has been requested by the Quality Team on 22 June 2017 – this will be escalated to the Chief Officer if not received within 2 weeks.

11. Learning Disabilities Mortality Review Programme (LeDeR)

The LeDeR programme has been commissioned by NHSE to support local areas in England to review the deaths of people with a learning disability to:

- Identify common themes and learning points;
- Provide support to local areas in their development of action plans to take forward the lessons learned.

The specific ways that healthcare professionals may be involved in the LeDeR programme are as follows:

- Notifying the death of any of their patients with a learning disability;
- Providing input for a review into the circumstances leading to the death of those aged 4 years and over. This may involve the sharing of information about a patient who has died or participating in a multi-agency review where knowledge and perspectives in primary care will be of significant importance

The CCG has in place an identified local area contact (Head of Vulnerable People) who has undertaken the necessary area contact training. The local area contact has access to the LeDeR dashboard to monitor the number and progress of cases. The CCGs have access to 2 LeDeR reviewers locally.

Across Sefton there are currently four cases requiring review – three in the South Sefton CCG area and one in the Southport & Formby CCG area. There is a risk of a delay for the learning from the deaths of people with a Learning Disability under the LeDeR Programme due to limited access to local reviewers – this has been placed on the Corporate Risk Register (Risk Register Score 15).

12. Repeat Prescription Ordering Scheme

All GP practices in the borough will be part of the joint CCG repeat prescription ordering scheme by the end of July 2017. The scheme was initially introduced as a pilot in September 2016, when 19 practices volunteered to take part. It has proved successful in saving valuable NHS money by reducing the cost of wasted medicines, which totalled more than £220,000 in the scheme's first three months of operation. Additionally the scheme offers a number of important patient safety improvements. A further 17 practices have signed up to launch the scheme from 11 July 2017, achieving complete coverage of surgeries in the borough.

More information can be found on the CCGs' websites, including links to their You Tube channels and short films explaining how the scheme works. Visit www.southportandformbyccg.nhs.uk and www.southseftonccg.nhs.uk.

13. NHSE Quarter 4 Annual Improvement and Assessment Framework Meeting

The CCG had its final Q4 Improvement and Assurance Framework meeting with NHSE on 22 June 2017. The summary of the conversation outlined that NHSE acknowledged the challenging year and environment in which the CCG had operated.

In respect of performance, improvements in NHSE Constitutional Standards were recognised, however the issues in relation to A&E 4 hour, IAPT, dementia, and two-week cancer were noted. NHSE are now awaiting national moderation of all the elements of the CCG Improvement and Assessment Framework for 2016/17, the result of which will be published within the next month on MyNHS website.

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.

14. Primary Care Procurement

The decision to go out to market to find a new provider has been made following the recent six week listening exercise, which sought the views of registered patients about the future delivery of primary care services in Freshfield.

NHSE and Southport & Formby CCG carefully considered all the patient feedback, along with other key information including an independent transport survey and independent premises audit.

All patients and stakeholders have received relevant communications to keep them appraised.

The procurement process is likely to start later in the summer. More information will be made available in the practice when detailed timescales are known.

In the meantime, the contract with the current providers at Freshfield Surgery runs until 31 December, 2017, and patients can continue receiving services as normal while the longer-term arrangements are put in place.

You can view the listening event report and Q&A from the listening events from the [get involved](#) section of our website.

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

15. Community Services Update

Lancashire Care NHS Foundation Trust took over the management of community services in Southport & Formby on 1 May 2017 following a re-procurement process. The new provider worked with Southport & Ormskirk Hospital NHS Trust and the CCG to ensure the seamless transfer of these services.

Lancashire Care NHS Foundation Trust is now continuing to develop its relationship with staff and stakeholders to deliver high quality, cost effective community services at the right time and in the right place.

15.1 Paediatric Audiology Service

As of 1 May 2017, Bridgewater Community Trust ceased provision of paediatric audiology services provided out of the Southport Centre for Health and Wellbeing.

This service offered audiology testing for children identified at school screening as having a hearing deficit and the absence of a service is unacceptable.

Alder Hey Children's NHS Foundation Trust has been approached to deliver the service as soon as possible. Referrals to the service are being redirected to Alder Hey by the school nursing team in the meantime.

The risk has been added to the Corporate Risk Register and the Governing Body will be kept up-to-date with progress.

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

16. Integration

The CCG and Sefton Council continue to work closely together on our strategic approach to integration as outlined in "Making it Happen". Good progress has been made on the proposed key areas to be included in the Better Care Fund (BCF) submission and the associated Section 75 and the CCG has met the requirement to achieve a minimum value for the BCF (which includes a 1.790% annual uplift) in the sum of £9.189m. The BCF is anticipated to be formalised pending publication of the final technical guidance and all appropriate approvals from all three organisations involved.

17. Additional Social Care Funding

On 8 March 2017 the Chancellor announced in his Budget, that an additional three year non-recurring tapered grant would be made available to Councils. For Sefton this means in year one Sefton MBC will receive £6.945M, year two £4.352M and in year three £2.156M. Its overall purpose is to meet unmet adult social care needs and to support local authorities to pay for increases in adult social care packages and to improve the performance of delayed discharges from hospitals. The funding will be paid direct to Local Authorities from 2017-18 and to be agreed by the Clinical Commissioning Groups and 'approved' by the Health and Well Being Board.

The additional funding is a welcome and important step in making Adult Social Care sustainable. However Sefton is forecasting Adult Social Care budget pressures of at least **£25M** by 2020. The pressures in the main relate to three areas; the introduction of the National Living Wage, the increase in the average age of the population, which means that new demand for Adult Social Care services will continue to be created, and the complexity of the service users requiring support. These long-term and permanent pressures in Adult Social Care will not be solved through this extra one-off funding. For these reasons, when deciding how to allocate this new non-recurrent funding it is important to avoid using it to address permanent spending pressures. The Government has very recently issued draft grant conditions and specify that consultation with local

Clinical Commissioning Groups must agree local implementation plans. The guidance states that the money is to be spent on Adult Social Care for the purposes of meeting adult social care needs, reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready - and stabilising the social care provider market.

Specifically the conditions require local authorities to:

- Pool the grant funding into the local Better Care Fund;
- Work with the relevant Clinical Commissioning Group(s) and providers to meet conditions around delayed discharges from hospital. Sefton already performs relatively well in this area, but there may still be a requirement for improvement; and
- Provide quarterly reports as required by the Secretary of State;
- Utilise the Association Directors of Adult Social Services eight high impact changes to support NHS systems.

The Government has made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care, subject to the grant conditions, as soon as plans have been locally agreed.

Whilst the non-recurrent three year grant is welcomed there are some risks, in particular the increasing pressures on the NHS and care market and it will be essential that we do not commit ourselves to long term commitments knowing that the funding will not be available beyond April 2020.

As stated above one of the main drivers for receiving the funding is to avoid delayed transfers of care (DTC) which are attributable to adult social care. Attached is the list of proposals which the Council and Clinical Commissioning Group are exploring to meet the criteria. It is envisaged that these discussions will be completed by the beginning of August and thereafter the Council proposes to submit the final agreement to its Cabinet on the 7 September 2017.

Proposed Commitments for Additional BCF spend					
Proposed Commitments	Value of Grant by Year			High Impact Change Model Expected Change	iBCF Conditions
	£m 17/18	£m 18/19	£m 19/20		
National Living Wage	(1.900)	(1.900)	(1.900)	- DTOC market shaping	Protection - social care
Fees	2.100	2.100	2.000	- Manage the risk of market	
Quality Assurance Team	0.250	0.250	-	- failure	
Care Home acquisition	0.300	-	-		
Transformation Programme	0.600	-	-	- Demand management	Protection - social care
Re-ablement				Change 1	Manage demand in social care
D2A/Trusted assessors	0.300	0.200	0.156	Early discharge planning	
Community Care Budget	0.135	-	-	Change 3	
	2.800	1.500	-	Multidisciplinary/multi-agency discharge teams, including the voluntary and community	
				Change 4 Home first/discharge to assess	
				Change 6 Trusted assessors	
				Change 5 Seven day working	
Transformation at LCR Level	0.500	0.300			Manage demand - social care
Total* in year one (17/18) there is an over commitment v slippage	6.985	4.352	2.156		

18. Sefton CVS “CCG/VCF Fund Impact Report 2014-17”

Between April 2014 and March 2017, Southport and Formby and South Sefton Clinical Commissioning Groups have invested £2.5m in the Voluntary, Faith and Community Sector through a grant scheme that has enabled 52 different groups and organisations to deliver projects which have benefited more than 2,881 children and young people, 3,291 older people and 3,443 adults.

The main aim of the grants was to improve people’s sense of inclusion and involvement which in turn helps their health, wellbeing and independence.

The grants, managed by Sefton CVS, have clearly highlighted the potential ‘reach’ of the funding – far beyond the direct beneficiaries – deep into people’s families and communities.

The publication “CCG/VCF Fund Impact Report 2014-17”, a copy of which is available on the [CCG website](#), gives a comprehensive insight into the impact of the various schemes.

19. Governing Body Administration

19.1 Conflicts of Interest

In June 2017 NHSE published additional guidance to provide clarity on the scope of the existing conflict of interest policies and procedures. The CCG’s existing policy will be updated to reflect these changes and submitted to the audit committee for approval at its meeting in July. The key changes are as follows:

Registers of interest: the guidance has been updated to require that CCGs have systems in place to satisfy themselves as a minimum on an *annual* basis that their registers of interest are accurate and up-to-date, and to require that only decision-making staff are included on the published register.

Gifts from suppliers or contractors: In line with the NHS-wide guidance, gifts of low value (up to £6), such as promotional items, can now be accepted.

Gifts from other sources: Also in line with the wider guidance, gifts of under £50 (rather than £10) can be accepted from non-suppliers and non-contractors, and do not need to be declared; and gifts with a value of over £50 can now be accepted on behalf of an organisation, but not in a personal capacity.

Hospitality - meals and refreshments: the thresholds have been revised to enable hospitality to be accepted without the need to be declared. Hospitality between £25 and £75 can be accepted, but must be declared, and hospitality over £75 should be refused unless senior approval is given.

New care models: The guidance now includes an annex to provide further advice on identifying, declaring and managing conflicts.

20. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Taylor
Chief Officer
July 2017

MEETING OF THE GOVERNING BODY JULY 2017

Agenda Item: 17/116	Author of the Paper: Martin McDowell Chief Finance Officer Email: martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 247 7071
Report date: June 2017	
Title: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	
Summary/Key Issues: The QIPP Plan and QIPP performance dashboard 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.	
Recommendation The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

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

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	Y			Relevant QIPP schemes have been developed following engagement with the public.
Clinical Engagement	Y			The Clinical QIPP Advisory Group and the Joint QIPP Committee provide forums for clinical engagement and scrutiny. Key schemes have identified clinical leads.
Equality Impact Assessment	Y			All relevant schemes in the QIPP plans have been subject to EIA.
Legal Advice Sought				
Resource Implications Considered	Y			The Joint QIPP Committee considers the resource implications of all schemes.
Locality Engagement	Y			The Chief Integration Officer is working with localities to ensure that key existing and new QIPP schemes are aligned to locality work programmes.
Presented to other Committees	Y			The performance dashboard was presented to the Joint QIPP Committee at its meeting on 20 th June 2017.

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

Southport and Formby CCG QIPP: May 2017 (Month 2)

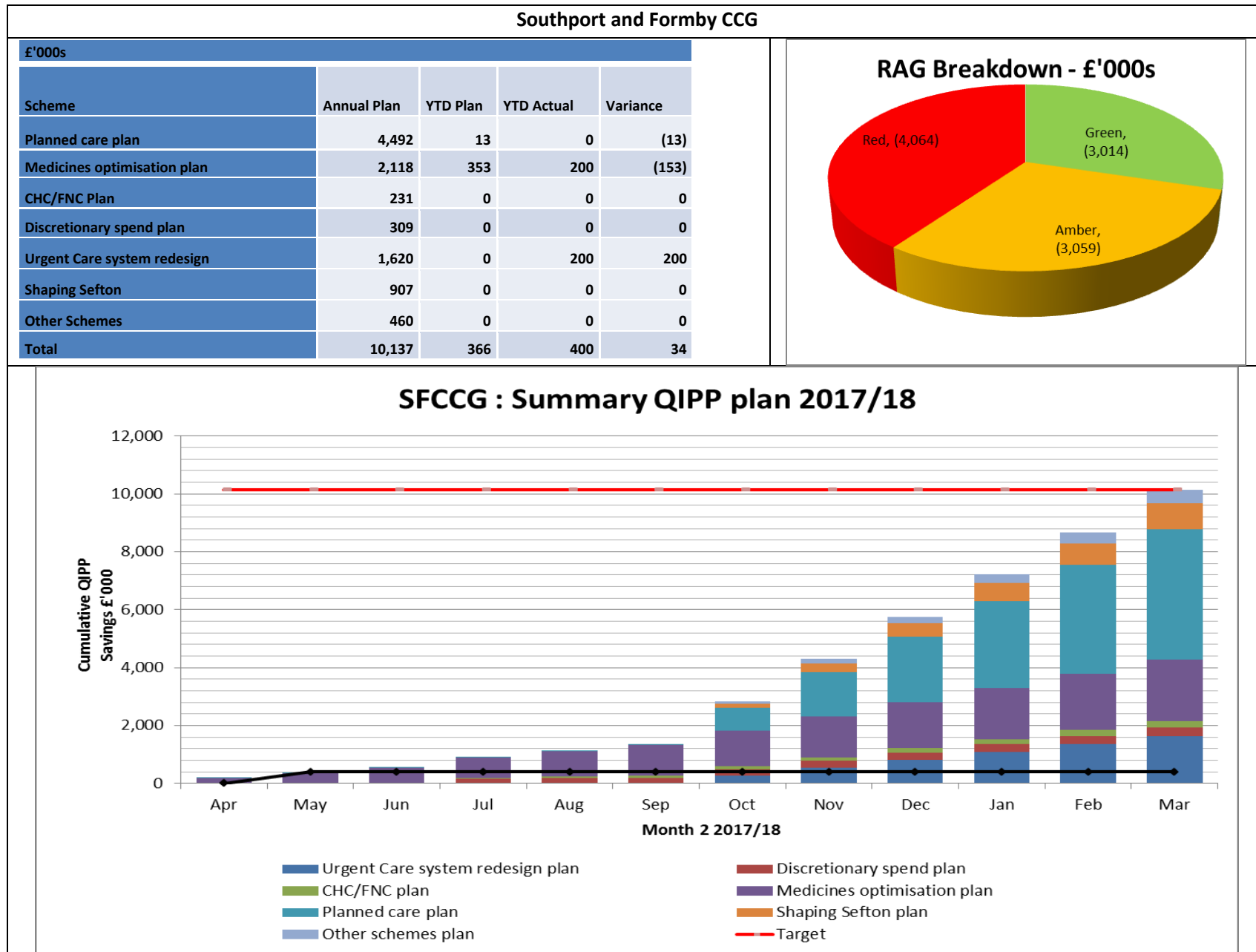
Total QIPP Plan 2017/18

QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	4,492	0	4,492	636	2,569	1,287	4,492
Medicines optimisation plan	2,118	0	2,118	1,968	0	150	2,118
CHC/FNC plan	231	0	231	231	0	0	231
Discretionary spend plan	309	0	309	179	30	100	309
Urgent Care system redesign plan	1,620	0	1,620	0	0	1,620	1,620
Shaping Sefton plan	907	0	907	0	0	907	907
Other Schemes plan	460	0	460	0	460	0	460
Total QIPP Plan	10,137	0	10,137	3,014	3,059	4,064	10,137
QIPP Delivered 2017/18				400		0	400

SOUTHPORT & FORMBY CCG				
	2017/18			
	Recurrent	Non-Rec	Total	RAG
Opening Target	12,511	3,375	15,886	
QIPP Phase 1:			0	
Reduce 1% Surplus	(1,800)		(1,800)	
Care at the Chemist	(60)		(60)	
National Policy Pressures	(361)		(361)	
CNST Cost pressure	(721)		(721)	
0.5% Non-rec reserve	(905)		(905)	
Cardiology Pilot		233	233	
QIPP Phase 2:				
Transformation Fund	(1,768)		(1,768)	
CVS investment	(307)		(307)	
Fast Transport	(15)		(15)	
Locality Meetings	(25)		(25)	
HRG4+ Adjustment - Cost Pressure	(20)		(20)	
Revised Target	6,529	3,608	10,137	
SCHEME 1: ELECTIVE CARE PATHWAYS				
PLCV Compliance	(200)		(200)	A
RightCare - MCAS / T&O	(560)		(560)	G
RightCare - Neurology (Pain Management Clinic)	(487)		(487)	A
Pain Management - Community Provision	(467)		(467)	A
RightCare - Gastro	(142)		(142)	A
RightCare - Urology	(240)		(240)	R
RightCare - Respiratory	(197)		(197)	R
Health Optimisation Scheme - Smoking	(273)		(273)	A
Health Optimisation Scheme - BMI	(300)		(300)	R
Cataracts Policy	(76)		(76)	G
Referral Management Scheme	(1,000)		(1,000)	A
Outpatient physio (AQP withdrawal by providers)	(300)		(300)	R
Dermatology	(150)		(150)	R
Vanguard - Neurology	(100)		(100)	R
Sub-Total - Scheme 1: ELECTIVE CARE PATHWAYS	(4,492)	0	(4,492)	

SCHEME 2: MEDICINES OPTIMISATION				
Individual Patient Reviews (Ann Savings)	(169)		(169)	G
Pregabalin - IPR Savings	(195)		(195)	G
RightCare - Respiratory - IPR Savings	(237)		(237)	G
Blood Glucose Variance to previous FY	(62)		(62)	G
Rebates (Seretide)	(88)		(88)	G
Optimise Savings/Avoidance (Actuals)	(57)		(57)	G
Gluten Free Spend	(100)		(100)	R
Focus on reduced waste (repeat prescribing)	(1,100)		(1,100)	G
High Cost Drugs and Biosimilars	0		0	G
Self Care	(60)		(60)	G
Continence (via S&O Contract Spend)	(50)		(50)	R
Sub-Total - Scheme 2: MEDICINES OPTIMISATION	(2,118)	0	(2,118)	
SCHEME 3: CHC / FNC				
Outcome of CSU review work (net savings)	(93)		(93)	G
Implementation of ADAM procurement system	(138)		(138)	G
Sub-Total - Scheme 3: CHC / FNC	(231)	0	(231)	
SCHEME 4: DISCRETIONARY EXPENDITURE				
Reductions in VCFS grant	0		0	G
Third Sector Contracts	(149)		(149)	G
Review of hospice provision	(30)		(30)	A
Internal QIPP - reducing operational spend	(30)		(30)	G
Estates	(100)		(100)	R
Sub-Total - Scheme 4: DISCRETIONARY EXPENDITURE	(309)	0	(309)	
SCHEME 5: URGENT CARE SYSTEM REDESIGN				
Telehealth	(120)		(120)	R
AVS/ATT	(500)		(500)	R
Other urgent care schemes	(1,000)		(1,000)	R
Sub Total SCHEME 5: URGENT CARE SYSTEM REDESIGN	(1,620)	0	(1,620)	
SCHEME 6: SHAPING SEFTON PROGRAMMES				
CVD and stroke	(120)		(120)	R
Mental Health	(250)		(250)	R
Cancer	(50)		(50)	R
Primary care	(100)		(100)	R
Intermediate Care	(100)		(100)	R
Diabetes	(100)		(100)	R
End of Life	(100)		(100)	R
Children's	(87)		(87)	R
Sub Total SCHEME 6: SHAPING SEFTON PROGRAMMES	(907)	0	(907)	
SCHEME 7: OTHER SCHEMES				
Contract challenges	(300)		(300)	A
Provider CQUIN delivery	(80)		(80)	A
Strengthening commissioning efficiencies	(80)		(80)	A
Sub Total SCHEME 7: OTHER SCHEMES	(460)	0	(460)	
Total All Schemes	(10,137)	0	(10,137)	

QIPP DASHBOARD – SUMMARY SOUTHPORT & FORMBY CCG AT MONTH 2



QIPP DASHBOARD SFCCG – Detail by scheme

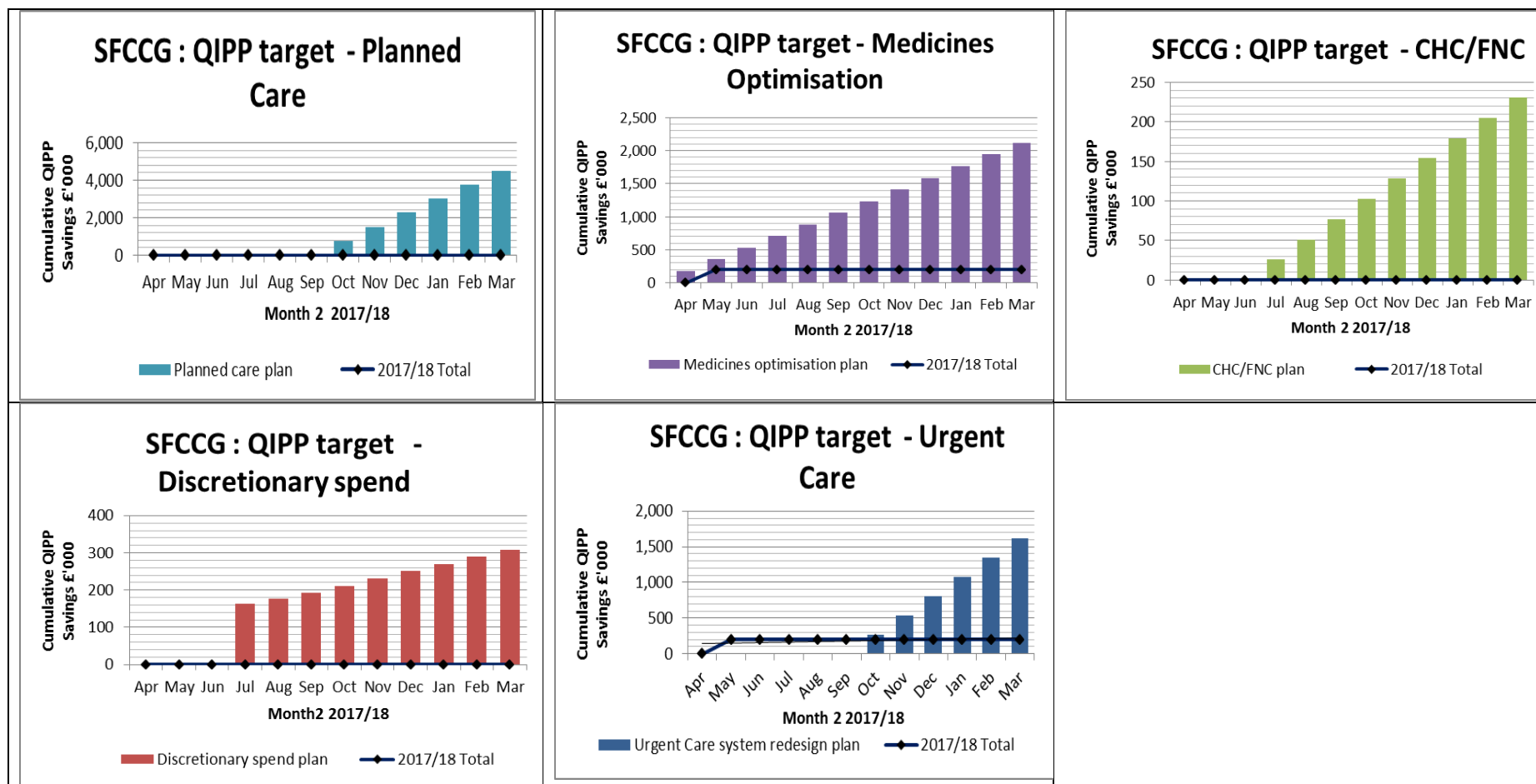
Planned care	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
PLCV Compliance	0	0	0	●	0	0	0	●
RightCare - MCAS / T&O	0	0			0	0		
RightCare - Neurology (Pain Management Clinic)	0	0	0	●	0	0	0	●
Pain Management - Community Provision	0	0	0	●	0	0	0	●
RightCare - Gastro	0	0	0	●	0	0	0	●
RightCare - Urology	0	0	0	●	0	0	0	●
RightCare - Respiratory	0	0	0	●	0	0	0	●
Health Optimisation Scheme - Smoking	0	0	0	●	0	0	0	●
Health Optimisation Scheme - BMI	0	0	0	●	0	0	0	●
Cataracts Policy	6	0	(6)	●	13	0	(13)	●
Referral Management Scheme	0	0	0	●	0	0	0	●
Outpatient physio (AQP withdrawal by providers)	0	0	0	●	0	0	0	●
Dermatology	0	0	0	●	0	0	0	●
Vanguard - Neurology	0	0	0	●	0	0	0	●
Total	6	0	(6)		13	0	(13)	
Medicines optimisation	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
Individual Patient Reviews (Ann Savings)	14	0	(14)	●	28	0	(28)	●
Pregabalin - IPR Savings	16	0	(16)	●	33	0	(33)	●
RightCare - Respiratory - IPR Savings	20	0	(20)	●	40	0	(40)	●
Blood Glucose Variance to previous FY	5	0	(5)	●	10	0	(10)	●
Rebates (Seretide)	7	0	(7)	●	15	0	(15)	●
Optimise Savings/Avoidance (Actuals)	5	0	(5)	●	10	0	(10)	●
Gluten Free Spend	8	0	(8)	●	17	0	(17)	●
Focus on reduced waste (repeat prescribing)	92	200	108	●	183	200	17	●
High Cost Drugs and Biosimilars	0	0	0	●	0	0	0	●
Self Care	5	0	(5)	●	10	0	(10)	●
Continence (via S&O Contract Spend)	4	0	(4)	●	8	0	(8)	●
Total	177	200	24		353	200	(153)	

QIPP DASHBOARD SFCCG – Detail by scheme

	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
Individual packages of care								
Outcome of CSU review work (net savings)	0	0	0	●	0	0	0	●
Implementation of ADAM procurement system	0	0	0	●	0	0	0	●
Total	0	0	0		0	0	0	
Discretionary spend								
Reductions in VCFS grant	0	0	0	●	0	0	0	●
Third Sector Contracts	0	0	0	●	0	0	0	●
Review of hospice provision	0	0	0	●	0	0	0	●
Internal QIPP - reducing operational spend	0	0	0	●	0	0	0	●
Estates	0	0	0	●	0	0	0	●
Total	0	0	0		0	0	0	
Urgent care system redesign								
Telehealth	0	0	0	●	0	0	0	●
AVS/ATT	0	0	0	●	0	0	0	●
Other urgent care schemes	0	200	200	●	0	200	200	●
Total	0	200	200		0	200	200	
Shaping Sefton Programmes								
CVD and stroke	0	0	0	●	0	0	0	●
Mental Health	0	0	0	●	0	0	0	●
Cancer	0	0	0	●	0	0	0	●
Primary care	0	0	0	●	0	0	0	●
Intermediate Care	0	0	0	●	0	0	0	●
Diabetes	0	0	0	●	0	0	0	●
End of Life	0	0	0	●	0	0	0	●
Children's	0	0	0	●	0	0	0	●
Total	0	0	0		0	0	0	

QIPP DASHBOARD SFCCG – Detail by scheme

Other Schemes	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
Contract challenges	0	0	0	●	0	0	0	●
Provider CQUIN delivery	0	0	0	●	0	0	0	●
Strengthening commissioning efficiencies	0	0	0	●	0	0	0	●
Total	0	0	0		0	0	0	



MEETING OF THE GOVERNING BODY JULY 2017

Agenda Item: 17/117	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: June 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	Receive	<input checked="" type="checkbox"/>
The Governing Body is asked to receive this report.	Approve	<input type="checkbox"/>
	Ratify	<input type="checkbox"/>

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.

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

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

Southport & Formby Clinical Commissioning Group Integrated Performance Report

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1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at Month 1 (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)	Red	SORM
Ambulance Category A Calls (Red 1)	Red	NWAS
Cancer 2 Week GP Referral	Green	SORM
RTT 18 Week Incomplete Pathway	Green	SORM
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)	Red	SORM
Ambulance Category A Calls (Red 2)	Red	NWAS
Ambulance Category 19 transportation	Red	NWAS
Cancer 14 Day Breast Symptom	Red	Grey
Cancer 31 Day First Treatment	Green	SORM
Cancer 31 Day Subsequent - Drug	Green	SORM
Cancer 31 Day Subsequent - Surgery	Green	SORM
Cancer 31 Day Subsequent - Radiotherapy	Green	SORM
Cancer 62 Day Standard	Green	SORM
Cancer 62 Day Screening	Green	SORM
Cancer 62 Day Consultant Upgrade	Red	SORM
Diagnostic Test Waiting Time	Red	SORM
HCAI - C.Diff	Green	SORM
HCAI - MRSA	Green	SORM
IAPT Access - Roll Out	Red	Grey
IAPT - Recovery Rate	Green	Grey
Mixed Sex Accommodation	Red	SORM
RTT 18 Week Incomplete Pathway	Green	SORM
RTT 52+ week waiters	Green	SORM
Stroke 90% time on stroke unit	Grey	SORM
Stroke who experience TIA	Grey	SORM
NHS E-Referral Service Utilisation	Red	Grey

Key information from this report

Financial position

The 2016/17 deficit of £6.695m has been carried forward into the new financial year, resulting in a reduction to the CCGs funding allocation for 2017/18. The forecast financial position and in year position for 2017/18 is breakeven. The CCG has a QIPP plan that addresses the requirement in 2017/18 to achieve the planned breakeven position. However, the risk-adjusted plan (adjusted in accordance with the RAG rating methodology approved and recommended by the Finance and Resources Committee) indicates that there is a risk to delivery, of the in-year position.

The majority of the forecasted overspend is within the programme projects budget, and the prescribing budget. The programme projects overspend relates to the referral management system (£0.084m) and the prior approval system (£0.069), it is expected that these initiatives will be resourced through efficiencies when the QIPP schemes begin to take effect. The prescribing over spend relates to the outturn against the 2016/17 year end forecast.

The 2017/18 QIPP target is £10.137m. The plan is currently phased evenly across the financial year at this stage. The CCGs QIPP plan has been fully evaluated and further work is ongoing to determine the expected delivery of schemes and phasing throughout the year.

Planned Care

A referral management scheme started on 1st October in Southport & Formby CCG which is currently in Phase 1 (administrative phase) for all specialties (excluding 2 week cancer waits). Phase 2 has commenced with Dermatology clinical triage, with plans being progressed for clinical triage for all specialties and peer review. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been agreed and is monitored via the Contract Review mechanism.

In April the CCG failed the less than 1% target for diagnostics, 90 out of 2,365 patients waited over 6 weeks for their diagnostic test (3.8%). Southport & Ormskirk also failed the diagnostic monitoring standard reporting 4.6% of patients waiting in excess of 6 weeks. The number of patients waiting over 6 weeks increased to 133 in April (38 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 April with a performance of 91.3%. Out of 46 patients, 4 breaches were reported. The CCG also failed the local target of 85% for 62-day consultant upgrades, with 84.62%, 2 breaches out of 13.

Southport & Ormskirk failed to achieve the target of 94% in April for patients requiring surgery within 31 days, recording 80%. Just 1 patient out of 5 breached due to an ENT capacity problem.

Southport & Ormskirk Hospital NHS Trust continue to experience difficulties in relation to Friends and Family. The Trust has seen an increase in response rates for inpatients over the past three months, from 11.1% in February, to 13.1% in March and 13.6% in April. The percentage of patients that would recommend the inpatient service in the Trust has also seen an increase from 91% in February and 92% in March, to 94% in April. However, this is still below the England average of 96%. The percentage of people who would not recommend the inpatient service has remained at 2% in March and April and is therefore still greater than the England average of 1%.

Performance at Month 1 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa £-100k/4%. Aintree and Wrightington, Wigan and Leigh are showing the largest over performance with a £33k/32% and

£30k/47% variance respectively. Underspend is offset by Renacres and Southport Hospital who are showing a -£101k/-34% and £96k/6% under spend at month 1.

The CCG has new plans for Personal Health Budgets (PHBs) for each quarter of 2017/18. Quarter 1 performance is anticipated for July's report.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for April reached 91.1%, which achieved the Cheshire & Merseyside 5 Year Forward View (STP) plan of 90%.

At both a regional and county level, NWS failed to achieve any of the response time targets. With the significant dip in performance around national ambulance targets, we are working with all partners to improve performance against these targets.

Southport & Ormskirk failed the stroke target in April (47.5%) with only 19 out of 40 patients spending 90% of their time on a stroke unit. This is a drop in performance from March where the Trust reported 51.3%. As reported monthly, the current configuration of the stroke unit with 3 bays remains a challenge in meeting male/ female demand.

Southport & Ormskirk also failed the TIA target in April 2017. This month there were 3 reportable cases of TIA, with 2 breaching the 24-hour timescale. The key themes for reasons for breaches were Clinic availability and Patient choice (Patient DNA'd initial appointment).

April saw Southport & Ormskirk fail Mixed Sex Accommodation. In month, the trust had 4 mixed sex accommodation breaches (a rate of 0.7) and has therefore breached the zero tolerance threshold.

There were 6 new cases of Clostridium Difficile attributed to the CCG in April, 4 reported by Southport & Ormskirk Hospital Trust and 2 by Aintree Hospital. Southport & Ormskirk recorded 2 new cases in April.

There were no new cases of MRSA reported in April 2017.

There are 75 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 56 of these incidents apply to Southport & Formby CCG patients. 48 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 29 of these being Southport & Formby CCG patients.

NHS England has removed the patient snapshot measure from their Delayed Transfers of Care (DTC) data collection. The average number of delays per day in the month will be reported going forward. The average number of delays per day increased to 7 during April 2017 from 6 reported in March. On average, 2 were awaiting further NHS non-acute care, 3 were patient or family choice and 1 was under dispute. Analysis of average delays in April 2017 compared to April 2016 shows an increase in the average number of patients, from 5 to 7. 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 for Friends and Family. The Trust A&E department has seen an increase in the percentage of people who would recommend the service from 64% in March to 70% in April. However, this is still lower than the England average of 87%. The percentage not recommending has decreased from 26% in March to 20% in April but remains above the England average of 7%.

Performance at Month 1 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £90k/3%. This under-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £143k/6% underspend.

Mental Health

All CPA measures are achieving their targets for April 2017.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported less Southport & Formby patients entering treatment in month 1. 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 16.8% for 2017/18 year end. Referrals decreased in Month 1 by 18.2% with 242 compared to 296 in Month 12. 60% 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 decreased with 58 reported in Month 1 compared to 73 in month 12. 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 decreased to 50.5% (from 53.3%). This still achieves the minimum standard of 50%.

Commissioners have commented on the first draft of the Trust's review of the acute care pathway and at time of writing are awaiting the final agree draft. Once agreed an implementation plan will be put in place. Commissioners have expectations that implementation will lead to improvements in access and overall pathway flows for patients. There remain ongoing concerns around GP access and communication and these are being addressed via the bi-monthly referral interface meeting, which has been established. The trust will also be invited to South Sefton locality meetings in 2017/18 to maintain a focus on improving the interface between Trust and primary care.

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 HSCIC website shows that Southport & Formby CCG are recording a dementia diagnosis rate in April 2017 of 70.6%, which exceeds the national dementia diagnosis ambition of 67%.

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 Norwood Surgery with a “Good” rating.

Better Care Fund

A Better Care Fund monitoring report was submitted to NHS England for Quarter 4 of 2016/17. We continue to meet the national BCF conditions. The guidance for BCF 2017/18 and associated planning requirements are awaited but due for imminent release. An excerpt of the submission relating to the key metrics for BCF is detailed in this report.

CCG Improvement & Assessment Framework

A dashboard is released each quarter by NHS England consisting of fifty-seven 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.

Publication of quarter 4 data has been delayed nationally and currently expected for release at the end of June 2017. This is to enable the analytical resource to focus on year-end updates and 17/18 framework. Publication of the 17/18 IAF is currently not confirmed, however through informal discussions it is suggested that publication will not occur until end of June.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for Southport and Formby CCG as at 31 May 2017.

The forecast financial position and in year position for 2017/18 is breakeven. The CCG has a QIPP plan that addresses the requirement in 2017/18 to achieve the planned breakeven position. However, the risk-adjusted plan (adjusted in accordance with the RAG rating methodology approved and recommended by the Finance and Resources Committee) indicates that there is a risk to delivery, of the in-year position.

In May 2017, the Finance & Resource Committee agreed that a QIPP plan should be developed which is 200% of its target to allow for a contingency against non-delivery of high risk schemes. In May 2017, the Chief Operating Officer implemented “QIPP week” during which a series of events and workshops were held enabling the CCG to focus solely on this challenge. The output of the week will be presented to the Governing Body in July 2017.

QIPP savings anticipated for the first two months of the financial year have not been delivered in full, therefore at this stage; the CCG is below its financial plan. This position is expected to improve in the next reporting period as efficiencies generated through the QIPP programme begin to take effect.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Report Section	Key Performance Indicator		This Month
1	Business Rules	1% Surplus	✘
		0.5% Contingency Reserve	✔
		0.5% Non-Recurrent Reserve	✔
2	Breakeven	Financial Balance	✔
3	QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£0.400m
4	Running Costs	CCG running costs < 2017/18 allocation	✔
5	BPPC	NHS - Value YTD > 95%	99.85%
		NHS - Volume YTD > 95%	94.57%
		Non NHS - Value YTD > 95%	93.47%
		Non NHS - Volume YTD > 95%	96.47%

2.2 Resource Allocation

No additional allocations were received in Month 2. The 2017/18 total allocation was reduced in month as follows:

- 16-17 carried forward deficit - £6.695m

This reflects a reduction to the CCGs funding allocation for 2017-18 in respect of the historic deficit brought forward from the previous financial year.

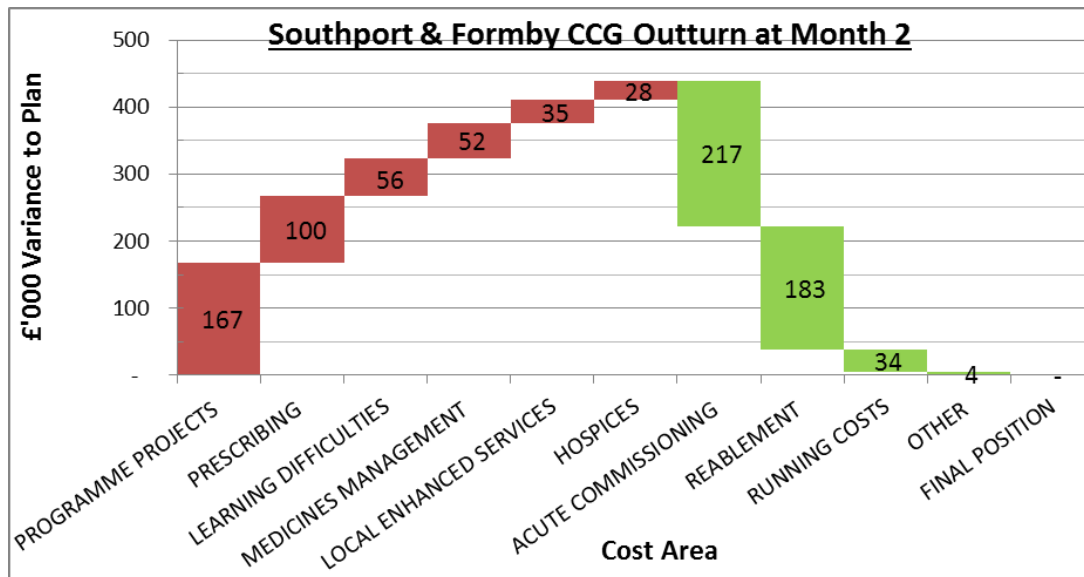
2.3 Financial Position and forecast

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

The majority of the forecasted overspend is within the programme projects budget, and the prescribing budget. The programme projects overspend relates to the referral management system (£0.084m) and the prior approval system (£0.069), it is expected that these initiatives will be resourced through efficiencies when the QIPP schemes begin to take effect. The prescribing overspend relates to the outturn against the 2016/17 year end forecast.

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

Figure 2 – Financial Performance by Provider



Independent Sector

The forecast position for the Independent Sector is an underspend of £0.014m. This is mainly due to Ramsay Healthcare experiencing an under performance against plan at Month 1. There is a notable

benefit in respect of Trauma and Orthopaedics as the effects of the new MCAS pathway reduce the flow of patients requiring elective intervention.

Prescribing

The overspend of £0.100m for the prescribing budget is due to the outturn against the 2016/17 year end forecast. Prescribing data for 2017/18 data is not yet available, and is routinely provided two months in arrears. April 2017 data is therefore expected in June. This excludes the final phase of the Repeat Prescribing Ordering Service (RPOS), which is expected to deliver further QIPP savings in 2017/18.

Continuing Health Care and Funded Nursing Care

The Adam Dynamic Procurement System (DPS) became operational on 2nd May 2017. The Finance and Quality teams have been working with colleagues at Midlands and Lancashire Commissioning Support Unit (MLCSU) and Adam during the transitional period to resolve emerging issues. Insufficient reliable data was available during the month 2 close down period to enable accurate forecasting consequently the month 2 forecast position for the Continuing Health Care and Funded Nursing Care (FNC) budget is shown at breakeven.

Work to resolve outstanding data migration issues will continue to progress in June including weekly conference calls between all parties to provide a forum for discussion of risks and issues. It is anticipated that data to enable robust forecasting will be in place for the next reporting period. Similarly, an assessment of any potential financial risks in relation to local authority invoices for the final quarter of the previous financial year will be performed.

2.4 QIPP and Transformation Fund

The 2017/18 QIPP target is **£10.137m**. The plan is currently phased evenly across the financial year at this stage. The CCGs QIPP plan has been fully evaluated and further work is ongoing to determine the expected delivery of schemes and phasing throughout the year.

The QIPP plan submitted to NHS England as part of the 2017-18 financial plan will be updated following this work.

Month 2 QIPP Delivery

The CCG has identified £0.400m QIPP savings at Month 2, this relates to savings are within the prescribing budget resulting in reduced costs in the last two months of 2016/17 which were notified to the CCG in May 2017.

2.5 CCG Running Costs

The running cost allocation for the CCG is £2.603m and the CCG must not exceed this allocation in the financial year. The month 2 year to date position shows a small underspend of £0.022m and forecast outturn of £0.034m underspend.

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 2017)
- 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 2 position

The CCG MCD was set at £174.227m at Month 2. The actual cash utilised at Month 2 was £28.411m (16.31% MCD) against a target of £29.038m (16.67% MCD). Cash will continue to be monitored daily by the finance team to ensure that cash targets set by NHS England are met.

Run Rate

Run rate information has been excluded from the report at month 2. A detailed analysis of cost behaviour is underway to confirm and refresh income and expenditure flows in year. This will be used to assess actual performance and provide an early assessment of risks to direct management action.

2.7 Evaluation of risks and opportunities

The primary financial risks for the CCG for the financial year are non-delivery of the QIPP target and increased performance within acute care. These risks 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 in the previous financial year, the majority of savings in 2016/17 were non-recurrent. The focus must continue to ensure the required savings can be delivered to achieve the agreed financial plan and long term financial stability.

Acute Contracts

The CCG has experienced significant growth in acute care year on year in Acute Costs. Although the year to date performance for the main provider is below plan at Month 2, and actions are required to mitigate over performance in 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. The monthly expenditure and forecast is monitored closely as QIPP schemes continue to be delivered.

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 3 – 2017/18 Outturn Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(6.529)	(3.608)	(10.137)
Revised surplus / (deficit)	(6.529)	(3.608)	(10.137)
Forecast Outturn (Operational Budgets)	0.000	0.000	0.000
Reserves Budget	(0.885)	0.885	0.000
Management action plan			
QIPP Achieved	0.400	0.000	0.400
Remaining QIPP to be delivered	6.129	3.608	9.737
Total Management Action plan	6.529	3.608	10.137
Year End Surplus / (Deficit)	(0.885)	0.885	0.000

2.9 Recommendations

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

- Both the year to date financial position and forecast is breakeven. This assumes that the CCG will deliver the 2017/18 QIPP plan.
- QIPP savings anticipated for the first two months of the financial year have not been achieved, therefore at this stage; the CCG is below its financial plan. This position is expected to improve in the next reporting period as efficiencies generated through the QIPP programme begin to take effect.

- As part of the financial strategy, the CCG will undertake extensive benchmarking against our peers to demonstrate that it has explored all opportunities available to deliver savings. Our target will be to attain top quartile performance in all aspects of our commissioning portfolio to demonstrate that we are achieving value for money from our resources.
- 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.

3. Planned Care

3.1 Referrals by Source

Figure 4 - Referrals by Source across all providers for 2015/16, 2016/17 & 2017/18

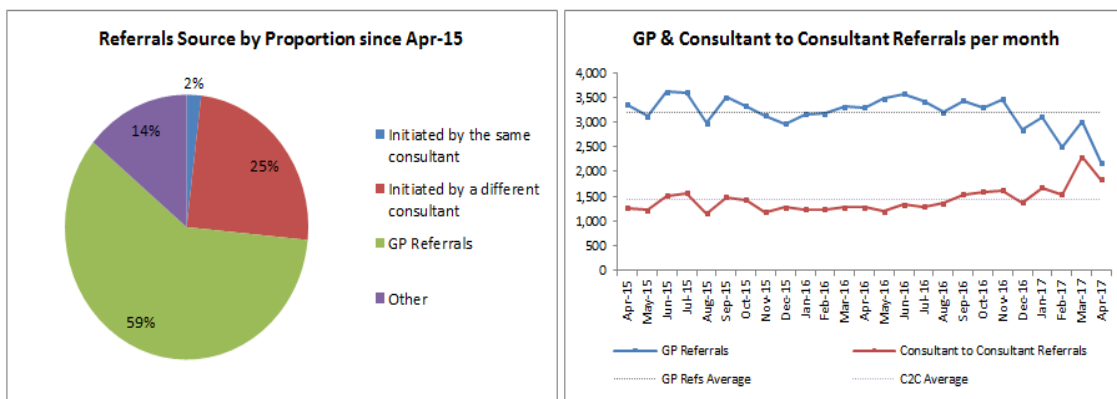


Figure 5 - GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17, 2017/18

Referral Type	DD Code	Description	Apr-17	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	2,186	39,246	38,628	-618	-1.6%
GP Total				39,246	38,628	-618	-1.6%
Other	01	following an emergency admission	270	105	386	281	267.6%
	02	following a Domiciliary Consultation	1	35	7	-28	-80.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	278	3,270	3,180	-90	-2.8%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,196	11,624	13,586	1,962	16.9%
	06	self-referral	190	1,788	1,826	38	2.1%
	07	A Prosthetist		5	3	-2	-40.0%
	08	Royal Liverpool Code (TBC)	27	426	453		0.0%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	35	216	263	47	21.8%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	59	554	653	99	17.9%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)		8	14	6	75.0%
	13	A Specialist NURSE (Secondary Care)	3	65	47	-18	-27.7%
	14	An Allied Health Professional	84	1,785	1,500	-285	-16.0%
	15	An OPTOMETRIST	78	963	1,035	72	7.5%
	16	An Orthoptist	1	88	39	-49	-55.7%
	17	A National Screening Programme	57	717	724	7	1.0%
	92	A GENERAL DENTAL PRACTITIONER	39	351	463	112	31.9%
	93	A Community Dental Service		6	0	-6	-100.0%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	169	2,850	2,905	55	1.9%	
Other Total			2,487	24,856	27,084	2,228	9.0%
Unknown				14	20	6	42.9%
Grand Total			4,673	64,116	65,732	1,616	2.5%

A referral management scheme started on 1st October in Southport & Formby CCG which is currently in Phase 1 (administrative phase) for all specialties (excluding 2 week cancer waits). Phase 2 has commenced with Dermatology clinical triage, with plans being progressed for clinical triage for all specialties and peer review. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been agreed and is monitored via the Contract Review mechanism.

Data quality note: Walton Neuro Centre has been excluded from the above analysis due to data quality issues. For info, Walton recorded approx. 80 referrals per month in 2016/17.

3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS Southport & Formby CCG	17/18 - April	80% by Q2 17/18 & 100% by Q2 18/19	45.00%	↑

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 April 2017 when the CCG recorded 45%. This shows a slight improvement in performance compared to last month. 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)	17/18 - April	<1%	3.80%	↑	90 out of 2,365 patients waited over 6 weeks for their diagnostic test.
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	17/18 - April	<1%	4.60%	↑	133 out of 2,922 patients waited over 6 weeks for their diagnostic test.

The CCG failed the less than 1% target for diagnostics in April. Out of 2,365 patients, 90 waited over 6 weeks, equating to 3.80%. Of the 90 long waiters, 64 were for an echocardiography, 9 for a colonoscopy, 4 for a non-obstetric ultrasound, 4 for a flexi sigmoidoscopy, 3 urodynamics, 2 gastroscopy, 1 MRI, 1 audiology assessment, 1 peripheral neurophy and 1 cystoscopy.

Southport and Ormskirk aims to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. During April 2017, the Trust failed the diagnostic monitoring standard reporting 4.6% of patients waiting in excess of 6 weeks. The number of patients waiting over 6 weeks has increased to 133 in April (38 in the previous month).

The Trust is breaching the Diagnostic Target due in the main to capacity problems in ECG and Urgent Care are working towards a solution. Of the total 133 patients over 6 weeks, 101 were cardiorespiratory patients. Further detail by specialty below.

Radiology – This is due to the lost activity from 12/05/17 until 18/05/17 as a result of the cyberattack. There is a longstanding recruitment problem within radiology. There continues to be a vacant post and recruitment to these posts is a national problem. Where we can, we continue to outsource. We have recently received information from Four Eyes (NHSI independent consultancy) that has recommended ways of making the service more efficient. The Directorate Manager and Clinical Director will be agreeing an action plan to take these forward.

Cardio-respiratory - This service has had a key member of their team on long-term sickness. They have recently returned and plans are underway to improve the position. A timeline needs to be agreed.

Urodynamics – During the cyberattack a number of clinics were cancelled; we have lost 5 weekly lists since April, which has had a huge impact on the lists. A small percentage sits with gynaecology of which it has been confirmed that this was due to patient choice. The plan is to co-ordinate additional lists; these discussions are underway with both consultants and nursing team.

Endoscopy – This is due to the lost activity from 12/05/17 until 18/05/17 as a result of the cyberattack.

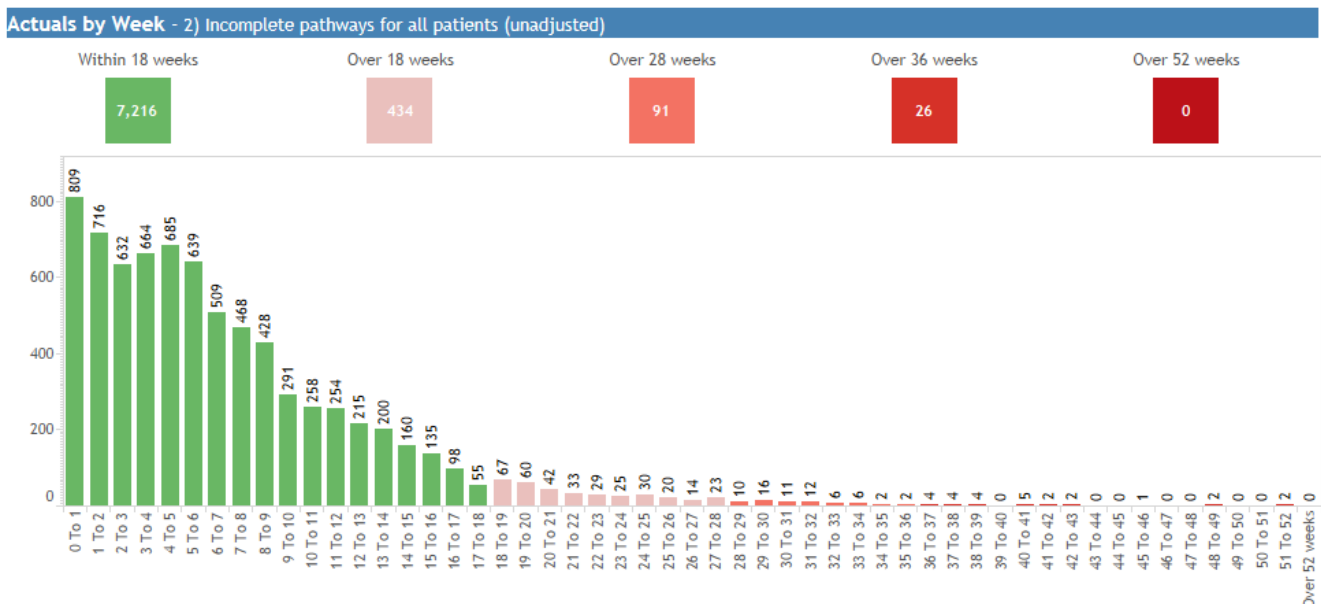
Cystoscopy – A number relate to the cyberattack - no clinics available to re-book to avoid breaches.

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)	17/18 - April	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	17/18 - April	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)	17/18 - April	92%	94.30%	↑
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	17/18 - April	92%	94.10%	↔

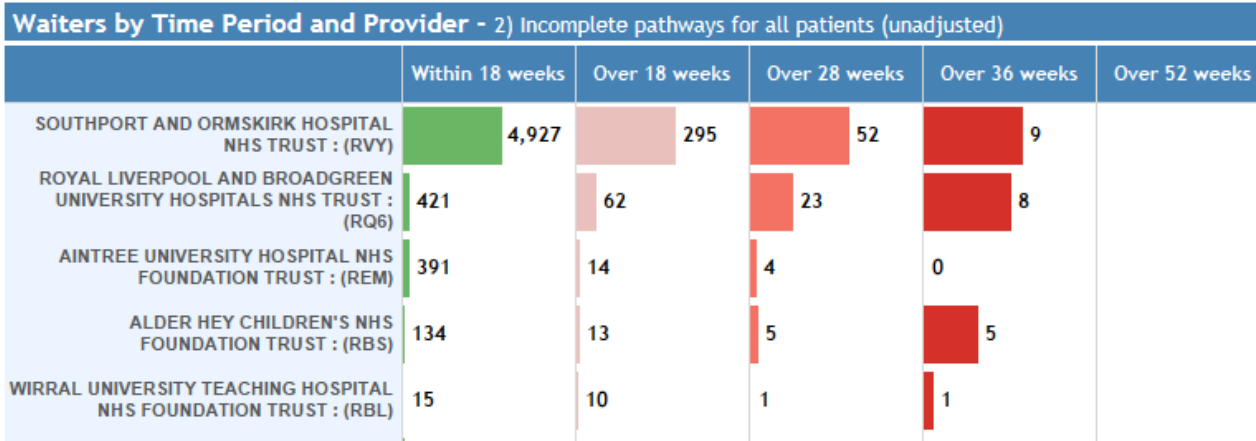
3.3.1 Incomplete Pathway Waiting Times

Figure 6 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 7 - 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 8 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

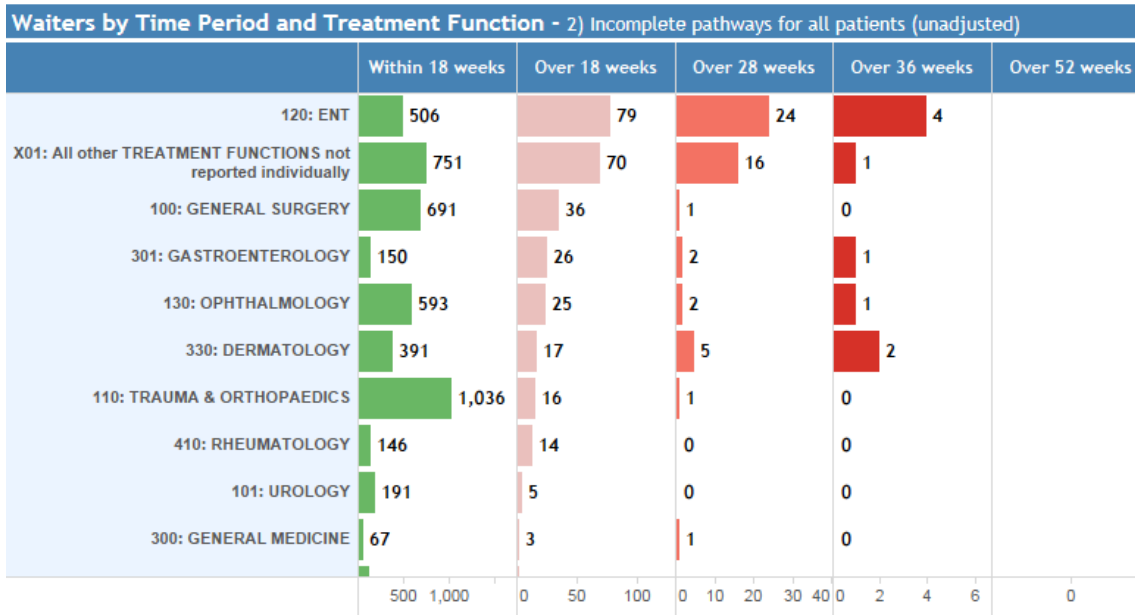
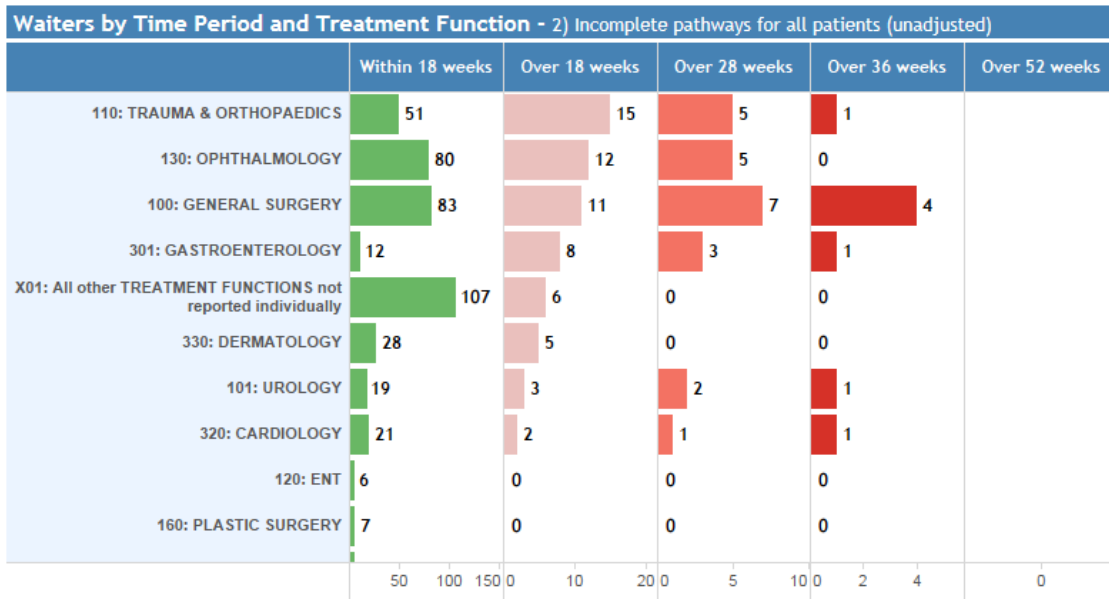


Figure 9 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

CCG	Trust	Specialty	Wait band	Registered practice code	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Southport & Formby CCG	Alder Hey	ALL OTHER	42	N84008	Attended treatment started	Constrained capacity specialty
Southport & Formby CCG	Alder Hey	ALL OTHER	45	N84013	Attended treatment started	Constrained capacity specialty
Southport & Formby CCG	Alder Hey	ALL OTHER	48	N84018	Attended treatment started	Constrained capacity specialty
Southport & Formby CCG	Alder Hey	ALL OTHER	51	N84017	Attended treatment started	Constrained capacity specialty
Southport & Formby CCG	Alder Hey	ALL OTHER	51	N84021	Patient DNA 04/05/17 sent back to the team for review	Constrained capacity specialty
Southport & Formby CCG	Royal Liverpool	GENERAL SURGERY	40	N84012	No Date Yet	Long Wait on Waiting List
Southport & Formby CCG	Royal Liverpool	GENERAL SURGERY	40	N84024	TCI 26/06/2017	Long Wait on Waiting List
Southport & Formby CCG	Royal Liverpool	T&O	40	N84618	Pathway Stopped	Capacity
Southport & Formby CCG	Royal Liverpool	UROLOGY	41	N84024	Pathway Stopped	Capacity
Southport & Formby CCG	South Manchester	CARDIOLOGY	48		N/A	This is a transplant patient. Removed from RTT

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	17/18 - April	0	0	1 ↔

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	17/18 - April	0	0	1 ↔

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)	17/18 - April	93%	94.31%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	17/18 - April	93%	94.92%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	17/18 - April	93%	91.30%	↔
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)	17/18 - April	93%	N/A	↔

The CCG has not achieved the target of 93% for two-week wait for first outpatient appointment for patients referred urgently with breast symptoms in April with a performance of 91.3%. In month, out of 46 patients there were 4 breaches. All breaches were at Aintree Hospital and the maximum wait was 30 days. All delays were due to patient choice.

The CCG's action plan to improve this performance is to work with Sefton GPs through Protected Learning time later in the year around management of breast symptomatic patients and importance of communications, which reflect the 2-week timescale to be seen.

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)	17/18 - April	96%	100.00%	↑
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	17/18 - April	96%	100.00%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - April	94%	95.24%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	17/18 - April	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - April	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	17/18 - April	94%	80.00%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - April	98%	100.00%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	17/18 - April	98%	0 Patients	↔

Southport and Ormskirk Hospital did not achieve the 94% target for patients requiring surgery in April 2017. The Trust reported a performance of 80%, just 1 patient out of 5 not receiving treatment within 31 days. The breach was a skin patient and the wait was 38 days due to an ENT capacity problem.

The Trust is currently undertaking a review of their capacity and demand in this service.

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)	17/18 - April	85% (local target)	84.62%	↓
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)	17/18 - April	85% (local target)	90.91%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - April	90%	100.00%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	17/18 - April	90%	0 Patients	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - April	85%	86.67%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	17/18 - April	85%	85.33%	↑

The CCG did not achieve the local 85% target for the 2 month (62 day) wait for first definitive treatment following a consultant update, reporting slightly under target at 84.62% in April 2017. This equates to just 2 breaches out of 13 patients. Southport & Ormskirk reported that both breaches were unavoidable; a Gynaecological patient received treatment after 137 days (delay due to reallocation from Clatterbridge) and a lung patient received treatment after 83 days (delay due to complexity, patient thinking time and repeat biopsy needed).

NHS England's National Plan identifies particular Trusts with a small number of excess breaches (referred to as 'quick wins') and with numbers of avoidable breaches that should take quick actions to deliver the standard. Action plans have been developed to achieve sustainable compliance on the 62 days standard by Quarter 2 17/18. Identified Trusts are as follows.

- Warrington and Halton Hospital NHS Trust
- Southport and Ormskirk NHS Hospitals Trust

- Aintree Hospital NHS Trust
- Liverpool Women's Hospital NHS Trust
- Clatterbridge Hospital NHS Trust

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores
 Southport & Ormskirk Hospitals NHS Trust
 Latest Month: Apr-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%	13.6%		96%	94%		1%	2%	
Q1 - Antenatal Care	N/A	-		97%	*		2%	*	
Q2 - Birth	N/A	10.6%		96%	100%		1%	0%	
Q3 - Postnatal Ward	N/A	-		95%	100%		2%	0%	
Q4 - Postnatal Community	N/A	-		98%	*		1%	*	

Where '-' appears, the number of patients eligible to respond (denominator) was not reported.
 If an organisation or one of its sub-units has less than five responses the data will be suppressed with an asterisk (*) to protect against the possible risk of disclosure.

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 over the past three months, from 11.1% in February, to 13.1% in March and 13.6% in April. The percentage of patients that would recommend the inpatient service in the Trust has also seen an increase from 91% in February and 92% in March, to 94% in April. However this is still below the England average of 96%. The percentage of people who would not recommend the inpatient service has remained at 2% in March and April and is therefore still greater than the England average of 1%.

Friends and Family is a standard agenda item at the Clinical Quality Performance Group (CQPG) meetings. 'Developing the Experience of Care Strategy' is for approval by the Board of Directors. The Deputy Director of Nursing will present the finalised Strategy with an FFT update at the CCG Engagement and Patient Experience Group meeting in July.

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.

A listening event held by Healthwatch Sefton in March involved talking to patients, relatives and staff on all wards. A collated report is to be shared with EPEG once this is available.

The CCG dashboard aims to monitor patient experience from all acute and community providers, this is up-dated quarterly and cited at EPEG.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 1 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa £-100k/4%. Aintree and Wrightington, Wigan and Leigh are showing the largest over performance with a £33k/32% and £30k/47% variance respectively. This is offset by Renacres and Southport Hospital who are showing a -£101k/-34% and £96k/6% under spend at month 1.

Figure 10 - Planned Care - 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
ALL Providers								
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	1,222	1,285	63	5%	£100	£133	£33	32%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	571	520	-51	-9%	£41	£25	£-17	-40%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	20	20	0	2%	£4	£11	£7	186%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	10	10	0%	£0	£1	£1	0%
FAIRFIELD HOSPITAL	9	4	-5	-54%	£1	£0	£-1	-68%
ISIGHT (SOUTHPORT)	346	0	-346	-100%	£72	£0	£-72	-100%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	186	139	-47	-25%	£77	£76	£0	0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	204	176	-28	-14%	£59	£39	£-19	-33%
RENACRES HOSPITAL	942	558	-384	-41%	£297	£196	£-101	-34%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,218	1,199	-19	-2%	£225	£203	£-22	-10%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	8,058	7,913	-145	-2%	£1,531	£1,435	£-96	-6%
SPIRE LIVERPOOL HOSPITAL	29	37	8	28%	£7	£8	£1	12%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	364	407	43	12%	£91	£91	£1	1%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	32	16	-16	-50%	£9	£6	£-3	-37%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	17	0	-17	-100%	£3	£0	£-3	-100%
WALTON CENTRE NHS FOUNDATION TRUST	192	197	5	2%	£58	£67	£10	17%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	8	8	0%	£0	£2	£2	0%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	25	11	-14	-56%	£8	£2	£-6	-78%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	180	290	110	61%	£65	£95	£30	47%
Grand Total	13,613	12,790	-823	-6%	£2,817	£2,718	£-100	-4%

*PbR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 11 - Planned Care – Southport and Ormskirk NHS Trust by POD

	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
S&O Hospital Planned Care*								
Daycase	810	848	38	5%	£441	£410	£-31	-7%
Elective	116	110	-6	-5%	£295	£266	£-29	-10%
Elective Excess BedDays	27	42	15	56%	£7	£10	£3	51%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	111	48	-63	-57%	£19	£9	£-10	-53%
OPFASPCL - Outpatient first attendance single professional consultant led	993	837	-156	-16%	£172	£143	£-29	-17%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	280	136	-144	-51%	£21	£11	£-10	-48%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,892	2,837	-55	-2%	£238	£231	£-7	-3%
Outpatient Procedures	2,002	2,175	173	9%	£267	£279	£11	4%
Unbundled Diagnostics	827	880	53	6%	£71	£77	£6	9%
Grand Total	8,058	7,913	-145	-2%	£1,531	£1,435	£-96	-6%

*PbR only

3.7.2 Southport & Ormskirk Hospital Key Issues

Planned care elements of the contract are currently reporting underspend of £96k, 6% of the plan. The majority of this focused within the Elective and Day Case points of delivery, which have a combined variance against the plan of -£60k.

Two main factors contributed to the current performance surrounding planned inpatient care, the first being the impact of Joint Health with Trauma & Orthopaedics the foremost specialty under plan in April at -£29k. The second factor is the cancellation of a number of planned procedures due to decontamination issues. This affected a number of specialties including General Surgery, Ophthalmology, and Urology. Another notable under-performance is within Clinical Haematology, currently 21% below plan at -£15k.

A shift in activity is likely to occur in 2017/18 from Outpatient attendances to Outpatient procedures. This is due to the national changes in grouping of activity and the introduction of HRG4+.

3.7.3 Renacres Hospital

Figure 12 - 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	123	72	-51	-41%	£125	£71	-£55	-43%
Elective	17	15	-2	-14%	£78	£71	-£7	-9%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	275	189	-86	-31%	£40	£32	-£9	-22%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	271	242	-29	-11%	£23	£16	-£7	-30%
Outpatient Procedure	168	0	-168	-100%	£22	£0	-£22	-100%
Unbundled Diagnostics	87	40	-47	-54%	£8	£6	-£2	-29%
Grand Total	942	558	-384	-41%	£297	£196	-£101	-34%

Renacres performance is showing a £101k/34% variance against plan with individual PODS all under performing at month 1. Day case activity is the highest underperforming area with a variance of £55k/43% against plan.

3.8 Personal Health Budgets

Southport & Formby CCG – 2017/18 PHB Plans

E.N.1	Q1	Q2	Q3	Q4
1) Personal health budgets in place at the beginning of quarter (total number per CCG)	56	60	64	68
2) New personal health budgets that began during the quarter (total number per CCG)	4	4	4	4
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	60	64	68	72
4) GP registered population (total number per CCG)	124,289	124,289	124,289	124,289
Rate of PHBs per 100,000 GP registered population	48.27	51.49	54.71	57.93

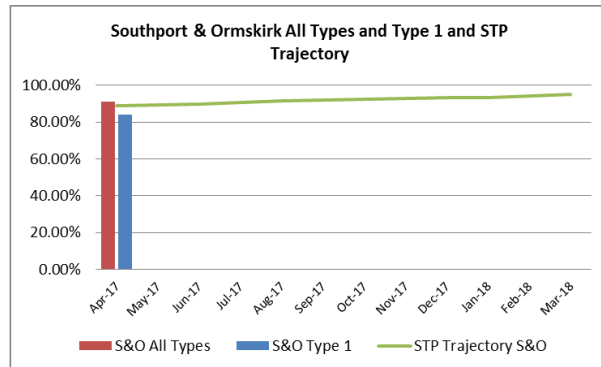
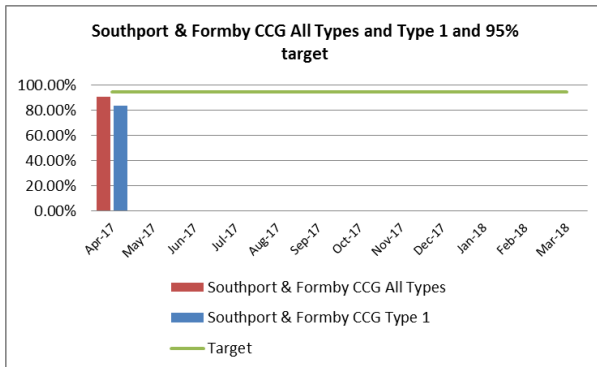
For 2017/18, the national ambition is to reach between 24,000 and 32,000 PHBs – that is between 40 and 55 per 100,000. Based on current numbers of PHBs in place, plus knowledge of plans to increase in 2017/18, plans have been submitted to almost achieve the 2017/18 trajectory to reach national ambition by 2020/21 for Southport & Formby CCG (68 plan vs 70 NHSE expectation). Plans for 2018/19 at this point have been submitted to meet the trajectory for 2018/19. This requires a significant increase in new PHBs and is subject to CCG expansion from Continuing Health Care to Mental Health, Learning Disability, children and Long Term Conditions, which is subject to approval of a proposal to CCG Governing Bodies from the CCG PHB Lead. Quarter 1 performance is anticipated for July's report.

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	17/18 - April	95.00%	90.86%	↑	Southport & Formby CCG failed the 95% target in April reaching 90.86%. In April, 337 attendances out of 3,684 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	17/18 - April	95.00%	83.70%	↑	Southport & Formby CCG failed the 95% target in April reaching 83.7%. In April, 336 attendances out of 2,058 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	17/18 - April	STF Trajectory Target for Q1 90%	91.10%	↑	Southport & Ormskirk have reported 91.1% in April and are therefore on track for achieving the STF target of 90% by Q1. In April, 980 attendances out of 11,007 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	17/18 - April	95.00%	84.17%	↑	Southport & Ormskirk have failed the target in April reaching 84.17%. In April, 978 attendances out of 6,177 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-17	YTD
STP Trajectory S&O	89.00%	%
S&O All Types	91.10%	91.10%



The CCG has updated the targets that are within Cheshire & Merseyside 5 Year Forward View (STP) accordingly. The monthly trajectory targets have been calculated by the Trust from the mid points from the quarterly targets agreed between the trust and NHS improvement. 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 April reached 91.1%, which is above the Cheshire & Merseyside 5 Year Forward View (STP) plan of 89% for April and is on track to achieve 90% in quarter 1.

Performance for the SDGH site only was 76% (compared to 66.7% in April 16). ED attendances saw an 8.6% increase compared to the previous year with a 10.7% increase in majors category. The number of patients arriving by ambulance increased by 3.2% throughout the month. Admissions as a

result of an attendance in A&E were 5.5% lower than April 2016. Despite these pressures, over 262 less patients waited over 4 hours compared to last April, indicating that continued improvements have been made in the urgent care pathway (960 4-hour breaches in April 2017 compared to 1222 4-hour breaches in April 2016). Flow workshops facilitated by AQUA and the CEO have been held with representation from all CBUs and agreed actions to address surges in pressure. From 8/5/17 the Trust has undertaken a 4 week pilot using a fully functioning discharge lounge available 8am-8pm to test the improvements that this makes regarding patient flow, particularly to morning discharges.

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 NWS 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.

4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	17/18 - April	75%	61.82%	↓	The CCG is under the 75% target in April reaching 61.822%. 34 out of 55 calls were responded to within 8 mins.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	17/18 - April	75%	64.61%	↑	The CCG was under the 75% target in April reaching 60.75%. 362 out of 560 calls were responded to within 8 mins.
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	17/18 - April	95%	86.30%	↑	The CCG was under the 95% target in April reaching 86.3%. 531 out of 615 calls were responded to within 19 mins.
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	17/18 - April	75%	70.08%	↑	NWS reported under the 75% target in April reaching 70.08%. 2,165 calls out of 3,090 were responded to within 8 mins.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	17/18 - April	75%	68.94%	↑	NWS failed to achieve the 75% target in April reaching 68.94%. 26,726 out of 38,767 calls were responded to within 8 mins.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	17/18 - April	95%	92.54%	↑	NWS failed to achieve the 95% target in April reaching 92.54%. 38,734 calls out of 41,857 were responded to within 19 mins.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk	17/18 - April	0	112	↑ ↓	The Trust recorded 112 handovers between 30 and 60 minutes, this is an improvement on last month when 181 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	17/18 - April	0	56	↓	The Trust recorded 56 handovers over 60 minutes, this is a significant improvement on last month when 146 were reported.

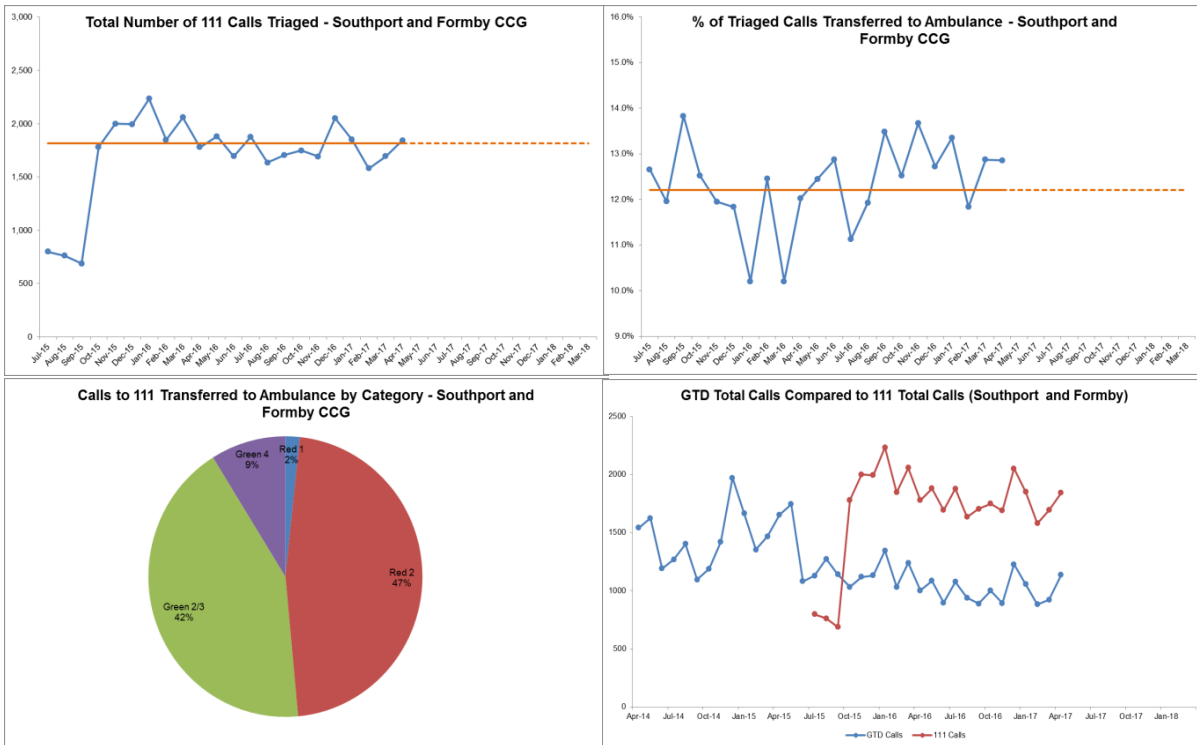
Southport & Formby CCG failed to achieve all 3 indicators year to date (see above of number of incidents/breaches).

With the significant dip in performance around national ambulance targets, we are working with all partners to improve performance against these targets. The Provider actions for improvement include an agreed Workforce Plan, establishment of a Performance Development Plan to be monitored twice a week. Senior Manager, Trust Board and NHSI focus on performance. Introduction of weekly telephone conferences with Commissioners to focus on performance and a Remedial Performance Plan was introduced in January 2017 to focus on performance improvement. NNAS chaired a 90 day Improvement Forum facilitated by NHSI and attended by Lead Commissioners to focus on hospital issues, performance and any restrictions/barriers to achieving performance.

The % of ambulance handovers completed within 15 minutes in April was 50.4%. In line with the metrics against the 4-hour performance, ED continues to experience significant bottlenecks as a result of daily surges in arrivals (both via ambulance and walk-in patients), daily fluctuations in bed occupancy, in addition to the acuity of patients arriving. These pressures result in delays in handing over ambulances in a timely manner. A further rapid improvement event commenced on 24/4/17 facilitated by NHSI that members of the team attended, with a follow up session taking place w/c 5/6/17. As part of the A&E Delivery Sub-Group workstreams, ambulance handovers are part of the focus on the 'in-hospital' workstream.

4.3 111 Calls and GP Out of Hours

4.3.1 111 Calls



April 2017 saw an increase in the number of 111 calls made by Southport and Formby patients to 1,843 from 1,693 in March, an increase of 8.9%. There has also been a slight increase when compared to April 2016, from 1,779 or 3.8%.

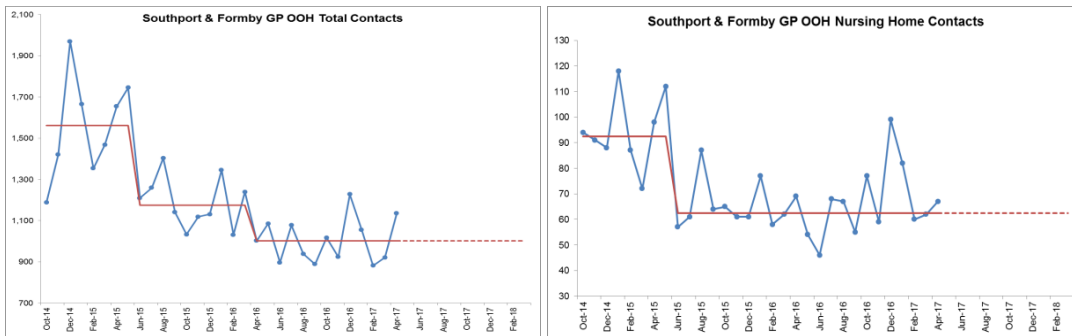
The breakdown for outcomes of 111 calls in April 2017 is as follows:

- 63% advised to attend primary and community care
- 15% closed with advice only
- 13% transferred to ambulance
- 7% advised to attend A&E
- 3% advised to other service.

14.9% of calls closed with advice only. This is a reduction on the previous month of 19.2%. This reduction is offset by an increase in the number of callers who were advised to attend primary and community care, which rose from 58.1% in March to 63% in April.

The number of 111 calls continues to be lower than the number of GP out of hours (OOH) calls in April 2017, a trend which has remained consistent since October 2015.

4.3.2 GP Out of Hours Calls



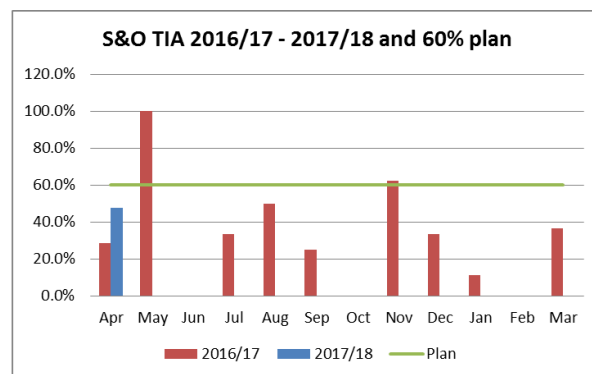
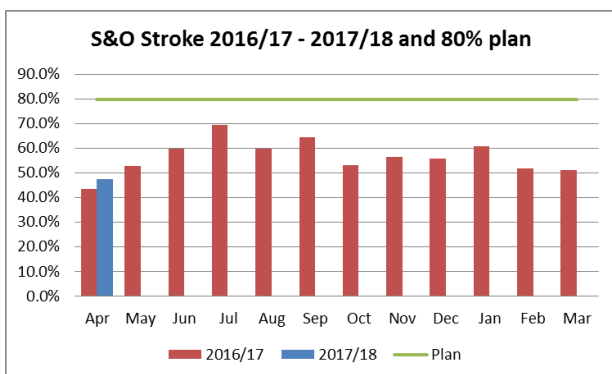
The number of calls from Southport and Formby patients to the GP OOH service has increased in April 2017 to 1,135 an increase of 23.2% since March. When compared to the same point in the previous year, April 2017 had 13.3% more calls to the GP OOH service.

GP OOH calls from nursing homes within Southport and Formby have increased slightly by 5, 8%, from March. However, as with total calls, this remains within trend.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Stroke/TIA					
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	17/18 - April	80%	47.50%	↓	The Trust failed the 80% target in April with only 19 out of 40 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)	17/18 - April	60%	33.30%	↓	During April 2017, there were 3 reportable cases of TIA, with 2 of them breaching the 24 hour timescale.



Southport & Ormskirk failed the stroke target in April (47.5%), only 19 out of 40 patients spending 90% of their time on a stroke unit. This is a drop in performance from March when the Trust reported 51.3%. Performance against this indicator remains a significant challenge. 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 discussions are ongoing with Aintree about the future of hyper-acute stroke provision.

During April 2017, there were just 3 reportable cases of TIA, with 2 breaching the 24-hour timescale. The key themes for reasons for breaches were Clinic availability and Patient choice (Patient DNA'd initial appointment).

Clinical meetings have taken place regarding the future of hyper acute stroke. The Chief Executive of Southport & Ormskirk Hospital presented to the CCG Governing Body in March 2017. A Trust and CCG executive meeting took place in mid-June. Challenges in meeting the stroke targets are due to a lack of discharge to assess beds and without ESD, it means more complex stroke patients with long lengths of stay are occupying beds. The solutions to these issues are being taken up at LDS level.

4.4.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches					
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	17/18 - April	0.00	0.80	↓	The CCG has reported an MSA rate of 0.8 which equates to a total of 3 breaches. All 3 breaches were at Southport & Ormskirk NHS Trust.
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	17/18 - April	0.00	0.70	↓	In April the Trust had 4 mixed sex accommodation breaches (a rate of 0.70) and have therefore breached the zero tolerance threshold. Of the 4 breaches 3 were for Southport & Formby CCG and 1 for West Lancs CCG.

April saw Southport & Ormskirk fail Mixed Sex Accommodation. In month, the trust had 4 mixed sex accommodation breaches (a rate of 0.7) and has therefore breached the zero tolerance threshold. 3 breaches were Southport & Formby CCG patients and 1 was a West Lancashire CCG patient.

The 4 breaches of Mixed Sex Accommodation all related to the delay in transfer from HDU/CCU to Inpatient ward areas. This is a vast improvement of previous months, with three times daily meetings in place to manage patient flow across the clinical areas.

4.4.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - April	6	6	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	17/18 - April	3	2	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - April	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	17/18 - April	0	0	↔

There were 6 new cases of Clostridium Difficile attributed to the CCG in April, 4 reported by Southport & Ormskirk Hospital Trust and 2 by Aintree Hospital. For Southport & Ormskirk year to date the Trust has had 2 cases against a plan of 3, so is under plan. Both the CCG and Trust have achieved their year to date plans.

There were no new cases of MRSA reported in April for the CCG or the Trust and therefore both are compliant.

4.4.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - April	100	119.51	↑ ↑
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q4	100	108.65	↑

HSMR is reported for December 2016 rolling 12 month figure. The in month figures show a substantial improvement from 123.2 in Nov 16 down to 99.69 in Dec 16. The expected deaths for Dec 16 was 71.22 and observed 71.

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.

4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 1.

There are 75 on StEIS where 56 serious incidents on StEIS where Southport and Formby CCG (SFCCG) is either the lead or responsible commissioner. 29 attributed to Southport & Ormskirk Hospitals NHS Trust (S&O). However there are 48 serious incidents open for the trust where S&F CCG are the lead commissioner (27 x SFCCG, 2 SSCCG, 17 West Lancs CCG). Three incidents were reported in April for SFCCG patients; 1 surgical never event at Liverpool Women’s Hospital and 2 other incidents reported for S&O Hospitals. 29 incidents remain open for S&O >100 days.

One pressure ulcers remains open to represent each area (SFCCG community, S&O acute hospital, West Lancashire CCG community). Monitoring of the composite pressure ulcer action plan continues at CQPG meetings, with plans to transition across to the 2 new community providers on 1st May 2017 (Lancashire Care Foundation Trust & Virgin Healthcare). Assurance arrangements are being sought for the continuing management of legacy cases across for both Southport and Formby CCG and West Lancashire CCG community areas.

Serious Incidents Open for Southport and Ormskirk Hospitals NHS Trust

Year	CCG	No. of Open Incidents	
2015	GP Practice within Southport and Formby	2	4
	GP Practice within West Lancashire	2	
2016	GP Practice within South Sefton	2	25
	GP Practice within Southport and Formby	10	
	GP Practice within West Lancashire	13	
2017	GP Practice within Southport and Formby	17	19
	GP Practice within West Lancashire	2	

Community services for Southport and Formby patients transferred to Lancashire Care Foundation Trust (LCFT) from 1st April 2017. There were no serious incidents reported on StEIS for LCFT during April.

Mersey Care NHS Foundation Trust – 18 open incidents on StEIS for Southport and Formby CCG patients with 13 open >100 days. No serious incidents were reported in April for S&F CCG patients making a total of 0 year to date. The Trust reported 21 for S&F CCG patients during 16/17 period.

The programme manager for serious incidents holds planned monthly meetings with Southport and Ormskirk, Mersey Care and Aintree University Hospital to discuss all SIs and the due processes. In addition to these, from June 2017, these meetings will include Lancashire Care Foundation Trust.

4.6 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.

Please note the patient snapshot measure has been removed from the collection starting in April 2017. Since the snapshot only recorded the position on one day every month, it was considered

unrepresentative of the true picture for DTOCs. NHS England are replacing this measure in some of the publication documents with a DTOC Beds figure, which is the delayed days figure divided by the number of days in the month. This should be a similar figure to the snapshot figure, but more representative. Removing the patient snapshot from the collection also reduces the burden on trusts, since NHS England can calculate a similar figure from the delayed days and number of days in the month.

The average number of delays per day in Southport and Ormskirk hospital increased to 7 during April 2017 from 6 reported in March. On average, 2 were awaiting further NHS non-acute care, 3 were patient or family choice and 1 was under dispute.

Analysis of average delays in April 2017 compared to April 2016 shows an increase in the average number of patients, from 5 to 7.

Average Delayed Transfers of Care per Day - Southport and Ormskirk Hospital - April 2016 – April 2017

Reason For Delay	2016-17												2017-18
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
A) COMPLETION ASSESSMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
B) PUBLIC FUNDING	1	0	0	0	0	0	1	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	0	0	0	0	1	0	0	1	1	0	0	1	2
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	1	0	0	0	0	0	0	1	1	0
DII) AWAITING NURSING HOME PLACEMENT	1	0	0	0	1	0	1	0	1	0	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	0	0	0	0	0	0	0	0	0	0	0	0	0
F) COMMUNITY EQUIPMENT/ADAPTIONS	1	0	0	1	0	0	1	0	1	0	1	0	0
G) PATIENT OR FAMILY CHOICE	2	2	4	5	2	3	2	6	6	5	1	3	3
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	1	1
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	5	2	5	7	4	5	6	8	8	6	3	6	7

Agency Responsible and Total Days Delayed - Southport and Ormskirk Hospital - April 2016 – April 2017

Agency Responsible	2016-17												2017-18
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS - Days Delayed	142	70	141	210	115	134	184	235	233	171	93	200	198
Social Care - Days Delayed	0	0	0	0	6	19	6	4	0	5	0	0	0
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed caused by NHS was 198 in April 2017, compared to 200 last month. Analysis of these in April 2017 compared to April 2016 shows an increase from 142 to 198.

The total number of days delayed caused by social care and by both remain at zero.

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, NNAS, 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, and also exploring changing these to discharge to assess beds.

Weekly meetings between the Trust and CCG to discuss medically fit for discharge patients have been arranged.

4.7 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores

Southport & Ormskirk Hospitals NHS Trust

Latest Month: Apr-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%	1.1%		87%	70%		7%	20%	

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 64% in March to 70% in April. However, this is still lower than the England average of 87%. The percentage not recommending has decreased from 26% in March to 20% in April but remains above the England average of 7%.

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. This presentation will also be given at EPEG. The Strategy is due for completion in May by the Deputy Director of Nursing, Midwifery and Governance.

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.

The dashboard created to incorporate information available from FFTs, complaints and compliments with the aim to monitor patient experience from all acute and community providers continues to be updated and cited by EPEG.

A listening event held by Healthwatch Sefton at the Trust in March. This involved talking to patients, relatives and staff on all wards. A collated report is to be shared with EPEG when this is available.

4.8 Unplanned Care Activity & Finance, All Providers

4.8.1 All Providers

Performance at Month 1 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £90k/3%. This under-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £143k/6% underspend.

Figure 13 - Month 1 Unplanned Care – 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
ALL Providers (PBR & Non PBR. PBR for S&O)								
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	120	166	46	38%	£72	£132	£60	84%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	73	82	9	12%	£30	£27	£-3	-9%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	7	5	-2	-32%	£2	£1	£-2	-61%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	3	3	0%	£0	£4	£4	0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	12	8	-4	-34%	£42	£16	£-25	-61%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	24	24	0	-1%	£38	£44	£6	16%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	135	100	-35	-26%	£68	£55	£-12	-18%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	4,732	4,945	213	5%	£2,420	£2,277	£-143	-6%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	43	38	-5	-13%	£23	£26	£3	13%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	9	4	-5	-57%	£4	£3	£-1	-31%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	5	11	6	113%	£4	£27	£23	525%
Grand Total	5,161	5,386	225	4%	£2,703	£2,612	£-90	-3%

4.8.2 Southport and Ormskirk Hospital NHS Trust

Figure 14 - Month 1 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

	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
S&O Hospital Unplanned Care								
A and E	3,082	3,039	-43	-1%	£423	£402	£-20	-5%
A and E Type 3	0	249	249	0%	£0	£15	£15	0%
NEL - Non Elective	878	791	-87	-10%	£1,553	£1,436	£-117	-8%
NELNE - Non Elective Non-Emergency	84	78	-6	-7%	£195	£160	£-36	-18%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	9	2	-7	-78%	£3	£1	£-2	-68%
NELST - Non Elective Short Stay	181	178	-3	-2%	£129	£124	£-5	-4%
NELXBD - Non Elective Excess Bed Day	498	608	110	22%	£118	£139	£22	19%
Grand Total	4,732	4,945	213	5%	£2,420	£2,277	£-143	-6%

4.8.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Unplanned care elements of the contract are below plan by £143k, with the main area being Non-Elective admissions. A number of specialties are driving the reduced levels for month one with Geriatric Medicine showing the largest variance at -£51k. Other notable specialties are Accident & Emergency, General Medicine, and Stroke Medicine, which have a combine under spend of £60k.

The Trust stated increased flows via the Ambulatory Care Unit have affected other urgent care points of delivery, which is why lower levels of Emergency admissions are occurring.

Non-Elective Non-Emergency care is also below plan by 18%, -£36k. The Trust have noted the loss of a significant number of patients to other Acute providers such as Liverpool Women’s Trust is one of the main causes for continued low performance against plan in this area. This trend has continued from 2016/17 in 2017/18.

Under performance within A&E is likely to improve once all records fully coded in line with the contractual flex and freeze periods.

4.9 Aintree and University Hospital NHS Trust

Figure 15 - Month 1 Unplanned Care – Aintree University Hospital NHS Trust by POD

Aintree University Hospital Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
AandE	71	105	34	49%	£9	£14	£5	52%
NEL - Non Elective	27	44	17	65%	£50	£101	£51	103%
NELNE - Non Elective Non-Emergency	2	1	-1	-41%	£5	£5	£1	11%
NELST - Non Elective Short Stay	6	13	7	117%	£4	£11	£6	146%
NELXBD - Non Elective Excess Bed Day	15	3	-12	-80%	£4	£1	-£3	-81%
Grand Total	120	166	46	39%	£72	£132	£60	84%

4.9.1 Aintree University Hospital NHS Trust Key Issues

Urgent Care over spend of £60k is driven by a £51k/103% over performance in Non Elective costs. The main specialty over performance is Acute Medicine (£11k), Gastroenterology (£11k), General Surgery (£10k) and Diabetic Medicine (£10k).

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 16 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby CCG			
	Caseload as at 30/04/2017	2017/18 Plan	Variance from Plan	Variance on 30/04/2016
1 Common Mental Health Problems (Low Severity)	2	3	-	1
2 Common Mental Health Problems (Low Severity with greater need)	5	11	-	6
3 Non-Psychotic (Moderate Severity)	76	174	-	98
4 Non-Psychotic (Severe)	212	156	56	38
5 Non-psychotic Disorders (Very Severe)	35	29	6	3
6 Non-Psychotic Disorder of Over-Valued Ideas	24	22	2	3
7 Enduring Non-Psychotic Disorders (High Disability)	142	112	30	16
8 Non-Psychotic Chaotic and Challenging Disorders	77	65	12	12
10 First Episode Psychosis	63	65	-	2
11 On-going Recurrent Psychosis (Low Symptoms)	209	291	-	82
12 On-going or Recurrent Psychosis (High Disability)	235	153	82	64
13 On-going or Recurrent Psychosis (High Symptom & Disability)	100	100	-	3
14 Psychotic Crisis	16	11	5	-
15 Severe Psychotic Depression	6	6	-	1
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	13	10	3	1
17 Psychosis and Affective Disorder – Difficult to Engage	26	26	-	1
18 Cognitive Impairment (Low Need)	207	244	-	37
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	593	787	-	194
20 Cognitive Impairment or Dementia Complicated (High Need)	346	202	144	134
21 Cognitive Impairment or Dementia (High Physical or Engagement)	88	53	35	26
Cluster 99	189	123	66	36
Total	2,706	2,684	22	46

5.1.1 Key Mental Health Performance Indicators

Figure 17 - CPA – Percentage of People under CPA followed up within 7 days of discharge

Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%										
Rolling Quarter			100%									

Figure 18 - CPA Follow up 2 days (48 hours) for higher risk groups

Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
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%										
Rolling Quarter			100%									

Figure 19 - Figure 16 EIP 2 week waits

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
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%	100%											
Rolling Quarter				100%									

5.1.2 Mental Health Contract Quality Overview

From April 2017, Liverpool CCG became the lead commissioner for the Mersey Care NHS Trust Foundation contract and as such joint contract and quality monitoring arrangements have been put in place to provide oversight and scrutiny to the contract.

The final report in respect of the review of the acute care pathway within Mersey Care NHS Foundation Trust has been received by the Trust. The Review was asked to identify inconsistencies and make recommendations for the future service models and functions in the context of the whole system, particularly where there are interfaces with non-Mersey Care services (e.g. primary care, A&E, acute hospitals, IAPT, etc.). Commissioners had the opportunity to be engaged and were able to comment on the initial draft. The review report will now also need to take into consideration the recent NHS England Benchmarking Report undertaken in relation to Crisis Resolution Home Treatment Team (CRHTT) core fidelity which identified areas area of development /improvement including the use of A&E as the default pathway. This fidelity review was facilitated by the North West Coast Strategic Clinical Network (NWC SCN). The NWC SCN will support both commissioners and Mersey Care NHS Foundation Trust to help develop a service improvement plan, which will assist them to improve their overall fidelity score and develop a high performing CRHTT service.

As part of the work to improve access and communication, the Trust is working on an EMIS referral form and revised triage process. In addition, the Trust will regularly attend locality meetings to provide updates on the primary care interface.

In lieu of the delay to implementing RIO, the Trust continues to test the R32 upgrade to its existing Exep system. The Trust has reported good progress has been made in ensuring data EIP data flow to the Mental Health Services Dataset is consistent and accurate.

The Trust was issued with a Performance Notice on 11th May 2017 following deterioration in Safeguarding related performance between Quarter 2 and Quarter 3 in 2016/17. This had previously been raised via Liverpool and Sefton CCGs' CRM and CQPG meetings. The Trust has provided a remedial action plan against which progress will be monitored via CQPG. The performance notice will remain open until the CCG Safeguarding Team is assured that all concerns have been addressed.

Sefton CCGs continue to seek assurance that the Trust is regularly reviewing individual packages of Individual Packages of Care funded by the CCGs (joint funded/Section 117) have had an annual CPA review by an appropriately trained person. Midlands and Lancashire CSU have advised the CCGs that there are reviews outstanding and there seems to be limited progress in completing reviews and providing assurance that they are being undertaken by an appropriately trained practitioner acting in a care co-ordination role.

Discussions are ongoing that involve the Trust and Midlands and Lancashire CSU to seek assurance, but the possibility of a Performance Notice being issued cannot be ruled out at this stage.

5.2 Improving Access to Psychological Therapies

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

Southport & Formby IAPT KPIs Summary		1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%
Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2016/17	201	196	179	168	162	151	201	188	140	217	182	243
	2017/18	166											
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2016/17	1.05%	1.03%	0.94%	0.88%	0.85%	0.79%	1.05%	0.99%	0.73%	1.14%	0.95%	1.27%
	2017/18	0.87%											
Recovery % ACTUAL - 50% target	2016/17	50.9%	50.5%	50.9%	46.9%	46.2%	42.9%	51.4%	47.6%	43.5%	49.0%	50.5%	53.3%
	2017/18	50.5%											
ACTUAL % 6 weeks waits - 75% target	2016/17	98.1%	99.0%	96.1%	94.8%	97.6%	98.4%	100.0%	100.0%	97.5%	100.0%	100.0%	98.9%
	2017/18	97.2%											
ACTUAL % 18 weeks waits - 95% target	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%
	2017/18	99.1%											
National definition of those who have completed treatment (KPI5)	2016/17	95	85	78	99	83	93	79	115	86	101	98	95
	2017/18	105											
National definition of those who have entered Below Caseness (KPI6b)	2016/17	7	8	6	9	8	6	3	8	12	8	8	7
	2017/18	6											
National definition of those who have moved to recovery (KPI6)	2016/17	39	47	35	40	44	39	29	41	41	44	46	42
	2017/18	50											
Referral opt in rate (%)	2016/17	93.7%	88.9%	87.3%	87.9%	88.0%	83.9%	86.1%	88.8%	80.1%	85.4%	83.4%	80.4%
	2017/18	80.6%											

The provider (Cheshire & Wirral Partnership) reported 166 Southport & Formby patients entering treatment in Month 1. This is a reduction on the previous month when 243 patients entered treatment. 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 16.8% for 2017/18 year end.

Referrals decreased in Month 1 by 18.2% with 242 compared to 296 in Month 12. 60% 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 decreased with 58 reported in Month 1 compared to 73 in Month 12. Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service.

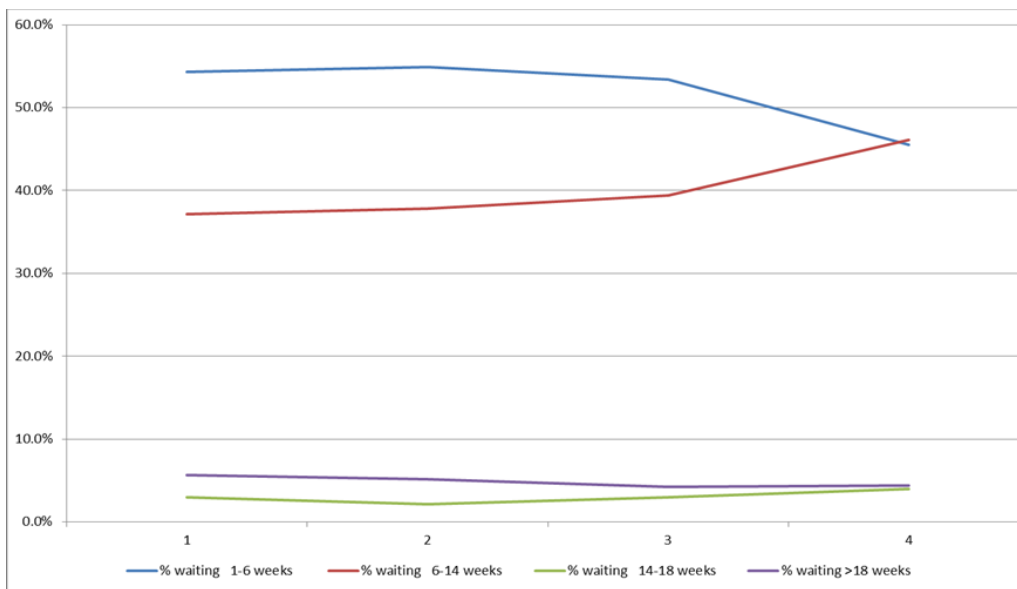
The percentage of people moved to recovery decreased to 50.5% (from 53.3%). This still achieves the minimum standard of 50%.

Cancelled appointments by the provider saw a decrease in Month 1 with only 26 reported against 81 in the previous month, which equates to a reduction of 67.9%. 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 from 101 in Month 12 to 76 in Month 1. 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 1 97.2% 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%. 99.1% of patients have also waited less than 18 weeks (against a standard of 95%).

NHS Southport & Formby CCG – Access Sefton Internal waiters 03/04/2017 – 24/04/2017



The chart above illustrates internal waiters activity for April 2017 over the 4-week reporting period.

Access Sefton have confirmed that there is no prioritisation for particular cohorts of patients being referred, but that a triage/initial assessment system is in place to ensure that referrals are directed to the appropriate IAPT practitioners for treatment.

5.3 Dementia

	Apr-17
People Diagnosed with Dementia (Age 65+)	1515
Estimated Prevalence (Age 65+)	2145
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	70.6%
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 HSCIC website shows that Southport & Formby CCG are recording a dementia diagnosis rate in April 2017 of 70.6%, which exceeds the national dementia diagnosis ambition of 67%.

5.4 Improve Access to Children & Young People’s Mental Health Services (CYPMH)

NHS Southport & Formby CCG – Improve Access Rate to CYPMH 17/18 Plans (30% Target)

E.H.9	16/17 Estimate*	16/17 CCG Revised Estimate*	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	2017/18 Total
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	140	140	35	35	35	35	140
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	400	400	100	125	155	185	565
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	1,877	1,877	-	-	-	-	1,877
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	21.3%	21.3%	-	-	-	-	30.1%

This indicator is designed to demonstrate progress in increasing access to NHS funded community mental health services for children and young people. For CCGs, the ambition is they increase activity to the level necessary to meet the national trajectories that at least 30% of CYP in 2017/18 and 32% in 2018/19 with a diagnosable MH condition receive treatment from an NHS-funded community MH service. This indicator has recently been requested to be added to the Mental Health Services Data Set (MHSDS) data reporting. Initial analysis of the management information data available suggests that coverage and data completeness is likely to be an issue nationally. NHS England has acknowledged that the baseline will be a crude approximation. CCGs have therefore been provided with an opportunity to use local intelligence and additional information on prevalence to improve the estimates. As the indicators are new, a decision has been made to use the pre-populated baselines in the planning templates until further data becomes available to provide intelligence to revise the plans in future, despite the fact that the crude estimates created by NHS England may have overestimated the CCG population. This has been queried with NHS England. In the meantime, plans have been devised to meet the national trajectories based on the estimates provided.

5.5 Waiting times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services

Southport & Formby CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target)

E.H.10	Q1	Q2	Q3	Q4
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	1	1	1	1
Number of CYP with a suspected ED (routine cases) that start treatment	1	1	1	1
%	100.0%	100.0%	100.0%	100.0%

Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)

E.H.11	Q1	Q2	Q3	Q4
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	2	2	2	2
Number of CYP with a suspected ED (urgent cases) that start treatment	2	2	2	2
%	100.0%	100.0%	100.0%	100.0%

The two waiting time standards are that 95% of children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within: one week for urgent cases (E.H.11), and four weeks for every other case. (E.H.10). As this is a new indicator and referral numbers nationally are acknowledged to be low, CCGs will be assessed quarterly. For planning purposes, the data for quarters 1 and 2 submitted to Unify by Alder Hey Children's Hospital for the CCGs has been reviewed, and a July 2016 piece of work by the CAMHS lead at North West Coast SCNS for North Mersey based on admissions for ED to hospitals, by Provider 2015/16. Numbers are low, therefore there an average of one referral per quarter per CCG and to meet the 95% targets that one referral should be dealt with within the expected timescales meaning planning for 100% performance against the metric.

6. Community Health

6.1 Lancashire Care Trust Community Services

Southport & Ormskirk ICO

The Trust 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

Southport & Ormskirk are currently liaising with the new community provider, Lancashire Care, to agree on an SLA 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 initial SLA will be for 6 months.

Members of both the CCG BI team and the new provider's BI team have met on numerous 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.

6.1.2 Quality

The CCG Quality Team holds regular planning meetings with Lancashire Care to discuss Quality Schedule KPIs, Compliance Measures, Safeguarding and CQUIN development. A quality handover document was developed with colleagues NHSE in May 2017; this highlighted areas requiring enhanced surveillance during the transition. This was also shared with Lancashire Care Colleagues and forms the basis of the 17/18 work programme for the CQPG. Any focus areas highlighted in the QRP (Quality Risk Profile) and the Southport & Ormskirk CQC Inspection Action Plan (Community Services) has been incorporated into the handover document.

There is a planned review of all KPIs included in Service Specifications in the first six months for both new contracts (Mersey Care Community and Lancashire Care). This work will include both provider and CCG BI Teams. KPIs focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience will be prioritised. Timescales are to be agreed at a planning meeting with the Trust in June 2017. Any new local KPIs identified will be varied into the contract. A Work Plan has been developed and shared with Trusts for discussion and agreement at the July CQPG meetings.

6.1.3 Any Qualified Provider – Southport & Ormskirk Hospital

Adult Hearing

At month 1 2017/18 the costs were £6,726, compared to £10,789 at the same time last year. Comparisons of activity between the two time periods show that activity has increased slightly from 40 in 16/17 to 54 in 17/18.

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

At month 1 2017/18 the costs were just £156, compared to £7,727 at the same time last year. Activity has decreased significantly from 51 initial contacts in April 2016 to just 1 initial contact in April 2017 and 11 follow-ups.

6.2 Percentage of children waiting more than 18 weeks for a wheelchair

Southport & Formby CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 Plans (92% Target)

E.O.1	Q1	Q2	Q3	Q4
Number of children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less of being referred to the service	15	15	15	15
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made.	16	16	16	16
%	93.8%	93.8%	93.8%	93.8%

CCGs should set out improvement plans to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19. All children requiring a wheelchair will receive one within 18 weeks from referral in 92% of cases by Q4 2017/18 and in 100% of cases by Q4 2018/19. Southport and Formby plans are based on historic activity.

7. Third Sector Contracts

All NHS Standard Contracts and Grant Agreements for 2017-18 have been issued, signed and returned. Commissioners are currently working with providers to tailor service specifications and activity expectations in line with local requirement and CCG plans.

A detailed quarter 4 2016/2017 report detailing outcomes, activity, electoral ward information, age and gender is now available. The information contained within the report covers the following Third Sector providers:

- Age Concern Liverpool & Sefton – Befriending & Reablement Services
- Alzheimer’s Society – Dementia peer group support for people with dementias and their families
- Expect LTD – Mental Health Day Centre based at Bowersdale Resource Centre
- Imagine Independence – Mental Health Employment Services
- Sefton CVS – BME Support, Families, Children & Young People Support, Health & Wellbeing Development & Reablement
- Swan Women’s Centre – Women’s mental health counselling and outreach service
- Sefton Women’s and Children’s Aid (SWACA) – Support for Women & Children suffering Domestic Violence
- Sefton Advocacy – Adult advocacy services
- Sefton Pensioner’s Advocacy – Older People’s Advocacy and Advice Service
- Sefton Citizen’s Advice Bureau – In-patient advice and support service based at Clock View Hospital
- Sefton Carer’s Centre – Parent Carer’s support
- Stroke Association – Support for patients and families affected by Stroke

Further annual reports are awaited from the following providers and will be added to the quarter 4 report:

- Parenting 2000 – Support and advice for young mums and their families
- Netherton Feelgood Factory – Upstairs @83 Mental Health Counselling Service
- CHART – Crosby Housing Trust

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Southport & Formby CCG - Extended Access at GP services 2017/18 Plans

E.D.14	Months 1-6	Months 7-12
Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of 'Full extended access' are: <ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	-	-
Total number of practices within the CCG.	19	19
%	0.0%	0.0%
Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of 'Full extended access' are: <ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	-	-
Total number of practices within the CCG.	19	19
%	0.0%	0.0%

This indicator is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday. The numerator in future will be calculated from the extended access to general practice survey, a new data collection from GP practices in the form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT). Currently in Southport and Formby 18 out of 19 practices are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices in the CCG are offering all three elements and there are no plans to do so at this stage.

The CCG are using 2017/18 to understand access and current workforce / skill mix including practice vacancies in order to produce a comprehensive workforce plan to develop a sustainable general practice model, which is attractive to work in. Current initiatives through GPFV are being explored. A Primary Care Workforce plan will be developed in conjunction with other organisations including Mersey Deanery and Health Education England

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 Norwood Surgery; it achieved a “Good” rating.

Figure 21 – CQC Inspection Table

Southport & Formby CCG									
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led	
N84005	Cumberland House Surgery	27 August 2015	Good	Good	Good	Good	Good	Good	
N84013	Curzon Road Medical Practice	n/a	Not yet inspected the service was registered by CQC on 1 July 2016						
N84021	St Marks Medical Center	08 October 2015	Good	Requires Improvement	Good	Good	Good	Good	
N84617	Kew Surgery	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	22 October 2015	Good	Requires Improvement	Good	Good	Good	Good	
N84618	The Hollies	10 May 2016	Good	Good	Good	Good	Good	Good	
N84008	Norwood Surgery	02 May 2017	Good	Good	Good	Good	Good	Good	
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	28 February 2017	Good	Good	Outstanding	Good	Outstanding	Good	
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	10 September 2015	Good	Good	Good	Good	Good	Good	

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 for Quarter 4 of 2016/17. We continue to meet the national BCF conditions. The guidance for BCF 2017/18 and associated planning requirements are awaited but due for imminent release. An excerpt of the submission relating to the key metrics for BCF is detailed below.

Selected Health and Well Being Board:

Sefton

Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	As reported in Q1, additional targets for Non Elective activity for BCF have not been set over and above the CCG Operational Plans 2016/17 for Non Elective admissions (G&A). NHS England DCO team requested that the final version of all Cheshire & Merseyside CCG plans included growth in some Points of Delivery, namely 0.8% growth in Non Elective activity. Furthermore, contract arbitration with Aintree University Hospital in May 2016 resulted in a requirement from NHSE for further growth in Non Elective admissions to be built into CCG plans. Whilst Q1 NEL admissions were below plan by 0.6% (55 admissions), Q2 saw an increase in admissions of 1.1% against plan (99 admissions), and Q3 saw admissions 8.4% (818 admissions) significantly below plan, and Q4 saw admissions 3.6% below plan for that quarter. The overall 2016/17 position was 3% below plan (1108 admissions).
Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Sefton Q4 is 2,539 delayed days which is over plan (rate of 1151.4 delayed days per 100,000 against plan 924.6). However the England rate for Q4 was 1340 (meaning Sefton was 16.4% below Eng average) Year end 2016/17 shows that Sefton rate of delayed days was 20% above plan (actual 4445.8 against 3697.7 plan). Sefton's rate of delayed days increased by 44% comparing 2016/17 to 2015/16, whilst the England rate increased by 25% over the same period. However Sefton's rate remains below the England rate (4445.8 or Sefton against 5183.3 for England, meaning Sefton's rate is 14% lower).
Local performance metric as described in your approved BCF plan	We provided local metric in BCF plan of dementia diagnosis rate. Clearly links to HWB Strategy in that we know we have high prevalence, but also a potentially high undiagnosed population too, and following engagement with communities, it is important we ensure early and effective support for those diagnosed and suffering with dementia. We have also developed a dementia strategy which will be implemented over the coming years, and this indicator directly links to the five year CCG strategic plan. All of the proposed targets if achieved would realise a statistically significant increase and have been tested with the significance tool.
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Published March 2017 dementia diagnosis rates at CCG level have remained steady towards the 66.7% target and now stand at 64.4% with 2,728 persons diagnosed. Southport & Formby diagnosis rates are above target at 71%, whilst South Sefton rates are below at 57.5%. The gap between the people diagnosed with dementia and estimated prevalence has reduced. Actions are in place to improve the South Sefton Dementia Diagnosis rate including a bespoke set of searches developed into a dementia toolkit which have been rolled out to the south Sefton Data facilitators who will work with each practice and run the searches to identify errors in diagnosis coding on practice clinical systems and identify patients with memory or associated cognitive difficulties that are not identified as having dementia. Clinical staff will be required to review some of the queries from the searches and also contact patients to attend for a review.
Local defined patient experience metric as described in your approved BCF plan	In the absence of the proposed national measure we propose to use two local survey based measures spanning both settings i.e. health and social care in the absence of a robust and readily available integrated metric. The Adult Social Care component will be measured through the use of the national Adult Social Care Framework combined metric 1A – Social care-related quality of life. Since this is a combined metric with relatively limited range between the top and bottom values and we are currently working through changes to our service provision as a result of significant budget pressures we intend to propose a maintenance level for this metric in particular since we already do well when compared nationally. Metric Value for this measure is 19.0 across baseline, 2014/15 and 2015/16. An additional measure will be monitored for patient experience of GP services with the metric of the proportion of survey responses where overall satisfaction was very good or good (weighted response rates). Combining survey results for the two Sefton CCGs over the past 3 years shows slight decrease in overall satisfaction, therefore a slight increase towards 2012 levels is considered a reasonable target. As we can only submit one metric into the spreadsheet we propose to submit the GP patient experience metric but will monitor both metrics internally.
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	GP Primary Care surveys were conducted bi-annually with results usually published in July and January each year. July 2016 results indicated an overall satisfaction rate (weighted responses 'very good' or 'good') as 85.4%. There has been a change to the publication schedule; results are now published annually with the next results expected in July 2017.
Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Sefton's changing demographics predict a continued and significant increase in our older population. As a result we anticipate an unavoidable increase in potential residential and nursing service user demand. We have significantly increased our preventative services such as reablement in order to help slow this demand pressure.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	The early success of the reablement project has plateaued and review is underway to increase levels of reablement for more than just hospital discharges.

Footnotes:

For the local performance metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB.

For the local defined patient experience metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB, except in cases where HWBs provided a definition of the metric for the first time within the Q1 16-17 template.

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.

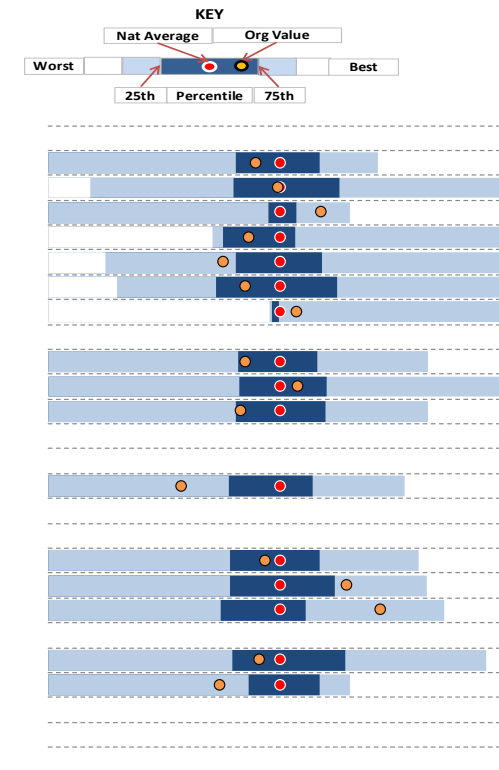
The framework draws together in one place NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership.

A dashboard is released each quarter by NHS England consisting of 57 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.

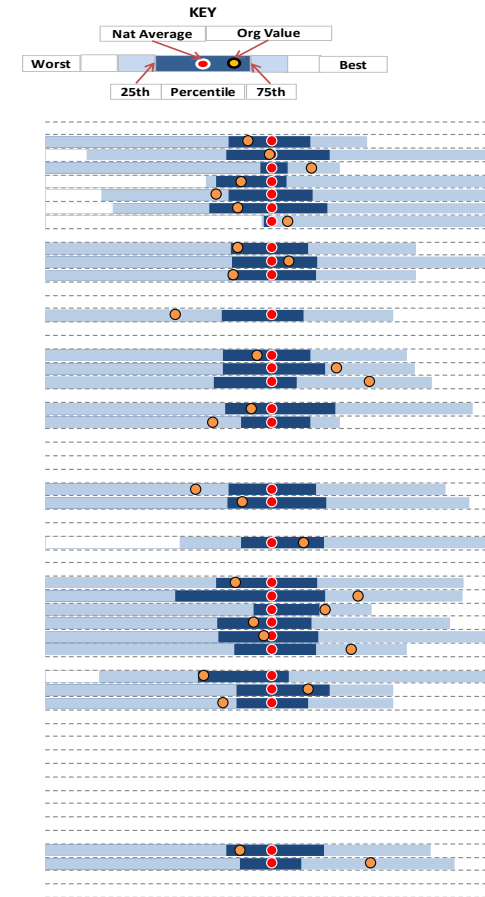
Publication of quarter 4 data has been delayed nationally and currently expected for release at the end of June 2017. This is to enable the analytical resource to focus on year-end updates and 17/18 framework. Publication of the 17/18 IAF is currently not confirmed, however through informal discussions it is suggested that publication will not occur until end of June.

10.2 Q3 Improvement & Assessment Framework Dashboard

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...
<p>Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date</p> <p>If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.</p> <p>KEY H = Higher L = Lower <= N/A</p>					
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



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			<>	



11. NHS England Monthly Activity Monitoring

Southport & Formby CCG's Month 12 Submission to NHS England

	Month 12 YTD Actual	Month 12 YTD Plan	Month 12 YTD Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (Specific Acute)				
GP	3,012	3,286	-8.3%	Reduction against plan within the statistical norm.
Other	2,303	1,801	27.9%	Higher levels of other referrals noted at Southport Trust (CCG main provider) which is the driving factor for the increase. Using local referrals flows, referrals from category '1' and '5' are the main focus of the increase. Further investigation with the Trust required to understand the increase and to see if this is a possible data quality issue.
Total	5,315	5,087	4.5%	See above
Activity vs Plan YTD	54,905	56,258	-2.4%	
16/17 Growth: Cum YTD v 15/16 (WD Adj)			4.6%	See above
Outpatient attendances (Specific Acute)				
All 1st OP	4,052	4,107	-1.3%	
Activity vs Plan YTD	45,466	47,802	-4.9%	As previously reported NHSE required plans to be artificially inflated in line with request for Elective activity increases in capacity, as such variance can be seen between plan and actual. Local indications suggest growth is within 3% at -1.3%.
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-5.7%	
Follow-up	9,233	9,808	-5.9%	Current months levels within statistical norm. As above, plan inflated on request of NHSE. Local monitoring suggests follow up rate growth within 3% for the year at -1.8%.
Activity vs Plan YTD	102,463	107,110	-4.3%	
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-3.2%	
Total OP attends	13,285	13,915	-4.5%	See above
Activity vs Plan YTD	147,929	154,912	-4.5%	See above
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-4.0%	See above
Admitted Patient Care (Specific Acute)				
Elective Day case spells	1,533	1,741	-11.9%	Current month within statistical norm with plans inflated to accommodate NHSE request for artificial inflation of plans. Local monitoring suggests plan v actual for the year is within 3% at -1.8% and as such is not outside threshold levels.
Activity vs Plan YTD	17,150	18,390	-6.7%	
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-2.3%	
Elective Ordinary spells	271	321	-15.6%	As previously stated plans have been artificially inflated at the request of NHSE to accommodate increased capacity demands. Latest months activity levels are within the statistical norm and final year position closer to a variance of -5% when looking at local monitoring figures.
Activity vs Plan YTD	3,082	3,391	-9.1%	
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-7.4%	
Total Elective spells	1,804	2,062	-12.5%	See above
Activity vs Plan YTD	20,232	21,781	-7.1%	See above
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-3.1%	See above
Non-elective spells	1,321	1,372	-3.7%	Within statistical norm.
Activity vs Plan YTD	15,264	15,686	-2.7%	
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-1.0%	
Attendances at A&E				
Type 1	3,543			
All types	4,059	3,716	9.2%	Unable to validate NHSE monitoring figures. Local levels suggest a variance against plan at year end of less than 5% with overall growth levels at less than 1%.
Activity vs Plan All Types YTD	46,125	41,808	10.3%	
16/17 Growth: Cum YTD v 15/16 (WD Adj)			6.6%	

Appendix – Summary Performance Dashboard



Southport And Formby CCG - Performance Report 2017-18



Metric	Reporting Level	Information	2017-18												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
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	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	G											G	
			Actual	94.305%												94.305%
			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%
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	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	R											R	
			Actual	91304%												91304%
			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%
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	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	G											G	
			Actual	100.00%												100.00%
			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%
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	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	G											G	
			Actual	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%
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	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	G											G	
			Actual	100.00%												100.00%
			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%
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	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	G											G	
			Actual	95.238%												95.238%
			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%

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	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	G												G	
			Actual	86.667%													86.667%
			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%	
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	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	G											G		
			Actual	100.00%												100.00%	
			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%	

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	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	R											R
			Actual	70.08%											70.08%
			Target	75%											
	Southport And Formby CCG	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	R											R
			Actual	61.82%											61.82%
			Target	75%											
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	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	R										R	
			Actual	68.94%											68.94%
			Target	75%											
	Southport And Formby CCG	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	R											R
			Actual	64.61%											64.61%
			Target	75%											
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	R										R	
			Actual	92.54%											92.54%
			Target	95%											
	Southport And Formby CCG	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	R											R
			Actual	86.30%											86.30%
			Target	95%											

Enhancing Quality of Life for People with Long Term Conditions

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	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	G														G		
			Actual	100.00%																100.00%
			Target	50%																50%

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	Latest Date: 31/05/2017 P = Published U = Unpublished	RAG	R														R		
			Actual	3															3	
			Target	0																0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1000 FCE's)	Southport And Formby CCG	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	R														R		
			Actual	0.80															0.80	
			Target	0																0

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	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	G														G		
			Actual	94.327%																94.327%
			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%	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	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	G																
			Actual	0																0
			Target	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	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	R														R		
			Actual	3.805%																3.805%
			Target	100%	100%	100%	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	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	G														G		
			Actual	0																0
			Target	0	0	0	0	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	Latest Date: 31/05/2017 P = Published U = Unpublished	RAG	G														G		
			YTD	0																0
			Target	0																0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	Latest Date: 31/05/2017 P = Published U = Unpublished	RAG	G														G		
			YTD	6																6
			Target	6																6

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	Latest Date: 30/04/2017 P = Published U = Unpublished	RAG	R														R		
			Actual	90.852%																90.852%
			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%	95.00%	95.00%	95.00%	

MEETING OF THE GOVERNING BODY JULY 2017

Agenda Item: 17/118	Author of the Paper: Name Katherine Sheerin Position Chief Officer, Liverpool CCG Email: Helen.Galley@liverpoolccg.nhs.uk Tel: 0151 296 7000								
Report date: July 2017									
Title: Strengthening Commissioning: Establishing a Joint Committee across Liverpool, South Sefton and Knowsley CCGs to confirm options for consultation on changes to hospital services as part of the North Mersey Local Delivery System Plan									
Summary/Key Issues: This paper presents a proposal to establish a Joint Committee across South Sefton, Southport and Formby, Knowsley and Liverpool CCGs, in order to agree options and take forward decision making on the future configuration of Hospital Services in North Mersey.									
<p>That the Governing Body -</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;"> <ol style="list-style-type: none"> 1. Supports the establishment of a Joint Committee across Liverpool, South Sefton, Southport and Formby and Knowsley CCGs 2. Approve the Terms of Reference 3. That the Committee(s) in Common is then dissolved </td> <td style="width: 20%; border: none; text-align: right; vertical-align: top;"> <table style="border-collapse: collapse;"> <tr><td style="border: 1px solid black; padding: 2px;">Receive</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Approve</td><td style="border: 1px solid black; text-align: center;">X</td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Ratify</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> </table> </td> </tr> </table>		<ol style="list-style-type: none"> 1. Supports the establishment of a Joint Committee across Liverpool, South Sefton, Southport and Formby and Knowsley CCGs 2. Approve the Terms of Reference 3. That the Committee(s) in Common is then dissolved 	<table style="border-collapse: collapse;"> <tr><td style="border: 1px solid black; padding: 2px;">Receive</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Approve</td><td style="border: 1px solid black; text-align: center;">X</td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Ratify</td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> </table>	Receive		Approve	X	Ratify	
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Receive									
Approve	X								
Ratify									

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

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

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

Report no: CIC XX-16

**NHS LIVERPOOL CCG GOVERNING BODY
TUESDAY 11TH JULY 2017**

Title of Report	Establishing a Joint Committee across Liverpool, South Sefton and Knowsley CCGs to confirm options for consultation on changes to hospital services as part of the North Mersey Local Delivery System Plan
Lead Governor	Katherine Sheerin
Senior Management Team Lead	Katherine Sheerin
Report Author	Katherine Sheerin
Summary	This paper presents a proposal to establish a Joint Committee across South Sefton, Southport and Formby, Knowsley and Liverpool CCGs, in order to agree options and take forward decision making on the future configuration of Hospital Services in North Mersey.
Recommendation	That the Governing Body - <ul style="list-style-type: none"> i. Supports the establishment of a Joint Committee across Liverpool, South Sefton, Southport and Formby and Knowsley CCGs. ii. Approves the Terms of Reference iii. That the Committee(s) in Common is

Page 1 of 16

	then dissolved.
Relevant standards/targets	Delivering Financial and Clinical Sustainability of hospital services. NHS Five Year Forward View

Establishing a Joint Committee across Liverpool, South Sefton and Knowsley CCGs to confirm options for consultation on changes to hospital services as part of the North Mersey Local Delivery System Plan

1. Purpose

The purpose of this paper is to present a proposal to establish a Joint Committee across South Sefton, Southport and Formby, Knowsley and Liverpool CCGs, in order to agree options and take forward decision making on the future configuration of Hospital Services in North Mersey.

2. Recommendations

- iv. That the Governing Body supports the establishment of a Joint Committee across Liverpool, South Sefton, Southport and Formby and Knowsley CCGs.
- v. That the Governing Body approves the Terms of Reference.
- vi. That the Committee(s) in Common is then dissolved.

3. Background

A Committee(s) in Common was established across Liverpool, South Sefton and Knowsley CCGs in October 2014 to consider changes in hospital services arising from the Healthy Liverpool Programme.

The remit of the Committee(s) in Common was -

- Responsibility for agreeing the options for changes to the delivery of hospital services across the city of Liverpool as part of the Healthy Liverpool Programme, taking full account of the work of the clinical reference group and the recommendations from the Leadership Group.

- To identify and make recommendations on a preferred option(s) where appropriate.
- To then steer and support the engagement and consultation process for the changes in hospital services, and recommend conclusions to each host statutory body for approval and implementation.

As a Committee(s) in Common, there was no delegated decision making powers, rather, decisions had to be referred back to each Governing Body.

4. Proposed new governance arrangements

Joint Committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making. CCGs are able to delegate their decision making function to one CCG joint committee, dramatically reducing administration and bureaucracy whilst increasing integration and facilitating greater strategic alignment.

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

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

(2) The arrangements may provide for

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

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

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

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

This is confirmed in each of the CCG Constitutions.

It is proposed that a Joint Committee is established across Liverpool, South Sefton, Southport and Formby and Knowsley CCGs which will be delegated the capacity to propose, consult on and agree future hospital service configurations across North Mersey. The work to develop such proposals has been overseen by the Healthy Liverpool Hospital Programme. However, it is being proposed that this is replaced by the North Mersey Hospital Transformation Board, supported by the Healthy Liverpool Hospital Programme Team and relevant staff from each CCG. This North Mersey Hospital Transformation Board will report into the proposed Joint Committee.

The hospital provider organisations within the scope of the North Mersey Hospital Transformation Programme are –

- Aintree University Teaching Hospital Trust
- Alder Hey
- Royal Liverpool and Broadgreen University Hospitals Trust
- Liverpool Women's Hospital
- Clatterbridge Centre for Oncology
- Walton Centre
- Liverpool Heart and Chest Hospital
- Southport and Ormkirk NHS Trust

The Joint Committee will have no contract negotiation powers meaning that it will not be the body for formal contract negotiations between commissioner and providers, nor will it have responsibilities regarding the monitoring of activity in relation to either finance or quality. These processes will continue to be the responsibility of the individual CCGs and NHSE.

Given the specialist nature of some services, it may be that the Joint Committee is required to work with neighbouring CCGs (including other Joint Committees) on some service configuration proposals. Changes in St Helen and Knowsley Trust and Wirral Foundation Trust will be of particular interest. Given the inclusion of Southport and Ormskirk NHS Trust, discussions are being held with West Lancashire CCG regarding their involvement as an Associate Member of the Joint Committee.

Appendix 1 contains a draft Terms of Reference for the proposed Joint Committee for discussion. Whilst the current proposal is for the Committee's scope of responsibility to be limited to changes in hospital services, it could be that this vehicle provides a good mechanism for other commissioning decisions which impact on a bigger footprint. This can be reviewed as the Committee develops.

5.0 STATUTORY REQUIREMENTS (only applicable to strategy & commissioning papers)

5.1 Does this require public engagement or has public engagement been carried out? Yes / No

- i. No – each CCG has the power to establish Joint Committees as described in their Constitutions.

5.2 Does the public sector equality duty apply? Yes/no.

- i. No.

5.3 Explain how you have/will maximise social value in the proposal: describe the impact on each of the following areas showing how this is constructed to achieve the most:

- a) Economic wellbeing
- b) Social wellbeing
- c) Environmental wellbeing

This will be taken account of in the decision making process on options for future configuration of hospital services.

5.4 Taking the above into account, describe the impact on improving health outcomes and reducing inequalities

This will be taken account of in the decision making process on options for future configuration of hospital services.

5.5 DESCRIBE HOW THIS PROMOTES FINANCIAL SUSTAINABILITY

This will be taken account of in the decision making process on options for future configuration of hospital services.

6. Conclusion

Given the complexity of the hospital system in North Mersey and the need for change to sustain clinical and financial viability, commissioners need to work together to secure effective decision making in order to make progress. A Joint Committee with fully delegated responsibilities should support this, through coherence of approach and more stream lined decision making.

**Katherine Sheerin
Chief Officer
NHS Liverpool CCG**

Proposed Terms of Reference for the Realigning Hospital Based Care Committee(s) in Common

1. Introduction

- 1.1 The NHS Act 2006 (as amended) (**‘the NHS Act’**), was amended through the introduction of a Legislative Reform Order (“LRO”) to allow CCGs to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may form a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act.
- 1.2 Joint committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making and this can include NHS England too, who may also make decisions collaboratively with CCGs.
- 1.3 Although the North Mersey Hospital Transformation Programme will affect services commissioned by the Specialised Commissioning function of NHS England it has been decided that decisions will be undertaken on a collaborative basis, rather than as a single Joint Committee. This will allow sequential decisions to be undertaken allowing clarity of responsibility but also recognising the linkage between the two decisions.
- 1.4 Individual CCGs and NHS England will still always remain accountable for meeting their statutory duties. The aim of creating a joint committee is to encourage the development of strong collaborative and integrated relationships and decision-

making between partners.

- 1.5 The Joint Committee of Clinical Commissioning Groups is a joint committee of: NHS Liverpool CCG; NHS Knowsley CCG; NHS Southport and Formby CCG; NHS South Sefton CCG. It has the primary purpose of formal public consultation and decision making on the issues which are the subject of the North Mersey Hospital Transformation Programme.
- 1.6 In addition the Joint Committee will meet collaboratively with NHS England to make integrated decisions in respect of those services within the Programme which are directly commissioned by NHS England.
- 1.7 The North Mersey Local Delivery System Plan - Health leaders across North Mersey have collectively committed to change the way certain elements of health care are provided to the local population to deliver the highest quality of care possible within the resources available. This work is described in the North Mersey Local Delivery System Plan. A key strand of this is the Hospital Transformation Programme which is designed to deliver key clinical standards consistently across the patch so that all people receive the highest possible care and best outcomes and to secure clinically and financially sustainable hospital services.
- 1.8 Currently for those people who do need in-hospital treatment care can be variable in terms of outcomes because not all hospitals or services meet the agreed clinical quality standards, the hospitals are competing to provide the same services in a health economy that is constrained by both finance and capacity, particularly certain elements of the workforce, to deliver services at the levels required. From the work carried out to date, it is

clear that it is not sustainable to carry on without changing the way health services are delivered both regionally and locally.

1.9 A Programme Board for the North Mersey Hospital Transformation Programme will be established with the following remit -

- i. Establish unified clinical standards and clinical teams that will eliminate variation and drive up quality.
- ii. Design a hospital system which is fit for the future, by removing duplication in services and consolidating trusts to achieve our vision for single service, system wide delivery delivered through a centralised university hospital campus.
- iii. Maximize the benefits of clinical excellence and academic research to improve outcomes for patients.

This Programme Board will report into the Joint Committee. Terms of Reference will be developed for approval by the Joint Committee.

2. Statutory Framework for the Joint Committee

- 2.1 The NHS Act which has been amended by LRO 2014/2436, provides at s.14Z3 that where two or more clinical commissioning groups are exercising their commissioning functions jointly, those functions may be exercised by a joint committee of the groups.
- 2.2 The CCGs named in paragraph 1.5 above have delegated the functions set out in Schedule 1 to the JC CCGs.

3.0 Role of the Joint Committee

The Joint Committee will have the primary purpose of arranging and undertaking the formal public consultation and then making decision on the issues which are the subject of the consultation in relation to the North Mersey Hospital Transformation Programme. This includes but is not limited to –

- Determine the options appraisal process
- Determine the method and scope of the consultation process
- Act as the formal body in relation to consultation with the Joint Overview and Scrutiny Committees established for this Consultation by the relevant Local Authorities
- Make any necessary decisions arising from a Pre-Consultation Business Case (and the decision to run a formal consultation process)
- Approve the Consultation Plan
- Approve the text and issues on which the public's views are sought in the Consultation Document
- Take or arrange for all necessary steps to be taken to enable the CCGs to comply with their public sector equality duties
- Approve the formal report on the outcomes of the consultation that incorporates all of the representations received in response to the consultation document in order to reach a decision
- Make decisions about future service configuration and service change, taking into account all of the information collated and representations received in relation to the consultation process. This should include consideration of any recommendations made by the Programme board or views expressed by the Joint Health Overview and Scrutiny Committees(s) or any other relevant organisations. It should also include consideration of the implications of the decisions in relation to potential risk to the sustainability and viability of the Trusts / Foundation Trusts included in the remit of the Programme.

4.0 Membership of the Joint Committee

- Liverpool CCG (3 Governing Body members)
- Knowsley CCG (3 Governing Body members)
- South Sefton CCG (3 Governing Body members)
- Southport and Formby CCG (3 Governing Body members)

(The Governing Body members will include a Lay Member)

Associate Member(s)

West Lancashire CCG

Co-opted Members (non-voting)

- NHSE (1 member with senior responsibility for commissioning specialised services)
- Liverpool LA (1 member to be nominated through the H and WB Board) - 1 member
- Knowsley LA (1 member to be nominated through the H and WB Board) – 1 member
- Sefton LA (1 member to be nominated through the H and WB Board) – 1 member
- A Healthwatch representative nominated by local Healthwatch groups
- Clinical Lead for North Mersey Hospital Transformation Programme
- SRO for North Mersey Hospital Transformation Programme

Others may be asked to attend to provide information and expertise as required.

Committee members may nominate a suitable deputy when necessary and subject to the approval of the Chair of the joint committee. All deputies should be fully briefed and the secretariat informed of any agreement to deputise so that quoracy can be maintained.

No person can act in more than one role on the Joint Committee, meaning that each deputy needs to be an additional person from outside the Joint Committee membership.

LCCG Healthy Liverpool Programme Team will act as secretariat to the Committee to ensure the day to day work of the Joint Committee is proceeding satisfactorily.

The Joint Committee will be chaired by one of the CCG members (either Chair or Accountable Officer) to be determined by the Committee members.

5.0 Meetings

The Joint Committee shall adopt the standing orders of NHS Liverpool CCG insofar as they relate to the –

- Notice of meetings
- Handling of meetings
- Agendas
- Circulation of papers
- Conflicts of interest

6.0 Voting

The Joint Committee will aim to make decisions by consensus wherever possible. Where this is not achieved, a voting method will be used. The voting power of each individual present will be weighted so that each party (CCG) possesses 25% of total voting power.

It is proposed that recommendations can be approved if there is approval by at least 75%.

7.0 Quorum

At least one full voting member from each CCG must be present for the meeting to be quorate.

8.0 Frequency of meetings

Meetings will be held at least six times per year.

9.0 Meetings of the Joint Committee

Meetings of the Joint Committee shall be held in public unless the Joint Committee considers that it would not be in the public interest to permit members of the public to attend a meeting or part of a meetings. Therefore, the Joint Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

Members of the Joint Committee have a collective responsibility for the operation of the Joint Committee. They will participate in discussion, review evidence and provide objective expert input to the best of the knowledge and ability, and endeavour to reach a collective view.

The Joint Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

The Joint Committee has the power to establish sub groups and working groups and any such groups will be accountable directly to the Joint Committee.

Members of the Joint Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless

separate confidentiality requirements are set out for the Joint Committee in which even these shall be observed.

10.0 Secretariat Provisions

The secretariat to the Joint Committee will:

- Circulate the minutes and action notes of the committee within five working days of the meeting to all members
- Present the minutes and actions notes to the Governing Bodies of the CCGs set out in 5.1 above.

11.0 Reporting to CCGs and NHS England

The Joint Committee will make a quarterly written report to the CCG member Governing Bodies and NHS England.

12.0 Decisions

The Joint Committee will make decisions within the bounds of the scope of the functions delegated.

The decision of the Joint Committee shall be binding on all member CCGs, which are:

- NHS Liverpool CCG;
- NHS Southport and Formby CCG;
- NHS Sefton CCG;
- NHS Knowsley CCG.

All decision undertaken by the Joint Committee will be published by the clinical Commissioning Groups set out above.

13.0 Review of the Terms of Reference

These terms of reference will be formally reviewed by the CCGs set out above annually. They may be amended by mutual agreement between CCGs at any time to reflect changes in circumstances as they arise.

14.0 Withdrawal from the Joint Committee

Should this joint commissioning arrangement prove to be unsatisfactory, the Governing Body of any of the member CCGs or NHS England can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the new financial year.

15.0 Signatures

NHS Knowsley CCG

NHS Liverpool CCG

NHS Southport and Formby CCG

NHS South Sefton CCG

MEETING OF THE GOVERNING BODY JULY 2017

Agenda Item: 17/119	Author of the Paper: Helen Nichols Chair of Audit Committee Governing Body Lay Member Helen.nichols3@nhs.net Tel: 0151 247 7071 (PA to CFO)
Report date: July 2017	

Title: Audit Committee Annual Report 2017

Summary/Key Issues:

In the fourth full financial year in which the CCG has been in existence the work of the Audit Committee can continue to provide assurance to the Governing Body that:

- an effective system of integrated governance, risk management and internal control remains in place to support the delivery of the CCG's objectives and that arrangements for discharging the CCG's statutory financial duties are established;
- there were no areas reported by MIAA where weaknesses in control, or consistent non-compliance with key controls, could have resulted in failure to achieve the review objective; and
- ISA260 Audit Highlights Memorandum for 2015/16 accounts was reported to the May 2016 Audit Committee Meeting as part of the Annual Accounts approval process. This was reported through to the Governing Body via the approved Audit Committee minutes.
- The content of this report in draft format was noted by the Audit Committee at the meeting on 19th April 2017. Minor amendments were agreed at this meeting which have been incorporated into this report.

Recommendation

The Governing Body is asked to note the work of the Audit Committee and receive the Annual Report for 2016/17.

Receive	X
Approve	
Ratify	

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

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

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



Audit Committee Annual Report 2017

1. Role of the Audit Committee

The Codes of Conduct and Accountability, issued in April 1994, set out the requirement for every NHS Board to establish an Audit Committee. That requirement remains in place today and reflects not only established best practice in the private and public sectors, but the constant principle that the existence of an independent Audit Committee is a central means by which a Governing Body ensures effective internal control arrangements are in place.

The principal functions of the Committee are as follows:

- i) to support the establishment of an effective system of integrated governance, risk management and internal control, across the whole of the CCG's activities to support the delivery of the CCG's objectives; and
- ii) to review and approve the arrangements for discharging the CCG's statutory financial duties.
- iii) To review and approve arrangements for the CCG's standards of Business Conduct including conflicts of interest, the register of interests and codes of conduct.
- iv) To ensure that the organisation has policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and to approve such policies.

The Audit Committee met five times during 2016/17 in April, May (to sign off the 2015/16 accounts), July, October and January.

The Committee comprises four members of the Clinical Commissioning Group Governing Body:

- Lay Member (Governance) (Chair)
- Lay Member (Patient Experience & Engagement)
- Practice Manager Governing Body Member
- Secondary Care Doctor

The Audit Committee Chair or Vice Chair and one other member are necessary for quorum purposes. In addition to the Committee Members, Officers from the CCG are also asked to attend the committee as required. This always includes senior representation from Finance.

In carrying out the above work, the Committee primarily utilises the work of Internal Audit, External Audit and other assurance functions as required. A number of representatives from external organisations have attended to provide expert opinion and support:

- Audit Manager MIAA
- Local Counter Fraud Officers MIAA
- Audit Director KPMG
- Audit Manager KPMG

Attendance at the meetings during 2016/17 was as follows in respect of the above mentioned key members/attendees:

Name	Membership	April 16	May 16	July 16	Oct 16	Jan 17
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓
Gill Brown	Lay Member		✓	✓	✓	✓
Jeff Simmonds	Secondary Care Doctor	✓	✓	✓	✓	A
Paul Ashby	Practice Manager	✓	✓	✓	A	
<i>In attendance:</i>						
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
David Smith	Deputy Chief Finance Officer	✓	✓	✓	✓	
Alison Ormrod	Deputy Chief Finance Officer					✓
Leah Robinson	Chief Accountant	✓	✓	✓	✓	✓
Roger Causer	Senior Local Counter Fraud Specialist, MIAA	N	N	N	N	N
Michelle Moss	Local Counter Fraud Specialist, MIAA	✓	N	A	✓	✓
Adrian Poll	Audit Manager, MIAA	✓	A	✓	A	A
Ann Ellis	Audit Manager, MIAA	N	N	N	N	✓
Andrew Smith	Audit Director KPMG	✓	✓	N	N	
John Prentice	Audit Director KPMG					A
Jillian Burrows	Audit Senior Manager KPMG	✓				
Jerri Lewis	Audit Manager KPMG	✓	✓	✓	✓	✓

✓ Present A Apologies N Non-attendance

The Audit Committee supports the Governing Body by critically reviewing governance and assurance processes on which the Governing Body places reliance. The work of the Audit Committee is not to manage the process of populating the Assurance Framework or to become involved in the operational development of risk management processes, either at an overall level or for individual risks; these are the responsibility of the Governing Body supported by line management. The role of the Audit Committee is to satisfy itself that these operational processes are being carried out appropriately.

2. Internal Audit

Role - An important principle is that internal audit is an independent and objective appraisal service within an organisation. As such, its role embraces two key areas:

- The provision of an independent opinion to the Accountable Officer (Chief Officer), the Governing Body, and to the Audit Committee on the degree to which risk management, control and governance support the achievement of the organisation's agreed objectives.
- The provision of an independent and objective consultancy service specifically to help line management improve the organisation's risk management, control and governance arrangements.

Internal Audit, together with CCG Management, prepared a plan of work that was approved by the audit committee and progress against that plan has been monitored throughout the year.

During 2016/17 Mersey Internal Audit Agency (MIAA) have reviewed the operations of the CCG, have found no major issues and concluded that overall it has met their requirements. They have reported back on a number of areas. In all cases action plans have been implemented and are being monitored. In all areas reviewed to date '**Significant Assurance**' has been reported. The Compliance Statement for Managing Conflicts of Interest stated that the CCG was '**Partially/Fully Compliant**': those areas that were only partially compliant have been addressed by an action plan that is being monitored by the audit committee.

At the April 2017 meeting the Director of Audit gave his opinion that Significant Assurance could be given in respect of the CCG's system of internal control. A copy of his report is attached.

3. External Audit

Role - The objectives of the External Auditors are to review and report on the CCG's financial statements and on its Statement on Internal Control.

During the period covered in the report, the CCG's External Auditors (KPMG) concluded their review of the 2015/16 annual report and accounts and reported to the Governing Body via the approved Audit Committee minutes. Since then External Audit have concluded the audit of the 2016/17 annual report and accounts and reported the ISA260 Audit Highlights Memorandum at the Audit Committee meeting on 24th May 2017. The publication of the 2016/17 Annual Audit Letter is still awaited.

4. Counter Fraud Specialist

Role – To ensure the discharge of the requirements for countering fraud within the NHS. The role is based around four generic areas.

The Local Counter Fraud Specialist, together with CCG management, prepared a plan of work that was approved by the audit committee and progress against that plan has been monitored throughout the year. There was one issue that required investigation by Counter Fraud during 2016/17 which is still on going at the time of this report.

In June 2016 the CCG was notified of a focused inspection of their anti-fraud arrangements in two of four areas: Strategic Governance and Inform and Involve. The overall outcome of the inspection was the area of Strategic Governance remained as 'Green' but the area of Inform and Involve changed from 'Green' to 'Amber'. An action plan was agreed to address those areas highlighted as requiring improvement and this has now been completed.

5 Regular Items for Review

The Audit Committee follows a work plan approved at the beginning of the year, which includes, as required:

- Losses and special payments;
- Outstanding debts;
- Financial policies and procedures;
- Tender waivers;
- Declarations of interest;
- Self-assessment of Committee's effectiveness;
- Information Governance Toolkit
- Risk Registers

6 Key Items in the Year for Noting

- Annual Governance Statement approved;
- Annual Accounts approved;
- Annual Report approved;
- ISA 260 unqualified audit report from KPMG for 2015/16;

7 Conclusions

The Audit Committee remains a key committee of the Governing Body, with significant monitoring and assurance responsibilities requiring commitment from members and support from a number of external parties. The annual work plan has been developed in line with best practice described in the Audit Committee Handbook and forms the basis of our meetings. In all of these areas the Audit Committee seeks to assure the CCG that effective internal controls are in place and will remain so in the future. In summary the work of the Audit Committee, in the fourth financial year in which the CCG has been in existence, continues to provide assurance to the Governing Body that:

- an effective system of integrated governance, risk management and internal control is in place to support the delivery of the CCGs objectives and that arrangements for discharging the CCGs statutory financial duties are established;
- there were no areas reported by MIAA where weaknesses in control, or consistent non-compliance with key controls, could have resulted in failure to achieve the review objective; and
- External Audit have concluded the audit of the annual accounts and reported the ISA260 Audit Highlights Memorandum at the Audit Committee meeting on 24th May 2017. The publication of the 2016/17 Annual Audit Letter is still awaited.

8 Recommendation

The Governing Body is asked to note the content of this report by way of assurance.

Helen Nichols

Lay Member - Governance
NHS Southport and Formby CCG

Appendix 1: Director of Audit's Opinion

2. Director of Internal Audit Opinion – Executive Summary

My opinion is set out as follows:

- Basis for the opinion;
- Overall opinion; and
- Commentary

2.1 Basis for the Opinion
1. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes.
2. An assessment of the range of individual assurances arising from our risk-based internal audit assignments that have been reported throughout the period. This assessment has taken account of the relative materiality of systems reviewed and management's progress in respect of addressing control weaknesses identified.
3. An assessment of the organisation's response to Internal Audit recommendations, and the extent to which they have been implemented.

My opinion is one source of assurance that the organisation has in providing its AGS other third party assurances should also be considered. In addition the organisation should take account of other independent assurances that are considered relevant.

2.2 Overall Opinion

My overall opinion for the period 1 April 2016 to 31 March 2017 is:

Significant Assurance, can be given that that there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

2.3 Commentary

This opinion is provided in the context that the Clinical Commissioning Group like other organisations across the NHS is facing some challenging issues in respect of financial performance. The Clinical Commissioning Group's financial plan has been rated as Red by NHS England and the Clinical Commissioning Group has been required to produce a



Recovery Plan by NHS England to improve its the financial position. Regular updates on financial performance are provided at Governing Body meetings. The successful delivery of cost saving plans will be a key focus for the Governing Body throughout 2017/18 and beyond.

Senior management within the Clinical Commissioning Group has remained stable. NHS England has rated the quality of leadership at the Clinical Commissioning Group as Amber.

Operationally the Clinical Commissioning Group has continued to regularly report providers' performance against a range of targets. The Clinical Commissioning Group's primary provider Southport & Ormskirk Hospital NHS Trust has generally met referral to treatment and cancer targets but has been challenged to maintain required performance levels A&E waiting times. Primary Care performance is also regularly reported. The Clinical Commissioning Group needs to continue to work with providers to ensure required performance improvements are achieved.

NHS Southport & Formby CCG is a member of Cheshire & Merseyside STP and is part of the North Mersey Local Delivery System (LDS). A set of priorities has been identified for the LDS that align to the CCG's own strategic plans, known as Shaping Sefton. NHS Southport & Formby is working with other partners within the LDS, including NHS South Sefton CCG and NHS Liverpool CCG, whose transformational programmes are closely aligned.

In providing this opinion I can confirm continued compliance with the definition of internal audit (as set out in your Internal Audit Charter), code of ethics and professional standards. I also confirm organisational independence of the audit activity and that this has been free from interference in respect of scoping, delivery and reporting.

Tim Crowley

Director of Audit, MIAA
March 2017



MEETING OF THE GOVERNING BODY JULY 2017

Agenda Item: 17/120	Author of the Paper: Debbie Fairclough Chief Operating Officer Debbie.fairclough@southseftonccg.nhs.uk 0151 247 7000						
Report date: July 2017							
Title: Governing Body Assurance Framework 2017/18 Quarter 1							
Summary/Key Issues: The Governing Body is presented with the updated GBAF as at Quarter 1 (April to June 2017) following review by the Executives and is due to be presented to the Audit Committee in July 2017. The GBAF for Quarter 4 2016/17 was presented to the Audit Committee in April 2017 and was signed off following full review and scrutiny.							
Recommendation The Governing Body is asked to fully review, scrutinise and if satisfied, approve the updates.	<table border="1"> <tr><td>Receive</td><td><input type="checkbox"/></td></tr> <tr><td>Approve</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Ratify</td><td><input type="checkbox"/></td></tr> </table>	Receive	<input type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input type="checkbox"/>						
Approve	<input checked="" type="checkbox"/>						
Ratify	<input type="checkbox"/>						

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.

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

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

Southport and Formby CCG
Governing Body Assurance Framework
2017/2018
Update: June 2017

The Governing Body Assurance Framework (GBAF) aims to identify the principal or strategic risks to the delivery of the CCG's strategic objectives. It sets out the controls that are in place to manage the risks and the assurances that show if the controls are having the desired impact. It identifies the gaps in control and the key mitigating actions required to reduce the risks towards the appetite risk score. The GBAF also identifies any gaps in assurance and what actions can be taken to increase assurance to the CCG.

The table below sets out the strategic objectives lists the various principal risks that relate to them and highlights where gaps in control or assurance have been identified. Further details can be found on the supporting pages for each of the Principal Risks.

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
1. 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.	1.1 Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position	Debbie Fairclough	20	16	<ul style="list-style-type: none"> Updated QIPP plan submitted to QIPP committee Request for additional resource submitted to NHSE
2. To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.	2.1 N/A				<ul style="list-style-type: none"> Risk being assured through Strategic Objective 1
3. To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.	3.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified	Karl McCluskey	16	8	<ul style="list-style-type: none"> Performance continues to be maintained
	3.2 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.	Tracy Jeffes	5	4	<ul style="list-style-type: none"> CSU offering expert advice to refresh business continuity plans
4. 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.	4.1 Current work pressures reduce ability to engage on GP Five Year Forward View implementation.	Jan Leonard	9	9	<ul style="list-style-type: none"> Approvals panel to review LQC payments
5. To advance integration of in-hospital and community services in support of the CCG locality model of care.	5.1 Community Service currently going through procurement process which increasing risk of instability in services.	Jan Leonard	9	6	<ul style="list-style-type: none"> Lancashire Care NHSFT currently working on a number of transformational pieces of work which will continue

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
					<p>beyond mobilisation for an agreed period, these will be monitored through a specific section of the contract monitoring meetings.</p> <ul style="list-style-type: none"> Assurance received from Lancashire Care NHSFT that mobilisation is progressing and a safe landing will take place on 1 May 2017
<p>6. To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.</p>	<p>6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans</p>	<p>Tracy Jeffes</p>	<p>9</p>	<p>9</p>	<ul style="list-style-type: none"> “Making it Happen” – Sefton’s health and social care integration approach has now been approved by the HWBB and governing body. Good progress on developing BCF plans

Strategic Objective 1	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.			
Risk 1.1	Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position			
Risk Rating Initial Score Current Score	5x4=20 5x4=16		Lead Director Debbie Fairclough Date Last Reviewed 27 th June 2017	
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> QIPP plan remains under constant review by the Joint QIPP Committee and the Governing Body QIPP update provided at leadership team every week QIPP week held in May to identify new schemes QIPP week planned for July to identify further schemes and plan for 2018/19 Senior QIPP programme manager being recruited to lead on key schemes and support delivery Ongoing dialogue with provider to align QIPP with CIP Prioritisation session being held with Governing Body Implementation of a referral management system Stretch QIPP plan for medicines optimisation being developed 		Action	Responsible Officer	
		<ul style="list-style-type: none"> Additional resource required to support QIPP schemes – support requested from NHSE 	Debbie Fairclough	July 2017
		<ul style="list-style-type: none"> Rapid implementation of big schemes required – Frailty, pain management 	Debbie Fairclough	July 2017
		<ul style="list-style-type: none"> Activity management plans to be requested from provider 		
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Outcome of audit by NHSE in March shows that we have good arrangements in place Delivery of QIPP targets – monitored month on month Full review of all QIPP activity undertaken in May – June providing assurances that the CCG is doing all it can to identify efficiencies 				
Additional Comments:		Link to Risk Register:		
		SF006		

Strategic Objective 2	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.								
Risk 2.1									
Risk Rating Initial Score 5 x 3 = 15 Current Score 3 x 3 = 9	Lead Director Karl McCluskey Date Last Reviewed 27/06/17								
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):								
<ul style="list-style-type: none"> 	<table border="1"> <thead> <tr> <th data-bbox="1133 497 1704 574">Action</th> <th data-bbox="1704 497 1942 574">Responsible Officer</th> <th data-bbox="1942 497 2123 574">Due By</th> </tr> </thead> <tbody> <tr> <td data-bbox="1133 574 1704 1043"></td> <td data-bbox="1704 574 1942 1043"></td> <td data-bbox="1942 574 2123 1043"></td> </tr> </tbody> </table>	Action	Responsible Officer	Due By					
Action	Responsible Officer	Due By							
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):								
<ul style="list-style-type: none"> 									
Additional Comments:	Link to Risk Register:								
<ul style="list-style-type: none"> 									

Strategic Objective 3	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.		
Risk 3.1	There is a risk that identified areas of adverse performance are not managed effectively or initially identified		
Risk Rating	Lead Director		
Initial Score	4x4 = 16	Karl McCluskey	
Current Score	2x4 = 8	Date Last Reviewed	
		26/07/17	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Aristotle Business Intelligence portal in place and training provided to localities, practices, locality managers and commissioning leads. Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week. Management structure put in place with clear lines of accountability and responsibility Identified individuals update monthly through integrated performance meetings Links between contracting teams and CPQG to ensure adverse quality performance is triangulated 	Action	Responsible Officer	Due By
	Continued monitoring of associated risks	All	on-going
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked Integrated Performance Report shows CCG understanding of issues and oversight of actions Integrated Performance Reports may show improved performance as a result of robust management by CCG Assurance from MIAA review of performance reporting Performance continues to be maintained 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 3	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.		
Risk 3.2	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 2 responder.		
Risk Rating Initial Score Current Score	1 x 5 = 5 1 x 4 = 4	Lead Director Tracy Jeffes Date Last Reviewed June 2017	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> • CCG Commissions EPRR and Business Continuity support from MLCSU • CCG has in place business continuity plans • Emergency Planning training taken place in last 12 months • Corporate Governance Group has responsibility for ensuring compliance • CCG Statutory Lead is Chief Delivery and Integration Officer 	Action	Responsible Officer	Due By
	Business continuity plans have been refreshed by all CCG teams	Tracy Jeffes	May 2017
	Composite plan and strategy to be finalised	M&L CSU lead	July 2017
	Ongoing training for key staff – multiagency response training event	Tracy Jeffes	September 2017
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> • NHSE assurance through self-assessment and improvement plan 	NHSE assurance process to be repeated in September 2017		
Additional Comments:	Link to Risk Register:		

Strategic Objective 4	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.		
Risk 4.1	Current work pressures reduce ability to engage on GP Five Year Forward View implementation.		
Risk Rating Initial Score Current Score	3x3=9 3x3=9		Lead Director Jan Leonard Date Last Reviewed June 2017
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Joint Commissioning Committee with NHSE Operational group that reports to Joint Committee LQC in place for 17/18 GP five year forward view plan 	Action	Responsible Officer	Due By
	North Mersey LDS Group for GPFV delivery	J Leonard	Monthly meeting
	NHSE LDS Support team in place for GPFV	J Leonard	
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Aristotle primary care dashboard in development GPFV plan monitoring LQC monitoring 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 5	To advance integration of in-hospital and community services in support of the CCG locality model of care.			
Risk 5.1	Transformation of community services delayed by mobilisation of community contract			
Risk Rating	Lead Director			
Initial Score	3x3=9	Jan Leonard		
Current Score	2x3=6	Date Last Reviewed		
		June 2017		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Community Services contract monitoring meetings EPEG monitor feedback on services Quality Committee monitoring of services 		Action	Responsible Officer	Due By
		High-level transformation plan in place	Jan Leonard	March 2018
		Performance against plan to be monitored through monthly contract meetings	Jan Leonard	In Year
		Fortnightly meetings between CCG Lead and Provider to progress transformation agenda	Jan Leonard	March 18
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
Feedback from stakeholders and patients Delivery against transformation plan				
Additional Comments:		Link to Risk Register:		

Strategic Objective 6	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.			
Risk 6.1	There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans			
Risk Rating Initial Score Current Score	3x3 3x3=9		Lead Director Tracy Jeffes Date Last Reviewed June 2017	
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ol style="list-style-type: none"> 1. Health and wellbeing board executive in place 2. Review of current BCF and Section 75 arrangements 3. Number of key joint commissioning posts in place 4. Integrated Commissioning Group established 5. Making It Happen – joint approach to integration approved 6. Implementation of MIAA recommendations in development of new BCF, iBCF and Section 75 		Action	Responsible Officer	Due By
		Approach to implementation of “ Making it Happen” agreed	Mel Wright/ Tracy Jeffes	June 2017
		Initial pooled budget arrangements within BCF agreed	Martin McDowell	June 2017
		Finalise iBCF and BCF once final guidance published, aligned to “Making it Happen”	Tracy Jeffes	TBC
		New Section 75 agreed by all parties	Tracy Jeffes	September 2017
		Implementation of MIAA recommendations	Tracy Jeffes	November 2017
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ol style="list-style-type: none"> 1. MIAA review of BCF for 16/17 provided significant assurance. Action plan agreed 				
Additional Comments:		Link to Risk Register:		
		SS040		

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 22nd March 2017	Chair: Gill Brown
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> CCG on target to deliver £6.7m deficit in annual accounts following the release of 1% non-recurrent reserve. This exceeds the CCG legal directions target of £4.0m. 	<ul style="list-style-type: none"> The CCG is almost certain to not deliver its legal directions target. The Committee have raised the risk associated with non delivery accordingly. 	<ul style="list-style-type: none"> Continue to review all aspects of QIPP to ensure delivery of existing plans and control expenditure across the CCG in all budgets.

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

<ul style="list-style-type: none"> Mobile Device / Smartphone Policy approved. Chief Finance Officer noted that the Governing Body will receive an update to its financial strategy on 29th March. This will include a revised QIPP plan with challenging target. Committee noted the Improvement and Assurance Framework Q3 update and asked for it to be discussed in more detail at a future Governing Body Development Session. Community Contracts – operational group on course to deliver 1st May start date. £300k transitional costs agreed. North Mersey LDS Estates Group – first meeting to confirmed. Chief Finance Officer has fed back comments regarding representation at meetings. CCG financial monitoring report. CCG highlighted as third highest percentage delivery of QIPP in North region. Significant underspend on prescribing noted by committee. The committee offered congratulations to the Medicines Management team and practices for their work in delivering this position.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 17th May 2017	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> Year end position – potential for a qualified / except for Value for Money opinion. 	<ul style="list-style-type: none"> Confirmation subject to audit opinion. 	<ul style="list-style-type: none"> Ongoing discussions with audit.

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

- Risk Register – F&R committee advised that 17/18 risk will focus on delivering statutory duty with two sub-risks: non-delivery of QIPP and over-performance against budgets.
- Reserves review – small reduction in QIPP.
- Reasonable Adjustment and Disability guidance approved.
- CSU report – generally good performance / ongoing discussions regarding CHC performance.
- Registration Authority policy approved subject to clarification on how this policy accommodates mobile workers. Clarification required from Corporate Governance Support Group as to what is considered ‘except for’. This is also to be considered for other policies (e.g. smart phones).
- Reserves report – to be added to monthly finance report.
- Quality Premium report received – CCG not expected to receive funding.
- Risks relating to pharmaceutical prescribing codes escalated to NHS England through the Primary Care Support (PCS) Services Stakeholder Group.
- Committee thanked the Medicines Management team for delivering prescribing savings.
- Benchmarking – further work to be done to ensure consistency.
- Approved pharmacy Medical and Educational Goods and Services (MEGS) in line with ABPI standards.

Key Issues Report to Governing Body

Quality Committee Meeting held on 22 nd March 2017	Chair: Debbie Fagan
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Information Points for Southport & Formby CCG Governing Body (for noting)

- SEND Inspection Update** – Work contains on the development of the joint Improvement Plan in partnership with Local Authority and key stakeholders / partners. Extraordinary meeting to take place of the Children’s Overview & Scrutiny Committee on 4th April 2017 to discuss the Improvement Plan – Chief Nurse to represent the CCG along with colleagues from the Local Authority. Deadline for submission to OfSTED and the CQC is towards the end of April 2017.
- Liverpool Community Health Quality Handover** – Quality Handover documents received by the Quality Committee as a specific agenda item. General update contained within the Chief Nurse Report.
- Southport & Ormskirk Hospitals NHS Trust Pressure Ulcer Contract Query / Open Serious Incidents on STEIS** - Composite action plan received and reviewed by commissioners at the Collaborative Forum. Decision made to close the contract query relating to pressure ulcers. 104 serious incidents now closed on STEIS. Monitoring of action plan will be undertaken at the CQPG. 3 pressure ulcer SIs remain open on STEIS. Community elements of the action plan will transfer across to new community provider post June 2017 and be monitored at the CQPG. NHSE informed for the purposes of assurance.

Key Issues Report to Governing Body

Quality Committee Meeting held on 19th April 2017

Chair:
Dr Rob Caudwell

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

- **Mersey Care NHS Foundation Trust Suicide Report** - The committee highlighted concerns in relation to the number of incidents related to suicides for Mersey Care NHS Foundation Trust. Whilst the Trust have indicated that they are not an outlier nationally, the CCG Quality Team has requested via the lead commissioner a presentation at CQPG.
- **NHS England Pharmacist Application** – CCG application was unsuccessful. Issue to be raised with NHSE at the next meeting to find out the rationale to support future learning.

Annual Report 2016/17

The joint quality committee is required to provide and update to the governing body on the key programmes of work covered during the year. In 2016/17 the key work programmes of the committee were as follows:

At each meeting the joint quality committee

- Monitored standards and provided assurance on the quality of commissioned services, by the CCG to ensure that local and national standards were being met
- Promoted a culture of continuous improvement and innovation with respect to safety, clinical effectiveness and patient experience

During the year the committee also:

- supported the CCGs QIPP priorities by providing quality advice and input to schemes
- supported the community services transition to ensure the safe and effective transfer of services
- approved and monitored the arrangements in respect of Safeguarding (children and adults)
- monitored the quality of commissioned services, compliance with Controlled Drugs Regulations 2013
- participated in quality surveillance arrangements

Key Issues Report to Governing Body



SF NHSE Joint Commissioning Committee, Wednesday 26th April, 2017

Chair:
Gill Brown

Key Issue	Risk Identified	Mitigating Actions
Clinical Pharmacy Pilot	Risk of practice disengagement as prior bids have been unsuccessful. Risk that Sefton could miss an opportunity for transformation if no successful bids are submitted.	NHSE have requested CCG consideration of further bids. Engagement with local clinician involved in the last bid, will be undertaken to assess appetite for a further bid.
Stakeholder attendance	Some stakeholders may be missing the opportunity to contribute to the Committee.	Attendance register will be added to future meeting papers.
Resilience bids	Merseycare currently have one third of its SF caseload registered with one practice in the Central locality.	Intention to bid for resilience funding to support a pilot with Merseycare to address this issue.
CQC Ratings	A local practice received a rating of inadequate.	Following implementation of an action plan, the practice was reinspected and received a rating of requires improvement. Work on the action plan is continuing.
GP Five Year Forward View funding	SFCCG may be at risk of missing out on some available funding.	The Committee will now receive regular updates on GPFV activity and spend in the SFCCG area.
Risk Register	Two items were noted as carrying a risk level of 16. Both items concerned local practices.	Following discussion, it was agreed that both items should remain at a risk level of 16.

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

Key Issues Report to Governing Body



SF NHSE Joint Commissioning Committee Part 1, Wednesday 28th June, 2017	Chair: Gill Brown
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Key Issue	Risk Identified	Mitigating Actions
GPFV Funding	Concerns that Southport & Formby may not be receiving the anticipated funding.	Reports requested from NHSE with detailed information about funding allocations within SFCCG.
Pharmacy Pilot	No successful bids in SFCCG	Possibility of further bids being explored with local surgeries.
CQC Ratings	Practices receiving ratings of requires improvement or inadequate may be unsure of where to access support in addressing CQC concerns.	RCGP Support is available (to members and non members). This is a funded service, with an expectation that CCG's should part fund the costs. This is to be explored.

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

Key Issues Report

Southport & Formby Localities

April – June 2017



AINSDALE & BIRKDALE LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Electronic letter – duplication of electronic and paper copies	<ul style="list-style-type: none"> This has been an ongoing key issue with duplication which impact on workload. 	<ul style="list-style-type: none"> This is being investigated by AJ to gain understanding of the picture across the whole of the North Mersey footprint. There is ongoing work to change systems at the Trust on a validation process for each e-discharge and any quality issues. General practice element also look at whole process within each practice before turning off paper copies.
2. Care Homes	<ul style="list-style-type: none"> Patients outside of Trinity Practice's new boundary to be redistributed. Ongoing issues with 'fair' allocation of Care Homes and Care Home patients across each practice. 	<ul style="list-style-type: none"> Dr Scholtz has organised the redistribution of the patients from Trinity between all practices in S&F. Ongoing discussions continuing.
3. Inappropriate workload from secondary care	<ul style="list-style-type: none"> Ongoing concerns regarding non-commissioned work from secondary care to primary care. Increasing GP workload. 	<ul style="list-style-type: none"> Dr Callow has been in discussions with the Trust and from 1 June any requests should be returned to the Trust. The Trust will investigate which departments are making these requests and aim to change behaviours and resolve these issues.
4. RMS (Referral Management System)	<ul style="list-style-type: none"> Concerns raised over confusion following introduction of RMS. It is difficult to navigate, increases admin time, risks patients being referred to incorrect clinics. 	<ul style="list-style-type: none"> AJ to feedback comments to CCG lead.
5. Care in the Chemist	<ul style="list-style-type: none"> Reduction in pharmacies offering this service due to changes to contract. Impacting on prescriptions/appointment requests in this locality. 	<ul style="list-style-type: none"> To be raised with Meds Management team. Leaflets/posters for reception to be distributed to assist patients with what can be obtained and where Care in the Chemist is still offered.

Key Issues Report Southport & Formby Localities April – June 2017

CENTRAL LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Psychiatric Assessments and follow up ECGs by Merseycare NHS Trust.	<ul style="list-style-type: none"> GP workload increased as Merseycare ask for follow up ECGs. 	<ul style="list-style-type: none"> Dr Mulla in discussions with Merseycare.
2. Dementia Drugs	<ul style="list-style-type: none"> Concerns around review/monitoring of dementia drugs being passed to Primary Care. 	<ul style="list-style-type: none"> Dr Mulla in discussions with Merseycare.
3. Electronic letter – duplication of electronic and paper copies	<ul style="list-style-type: none"> Concerns around duplication of workload. 	<ul style="list-style-type: none"> As per Ainsdale & Birkdale locality.
4. Care Homes	<ul style="list-style-type: none"> Patients outside of Trinity Practice's new boundary to be redistributed. Ongoing issues with 'fair' allocation of Care Homes and Care Home patients across each practice. 	<ul style="list-style-type: none"> Dr Scholtz has organised the redistribution of the patients from Trinity between all practices in S&F. Ongoing discussions continue; there is varying opinion from practice to practice as to best way of managing Care Homes/Patients.
5. Inappropriate delegation to primary care.	<ul style="list-style-type: none"> Ongoing concerns regarding non-commissioned work from secondary care to primary care. Increasing GP workload. 	<ul style="list-style-type: none"> Dr Callow has been in discussions with the Trust and from 1 June any requests should be returned to the Trust. The Trust will investigate which departments are making these requests and aim to change behaviours and resolve these issues.

Key Issues Report Southport & Formby Localities April – June 2017

FORMBY LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Osteoporosis diagnosis	<ul style="list-style-type: none"> Locality identified high number of fractures in comparison with osteoporosis diagnoses. (ongoing) 	<ul style="list-style-type: none"> AJ has looked at activity on Aristotle and Dr Bolton is investigating for Village Surgery. AJ to look at a process of identifying patients at risk, assessment, access to falls prevention etc.
2. Inappropriate delegation to primary care.	<ul style="list-style-type: none"> As per other localities. Concerns raised regarding non-commissioned work from secondary care to primary care and increasing GP workload. 	<ul style="list-style-type: none"> Dr Callow has been in discussions with the Trust and from 1 June any requests should be returned to the Trust. The Trust will investigate which departments are making these requests and aim to change behaviours and resolve these issues.
3. RMS	<ul style="list-style-type: none"> Concerns raised over slowness of the system and the administrative burden. Difficulties in dealing with patient queries as do not have information at practice. Concerns over patient safety. 	<ul style="list-style-type: none"> AJ feeding back comments to CCG Lead. AJ arranged visit with RMS to ensure no technical issues at particular practice. Further investigation to be done with iMersey.

Key Issues Report Southport & Formby Localities April – June 2017



NORTH LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Care Homes allocation	<ul style="list-style-type: none"> Concerns raised that issues around Care Home allocation have not been progressed. 	<ul style="list-style-type: none"> Locality have discussed the issues and all practices within this locality have agreed they are happy with the Care Home allocation as it is. Dr Scholtz to feedback this to the CCG Primary Care team.
2. RMS	<ul style="list-style-type: none"> Concerns raised about efficiency of system. 	<ul style="list-style-type: none"> AJ to feedback concerns to CCG Lead.
3. MCAS service	<ul style="list-style-type: none"> Concerns raised regarding availability of appointment slots and waiting times. 	<ul style="list-style-type: none"> AJ feedback to CCG Lead. These issues have been rectified and were due to the merge of two different IT systems and also recruitment of staff.

Finance and Resource Committee Minutes

Wednesday 22nd March 2017, 9.30am to 11.30am
Chapel Lane Surgery, 13 Chapel Lane, Formby, L37 4DL

Attendees (Membership)		
Gill Brown	Lay Member	GB
Dr Emily Ball (Item FR17/56 - 58)	GP Governing Body Member	EB
Debbie Fagan	Chief Nurse & Quality Officer	DF
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Susanne Lynch	CCG Lead for Medicines Management	SL
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Governing Body Member	HM
Colette Riley	Practice Manager	CR
Fiona Taylor	Chief Officer	FLT
In attendance		
Lisa Gilbert (Items FR17/40-46)	Corporate Governance Manager	LG
Jenny White	Head of Financial Management & Planning	JW
Ex-officio Member*		
Fiona Taylor	Chief Officer	FLT
Apologies		
Helen Nichols	Lay Member (Chair)	HN
Alison Ormrod	Deputy Chief Finance Officer	AO
Minutes		
Tahreen Kutub	PA to Chief Finance Officer	TK

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

Name	Membership	Jan 17	Feb 17	Mar 17	May 17	June 17	July 17	Sept 17	Oct 17	Nov 17	Jan 17
Helen Nichols	Lay Member (Chair)	✓	✓	A							
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	✓	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
FR17/40	<p>Apologies for Absence Apologies for absence were received from Helen Nichols and Alison Ormrod.</p>	
FR17/41	<p>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.</p> <p>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.</p> <p>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.</p>	
FR17/42	<p>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.</p>	
FR17/43	<p>Action points from the previous meeting</p> <p>FR16/129 - Month 7 Finance Report - Actions to be carried forward to the next meeting.</p> <p>FR16/130 - Financial Strategy Update - Action to be carried forward to the next meeting.</p> <p>FR17/11 - Prescribing Spend Report – Month 7 2016/17 - SL has had two meetings with Lancashire Care with discussion around reducing costs in areas such as palliative care, stoma and continence. Prescribing data has been shared with Lancashire Care and discussions are ongoing. Action closed.</p> <p>FR17/13 - Repeat Prescription Ordering Service (RPOS) Pilot Report - RPOS Pilot engagement was taken as an item for discussion at the Senior Leadership Team meeting. SL confirmed 13 out of 19 practices in Southport and Formby are now taking part in the RPOS pilot (32 out of 49 practices across Sefton are taking part). Action closed.</p> <p>FR17/26 - RAG rating for QIPP schemes - MMcD confirmed two new ratings have been introduced for schemes that have not yet started and for schemes that have been achieved / completed. This is in addition to the proposed RAG rating. Action closed.</p> <p>FR17/27 - Mobile Device/Smartphone Policy – Allocation and Use - Changes to Mobile Device/Smartphone Policy have been made. Policy is on agenda for approval. Action closed.</p> <p>FR17/28 - Month 10 Finance Report - The Month 11 finance report included in the meeting pack confirmed that the CCG had adequate cash to deliver its duties. MMcD confirmed that he had been involved in discussions with NHSE to agree the CCG's revised financial</p>	

No	Item	Action
	position. Action closed.	
FR17/44	<p>Apprenticeship Levy</p> <p>LG provided an overview of the apprenticeship levy, which is being introduced from 6th April 2017 for organisations that have an annual pay-bill in excess of £3m per annum. It was noted that Leah Robinson, Chief Accountant, is working with payroll in regards to implementation of this levy.</p> <p>DF highlighted the importance of Corporate Parenting Board responsibility in relation to apprentices who have been looked after children. The committee noted this.</p> <p><i>The committee received this report.</i></p>	
FR17/45	<p>HR Performance Report</p> <p>The committee received an update on the HR Performance dashboard. A discussion took place about the sickness target and it was noted that although the target is not specified in the dashboard, the CCG is within target.</p> <p><i>The committee received this report.</i></p>	
FR17/46	<p>Mobile Device/Smartphone Policy – Allocation and Use</p> <p>LG presented an updated Mobile Device / Smartphone Policy, which has taken into account comments made at the last Finance & Resource Committee meeting on 15th February.</p> <p>Members of the committee raised issues they have experienced with downloading work documents on iPads when outside their place of work. MMcD and SL to work on this issue with Paul Shillcock from iMerseyside.</p> <p><i>The committee approved the Mobile Device / Smartphone Policy.</i></p>	MMcD / SL
FR17/47	<p>Month 11 Finance Report</p> <p>MMcD provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 28 February 2017. The following was highlighted.</p> <ul style="list-style-type: none"> • The CCG is forecasting £8.5m deficit as best case scenario. The most likely case scenario has been forecasted as a deficit of £8.5m, which is dependent on the delivery of the remaining risk adjusted QIPP plan. • The CCG is likely to report a deficit of £6.7m in its annual accounts, following the release of the 1% non-recurrent reserve. This figure is £2.7m above the CCG's legal directions. • The release of the 1% non-recurrent reserve will not count towards NHS England financial performance management but will be reflected in the statutory accounts. • The CCG expects to deliver a further £1.866m of QIPP in Month 12. An overview and commentary was provided on the QIPP schemes to be 	

No	Item	Action
	<p>delivered, listed in Table D of the finance report.</p> <p><i>The committee received this report.</i></p>	
FR17/48	<p>Finance & Resource Committee Risk Register</p> <p>The committee discussed the current scoring on the committee risk register for risk <i>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.</i></p> <p>As the CCG is likely to report a deficit of £6.7m in its annual accounts (following the release of the 1% non-recurrent reserve), which is £2.7m above the CCG's legal directions, it was agreed that the current consequence post mitigation score of 5 should remain unchanged. The committee agreed that it was almost certain that the CCG would miss its financial duty at this late stage of the year and agreed to raise the likelihood of this event occurring – increasing the likelihood post mitigation score from 4 to 5. Register to be updated.</p> <p>It was agreed that a review would be done of the last 12 months in order to consider the scoring for 17/18.</p> <p><i>The committee approved the risk register subject to the agreed changes being made.</i></p>	<p>MMcD</p> <p>MMcD</p>
FR17/49	<p>Financial Strategy Update</p> <p>MMcD provided an update on the CCG's financial strategy.</p> <p>It was noted that the Governing Body will receive an update to its financial strategy on 29th March. This will include a revised QIPP plan with a challenging target.</p> <p>It was noted that the CCG's position needs to be made clear in the strategy in regards to risks associated with QIPP schemes and delivery.</p> <p><i>The committee received this verbal update.</i></p>	
FR17/50	<p>Statutory & Mandatory Training – Update</p> <p>The F&R committee was asked to approve the following changes to the statutory and mandatory training requirements: the inclusion of the Moving & Handling and Prevent for Healthcare modules into the CCG statutory and mandatory training framework, from 1st April 2017, in line with national guidance for Core Skills Framework at level 1.</p> <p><i>The committee approved the above changes to the statutory and mandatory training requirements.</i></p>	
FR17/51	<p>Improvement and Assessment Framework – Q3</p> <p>MMcD provided an overview of the Improvement and Assessment Framework for quarter 3.</p> <p>The committee noted the update and asked for it to be discussed in more detail at a future Governing Body Development Session. MMcD to action with Karl</p>	MMcD

No	Item	Action
	<p>McCluskey, Chief Strategy & Outcomes Officer.</p> <p><i>The committee received this report.</i></p>	(KMcC)
FR17/52	<p>Community Contracts</p> <p>MMcD provided an update on the community contract. It was noted that the operational group is on course to deliver a start date of 1st May 2017.</p> <p>Transitional costs of £300k have been agreed with Lancashire Care; this excludes IT kit, which the provider indicated had been factored into the tender bid.</p> <p><i>The committee received this verbal update.</i></p>	
FR17/53	<p>Terms of Reference: North Mersey LDS – Estates Working Group</p> <p>MMcD provided an update on the Terms of Reference for the North Mersey LDS Estates Working Group. MMcD has fed back the F&R Committee's comments regarding representation at meetings to Paul Fitzpatrick (Estates Work Stream Lead, Liverpool CCG and Director of Estates and Facilities, Aintree University Hospital) who produced the first draft of the Terms of Reference. The typographical error noted at the last F&R meeting has been corrected.</p> <p>The first meeting of the North Mersey LDS Estates Group is to be confirmed.</p> <p><i>The committee received this verbal update.</i></p>	
FR17/54	<p>NHS England Financial Monitoring Report</p> <p>MMcD provided an overview of the NHS England Financial Monitoring report for Month 11. It was noted that the CCG has been highlighted as having the third highest percentage delivery of QIPP in the North region.</p> <p>MMcD noted that the CCG had high levels of spend per head of population on Acute Care but low level of spend on Community Health Services. He asked JW to review this, seeking assurance that the CCG is accurately classifying spend to the correct area.</p> <p><i>The committee received this report.</i></p>	MMcD (JW)
FR17/55	<p>Prescribing Spend Report – Month 9 2016/17</p> <p>It was noted that Southport and Formby's position for month 9 shows an underspend of £564k (-2.6% on a budget of £21,925,422). Overall Southport and Formby GP surgeries are forecasting an underspend.</p> <p>The committee noted the significant underspend on prescribing and congratulated the Medicines Management team and practices for their work in delivering this position.</p> <p><i>The committee received this report.</i></p>	

No	Item	Action
FR17/56	<p>Individual Exceptional Funding Request Summary - Q3</p> <p>JL provided an update on the Individual Exceptional Funding Request Summary for quarter 3.</p> <p>The committee noted the performance against CSU developments, the review of the commissioning policy and the introduction of an electronic IFR system. JL reported that this was being progressed via the CSU performance meetings.</p> <p><i>The committee received this report.</i></p>	
FR17/57	<p>Any Other Business</p> <p>None</p>	
FR17/58	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of Next Meeting</p> <p>Wednesday 17th May 2017 10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

Finance and Resource Committee Minutes

Wednesday 17th May 2017, 10.30am to 12.30pm

Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

Attendees (Membership) Helen Nichols Debbie Fagan Jan Leonard Susanne Lynch Martin McDowell Dr Hilal Mulla Alison Ormrod Colette Riley In attendance Tracy Jeffes (Items FR17/59 – FR17/64) Ex-officio Member* Fiona Taylor Apologies Gill Brown Minutes Tahreen Kutub	Lay Member (Chair) Chief Nurse & Quality Officer Chief Redesign & Commissioning Officer CCG Lead for Medicines Management Chief Finance Officer GP Governing Body Member Deputy Chief Finance Officer Practice Manager Chief Delivery and Integration Officer Chief Officer Lay Member PA to Chief Finance Officer	HN DF JL SL MMcD HM AO CR TJ FLT GB TK
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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)	✓	✓	A	✓						
Gill Brown	Lay Member	A	✓	✓	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	✓	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
FR17/59	<p>Apologies for Absence Apologies for absence were received from Gill Brown.</p>	
FR17/60	<p>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.</p> <p>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/about-us/our-constitution</p> <p>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.</p>	
FR17/61	<p>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.</p>	
FR17/62	<p>Action points from the previous meeting</p> <p>FR16/129 - Month 7 Finance Report</p> <ul style="list-style-type: none"> - The first action under this item on the tracker has been superseded by subsequent finance reports. Action closed. - The analysis on post code (in relation to Graphs 5-7 illustrating the Day Case, Elective and Non-Elective costs at Aintree University Hospital) has formed part of a wider piece of work being undertaken by the Business Intelligence team. Action closed. <p>FR16/130 - Financial Strategy Update</p> <ul style="list-style-type: none"> - MMcD confirmed there is a trend analysis, in table format, for costs and activity in relation to acute care over the last three years. This will be circulated to the committee. Action closed. <p>FR17/46 - Mobile Device/Smartphone Policy – Allocation and Use</p> <ul style="list-style-type: none"> - Action still open. Committee members also raised issues with logging onto NHS.net accounts from home. MMcD to raise this with Paul Shillcock at iMerseyside. <p>FR17/48 - Finance & Resource Committee Risk Register</p> <ul style="list-style-type: none"> - The committee risk register for 2016/17 was updated following changes agreed at the last F&R Committee meeting on 22nd March 2017. Action closed. <p>FR17/48 - Finance & Resource Committee Risk Register</p> <ul style="list-style-type: none"> - MMcD to update the committee with the proposed risk register for 2017/18 under item FR17/66. Action closed. <p>FR17/51 - Improvement and Assessment Framework – Q3</p> <ul style="list-style-type: none"> - MMcD said the plan had been to take the Improvement and Assessment Framework Q3 for discussion at the Governing Body Development Session in May 2017. This session, however, was changed to a formal Governing 	<p>MMcD</p> <p>MMcD</p>

No	Item	Action
	<p>Body meeting. MMcD to liaise with TJ to add this to a forthcoming Development Session agenda.</p> <p>FR17/54 - NHS England Financial Monitoring Report</p> <ul style="list-style-type: none"> - MMcD confirmed work is ongoing on the review of CCG spend per head of population on Acute Care and Community Health Services. Action to stay on the tracker. 	MMcD
FR17/63	<p>Reasonable Adjustment and Disability – A guide to good practice</p> <p>TJ provided an overview of the Reasonable Adjustment and Disability guide to good practice, which was recommended for approval at the Corporate Governance Support Group in March 2017. The guidance recommends the CCG has a checklist focussing on where existing services need to be adapted to provide appropriate access for people with disabilities.</p> <p>TJ confirmed this guidance would also apply to recruitment.</p> <p><i>The committee approved the Reasonable Adjustment and Disability guide to good practice.</i></p>	
FR17/64	<p>CSU Service Report</p> <p>TJ presented the CSU Service Report, noting that it provides a brief update on core services but focusses mostly on additional services.</p> <p>DF and SL noted factual inaccuracies in the report related to the go live date for the Adam system and contract management support for Medicines Management. TJ to feedback to the CSU.</p> <p>Concerns were raised about the delivery of additional services; it was noted that the CCG would continue to monitor this and have ongoing discussions regarding CHC performance.</p> <p>A discussion followed in regards to CSU services in the context of the Sustainability and Transformation Plan.</p> <p><i>The committee received this report.</i></p>	MMcD (TJ)
FR17/65	<p>Month 12 Finance Report</p> <p>AO provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 31st March 2017. The following was highlighted.</p> <ul style="list-style-type: none"> • The CCG's year end financial position is a deficit of £6.695m following the release of the 1% non-recurrent reserve of £1.805m. This net position will be reflected in the CCG's statutory accounts. • The CCG has delivered £6.959m QIPP savings during the year against a target of £11.948m. • AO noted an error in section 7 of the report entitled <i>Compliance with the BPPC target</i>. She confirmed that the CCG had indeed met the target for cumulative performance for the year to date in relation to value and volume. • The external audit for 2016/17 undertaken by KMPG is nearing completion. MMcD and AO will be having a closing meeting with the auditors on Friday 19th May 2017. <p>MMcD confirmed he will be meeting with Steve Shanahan (Director of Finance,</p>	

No	Item	Action
	<p>Southport & Ormskirk NHS Trust) and Paul Kingan (Chief Finance Officer, West Lancashire CCG) on 25th May 2017, where he will raise matters such as CQUIN at Southport & Ormskirk NHS Trust.</p> <p><i>The committee received this report.</i></p>	
FR17/66	<p>Finance & Resource Committee Risk Register</p> <p>MMcD proposed that the committee risk register for 2017/18 have one overall risk focussed on delivering statutory duty, together with two sub-risks focussed on non-delivery of QIPP and over-performance against budgets. The committee agreed to this.</p> <p>In relation to risks, AO noted there have been start up issues with Case Management System; the go live date has been delayed due to the cyber attack on 12th May 2017. She noted that Broadcare is now on read-only access. It was agreed for AO to bring an update on Case Management System to the next committee meeting on 21st June 2017.</p> <p><i>The committee received this verbal update and approved the proposed risk and sub-risks for the committee risk register 2017/18.</i></p>	AO
FR17/67	<p>Financial Plan 2017/18 - Update on reserves</p> <p>AO provided an update on the CCG's operational financial plan, as noted in the paper.</p> <p>AO noted that the HRG4+ adjustment has left the CCG with an unmitigated risk of £0.238m. The CCG had also identified budgeted areas within plans that are no longer required. The combination of these issues has resulted in a small reduction in the CCG's 2017/18 QIPP target; the revised target is £10.137m.</p> <p>AO provided a summary of the next steps to delivery of the 2017/18 financial plan, which include a QIPP Week to be held next week, led by Debbie Fairclough (Chief Operating Officer) and AO.</p> <p>It was agreed that the reserves budget table in Appendix 2 is to be included in the monthly finance reports going forward.</p> <p><i>The committee received this report.</i></p>	AO
FR17/68 FR17/69	<p>NHS England Financial Monitoring Reports – Month 12 2016-17</p> <p>Funded Care Benchmarking Q3 2016/17</p> <p>AO presented the above benchmarking reports. It was noted that the graphs detailing spend per head of population in the NHS England Financial Monitoring Reports (page 85 and 86 of the meeting pack) needed to be done on a weighted population basis so that the comparison was done with CCGs covering similar populations.</p> <p>The committee agreed that further work is to be done on benchmarking and to ensure that like-for-like is being compared. AO will lead on this work.</p>	

No	Item	Action
	<i>The committee received the benchmarking reports.</i>	
FR17/70	<p>Registration Authority Policy</p> <p>MMcD presented the Registration Authority policy. Committee members queried how this policy accommodates mobile workers. It was agreed that clarification on this issue and what is considered 'except for' is required from the Corporate Governance Support Group. MMcD to liaise with Lisa Gilbert (Corporate Governance Manager) to action this. This is also to be considered for other policies (e.g. smart phones).</p> <p><i>The committee approved the Registration Authority policy subject to clarification on how this policy accommodates mobile workers.</i></p>	MMcD
FR17/71	<p>Quality Premium Dashboard</p> <p>JL presented the Quality Premium Dashboard and noted the CCG is not expected to receive funding.</p> <p><i>The committee received this report.</i></p>	
FR17/72	<p>Prescribing Spend Report – Month 11 2016/17</p> <p>It was noted that Southport and Formby's position for month 11 shows an underspend of £664k (-3% on a budget of £21,925,422). Overall Southport and Formby GP surgeries are forecasting to be underspent.</p> <p>The committee thanked the Medicines Management team for delivering prescribing savings.</p> <p>SL reported on issues related to pharmaceutical prescribing codes which could affect the accuracy of prescribing data. She noted the risk this presents to CCG financial integrity and confirmed this will be added to the CCG's corporate risk register (MMcD to action). HN stressed the importance of quantifying the size of this risk in the register. The issue has been escalated to NHS England through the Primary Care Support (PCS) Services Stakeholder Group. MMcD said he would contact Tom Knight, Head of Primary Care at NHS England, about this issue.</p> <p>It was noted that the CCG had increased costs relating to DOACs. MMcD noted that this could be offset by a reduction in follow up attendances in anticoagulant clinics and asked for an update at the next meeting on 21st June 2017.</p> <p><i>The committee received this report.</i></p>	MMcD MMcD SL
FR17/73	<p>Repeat Prescription Ordering Service (RPOS) – 6 month update</p> <p>SL provided an update on the RPOS pilot for February 2017 (month 6 of the pilot). Practices involved in the pilot show a reduction of 2.1% in items dispensed, whilst non-pilot practices (excluding Churchtown Medical Centre) show an increase of 2.4% in items dispensed. The estimated cost saving on the previous year's period for RPOS pilot sites is £217k.</p> <p>SL highlighted that in time it will be difficult to isolate the RPOS pilot savings in the prescribing data due to prescribing code issues and patients moving to different practices. The committee noted this.</p>	

No	Item	Action
	<i>The committee received this report.</i>	
FR17/74	<p>Working with pharmaceutical industry</p> <p>SL provided an overview of CCG agreements with pharmaceutical companies that support the CCG in the delivery of patient care. She highlighted Medical and Educational Goods and Services (MEGS), which are financial grants or services delivered by a pharmaceutical company to enhance patient care or benefit the NHS and maintain patient care. SL noted MEGS applications have been submitted to Pfizer for £10k and Boehringer Ingelheim for £15k to support the medicines management team delivering respiratory reviews. The bid with Pfizer has been successful; the CCG is awaiting a response to the bid with Boehringer Ingelheim.</p> <p><i>The committee approved the contents of the report and the Medical and Educational Goods and Services (MEGS) in line with ABPI standards.</i></p>	
FR17/75	<p>Better Care Fund Update</p> <p>MMcD confirmed there was no update to report on the Better Care Fund.</p>	
FR17/76	<p>Minutes of Steering Groups to be formally received</p> <ul style="list-style-type: none"> • Information Management & Technology (IM&T) Steering Group – January 2017 • Sefton Property Estate Partnership (SPEP) Group - February 2017 <p><i>The committee received the minutes of the IM&T and SPEP steering group meetings.</i></p>	
FR17/77	<p>Any Other Business</p> <p>MMcD noted a major incident report in relation to the cyber attack on 12th May 2017 will be taken to the Joint Quality Committee and Governing Body. The F&R committee noted this and agreed that the report did not need to come to this committee.</p>	
FR17/78	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of Next Meeting</p> <p>Wednesday 21st June 2017 10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

Joint Quality Committee Minutes

Approved

Date: Wednesday, 22nd March 2017, 11.30am to 1.30 pm
Venue: Chapel Lane Surgery, 13 Chapel Lane, Formby L37 4DL

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	FLT
In attendance		
Fiona Taylor	Chief Officer	FLT
Helen Roberts	Senior Pharmacist	HR
Jo Simpson	Programme Manager – Quality and Performance	JS
Helen Smith	Head of Safeguarding Adults	HS
Apologies		
Martin McDowell	Director of Finance	MMcD
Vicky Taylor	Quality Team Business Support Officer	VT
Brendan Prescott	Deputy Chief Nurse – Head of Quality and Safety	
Minutes		
Vicky Taylor	Tracey Forshaw Head of Vulnerable People	TF

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	√		√	√	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	L
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	A	√		√		A	A	A		A	A	L
Billie Dodd	Head of CCG Development	√	√		√		√	L	√		√	A	L
Debbie Fagan	Chief Nurse & Quality Officer	√	√		√		√	√	√		√	√	√
Dr Gina Halstead	Chair and Clinical Lead for Quality	√	A		√		√	A	A		√	L	L
Dr Dan McDowell	Secondary Care Doctor	A	√		A		A	A	A		√	A	√
Martin McDowell	Chief Finance Officer	A	A		√		√	A	A		√	A	A
Dr Andrew Mimmagh	Clinical Governing Body Member	√	√		A		A	√	√		√	L	L
Dr Jeffrey Simmonds	Secondary Care Doctor						√	A	A		A	A	√

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

Approved

No.	Item	Action
17/033	<p>Apologies for Absence Apologies for absence were received from MMcD, BP, VT</p> <p>The meeting was declared quorate when GH who was unavoidably delayed attended the meeting. It was with agreement that DF Chaired the meeting</p>	
17/034	<p>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).</p> <p>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</p> <p>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.</p>	
17/035	<p>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.</p>	
17/036	<p>Matters Arising/Action Trackers There were no matters arising.</p> <p>Action Tracker</p> <p>16/128 Southern Health report Feedback is awaited from Margi Daw CCG MCA / DoLS co-ordinator Outcome: HS to provide an update to DF. MD to provide feedback for the next meeting</p> <p>16/130 Access Sefton IAPT Performance It was noted that Geraldine O'Carroll has raised this with Cheshire and Wirral Partnership at the last Contract Meeting. The provider has a prioritisation policy, they will share with clinical leads for comment, this can then be included within the service specification. Outcome: The JQC agreed that this action could be closed.</p> <p>17/006(ii) Provider Quality Performance Reports – Cheshire and Wirral Partnership NHS Trust - IAPT i Merseyside is taking this forward Outcome: The JQC agreed that this action could be closed.</p> <p>17/006(iv) Provider Quality Reports – Liverpool Community Health NHS Trust – Minimise rates of Clostridium Difficile (C.diff) Discussed at the LCH joint CQPG, there was no correlation identified</p>	HS

<p>following a review conducted by Martin Jones – Infection Prevention and Control Matron Outcome: The JQC agreed that this action could be closed.</p> <p>17/007 CCG Safeguarding Service Quarter 2 Update – Southport and Ormskirk Hospitals NHS Trust Q3 Feedback received and on the agenda for the meeting. Outcome: The JQC agreed that this action could be closed.</p> <p>17/009(i) Corporate Risk Register – QUA002 (SFCCG) and QUA006 (SSCCG) 17/009(ii) Corporate Risk Register – QU)19 and QUA020 (SFCCG) 17/009(iii) Corporate Risk Register On the agenda, DF and Jan Leonard have had a discussion to ensure that there is linkage to the risk register with other teams. BD to liaise with Jan Leonard Outcome: The JQC agreed that this action could be closed.</p> <p>17/022 Mersey Internal Audit Agency – Assurance on Quality of Services Commissioned review – Assignment Report 2016/17 Titles of committee have been reviewed by DF and liaised across with LCH Outcome: The JQC agreed that this action could be closed.</p> <p>17/023(i) Cheshire & Merseyside Quality Surveillance Group Exception Report – Mersey Care – Timelines of GP Communications / Discharge Letter Feedback from PC, that a meeting took place with Steve Appleton from Mersey Care and Community Services in relation to the EMIS. Due to the risks it was decided that at this stage there should be no changes to IT systems. Outcome: The JQC agreed that this action could be closed.</p> <p>17/023(ii) Cheshire & Merseyside Quality Surveillance Group Exception Report – Mersey Care – HealthWatch JS raised lack of feedback at the last CQPG, this has now been addressed by the Trust, in addition Colette Page has included this on the agenda for future EPEG meetings. Outcome: The JQC agreed that this action could be closed.</p> <p>17/024 Emergency Care Improvement Programme (ECIP) / Rapid Response Respiratory Service – South Sefton CCG Being addressed as part of the community transition work programme. Outcome: The JQC agreed that this action could be closed.</p> <p>17/026 CCG CQ Quarterly Reporting Schedule MLCSU Nursing Home Clinical Quality Q3 Tracy Jeffes to table at EPEG for this to be actioned and minuted. Outcome: The JQC agreed that this action could be closed.</p> <p>17/027 Diabetes Study Recruitment To take forward to the next meeting Outcome: The JQC agreed to defer this action until April 2017.</p> <p>17/028 EPaCCS in South Sefton and Southport & Formby Localities Quarterly Update DF has liaised with Moira Harrison and Paul Shilcock. Paul Shilcock to discuss with RC linking through with CQV and IT. Paul Shilcock will provide feedback via those forums</p>	<p style="text-align: center; vertical-align: middle;">BP</p>
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	<p>Outcome: The JQC agreed that this action could be closed.</p> <p>17/009(iv) Corporate risk Register On the agenda for the March JQC. Outcome: The JQC agreed that this action could be closed.</p>	
17/037	<p>Chief Nurse Report DF presented the Committee with a number of key issues which had occurred since the report submitted in February 2017.</p> <p><u>Joint local area special educational needs and disability (SEND) inspection in Sefton</u> The Committee were advised that the CCGs and Local Authority are due to meet on 4th April 2017 where the Improvement Plan is expected to be finalised.</p> <p><u>MRSA – Aintree University Hospital NHS Foundation Trust</u> Following the review of three cases at the Trust and discussion with NHS E C&M, 1 case was upheld for the Trust as being attributable to a 3rd party by NHSE C&M.</p> <p><u>Quality Handover re: LCH Risk Profile Tool</u> Director level summit with Directors of Nursing. Liverpool CCG included in these meetings, which are supported by Karl McCluskey and Jan Leonard.. Tina Wilkins Head of Adult Social Care is to be invited to the meeting, a letter is scheduled to be sent out.</p> <p><u>Continuing Health Care</u> Performance issues have been raised at the contract meeting with MLCSU. There are system and process issues which have affected unexpected costs following CHC eligibility. Work ongoing with Sefton MBC including finance to support resolution.</p> <p><u>Combined Safeguarding Adult Board</u> The Last Sefton Executive Safeguarding Adult Board met in March 2017. The next meeting will be the combined Safeguarding Adult Board with representation from Chief Nurse and Designated Nurse Safeguarding Adults.</p>	
	<p>The Committee received the report</p>	
17/039	<p>Safeguarding Service – Quarter 3 Update HS presented the paper</p> <p><u>Q3 Provider Performance Rating</u> Southport & Ormskirk Hospital NHS Trust - remain on Limited Assurance. There have been several meetings in relation to the safeguarding contract query. A revised training trajectory has been submitted, although the Trust have indicated that they will not be able to meet trajectories by end of Q4 however, improvements have been noted in relation to Level 2 training for both children and adults. This continues to be monitored at the CQPG. There are some issues in relation to data collection and data cleansing within Learning and Development.</p> <p>The contract query had now been open for 2 years. DF highlighted that there had been discussion at the Executive Improvement Board with CQC in attendance, for closure of the contract query. There was consideration for</p>	

	<p>other levels of assurance to be provided and being in place e.g. quality walk around, and Trust ward based accreditation which the Director of Nursing was in support of.</p> <p>GBa queried whether there are any flagging systems in place when a person with a Learning Disability attends AED at the Trust, to support notification through to Trust safeguarding to support reasonable adjustments and assurance. It was recommended that this should be included as part of the safeguarding walk around in AED. It was confirmed that there is a separate code on PACS of individuals who are known to Mersey Care LD Team. Although it was acknowledged that flagging systems are not always fail safe due to their generic nature.</p> <p>GH provided a brief summary of a patient story which is a Serious Incident at Aintree University Hospitals Foundation Trust (Aintree). This was Knowsley CCG gentleman with Down Syndrome who died following bronchopneumonia and a pulmonary embolism, which related to best interest decisions. DF stated that there are other cases where Mental Capacity Act and Best Interest had been a factor at Aintree. It was anticipated that there would be a subsequent learning event co-ordinated by Tracey Forshaw.</p> <p>FLT requested that the patient story be presented at Governing Body Action: TF to present patient story at South Sefton GB</p> <p>It has been requested that themes and trends form the CCG internal Serious Incident Groups to come through the Joint Quality Committee and NHSE C&M Chief Nurses Meeting. Action: Colette Page to include trends and themes in the JCQ reports</p> <p>Royal Liverpool Broadgreen University Hospitals NHS Trust – Significant Assurance. This was attributed to the change in leadership and increased safeguarding capacity at the Trust.</p> <p>Liverpool Community Health NHS Trust (LCH) – Reasonable Assurance. There has been escalation at the Sefton Safeguarding Children Board in relation to the Early Help agenda and capacity to deliver against LAC routine health assessments. DF highlighted that this has been discussed at the Corporate Parenting Board and acknowledged as being multi-factorial. LCH now have access to liquid logic which has increased timely notifications demonstrating however Alder Hey Childrens Hospital NHS Foundation Trust (Alder Hey), LCH and Sefton MBC are working together. Sefton MBC are actively supporting the receipt of and attendance at appointments. This will be included in the transaction process for LCH.</p> <p>There was a discussion about the 0 – 19 service bundles as part of the transaction process and reviewed which was clarified by DF.</p> <p>Health Visitors (0 -5) undertake bi-annual reviews, School Nurses (up to 5) undertake annual reviews. Community Paediatricians conduct the entry into care and exist medicals. It was confirmed that the Safeguarding Children Specialist Nurses and LAC had been included in the bundle for Mersey Care. Mersey Care will be subcontracting to 5 Boroughs Partnership NHS Foundation Trust.</p> <p>DF provided an explanation to GH in relation to in borough assessments. FLT suggested consideration for a LAC summit with all providers Action: LAC KPI data to be included in Quarterly Reports from Q4 Action: DF to raise the possibility of a LAC summit at the Chief Nurses meeting</p>	<p>TF</p> <p>CP</p> <p>HS DF</p>
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	<p>Alder Hey Childrens Hospitals NHS Foundation Trust – Assurance has decreased as a consequence to fall in training compliance which the Trust have attributed to ‘winter pressures’. FLT raised a query whether this was a workforce issue which was affecting capacity. Action: HS to liaise with Jane Lunt (LCCG) and BP to include as an agenda item at the CCF</p> <p>Liverpool Heart and Chest Hospital NHS Trust – There are issues in relation to the Trust submission of KPI data and data quality, which has been attributed to Trust internal pathway. Q3 submission was late, however on review to support risk mitigation the Trust has provided Reasonable Assurance. It was discussed that there need to be a consistency of how Trusts are managed. FLT requested an escalation process across CCGs Action: HS to raise the submission issues with Liverpool CCG DF to raise the escalation process with Jane Lunt</p> <p>Mersey Care NHS Foundation Trust (Mersey Care) – Compliance has fallen to Limited Assurance. The CCGs and Mersey Care met with CQC last week regarding the inspection KLOE and Trust compliance with Safeguarding.</p> <p><u>Sefton LSCB Domestic Abuse Audit</u> BP is scheduled to meet with Kara Haskayne from Sefton MBC.</p> <p><u>Sefton Practice Learning Review</u> A single agency review has been completed, the action plan is yet to be finalised.</p> <p><u>Governing Body Training</u> A fall in compliance has been noted Action: FLT will take to Chair for both Governing Bodies</p> <p><u>CCG Safeguarding Service</u> HS provided a verbal update to the committee. The hosting arrangements which were intended to transfer the service over to Liverpool CCG by 1st April 2017 have been delayed. The service will remain under Halton CCG and current arrangement will stay in place for Sefton CCGs. HS is recruiting to the vacant posts within the service.</p> <p><u>Appendix 1 Independent Inquiry into Child Sexual Abuse checklist</u> GBr raised a query in relation to the narrative and RAG rating on page 101 and safeguarding assurance for CCG commissioned providers. Clarity required on whether this was in relation to CCG processes and or CCG provider assurance Action: HS to clarify whether the checklist and RAG rating refers to the assurance of CCG processes and or Provider assurance</p>	<p>HS/BP</p> <p>HS DF</p> <p>FLT</p> <p>HS</p>
	<p>The Committee received the report.</p>	
<p>17/040</p>	<p>LCH Quality Risk Profile Tool DF provided the committee with three shared documents which are being used as part of the LCH quality handover process. There was a half day event held on 16th March 2-17 with all stakeholders. Hazel Richards gave a presentation on Quality Surveillance going forward. It was confirmed:</p> <ul style="list-style-type: none"> • The Quality Risk Briefing Paper has been submitted to the LCH Trust Board. • The final version of the Quality Risk Tool which has the uncontrolled risks locked down will be included as part of the Quality handover. • Quality Handover documents had been given to the new providers at 	

	<p>the event.</p> <p>Assurance was provided that as part of the quality handover process, legacy elements from a memory perspective will be shared with the new provider. The Quality Risk Profiling Tool will be utilised at contracts meetings and for services which are undergoing monitoring via CQC.</p> <p>It was confirmed that South Sefton CCG services will transfer over to the to the new provider by 1st June 2017</p>	
	<p>The Committee received the report.</p>	
17/038	<p>Provider Quality Performance Report</p> <p>JS presented the performance report to the committee and confirmed that Quarterly measures will be included in future reports.</p> <p>Aintree University Hospital Foundation Trust – Presented by GH</p> <p>JS confirmed at all performance concerns as part of the quality schedule are being raised and addressed at the monthly CQPG.</p> <p>Cancer RTT: Dr.D Harvey is linking in with the Trust in relation to cancer RTT. SHIMI: An increase in SHIMI was noted. AED: PC raised a concern about 12 hour trolley waits and linked with length of stay (LOS). FLT referred to a presentation at Leadership Team on Unplanned Care and a dep dive at the Trust next week on unplanned care.</p> <p>DF referred to a discussion which took place with Hazel Richards on the increased number of trolley waits and potential lower level harm not reaching serious incident threshold.</p> <p>GH feedback on an impromptu new ITU walk around and the improvements for patients, staff and relatives, with increased satisfaction being received from patients and families.</p> <p>Southport and Ormskirk Hospitals NHS Trust.</p> <p>MSA: There has been an increase in MSA breaches in critical care, which hasn't been resolved, most breaches are attributed to patient flow and estates issues.. There have been no MSA breaches in stroke services. It was noted that Stroke performance had been discussed in depth at the last S&F Governing Body.</p> <p>Maternity Services: data quality concerns have been discussed at CQPG and the Trust is currently addressing these issues, this has impacted on CQUIN monitoring and KPIs such as % women who have seen a midwife by 12 weeks and 6 days of pregnancy and smoking at the time of delivery . The DoN and DDoN are aware and looking to resolve data collection and reporting issues.</p> <p>DC stated that there was an issue with delegation of responsibility to the GP with no agreement with S&O. It was agreed that there was a need to reach a consensus. DC to share any arrangements with GH.</p> <p>Dementia: The Trust have a plan for Sue Johnson LD and Dementia Matron to deliver training across the Trust, which has been prompted by the consistent non achievement against Dementia targets.</p> <p>Actions in Place by the Trust to support additional focus on quality</p> <ul style="list-style-type: none"> • Review of internal governance at a Clinical Business Unit level. • Having separate Contracts and Quality meetings, CQPG scheduled for April 2017 • Director level meetings with CCG and Trust • External Clinical Governance Review has been commissioned on the 	

	<p>recommendation of the DoN.</p> <p>GBr raised concern and frustration in the change of staff, leadership and responsibility for poor performance at Trust Board level. DF provided reassurance of the close monitoring which is being undertaken by the Executive Improvement Board which NHSI and CQC are part of the membership. There is a deep dive focus on key areas on the work plan e.g. planned care and where that has been a lack of pace and movement. It was confirmed that the only position to the Trust Board which is not substantive is the Chief Executive. It was noted that there is expected to be some resignations from Non- Executives.</p> <p>Liverpool Community Health NHS Trust – Currently being managed as part of the transaction process</p> <p>Mersey Care NHS Foundation Trust – There was an error noted on the performance report for staff sickness which was showing zero for Q3. It was highlighted that the Trust have commissioned a review of Mental Health assessment services by Tony Ryan particularly looking at the Clock View Site. It is reported that there remains an issue in out of hours with GPs being told to send patients to AED instead of Clock View facility, this has been escalated at CQPG.</p>	
	The Committee received the report.	
17/041	<p>CQUIN Q3 – Progress Update JS highlighted the financial information had been omitted from the detail for this committee as this feeds through to other forums.</p> <p>S&O – Information flow now coming through from the Trust. The Trust are not performing well against first follow up and consultant to consultant referral and zero length of stay.</p> <p>Mersey Care – The Trust are performing against national CQUINs, however there is still concerns regarding ‘physical health’.</p>	
	The Committee received the report.	
17/042	<p>Quality Risk Register The Quality Team risk registers were updated on 17th March 2017. On review it was noted that there were quality related risks across the CCG which have not necessarily had input from the Quality team and been updated to the allocation of risk owner. DF highlighted that there was a new risk strategy which is being introduced for both CCGs which should assist in the process,</p>	
	The Committee received the report.	
17/043	<p>Quality Workplan 2017/18 Whilst a paper was presented outlining the revised workplan and scheduling of meetings, it was agreed that this would be reviewed based upon the comments made by GH that the meeting needed to be longer to ensure that patient stories were allowed the necessary time for consideration. This would need to take into account how Internal / External meetings would fall. It was acknowledged that the quality agenda was growing, and DF invited the Lay members to support the reports which GBa and GBr agreed to assist.</p> <p>There was a request that the Quality committee not to be held on the same day as Finance and resource Committee.</p> <p>It was agreed that the April date would still stand.</p>	

	<p>Action: DF review the Quality Committee schedule and work plan Action: GBa and GBr to work with DF on the future development and reporting to the Quality Committee</p>	DF DF,GBa,GBr
	The Committee received the report.	
17/044	<p>GP Quality Lead / Locality Update AM highlighted that there was an interesting paper on the Kings Fund website which may be of interest. Action: AM to forward the web link to Tracey Forshaw for circulation</p>	AM, TF
	The Committee received the report	
17/045	<p>Key Issue Logs: EPEG: GB provided a verbal update</p> <ul style="list-style-type: none"> • There was a presentation on Healthy Liverpool Programme. • Consultation on the changes to ENT services which includes involvement of Sefton residents in the north and south of the borough and HealthWatch Sefton • HealthWatch have undertaken a number of reviews across Liverpool and Maghull. Consideration is being given to how this will link to the EPEG dashboard. • Jessie Taylor will be the new Young Advisor. An introductory presentation has been provided, a transgender awareness session has been delivered, which has been offered to be presented at a future EPEG. A health and wellbeing event is scheduled for March which CCGs and other partners will be invited. <p>GBr is to attend a meeting with Sefton MBC at Hightown and Freshfield GP consultation.</p> <p>Joint Medicines Operational Group 3rd February 2017 Helen Roberts discussed the CCG covert medication in care home policy and whether this would constitute and Deprivation of Liberty Safeguards. It was advised that the policy to be forwarded to the Quality Team for review by Margi Daw, on completion the policy to be reviewed by Hill Dickinsons. Action: HR to forward policy to Quality Team and to Margi Daw</p>	HR
	The Committee received the report	
17/046	<p>Any Other Business GBr highlighted that there had been an issue with the mortality data form S&O. This was an issue with NHS digital. Rob Gillies gave an update at the last CQPG and Kieran Murphy gave an update on the national picture.</p> <p>DF highlighted that the S&O Pressure Ulcer composite action plan had been agreed at the CCF and CQPG with the result in the contract query now being closed. This will result in 014 pressure ulcer serious incidents w=being closed on StEIS. 3 will remain open; West Lancashire community services, Southport and Formby community services and acute hospital. The action plan will transition over to the new providers.</p>	
17/032	<p>Key Issues Log The following key issues were raised to be informed to the Governing Bodies:</p> <ul style="list-style-type: none"> • Inspection Update SEND • Liverpool Community Health Quality Handover • 104 Pressure Ulcer SIs for S&O closed on StEIS 	
	<p>Date of Next Meeting The next meeting will be held on Wednesday 19th April 2017, 8.30 -10.30 am Ainsdale Health and Wellbeing Centre 164 Sandbrook Road, Ainsdale PR8 3RJ</p>	

Joint Quality Committee Minutes

Approved

Date: Wednesday 19th April 2017, 08.30 am – 09.30 am

Venue: Ainsdale Health & Wellbeing Centre, 164 Sandbrook Road, Ainsdale PR8 3RJ

Membership

Graham Bayliss	Lay Member	GB
Lin Bennett	Practice Manager, Ford	LB
Gill Brown	Lay Member	GBr
Dr Doug Callow	GP Quality Lead S&F	DC
Dr Rob Caudwell	Chair & GP Governing Body Member	RC
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	Chair & GP Governing Body Member	GH
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Dr Andy Mimmagh	GP Governing Body Member	AM
Jeffrey Simmonds	Secondary Care Doctor	JSi

Ex Officio Member

Fiona Taylor	Chief Officer	FT
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In attendance

Tracey Forshaw	Head of Vulnerable People	TF
Helen Roberts	Senior Pharmacist	HR

Apologies

Lin Bennett	Practice Manager, Ford Medical Practice	LB
Dr Doug Callow	GP Quality Lead for Southport & Formby CCG	DC
Dr Pete Chamberlain	Clinical Lead Strategy & Innovation	PC
Dr Gina Halstead	Chair & GP Governing Body Member	GH
Dr Dan McDowell	Secondary Care Doctor	DMcD
Dr Andy Mimmagh	GP Governing Body Member	AM
Vicky Taylor	Quality Team Business Support Officer	VT
Brendan Prescott	Deputy Chief Nurse	BP

Minutes

Jayne Byrne	PA to Chief Officer	JB
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For the Joint Quality Committee to be quorate, the following representatives must be present:

- Chair of the Quality Committee or Vice Chair.
- Lay member (SF) or Lay member (SS)
- A CCG Officer (SF)
- A CCG Officer (SS)
- A governing body clinician (SF)
- A governing body clinician (SS)

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	Apr 17
Dr Rob Caudwell	GP Governing Body Member	√	√		√		L	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	L	A
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	A	√		√		A	A	A		A	A	L	A
Billie Dodd	Head of CCG Development	√	√		√		√	L	√		√	A	L	√
Debbie Fagan	Chief Nurse & Quality Officer	√	√		√		√	√	√		√	√	√	√
Dr Gina Halstead	Chair and Clinical Lead for Quality	√	A		√		√	A	A		√	L	L	A
Dr Dan McDowell	Secondary Care Doctor	A	√		A		A	A	A		√	A	√	A
Martin McDowell	Chief Finance Officer	A	A		√		√	A	A		√	A	A	√
Dr Andrew Mimmagh	Clinical Governing Body Member	√	√		A		A	√	√		√	L	L	A
Dr Jeffrey Simmonds	Secondary Care Doctor						√	A	A		A	A	√	√

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

No	Item	Actions
17/048	Apologies for Absence Apologies received from Lin Bennett, Dr Doug Callow, Dr Pete Chamberlain, Dr Gina Halstead, Dr Dan McDowell, Dr Andy Mimmagh, Brendan Prescott and Vicky Taylor.	
17/049	Declarations of Interest regarding Agenda Items None declared.	
17/050	Minutes and Key Issue Logs from the previous meetings held on 22nd March 2017 The minutes were approved once the following changes were made: <i>Page 6 – 17/039 Safeguarding Service – Q3 Update - “GBr (not GH) queried whether there are any flagging systems in place when a person with a Learning Disability attends AED at the Trust ...”</i> <i>Page 10 – 17/046 Any Other Business – “GBr (not GBa) highlighted ...”</i>	

No	Item	Actions
17/051	<p>Matters Arising / Action Trackers</p> <p>16/128 Southern Health Report – DF confirmed that BP has met with M Daw to look at the relationship and impact of DOLS. Outcome: Action closed</p> <p>17/027 Diabetes Recruitment Study – DF provided feedback from BP. Confirmation confirmed that there will be no cost to the CCG and feedback given re: language. Outcome: Action closed</p> <p>17/039(v) Safeguarding Service Q3 Update - this has been discussed at Alder Hey CCF and CQPG. Outcome: Action closed</p> <p>17/039(vi) Safeguarding Service Q3 Update (Liverpool Heart & Chest Hospital) - this has been raised with LCCG as co-ordinating commissioner. Outcome: Action closed</p> <p>17/039(vii) Safeguarding Service Q3 Update (Escalation Process) DF has also asked for a conversation with fellow Chief Nurses re: standardised escalation processes for provider safeguarding performance. Outcome: Action closed</p> <p>17/039(viii) Safeguarding Service Q3 Update (Governing Body Training) Feedback awaited from FLT re: discussion with CCG Chairs. Outcome: Carried forward to next meeting</p> <p>17/039(ix) Safeguarding Service Q3 Update (IICSA Checklist) – DF stated feedback from the Safeguarding Service indicated that the action plan was in relation to the CCG not commissioned providers as the CCGs had asked for this exercise to be undertaken for the organisation. Outcome: Action closed</p> <p>17/043 Quality Workplan 2017/18 – Meeting arranged for DF to meet with GBr to discuss. Outcome: Action closed</p> <p>17/044 GP Quality Lead / Locality Update – AM to forward the web link to the Kings Fund Paper to TF for circulation. Outcome: TF to chase up link to King Fund paper for circulation from AM.</p> <p>17/045 Key Issues Log (Joint Medicines Operational Group 3rd Feb 2017) – HR to forward covert medications in care home policy to Quality Team and to Margi Daw for consideration of DoLS. Action completed. Outcome: Action closed</p>	<p>FLT</p> <p>TF</p>

No	Item	Actions
17/052	<p>Chief Nurse Report</p> <p>Section 2 – Joint local area special educational needs and disability (SEND) inspection in Sefton – waiting for feedback from OfSTED on the submitted improvement plan / written statement of action which will be brought back through normal governance arrangements.</p> <p>Section 5 – Liverpool Community Trust – there are concerns regarding high levels of sickness in terms of maintaining quality, which is being reviewed at CQPG and 2:2 meetings with the Deputy Director of Nursing / Clinical Locality Lead. There are particular concerns in Sefton around the District Nursing services and the Due Diligence process is being undertaken as part of the transaction.</p>	
17/053	<p>NHSE(C&M) Quality Surveillance Group Tripartite Provider Exception Report</p> <p>The Quality Committee received the report and requested the CCG be identified for each nursing home on the list.</p> <p>It was noted the list was shorter than normal which could indicate improvements were in place. TF confirmed the policies and processes introduced meant the CCGs were better placed to highlight issues earlier.</p>	
17/054	<p>Serious Incident Report</p> <p>The meeting reviewed reports issued since the previous meeting and asked for trends and themes from April onwards, as five incidents had been 5 reported since the last meeting.</p> <p>It was noted the reports and action plans for incidents related to people with a learning disability provided by Aintree University NHS Foundation Trust had been accepted by Liverpool Safeguarding Adult Board confirming lessons learned.</p> <p>Two surgical Never Events had occurred year to date for Southport and Ormskirk NHS Hospitals Trust and one for Aintree University NHS Foundation Trust. Concern was expressed at the high number of surgical Never Events. The Committee noted NHS E C&M are co-ordinating a surgical Never Event workshop in July 2017 for NHS providers and CCGs, to support learning and Trust board accountability.</p> <p>The death of an infant for Southport and Ormskirk NHS Hospitals Trust remains subject a single agency review under Sefton Children’s Safeguarding Single Agency.</p> <p>GB raised a challenge in relation to the large number of incidents reported for Southport & Ormskirk Hospitals NHS Trust. It was reported that this was due to the large number of pressure ulcer incidents, once closed it would be anticipated that the Trust would look more in parity with other hospital trusts.</p> <p>Action: TF to provide a report to GB disaggregating out the incidents for the 2 community providers.</p> <p>It was highlighted to the committee concerns in relation to the number of incidents related to suicides for Mersey Care NHS Foundation Trust. Whilst the Trust have indicated that they are not an outlier nationally, TF has requested via the lead commissioner for a presentation at CQPG.</p> <p>GB highlighted the number of unauthorised absences which appeared to be increasing.</p> <p>Action: TF to pick up with Trust.</p>	<p>TF</p> <p>TF</p>

No	Item	Actions
17/055	<p>Commissioner Quarterly Controlled Drug (CD) Report to NHS England CD Accountable Officer (AO) for Quarter 4, 2016-17 RC noted in key issues that Southport & Formby CCG is an outlier; only one GP is prescribing. A further review had discovered it is reasonable.</p> <p>Action: Helen Roberts to amend the report for the purposes of accuracy</p>	HR
17/056	<p>GP Quality Lead / Locality Update RC reported disappointment at the failure to recruit pharmacists via the national NHSE process, which he envisaged would leave practices struggling. RC to ask FLT to take forward to next Primary Care Committee and obtain further information at the local lead meeting next week, week commencing 24th April.</p>	RC
17/057	<p>Key Issue Logs:</p> <ul style="list-style-type: none"> • <u>EPEG</u> – GBa reported a very interesting presentation had been given by the Veterans in Sefton organisation. They had a very good support network, the service they provided seemed to be well organised and the feedback they are receiving is positive. GBa has been invited to attend a future event. In relation to mental health and Post Traumatic Stress Disorder (PTSD), a lot of veterans expressed difficulty in talking to a GPs however they do have their own counsellor which has been very successful so they are investigating a referral system from GPs. The organisation will shortly send out referral forms to practice managers. TF asked if the organisation was linked into Mersey Care. TF also suggested involving Jenny Kristiansen as Veterans formed part of her portfolio. • <u>Aintree University Hospital</u> – GBa reported Aintree are striving to make a difference and talked about Friends and Family Test experiences. The three main issues are communication, staff attitude and waiting times. • <u>Corporate Governance Support Group</u> – NHS Protect has narrowed its remit and will no longer cover the Local Security Management Specialist (LSMS) within their role. The CCG is working through the consequence of this with MLCSU. 	
17/058	<p>Any Other Business None reported.</p>	
17/059	<p>Key Issues Log (issues identified from this meeting)</p> <ul style="list-style-type: none"> • LCH - sickness absence rates • Mersey Care - suicide report • Pharmacists – unsuccessful bid to be raised with NHSE at the next meeting. 	
	<p>Date of Next Meeting and advance notice of apologies Date: Wednesday, 17th May 2017, 8.30 am – 10.30 am Venue: Ainsdale Health and Wellbeing Centre, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

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

Date: Wednesday 26th April 2017, 10.00am – 11.30am
 Venue: Fiona Taylor's office, 5 Curzon Road, Southport

Members		
Gill Brown	S&F CCG Lay Member (Chair)	GB
Helen Nichols	S&F CCG Lay Member	HN
Jan Leonard	S&F CCG Chief Redesign and Commissioning Officer (Vice Chair)	JL
Dr Rob Caudwell	S&F CCG Clinical Chair	RC
Dr Kati Scholtz	S&F CCG Clinical Vice Chair	KS
Susanne Lynch	S&F CCG Head of Medicines Management	SL
Brendan Prescott	Deputy Chief Nurse and Quality Officer	BP
Alan Cummings	NHSE Senior Commissioning Manager	AC
Attendees:		
Sharon Howard	Programme Manager General Practice Forward View	SH
Angela Price	Primary Care Programme Lead	AP
Maureen Kelly	Healthwatch Sefton	MK
Dwayne Johnson	Sefton MBC Director of Social Services and Health	DJ
Joe Chattin	Sefton LMC	JC
Anne Downey	NHSE Finance	AD
Minutes		
Louise Taylor	S&F CCG Commissioning Support Officer (Primary Care)	LT

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	April 17	Aug 17	Oct 17	Dec 17
Members:					
Gill Brown	S&F CCG Lay Member (Chair)	✓			
Helen Nichols	S&F CCG Lay Member	N			
Jan Leonard	S&F CCG Chief Redesign and Commissioning Officer	✓			
Dr Rob Caudwell	S&F CCG Clinical Chair	N			
Dr Kati Scholtz	S&F CCG Clinical Vice Chair	✓			
Susanne Lynch	S&F CCG Head of Medicines Management	✓			
Brendan Prescott	Deputy Chief Nurse and Quality Officer	A			
Alan Cummings	NHSE Senior Commissioning Manager	✓			
Attendees:					
Sharon Howard	Programme Manager General Practice Forward View	✓			
Angela Price	Primary Care Programme Lead	✓			
Maureen Kelly	Healthwatch Sefton	A			
Dwayne Johnson	Sefton MBC Director of Social Services and Health	N			
Joe Chattin	Sefton LMC	N			
Anne Downey	NHSE Finance	✓			
Louise Taylor	S&F CCG Commissioning Support Officer	✓			

No	Item	Action
SFNHSE 17/01	Introductions and apologies Apologies were received from Maureen Kelly and Brendan Prescott.	
SFNHSE 17/02	Actions and notes from the previous meeting Item 16/97- a presentation has been arranged for today's Committee meeting. Item 16/111- this item is listed for discussion on the agenda. Item 16/114- NHSE have arranged to contact relevant clinical leads to discuss a further bid for Clinical Pharmacy funding.	
SFNHSE 17/03	December Committee minutes These were resubmitted to the Committee and ratified.	
SFNHSE 17/04	Declarations of interest None were declared.	
SFNHSE 17/05	Report from Operational Group & Decisions Made No decisions were made at the Operational Group. There was a discussion about resilience funding and the intention for a bid from St Marks related to mental health workers. The Chair requested that NHSE Finance supply GPFV statements to the Committee, noting practice level detail on local spend.	NHSE
SFNHSE 17/06	Primary Care Dashboard demonstration Becky Williams presented the Aristotle Primary Care Dashboard to the Committee. There was discussion around the indicators on the Dashboard, and how the Committee might use this. It was decided that the June Committee meeting would have a further discussion about this.	
SFNHSE 17/07	Performance/Quality Issues Kew surgery received a reinspection on 7 th February which resulted in a rating of Requires Improvement. NHSE supplied a report which showed there were some points ongoing, but there is overall assurance. The Committee noted that it was good to see that the practice had responded to the Reports and were improving. Chapel Lane Surgery had received a rating of Requires Improvement, and this was requested to be reviewed at the next Committee meeting.	
SFNHSE 17/08	GP Forward View Plan AP gave an update on the GPFV Plan. Since December there had been changes locally and there were now some parts of the plan that required updating. There had been a meeting between CCG and NHSE on Tuesday to discuss. The updated plan will be presented to SLT on May 16 th . It was requested that the plan be brought to the next Committee meeting.	AP
SFNHSE 17/09	MIAA Report- Final Version The report had been circulated but it was noted that there were no changes since the draft report had been circulated at a previous Committee meeting.	
SFNHSE 17/10	Risk Register The Chair suggested that the agenda be revised in order to add this item to the Part 2 agenda. Accordingly, this item was not discussed under Part 1. It was suggested that the Trinity item be re-scored following discussion of the register in Part 2.	
SFNHSE 17/11	Freshfield (Requested as standing item by NHSE) There had been 6 listening events held locally which had received generally positive feedback. There is a desire amongst patients for the surgery to remain although there had been some patient concerns around access at other local practice, which will be captured in the options appraisal. NHSE informed the Committee that there would be discussion of Freshfield at the Local Authority Overview and Scrutiny Committee in June.	

SFNHSE 17/12	<p>Any other business None items were raised.</p>	
	<p>Date of next meeting Wednesday 28th June 2017, 10.00am to 11.30am Salvation Army Southport Corps, 65 Shakespeare Street, Southport, PR8 5AJ</p>	
<p>Meeting Concluded.</p>		

**HEALTHY LIVERPOOL PROGRAMME
RE-ALIGNING HOSPITAL BASED CARE**

**COMMITTEE(S) IN COMMON (CIC)
KNOWSLEY, LIVERPOOL AND SOUTH SEFTON CCGS**

**WEDNESDAY, 2 NOVEMBER 2016
Boardroom, Liverpool CCG
The Department, Lewis's Building
2 Renshaw Street, L1 2SA**

Time 4:00pm – 6.00pm

1	Welcome, Introductions and Apologies	Dr Nadim Fazlani
2	Declarations of interest	ALL
3	Minutes and actions from the 6 th July 2016 meeting	ALL
4	Healthy Liverpool Hospitals Programme Update verbal	Verbal Update Dr Fiona Lemmens
5	Women's and Neonatal Review pre-consultation business case – next steps	Paper attached from Joint Knowsley/Liverpool/South Sefton CCGs Governing Body Tom Jackson
6	North Mersey Orthopaedic and Trauma Service (NMOATS) Feasibility Study (Final Draft)	Paper Attached Presentation from Providers
7	Update and links with STP and Local Delivery System plan: a. Model of hospital care for Southport	Papers attached Fiona Taylor
8	Any other business	
9	Date and time of next meeting Wednesday, 4 January 2017 4.00 – 6.00 pm Venue to be confirmed	

LIVERPOOL CCG CORPORATE GOVERNANCE TEMPLATE – COMMITTEE MINUTES

Committee: HLP Committees in Common	Meeting Date: 2 nd November 2016	Chair: Dr Nadim Fazlani
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Key issues:	Risks Identified:	Mitigating Actions:
<p>1. Inclusion of services provided at Southport & Ormskirk Hospital</p>	<ul style="list-style-type: none"> • Supporting any potential transformation process to deliver an optimum outcome 	<ul style="list-style-type: none"> • Invite Southport & Formby CCG to be part of the Committees in Common.

Recommendations to NHS Liverpool CCG Governing Body:
1. To note the key issues and risks.

**HEALTHY LIVERPOOL PROGRAMME
 RE-ALIGNING HOSPITAL BASED CARE**

**COMMITTEE(S) IN COMMON (CIC)
 KNOWSLEY, LIVERPOOL AND SOUTH SEFTON CCGS**

**WEDNESDAY, 7 DECEMBER 2016
 Meeting Room 1, Liverpool CCG
 The Department, Lewis’s Building
 2 Renshaw Street, L1 2SA**

Time 4:00pm – 6.00pm

1	Welcome, Introductions and Apologies	Tom Jackson
2	Declarations of interest	ALL
3	Minutes and actions from the 2 November 2016 meeting: Matters Arising: Revised Terms of Reference to include Southport & Formby CCG	ALL Attached
5	Liverpool Women’s Hospital Review - Pre-Consultation Business Case	Dr Fiona Lemmens Report No: CIC 01-16
6	Liverpool Orthopaedic and Trauma Service (LOATS)	Dr Fiona Lemmens Report No: CIC 02-16
8	Any other business	
9	Date and time of next meeting Wednesday, 4 January 2017 4.00 – 6.00 pm Venue to be confirmed	

LIVERPOOL CCG CORPORATE GOVERNANCE TEMPLATE – COMMITTEE MINUTES

Committee: Committees in Common	Chair: Tom Jackson
Meeting Date: 7 th December 2016	

Key issues:	Risks Identified:	Mitigating Actions:
<p>1. Committees in Common membership revised to include Southport and Formby CCG</p>	<ul style="list-style-type: none"> • To ensure governance arrangements reflect the North Mersey Delivery System footprint and enable effective and compliant commissioner governance for whole-system programmes. 	<ul style="list-style-type: none"> • Terms of reference revised and approved by the CIC.
<p>2. North Mersey Orthopaedics single service proposal</p>	<ul style="list-style-type: none"> • To ensure the proposal development process for this reconfiguration is robust. 	<ul style="list-style-type: none"> • Further pre-consultation engagement to be conducted in Sefton and Knowsley. • Update to OSCs on the case for change and emerging options. • Discussion with two adult acute trusts whether this could be integrated with the wider programme around single service reconfiguration.
<p>3. Women's and Neonatal Review</p>	<ul style="list-style-type: none"> • To ensure that the proposal development process for this reconfiguration is robust. 	<ul style="list-style-type: none"> • Continued engagement with regulators on the next steps and assurance requirements • Update to OSCs in January • Communications on next steps to be agreed and implemented in December.

Recommendations to NHS Liverpool CCG Governing Body:
<ol style="list-style-type: none"> 1. To note the key issues and risks. 2. To approve the revised Terms of Reference (attached).