

Governing Body Meeting in Public Agenda

Date: Wednesday 6th September 2017, 12:00 hrs to 14:30hrs
Venue: Family Life Centre, Southport, PR8 6JH

PLEASE NOTE: change of time to 12:00hrs for this meeting only

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

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
Sharon Lomax	Integrated Health and Social Care Manager, Sefton MBC	SL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Judy Graves	<i>(Minute taker)</i>	

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					12:15hrs
GB17/142	Apologies for Absence	Chair	Verbal	R	2 mins
GB17/143	Declarations of Interest	Chair	Verbal	R	3 mins
GB17/144	Minutes of Previous Meeting - July 2017	Chair	Report	A	5 mins
GB17/145	Action Points from Previous Meeting - July 2017	Chair	Report	A	5 mins
GB17/146	Business Update	Chair	Verbal	R	5 mins
GB17/147	Chief Officer Report	FLT	Report	R	10 mins
Finance and Quality Performance					
GB17/148	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	R	10 mins
GB17/149	Integrated Performance Report	KMcC/ MMcD/DCF	Report	R	30 mins
Governance					
GB17/150	Annual Audit Letter 2016/17	MMcD	Report	R	10 mins
GB17/151	Safeguarding Annual Report 2016/17	Karen Garside	Report	A	10 mins
GB17/152	Establishing Audit Committees in Common for NHS Southport & Formby CCG and NHS South Sefton CCG	DFair	Report	A	10 mins
GB17/153	Emergency Preparedness, Resilience and Response Assurance and Improvement Plan	TJ	Report	A	10 mins
Service Improvement/Strategic Delivery					
GB17/154	Better Care Fund: Update	TJ	Report	A	10 mins
For Information					
GB17/155	Key Issues reports: a) Finance & Resource Committee (F&R): June 2017 b) Quality Committee: Key Issues: July 2017 c) Audit Committee: April and May 2017 and Annual Report 2016/17 d) Joint Commissioning Committee: None	Chair	Report	R	10 mins
GB17/156	F&R Committee Approved Minutes: - June 2017		Report	R	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB17/157	Joint Quality Committee Approved Minutes: - Deferred to November 2017		x	x	
GB17/158	Audit Committee Approved Minutes: - April and May 2017		Report	R	
GB17/159	Joint Commissioning Committee Approved Minutes - None		x	x	
GB17/160	CIC Realigning Hospital Based Care Approved Minutes - June 2017		Report	R	
GB17/161	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB17/162	Date of Next Meeting Wednesday 1st November 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: 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					14:30hrs

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 5th July, 13:05hrs to 15:35hrs
Venue: Family Life Centre, Ash Street, 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 & Quality Officer	DCF
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
Colette Riley	Practice Manager	CR
Fiona Taylor	Chief Officer	FLT

In Attendance

Nigel Bellamy	Deputy Chief Executive Officer, CVS (<i>presentation</i>)	NB
Lyn Cooke	Head of Communications and Engagement	LC
Debbie Fairclough	Interim Chief Operating Officer/QIPP Programme Lead	DFair
Margaret Jones	Consultant in Public Health	MJ
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Becky Williams	Strategy and Outcomes Officer	BW
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	✓	✓	✓	✓			
Dr Niall Leonard	Clinical Vice Chair & Clinical Director	✓	✓					
Matthew Ashton (<i>or Deputy</i>)	Director of Public Health, Sefton MBC (<i>co-opted member</i>)	✓	✓	A	✓			
Dr Emily Ball	GP Clinical Director	✓	✓					
Gill Brown	Lay Member for Patient & Public Engagement	✓	✓	✓	✓			
Dr Doug Callow	GP Clinical Director	✓	✓	✓	✓			
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	✓			
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	✓	A	A	A			
Maureen Kelly	Chair, Healthwatch (<i>co-opted Member</i>)	✓	A	✓	✓			
Susan Lowe	Practice Manager			✓	✓			
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓			
Dr Hilal Mulla	GP Clinical Director	✓	✓	✓	✓			
Dr Tim Quinlan	GP Clinical Director				A			

Name	Governing Body Membership	Jan 17	Mar 17	May 17	July 17	Sept 17	Nov 17	Jan 18
Colette Riley	Practice Manager	A	✓	✓	✓			
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓	A	A			
Fiona Taylor	Chief Officer	✓	A	✓	✓			

No	Item	Action
Public	<p>Questions from the Public</p> <p>1. Now that Specsavers have a contract to provide audiology services, do the public have a choice of whether to use them? What will be the 'knock-on' effect to hospital audiology services?</p> <p>RC clarified that audiology services had been commissioned using the AQP (Any Qualified Provider) mechanisms which enabled all providers of audiology services an opportunity to provide services for the NHS. The current providers are Specsavers and Southport & Ormskirk and these arrangements have been in place for a number of years.</p> <p>Will they all do home visits given that they are all separate franchises? What will be the 'knock-on' effect to hospital audiology services?</p> <p>JL to clarify position and discuss with MK outside of the meeting.</p> <p>2. Could the CCG explain the reasons for the proposed merger with South Sefton CCG and Liverpool CCG? Explain the reasons why it has been paused and under what circumstances it will be renewed?</p> <p>FLT recapped on the previous meetings held between the three CCG's and the recognition that services needed to be delivered in a more efficient way.</p> <p>FLT clarified that the financial budget was split into two sections 1) running cost allowance; and 2) services the CCGs commission. Whilst the CCG has been very efficient with reducing the running costs, there had been growth in expenditure within commissioned services. It had been considered that it would be more effective to operate collaboratively across the Mersey region, especially given the joint programmes already in operation, the benefit of which had already been seen. It is anticipated that it would be possible to gain more benefit in relation to capacity and better use of resources.</p> <p>FLT briefed members on the impact of the election announcement and the uncertainty that such had raised in relation to the future vision of the NHS. This, in conjunction with the submission deadline of July, had been the reason for the collective decision to pause the merger and had been considered in the best interests of the communities.</p> <p>FLT confirmed that it was possible that the potential merger could be reviewed. The CCG's had agreed to meet in the Autumn and review their position and whether their reasons for merging were still applicable.</p> <p>MMcD advised on the Joint Commissioning arrangements as part of the Healthy Liverpool programme and the acute hospital reconfiguration. Southport & Formby and South Sefton CCG were now looking to formalise in to a stronger governance structure.</p>	JL
Presentation	<p>Sefton Public Health Annual Report 2016</p> <p>Margaret Jones presented members with an overview of the Public Health</p>	

No	Item	Action
	<p>Sefton Annual Report 2016 and highlighted:</p> <p>The report looked at the wider issues that impacted on health and quality of life which included education settings, planning, housing and transport. The members were informed that the 2017 annual report would also include themes that incorporated social economic and environmental factors.</p> <p>The report provided a snapshot comparison to the national picture and included areas that were performing well and those that could be improved.</p> <p>It was explained that there were some factors that the local authority and the NHS could jointly influence, such as education, employment and health. However it was also recognised that there were areas that couldn't be impacted including individual lifestyle factors.</p> <p>The presentation then went through nine different themes, all of which linked to Kings Fund publications, and made recommendations for priorities for 2017.</p> <p>RESOLUTION</p> <p>Margaret Jones was thanked for the presentation.</p>	
Presentation	<p>Working together for a Healthier Community</p> <p>A presentation was given on the work of CVS which had been made possible, in part, as a result of the non-recurrent CCG investment during 2014-17 and highlighted extracts of the full report.</p> <p>The CCG were thanked for the investment, with special thanks given to Geraldine O'Carroll, Kevin Thorne and Tracy Jeffes for their input and support.</p> <p>The presentation highlighted the benefits of the funding and the work that had been carried out with the groups and the CCG, to better understand the impact of projects to the health and well-being of the population.</p> <p>An update was given on the distribution of the projects and key achievements. This highlighted the projects that were Southport & Formby based as well as Sefton wide, against four themes including Older People, Adult Mental Health, Children and Young People. The people engaged included older people, most of whom were suffering social isolation. There were also children and youth projects which helped individuals feel valued and enabled them to develop skills to live healthier lifestyles. It was recognised that there were a number of connections with the Public Health agenda.</p> <p>The presentation then went on to highlight the many successful projects that had been established and the impact they were having on people's lives and health. Some projects had been successful in drawing down additional funding from other sources which will help their sustainability.</p> <p>In closing, the presentation highlighted the current financial pressures on the NHS but recognised the impact that voluntary organisations have in the local community, on their health, well-being and lives.</p> <p>RESOLUTION</p> <p>Nigel Bellamy was thanked for his presentation and congratulated on the work of CVS. GB added the thanks of the Engagement and Patient Experience Group (EPEG) and commended the service on its work and the impact it has on the health and well-being of its community.</p>	

No	Item	Action
	Further discussion was had in relation to the children and adolescent mental health services (CAMHS) relative to the current waiting list. DC stressed the importance of ensuring the service is delivered and outlined how the delay in service provision is impacting the community voluntary sector. Further discussion to be had with DC, DCF and Wendy Hewitt, Children's lead, outside of the meeting.	DC, DCF & Wendy Hewitt
GB17/110	<p>Apologies for Absence</p> <p>Apologies were given on behalf of Dr Jeffrey Simmonds, Dr Tim Quinlan and Dwayne Johnson. Margaret Jones attended on behalf of Matthew Ashton. Becky Williams attended to present the Integrated Performance Report on behalf of Karl McCluskey.</p>	
GB17/111	<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>	
GB17/112	<p>Minutes of Previous Meeting: May 2017</p> <p>Attendance Tracker: additional 'South' to be removed.</p> <p>RESOLUTION</p> <p>The minutes of the meeting held May 2017 were approved as a true and accurate record subject to the amendment highlighted.</p>	Judy Graves
GB17/113	<p>Action Points of Previous Meeting</p> <p><u>March 2017</u></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. Item to be presented at a Governing Body Development Session.</p> <p><i>Update</i></p> <p><i>Presented to the June Development Session.</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>Presented to the June Governing Body Development Session.</i></p> <p><u>April 2017</u></p> <p><u>GB17/73: Minutes of Previous Meeting</u></p>	<p>Closed</p> <p>Closed</p>

No	Item	Action
	<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><i>Update</i></p> <p><i>Minutes updated.</i></p>	Closed
	<p><u>GB17/48, page 12 (strengthening commissioning)</u></p> <p>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><i>Update</i></p> <p><i>Updated document presented at a recent Overview and Scrutiny Committee. The approved minutes of the said meeting will be circulated once available.</i></p>	Closed: circulated following the meeting
	<p><u>GB17/77: Governing Body Membership</u></p> <p>The three Governing Body Members who stepped down over the last few months to be written to and thanked for their contribution.</p> <p><i>Update</i></p> <p><i>Thanks relayed to former members.</i></p>	Closed
	<p><u>GB17/79: Integrated Performance Report</u></p> <p><u>Planned Care</u></p> <p>FLT requested some scoping work be carried out to look at 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><i>Update</i></p> <p><i>Presented to the June Development Session.</i></p>	Closed
	<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 handover of ambulances in a timely manner. The Trust had held an internal event to review 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 of the report and the gaps in information relating to Ambulance Service performance. The CCG do not directly</p>	

No	Item	Action
	<p>commission as it is commissioned through NHS Blackpool CCG who lead for 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 relating to patterns of calls and locations.</p> <p><i>Update</i></p> <p><i>Both areas presented to the June Development Session.</i></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. 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><i>Update</i></p> <p><i>On July EPEG agenda.</i></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><i>Update</i></p> <p><i>The outcome of the visit was reported to the Executive Improvement Board. Maternity Harm Review was discussed at the Clinical Quality Performance Group. There are some further assurance required, the update of which will be fed through to the Executive Improvement Board. Items raised and being actioned.</i></p> <p>Trust response to Cost Improvement Plan requested.</p> <p><i>Update</i></p> <p><i>The information has now been received.</i></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 assessed as "Good"; Caring and Responsive. KS to pass on the governing bodies thanks to Dr Obuchowicz for the improvements made.</p> <p><i>Update</i></p> <p><i>Thanks had been relayed. No further support requested.</i></p>	<p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Closed</p>

No	Item	Action
	<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><i>Update</i></p> <p><i>Presented to the June Governing Body Development Session.</i></p>	Closed
GB17/114	<p>Business Update</p> <p>The Chair updated members on the election process for an additional GP member; Dr Tim Quinlan had now been appointed. This left one remaining GP Clinical Director vacancy on the Governing Body. The members were informed that the clinical leads had picked up most of the responsibilities relating to the vacant position. CR was confirmed as Practice Manager member.</p> <p>RC reiterated the QIPP challenges faced by Southport & Formby CCG and the work being done by the organisation to explore all avenues of potential savings.</p> <p>RESOLUTION</p> <p>The governing body received the verbal report.</p>	
GB17/115	<p>Chief Officer Report</p> <p>The Governing Body and the public were presented with the Chief Officer report.</p> <p>The members discussed the content of the report and the following areas were highlighted:</p> <p><u>2. North Mersey Local Delivery System</u></p> <p>A North Mersey Population Health Workshop is being held on the 13th July and will involve NHS and Public Health colleagues. The purpose being to review the North Mersey Population Health plan, agree local priorities and next steps to support the implementation of a joint action plan.</p> <p><u>5. Elective Care Transformation Programme (ECTP)</u></p> <p>Work is progressing on the on the Elective Care Transformation Programme and is being led by Moira Harrison and supported by Sharon Forrester.</p> <p><u>6. Cyber Attack</u></p> <p>A briefing was provided on the CCGs experience and Informatics Merseyside response to the Cyber Attack. FLT relayed her thanks and the thanks of the CCG to all staff involved in responding to the attack. The CCG has, with other professionals, responded to a “lessons learned” exercise and will participate in events scheduled to add extra-preparedness in the event of future attacks.</p> <p><u>7. SEND Written Statement of Action – Response from OfSTED and CQC</u></p> <p>The Chief Nurse has been working on the additions required for the plan in relation to the further assurances required. As per the report, re-submission deadline was 6th July 2017. FLT added her thanks to DCF for the work carried out. DCF updated members on the submission timelines and offered to circulate the action plan to the Governing Body members.</p>	DCF

No	Item	Action
	<p><u>15.1 Paediatric Audiology Service</u></p> <p>Referrals to the service are being redirected to Alder Hey by the school nursing team as an interim measure following Bridgewater Community Trust ceasing provision of the service from Southport Centre for Health and Wellbeing. A meeting of all providers is due to be held on 7th July to look at non-recurrent resource requirements and to develop a stable longer term solution.</p> <p>The members were further advised on the action plan in place and the risks being monitored.</p> <p><u>16. Integration: BCF</u></p> <p>The final technical guidance for BCF has now been released which includes a new agreement regarding the transfer of monies into social care.</p> <p>The members had a discussion regarding the importance of understanding and being assured that the funding is delivering expected services and benefits. A further presentation is to be scheduled for a Development Session.</p> <p><u>19.1 Governing Body Administration: Conflicts of Interest</u></p> <p>The members were informed that changes in the NHSE additional guidance had been recently published.</p> <p>The members were reminded of a prior recommendation made by PWC following a Capacity and Capability review, that the CCG hold an extra formal Governing Body meeting to focus upon its QIPP arrangements. FLT noted that QIPP is clearly on the governing body agenda in the formal and informal meetings and recommended that the Part II meetings be arranged as required in future.</p> <p>RESOLUTION</p> <p>The governing body received the report and agreed the recommendation that Part II meetings be arranged as required.</p>	Mel Wright
GB17/116	<p>Quality, Innovation, Productivity and Prevention 9QIPP) Plan and Progress Report</p> <p>The Governing Body were presented with a report which provided an update on the progress being made 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. During the discussion the following areas were highlighted:</p> <p>The table on page 31 of the meeting pack provided a breakdown of the total QIPP plan for 2017/18. The total QIPP target had been set for 2017/18 at £10.1m, with £3m of 'green' rated risks on target for delivery.</p> <p>A discussion took place in relation to the Elective Care Pathways on page 32 and the need to revisit the amber and red rated areas. A meeting was due to be held with partners regarding these areas and potential areas for collaborative working. The members were taken through the schemes listed and briefed on other potential saving opportunities including estates and the potential for savings through reconfiguration.</p> <p>A further discussion was held in relation to the red rated schemes on page 35. The members were updated on the further review being carried out on the</p>	

No	Item	Action
	<p>implementation of the Cataracts Policy in trusts. It was suspected that the policy was working at this point, but was being impacted by connecting services and this will be looked at as part of the review.</p> <p>During review of the QIPP report at the Joint QIPP Committee, it had been requested for the report to also include a timeline of savings over the two-year period. This was currently being developed.</p> <p>RESOLUTION</p> <p>The governing body received the report.</p>	
GB17/117	<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 the quality performance of Southport and Formby CCG. It was noted that time periods of data are different for each source.</p> <p>The members discussed the report and the following areas were highlighted:</p> <p>Planned Care</p> <p>The CCG had failed the target for diagnostics during the period. Southport & Ormskirk also failed the diagnostic monitoring standard report with 4.6% of patients waiting in excess of 6 weeks compared to a target of 1%. The number of patients waiting over 6 weeks increased to 133 in April (38 in the previous month). This is the highest this has been for some time and is causing some concern.</p> <p>Southport and Ormskirk achieved 80% against a target of 94% for cancer patients awaiting surgery within 31 days. This related to one patient out of a total of five breaching the target. The Trust is reviewing capacity and demand in this service.</p> <p>The four breaches reported for the 2-week wait for first outpatient appointment for patients referred urgently with suspected cancer or breast symptoms were at Aintree Hospital and where as a result of patient choice, as detailed on page sixty-one of the meeting pack.</p> <p>There had been some new indicators incorporated into the report for 2017/18 and 2018/19 including performance metric plans and Personal Health Budgets (PHB's).</p> <p>Unplanned Care</p> <p>Southport & Ormskirk's performance against the four-hour target for April reached 91.1%, this being above the Cheshire & Merseyside 5 Year Forward View (STP) plan of 90%.</p> <p>Stroke</p> <p>Southport & Ormskirk failed the stroke target with only 19 out of 40 patients spending 90% of their time on a stroke unit. As reported monthly, the current configuration of the stroke unit with 3 bays continues to be a challenge in meeting the male/female demand, and compliance with mixed sex accommodation target.</p>	

No	Item	Action
	<p>Mental Health</p> <p>There had been fewer patients entering Improving Access to Psychological Therapies (IAPT) in month 1 compared to the previous month. There have been changes to the 2017/18 access standard, increasing the target to 16.8% from 15% for 2016/17.</p> <p>There had been some positive news in relation to the methodology used for calculating the dementia diagnosis rate. The new methodology is based on GP registered population instead of ONS population estimates. This means that Southport & Formby CCG are performing at 70.6% of the estimated population with dementia having a formal diagnosis, target being target 67%.</p> <p>Community Health Services</p> <p>The community services had now transferred to Lancashire Care. In terms of data reporting, an information sub group has been established which will look at the information flows and quality of information and reporting.</p> <p>New Indicators</p> <p>The members were highlighted to the new report indicators;</p> <ul style="list-style-type: none"> • 5.4 Improve Access to Children & Young People’s Mental Health Services (CYPMH) • 5.5 Waiting times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services • 6.2 Percentage of children waiting more than 18 weeks for a wheelchair • 8.1 Extended Access (evening and weekends) at GP services • 11. NHS England Monthly Activity Monitoring. <p>Further discussion was had in relation to the new target in 5.5 and the information provided by NHSE. It was recognised that as a new indicator and with referral numbers nationally being low, the CCGs would be assessed quarterly. The information had been based on early Alder Hey data from 2016/17. JL to provide further clarification on the data (via Peter Wong).</p> <p>Quality</p> <p>The members were informed of the continued discussions in relation to the ongoing issues with the stroke service, especially concerning capacity. Work was being carried out with GPs and clinicians in order to consider possible options for improving stroke care.</p> <p>The Joint Quality Committee had been advised that the Southport & Ormskirk Trust were reviewing their estates and pathways in relation to the mixed sex accommodation breaches.</p> <p>Southport & Ormskirk Trust continue to experience difficulties in relation to the Friends and Family test, although an increase in response rates had been seen for February, March and April. The Trust are currently working on a strategy to better communicate with patients.</p> <p>The Joint Quality Committee are being kept informed of the issues relating to mortality data and as detailed on page 74 of the meeting pack.</p> <p>As part of Serious Incident Management, the Paediatric Task and Finish Group are reviewing some of the incidents that have occurred and have extended an invitation to the CCG to participate; DCF and RC will be attending.</p> <p>A discussion was held in relation to the diagnostic test waiters as identified in</p>	<p>JL</p>

No	Item	Action
	<p>section 3.2. A contract meeting was due to be held the following week where these concerns would be explored further. Update to be provided via the Integrated Performance Report.</p> <p>Reference was made to the number of serious incidents open and as detailed on page 75, which was considered to be high. The Joint Quality Committee has been requested to review the information presented, and have been asked to clarify whether the timescale referred to financial year or calendar year.</p> <p>CQC Inspections</p> <p>The members were informed that Norwood Surgery, who had been inspected by the CQC in May 2017, had received a 'good rating'. FLT congratulated the practice on its rating.</p> <p>CCG Improvement & Assessment Framework (IAF)</p> <p>The members and public were informed that the publication of quarter 4 data has been delayed by NHSE nationally and was currently expected for release at the end of June 2017. This is to enable the analytical resource to focus on year-end updates and 2017/18 framework.</p> <p>NHS England Monthly Activity Monitoring</p> <p>The data compared monthly year to date activity at CCG level. It was highlighted that there were some discrepancies attributed against the CCG. FLT asked for further review.</p> <p>Finance</p> <p>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 indicates that there is a risk to delivery of the in-year position, and further updates will be received during the year.</p> <p>RESOLUTION</p> <p>The governing body received the report.</p>	<p>DCF</p> <p>FLT/MMcD</p>
GB17/118	<p>Strengthening Commissioning: Establishing a Joint Committee across Liverpool, South Sefton, Southport & Formby and Knowsley CCGs</p> <p>The paper presented 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> <p>Members were reminded of the 'Committee in Common' established in October 2014 to consider changes in the hospital services arising from the Healthy Liverpool Programme. The committee had no delegated decision making powers which meant decisions had to be referred back to each respective governing body. The proposal would switch the governance arrangements, including delegated powers, to the Joint Committee in relation to changes to hospital services as part of the North Mersey Local Delivery System Plan.</p> <p>The members were taken through the report. The following issues were highlighted:</p>	

No	Item	Action
	<p>Reference was made to page 106 of the meeting pack, second sentence of the second paragraph; 'Whilst the current proposal...'. The members were informed of a discussion held at a Senior Leadership Team meeting where it had been proposed that such should be removed as was considered that it could take the joint committee outside of its 'hospital services' remit. The members agreed the proposal and removal of the sentence.</p> <p>The members discussed the additional membership in relation to the respective CCG governing body members and that such includes a lay member from each CCG. Further reference was made to co-opted Healthwatch membership. It was considered that it would be a risk to only co-opt a 'single' representative from across the patch. It was agreed that this needed to be looked at, especially in relation to how that representative would work across the areas.</p> <p>Reference was made to the voting and the 75% approval rate. It was commented that the approval rate would mean that that any one CCG could be bound by the decision of the other three CCGs, even if that one CCG did not agree.</p> <p>The members discussed the six months withdrawal period identified in item 14.0. The instruction could result in a notice period of up to eighteen months. It was agreed that the timeframe and instruction needed to be reviewed.</p> <p>RESOLUTION</p> <p>The governing body:</p> <ol style="list-style-type: none"> 1. Supported the establishment of a Joint Committee across Liverpool, South Sefton, Southport and Formby and Knowsley CCGs 2. Approved the Terms of Reference subject to: <ol style="list-style-type: none"> a. Chief Officer of Liverpool CCG to be informed of the outcome on the governing body discussions b. the risk in relation to 'single' Healthwatch membership to be looked at c. Removal of the sentence on page 106 d. Clarification of the 75% voting ratio e. Clarification of the withdrawal period and instruction 3. That the Committee(s) in Common is then dissolved 	<p>TJ</p> <p>TJ</p> <p>TJ</p> <p>FLT/TJ</p>
GB17/119	<p>Audit Committee Annual Report 2017</p> <p>The members were presented with the Audit Committees Annual Report for 2017. The report incorporated an overview of the role of the Audit Committee, in addition to an update on a number of areas of assurance.</p> <p>The members discussed the report and highlighted;</p> <p>The 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.</p> <p>MIAA had not reported any weaknesses in control or consistent non-compliance with key controls. The Director of Internal Audit opinion reported 'Significant Assurance' for the 2016/17 financial year.</p> <p>ISA260 Audit Highlights Memorandum for 2015/16 accounts was reported to the May 2016 Audit Committee Meeting as part of the Annual Accounts approval</p>	

No	Item	Action
	<p>process. This was reported through to the Governing Body via the approved Audit Committee minutes.</p> <p>It was asked to be noted that an Annual Audit Letter 2016-17 from the external auditors, KPMG, also formed part of the annual report. This had not been available at the time of the governing body meeting so will be presented to the September Governing Body.</p> <p>RESOLUTION</p> <p>The governing body noted the work of the Audit Committee and received the Annual Report for 2016/17.</p>	MMcD
GB17/120	<p>Governing Body Assurance Framework 2017/18 Quarter 1</p> <p>The members were presented with the updated GBAF as at Quarter 1 (April to June 2017) following review by the Executives and as being presented to the Audit Committee in July 2017.</p> <p>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.</p> <p>The members discussed the report presented and highlighted the following areas:</p> <p>Risks associated with strategic objective number two (Shaping Sefton) 2.1 are being managed as part of the arrangements to secure delivery of QIPP. Achievement of QIPP is the CCG's number one strategic objective.</p> <p>The members were advised that the CCG had received a 'significant assurance' from MIAA as part of the routine annual assessment of the CCGs assurance framework arrangements.</p> <p>RESOLUTION</p> <p>Following review and scrutiny, the governing body approved the updates.</p>	
GB17/121	<p>Key Issues Reports:</p> <p>a) Finance & Resource (F&R) Committee: March and May 2017 The Mobile Device / Smartphone Policy had been approved in March 2017. A discussion was held in relation to the devices used by the CCG, both on and off site. It was clarified that the policy was more guidance rather than a mandated instruction.</p> <p>b) Joint Quality Committee: Key issues March and April 2017 and Annual Report 2017 The members were highlighted to the Quality Annual Report for 2016/17 which provided a summary of activity for the year.</p> <p>c) Audit Committee: None</p> <p>d) Joint Commissioning Committee: April and June 2017 Discussions being held with NHSE regarding GPFV Funding allocations for Southport & Formby CCG in comparison to other CCGs.</p> <p>e) Locality Meetings: Quarter 1 2017/18</p> <p>RESOLUTION</p> <p>The governing body received the key issues reports and the Quality Annual Report.</p>	

No	Item	Action
GB17/122	Finance and Resources Committee Approved Minutes: - March and May 2017 RESOLUTION The Governing Body received the approved minutes.	
GB17/123	Joint Quality Committee Approved Minutes: - March and April 2017 RESOLUTION The Governing Body received the approved minutes.	
GB17/124	Audit Committee Approved Minutes: - None 2017 RESOLUTION The Governing Body received the approved minutes.	
GB17/125	Joint Commissioning Committee Approved Minutes: - April 2017 RESOLUTION The Governing Body received the approved minutes.	
GB17/126	CIC Realigning Hospital Based Care Approved Minutes - November and December 2016 RESOLUTION The Governing Body received the approved minutes.	
GB17/127	Any Other Business <u>GB17/127.1 Capita</u> RC updated the members on a discussion held at the most recent Joint Commissioning Committee in relation to CAPITA and the monies owed to practices nationally in relation to HR transactions. A meeting of some of the practices involved was being held 6 th July 2017.	
GB17/87	Date and Time of Next Meeting Wednesday 6 th September 2017, 13:00hrs at the Family Life Centre, Ash Street, Southport, PR8 6JH	
Meeting concluded		15:35hrs
Meeting concluded with a motion to exclude the public: 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 Actions Points from Previous Meeting: July 2017

Date: Wednesday 5th July, 13:05hrs to 15:35hrs
Venue: Family Life Centre, Ash Street, Southport, PR8 6JH

No	Item	Action
Public	<p>Questions from the Public</p> <p>A question was raised in relation to Specsavers having the contract to provide audiology services and clarification was requested on whether they all do home visits given that they are all separate franchises? And any 'knock-on' effect to hospital audiology services?</p> <p>JL to clarify position and discuss with MK outside of the meeting.</p>	JL
Presentation	<p>Working together for a Healthier Community</p> <p>Following a presentation by CVS a discussion was had in relation to the children and adolescent mental health services (CAMHS) relative to the current waiting list. DC stressed the importance of ensuring the service is delivered and outlined how the delay in service provision is impacting the community voluntary sector. Further discussion to be had with DC, DCF and Wendy Hewitt, Children's lead, outside of the meeting.</p>	DC, DCF & Wendy Hewitt
GB17/112	<p>Minutes of Previous Meeting: May 2017</p> <p>Attendance Tracker: additional 'South' to be removed.</p>	Judy Graves
GB17/115	<p>Chief Officer Report</p> <p><u>7. SEND Written Statement of Action – Response from OfSTED and CQC</u></p> <p>The Chief Nurse has been working on the additions required for the plan in relation to the further assurances required. As per the report, re-submission deadline was 6th July 2017. FLT added her thanks to DCF for the work carried out. DCF updated members on the submission timelines and offered to circulate the action plan to the Governing Body members.</p> <p><u>16. Integration: BCF</u></p> <p>The final technical guidance for BCF has now been released which includes a new agreement regarding the transfer of monies into social care.</p> <p>The members had a discussion regarding the importance of understanding and being assured that the funding is delivering expected services and benefits. A further presentation is to be scheduled for a Development Session.</p>	DCF Mel Wright
GB17/117	<p>Integrated Performance Report</p> <p>New Indicators</p> <p>Further discussion was had in relation to the new target in 5.5 (Waiting times for</p>	

No	Item	Action
	<p>Urgent and Routine Referrals to Children and Young People Eating Disorder Services) and the information provided by NHSE. It was recognised that as a new indicator and with referral numbers nationally being low, the CCGs would be assessed quarterly. The information had been based on early Alder Hey data from 2016/17. JL to provide further clarification on the data (via Peter Wong).</p> <p>Quality</p> <p>Serious Incident management was discussed as part of the Integrated Performance Report update. Reference was made to the number of serious incidents open and as detailed on page 75 (item 4.5), which was considered to be high. The Joint Quality Committee has been requested to review the information presented, and have been asked to clarify whether the timescale referred to financial year or calendar year.</p> <p>NHS England Monthly Activity Monitoring</p> <p>Reference was made to page 94, item 11 in the pack which provided Southport & Formby CCG's month 12 submission to NHS England and which compared monthly year to date activity. It was highlighted that there were some discrepancies attributed against the CCG. FLT asked for further review.</p>	<p>JL</p> <p>DCF</p> <p>MMcD</p>
GB17/118	<p>Strengthening Commissioning: Establishing a Joint Committee across Liverpool, South Sefton, Southport & Formby and Knowsley CCGs</p> <p>The paper presented 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> <p>The governing body approved the Terms of Reference presented subject to:</p> <ul style="list-style-type: none"> a. Chief Officer of Liverpool CCG to be informed of the outcome on the governing body discussions b. the risk in relation to 'single' Healthwatch membership to be looked at c. Removal of the sentence on page 106 'Whilst the current...' d. Clarification of the 75% voting ratio e. Clarification of the withdrawal period and instruction 	<p>FLT/TJ</p>
GB17/119	<p>Audit Committee Annual Report 2017</p> <p>The Annual Audit Letter 2016-17 from the external auditors, KPMG, also formed part of the annual report but had not been available for the July 2017 meeting. It would therefore be presented to the governing body in September 2017.</p>	<p>MMcD</p>

MEETING OF THE GOVERNING BODY SEPTEMBER 2017

Agenda Item: 17/147	Author of the Paper: Fiona Taylor Chief Officer Email: fiona.taylor@southseftonccg.nhs.uk Tel: 01704 38 7012						
Report date: September 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.	<table style="width: 100%;"> <tr> <td style="width: 80%;">Receive</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

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

QIPP remains a key priority for the CCG and staff are continuing to focus their efforts on delivery. With a view to ensuring that there is continued and sustained focus on QIPP, the programme lead implemented “QIPP week” that ran during week commencing 21st August. The format differed from that held during May but provided an opportunity for relevant leads to review existing plans, identify any risks to delivery, to assess and review the capacity to deliver QIPP as well as ensuring that business meetings of the CCG are supported by appropriate work plans to further support delivery of QIPP.

The outputs of QIPP week will form the basis of a further facilitated session during September that will examine the CCGs commissioning intentions for the coming years and to ensure that QIPP schemes are properly reflected in relevant contracts.

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. Cheshire & Merseyside Five Year Forward View / North Mersey Local Delivery System

Louise Shepherd, Chief Executive of Alder Hey FT and STP lead, wrote to Cheshire and Merseyside Five Year Forward View members on 30th June setting out the changes to the leadership arrangements of the STP.

Andrew Gibson has been identified by NHSE to take on the role of Executive Chair and will have overall responsibility to NHSE and NHSI for the STP. Andrew has held a long standing successful NHS career including holding Chief Executive roles in both commissioning and provider organisations and will be able to bring an objective external perspective to the task.

Louise on behalf of all members thanked Neil Large, the current STP Chair and Chair of Liverpool Heart and Chest Foundation Trust for his leadership in fulfilling the role.

STP Lead

The National “Next Steps” guidance issued in March requires the system to make a formal appointment of an STP Lead who can act on Andrew and the System Leadership’s behalf to drive forward the agreed agenda. Louise confirmed that she has taken the decision not to put herself forward for as a candidate for this role.

Richard Barker and Lynn Simpson, Regional Directors (North) of NHSE and NHSI respectively, wrote to the CCG on 21st August that following an interview process, Mel Pickup, Chief Executive of Warrington and Halton FT has been appointed into the role on an initial 12 month secondment. Mel will be sharing her duties as the STP lead alongside her current role.

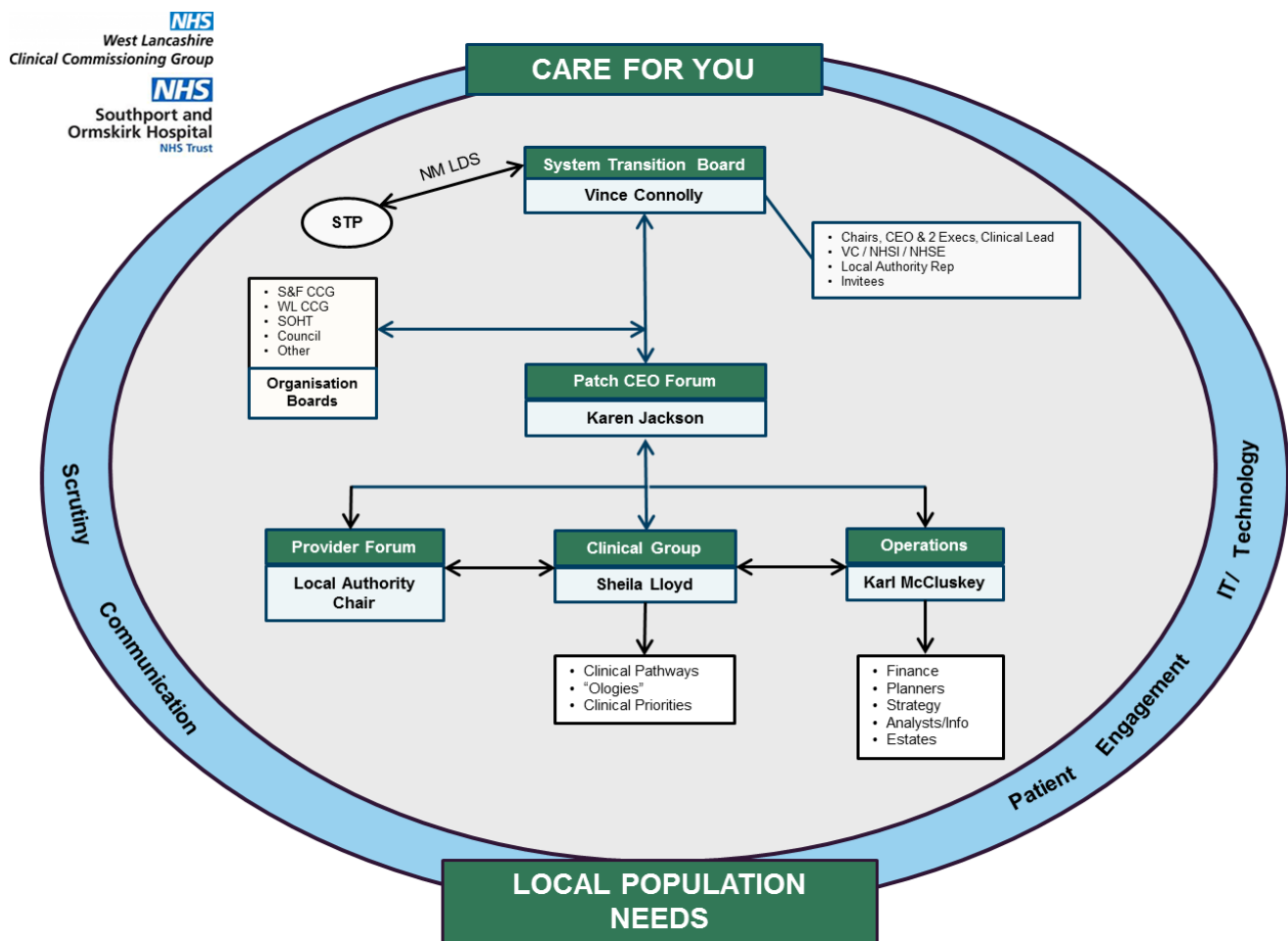
3. Care for You – Southport & Ormskirk Transformation Programme

The CCG is working alongside its local partners with a view to developing a pre-consultation business case which will understand, develop, establish and assess the overall service needs for our population.

A System Transition Board has been established to drive and oversee the whole review process. The Board will be independently chaired by Dr Vince Connolly (Regional Medical Director, NHS Improvement) and will be supported by specific work streams including:

- Clinical Leaders Group (CLG) – which will ensure that the clinical component is robust and have responsibility for developing the vision and case for change;
- Operational Group – which will consider activity, finance, workforce, estates, engagement and communications;
- Provider forum – bringing together other local partners to ensure that service delivery issues are considered in a collaborative manner.

The structure of the STB is shown below:



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

4. NHS England 2017/18 Improvement and Assessment Framework (IAF) Process

NHS England has announced a change to the process for 2017/18 with focus moving from individual CCG performance to local delivery system (LDS) overall performance. The CCG will therefore be in attendance with South Sefton, Liverpool and Knowsley CCG's to discuss elements within the IAF process for 2017/18 and other key issues including,

- Progress in establishment of Joint Committees;
- Development of Accountable Care Systems (ACS)
- LDS - Key operational issues;
- NHS Constitutional Standards delivery.

The first meeting is planned for 6th September 2017.

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

NHS Southport and Formby CCG and NHS South Sefton CCG have been working with Sefton Council to submit a written statement of action in July 2017 following an earlier inspection of special educational needs and disability services (SEND). The action plan within the statement has been agreed by OfSTED and the CQC and can be found on each CCG website.

The first monitoring meeting has taken place in August 2017 with the DfE and NHSE with feedback received indicating positive progress being made with amber / green RAG ratings reported against the five work streams.

6. Southport & Ormskirk Hospitals NHS Trust (S&O) Paediatric & Neonatal Mortality Review Task & Finish Group

S&O has established a Paediatric & Neonatal Mortality Review Task & Finish Group following the identification of several incidents that the Trust wished to review. The Chief Nurse/Deputy Chief Nurse and the Southport & Formby CCG Clinical Chair are included in the membership. NHS England, NHS Improvement and the CQC have been informed about the establishment and the rationale for this Task & Finish Group. It was also an agenda item for discussion at the last S&O Executive Improvement Board.

7. Continuing Health Care – ADAM Dynamic Purchasing System

The ADAM Dynamic Purchasing System (DPS) to support the commissioning of individual packages of care was introduced at the beginning of May 2017. Since that time, the Quality and Finance Teams within the CCGs have expressed significant concerns that are in the process of being addressed by Midlands & Lancashire Commissioning Support Unit – these are in relation to patient experience (particularly in End of Life patients) and finance. Concerns have been placed on the CCGs' Corporate Risk Register.

The Chief Nurse has instructed CSU to temporarily suspend the use of the DPS system for End of Life patients and to revert back to the previous brokerage system and the Chief Finance Officer has written to CSU regarding assurance levels within the process. Weekly progress reports are now being received by the CCGs and a Director level meeting was held on 16th July to develop a rectification plan.

8. Liverpool Community Health NHS Trust (LCH) – CCG Lessons Learnt

As part of the CCGs' proactive approach to lessons learnt following LCH and for the purposes of internal assurance, the Southport & Formby CCG Clinical Chair will be attending a future meeting of the LCH Contract Review/Clinical Quality Performance Group to observe the management of the meeting and the relevant teams in operation.

9. Aintree University Hospitals NHS Foundation Trust (AUH) – Quality & Performance Concerns

Concerns are emerging regarding areas of performance at AUH in a number of areas and the impact on quality. The AUH Collaborative Commissioning Forum in August 2017 discussed these emerging concerns with CQC and NHS Improvement in attendance. The issues discussed were raised at the NHS England C&M Quality Surveillance Group by the CCG team in accordance with the NHS England quality surveillance process. Commissioners are working collaboratively to inform any decision that may be necessary regarding increasing the current quality surveillance level of the Trust.

10. NHS England Continuing Healthcare Assurance Tool (CHAT)

CHAT incorporates NHS England's Quality Assurance Guidance in a single on-line tool. It is intended to provide the easiest way for CCG's, CSU's and their partners to organise the required evidence and assurances and give visibility of the current self-assessed compliance position. There are periodical reviews of the evidence by NHS England, with the ability to create collaborative action plans to drive quality improvement and ensure that the required standards are being met.

The CCGs have had their evidence meeting and were represented by the CSU. The Deputy Chief Nurse has had a discussion with the NHS England lead and the CCGs will be submitting further evidence by the end of August 2017.

11. Gram-Negative Blood Stream Infections (GNBSI)

The Secretary of State for Health has launched an ambition to reduce healthcare associated GNBSI by 50% by 2021 and reduce inappropriate antimicrobial prescribing by 50% by 2021. The initial focus is on reducing E-coli bloodstream infections because they represent 55% of all GNBSI. The CCG is required to develop a GNBSI Reduction Plan by September 2017. The CCG has established a GNBSI Reduction Steering Group across the local health economy which included representation from West Lancashire and Liverpool. It is envisaged that this Steering Group will drive forward the reduction plan and facilitate closer collaborative working across the STP/LDS footprint.

GNBSI has been and will continue to be discussed at the CQPG and the CCG has returned necessary information regarding executive leadership both within the CCG and local providers, confirmation of the development of the reduction plan and necessary data capture. There has been some concerns expressed regarding the CCGs holding patient identifiable data in order to deliver on the requirements set out in parts of this ambition and CSU is working with CCGs to find a solution to ensure deliverability against such elements of the ambition/plan.

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.

12. Update on Freshfield Surgery Contract Procurement

The CCG and NHS England have undertaken an extensive patient listening exercise, with the results being submitted to Sefton Council's Health Overview and Scrutiny Committee in June 2017.

NHS England and Southport & Formby CCG are working with The North of England Commissioning Support Unit to develop procurement documentation to attract potential bidders who have the capability, capacity and evidenced ambition to deliver a range of services to the practice's patients.

13. Update on new Mental Health facility in Southport – Mersey Care

Sefton Council's Planning Committee has granted Mersey Care NHS Foundation Trust permission to build a new mental health facility at the existing Boothroyd Mental Health Unit, off Scarisbrick New Road.

The Trust is hoping to start work on the site before the end of this calendar year with a view to completing the new facility during 2019.

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

14. Community Services Update

Lancashire Care NHS Foundation Trust (LCFT) took over the running of adult community services across Southport and Formby from 1st May 2017. The Trust has focused a substantial amount of work on determining the quality and effectiveness of services to help identify potential areas for service redesign to improve the delivery of care.

LCFT presented to the latest GP wider group meeting and also to the public at the Big Chat event held in Formby in July. The feedback received from GPs has generally been good. The CCG and the Trust have prioritised the delivery of the integrated care reablement service for implementation by October 2017.

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

15. Joint Committees

The CCG continues to support the development of a proposal to establish a Joint Committee across South Sefton, Southport and Formby, Knowsley and Liverpool CCGs, that will potentially have the authority to agree options and take forward decision making on the future configuration of Hospital Services in North Mersey.

The proposals do have support in principle and the relevant Chief Officers have now been asked for any final comments following which the final versions will be submitted to Governing Bodies for approval.

16. Community Equipment

The CCG are working collaboratively with Sefton Council and community providers on a review of Community Equipment, which has coincided with the transaction process for a new community provider in South Sefton. The Council are undertaking an engagement exercise relating to equipment relevant to the social care aspects of the review to further inform the work. Details of the review and any recommendations will be presented to the Governing Body in November 2017.

17. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Taylor
Chief Officer
September 2017

MEETING OF THE GOVERNING BODY SEPTEMBER 2017

Agenda Item: 17/148	Author of the Paper: Martin McDowell Chief Finance Officer Email: martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 247 7071						
Report date: September 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 following domains: planned care, medicines optimisation, CHC/FNC, discretionary spend, urgent care, Shaping Sefton and other schemes.							
Recommendation The Governing Body is asked to receive this report.	<table style="float: right;"> <tr><td>Receive</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Approve</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Ratify</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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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	Y			
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 22 nd August 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: July 2017 (Month 4)

Total QIPP Plan 2017/18

QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	3,842	650	4,492	747	2,458	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	120	1,500	1,620	500	500	620	1,620
Shaping Sefton plan	907	0	907	0	0	907	907
Other Schemes plan	80	380	460	0	460	0	460
Total QIPP Plan	7,607	2,530	10,137	3,625	3,448	3,064	10,137
QIPP Delivered 2017/18				(1,343)		0	(1,343)

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)		

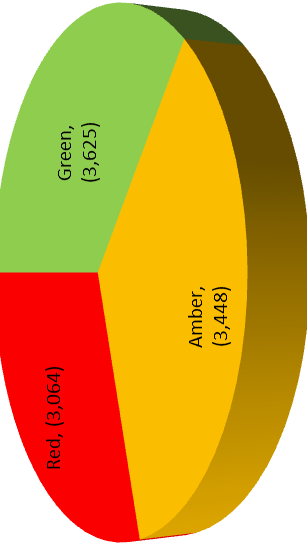
SCHEME 6: SHAPING SEFTON PROGRAMMES			
CVD and stroke	(120)	(120)	(120) R
Mental Health	(250)	(250)	(250) R
Cancer	(50)	(50)	(50) R
Primary care	(100)	(100)	(100) R
Intermediate Care	(100)	(100)	(100) R
Diabetes	(100)	(100)	(100) R
End of Life	(100)	(100)	(100) R
Children's	(87)	(87)	(87) R
Sub Total 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 4

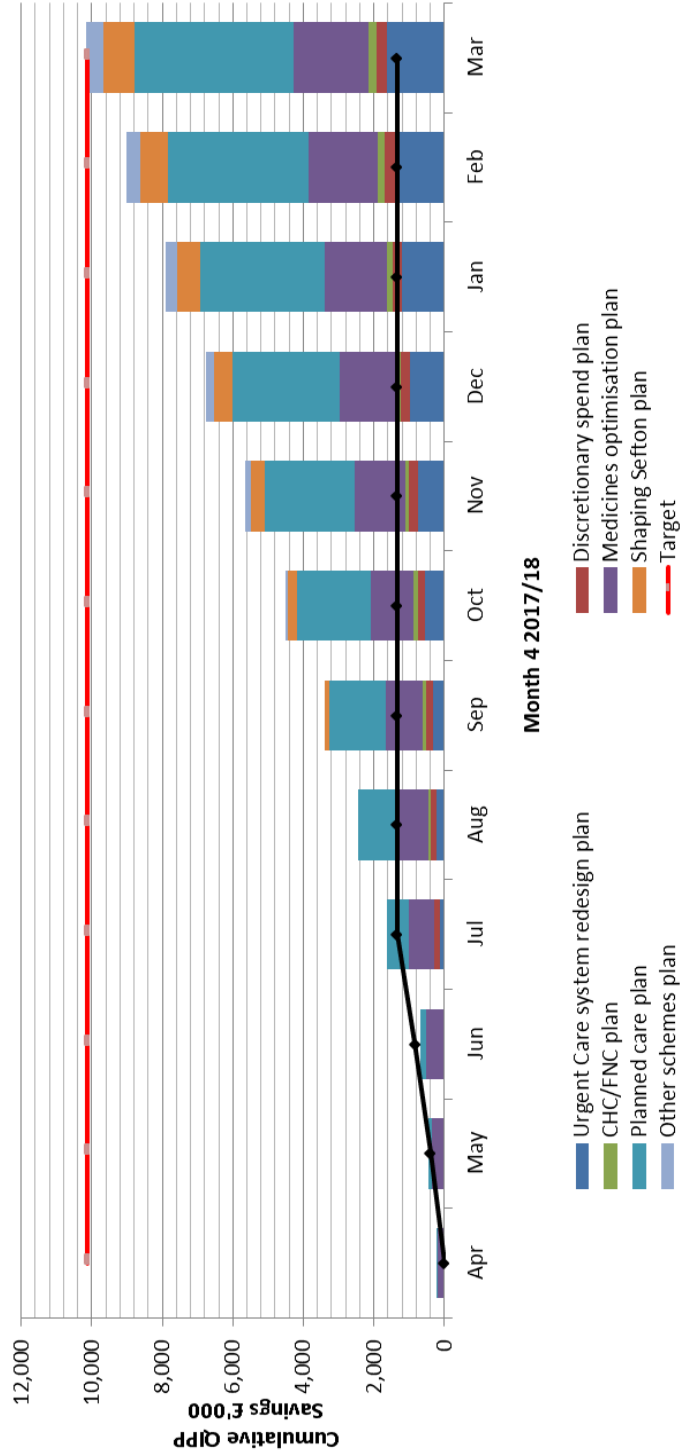
Southport and Formby CCG

Scheme	Annual Plan	YTD Plan	YTD Actual	Variance
Planned care plan	4,492	624	480	(144)
Medicines optimisation plan	2,118	706	200	(506)
CHC/FNC Plan	231	26	0	(26)
Discretionary spend plan	309	163	163	(0)
Urgent Care system redesign	1,620	111	500	389
Shaping Sefton	907	0	0	0
Other Schemes	460	0	0	0
Total	10,137	1,630	1,343	(287)

RAG Breakdown - £'000s



SFCCG : Summary QIPP plan 2017/18



QIPP DASHBOARD SFCCG – Detail by scheme

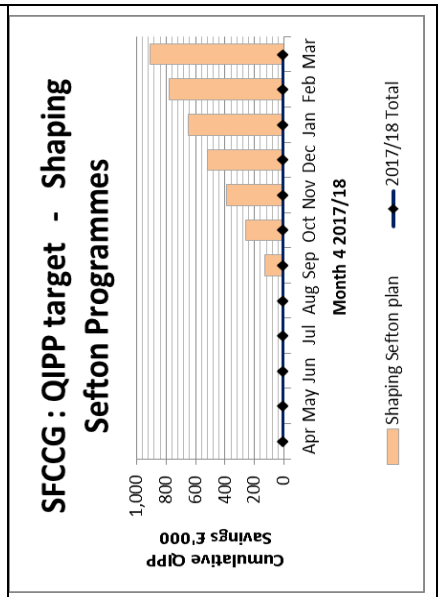
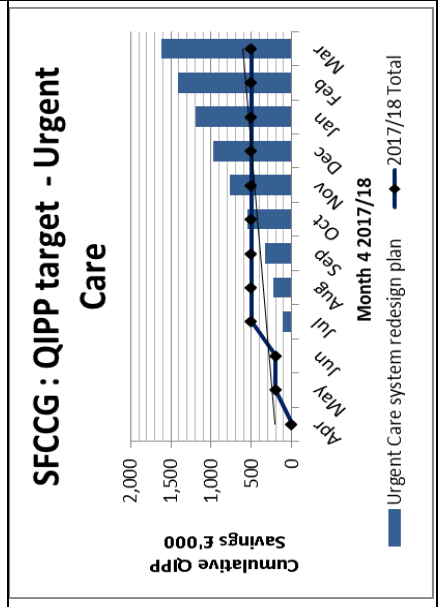
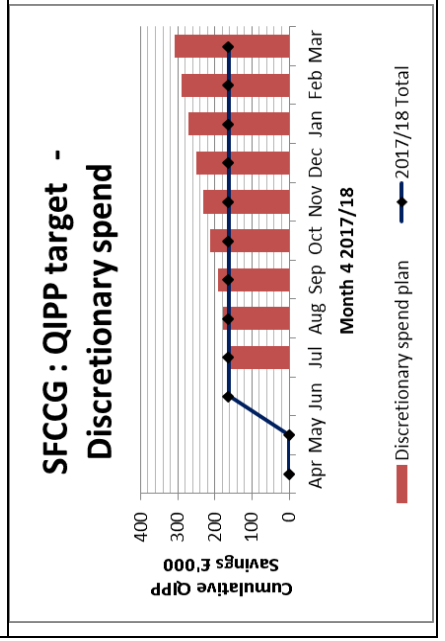
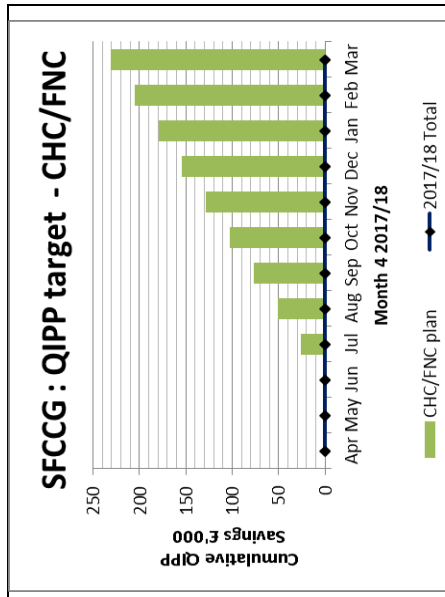
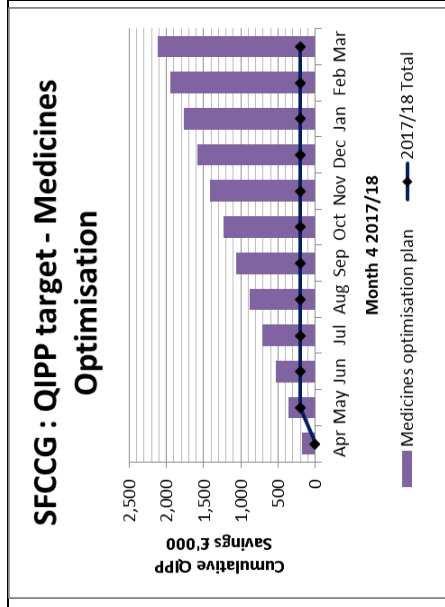
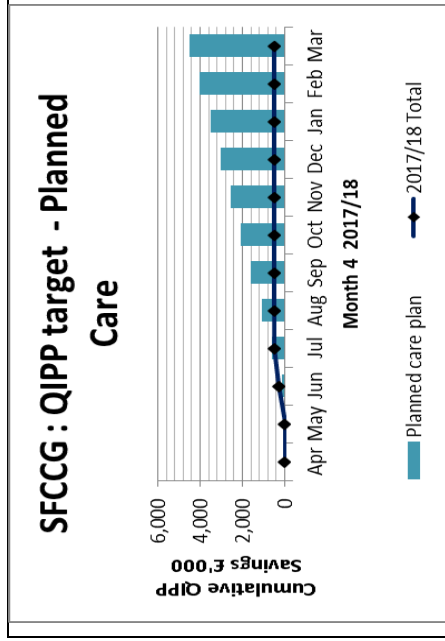
Planned care	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance
PLCV Compliance	22	42	20	22	42	20
RightCare - MCAS / T&O	47	47	0	187	327	140
RightCare - Neurology (Pain Management Clinic)	54	0	(54)	54	0	(54)
Pain Management - Community Provision	52	0	(52)	52	0	(52)
RightCare - Gastro	16	0	(16)	16	0	(16)
RightCare - Urology	27	0	(27)	27	0	(27)
RightCare - Respiratory	22	0	(22)	22	0	(22)
Health Optimisation Scheme - Smoking	30	0	(30)	30	0	(30)
Health Optimisation Scheme - BMI	33	0	(33)	33	0	(33)
Cataracts Policy	8	0	(8)	8	0	(8)
Referral Management Scheme	111	111	(0)	111	111	(0)
Outpatient physio (AQP withdrawal by providers)	33	0	(33)	33	0	(33)
Dermatology	17	0	(17)	17	0	(17)
Vanguard - Neurology	11	0	(11)	11	0	(11)
Total	484	200	(284)	624	480	(144)
Medicines optimisation						
Individual Patient Reviews (Ann Savings)	14	0	(14)	56	0	(56)
Pregabalin - IPR Savings	16	0	(16)	65	0	(65)
RightCare - Respiratory - IPR Savings	20	0	(20)	79	0	(79)
Blood Glucose Variance to previous FY	5	0	(5)	21	0	(21)
Rebates (Seretide)	7	0	(7)	29	0	(29)
Optimise Savings/Avoidance (Actuals)	5	0	(5)	19	0	(19)
Gluten Free Spend	8	0	(8)	33	0	(33)
Focus on reduced waste (repeat prescribing)	92	0	(92)	367	200	(167)
High Cost Drugs and Biosimilars	0	0	0	0	0	0
Self Care	5	0	(5)	20	0	(20)
Continence (via S&O Contract Spend)	4	0	(4)	17	0	(17)
Total	177	0	(177)	706	200	(506)

QIPP DASHBOARD SFCCG – Detail by scheme

Individual packages of care	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance
Outcome of CSU review work (net savings)	10	0	(10)	10	0	(10)
Implementation of ADAMI procurement system	15	0	(15)	15	0	(15)
Total	26	0	(26)	26	0	(26)
Discretionary spend						
Reductions in VCFS grant	0	0	0	0	0	0
Third Sector Contracts	149	0	(149)	149	149	0
Review of hospice provision	0	0	0	0	0	0
Internal QIPP - reducing operational spend	3	0	(3)	3	14	11
Estates	11	0	(11)	11	0	(11)
Total	163	0	(163)	163	163	(0)
Urgent care system redesign						
Telehealth	0	0	0	0	0	0
AVS/ATT	0	0	0	0	0	0
Other urgent care schemes	111	300	189	111	500	389
Total	111	300	189	111	500	389
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 SEPTEMBER 2017

Agenda Item: 17/149	Author of the Paper: Karl McCluskey Chief Strategy and Outcomes Officer Email: Karl.Mccluskey@southportandformbyccg.nhs.uk Tel: 0151 247 7000						
Report date: August 2017							
Title: Southport and Formby Clinical Commissioning Group Integrated Performance Report							
Summary/Key Issues: This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group (note time periods of data are different for each source)							
Recommendation The Governing Body is asked to receive this report.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Receive</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives <i>(x those that apply)</i>	
	To 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 3 (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	
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	Red	SORM
Cancer 62 Day Screening	Red	SORM
Cancer 62 Day Consultant Upgrade	Green	SORM
Diagnostic Test Waiting Time	Red	SORM
HCAI - C.Difficile	Green	SORM
HCAI - MRSA	Green	SORM
IAPT Access - Roll Out	Red	
IAPT - Recovery Rate	Red	
Mixed Sex Accommodation	Red	SORM
RTT 18 Week Incomplete Pathway	Green	SORM
RTT 52+ week waiters	Green	SORM
Stroke 90% time on stroke unit		SORM
Stroke who experience TIA		SORM
NHS E-Referral Service Utilisation	Red	

Key information from this report

Financial position

The agreed financial plan for 2017/18 requires the CCG to break even in year, whilst the cumulative CCG position is a deficit of £6.695m which incorporates the historic deficit brought forward from the previous financial year. The cumulative deficit will be addressed as part of the CCG longer term recovery plan and will be repaid with planned surpluses in future financial years.

The QIPP savings requirement, assessed at the start of the year, to deliver the agreed financial plan is £10.137m. Work has been ongoing to develop a fully identified plan to achieve the required efficiencies to deliver the financial target. The plan is at final review stage and will be managed by the QIPP Committee. As at Month 4, £1.343m QIPP savings have been achieved.

The year to date and full year forecast financial position is breakeven. This position assumes that the QIPP plans will be delivered in full, but it must be noted that significant risk exists in terms of delivering these plans.

Planned Care

A significant decrease in referrals occurred in April 2017 followed by an increase in May 2017 and June 2017. GP referrals in 2017/18 to date are 23.2% down on the equivalent period in the previous year. Consultant to consultant referrals are currently 37% higher than in the first quarter of 2016/17.

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 (June) for E-referral Utilisation rates reported is 42%; a 2% increase from the previous month.

The CCG failed the less than 1% target for Diagnostics in June recording 2.87%, out of 1912 patients 55 waited over 6 weeks and 12 over 13 weeks for their diagnostic test. Majority of the breaches were for echocardiography (23). Although failing, this is an improvement on May when 5.41% was recorded.

The CCG failed the less than 1% target for Diagnostics in June recording 2.87%, out of 1912 patients 55 waited over 6 weeks and 12 over 13 weeks for their diagnostic test. Majority of the breaches were for echocardiography (23). Although failing this is an improvement on May when 5.41% was recorded. Southport and Ormskirk also failed to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. During June the Trust failed the diagnostic monitoring standard reporting 1.89% of patients waiting in excess of 6 weeks, an improvement on May when they recorded 5.9%.

Southport & Ormskirk Trust had 12 cancelled operations (where the operation was cancelled for non clinical reasons and another date was not offered within 28 days) in June, now a total of 35 year to date.

The CCG has not achieved the target of 93% for 2-week cancer wait for first outpatient appointment for patients referred urgently with breast symptoms in June with a performance of 85.1% and year to date 89.16%. Out of 47 patients, 7 breaches were reported. The CCG also failed the target of 90% year to date for 62-day screening year to date due to previous months breaches, recording 86.67%. Lastly, they are also failing the 62 day standard reaching 76.47% in June and 82.47% year to date having 8 breaches out of a total of 34 patients.

Southport & Ormskirk achieved the target of 94% in June for patients requiring surgery within 31 days, recording 100%, but unfortunately are failing year to date due to just 1 breach in April. Southport & Ormskirk are also just under the 85% target for the 62 day standard recording 76.12% in June and year to date 82.08%.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to Friends and Family. The Trust has seen an increase in response rates for inpatients over the past few months, from 11.1% in February to 14.7% in June. The percentage of patients that would recommend the inpatient service in the Trust has also seen an increase from 91% in February to 94% in June. 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 May and is therefore still greater than the England average of 1%.

Performance at Month 3 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa £-229k/-2.5%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately £269k/3%.

The CCG has new plans for Personal Health Budgets (PHBs) for each quarter of 2017/18. Quarter 1 data shows the CCG are below plan.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for June reached 90.3%, which is just above the Cheshire & Merseyside 5 Year Forward View (STP) plan of 90%.

There have been no 12 hour breaches at the trust in June, year to date there have been 12 (3 in April and 9 in May). Root cause analyses from the Trust are awaited.

At both a regional and county level, NWAS 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. NHS England has recently announced a new set of performance targets for the ambulance service, which will apply to all 999 calls from later this year.

June 2017 saw a reduction in the number of 111 calls made by Southport and Formby patients to 1,430 from 1,687 in May, a reduction of 15.2%. There has also been a reduction when compared to June 2016, from 1,693 or 15.5%.

The number of calls from Southport and Formby patients to the GP OOH service has reduced in June 2017 to 792, a reduction of 13.3% since May. When compared to the same point in the previous year, June 2017 had 11.6% fewer calls to the GP OOH service. GP OOH calls from nursing homes within Southport and Formby have increased by 12 calls, 19.4%, from May. However, as with total calls, this remains within trend.

Southport & Ormskirk failed the stroke target in June recording 33.33 only 8 out of 24 patients spending 90% of their time on a stroke unit. This is a decrease in performance from May when the Trust reported 51.6%. Performance against this indicator remains a significant challenge. In June: 47 referrals and 34 admissions therefore 13 patients discharged as fast track which impacts on % on a dedicated stroke ward. There were also 7 outliers as complex social and unwell patients in Stroke Unit beds.

During June 2017, there were 9 TiA referrals, 2 of these were reportable for which we were 0% compliant. The reasons for breaches were patient DNA'd initial appointment (which was made for

within 24 hours) and patient not classed as high risk as they had had symptoms for more than 12 months.

The CCG reported a Mixed Sex Accommodation rate of 0.7 which equates to a total of 3 breaches in June. All 3 breaches were at Southport & Ormskirk NHS Trust. Southport & Ormskirk had 8 mixed sex accommodation breaches (a rate of 1.4) and have also breached the zero tolerance threshold. Of the 8 breaches 3 were for Southport & Formby CCG, 4 for West Lancashire CCG and 1 for Greater Preston CCG.

There was 1 new case of Clostridium Difficile attributed to the CCG in June, 10 year to date. (3 apportioned to acute trust and 7 apportioned to community). For Southport & Ormskirk year to date the Trust has had 2 cases against a plan of 6 (no new cases in June), 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 June 2017.

An E.coli target for CCGs for 2017/18 has been set at 121 cases, this is being monitored and there have been a total of 39 cases April to June against a plan of 31.

There are 94 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 48 of these incidents apply to Southport & Formby CCG patients. 46 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 in Southport and Ormskirk hospital increased to 5 during June 2017 from 4 reported in May. Of the 5 delays 3 were due to patient or family choice. Analysis of average delays in June 2017 compared to June 2016 shows them to be the same (5). 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 but rates have increased to 4.2% in June from 1.1% in April. The Trust A&E department has seen an increase in the percentage of people who would recommend the service from 83% in May to 86% in June. However, this is still lower than the England average of 87%. The percentage not recommending has increased from 9% in May to 10% in June again remains above the England average of 7%.

Performance at Month 3 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £179k/2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately £327k/4%. This under-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £357k/5% underspend.

Mental Health

All CPA measures are achieving their targets for June 2017.

In terms of Improving Access to Psychological Therapies (IAPT), whilst the access target has been missed, but the provider reported more Southport & Formby patients entering treatment in month 3.

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 increased in Month 3 by 33.8% with 285 compared to 213 in Month 2. 64.6% of these were self-referrals which is a decrease from 73.7% in Month 2. Marketing work has been carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals increased in Month 3 with 42 reported compared to 31 in Month 2. Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service.

Following the implementation of the new methodology the latest data on the HSCIC websites show that Southport & Formby CCG are recording a dementia diagnosis rate in June of 70.5%, which exceeds the national dementia diagnosis ambition of 67%.

The CCG has new plans for Improving Access to Children & Young People's Mental Health Services (CYPMH) and Waiting Times for Urgent and Routine Referrals to Children and Young Peoples Eating Disorder Services for each quarter of 2017/18. Quarter 1 performance is anticipated for Septembers report.

Community Health Services

The community contract for Southport & Formby CCG patients transferred over to Lancashire Care Foundation Trust on 1st May. An information sub group has been established and the Trust shared their first report with the CCG at the first meeting on 7th August. The Trust updated the CCG on their approach towards validating the information, on a service by service basis. This involves spending time with the teams to ensure the information is being recorded correctly on EMIS going forward, as well as validating historic data such as long waiters on waiting lists etc.

Primary Care

The Family Surgery was inspected in August and achieved a 'good' rating.

Better Care Fund

Better Care Fund planning guidance was published at the start of July 2017. Health and Wellbeing Board areas must complete an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents by 11th September 2017. By 21st July local areas were required to confirm draft Delayed Transfers of Care (DTC) trajectories and Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding.

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. Quarter 4 data was released in July and is included in this report.

2. Financial Position

2.1 Summary

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 cumulative CCG position is a deficit of £6.695m which incorporates the historic deficit brought forward from the previous financial year. The cumulative deficit will be addressed as part of the CCG longer term recovery plan and will be repaid with planned surpluses in future financial years.

Cost pressures have emerged in the first four months of the financial year which are balanced out by underspends in other areas. The main areas of forecast overspend are within the Independent Sector, Programme Projects and Reserves budgets covering the following areas:

- Over performance on the contract with iSight (mainly for ARMD services)
- Cost pressures for continuing healthcare packages– work to resolve data quality issues following implementation of the Adam Dynamic Purchasing System are being progressed.
- Costs for referral management and prior approval services to support QIPP schemes.
- Commissioning non acute, over spend for community set up costs

The cost pressures are supported by a forecast underspend on the Acute Commissioning budget relating to underperformance on the contract with Southport & Ormskirk NHS Trust.

QIPP savings anticipated for the first four 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 as efficiencies generated through the QIPP programme begin to take effect. Another QIPP week is taking place late August to address the QIPP challenges within the organisation.

The QIPP plan forms part of the CCG recovery plan reported to NHS England. A robust QIPP plan and profile of achievement is required to provide assurance that the CCG can deliver its financial targets.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator	This Month
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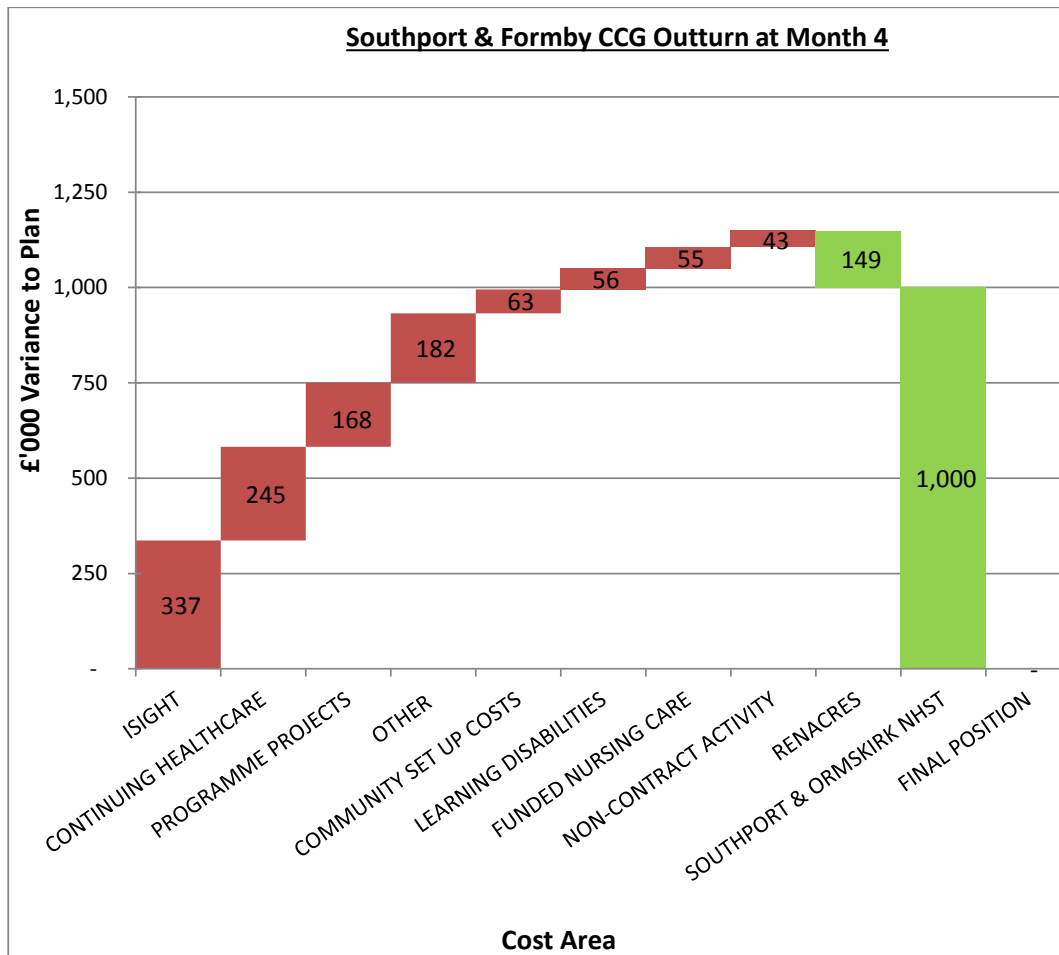
Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency Reserve	✓
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£1.343m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.86%
	NHS - Volume YTD > 95%	94.87%
	Non NHS - Value YTD > 95%	98.19%
	Non NHS - Volume YTD > 95%	96.07%

- The CCG will not achieve the Business Rule to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England. A meeting to assess year to date performance was held on the 25th July.
- 0.5% Contingency Reserve is held as mitigation against potential cost pressures.
- 0.5% Non-Recurrent Reserve is held uncommitted as directed by NHSE.
- The current financial plan is to achieve a break even position in year, this is the best case scenario and is dependent on delivery of the QIPP savings requirement in full.
- QIPP Delivery is £1.343m to date; this is £0.287m behind the planned delivery at Month 4.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.040m for 2017/18.
- BPPC targets have been achieved to date with the exception of NHS invoices by volume which is slightly below the 95% target.

2.2 CCG Financial 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.

Figure 2 – Forecast Outturn



- The CCG forecast position for the financial year is breakeven, based upon the delivery of the QIPP target in full.
- The main financial pressures relate to the Independent Sector, Programme Projects and Continuing Health Care packages
- The forecast overspend relates to the following areas:
 - Overperformance on the contract with iSight (mainly for ARMD service)
 - Cost pressures for Continuing Healthcare packages

- Costs for referral management and prior approval services
 - Set up costs for Community Services
 - Learning Disability high cost packages
- The forecast cost pressures are supported by underspends in the Acute Commissioning budget, mainly due to underperformance on the contract with Southport and Ormskirk Hospital.

2.3 Provider Expenditure Analysis – Acting as One

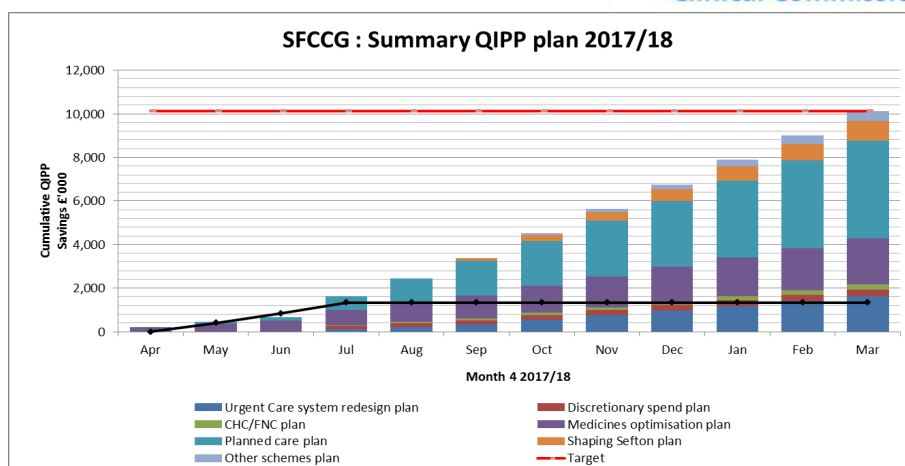
Figure 3 – Acting as One Contract Performance

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	£0.333
Alder Hey Children’s Hospital NHS Foundation Trust	£0.002
Liverpool Women’s NHS Foundation Trust	£0.008
Liverpool Heart & Chest NHS Foundation Trust	-£0.038
Royal Liverpool and Broadgreen NHS Trust	-£0.118
Mersey Care NHS Foundation Trust	£0.000
Grand Total	£0.186

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against overperformance with these providers but does present a risk that activity could drift to other providers causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also removes the ability to achieve QIPP savings in the two year contract period. However, QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an overperformance spend against plan, this would represent an overspend of £0.186m under usual contract arrangements.

2.4 QIPP

Figure 4 – QIPP Plan and Forecast



QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	3,842	650	4,492	747	2,458	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	120	1,500	1,620	500	500	620	1,620
Shaping Sefton plan	907	0	907	0	0	907	907
Other Schemes plan	80	380	460	0	460	0	460
Total QIPP Plan	7,607	2,530	10,137	3,625	3,448	3,064	10,137
QIPP Delivered 2017/18				(1,343)		0	(1,343)

- The 2017/18 identified QIPP plan is **£10.137m** (opening position). This plan has been phased across the year on a scheme by scheme basis and full detail of progress at scheme level is monitored at the QIPP committee.
- The CCG has undertaken a significant work programme to update the 2017/18 QIPP plan and identify schemes in excess of the target. A revised QIPP plan will be presented to the Governing Body.
- As at Month 4, the CCG has achieved £1.343m QIPP savings in respect of the following schemes:
 - Prescribing - £0.200m
 - MCAS (S&O) - £0.280m
 - Third Sector Contracts - £0.149m
 - S&O Contract - £0.500m
 - Other contracts £0.214m
- The risk rated QIPP plan demonstrates that although there are a significant number of schemes in place, further work is required to determine whether they can be delivered in full.
- The forecast QIPP delivery for the year is **£5.350m** which represents 100% of schemes rated Green and 50% of schemes rated Amber. A high proportion of the plan is rated red, work is required to provide assurance that further savings can be delivered.

2.5 Risk

Figure 5 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(6.549)	(3.588)	(10.137)
Revised surplus / (deficit)	(6.549)	(3.588)	(10.137)
Forecast Outturn (Operational Budgets)	(1.778)	1.840	0.062
Reserves Budget	0.000	(0.062)	(0.062)
Management action plan			
QIPP Achieved	1.343	0.000	1.343
Remaining action plan to be delivered	6.264	2.530	8.794
Total Management Action plan	7.607	2.530	10.137
Year End Surplus / (Deficit)	(0.720)	0.720	(0.000)

- The CCG forecast financial position is breakeven.
- The underlying position is a deficit of £0.720m; this position removes non-recurrent expenditure commitments and QIPP savings from the forecast position.
- The forecast position is dependent on achieving a QIPP saving of **£10.137m**.

Figure 6 – Risk Adjusted Financial Position

Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
QIPP requirement (to deliver agreed forecast)	(8.794)	(8.794)	(8.794)
Predicted QIPP achievement	7.990	4.544	3.014
Reserves / I&E impact	0.304	0.304	0.304
Forecast Surplus / (Deficit)	(0.500)	(3.946)	(5.476)
Further Risk	(2.230)	(2.230)	(2.230)
Management Action Plan	2.730	2.635	2.635
Risk adjusted Surplus / (Deficit)	0.000	(3.541)	(5.071)

- The risk adjusted position provides an assessment of the best, likely and worst case scenarios in respect of the CCGs year end outturn.
- The best case is breakeven and includes an assumption that the QIPP requirement will be delivered in full and further risks of £2.230m will be mitigated with additional management actions of £2.730m.
- The likely case is a deficit of **£3.541m** and assumes that QIPP delivery will be 100% of schemes rated Green and 50% of schemes rated Amber with further risk and mitigations as per the best case scenario.
- The worst case scenario is a deficit of **£5.071m** and assumes that only the QIPP schemes rated Green will be delivered and the management action plan will not be delivered in full.

2.6 Statement of Financial Position

Figure 7 – Summary of working capital

	2015/16		2016/17		2017/18	
	M12	M12	M1	M2	M3	M4
	£000	£000	£000	£000	£000	£000
Non CA	22	11	11	11	11	11
Receivables	1,759	2,041	1,478	2,167	1,817	1,824
Cash	89	160	4,183	5,135	1,791	4,777
Payables & Provisions	(12,471)	(9,202)	(10,086)	(11,745)	(12,897)	(12,821)
Value of Debt > 180 days old (6 months)	264	723	723	723	723	734
BPPC (value)	96%	98%	101%*	100%	99%	100%
BPPC (volume)	90%	96%	97%	96%	94%	94%

* In month 1 there were a number of credit notes received from providers relating to 16/17 performance which skewed the BPPC data

- Non-current Asset (Non CA) balance relates to assets inherited from Sefton PCT at the inception of the CCG. Movements in this balance relate to depreciation charges.
- The receivables balance includes invoices raised for services provided accrued income and prepayments. Outstanding debt in excess of 6 months old currently stands at £734k. This balance is predominantly made up of two invoices currently outstanding with Southport & Ormskirk NHS Trust; CQUIN payment recovery (£670k) and Breast Referral Services (£50k). Both of these debts have been discussed at Audit Committee and the Chief Finance Officer has written to the Trust Director of Finance to re-affirm the CCG's position.
- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD was set at £181.225m at Month 4. The actual cash utilised at Month 4 was £57.080m (31.50%) against a target of £60.408m (33.33%). Cash continues to be monitored daily by the finance team to ensure cash targets set by NHS England are met.
- BPPC has been steadily improving however following an internal audit review undertaken by MIAA it was identified that an internal monthly review of data from NHS Shared Business Services would be useful, this has been implemented. An annual benchmarking against other CCGs across the North West area is to be undertaken in August 2017.

2.7 Recommendations

The Governing Body 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 requirement in full. This represents the CCG's best case scenario. The CCG's likely case scenario forecasts a deficit after risk and mitigation of £3.541m.
- 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 limited or no 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 from the use of the CCG's resources.

3. Planned Care

3.1 Referrals by Source

Figure 8 - Referrals by Source across all providers for 2015/16, 2016/17 & 2017/18

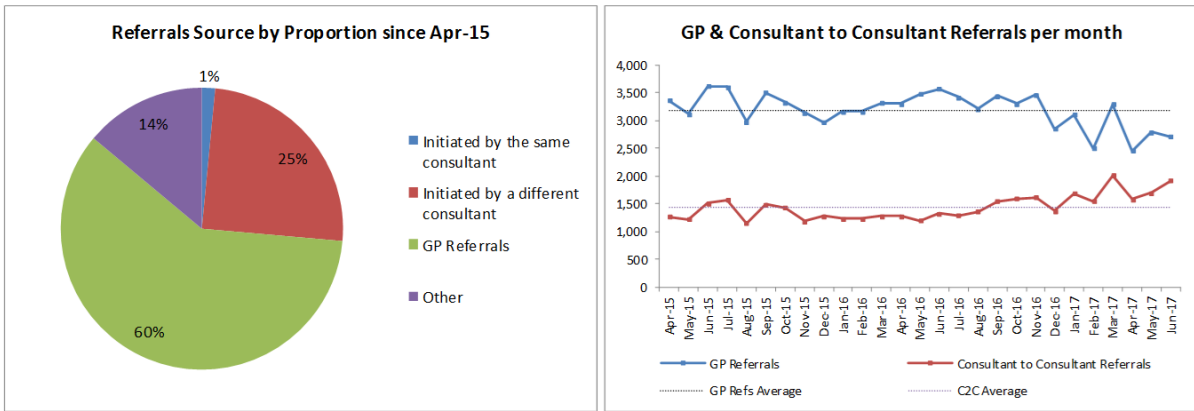


Figure 9 - GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17, 2017/18

Referral Type	DD Code	Description	Apr-17	May-17	Jun-17	1617 YTD	1718 YTD	Variance	% Variance
GP	03	GP Ref	2,447	2,788	2,711	10,348	7,946	-2,402	-23.2%
GP Total			2,447	2,788	2,711	10,348	7,946	-2,402	-23.2%
Other	01	following an emergency admission	9	12	14	24	35	11	45.8%
	02	following a Domiciliary Consultation	1		1	4	2	-2	-50.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	277	289	273	833	839	6	0.7%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,199	1,328	1,541	2,701	4,068	1,367	50.6%
	06	self-referral	191	176	164	424	531	107	25.2%
	07	A Prosthetist			1	1	1	0	0.0%
	08	Royal Liverpool Code (TBC)	27	41	46	123	114	-9	-7.3%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	35	11	24	77	70	-7	-9.1%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	59	60	61	153	180	27	17.6%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)		2	3	6	5	-1	-16.7%
	13	A Specialist NURSE (Secondary Care)	3	1	1	12	5	-7	-58.3%
	14	An Allied Health Professional	84	115	97	515	296	-219	-42.5%
	15	An OPTOMETRIST	78	92	85	298	255	-43	-14.4%
	16	An Orthoptist	1	6	2	13	9	-4	-30.8%
	17	A National Screening Programme	57	48	30	232	135	-97	-41.8%
	92	A GENERAL DENTAL PRACTITIONER	39	31	32	130	102	-28	-21.5%
93	A Community Dental Service				0	0	0	#DIV/0!	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	169	178	267	795	614	-181	-22.8%	
Other Total			2,229	2,390	2,642	6,341	7,261	920	14.5%
Unknown				1		5	1	-4	-80.0%
Grand Total			4,676	5,179	5,353	16,694	15,208	-1,486	-8.9%

A significant decrease in referrals occurred in April 2017 followed by an increase in May 2017 and June 2017. GP referrals in 2017/18 to date are 23.2% down on the equivalent period in the previous year. Consultant to consultant referrals are currently 37% higher than in the first quarter of 2016/17.

A referral management scheme started on 1st October in Southport & Formby CCG which is currently in Phase I (administrative phase). A consultant to consultant referral policy for Southport & Ormskirk Hospital has been approved.

Data quality note: Walton Neuro Centre has been excluded from the above analysis due to data quality issues. For info, Walton is recording approx. 80 referrals per month in 2016/17. A coding change was implemented in March 2017 for Physio at Southport Hospital with these referrals coded as having a

referral source of 01 (following an emergency admission) in place of the previous referral source of 03 (GP referral). For consistency, GP referrals relating to physio at Southport Hospital for Months 1-11 of 2016/17 have been manually corrected to a referral source of 01.

3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS Southport & Formby CCG	17/18 - June	80% by Q2 17/18 & 100% by Q2 18/19	42.00%	↑

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 June 2017 when the CCG recorded 42%. This shows an improvement in performance compared to last month when 40% was recorded.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	17/18 - June	<1%	2.87%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	17/18 - June	<1%	1.89%	↓

The CCG failed the less than 1% target for Diagnostics in June recording 2.87%, out of 1912 patients 55 waited over 6 weeks and 12 over 13 weeks for their diagnostic test. Majority of the breaches were for echocardiography (23). Although failing this is an improvement on May when 5.41% was recorded.

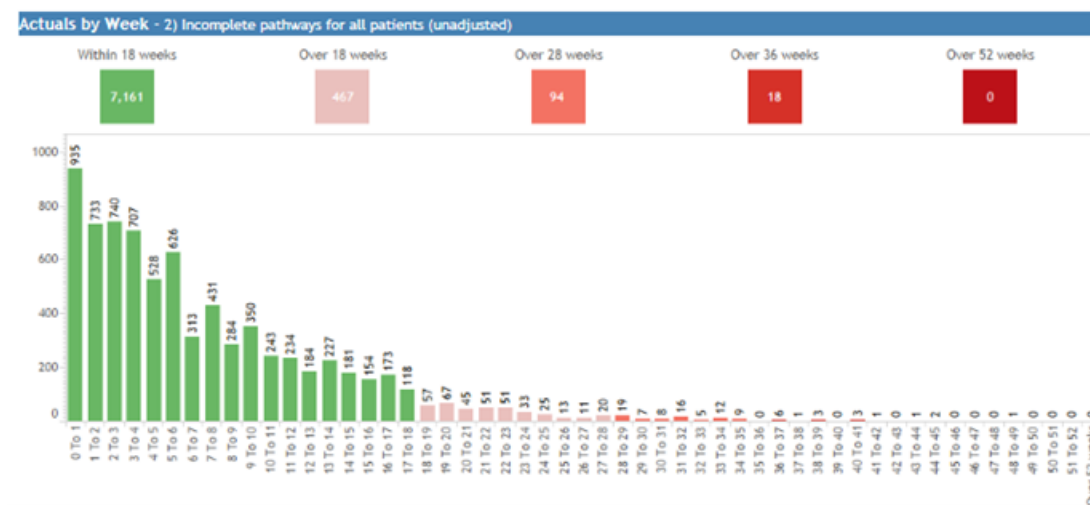
Southport and Ormskirk aims to achieve the standard of less than 1% of patients waiting longer than 6 weeks for their diagnostic test. June's performance was 1.89%, an improvement on May's 5.9%. Areas of concern continue to sit within cardiology - ECHO. Whilst number of total waits over 6 weeks decreases there continues to be an issue with capacity. Radiology demand continues to rise within specific modalities. The current risks identified are vacant radiology posts and recruitment to these is a national problem where we can we continue to outsource. Endoscopy continues to be an area of risk due to high demand. Demand and Capacity work is required for these three areas to consider long term solutions. The performance of all diagnostic areas have now been pulled together into one dashboard which will be included in the Trust's monthly performance reports.

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 - June	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	17/18 - June	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 - June	92%	93.87%	↔
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 - June	92%	94.01%	↑

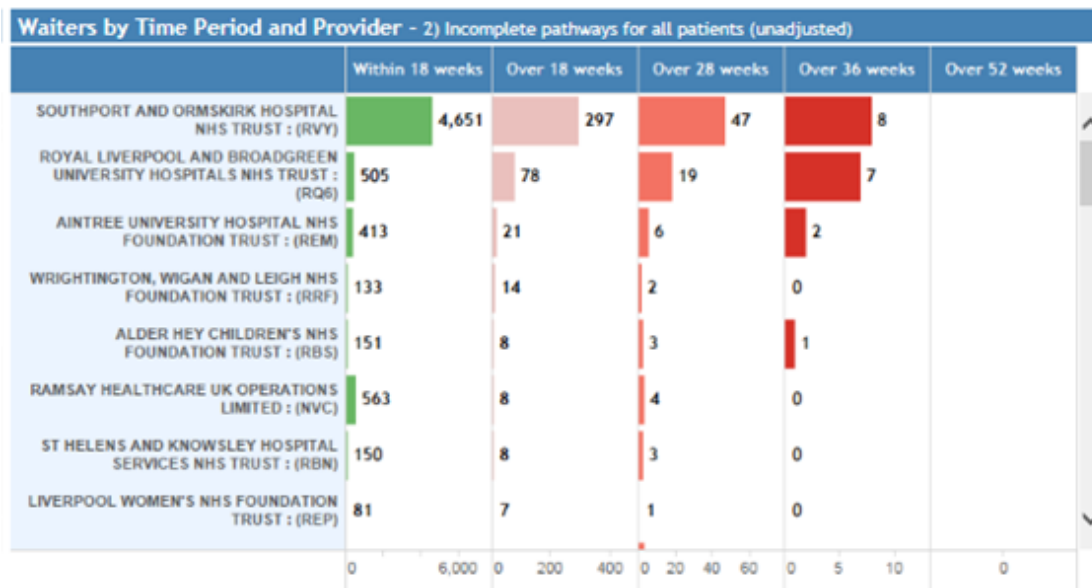
3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 11 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers



3.3.3 Long waiters analysis: Top 2 Providers split by Specialty

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

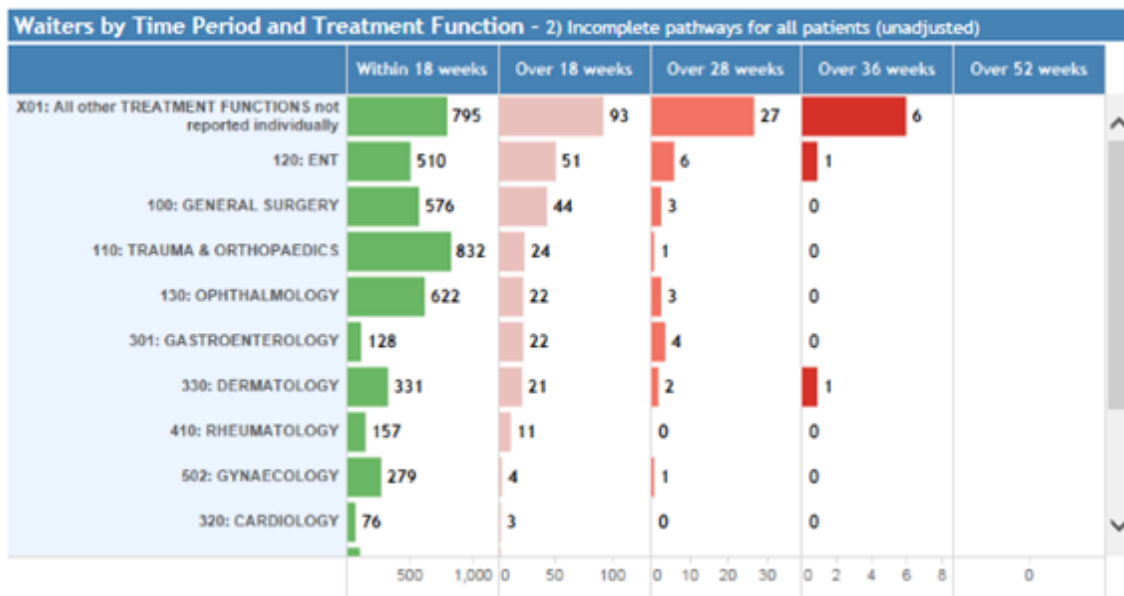
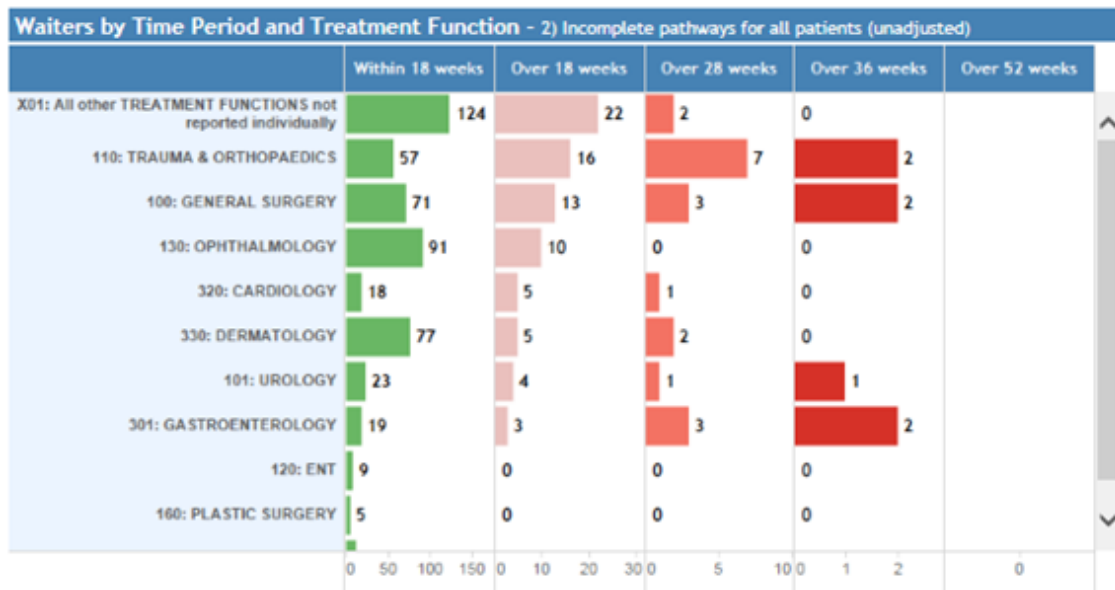


Figure 13 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Southport & Ormskirk	All other	40	Yes 4/7/17 (clock stopped)	Capacity issues with Specialty
Southport & Ormskirk	All other	40	Yes 18/7/17 (clock stopped)	Capacity issues with Specialty
Royal Liverpool	General Surgery	44	Pathway Stopped	Capacity
Royal Liverpool	General Surgery	48	Pathway Stopped	Capacity
Royal Liverpool	Urology	40	08/08/2017	Long Wait on Waiting List
Royal Liverpool	T&O	43	Pathway Stopped	Capacity
Aintree	General Surgery	41	Clock stopped 08/07/2017 - 1st treatment	Capacity issue
Aintree	General Surgery	44	Clock stopped 07/07/17 - Decision not to treat	Patient not well enough to have treatment

The Royal did not achieve the 92% incomplete Referral to Treatment (RTT) target for the month of June 2017, (87.22%). The issues remain the same as previously reported with regards to access to surgical beds. Services have been closed in other Trusts which is placing a higher demand on services. Challenges remain the same in General Surgery, Trauma & Orthopaedics, Ophthalmology, Oral Surgery, Urology, Dermatology, Gastroenterology, Cardiology and now the 'Other' category has failed the target for the first time due to Allergy performance continuing to drop significantly due to high demand and consultant shortages.

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				1
	17/18 - June	0	12	↑

Southport & Ormskirk had 12 cancelled operations in June (35 year to date). There have been a significant number of cancelled operations following the discovery of a problem with the Trust's decontamination process. It was confirmed that this had now been resolved and a recovery plan put in place to quickly treat those patients affected by the cancellations.

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				1
	17/18 - June	0	0	↔

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	17/18 - June	93%	93.67%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	17/18 - June	93%	94.38%	↑
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 - June	93%	89.16%	↓
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 - June	93%	N/A	↔

The CCG has not achieved the target of 93% in June for 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms, with a performance of 85.11% and year to date 89.16%. In June there were a total of 47 patients and 7 patient breaches, 6 breaches were at Aintree University with 1 at Royal Liverpool. The maximum wait was 29 days at Aintree due to capacity problems.

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. Aintree have indicated recovery by Q3.

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 - June	96%	98.15%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	17/18 - June	96%	98.86%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - June	94%	95.31%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	17/18 - June	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - June	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	17/18 - June	94%	87.50%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - June	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 - June	98%	100.00%	↔

Southport & Ormskirk achieved the 94% target in June for 31 day subsequent treatment recording 100%, but are failing year to date due to 1 breach in April. In June there was 1 surgery patient seen within 31 days.

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 - June	85% (local target)	85.71%	↓
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 - June	85% (local target)	89.36%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - June	90%	86.67%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	17/18 - June	90%	0 Patients	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - June	85%	82.47%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	17/18 - June	85%	82.08%	↓

The CCG achieved the 90% target in June for 62 day wait from referral from an NHS screening service recording 100% but are failing year to date recording 86.67% due to 2 breaches in May. The first Lower Gastro patient delay due to hospital cancelled first surgery date as no HDU beds, the second, also Lower Gastro patient's delay was due to referral between trusts.

The CCG failed the 85% target for the 62 day standard in June recording 76.47% with 8 breaches out of 34, and year to date with 82.47%. The longest wait was 202 days this patient was being treated for another cancer, which delayed their chemotherapy first seen and first treatment Trust being Southport & Ormskirk.

Southport & Ormskirk failed the 85% target for 62 day wait from urgent GP referral to first definitive treatment in June with 76.12% and YTD with 82.08%. In June there were the equivalent of 8 breaches out of 25.5 patients seen in total.

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. The Trusts have weekly performance calls with NHS England. 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: Jun-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%	14.7%	↗	96%	94%	↘	1%	2%	—
Q1 - Antenatal Care	N/A	-	—	96%	*	—	1%	*	—
Q2 - Birth	N/A	3.0%	↘	97%	100%	—	1%	0%	—
Q3 - Postnatal Ward	N/A	-	—	95%	96%	↘	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 few months, from 11.1% in February to 14.7% in June. The percentage of patients that would recommend the inpatient service in the Trust has also seen an increase from 91% in February to 94% in June. 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 May and is therefore still greater than the England average of 1%.

For maternity services, the percentage of people who would recommend and not recommend the service, for those areas where data has been captured, exceeded the England average. (If an organisation has less than five respondents the data will be suppressed with an * to protect against the possible risk of disclosure).

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 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 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 3 of financial year 2017/18, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an under performance of circa £-229k/-2.5%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately £269k/3%.

Aintree along with Wrightington, Wigan and Leigh are showing the largest over performance with a £135k/14% and £106k/55% variance respectively. This is offset by an under spend at a number of providers, notably Southport & Ormskirk (-£472/9%).

Figure 14 - 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	Acting as One Adjustment	Acting as One YTD % Var
ALL Providers										
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	4,393	4,858	465	11%	£941	£1,076	£135	14%	-£135	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	1,862	1,915	53	3%	£135	£122	£-13	-9%	£13	0.0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	59	81	22	37%	£11	£28	£16	149%	-	149.0%
FAIRFIELD HOSPITAL	28	2	-26	-93%	£5	£3	£-2	-43%	-	-42.9%
ISIGHT (SOUTHPORT)	1,038	1,338	300	29%	£215	£236	£22	10%	-	10.1%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	606	567	-39	-6%	£250	£233	£-17	-7%	£17	-7.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	659	528	-131	-20%	£151	£129	£-22	-15%	£22	0.0%
RENACRES HOSPITAL	2,875	2,933	58	2%	£754	£816	£62	8%	-	8.3%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	3,973	3,898	-75	-2%	£734	£686	£-48	-6%	£48	-6.5%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	26,877	24,964	-1,913	-7%	£5,108	£4,636	£-472	-9%	-	-9.2%
SPIRE LIVERPOOL HOSPITAL	94	99	5	5%	£22	£19	£-3	-16%	-	-15.6%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,095	1,221	126	12%	£275	£267	£-8	-3%	-	-2.9%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	49	77	28	57%	£9	£18	£9	104%	-	104.5%
WALTON CENTRE NHS FOUNDATION TRUST	628	567	-61	-10%	£188	£192	£4	2%	£-4	2.1%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	76	62	-14	-18%	£25	£26	£1	3%	-	3.0%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	541	1,011	470	87%	£194	£300	£106	55%	-	54.8%
Grand Total	44,854	44,121	-733	-2%	£9,016	£8,786	£-229	-2.5%	£-39	-3.0%

*PbR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 15 - Planned Care – Southport and Ormskirk NHS Trust by POD

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	2,701	2,755	54	2%	£1,471	£1,358	£-113	-8%
Elective	385	340	-45	-12%	£985	£860	£-125	-13%
Elective Excess BedDays	91	77	-14	-15%	£22	£18	£-4	-18%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	370	136	-234	-63%	£62	£25	£-38	-61%
OPFASPCL - Outpatient first attendance single professional consultant led	3,313	2,805	-508	-15%	£574	£480	£-93	-16%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	934	366	-568	-61%	£71	£32	£-39	-55%
OPFUPSPCL - Outpatient follow up single professional consultant led	9,648	8,929	-719	-7%	£795	£736	£-59	-7%
Outpatient Procedure	6,677	6,959	282	4%	£892	£892	£0	0%
Unbundled Diagnostics	2,758	2,597	-161	-6%	£237	£235	£-2	-1%
Grand Total	26,877	24,964	-1,913	-7%	£5,108	£4,636	£-472	-9%

*PbR only

3.7.2 Southport & Ormskirk Hospital Key Issues

The Trust remains below plan year to date for planned care activity and spend at month 3 with the Trust still feeling the after effects of April's decontamination and May's cyber-attack. Southport & Ormskirk have put plans in place to recover the lost activity during these two months, yet other factors are impeding the Trust from improving the contract position.

The main impact across planned care is the reduced levels of GP referred activity. Reductions due to Joint Health, Referral Management Scheme, and Federation Cardiology services are some of the reasons for the reductions seen. Further work is being done within the information meeting with the Provider to further understand the reductions as no increase elsewhere has been noted suggesting this is not a shift in market share.

Early indications suggest July will follow a similar trend to the first quarter, and with August historically being the lowest month for referrals, it is likely we will not see any clear sign of an increase until September/October.

3.7.3 Aintree University Hospital NHS Trust

Figure 16 - Planned Care – Aintree University Hospital NHS Trust by POD

Aintree University 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	196	233	37	19%	£114	£167	£52	46%
Elective	102	89	-13	-12%	£231	£233	£2	1%
Elective Excess BedDays	26	18	-8	-31%	£6	£4	£-2	-37%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	35	19	-16	-45%	£7	£4	£-3	-42%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	64	38	-26	-40%	£3	£2	£-1	-41%
OPFASPCL - Outpatient first attendance single professional consultant led	702	746	44	6%	£122	£130	£9	7%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	39	31	-8	-21%	£4	£4	£0	-3%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	99	239	140	142%	£2	£6	£3	141%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,824	1,831	7	0%	£151	£146	£-4	-3%
Outpatient Procedure	640	827	187	29%	£94	£120	£26	28%
Unbundled Diagnostics	434	497	63	14%	£30	£42	£12	40%
Wet AMD	233	290	57	24%	£176	£217	£41	23%
Grand Total	4,393	4,858	465	11%	£941	£1,076	£135	14%

Aintree performance is showing a £135k/14% variance against plan with individual PODS varying between over and under performance. Day case activity is the highest over performing area with a variance of £52k/46% against plan. This over performance is principally within Breast Surgery (£19k), and Cardiology (£13k).

Despite the indicative overspend at Aintree, there is no financial impact of this to the CCG due to the Acting As One block contract arrangement.

Figure 17 – Planned Care - Wrightington, Wigan and Leigh NHS Foundation Trust by POD

Wrightington, Wigan And Leigh Nhs Foundation Trust 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
All other outpatients	0	8	8	#DIV/0!	£0	£1	£1	#DIV/0!
Daycase	36	50	14	37%	£54	£73	£19	34%
Elective	17	27	10	54%	£92	£144	£52	56%
Elective Excess BedDays	15	8	-7	-48%	£4	£2	£-2	-50%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	7	17	10	127%	£1	£2	£1	121%
OPFASPCL - Outpatient first attendance single professional consultant led	70	155	85	121%	£8	£22	£14	184%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	11	41	30	257%	£1	£2	£1	148%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	11	53	42	361%	£0	£1	£1	388%
OPFUPSPCL - Outpatient follow up single professional consultant led	272	441	169	62%	£20	£27	£7	37%
Outpatient Procedure	39	108	69	177%	£7	£14	£7	100%
Unbundled Diagnostics	59	103	44	75%	£7	£12	£5	70%
Grand Total	541	1,011	470	87%	£194	£300	£106	55%

Wrightington, Wigan and Leigh performance is showing a £106k/55% variance against plan with the majority of PODS over performing at month 3. Elective activity is the highest over performing area with a variance of £52k/56% against plan. This over performance is principally within Trauma & Orthopaedics (£52k).

3.8 Personal Health Budgets

Southport & Formby CCG – 2017/18 PHB Plans

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
1) Personal health budgets in place at the beginning of quarter (total number per CCG)	56	14	60		64		68	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4		4		4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	60	14	64	0	68	0	72	0
4) GP registered population (total number per CCG)	124289	124289	124289	124289	124289	124289	124289	124289
Rate of PHBs per 100,000 GP registered population	48.27	11.26	51.49	0.00	54.71	0.00	57.93	0.00

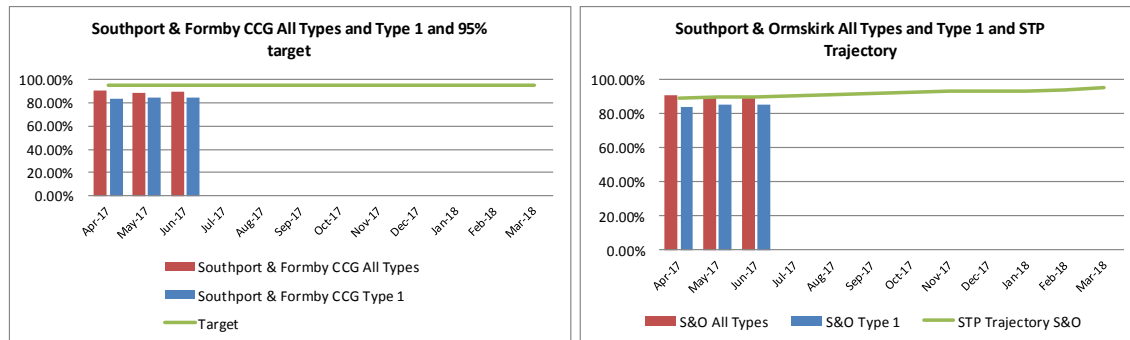
Quarter 1 data above shows the CCG are below plan. The CCG is exploring the possibility of expanding the offer of PHB's for patients at the end of life and fast track across hospice services, community and hospital discharges. A critical aspect of the project will be confirmation for implementing alternative payment options other than SBS, e.g. local authority direct payment cards. CCG Finance are liaising across with Warrington CCG Finance team, to determine the process and consider transferability.

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 - June	95.00%	89.82%	↔	Southport & Formby CCG failed the 95% target in June reaching 89.68% (YTD 89.82%). In June, 337 attendances out of 3266 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 - June	95.00%	84.13%	↔	Southport & Formby CCG failed the 95% target in June reaching 84.25% (YTD 84.13%). In June, 334 attendances out of 2120 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 - June	STF Trajectory Target for June 90%	90.31%	↔	Southport & Ormskirk have reported 90.32 in June just above the STF target of 90% June plan (YTD 90.31%). In June 939 attendances out of 9699 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 - June	95.00%	85.09%	↑	Southport & Ormskirk have failed the target in June reaching 85.66% (YTD 85.09%). In June 927 attendances out of 6368 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-17	May-17	Jun-17	YTD
STP Trajectory S&O	89.00%	89.50%	90%	%
S&O All Types	91.10%	89.40%	90.32%	90.31%



Southport & Ormskirk Hospital have agreed revised quarterly Cheshire & Merseyside 5 Year Forward View (STP) trajectories for A&E with NHS Improvement. 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 June reached 90.32%, which is slightly above the Cheshire & Merseyside 5 Year Forward View (STP) plan of 90% for June, and year to date 90.31% which achieved the 90% in quarter 1. As reported last month, May saw the change in reporting following the community contract changes and the loss of some Walk In Centre activity previously attributed to the overall Trust performance. Of importance, performance for the Southport site alone against the 4-hour target was 77.6% compared to 74.4% in June 16, indicating the continued efforts to improve patient flow and patient experience. This improvement is against a back drop of a 3.7% increase in overall ED attendances. The availability of the discharge lounge with capacity to support patients (particularly frail elderly) continues to contribute to earlier release of beds. ED has had a successful recruitment drive with the appointment of 4 locum consultants for a period of 12 months, with all 4 due to be in post by October. This will provide some continuity and stability within the department as internal processes are reviewed, with greater emphasis on streaming to ambulatory pathways and increased senior decision making presence to support our patients.

12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Southport & Ormskirk (cumulative)	17/18 - June	0	12	↓

There have been no 12 hour breaches at the trust in June, year to date there have been 12 (3 in April and 9 in May). Root cause analyses of the breaches are awaited from the Trust.

4.2 Ambulance Service Performance

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	17/18 - June	75%	58.44%	↓	The CCG is under the 75% target in June reaching 54.30% and year to date 58.44%. In June 25 out of 46 calls were responded to within 8 mins.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	17/18 - June	75%	62.58%	↔	The CCG was under the 75% target in June reaching 62.90% and year to date 62.58%. In June 336 out of 534 calls were responded to within 8 mins.
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	17/18 - June	95%	84.49%	↓	The CCG was under the 95% target in June reaching 80.70% and 84.49% year to date. In June 468 out of 580 calls were responded to within 19 mins.
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	17/18 - June	75%	66.14%	↓	NWAS reported under the 75% target reaching 62.53% in June and 66.14% year to date.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	17/18 - June	75%	65.97%	↓	NWAS reported under the 75% target reaching 64.68% in June and 65.97% year to date.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	17/18 - June	95%	90.65%	↓	NWAS reported under the 95% target reaching 89.39% in June and 60.65% year to date.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30-60 minute breaches) - Southport & Ormskirk	17/18 - June	0	114	↑	The Trust recorded 137 handovers between 30 and 60 minutes, this is a decline on last month when 114 was reported.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	17/18 - June	0	56	↓	The Trust recorded 58 handovers over 60 minutes, this is an improvement on last month when 70 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, there is work going on 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. NWAS 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.

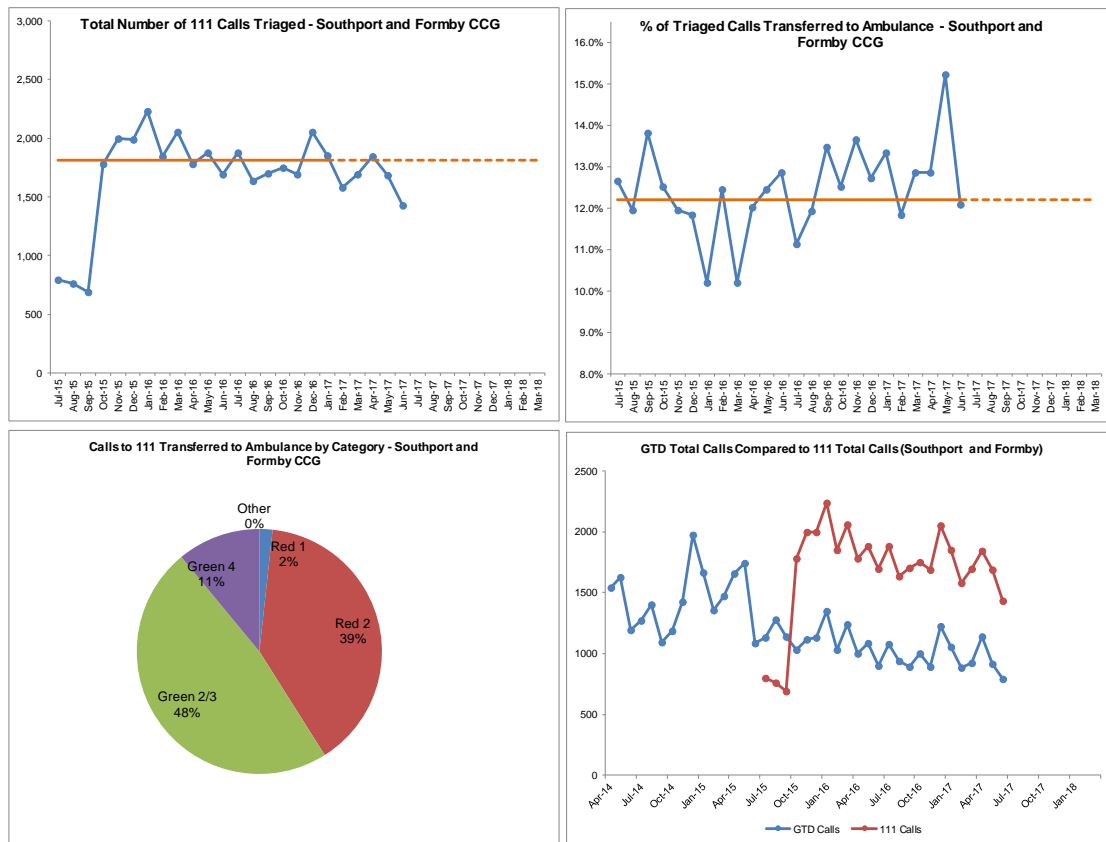
NHS England has recently announced a new set of performance targets for the ambulance service, which will apply to all 999 calls from later this year. In future there will be four categories of call:

- Category 1 is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of seven minutes.
- Category 2 is for emergency calls. These will be responded to in an average time of 18 minutes.
- Category 3 is for urgent calls. In some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least 9 out of 10 times within 120 minutes.
- Category 4 is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times within 180 minutes.

Disappointingly, ambulance handover performance dipped in June with the average notification to handover across the month at 20:33 minutes. The Trust continues to participate in the Rapid Improvement Ambulance Collaborative and has demonstrated improvements in streaming of patients to ambulatory care and the utilisation of the discharge lounge to release pressures in ED. There is further work to be done to sustainably manage this target and a trip is planned to look at systems that Liverpool Royal has implemented.

4.3 111 Calls and GP Out of Hours

4.3.1 111 Calls



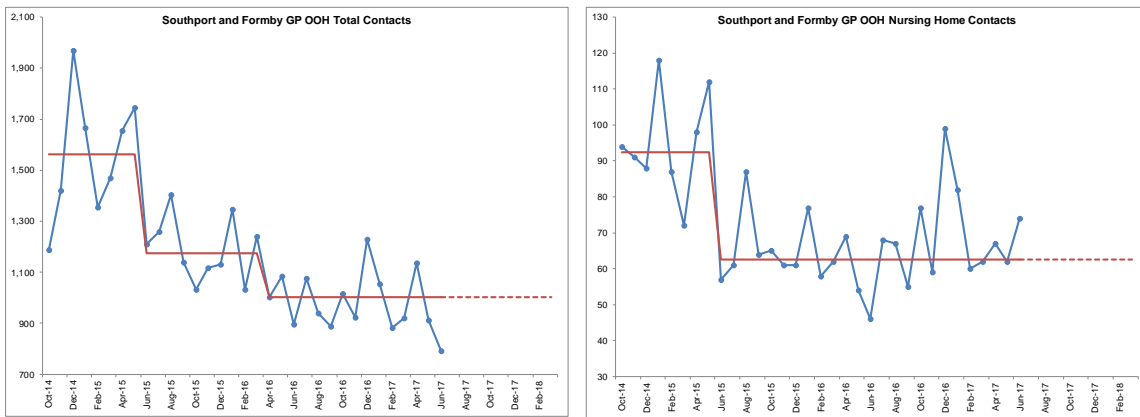
June 2017 saw a reduction in the number of 111 calls made by Southport and Formby patients to 1,430 from 1,687 in May, a reduction of 15.2%. There has also been a reduction when compared to June 2016, from 1,693 or 15.5%.

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

- 58% advised to attend primary and community care
- 17% closed with advice only
- 12% transferred to ambulance
- 9% advised to attend A&E

- 4% advised to other service.

4.3.2 GP Out of Hours Calls



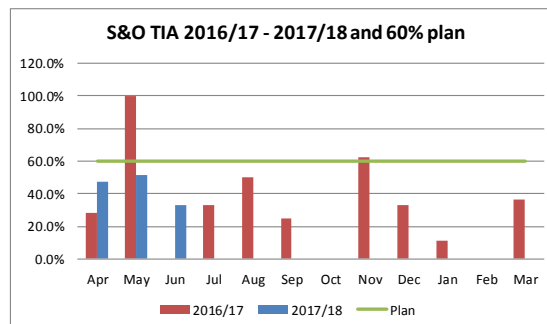
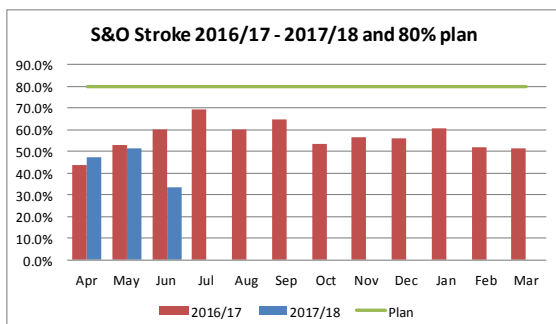
The number of calls from Southport and Formby patients to the GP OOH service has reduced in June 2017 to 792, a reduction of 13.3% since May. When compared to the same point in the previous year, June 2017 had 11.6% fewer calls to the GP OOH service.

GP OOH calls from nursing homes within Southport and Formby have increased by 12 calls, 19.4%, from May. 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 - June	80%	33.33%	↓	The Trust failed the 80% target in June with only 8 out of 24 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 - June	60%	0.00%	↓	During May 2017, there were 2 reportable cases of TIA, all of them breaching the 24 hour timescale.



Southport & Ormskirk failed the stroke target in June recording 33.33% only 8 out of 24 patients spending 90% of their time on a stroke unit. This shows a decrease in performance from May when the Trust reported 51.6%. Performance against this indicator remains a significant challenge. In June: 47 referrals and 34 admissions therefore 13 patients discharged as fast track which impacts on % on a dedicated stroke ward. There were also 7 outliers due to complex social issues and unwell patients in Stroke Unit beds.

During June 2017, there were 9 TiA referrals, 2 of these were reportable for which we were 0% compliant. The reasons for breaches were patient DNA'd initial appointment (which was made within 24 hours) and the second patient was not classed as high risk.

4.4.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	17/18 - June	0.00	0.70	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	17/18 - June	0.00	1.40	↑

The CCG reported a Mixed Sex Accommodation rate of 0.7 which equates to a total of 3 breaches in June. All 3 breaches were at Southport & Ormskirk NHS Trust.

In June the Trust had 8 mixed sex accommodation breaches (a rate of 1.4) and have therefore breached the zero tolerance threshold. Of the 8 breaches 3 were for Southport & Formby CCG, 4 for West Lancashire CCG and 1 for Greater Preston CCG. All of the 8 breaches related to delayed discharge of patients from HDU to an acute ward bed. Work continues as part of the 'patient flow' project to review location and provision of beds across both sites, with plans already in place to relocate A ward from ODGH to SDGH in August 2017 and further plans to ensure capacity meets demand.

4.4.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - June	13	10	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	17/18 - June	9	2	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - June	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	17/18 - June	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - June	31	39	↓
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	17/18 - June	No Plan	54	↑

There was 1 new case of Clostridium Difficile attributed to the CCG in June, 10 year to date. (3 apportioned to acute trust and 7 apportioned to community). For Southport & Ormskirk year to date the Trust has had 2 cases against a plan of 6 (no new cases in June), 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 June for the CCG or the Trust and therefore both are compliant.

There has been a target set for CCGs for E.coli for 2017/18 which is 121, this is being monitored and now reported there have been a total of 39 cases April to June against a plan of 31. There are no targets for Trusts at present.

4.4.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - May	100	118.48	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Dec-16	100	115.88	↑

HSMR is reported for January 2017 rolling 12 month figure of 118.48 (no update for June).

SHMI for December 16 was 115.88 (Expected deaths– 1,166; Observed deaths – 1,352). The transition of the Mortality Surveillance Group (MSG) to Mortality Assurance Clinical Improvement Committee (MACIC) has commenced. Birmingham University has been engaged with respect to Hospital Episode Statistics (HES) data. Buddy arrangements between the Trust and Wirral University Hospital have been established and regional NHSI/NHSE collaboration awaited.

4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 3.

There are 94 serious incidents on StEIS where Southport and Formby CCG is either responsible or lead commissioner. 48 of these incidents apply to Southport & Formby CCG patients. 46 are attributed to Southport & Ormskirk Hospitals NHS Trust (S&O) with 29 of these being Southport & Formby CCG patients. 1 serious incident has been reported on StEIS by Southport and Formby CCG. This case will be managed by NHS England Cheshire and Merseyside.

In total there are 51 open serious incidents for Southport & Ormskirk Hospitals NHS Trust (S&O) with 32 being Southport and Formby CCG patients. 23 cases remain open for > 100 days at the Trust, due to either parallel processes (DHR, Police, HR), aggregated review for postpartum haemorrhages under RCOG, and where further assurance has been requested following submission of the initial RCA.

Four incidents were reported in June by S&O: Three were Southport & Formby CCG patients and one from West Lancashire CCG

There were zero incidents raised by Lancashire Care NHS Foundation Trust in month. The CCG is in the process of supporting robust serious incident processes being in place with agreement by Chorley & South Ribble CCG and NHS E Lancashire.

Mersey Care NHS Foundation Trust – Seven open incidents on StEIS for Southport and Formby CCG patients. Zero serious incidents were reported in month.

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 5 during June 2017 from 4 reported in May. Of the 5 delays 3 were due to patient or family choice.

Analysis of average delays in June 2017 compared to June 2016 shows them to be the same (5).

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

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

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

Agency Responsible	2016-17												2017-18		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS - Days Delayed	142	70	141	210	115	134	184	235	233	171	93	200	198	137	158
Social Care - Days Delayed	0	0	0	0	6	19	6	4	0	5	0	0	0	0	0
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed caused by NHS was 158 in June 2017, compared to 137 last month. Analysis of these in June 2017 compared to June 2016 shows an increase from 141 to 158.

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, NWAS, local authorities, intermediate care providers, community care providers and NHSE to work collaboratively and restore patient flow.

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

The CCG is currently reviewing intermediate care services (ICB) to ensure sufficient capacity exists to expedite appropriate discharges at the earliest opportunity 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: Jun-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%	4.2%	↗	87%	86%	↗	7%	10%	↘

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 but rates have increased to 4.2% in June from 1.1% in April.

The Trust A&E department has seen an increase in the percentage of people who would recommend the service from 83% in May to 86% in June. However, this is still lower than the England average of 87%. The percentage not recommending has increased from 9% in May to 10% in June again remains above the England average of 7%.

4.8 Unplanned Care Activity & Finance, All Providers

4.8.1 All Providers

Performance at Month 3 of financial year 2017/18, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an under-performance of circa £179k/2%.

However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately £327k/4%.

This under-performance is clearly driven by Southport & Ormskirk Hospital who are reporting a £357k/5% underspend.

Figure 178 - Month 3 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	Acting as One Adjustment	Acting as One YTD % Var
ALL Providers (PBR & Non PBR. PBR for S&O)										
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	361	614	253	70%	£216	£400	£184	85%	£-184	0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	222	232	10	5%	£90	£95	£4	5%	£-4	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	22	20	-2	-9%	£7	£4	£-4	-50%	-	-50%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	5	5	0%	£0	£4	£4	0%	-	0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	37	35	-2	-5%	£126	£111	£-15	-12%	£15	0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	72	67	-5	-7%	£96	£116	£20	21%	£-20	0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	408	289	-119	-29%	£205	£160	£-45	-22%	£45	0%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	14,333	14,402	69	0%	£7,296	£6,939	£-357	-5%	-	-5%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	131	107	-24	-18%	£70	£64	£-6	-8%	-	-8%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	28	17	-11	-39%	£11	£12	£1	7%	-	7%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	15	30	15	94%	£13	£48	£35	264%	-	264%
Grand Total	15,630	15,818	188	1%	£8,131	£7,951	£-179	-2.2%	£-148	-4.0%

*Pbr

4.8.2 Southport and Ormskirk Hospital NHS Trust

Figure 189 - Month 3 Unplanned Care – Southport and Ormskirk Hospital NHS Trust by POD

S&O Hospital Unplanned Care	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A and E	9,380	9,453	73	1%	£1,286	£1,300	£14	1%
NEL/NELSD - Non Elective/Non Elective IP Same Day	2,872	2,708	-164	-6%	£4,831	£4,548	£-283	-6%
NELNE - Non Elective Non-Emergency	261	367	106	40%	£610	£527	£-83	-14%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	27	3	-24	-89%	£9	£1	£-8	-86%
NELST - Non Elective Short Stay	300	285	-15	-5%	£207	£194	£-13	-6%
NELXBD - Non Elective Excess Bed Day	1,492	1,586	94	6%	£352	£369	£16	5%
Grand Total	14,333	14,402	69	0%	£7,296	£6,939	£-357	-5%

4.8.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Overall, unplanned care continues to under-perform against contractual plans by approx. £357k/-5%. The main driver behind the low levels relates to Non-Elective admissions with a 6% reduction in activity and £283k/-6% reduction in spend.

Activity remains slightly below the levels seen in the first quarter last year for Non-Elective admissions at about 4%, but costs have come down dramatically close to 16%. This in part is due to a number of high cost admissions last year and would have filtered into the plan. The reductions noted in 2017/18 are across a number of specialties with Geriatric Medicine the main area under plan. Other notable specialties are Accident & Emergency, General Medicine, Stroke Medicine, and Paediatrics.

Non-Elective non-emergency is also under performing in spend with the vast majority due to an £80k underspend in Obstetrics. This is somewhat counteracted by an over performance in maternity pathways at £63k over plan.

June has shown a continued trend of under-performance with one reason for the lower levels of emergency admissions being the increased service hours for the Ambulatory Care Unit. Although not included in the table above, current performance is well above planned levels, with cost at £219k over plan.

4.9 Aintree and University Hospital NHS Trust

Figure 20 - Month 3 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	214	313	99	47%	£29	£43	£14	49%
NEL - Non Elective	88	161	73	84%	£154	£279	£125	81%
NELNE - Non Elective Non-Emergency	5	10	5	98%	£15	£39	£24	161%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	75	75	#DIV/0!	£0	£19	£19	#DIV/0!
NELST - Non Elective Short Stay	11	14	3	27%	£8	£11	£3	39%
NELXBD - Non Elective Excess Bed Day	44	41	-3	-7%	£11	£10	£-1	-6%
Grand Total	361	614	253	70%	£216	£400	£184	85%

4.9.1 Aintree University Hospital NHS Trust Key Issues

Although over performance is evident across the majority of PODs at Aintree, overall Urgent Care over spend of £184k is mainly driven by a £125k/81% over performance in Non Elective costs. The main specialty over performance is Nephrology (£30k), Acute Medicine (£26k) and Rheumatology (£24k).

Despite this indicative overspend, there is no financial impact of this to the CCG due to the Acting As One block contract arrangement.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 191 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS Southport and Formby CCG			
	Case load as at 30/06/2017	2017/18 Plan	Variance from Plan	Variance on 30/06/2016
1 Common Mental Health Problems (Low Severity)	2	-	2	-
2 Common Mental Health Problems (Low Severity with greater need)	6	5	1	3
3 Non-Psychotic (Moderate Severity)	72	88	-16	50
4 Non-Psychotic (Severe)	219	209	10	40
5 Non-psychotic Disorders (Very Severe)	39	40	-1	7
6 Non-Psychotic Disorder of Over-Valued Ideas	24	28	-4	2
7 Enduring Non-Psychotic Disorders (High Disability)	143	128	15	14
8 Non-Psychotic Chaotic and Challenging Disorders	76	77	-1	12
10 First Episode Psychosis	65	73	-8	2
11 On-going Recurrent Psychosis (Low Symptoms)	203	260	-57	60
12 On-going or Recurrent Psychosis (High Disability)	245	182	63	72
13 On-going or Recurrent Psychosis (High Symptom & Disability)	104	97	7	6
14 Psychotic Crisis	15	18	-3	3
15 Severe Psychotic Depression	4	4	-	2
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	16	13	3	4
17 Psychosis and Affective Disorder – Difficult to Engage	23	28	-5	5
18 Cognitive Impairment (Low Need)	198	216	-18	10
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	539	692	-153	241
20 Cognitive Impairment or Dementia Complicated (High Need)	363	266	97	143
21 Cognitive Impairment or Dementia (High Physical or Engagement)	113	67	46	47
Cluster 99	221	167	54	51
Total	2,690	2,658	32	27

5.1.1 Key Mental Health Performance Indicators

Figure 202 - 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
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%			
Rolling Quarter				100%			

Figure 213 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	No Patients			
Rolling Quarter				100%			

Figure 224 - Figure 16 EIP 2 week waits

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	100%	100%	50%			
Rolling Quarter				90%			

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 Trust, in response to the recent Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings is considering options and the possibility of establishing a 24/7 Single Point of Access to its secondary care services and crisis care enabling a responsive access point for urgent requests for help, a one-stop integrated referral point based on a multi-disciplinary team model. The proposal requires Board approval and if given, workstreams involving the commissioners will be established within a robust project plan with clear milestones for delivery.

The Trust is actively recruiting to staff as part of its successful CORE 24 bid for hospital liaison psychiatry across the three acute sites on the North Mersey local delivery system footprint. Clinical commissioners will be involved in the ongoing development of the model of delivery including the development of performance metrics. The CORE 24 service will be officially launched on 29th September 2017.

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 CRM and CQPG meetings. The Trust has provided a remedial action plan against which progress will be monitored via CQPG. Good progress has been reported against the remedial action plan however the performance notice will remain open until the CCG Safeguarding Team is assured that all concerns have been addressed.

The Adult ADHD service provided by the Trust is operating at overcapacity and this is impacting on new patients accessing the service. Current activity is currently 297 patients against a commissioned cap of 180 with a waiting list of 300 with waiting times reported to be 12 months. From January 2017 new patient slots reduced from 3 to 2 per week but the Trust are now writing to referring GPs in Sefton stating that they are unable to accept new referrals however the service has confirmed that new patients are being taken onto the caseload but only when existing patients caseload are discharged, this is resulting in lengthier waiting times for diagnosis and medication based treatment.. The service receives on average 4 new referrals per week.

The situation is exacerbated by the lack of an agreed shared care protocol which would enable prescribing to be initiated by Adult ADHD specialist in secondary care and continued in primary care with regular review being provided by secondary care. Medicines management have confirmed that following discussions with the Local Medical Committee (LMC) a GP has been identified who will work with the medicines management team to draft a shared care protocol covering young people and adults. The proposed arrangement would be outside Pan Mersey Area Prescribing Committee (APC) agreements and would only apply for registered patients within the two Sefton CCGs. However, the CCG would share any agreed framework with Pan Mersey APC as the current APC shared care agreement has not been ratified by a number of CCGs.

The Trust has also raised concerns around the caseload sizes of memory patients and what they perceive to be a lack of agreement from primary care to enable these patients to be discharged from secondary care to enable subsequent reviews are undertaken in a primary care setting. The commissioners' view is that the memory pathway is wholly commissioned from within the Trust and that there could be an opportunity to utilise community physical health resources to enable reviews to be undertaken within the physical health offer. Feedback is awaited from the Trust if this opportunity can be explored further to mutual satisfaction.

In response to GP patient communication the Trust has undertaken a review of Review current clinical correspondence backlogs and has undertaken an organisational exercise to implement a new medical transcription service to improve productivity and related communication KPIs which will take effect on 1st October 2017.

5.2 Improving Access to Psychological Therapies

Figure 235 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Southport & Formby IAPT KPIs Summary		1.48%	1.48%	1.48%	1.48%	1.48%	1.48%	1.48%	1.48%	1.48%	1.48%	1.48%	1.48%
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	188	218									
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%	0.98%	1.14%									
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	49.0%	44.5%	51.3%									
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%	98.3%	100.0%									
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%	100.0%	100.0%									
National definition of those who have completed treatment (KPI 5)	2016/17	95	85	78	99	83	93	79	115	86	101	98	95
	2017/18	107	118	120									
National definition of those who have entered Below Caseness (KPI 6b)	2016/17	7	8	6	9	8	6	3	8	12	8	8	7
	2017/18	7	8	1									
National definition of those who have moved to recovery (KPI 6)	2016/17	39	47	35	40	44	39	29	41	41	44	46	42
	2017/18	49	49	61									
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	87.2%	92.0%	84.6%									

Cheshire & Wirral Partnership reported 218 Southport & Formby patients entering treatment in Month 3. This is a 16.0% increase from the previous month when 188 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, which equates to 1.4% each month.

Referrals increased in Month 3 by 33.8% with 285 compared to 213 in Month 2. 64.6% of these were self-referrals, which is a decrease from 73.7% in Month 2. Marketing work has been carried out specifically in this area, targeting specific groups. The self-referral form has been adapted to make this far simpler to complete and is shared at appropriate meetings. GP referrals increased in Month 3 with 42 reported compared to 31 in Month 2. Initial meetings have been agreed with Hesketh Centre, to attend weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery increased to 51.3% (from 44.5%). This satisfies the minimum standard of 50%.

Cancelled appointments by the provider saw an increase from 45 in Month 2 to 53 in Month 3. The provider has previously stated that cancellations could be attributed to staff sickness. Staffing resources have been adjusted to provide an increased number of sessions at all steps in Southport & Formby.

The number of DNAs increased slightly from 100 in Month 2 to 105 in Month 3. 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.

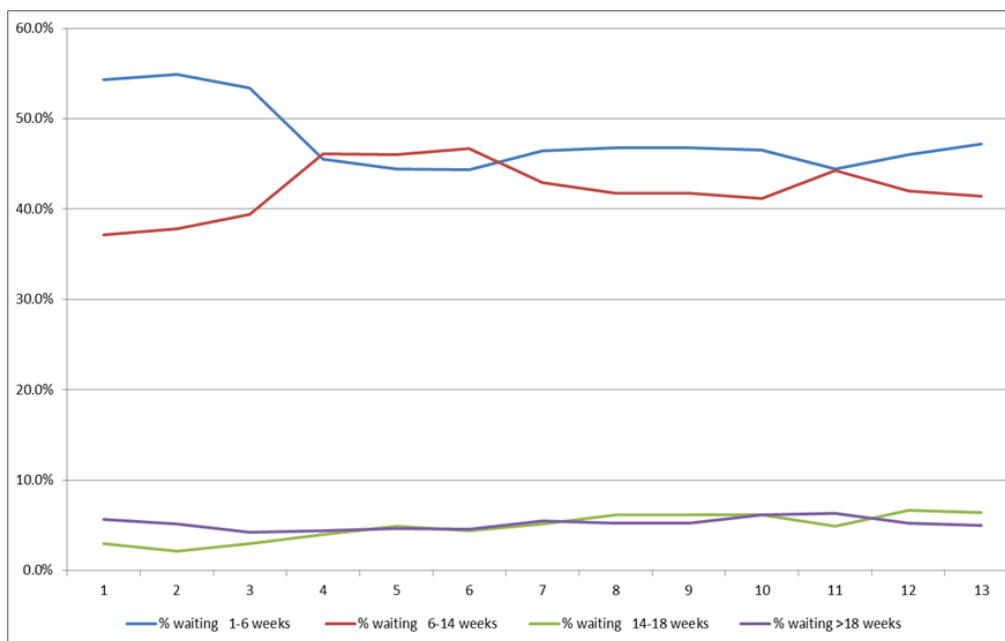
In Month 3 100% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have therefore also waited less than 18 weeks (against a standard of 95%).

The provider has confirmed that in response to primary care queries they are working to develop a prioritisation tool.

From the point of referral, the provider is able to routinely offer an appointment to clients within five days. Subsequent appointment times are dependent on the agreed appropriate clinical intervention and the client's own personal preference and internal waits continue to be monitored weekly.

The provider has recently recruited a qualified practitioner to work with the less severe presentations, and are currently in the process of shortlisting for a full-time qualified CBT therapist. In addition, they have developed group interventions for anxiety and depression and the feedback from clients suggest that these are being well received.

NHS Southport & Formby CCG – Access Sefton % Internal waiters 03/04/2017 – 26/06/2017



The chart above illustrates internal waits activity for April to June 2017 over the 13-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	May-17	Jun-17
People Diagnosed with Dementia (Age 65+)	1515	1525	1519
Estimated Prevalence (Age 65+)	2145	2152.2	2156.1
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	70.6%	70.9%	70.5%
Target	66.7%	66.7%	66.7%

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 June 2017 of 70.5%, which exceeds the national dementia diagnosis ambition of 66.7%.

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%

An update will be provided on a quarterly basis, quarter one anticipated in the September report. NHS Digital’s publication schedule reports quarterly data 2 months behind quarter end.

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)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	2	2	2		2		2	
Number of CYP with a suspected ED (routine cases) that start treatment	2	0	2		2		2	
%	100.00%	0.00%	100.00%		100.00%		100.00%	

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

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	2	1	2		2		2	
Number of CYP with a suspected ED (urgent cases) that start treatment	2	1	2		2		2	
%	100.00%	100.00%	100.00%		100.00%		100.00%	

In quarter 1, the CCG had 1 patient under the Urgent referral category, and this patient was seen within 1 week so performance against the 1 week target was 100% against 95% target. Under the Routine category, 3 patients were referred. Of the three, two have been seen (known as 'complete' pathways*), with one at 4-5 weeks and one at 7-8 weeks and one is still incomplete at quarter end (waiting 1-2 weeks).

*The performance in this category is calculated against completed pathways only, so performance is 0% against the 95% standard.

6. Community Health

6.1 Lancashire Care Trust Community Services

The community contract for Southport & Formby CCG patients transferred over to Lancashire Care Foundation Trust on 1st May. The Trust has a 6 month SLA in place with Southport & Ormskirk for data to be shared to allow Lancashire Care to meet their reporting requirements with the CCG. Lancashire Care is having internal discussions around their reporting options going forward; to either extend the SLA or use the clinical system EMIS themselves. However, they plan to migrate over to a different clinical system, RiO, in 2018.

An information sub group has been established and the Trust shared their first report with the CCG at the first meeting on 7th August. The Trust updated the CCG on their approach towards validating the information, on a service by service basis. This involves spending time with the teams to ensure the information is being recorded correctly on EMIS going forward, as well as validating historic data such as long waiters on waiting lists etc.

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 June 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 July 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 meeting.

6.1.3 Any Qualified Provider – Southport & Ormskirk Hospital

Adult Hearing

At month 3 2017/18 YTD the costs were £53,659, compared to £120,193 at the same time last year. Comparisons of activity between the two time periods show that activity has declined from 336 in 16/17 to 236 in 17/18.

MSK

At month 3 2017/18 YTD the costs were just £468, compared to £22,754 at the same time last year. Activity has decreased significantly from 151 initial contacts and 133 follow-ups in 16/17 M3 YTD to just 3 initial contacts and 20 follow-ups in 17/18 M3 YTD.

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)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of Children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less being referred to the service	15	6	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	6	16		16		16	
%	93.75%	100.00%	93.75%		93.75%		93.75%	

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.

Quarter 1 shows 100% against the target of 93.75%.

6.3 Children’s Community Audiology Service

An interim solution has been put in place for children and young people experiencing longer than expected waits for appointments with the paediatric community audiology service at Southport Centre for Health and Wellbeing. This small and specialist service was provided by Bridgewater Community Healthcare NHS Foundation Trust until April 2017 when the organisation gave the CCG notice to cease. Since then, the CCG has been working hard to reinstate the service and is currently in discussions with Alder Hey Children’s NHS Foundation Trust about taking on the running of this service but arrangements like this take time to finalise. Also, some work is needed to bring the existing

audiology equipment at Houghton Street up to technical standards, which will also take some time to complete.

Until the new provider is in place, the CCG has secured an interim agreement with Southport & Ormskirk Hospital NHS Trust to ensure the 100 young patients waiting for an appointment can be appropriately reviewed and treated without further delay. Parents and carers who have previously contacted Patient Advice and Liaison Service (PALS) about delays to their child's appointment have been contacted with progress, telling them of the CCG's progress to secure a long term provider and about interim arrangements.

7. Third Sector Contracts

All NHS Standard Contracts and Grant Agreements for 2017-18 have now been issued, signed and returned. Commissioners and Contracting have met with and are working with providers to review service specifications and information reporting in line with local requirement and CCG Five Year Forward Plans. Reports detailing Q1 activity are currently underway and will be finalised during the next couple of weeks. All providers have confirmed that front line services continue to be delivered as per contracts. In the main funding reductions are being met by reductions to senior management posts across the sector, although some services have had to reduce activity as a result. Referrals to all services have increased during Q1 and the complexity of service user issues is increasing. Activity and waiting lists will continue to be monitored and feedback to Sefton CCGs on a quarterly basis.

A presentation was delivered to both CCG Governing Body Development Workshops during August aiming to improve the understanding of those present in regard to services provided, value and benefits of these services within our community and the complexity and vulnerability of those community groups who rely heavily on these services. Further work is to be undertaken to demonstrate how these services link in with our statutory/Acute mental health organisations and will be presented again during October to the Senior Leadership Team.

A further piece of work is also underway to promote "30 Days of Sefton in Mind", from the 10th September (World Suicide Prevention Day) through until 10th October (World Mental Health Day) Sefton MBC want to run 30 stories regarding mental health in Sefton. We are currently collating case studies and service outcomes with our providers to help raise awareness and demonstrate how valuable these services are to our community.

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 Family Surgery was inspected in August and achieved a 'good' rating.

Figure 246 – 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	24 July 2017	Good	Good	Good	Good	Good	Good
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	07 March 2017	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 August 2017	Good	Good	Good	Good	Good	Good

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

9. Better Care Fund

Better Care Fund planning guidance was published at the start of July 2017. Health and Wellbeing Board areas must complete an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents by 11th September 2017. By 21st July local areas were required to confirm draft Delayed Transfers of Care (DTC) trajectories and Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding. The DTC trajectory submitted is in line with the NHS England expectations that both South Sefton and Southport & Formby CCGs will maintain their current rates of delays per day, and this trajectory is adequately phased across the months from July 2017 – March 2018:

Provisional BCF DToC Metric Plans: due on 21/07/2017

Selected Health and Well Being Board:
Selton

Data Submission Period:
2017-18

DToC Metric Plans

[Link to the Guidance Tab](#)

Trajectory submitted – maintenance of

- 22.11 delays per day or 3.06% - SS
- 5.21 delays per day or 1% - SF

Delayed Transfers of Care												
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
NHS attributed delayed days	0.0	0.0	427.5	427.5	427.5	413.7	427.5	413.7	427.5	427.5	386.1	427.5
NHS Liverpool CCG			25.9	25.9	25.1		25.9	25.1	25.9	25.9	23.4	25.9
NHS South Sefton CCG			327.9	327.9	317.3		327.9	317.3	327.9	327.9	296.2	327.9
NHS Southport and Formby CCG			71.6	71.6	69.2		71.6	69.2	71.6	71.6	64.6	71.6
67% health attributable of total delays / 16% of which other CCGs												
Select any additional CCGs (if required)												
NHS West Lancashire CCG			0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0
NHS Knowsley CCG			2.1				2.1	2.1	2.1	2.1	1.9	2.1
28% of total delays												
Social Care attributed delayed days			173.3				173.3	173.5	173.3	173.3	162.0	173.3
= 20.5 delays per day *												
Jointly attributed delayed days			29.9	29.9	28.9		29.9	28.9	29.9	29.9	27.0	29.9
5% of total delays												
Total Delayed Days	0.0	0.0	636.7	636.7	616.2		636.7	616.2	636.7	636.7	575.1	636.7
Population Projection (SNPP 2014)	220,631	220,631	220,631	220,631	220,631	220,631	220,631	220,631	220,631	220,782	220,782	220,782
Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)	0.0	0.0	288.5	288.5	279.2		288.5	279.2	288.5	288.4	260.5	288.4

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 framework draws together in one place almost 60 indicators including 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. The assessment also includes detailed assessments of six clinical priority areas of cancer, mental health, dementia, maternity, diabetes and learning disabilities (updated results for the last three of these will not be reported until later in the year). The framework is then used alongside other information to determine CCG ratings for the entire financial year.

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 the dashboard is released for all CCGs nationwide allowing further sharing of good practice.

Publication of quarter 4 data was released the middle of July, and on 21st July the annual CCG ratings for 2016/17 were released. Overall, the assessment for NHS South Sefton CCG of 'requires improvement' highlights both progress and ongoing challenges, whilst continuing to reflect the increasingly testing environment the organisation is operating in.

Areas cited in the assessment as strengths or good practice include the following:

- The CCG's performance was at or above the level required for the majority of NHS Constitution standards
- The CCG has a good control environment in place, with significant assurance received on all internal audits including quality, stakeholder engagement and financial management
- The CCG has proper arrangements in all significant respects to ensure it delivered value for money in its use of resources
- The CCG's openness in relation to its financial challenges is recognised, as is the strong oversight provided by the governing body and committee structure
- The CCG took a constructive approach to the planning and contracting round, and signed all its main contracts ahead of the 23 December 2016 deadline
- The strong leadership role taken to date by the CCG within the sustainability and transformation planning (STP) process, in particular the contribution of the accountable officer to local delivery system work

Some of the areas of continued challenge and development cited by NHS England can be seen below:

- As the CCG predicted, its financial position deteriorated substantially during 2016 – 2017, for a number of reasons and its 2017 - 2018 financial plans are subject to significant risks
- Whilst NHS England recognised the good work carried out by the CCG across the wider urgent care system, it noted performance in this area remains to be a significant challenge. Efforts should continue with system partners to reduce delayed transfers of care and implement discharge to assess, trust assessor and primary care streaming initiatives
- Action should be taken with providers to improve cancer 62 day waits from urgent GP referral to first definitive treatment, along with access and recovery rates for Improving Access to Psychological Therapies, known as IAPT services
- Whilst the CCG's contribution to the STP is noted, NHS England states that there now needs to be increased focus on outputs and outcomes building on the Next Steps of the NHS Five Year Forward View



10.2 Q4 Improvement & Assessment Framework Dashboard

Better Health				Better Care				Better Care					
Code	Description	Period	CCG	Peers	England	Trend	Code	Description	Period	CCG	Peers	England	Trend
R 101a	Maternal smoking at delivery	16-17 Q3	10.7%	2/11	10/1/209		R 121a	High quality care - acute	16-17 Q4	58	9/11	10/1/209	
R 102a	% 10-11 classified overweight	12/13 to 14/15	33.5%	8/11	110/209		R 121b	High quality care - primary care	16-17 Q4	61	10/11	182/209	
R 103a	Patients who achieved NICE 1	2015-16	43.2%	1/11	23/209		R 121c	High quality care - adult social	16-17 Q4	59	8/11	143/209	
R 103b	Attendance of structured educ	2014	2.2%	9/11	149/209		R 122a	Cancers diagnosed at early st	2015	52.7%	7/11	87/209	
R 104a	Injuries from falls in people	16-17 Q3	2,249	8/11	159/209		R 122b	Cancer 62 days of referral to	16-17 Q4	76.9%	7/11	156/209	
R 105a	Utilisation of the NHS e-referr	2017 03	44.4%	9/11	151/209		R 122c	One-year survival from all ca	2014	71.7%	2/11	32/209	
R 105b	Personal health budgets	16-17 Q4	14	5/11	84/209		R 122d	Cancer patient experience	2015	8.7	9/11	74/209	
R 105c	% of deaths in hospital	16-17 Q2	41.4%	10/11	186/209		R 123a	IAPT recovery rate	2017 01	47.0%	9/11	145/209	
R 105d	LTC feeling supported	2016 03	62.2%	10/11	151/209		R 123b	EIP 2 week referral	2017 03	53.8%	9/11	202/209	
R 106a	Inequality Chronic - ACS	16-17 Q3	906	8/11	111/209		R 123c	MH - CYP mental health	16-17 Q4	40%	9/11	146/209	
R 106b	Inequality - UCS	16-17 Q3	2,557	11/11	182/209		R 123d	MH - Crisis care and liaison	16-17 Q4	47.5%	11/11	191/209	
R 107a	AMR: appropriate prescribing	2017 02	1.14	8/11	136/209		R 123e	MH - OAP	16-17 Q4	75.0%	11/11	158/209	
R 107b	AMR: Broad spectrum prescri	2017 02	7.9%	5/11	65/209		R 124a	ID - reliance on specialist IP	16-17 Q4	70	5/11	146/209	
R 108a	Quality of life of carers	2016 03	0.76	11/11	200/209		R 124b	ID - annual health check	2015-16	25.1%	11/11	190/209	
Sustainability													
R 141a	Financial plan	2016	Red	9/11	141/209		R 125a	Neonatal mortality and stillb	2015	7.0	8/11	119/209	
R 141b	In-year financial performance	16-17 Q4	Red	10/11	141/209		R 125b	Experience of maternity servi	2015	71.2	11/11	207/209	
R 142a	Improvement area: Outcomes	16-17 Q3	50.0%	8/11	165/209		R 125c	Choices in maternity services	2015	60.5	9/11	191/209	
R 142b	Improvement area: Expenditu	16-17 Q3	50.0%	9/11	163/209		R 126a	Dementia diagnosis rate	2017 03	71.0%	5/11	77/209	
R 143a	New models of care	16-17 Q4	N	9/11	163/209		R 126b	Dementia post diagnostic suf	2015-16	75.5%	8/11	183/209	
R 144a	Local digital roadmap in plac	16-17 Q4	Y	9/11	163/209		R 127a	Delivery of an integrated wrg	2017 01	5	5/11	65/209	
R 144b	Digital interactions	16-17 Q4	70.8%	5/11	48/209		R 127b	Emergency admissions for UC	16-17 Q3	2,584	9/11	135/209	
R 145a	SEP in place	2016-17	Y	9/11	48/209		R 127c	A&E admission, transfer, dis	2017 03	88.2%	6/11	122/209	
Well Led													
R 161a	STP	2016-17	Green	1/11	1/209		R 127e	Delayed transfers of care per	2017 03	14.1	8/11	115/209	
R 162a	Probity and corporate govern	16-17 Q4	Fully Compliant	1/11	1/209		R 127f	Hospital bed use following ep	16-17 Q3	51.1.4	5/11	120/209	
R 163a	Staff engagement index	2016	3.68	10/11	197/209		R 128a	Management of LTCs	16-17 Q3	850	6/11	88/209	
R 163b	Progress against WRES	2016	0.08	3/11	33/209		R 128b	Patient experience of GP ser	2016 03	90.4%	2/11	11/209	
R 164a	Working relationship effectiv	16-17	69.95	9/11	86/209		R 128c	Primary care access	2017 03	0.0%	5/11	115/209	
R 165a	Quality of CCG leadership	16-17 Q4	Amber	4/11	108/209		R 128d	Primary care workforce	2016 09	0.87	10/11	164/209	
Key													
Worst quartile in England													
Best quartile in England													
Interquartile range													

10.1 Clinical Priority Areas

Dementia		Cancer		Mental Health						
126a	Dementia diagnosis rate	72.5%	71.0%	7.4%			51.8%	47.0%		
126b	Dementia post diagnostic support	65.1%	75.5%	1.2%			36.4%	53.8%		
122a	Cancers diagnosed at early stage	52.7%	52.7%	4.9%			40.0%	40.0%		No calculation possible due to lack of z-scores
122b	Cancer 62 days of referral to treatment	47.8%	76.9%	5.5%			35.0%	47.5%		No calculation possible due to lack of z-scores
122c	One-year survival from all cancers	92.4%	71.7%	13.0%			42.5%	75.0%		No calculation possible due to lack of z-scores
122d	Cancer patient experience	76.9%	8.7	0.0%			87.5%	12.5%		
123a	IAPT recovery rate	71.7%								
123b	EIP 2 week referral	58.7%								
123c	MH - CYP mental health									
123d	MH - Crisis care and liaison									
123e	MH - OAP									

11. NHS England Monthly Activity Monitoring

CCGs were required to submit two year (2017-19) activity plans to NHS England in December 2016. NHSE monitor actual activity against these planned activity levels, however NHSE use a different data source than CCGs to monitor the actual activity against plan. The variance between the plan and the NHS England generated actuals have highlighted significant variances for our CCGs. CCGs are required to submit the table below on a monthly basis providing exception commentary for any variances +/- 3%. The main variances are due to the data source used by NHSE; this assigns national activity data to CCGs by a different method. The end column of the table below describes the CCG calculated variances from plan and any actions being taken to address over/under performance which is of concern.

Southport & Formby CCG's Month 3 Submission

June 2017 Month 03	Month 03 Plan	Month 03 Actual	Month 03 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	2890	2598	-10.1%	<p>GP referrals have reduced from the start of 17/18 and that trend continues. In part the reduction is due to the implementation of the CCGs referral management scheme. This is actively diverting appropriate referrals to the CCGs community Dermatology service, and send back duplicate or incomplete referrals. The joint health MCAS service has also reduced GP referrals to T&O across the all providers. Joint health has also changed reporting of referrals shifting from GP to a referral code within 'Other', this is in part one reason for increases noted in 'Other' referrals. Also to note Alder Hey incorrectly aligned a number of activity lines against CCGs instead of NHSE. This is a known issue and has been raised with the Trust by the lead commissioner. Further investigations into increases within other referrals are being looked into with the CCGs main provider.</p>
Other	1632	2312	41.7%	
Total (in month)	4522	4910	8.6%	
Variance against Plan YTD	12792	13561	6.0%	
Year on Year YTD Growth			2.0%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	4009	3831	-4.4%	<p>Reduction of activity against plan is in line with local contract monitoring and referral patterns locally. The main reasons for this is the shift in dermatology activity from the CCGs main acute provider to the community service, and the implementation of joint health. Due to joint health T&O referrals and activity have reduced at the local T&O providers. The local acute Trust is expected to increase activity levels in coming months due to a loss of activity in the initial part of 2017/18. Lower activity has also improved the CCGs RTT performance.</p>
Follow Up	8510	8387	-1.4%	
Total Outpatient attendances (in month)	12519	12218	-2.4%	
Variance against Plan YTD	34803	33526	-3.7%	
Year on Year YTD Growth			-7.5%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells				<p>As noted in previous months reports, the main acute provider for the CCG experienced issues in months 1 and 2 which resulted in cancellations of elective procedures. All cancelled operations have since been re-booked, however the Trust is struggling to bring activity levels back in line with plan. This is likely to continue to show an under performance for the CCG at a cumulative level. The reduction in GP referrals as well as joint health is also further adding to the low activity levels. RTT remains in a good position.</p>
Elective Ordinary spells				
Total Elective spells (in month)	1846	1793	-2.9%	
Variance against Plan YTD	5428	4802	-11.5%	
Year on Year YTD Growth			-5.8%	
Urgent & Emergency Care				
Type 1	-	3371	-	<p>Local monitoring of activity shows A&E activity in line with plan both in month and year to date. Both time periods show a less than 2% variance. Type 1 attendances show a slight increase year to date at 2.9% when comparing the same period last year.</p>
Year on Year YTD			3.0%	
All types (in month)	3744	3855	3.0%	
Variance against Plan YTD	11100	11722	5.6%	
Year on Year YTD Growth			5.0%	
Total Non Elective spells (in month)	1376	1217	-11.6%	<p>Lower levels of Emergency admissions have been seen while A&E activity remain steady. One of the reasons for the reduced admission rates is the increased opening hours of the main providers Ambulatory Care Unity which is designed to avoid admissions. A continued trend of performance below plan is expected.</p>
Variance against Plan YTD	4056	3736	-7.9%	
Year on Year YTD Growth			-6.0%	

Appendix – Summary Performance Dashboard



Southport And Formby CCG - Performance Report 2017-18



Metric	Reporting Level	2017-18											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Preventing People from Dying Prematurely

Cancer Waiting Times

Metric	Reporting Level	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
191: % of patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG Actual 94.305%	R 92.00%	G 94.423%										G 93.672%
		Target 93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
1879: % of patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY) The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG Actual 93.69%	G 93.69%											G 93.69%
		Target 93.00%	93.00%	-	93.00%				93.00%					93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG Actual 91.304%	R 90.41%	R 85.106%										R 89.577%
		Target 93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG Actual 89.09%	R 89.09%											R 89.09%
		Target 93.00%	93.00%	-	93.00%				93.00%					93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG Actual 100.00%	G 97.368%	G 97.059%										G 98.148%
		Target 96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG Actual 98.174%	G 98.174%											G 98.174%
		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%

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers	Southport And FormbyCCG	RAG	R	R	R	R	R	R	R
No. of MSA breaches for the reporting month in question for all providers		Actual	3	3	3	3	3	3	R
		Target	0	0	0	0	0	0	0

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks	Southport And FormbyCCG	RAG	G	G	G	G	G	G	G
Percentage of Incomplete RTT pathways within 18 weeks of referral		Actual	94.327%	93.628%	93.878%	92.00%	92.00%	92.00%	93.94%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1828: % of patients waiting 6 weeks or more for a diagnostic test	Southport And FormbyCCG	RAG	R	R	R	R	R	R	R
The % of patients waiting 6 weeks or more for a diagnostic test		Actual	3.805%	5.409%	2.877%	100%	100%	100%	4.045%
		Target	100%	100%	100%	100%	100%	100%	100%

Cancelled Operations

2193: Urgent Operations cancelled for a 2nd time	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G	G	G
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.		Actual	0	0	0	0	0	0	0
		Target	0	0	0	0	0	0	0

Wheelchairs

2197: Percentage of children waiting less than 18 weeks for a wheelchair	Southport And Formby CCG	RAG	G	G	G	G	G	G	G
The 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.		Actual	100.00%	100.00%	100.00%	92.00%	92.00%	92.00%	100.00%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%

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

HCAI

		RAG	G	G	G	G														
497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG		G	G	G	G														
	YTD		0	0	0	0														
	Target		0	0	0	0														
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG		G	G	G	G														
	YTD		6	9	10	10														
	Target		6	9	13	18														

Accident & Emergency

		RAG	R	R	R	R														
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 A acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG		R	R	R	R														
	Actual		90.852%	88.768%	89.682%	89.326%														
	Target		95.00%	95.00%	95.00%	95.00%														
431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST		R	R	R	R														
	Actual		91.097%	89.396%	90.319%	89.80%														
	Target		95.00%	95.00%	95.00%	95.00%														
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST		R	R	G	R														
	Actual		3	9	0	12														
	Target		0	0	0	0														

MEETING OF THE GOVERNING BODY SEPTEMBER 2017

Agenda Item: 17/150	Author of the Paper: Martin McDowell Chief Finance Officer
Report date: September 2017	Email martin.mcdowell@southportandformbyccg.nhs.uk Telephone: 0151 247 7065

Title: Annual Audit Letter 2016-17

Summary/Key Issues:

The Annual Audit Letter summarises the key issues arising from the 2016-17 external audit at NHS Southport & Formby CCG. The letter was received by the Audit Committee in July 2017.

Governing Body members are asked to note that KPMG:

- Issued an unqualified opinion in relation to the CCG’s accounts. This means that KPMG believe the accounts give a true and fair view of the financial affairs of the CCG and of the income and expenditure recorded during the year.
- Issued a qualified opinion in relation to regularity of the CCG’s financial statements. KPMG confirmed that the CCG’s expenditure and income had been applied to the purposes intended by Parliament and that the financial transactions conform to the authorities that govern them. The qualified opinion was issued in relation to the CCG delivering a £6.695m deficit compared with £4.000m deficit outlined in legal directions. KPMG concluded that the CCG had delivered Value for Money except for financial sustainability and performance in 2016/17.
- Have a responsibility as external auditors to write to the Secretary of State if there is need to issue a public interest report. They did write to the Secretary of State in accordance with Section 30 of the Local Audit and Accountability Act 2014 in respect of the CCG’s failure to ensure that its revenue resource use in any financial year does not exceed the amount specified by NHS England.

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			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			Presented to the Audit Committee on 12 th July 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



Annual Audit Letter 2016-17

NHS Southport & Formby Clinical
Commissioning Group

July 2017

Contents

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Introduction

Headlines

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Summary of our reports issued

This report is addressed to NHS Southport & Formby CCG (the CCG) and has been prepared for the sole use of the CCG. We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

We are committed to providing you with a high quality service. If you have any concerns or are dissatisfied with any part of KPMG's work, in the first instance you should contact Rob Jones, the engagement lead to the CCG, who will try to resolve your complaint. If you are dissatisfied with your response please contact the national lead partner for all of KPMG's work under our contract with Public Sector Audit Appointments Limited, Andrew Sayers (on 0207 6948981, or by email to andrew.sayers@kpmg.co.uk). After this, if you are still dissatisfied with how your complaint has been handled, you can access PSAA's complaints procedure by emailing generalenquiries@psaa.co.uk, by telephoning 020 7072 7445 or by writing to Public Sector Audit Appointments Limited, 3rd Floor, Local Government House, Smith Square, London, SW1P 3HZ.



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Introduction

Introduction

Background

This Annual Audit Letter (the letter) summarises the key issues arising from our 2016-17 audit at NHS Southport & Formby Clinical Commissioning Group (the CCG). Although this letter is addressed to the Members of the Governing Body of the CCG, it is also intended to communicate these issues to external stakeholders, such as members of the public. It is the responsibility of the CCG to publish this letter on the CCG's website.

In the letter we highlight areas of good performance and also provide recommendations to help the CCG improve performance where appropriate. We have reported all the issues in this letter to the CCG during the year and we have provided a list of our reports in the appendix to this letter.

Scope of our audit

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. Our main responsibility is to carry out an audit that meets the requirements of the National Audit Office's Code of Audit Practice (the Code) which requires us to report on:

Financial Statements including the regularity opinion and Governance Statement	<p>We provide an opinion on the CCG's financial statements. That is whether we believe the financial statements give a true and fair view of the financial affairs of the CCG and of the income and expenditure recorded during the year.</p> <p>We are also required to:</p> <ul style="list-style-type: none">— form a view on the regularity of the CCG's income and expenditure i.e. that the expenditure and income included in the CCG's financial statements has been applied to the purposes intended by Parliament and the financial transactions in the financial statements conform to the authorities which govern them;— report by exception if the CCG has not complied with the requirements of NHS England in the preparation of its Governance Statement; and— examine and report on the consistency of the schedules or returns prepared by the CCG for consolidation into the Whole of Government Accounts (WGA) with our other work.
Value for Money arrangements	<p>We conclude on the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the CCG's use of resources.</p>

Introduction (cont.)

Adding value from the External Audit service

We have added value to the CCG from our service throughout the year through our:

- attendance at meetings with members of the Governing Body and Audit Committee to present our audit findings, broaden our knowledge of the CCG and provide insight into sector developments and examples of best practice;
- proactive and pragmatic approach to issues arising in the production of the financial statements to ensure that our opinion is delivered on time;
- incorporation of data analytics into our programme of work to, for example, identify high risk journals for testing; and
- strong and effective working relationship with Internal Audit to maximise assurance to the Audit Committee, avoid duplication and provide value for money.

Fees

Our fee for 2016-17 was £45,000 (2015-16: £45,000) excluding VAT. Our fees are set nationally by Public Sector Audit Appointments Ltd and the 2016-17 fee was in line with the fee agreed at the start of the year with the CCG's Audit Committee.

Acknowledgement

We would like to take this opportunity to thank the officers of the CCG for their continued support, both throughout the year, and during the period of our engagement as the CCG's external auditors.



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Headlines

This section summarises the key messages from our work during 2016-17.

<p>Financial Statements audit opinion</p>	<p>We issued an unqualified opinion on the CCG's accounts on 30 May 2017. This means that we believe the accounts give a true and fair view of the financial affairs of the CCG and of the income and expenditure recorded during the year.</p> <p>There was an adjusted audit difference within trade and other payables to reflect a presentational change to the disclosure note to ensure the accounts appropriately reflected the net position.</p> <p>There were no significant matters which we were required to report to 'those charged with governance'</p>
<p>Financial statements audit work undertaken</p>	<p>We are required to apply the concept of materiality in planning and performing our audit. We are required to plan our audit to determine with reasonable confidence whether or not the financial statements are free from material misstatement. An omission or misstatement is regarded as material if it would reasonably influence the user of financial statements. Our materiality for the audit was £3m (2015/16: £3m).</p> <p>We identified the following risks of material misstatement in the financial statements as part of our External Audit Plan 2016/17:</p> <ul style="list-style-type: none"> — Risk 1 – Fraud risk from revenue recognition. Professional standards require us to make a rebuttable presumption that the fraud risk from revenue recognition is a significant risk. In our External Audit Plan 2016/17 we reported that we do not consider the fraud risk from revenue recognition to be a significant audit opinion risk for the CCG. As the CCG receives a revenue resource allocation from the Department of Health, and has very little direct income, there is unlikely to be an incentive to fraudulently recognise revenue. This assessment remained the case at the conclusion of our work. Since we rebutted the presumed risk, there was little impact on our audit work. — Risk 2 – Fraud risk from management override of controls. Professional standards require us to communicate the fraud risk from management override of controls as significant because management is typically in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Our procedures, including testing of journal entries, accounting estimates and significant transactions outside the normal course of business, identified no instances of fraud.
<p>Regularity Opinion</p>	<p>We are required to form a view on the regularity of the CCG's income and expenditure i.e. that the expenditure and income included in the CCG's financial statements has been applied to the purposes intended by Parliament and the financial transactions in the financial statements conform to the authorities which govern them.</p> <p>Basis for qualified opinion on regularity</p> <p>The CCG reported a deficit of £6.695 million in its financial statements for the year ending 31 March 2017, thereby breaching its duty under the National Health Service Act 2006, as amended by paragraph 2231 of Section 27 of the Health and Social Care Act 2012, to ensure that its revenue resource use in a financial year does not exceed the amount specified by NHS England.</p> <p>We reviewed the CCG's expenditure and income and in our opinion, except for the effects of the matter described in the basis for qualified opinion on regularity paragraph, in all material respects, it has been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.</p>

Headlines (cont.)

Governance Statement	<p>We confirmed that the CCG complied with NHS England requirements in the preparation of the CCG's Governance Statement. No significant adjustments were required to the Governance Statement.</p>
Whole of Government Accounts	<p>We issued an unqualified Auditor Statement on the Consolidation Schedules prepared by the CCG for consolidation into the Whole of Government Accounts with no exceptions.</p>
Value for Money (VFM) conclusion	<p>We are required to report to you if we are not satisfied that the CCG has made proper arrangements to secure economy, efficiency and effectiveness in its use of resources.</p> <p>Based on the findings of our work, we have nothing to report except for: weaknesses in arrangements over the management of the CCG's financial performance and position in the period April 2016 to March 2017, which resulted in the financial outturn deficit of £6.695m and failure to meet both the statutory breakeven target and the original agreed control total deficit of £4,000m.</p>
VFM conclusion risk areas	<p>We undertook a risk assessment as part of our VFM audit work to identify the key areas impacting on our VFM conclusion and considered the arrangements you have put in place to mitigate these risks.</p> <p>Our work identified the following significant risks:</p> <ul style="list-style-type: none"> — Risk 1 – Progress in delivering financial targets and QIPP plans. The achievement of financial balance, whilst maintaining the quality of healthcare provision, is a key objective for all NHS organisations. The CCG had an initial agreed control total with NHSE to deliver a deficit of £4m. Our audit testing included consideration of the CCG's financial outturn for 2016/17 and achievement against the QIPP plan during the year, monitoring of the latest financial plans for 2017/18 and review of the Internal Audit findings in respect of QIPP Governance. In respect of this risk, we concluded that we are required to report by exception on the CCG's financial performance and sustainability during 2016/17. Whilst we recognised that there are challenges in the local health economy and that the CCG delivered a reasonable percentage of a challenging QIPP target, insufficient progress has been made to avoid significant, underlying deficit position. We concluded that it is appropriate to report this matter by exception, as opposed to giving a fully 'adverse' opinion as we obtained evidence of robust reporting of the position throughout the year and a commitment to work with partners and member practices to address the situation in the future. We reported this matter under our responsibilities around regularity as well as VFM. — Risk 2 – Cheshire & Merseyside Sustainability and Transformation Plan (STP). In December 2015, the NHS shared planning guidance 16/17 – 20/21 outlined a new approach to help ensure that health care services are built around the needs of local populations. To enable this, every health and care system in England produced a Sustainability and Transformation Plan. The CCG is one of twelve CCGs and 20 Providers involved in the Cheshire & Merseyside STP and is part of the North Mersey Local Delivery System. Our audit testing included a review of the arrangements in place in relation to the STP and the CCG's contributions in working towards the plans. No issues were identified that would impact on the VFM conclusion for the CCG. At the time we concluded our VFM work in May 2017, we no longer considered the STP to be a significant risk to VFM for 2016/17.

Headlines (cont.)

Recommendations	<p>We are pleased to report that there are no high risk recommendations arising from our 2016-17 audit work. The CCG has implemented agreed audit recommendations from prior years.</p>
Public Interest Reporting	<p>We have a responsibility to consider whether there is a need to issue a public interest report or whether there are any issues which require referral to the Secretary of State.</p> <p>On 26 May 2017 we wrote to the Secretary of State in accordance with Section 30 of the Local Audit and Accountability Act 2014 in respect of the CCG's failure to ensure that its revenue resource use in any financial year does not exceed the amount specified by NHS England (NHS Act 2006, as amended by paragraph 223I (2) and (3) of section 27 of Health and Social Care Act 2012).</p> <p>Given that NHS Southport & Formby CCG was in breach of the amount specified by NHS England for 2016/17 by £6.695 million, we considered it appropriate to make this referral once the year-end position was confirmed by the submission of the draft financial statements.</p>

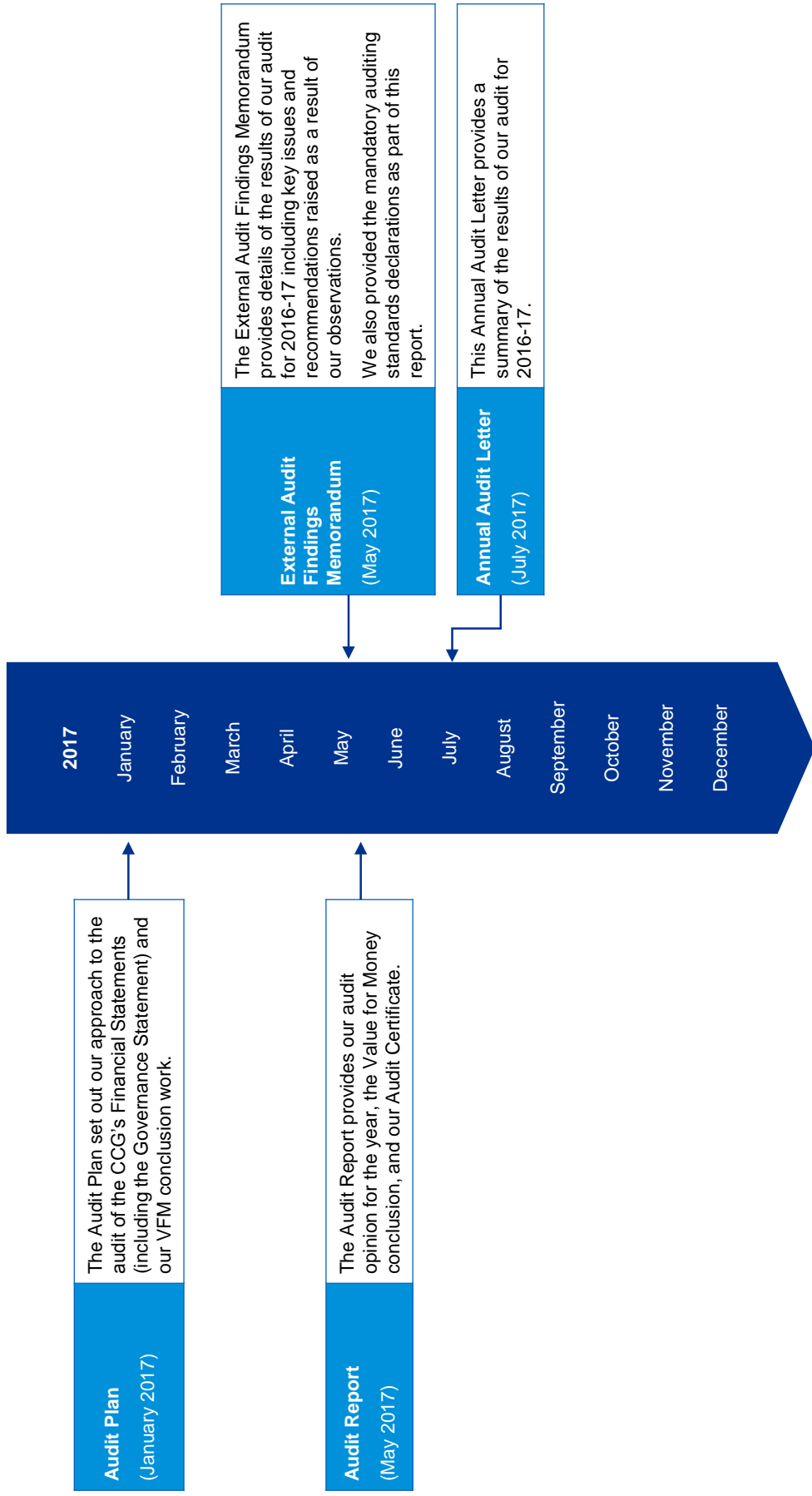




Appendix

Appendix

Summary of our reports issued





The information contained herein is of a general nature and is not intended to address the circumstances of any particular individual or entity. Although we endeavour to provide accurate and timely information, there can be no guarantee that such information is accurate as of the date it is received or that it will continue to be accurate in the future. No one should act on such information without appropriate professional advice after a thorough examination of the particular situation.

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MEETING OF THE GOVERNING BODY SEPTEMBER 2017

Agenda Item: 17/151	Author of the Paper: Helen Smith Head of Safeguarding Helen.smith2@haltonccg.nhs.uk 0151 495 5469						
Report date: September 2017							
Title: Safeguarding Annual Report 2016/17							
<p>Summary/Key Issues:</p> <p>This is the fourth annual safeguarding report for NHS Southport and Formby CCG. The purpose of the report is to assure the Governing Body and members of the public that the CCG is fulfilling its statutory duties in relation to safeguarding children and adults at risk across the CCG area within the borough of Sefton.</p> <p>The CCG annual report takes account of national changes and influences and local developments, activity, governance arrangements and any challenges to business continuity</p>							
<p>Recommendation</p> <p>The Governing Body is asked to approve this report.</p>	<table border="0"> <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 <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.
	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.

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			x	
Clinical Engagement	x			
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees	x			Joint Quality Committee

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

Report to Governing Body **SEPTEMBER 2017**

1. Executive Summary

This is the fourth annual safeguarding report to NHS Southport and Formby Clinical Commissioning Group Governing Body. The purpose of the report is to assure the Governing Body and members of the public that the NHS Southport and Formby Clinical Commissioning Group (to be referred to as the CCG throughout the remainder of the report) is fulfilling its statutory duties in relation to safeguarding children and adults at risk in the Borough.

The CCG annual report takes account of national changes and influences and local developments, activity, governance arrangements and any challenges to business continuity including the change in commissioning arrangements for safeguarding function from 2017/18

The CCG has in place governance and accountability arrangements including regular reporting via the Quality Committee and to the Governing Body; there is direct access by the Designated Professionals to the Chief Officer.

The CCG makes a significant contribution to the work of the Sefton Safeguarding Children and Adult Boards.

The annual report was presented at the CCG Joint Quality Committee in August.

2. Introduction and Background

This report provides assurance that the CCG has safely discharged its statutory responsibilities to safeguard the welfare of children and adults at risk of abuse and the duty to ensure that the health services it commissions are compliant in this respect as outlined in the Children Acts 1989 and 2004 and the Care Act 2014. There is a separate report in respect of Children in Care (CIC) / Looked After Children.

This report will summarise achievements and activity undertaken in 2016-17, highlight recommendations for 2017-18 and will provide information about national and local changes and influences, local development, performance, governance arrangements and activity and any challenges to business continuity.

The CCG works in partnership with the Local Authority and other agencies including Sefton Safeguarding Children and Adult Boards and this report should be read in conjunction with Sefton Safeguarding Children and Safeguarding Adult Board annual reports

3. Key Issues

The Annual report provides the Quality Committee with an update of the developing and emerging safeguarding agenda which the CCGs have supported throughout the 2016-17

reporting period.

This includes updates on:

- The National Context including the Children and Social Work Bill, Mental Capacity Act/ Deprivation of Liberty Safeguards, Domestic abuse and Inspection Frameworks
- Local Context - Safeguarding Governance and Accountability Arrangements
- Progress against last year's priorities
- Effectiveness of Safeguarding Arrangements
- Learning and Improvement including training compliance
- Business priorities for 2017/18

4. Conclusions

This annual report provides a summary of progress against the safeguarding priorities set for 2016/17. It demonstrates the contribution to multi agency partnerships across the borough and provides assurance to the Governing Body that NHS Southport and Formby CCG is fully committed to ensuring they meet the statutory duties and responsibilities for safeguarding children and adults at risk of harm.

5. Recommendations

The Governing Body is requested to approve the Annual report.

Helen Smith
Head of Safeguarding
August 2017

Safeguarding Annual Report 2016/17

Author: CCG Safeguarding Service

Date: August 2017



Foreword by the Chief Nurse for CCG

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



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Executive Summary

This is the fourth annual safeguarding report to NHS South Sefton Clinical Commissioning Group Governing Body. The purpose of the report is to assure the Governing Body and members of the public that the NHS South Sefton Clinical Commissioning Group (to be referred to as the CCG throughout the remainder of the report) is fulfilling its statutory duties in relation to safeguarding children and adults at risk in the Borough.

The CCG annual report takes account of national changes and influences and local developments, activity, governance arrangements and any challenges to business continuity including the change in commissioning arrangements for safeguarding function from 2017/18.

The CCG has in place governance and accountability arrangements including regular reporting via the Quality Committee and to the Governing Body; there is direct access by the Designated Professionals to the Chief Officer.

The CCG makes a significant contribution to the work of the Sefton Safeguarding Children and Adult Boards.



1 Purpose of the report

This is the fourth annual safeguarding report to the CCG Governing Body.

This report provides assurance that the CCG has safely discharged its statutory responsibilities to safeguard the welfare of children and adults at risk of abuse and the duty to ensure that the health services it commissions are compliant in this respect as outlined in the Children Acts 1989 and 2004 and the Care Act 2014. There is a separate report in respect of Children in Care (CIC) / Looked After Children.

Key areas of priority were established and reported in the Safeguarding Annual Report 2015-16 and progress against these priorities will be highlighted within this report. A number of areas will continually be prioritised for the CCG's as they are a core component of providing safeguarding assurance and therefore they will remain ongoing on future work plans.

This report will summarise achievements and activity undertaken in 2016-17, highlight recommendations for 2017-18 and will provide information about national and local changes and influences, local development, performance, governance arrangements and activity and any challenges to business continuity.

The CCG works in partnership with the Local Authority and other agencies including Sefton Safeguarding Children and Adult Boards and this report should be read in conjunction with Sefton Safeguarding Children and Safeguarding Adult Board annual reports.

2 National Context

2.1 Children & Social Work Bill

On 31st March 2016, the Wood Report was published, setting out a new framework for improving the organisation and delivery of multi-agency arrangements to protect and safeguard children. Recommendations were presented which reviewed the model of Local Safeguarding Children Boards (LSCB), Serious Case Reviews (SCR) and Child Death Overview Panels (CDOP).

The Government responded in May 2016 to the Review of the role and functions of Local Safeguarding Children Boards.

2.1.1 Local Safeguarding Children Boards (LCSB)

- A new statutory framework will be introduced, which will set out clear requirements, but give local partners the freedom to decide how they operate to improve outcomes for children.
- The 3 key partners (local authorities, the police and the health service) will be required to make and publish plans showing how they will work together to safeguard and promote the welfare of children in the local area.



- All local organisations involved in the protection of children will be expected to cooperate with the multi-agency arrangements. They must help the key partners to understand how agencies are performing across the local area, and make evidence-based decisions.
- So that the key partners have the flexibility to respond to existing and emerging needs, the requirement for LSCBs to have set memberships will be removed. However if they see the current arrangements as the most effective form of joint working they will be able to continue them.
- Legislation and statutory guidance will be published to underpin the new framework. Arrangements for inspection and review will be established.
- In the event that the 3 key agencies cannot reach an agreement on how they will work together, or where arrangements are seriously inadequate, the Secretary of State will have power to intervene.

2.1.2 Serious Case Reviews (SCR)

- The current SCR system will be replaced with a system of national and local reviews. This will ensure that reviews are proportionate to the case they are investigating, and improve consistency, speed and under the new system, lessons from reviews will be captured and shared more effectively so that they can inform good practice.
- A National Panel will be established. This will be responsible for commissioning and publishing national reviews and investigating cases which will lead to national learning.
- Local partners will be required to carry out reviews into cases which are considered to lead (at least) to local learning. These should be published.

2.1.3 Child Death Overview Panels (CDOP)

As only 4% of child deaths relate to safeguarding, the government agrees to transfer national oversight of CDOPs from the Department for Education to the Department of Health, whilst maintaining the focus on learning within child protection agencies.

The proposed reforms included in the Children and Social Work Bill received Royal Assent and became an act of parliament (Children & Social Work Act) in April 2017. A priority for the CCG for 2017-18, will be to engage with the LSCB in reviewing the revised statutory guidance (Working Together) due to be launched in Autumn 2017 in order that the CCGs remains a key stakeholder in any proposed changes to multi-agency arrangements and joint working.

2.2 Mental Capacity Act /Deprivation of Liberty Safeguards (MCA/DoLS)

Mental Capacity Amendment Bill

The Law Commission published its report and accompanying Draft Mental Capacity (Amendment Bill 2017) on March 13th 2017, proposing reforms to the Mental Capacity Act



2005 and the Deprivation of Liberty Safeguards (DoLS). These will be known in future as “Liberty Protection Safeguards” (LPS). A response is now awaited from the Government. Whilst substantive change is in the pipeline it is likely to be some time before these changes are in place.

2.2.1 Main key proposed changes

The final report recommends the repeal of DoLS as a matter of urgency. In its place, the Law Commission proposes the Liberty Protection Safeguards (LPS) will be covering a broader group of people than those currently covered by DoLS, which is presently restricted to placements in care homes and hospitals. The LPS will extend beyond this to include authorisations in a wide range of settings including supported living, shared lives schemes and domestic settings. The LPS would also extend to 16 and 17 year olds, presently the current arrangements require authorisations from the Court of Protection. Rather than relying on the court system, the new scheme provides a more cost effective way of ensuring authorisations can occur. Where a potential deprivation of liberty is identified, the responsibility will now be upon the commissioning organisations to arrange authorisation.

2.2.2 Coroners Change in Law

The Coroners and Justice Act 2009 has been amended so that people subject to authorisations under the Deprivation of Liberty Safeguards (known as DoLS) will no longer be considered to be ‘otherwise in state detention’. For the purposes of Section 1 of the Coroners and Justice Act 2009 where the deceased was subject to a DoLS authorisation, the coroner will no longer have a duty to conduct an inquest in all cases. This change will also apply in other cases where the deceased their deprivation of liberty authorised through provisions in the Mental Capacity Act 2005.

For any person with a DoLS authorisation or other deprivation of liberty authorisation under the Mental Capacity Act 2005 their death need only be reported to the coroner where the cause of death is unknown or where there are concerns that the cause of death was unnatural or violent, including where there is any concern about the care given having contributed to the persons death.

2.2.3 Birmingham Judgement

Birmingham City Council has lodged an appeal in relation to Birmingham City Council v D & Another [2016] EWCOP 8. This is in relation to the 2016 Judgement whereby



Mr. Justice Keehan held that things change when a young person reaches 16. It is not enough to rely on parental consent when a 16 year old is under continuous supervision, is not free to leave and such cases will always need a referral to the Court of Protection for authorisations (and, inevitably, annual review, at least until the young person falls within the scope of the Deprivation of Liberty Safeguards - DoLS (at age 18, if it is a registered setting).

The CCG Safeguarding Service is supporting health providers to implement adjustments to practice as a result of the amendments to the Bill. Key issues are discussed at the MCA forum chaired by the CCG MCA Coordinator

2.2.4 Domestic Abuse

The Home Office has produced new guidance relating to Domestic Abuse:

“Ending Violence Against Women and Girls strategy (2016-2020)”, which was published on 8 March 2016, sets out the Government’s vision to tackle domestic violence and abuse in all its forms. The strategy makes prevention and early intervention the foundation of the Government’s approach and recognises that responding to and raising awareness of domestic violence and abuse is ‘everyone’s business’.

The “Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews” was published in December 2016 and builds on the above strategy.

The main purpose of a Domestic Homicide Review (DHR) is to prevent domestic violence and homicide and improve service responses for victims by developing a coordinated multi-agency approach to ensure that abuse is identified and responded to effectively at the earliest opportunity. The main changes within this document highlight the importance of taking a holistic approach when considering the facts presented during scrutiny of practice by agencies and professionals. The CCG Safeguarding Service has a designated nurse lead who is working in partnership with Safety Partnership leads and health providers to support the domestic abuse agenda .

3 Local Context

Sefton has a population of 274,000, approximately a quarter are aged 0-19. Ethnic minorities represent 4.3% of the borough’s young people (under 18), representing 6% of children in need (0-18 year old) and 4.3% of children subject of a Child Protection Plan. Amongst 0-24 year olds the greatest number of percentage of non UK born residents is amongst Eastern European countries admitted to the EU since 2001, including Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, Bulgaria, Romania and Slovenia.



In total there are approximately 10,455 children living in workless households in Sefton, approximately 19% of 0-19 year olds. Approximately one in five children live in low income families. Nearly three quarters of all low income families are also a lone parent family which is higher than the national rate of 68%.

There are 33 GP practices in South Sefton and 19 GP practices within Southport and Formby.

On 31st March 2016 there were 254 children with a Child Protection Plan. On 31st March 2017 there were 235 children with a Child Protection Plan. This is categorised as: 56.3% emotional, 25.8% neglect, 12.7% physical, 2.5% sexual. This equates to a 7% drop in emotional and 10% increase in neglect from March 2016.

The CCGs and Partner agencies continue work together to ensure that this information informs future commissioning arrangements.

3.1 NHS South Sefton and NHS Southport and Formby CCGs Safeguarding Governance and Accountability Arrangements

To meet with national safeguarding requirements, the CCGs commission a Hosted Safeguarding Service. The hosting arrangements remain with the CCGs as per the original terms agreed in 2013, using a Memorandum of Understanding and Service Specification. Separate commissioning arrangements ensure the provision of the expertise of a Designated Doctor and Named GP. All of these professionals act as clinical advisors to the CCG on safeguarding matters and support the Chief Nurse to ensure that the local health system is safely discharging safeguarding responsibilities.

Accountability for the safe discharge of safeguarding responsibilities remains with the Chief Officer; executive leadership is through the Chief Nurse who represents the CCG on Sefton Local Safeguarding Children and Adult Boards and who is also a member of the CCG Governing Body.

The safeguarding service meets on a monthly basis with the Chief Nurse to review emerging safeguarding concerns, ongoing work streams and agendas from a children and adult perspective to ensure CCG oversight of activity.

Safeguarding reports are presented to the Quality Committee on a quarterly basis to appraise the CCG of current safeguarding activity and developments and includes performance reports for commissioned services against the specific safeguarding Key Performance Indicators (KPIs).

The CCGs continues to work in partnership with statutory agencies and third sector to support safe and effective delivery of services against the safeguarding agenda.

The Designated Safeguarding Professionals and CCG Quality Team are members of Sefton



LSCB (main and executive Board) and SAB and the sub groups including the Practice Review Panel (chaired by the Chief Nurse), Policy & Procedures (chaired by the Designated Nurse Safeguarding Children), Performance & Quality Assurance, health sub group, Child Exploitation, Learning Development, all of which have a function of scrutinising frontline practice across all Partner agencies. This overview adds further dimension to the CCG performance information received within the contractual process which supports assurance or the identification of risk within the system.

Multi agency Safeguarding Arrangements

Each CCG has a statutory duty to work in partnership with LSCB/SABs in conducting SCR/ Adult Reviews in accordance with Working Together to Safeguard Children (2015) and Care Act 2014.

The CCGs Designated Professionals coordinate and evaluate health sector input into SCRs and SARs and provide professional scrutiny and where necessary, relevant challenge to the process. The CCGs support in ensuring that all health related actions following the review are carried out according to the timescale set out by the SCR/SAR panel.

Sefton LSCB and Sefton SAB are the key statutory bodies overseeing multiagency child and adult safeguarding arrangements across Sefton. The Boards are comprised of senior leaders from a range of organisations with basic objectives defined within Children Act (2004) and the Care Act 2014:

- To coordinate the safeguarding work of agencies
- To ensure that this work is effective

CCGs have a statutory duty to be members of the LSCB and SAB, working in partnership with Local Authorities to fulfil their safeguarding responsibilities.

From April 2017 Sefton SAB will become part of a Joint Safeguarding Adults Boards covering Sefton, Wirral, Knowlsey and Liverpool areas.

4 Summary of Progress and areas of work supported in 2016/17

4.1 Child Sexual Exploitation (CSE)

CSE continues to be a priority for the CCGs and LSCB within Sefton and the CCGs remains fully engaged in this agenda.

The 2009 guidance 'Safeguarding children and young people from sexual exploitation' has been updated and replaced with 'Child sexual exploitation: Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation'.



The guidance launched on the 1st March 2017, includes the revised definition of CSE as:

'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology'.

The CCG Safeguarding Service has received assurance that health providers have taken account of the revised definition.

Specific CSE KPI data continues to be collated by commissioned services to evidence engagement in the agenda with oversight from the CCG Quality Committee. The CSE data required for submission throughout 2016-17, has been strengthened to include submission of a Training Needs Analysis in respect of CSE and the supervision of cases that are subject to a MACSE (Multi-Agency CSE) action plan.

The requirement for a CSE lead in each organisation has been incorporated into section 32 of the standard NHS contract from April 2016.

The CCG Safeguarding Service continues to be represented at National, Regional and local forums to ensure national and local developments are embedded within the local health economy.

Throughout this reporting period there has been a change in local arrangements following the development of the Liverpool City Region Vulnerable People's Strategic Forum.

There are a number of sub groups from this forum, one of which being *Exploitation* (previously CSE, and previously what was known as the 'Gold' Group). The group will be wider than CSE and will now extend to child exploitation, missing and trafficking and include representation from each LA area, police and 'health'/ CCG.

A City Region Child Exploitation Task and Finish Group will report into the Exploitation Group and will be responsible to progress 3 key areas, including:

- Review and development of a PAN Merseyside Child Exploitation Strategy and Child Exploitation Protocol to cover sexual exploitation, criminal exploitation, trafficking and other forms of exploitation, ensuring links to missing children protocols.
- Development of a communications strategy in relation to all elements of exploitation aimed at key groups (Professionals, Young People, Parents and Carers, Wider community).



- Development of a PAN Merseyside Child Exploitation multi-agency data set and co-ordinate collation of data, in order to provide the Strategic Exploitation Group with oversight of the issue in Merseyside.

The Pan Merseyside CSE health sub group has continued to meet on a quarterly basis and throughout the reporting period, commissioned services have compiled and progressed with CSE action plans based on the National Working Group recommendations from recent reviews.

4.2 Lessons learned from NHS investigation into matters relating to Jimmy Savile

The Safeguarding Service had previously obtained assurances from commissioned health services around compliance against Lampard report recommendations within 2015-16 reporting period. These action plans were reviewed and progressed within commissioned services internal safeguarding assurance meetings. Following a Cheshire and Merseyside Quality Surveillance Group meeting in December 2016, a further request was made for assurance from providers around the Lampard report recommendations. This was completed by the Safeguarding Service on behalf of the CCG and a position statement against specific standards provided to NHS England. There remain some national discrepancies in relation to the recommendations from the Lampard review for 3 yearly Disclosure and Barring Service (DBS) checks; however no Trust has been assessed as having an area of high risk. The Safeguarding Service will continue to monitor progress until all recommendations are implemented, through internal assurance groups.

4.3 Independent Inquiry into Child Sexual Abuse (formerly the Goddard Inquiry)

In March 2016, NHS England and Verita produced a self-assessment checklist for provider organisations to support a 'proactive stance' to be taken in preparing to meet the expectations of the Goddard Inquiry. The CCG incorporated the checklist into a template for commissioned health care providers to complete and included an action plan for completion against any areas self-rated as amber or red.

The actions plans were received into the safeguarding service in Quarter 2 to enable identification of key themes and areas of outstanding action.

In addition, the Safeguarding Service benchmarked itself against the standards within the checklist and presented to the Quality Committee for oversight of its current position. The Quality Committee agreed that processes were in place for the standards and however rather than being assured that the providers of such services had '*effective*' safeguarding arrangements in place, it was agreed that CCGs have assurance processes to monitor safeguarding arrangements for their effectiveness which would range from limited to significant level of assurance.



4.4 Deprivation of Liberty Safeguards (DoLS)

In response to the unprecedented increase in requests for DoLS authorisation nationally, the Association of Directors of Adult Social Services (ADASS) has developed a priority tool to assist local authorities in determining the most urgent requests. Those patients who have been identified as a priority will be assessed within the 7 day period prior to the urgent authorisation lapsing.

Within the Sefton Borough, the acute hospitals are continuing to send in urgent requests and have been advised by the Supervisory Body (Sefton local Authority) to add a further 7 days onto these requests to allow more time for them to respond. However, many of the patients may be discharged during this extended period. This is a picture that is reflected across the country.

4.5 Domestic Abuse

The CCG remains engaged in the domestic abuse agenda working in Partnership with Sefton Local Authority and third Sector Organisations. The CCG Safeguarding Service has identified a lead Designated Nurse and is reviewing the current MAPPA and MARAC arrangements in relation to information requests from Primary Care. In line with the recommendations from DHR actions plans, current work streams are underway that involve the promotion of a two way partnership working with the Acute Trusts and Primary Care with the implementation of information sharing processes that inform and contribute to the MARAC/MAPPA processes. A benchmarking exercise has been undertaken and the Designated Nurse will continue to work closely with the Community Safety Partnership and with commissioned health services in relation to this increasing agenda. This will remain a priority in the 2017/18 work plan for the CCG Safeguarding Service as part of the wider harmful practice agenda.

4.6 Nursing Homes

The Safeguarding Service have reviewed and strengthened the reporting mechanism (database) which will enable the team to identify emerging themes from safeguarding notifications in relation to allegations of abuse within nursing home settings. The identification of the emerging themes have informed the Quality Improvement Team on areas of concern within nursing homes, with the aim to focus on these areas when completing quality assurance visits, thus improving quality and service improvement.

In addition, a flow chart and standard operating procedure has been produced to advice multi agency partners within our health economy of Adult Safeguarding engagement arrangements with Section 42 enquiries (Care Act 2014) and Safeguarding strategy meetings which lead to oversight of safeguarding/criminal investigations in respect of patients residing in nursing homes.



Multi agency engagement is also currently underway in respect of producing a strengthened multi agency dashboard (at a glance information system) which is rag rated red/amber/green for each nursing home to provide information on the standard of care deliver. The dashboard is to include CQC inspection ratings, infections control outcomes, environmental health inspections outcomes, end of life care provision, highlight the number of safeguarding notifications submitted against the care home inclusive of themes and emerging outcomes of investigations. The dashboard will be accessible to all multi agency partners and will inform focus areas for improvement.

4.7 Child Protection Information Sharing (CP-IS)

CP-IS is an NHS England sponsored work programme dedicated to delivering a higher level of protection to children who have been identified as affected by abuse or neglect when they visit NHS commissioned unscheduled care settings such as emergency departments, Urgent Care Centres and Walk in Centres. CP-IS features within the NHS Standard Contract (section 32.8 of Service Conditions) which is mandated by NHS England for use by commissioners for all contracts for health care services other than primary care.

Sefton Local Authority went live with CP-IS in January 2016.

In December 2016, Guidance for Designated Professionals Safeguarding Children & Child Protection -Information Sharing (CP-IS), was published, to support the role of the Designated Nurse to monitor CP-IS implementation by provider organisations.

A CP-IS Implementation meeting was convened for commissioned services in November 2016 with the CP-IS Team (NHS England & NHS Digital) to support health providers in the implementation process prior to the 2018 deadline.

Health providers were asked to complete and return a CP-IS position statement template in order to map organisational readiness across the Sefton Health economy. The Safeguarding Service has ensured update reports have been provided through the LSCB Health sub group, which has also facilitated the development of multiagency CP-IS guidance between the Local Authority and health partners.

During the reporting period, one of the commissioned health providers has already implemented the system prior to the 2018 implementation deadline.

The Designated Nurse will continue to support implementation throughout 2017-18 which will also include primary care unscheduled settings.

4.8 Policy Reviews

The Safeguarding Service has ensured the CCG remains compliant with its policies including the following updates:



- Safeguarding Policy (v8) to reflect the revised Cheshire and Merseyside Safeguarding Commissioning Standards (2016)
- Safeguarding Declaration (2016)

Further updates and revisions will be required in 2017-18 and include:

- Safeguarding Strategy
- Safeguarding Policy (review due November 2017)

4.9 Mental Capacity Act (MCA) Deprivation of Liberty Safeguards (DoLS)

4.9.1 MCA/DoLS Forum

The MCA/DoLS Forum was set up in February 2017 and is chaired by the MCA/DoLS Co-ordinator from the Safeguarding Service. The core group membership comprises of MCA/DoLS Health Leads/Co-ordinators across the Merseyside areas: Aintree University Hospital and Southport & Ormskirk Hospital are members of this forum. The group adopt a shared learning approach identifying good practice and relevant quality standards in MCA/DoLS. The group will report, escalate issues and make recommendations/ suggestions to the North Regional MCA/DoLS Forum.

The group is responsible for promoting compliance with The Mental Capacity Act, developing good practice across the Merseyside footprint, overseeing progress against any work plan, sharing local best practice and building on areas identified within north regional safeguarding repository. Individual group members are responsible for disseminating information and guidance within their areas of work.

4.9.2 Partnership Working

The CCG Safeguarding Service has continued to work closely with the Sefton Local Authority DoLS Team and the Safeguarding and MCA/DoLS Leads from Aintree University Hospital (AUH) and Southport and Ormskirk (S&O). The CCG MCA/DoLS co-ordinator has regular meetings with both provider Safeguarding Leads to discuss Key Performance Indicators (KPIs) and to share and discuss queries, concerns and individual issues relating to MCA/DoLS. Issues of concern identified from both Health and Social Care have been addressed. There has been a marked improvement in the quality of some applications made by the Acute Services and the Safeguarding Service will continue to support this area of work throughout the coming year. The MCA/DoLS co-ordinator attends Sefton LA DoLS Operational and Team Meetings and also the Sefton Best Interest Assessment (BIA) Forum.



5 Effectiveness of Safeguarding Arrangements

5.1 Inspection Frameworks

During February and March 2016, Sefton LSCB was reviewed as part of the Ofsted Single Inspection Framework of Sefton Local Authority's services for children in need of help and protection, Children in Care / Looked After Children and Care Leavers.

The final report, published in July 2016, judged the LSCB as being 'inadequate' because it was not discharging all of its statutory functions as set out in national guidance published in March 2015. Much of the work however was identified as *good* and some *very good*.

An LSCB Improvement Plan was produced to address the areas that required strengthening. This has been progressed throughout the reporting period with input from the LSCB statutory partners including the CCG and Designated Professionals. Completion of the action plan is expected in July 2017.

In November 2016, Sefton was subject of a Joint local area Special Educational Needs and Disability (SEND) inspection conducted by Ofsted and the Care Quality Commission to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. The outcome of the inspection determined that a Written Statement of Action was required to be submitted from the Local Authority and the CCGs which was completed in April 2017. Although outside of the reporting period, progress can be reported against the developed action plan, with commencement of a health working group which includes membership from the Designated Safeguarding and LAC Nurses. This action plan will be progressed throughout 2017-18.

The CCG have continued to support commissioned health providers to be 'inspection ready' for the variety of inspections that both the CCG and services could be required to contribute to.

Briefing meetings have continued to be delivered to health providers in respect of the Joint Targeted Area Inspection (JTAI) themes (Feb-August 2016: CSE; Sept-May 2017: Domestic Abuse) to prepare for any announcement of JTAI, whilst ensuring that the CCG itself was prepared through update of Annex A submission. The Designated Nurse has also supported Public Health Commissioners in understanding the range of inspections and potential evidence requests that their commissioned services would be engaged with.

As part of the JTAI inspection preparation, the CCG completed and presented a 'true for us' presentation to the LSCB (December 2016) based on the inspection report in respect of Domestic Abuse in Salford.

The CCG has a statutory requirement under Section 11 of the Children Act 2004 to actively demonstrate that safeguarding duties are safely discharged. Throughout the reporting period the scrutiny of this function has been reviewed through external oversight including:



LSCB Section 11 Audit and action plan

- A full self-assessment by the CCG against the Section 11 standards was submitted within the 2015-16 reporting period. The corresponding action plan to strengthen any areas not reaching full compliance was progressed throughout 2016-17 with oversight of the CCG Quality Committee. There is one outstanding area in relation to supervision which will be completed within 2017.

NHS England Safeguarding Assurance process

- In April 2016 NHSE formally assessed the CCGs against a regionally determined safeguarding framework to assess the effectiveness of arrangements to discharge their safeguarding responsibilities in respect of both children and adults agenda. Feedback received in May 2016 highlighted 3 areas of 'low risk' that required strengthening. An action plan was developed and progressed to evidence required standards. This action plan has been overseen by the Quality Committee.
- The action plan has been progressed and there remains one 'ongoing' action in respect of annual review of safeguarding capacity.
- An NHS England North CCG Safeguarding Assurance Process Report and Headline Findings report was produced in October 2016. The report highlighted the positive position of both South Sefton and Southport & Formby CCGs compared with all 66 CCGs across NHS England North region. The summary report highlighted that capacity within key safeguarding posts was a key risk with 77% of CCGs unable to demonstrate adequate resources in line with levels articulated in the relevant Intercollegiate Document (2014).
- Consequently NHS England recommended that CCGs should review capacity and workload within key safeguarding posts on an annual basis to ensure they meet safeguarding statutory requirements. This has been incorporated into the CCG action plan.

5.2 Multi Agency Audit

As a statutory member of the LSCB, the CCG is fully engaged in the multiagency audit cycle, through the Designated Nurse and Named GP membership of the audit pool. Throughout the reporting period the CCG and its commissioned services have supported the LSCB multiagency Domestic Abuse audit. A number of recommendations have been identified for single health agencies. The subsequent action plan has been shared with the CCG Quality Committee where CCG specific recommendations were overseen. Recommendations relating to commissioned health services will also be overseen by the Safeguarding Service at a number of forums including the LSCB Health sub group and Trust Safeguarding



Assurance Groups. The CCG also has oversight of a number of recommendations through the current safeguarding Quality Schedule and the Quality Team will ensure key areas are raised with commissioned services through the Clinical Quality Performance Groups.

5.3 Scrutiny Visits

The CCG has supported the LSCB's and SAB's scrutiny function of partner agencies through conducting and supporting scrutiny visits of the partnership services including Merseyside Police, Sefton Adult Social Care, Sefton Council for Voluntary Services and Sefton Carers.

5.4 Performance Monitoring

As reported previously the CCG has a statutory duty to ensure that all health providers from whom services are commissioned promote the welfare of children and protect adults from abuse or the risk of abuse; and are able to demonstrate that outcomes for children, young people and adults at risk are improved. The CCG remains committed to working collaboratively with commissioned services and utilise a number of approaches to ensure that there is an acceptable level of assurance provided within the system to demonstrate safe, efficient and quality services are being delivered and that safeguarding responsibilities are safely discharged. Where the level of assurance has not been evidenced and agreed progress has not been achieved then contractual levers have been evoked all of which have been agreed and monitored via the Clinical Quality and Performance Group meetings. In more exceptional circumstance then the CCG will work collaboratively with NHS England and other regulatory partners within a Quality Surveillance Group to gain a shared view of risks to quality through sharing intelligence.

During the reporting year the CCG has continued to apply a performance notice and monitor recovery plans with one Trust and initiated a second notice on a separate Trust.

5.5 Commissioning services/ procurement

The Safeguarding Service has supported the CCG in its commissioning and procurement role, providing oversight of the safeguarding arrangements and requirements of newly commissioned services including community nursing services (North Sefton).

The Designated Nurse for Safeguarding Children, in the role of having oversight of the health economy, with the CCG Chief Nurse, have also engaged in Public Health commissioning of the 0-19 year service within Sefton. This has enabled potential risks to be identified and managed within the system as services transacted to a different provider.

6 Learning and Improvement



6.1 Training

The CCG continues to promote the learning and development of staff; safeguarding training is part of the mandatory schedule for all CCG employees. The Quality Team and Safeguarding Service have worked together to ensure that the CCG Training Needs Analysis accurately reflects the current roles and safeguarding (children and adult) training requirements. The Table below provides the end of year uptake. (March 2017)

	% Compliance
L1 Safeguarding Children	85.7%
L1 Safeguarding Adults	89.8%
L2 Safeguarding Children	69.2%
L2 Safeguarding Adults	61.5%
SS CCG Governing Body member training	69%
S&F CCG Governing Body member training	77%

Specific training has been delivered to Governing Body members to ensure compliance as per Intercollegiate Document requirements and is evidenced in the increased in compliance over the year (48%, March 2016). Further training will be provided and a training package available for newly appointed members to achieve compliance outside of scheduled training delivery sessions.

In July 2016 the Named GP chaired the Safeguarding Protected Learning Time Event, supporting GPs in achieving their level 3 Safeguarding Children training requirements. The event was supported by the wider Safeguarding Service and included presentations from the multi-agency partnership on Private Fostering, Ofsted Inspection highlights, Domestic Abuse, CSE and MASH processes.

6.2 Child Death Overview Panel (CDOP)

Sefton LSCB has a statutory responsibility to ensure that a review of all child deaths (residents of the borough) is conducted. This is achieved within the Pan Merseyside Child Death Overview Panel (CDOP), a sub group of Sefton LSCB, to enable learning to be gained and analysed across a broader footprint.

During the period 1st April 2016 to 31st March 2017, 112 child deaths were notified to CDOP across the five LSCB areas in Merseyside, 16 of these were Sefton children. Of these 16 deaths, 13 were concluded as non-modifiable (meaning nothing could have been done to prevent this death), and 3 had modifiable factors.

The CCG is committed to the work of CDOP which includes membership through the Safeguarding Service at panel meetings, which includes separate meetings for neonatal deaths (0-27 days). Work to deliver against the 2017-18 CDOP priorities will continue to be



supported through the Safeguarding Service membership of the group and will include monitoring the effectiveness of the Merseyside wide Safe Sleep campaign as well as implications of Baroness Kennedy's report 'Sudden unexpected death in infancy and childhood: multiagency guidelines for care and investigation' (November 2016) for the current Pan Merseyside 'rapid response' to child deaths.

Through membership of the CCG Serious Incident Panels, the Safeguarding Service are able to provide further oversight of cases that have also undergone scrutiny through these processes.

6.3 Practice Reviews

The CCG Safeguarding Service has led on two learning reviews that have been overseen by the LSCB Practice Review Panel.

- Single agency (health) Practice Learning Review
- Multiagency Practice Review

Single health agency actions from these reviews have been shared with the LSCB and CCG Quality Committee. Progress against these actions will be monitored by the LSCB Practice Review Panel, which will be chaired by CCG Chief Nurse from May 2017.

There have been no Serious Adult Reviews within the reporting period.

7 Business priorities 2017/18

- Ensure that the CCG is compliant with statutory safeguarding responsibilities requirements; including the oversight and management of progression against action plans for section 11 scrutiny, NHSE assurance and other safeguarding frameworks.
- Support the implementation and development of national and local safeguarding arrangements in accordance with guidance, learning from reviews and the LSCB and LSAB improvement plans and priorities. This will include supporting the CCGs in implementing the Children and Social Work Act – Wood Report and the Kennedy review - CDOP
- Continue to support the agenda, the implementation of guidance and improve quality in practice in relation to Harmful Practices, Asylum, Refugee programme, Trafficking with an increased focus on Modern Slavery
- Support the SEND inspection plan and implementation.



- Continue to support the CCGs and Provider Trust work plans to improve the quality of Transition arrangements.
- Undertake a review of health support to nursing homes where safeguarding issues are evidenced.
- Continue to work with Partner Agencies to review the MAPPA and MARAC arrangements supporting the Domestic Abuse Agenda.

8. Business Continuity

Throughout the reporting year there have been significant changes to the structure of the Safeguarding Service.

In October 2016 the CCG recruited a Designated Nurse for Looked After Children and a Designated Nurse for Safeguarding Adults in November 2016. The Head of Children's Safeguarding left the service in February 2017.

NHS St Helens CCG withdrew from the shared service arrangement in July 2016 and NHS Knowsley CCG withdrew from the arrangement in January 2017. The nurses supporting NHS Knowsley CCG also supported NHS Halton CCG for both children and adults.

Throughout, the Safeguarding Service has continued to support the Sefton children and adults safeguarding agenda and has represented the CCGs at National safeguarding forums and the LCSB and SAB.

9 Conclusion

This annual report provides a summary of progress against the safeguarding priorities set for 2016/17. It demonstrates the contribution to multi agency partnerships across the borough and provides assurance to the Governing Body that NHS South Sefton and NHS Southport and Formby CCGs are fully committed to ensuring they meet the statutory duties and responsibilities for safeguarding children and adults at risk of harm.

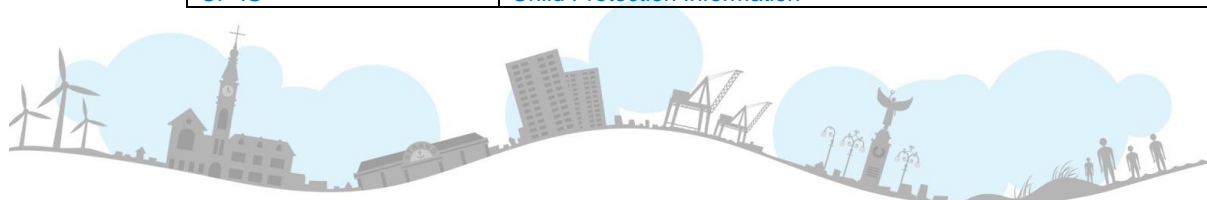


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On request this report can be provided in different formats, such as large print, audio or Braille versions and in other languages.

Glossary	
CCG	Clinical Commissioning Group
MCA	Mental Capacity Act
DoLs	Deprivation of Liberty Safeguard
CQC	Care Quality Commission
HMIC	Her Majesty's Inspectorate of Constabulary
HMI Probation	Her Majesty's Inspectorate of Probation
JTAI	Joint Targeted Area Inspection
YOS	Youth Offending Service
CSE	Child Sexual Exploitation
Named GP	Named General Practitioner
MASH	Multi Agency Safeguarding Hub
HSCIC	Health and Social Care Information Centre
FGM	Female Genital Mutilation
DfE	Department for Education
MACSE	Multi-agency Child Sexual Exploitation Meetings
LSCB	Local Safeguarding Children Board
LSAB	Local Safeguarding Adult Board
DNLAC	Designated Nurse Looked After Children
NHSE	NHS England
KPI	Key Performance Indicator
NSF	National Service Framework
DBS	Disclosure Barring Service
LA	Local Authority
CQPG	Clinical Quality Performance Group
QSG	Quality Surveillance Group
SI	Serious Incident
DHR	Domestic Homicide review
CDOP	Child Death Overview Panel
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference
NICE	National Institute for Clinical Excellence
CIC	Children in Care
SCR	Serious Case Reviews
LPS	Liberty Protection Safeguards
SAB	Safeguarding Adult Board
SAR	Serious Adult Review
MACSE	Multi-Agency CSE
ADASS	Association of Directors of Adult Services
CP-IS	Child Protection Information



AUH	Aintree University Hospital
S & O	Southport and Ormskirk Hospital
BIA	Best Interest Assessment Forum
DBS	Disclosure and Barring Service
SEND	Special Educational Needs and Disability
AUH	Aintree University Hospital
S&O	Southport and Ormskirk



MEETING OF THE GOVERNING BODY SEPTEMBER 2017

Agenda Item: 17/152	Author of the Paper: Debbie Fairclough Interim Chief Operating Officer
Report date: September 2017	Debbie.fairclough@southseftonccg.nhs.uk 0151 247 7000
Title: Establishing Audit Committees in Common for NHS Southport and Formby CCG and NHS South Sefton CCG.	
Summary/Key Issues: The CCG is facing a challenging financial year and every opportunity needs to be taken to improve organisational efficiency and effectiveness as well as exploring greater opportunities to work more closely with other CCGs. Southport and Formby has a track record of working closely and collaboratively with South Sefton CCG and has established a number of joint committees to maximise the opportunities for greater efficiencies at committee level. This paper recommends the creation of Audit Committees in Common between the respective CCGs.	
Recommendations The Governing Body is asked to approve the proposed arrangements to create an Audit Committees in Common	
	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

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

Report to Governing Body September 2017

1. Introduction and background

The CCG is facing a challenging financial year and every opportunity needs to be taken to improve organisational efficiency and effectiveness as well as exploring greater opportunities to work more closely with other CCGs. Southport and Formby CCG has a track record of working closely and collaboratively with South Sefton CCG and has established a number of joint committees to maximise the opportunities for greater efficiencies at committee level.

The Joint QIPP Committee was established in May 2016 and the Joint Quality Committee was established in July 2016 at the same time greater alignment was agreed between the respective Remuneration Committees. All committees have performed well and delivered the objectives as set out in their terms of reference. This was confirmed as part of the recent MIAA assessment that provided significant assurance on the arrangements in place.

Working in this way has reduced the number of meetings freeing up capacity and resource at multiple levels within the organisation as well as exploiting opportunities for greater alignment of audit committee priorities. The above committees have been established under the legislative reform order 2014 provisions enabling CCGs to form joint committees in respect of commissioning functions.

Guidance issued by the Good Governance Institute in conjunction with Hill Dickinson in 2017.¹ confirmed that the Legislative reform Order 2014 that enabled, *inter alia*, the establishment of joint committee between CCGs does not apply to statutory Audit Committees as the order relates to commissioning functions only. Therefore the proposal is for the arrangements to be established as committees in common.

2. Committees in common

The guidance issued by the Good Governance Institute confirmed that CCGs are permitted to delegate functions and responsibilities to committees of the CCG. If this committee meets at the same time, in the same location as other committees (from other CCGs) it is referred to as committees in common. It is the place and time that meetings are held that is in common rather than the committees themselves. In order for committee meetings in common to operate consistently with the legal framework, several requirements must be met:

- Each committee must have its own agenda, although they may be identical
- Each committee must take its own decisions and these must be recorded in its own minutes
- It must be technically possible for each committee in the arrangement to reach a different decision although this will be unlikely
- There must be clear terms of reference for each committee and clear reporting lines back to each CCG
- For audit committees the members of each committee must be members of the respective CCG governing body. Where there is a single chair presiding over the business of all the committees meeting in common, he or she must be a member of the governing body of each CCG represented. For audit committees CCGs will also need to consider any impact on the relationship with their auditors

¹ <https://www.good-governance.org.uk/wp-content/uploads/2017/04/Joint-committees-and-committees-in-common-in-CCGs-How-to-keep-within-the-law.pdf>

The CCG's Audit Committee Chair is not a member of NHS Southport and Formby CCG so it is proposed that the Audit Committees in Common will be jointly chaired by the respect CCGs Audit Committee Chair, with the agreement that facilitation of each meeting shall rotate between chairs to enable smooth and effective running.

For committees in common to run smoothly, each committee needs to have the same agenda. Only one discussion takes place about each agenda item and then each committee makes its own decision. Regardless of any arrangements permitting decisions to be made following discussion by committees in common, each CCG retains individual accountability for any decisions taken on behalf of their local populations.

3. Establishing Audit Committees in Common

It is proposed that the Governing Bodies of Southport and Formby CCG and South Sefton CCG support the creation of "audit committees in common" that will meet at the same time and the same place at least six times per year.

Both existing Committees Chairs agreed that this was appropriate to better meet the needs of the respective CCGs in terms of consolidating financial, governance and audit expertise into a single forum. There is also benefit to be gained in terms of the executive and management resource required to run two separate committees when a majority of the business is the same across both CCGs.

The agenda will be designed to enable full and open discussion on matters relating to both CCGs and only members of the relevant CCG audit committee will be able to vote on matters relevant to their respective CCG. This is entirely consistent with the existing terms of reference for each CCG.

4. Terms of Reference

The terms of reference of the CCG's Audit Committee, the membership, delegations and reporting requirements to the governing body remain unchanged and therefore the existing terms of reference remain extant.

5. Membership and attendees

The audit committee membership for each CCG will remain as it is now. It should be noted that both committees are currently supported by the CCGs Chief Finance Officer, Chief Nurse and the same individual internal auditors, external auditors and counter fraud specialist so meeting in this way will ensure a much more efficient and effective use of management and audit resource.

6. Administration and reporting

The Audit Committees in Common shall be administered by an appropriate secretary. The secretary will be responsible for ensuring that papers are circulated ahead of the meeting, any declarations are made ahead of meetings in accordance with the CCGs policies and that minutes and key issues relating to the relevant CCG governing bodies are submitted in the usual way.

7. Recommendation

The governing body is asked to approve the creation of the Audit Committees in Common

Debbie Fairclough
Interim Chief Operating Officer
September 2017

MEETING OF THE GOVERNING BODY SEPTEMBER 2017

Agenda Item: 17/153	Author of the Paper: Tracy Jeffes Chief Delivery and Integration Officer						
Report date: September 2017	E mail: Tracy.Jeffes@southportandformbyccg.nhs.uk Tel no: 0151 247 7224						
Title: Emergency Preparedness, Resilience and Response Assurance and Improvement Plan							
Summary/Key Issues: The CCG is required to provide NHSE with assurance in relation to its emergency preparedness, resilience and response plans (EPRR) by 22nd September 2017. This paper presents the Governing Body with a self-assessment of the CCG's performance against the core standards, an improvement plan for 2017/8 and a statement of compliance which demonstrates "Substantial Compliance" with only one "amber" rated area.							
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Recommendation</td> <td style="width: 30%; text-align: right;">Receive <input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: right;">Approve <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: right;">Ratify <input type="checkbox"/></td> </tr> </table> <p>The Governing Body is asked to approve</p> <ol style="list-style-type: none"> i. the assessed level of compliance and ii. the EPRR improvement plan and work plan <p>The Governing Body is also asked to consider the nomination of a non-Executive Governing Body member to take a portfolio lead for EPRR in response to the additional deep dive governance action plan.</p>		Recommendation	Receive <input type="checkbox"/>		Approve <input checked="" type="checkbox"/>		Ratify <input type="checkbox"/>
Recommendation	Receive <input type="checkbox"/>						
	Approve <input checked="" type="checkbox"/>						
	Ratify <input type="checkbox"/>						

17/153: EPRR

Links to Corporate Objectives	
	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.

	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				Will be presented to Corporate Governance Group and Finance and Resource 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

Report to Governing Body September 2017

1. Executive Summary

This paper presents the Governing Body with a self-assessment of the CCG's performance against the EPRR core standards, progress against the 2016/17 improvement plan, an improvement plan for 2017/8, a high level work plan for 2017 and a statement of compliance which demonstrates "Substantial Compliance."

2. Introduction and Background

- 2.1 The Accountable Officer for the Clinical Commissioning Group has a statutory responsibility for the Emergency Preparedness, Resilience and Response arrangements as a category 2 responder under The Civil Contingencies Act 2004 (CCA 2004), the Health and Social Care Act 2012, NHS England Emergency Planning Framework and other central government guidance. The CCG must be aware of its responsibilities in preparing for and for responding to emergencies and is required to undertake a self-assessment and issue a statement of compliance on an annual basis, which this year needs to be returned by 22nd September 2017. This paper sets out the CCG's self-assessment statement and improvement plan.
- 2.2 The CCG has assessed itself as demonstrating substantial compliance against NHSE's levels for compliance. Substantial is defined as *"arrangements are in place however the organisation is not fully compliant with one to five of the core standards that the organisation is expected to achieve. A workplan is in place that the Governing Body has agreed"*. This conclusion has been reached following a thorough self-assessment which identified one "amber" area in which the CCG was not fully compliant and has been identified within the associated action plan. This is an improvement on 16/17, when there were four "ambers" identified.
- 2.3 The CCG is supported in its EPRR responsibilities by Midlands and Lancashire Commissioning Support Unit (MLCSU) who are commissioned to offer expertise, strategic advice and practical delivery in relation to this area of work. They have assisted with this assessment and are commissioned to lead on aspects of work related to the core standards.

3. Key Issues

- 3.1 The core standard which has been identified as "amber" in this year's assessment relates to the arrangements for "exercising" our plans, which, although are in development, will not be concluded until the autumn, following approval of our updated Business Continuity Plans. This action is highlighted in our improvement plan.
- 3.2 In addition to the assessment against the core standards, a "deep dive" into EPRR governance has been added this year and although these do not form part of the main assurance process, can help further develop good practice. Two actions have emerged, firstly to enhance our wording in our annual report in relation to EPRR compliance and secondly to identify a non-executive member of the Governing Body to hold this portfolio area.

4. Conclusions

The CCG has continued to develop its EPRR work over the last year, addressing actions within its improvement plan. The self-assessment for 2017-8 indicates an improvement in terms of a reduction in the number of “amber” rated areas, but acknowledges that this is an area for continuous development and will work to implement the action plan and 17/8 improvement plans once approved.

5. Recommendations

Recommendation

The Governing Body is asked to approve

- i. the assessed level of compliance against the EPRR core standards
- ii. the EPRR improvement plan and work plan

The Governing Body is also asked to consider the nomination of a non-Executive Governing Body member to take a portfolio lead for EPRR in response to the additional deep dive governance action plan.

Appendices

Appendix 1: CCG Statement of Compliance (to be signed following GB approval)

Appendix 2: Self-Assessment against the EPRR Core Standards

Appendix 3: EPRR Core Standards Improvement Plans

- Progress against 2016/7 Plan
- 2017/8 Plan
- Deep Dive Governance Plan

Appendix 4: CCG Annual EPRR Work Plan

Tracy Jeffes
Chief Delivery and Integration Officer
September 2017

**Cheshire & Merseyside Local Health Resilience Partnership (LHRP)
Emergency Preparedness, Resilience and Response (EPRR) assurance 2017-2018**

STATEMENT OF COMPLIANCE

NHS Southport and Formby CCG has undertaken a self-assessment against required areas of the the [NHS England Core Standards for EPRR v5.0](#).

Following assessment, the organisation has been self-assessed as demonstrating the Substantial compliance level (from the four options in the table below) against the core standards.

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place and the organisation is fully compliant with all core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however the organisation is not fully compliant with one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board or Governing Body has agreed.
Partial	Arrangements are in place however the organisation is not fully compliant with six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Board or Governing Body has agreed.
Non-compliant	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board or Governing Body and will be monitored on a quarterly basis in order to demonstrate future compliance.

The results of the self-assessment were as follows:

Number of applicable standards	Standards rated as Red	Standards rated as Amber	Standards rated as Green
38	0	1	37
Acute providers: 60** Specialist providers: 51** Community providers: 50** Mental health providers: 48** CCGs: 38			

****Also includes HAZMAT/CBRN standards applicable to providers: Standards: Acutes 14 / Specialist, Community, Mental health 7 Ambulance Service are required to report statements for 3 compliance levels as stated on page 6 of the Gateway letter 06967**

Where areas require further action, this is detailed in the attached core standards improvement plan and will be reviewed in line with the organisation's EPRR governance arrangements.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

Signed by the organisation's Accountable Emergency Officer

Date of board / governing body meeting

Date signed

GOVERNANCE	CORE STANDARD - DUTY	CLARIFYING INFORMATION	EVIDENCE OF ASSURANCE	EVIDENCE PROVIDED
1	<p>Organisations have a director level accountable emergency officer who is responsible for EPRR (including business continuity management)</p> <p>Organisations have an annual work programme to mitigate against identified risks and incorporate the lessons identified relating to EPRR (including details of training and exercises and past incidents) and improve response.</p>	<p>None</p> <p>Lessons identified from your organisation and other partner organisations. NHS organisations and providers of NHS funded care treat EPRR (including business continuity) as a systematic and continuous process and have procedures and processes in place for updating and maintaining plans to ensure that they reflect:</p> <ul style="list-style-type: none"> - the undertaking of risk assessments and any changes in that risk assessment(s) - lessons identified from exercises, emergencies and business continuity incidents - restructuring and changes in the organisations - changes in key personnel - changes in guidance and policy. 	<ul style="list-style-type: none"> • Ensuring accountable emergency officer's commitment to the plans and giving a member of the executive management board and/or governing body overall responsibility for the Emergency Preparedness Resilience and Response, and Business Continuity Management agendas • Having a documented process for capturing and taking forward the lessons identified from exercises and emergencies, including who is responsible. • Appointing an emergency preparedness, resilience and response (EPRR) professional(s) who can demonstrate an understanding of EPRR principles. • Appointing a business continuity management (BCM) professional(s) who can demonstrate an understanding of BCM principles. • Being able to provide evidence of a documented and agreed corporate policy or framework for building resilience across the organisation so that EPRR and Business continuity issues are mainstreamed in processes, strategies and action plans across the organisation. • That there is an appropriate budget and staff resources in place to enable the organisation to meet the requirements of these core standards. <p>This budget and resource should be proportionate to the size and scope of the organisation.</p>	<p>Fiona Taylor, Chief Officer</p> <p>LHRP work plan developed and maintained through consultation. CSU work plan submitted. Approved by Governing Body in September 2017. 2017-18 work plan received.</p> <p>Debriefing process incorporated into CCG plans.</p> <p>Governing Body Assurance Framework requirements reviewed by Governing Body. Last submitted Jul-17.</p> <p>EPRR and Business Continuity functions commissioned from Midlands and Lancashire CSU (MLCSU).</p>
2	<p>Organisations have an overarching framework or policy which sets out expectations of emergency preparedness, resilience and response.</p>	<p>Arrangements are put in place for emergency preparedness, resilience and response which:</p> <ul style="list-style-type: none"> - Have a change control process and version control - Take account of changing business objectives and processes and/or organisational and structural and staff changes - Take account of any updates to risk assessment(s) arrangements - Have a review schedule - Use consistent unambiguous terminology - Identify who is responsible for making sure the policies and arrangements are updated, distributed and regularly tested - Key staff must know where to find policies and plans on the intranet or shared drive - Have an expectation that a lessons identified report should be produced following exercises, emergencies and/or business continuity incidents and share for each exercise or incident and a corrective action plan put in place - Include references to other sources of information and supporting documentation 	<p>The CCG's Business Continuity Policy and Strategy, Business Continuity Plan and Incident Response Plan provide the framework for the CCG's response to disruptive events.</p> <p>Business Continuity Plan and Incident Response Plan demonstrate version control and indicate an annual review arrangement. The plans were approved by the CCG's Corporate Governance Group and Finance and Resources Committee in Sep-17 and this approval will be reported to the Governing Body in Nov-17 for assurance.</p> <p>MLCSU provides advice and support, training, reports and reviews the plans.</p> <p>Plans held on CCG intranet.</p> <p>Monthly EPRR brief compiled by MLCSU and sent to the CCG. Circulated to all CCG Senior Managers.</p> <p>The EPRR budget is held within the general corporate budget held by the Chief Delivery and</p>	
3				

	CORE STANDARD - DUTY The accountable emergency officer will ensure that the Board and/or Governing Body will receive as appropriate reports, no less frequently than annually, regarding EPRR, including reports on exercises undertaken by the organisation, significant incidents, and that adequate resources are made available to enable the organisation to meet the requirements of these core standard	CLARIFYING INFORMATION After every significant incident a report should go to the board/governing body or appropriately delegated governing group. Must include information about the organisations position in relation to the NHS England core standards self assessment	EVIDENCE OF ASSURANCE	EVIDENCE PROVIDED
4				National cyber security incident 12 May-17. EPRR report compiled by MLCSU and submitted to CCG twice a year. Report to Governing Body Sep-16. EPRR Core Standards assurance document approved by Governing Body in Sep-16.
DUTY TO ASSESS RISK				
5	Assess the risk, no less frequently than annually, of emergencies or business continuity incidents occurring which affect or may affect the ability of the organisation to deliver its functions.	Risk assessments should take into account community risk registers and at the very least include reasonable worst-case scenarios for: - severe weather (including snow, heatwave, prolonged periods of cold weather and flooding); - staff absence (including industrial action); - the working environment, buildings and equipment (including denial of access); - fuel shortages; - surges and escalation of activity; - IT and communications; - utilities failure; - response a major incident / mass casualty event - supply chain failure; and - associated risks in the surrounding area (e.g. COMAH and iconic sites) There is a process to consider if there are any internal risks that could threaten the performance of the organisation's functions in an emergency as well as external risks eg. Flooding, COMAH sites etc.	<ul style="list-style-type: none"> • Being able to provide documentary evidence of a regular process for monitoring, reviewing and updating and approving risk assessments • Version control • Consulting widely with relevant internal and external stakeholders during risk evaluation and analysis stages • Assurances from suppliers which could include, statements of commitment to BC, accreditation, business continuity plans. • Shaping appropriately once risk assessment(s) completed 	CCG Business Continuity Plan and Incident Response Plan updated annually and risks/threats identified. Risk taken into account within the BC Plan. Risks to the wider health economy identified in the LHRP Risk Register. MLCSU attends LHRP Practitioner Group and Strategic Group. NHS England represents Health at the LRF. LHRP Risk Register (Jul-17) received. Risks to CCG identified through the business continuity process.
6	There is a process to ensure that the risk assessment(s) is in line with the organisational, Local Health Resilience Partnership, other relevant parties, community (Local Resilience Forum/ Borough Resilience Forum), and national risk registers.	Other relevant parties could include COMAH site partners, PHE etc.		LHRP attended by MLCSU. LRF attended by NHS England. MLCSU provides a monthly EPRR brief to the CCG which is circulated to all CCG Senior Managers.
7	There is a process to ensure that the risk assessment(s) is informed by, and consulted and shared with your organisation and relevant partners.			Risks considered within the CCG and cascaded appropriately. Risks affecting external agencies cascaded via LHRP representation.
DUTY TO MAINTAIN PLANS - EMERGENCY PLANS AND BUSINESS CONTINUITY PLANS				
8	Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity.	Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan)) corporate and service level Business Continuity (aligned to current nationally recognised BC standards)	Relevant plans: <ul style="list-style-type: none"> • demonstrate appropriate and sufficient equipment (inc. vehicles if relevant) to deliver the required responses 	V1.0 approved Sep-17.
9	Have arrangements for (but not necessarily have a separate plan for) some or all of the following (organisation dependent) (NB, this list is not exhaustive):	Severe Weather (heatwave, flooding, snow and cold weather)	<ul style="list-style-type: none"> • identify locations which patients can be transferred to if there is an incident that requires an evacuation; • outline how, when required (for mental health services), Ministry of Justice approval will be gained for an evacuation; • take into account how vulnerable adults and children can be managed to avoid admissions, and include appropriate focus on providing healthcare to displaced populations in rest centres; 	V1.0 approved Sep-17.
11		Pandemic Influenza (see pandemic influenza tab for deep dive 2015-16 questions)		Business Continuity Plan V1.0 approved Sep-17.
12		Fuel Disruption		Business Continuity Plan V1.0 approved Sep-17.
15		Surge and Escalation Management (inc. links to appropriate clinical networks e.g. Burns, Trauma and Critical Care)		Business Continuity Plan V1.0 approved Sep-17.
16			<ul style="list-style-type: none"> • make sure the mental health needs of patients involved in a significant incident or emergency are 	Business Continuity Plan V1.0 approved Sep-17.

	CORE STANDARD - DUTY	CLARIFYING INFORMATION	EVIDENCE OF ASSURANCE	EVIDENCE PROVIDED
17		Infectious Disease Outbreak	<ul style="list-style-type: none"> met and that they are discharged home with suitable support ensure that the needs of self-presenters from a hazardous materials or chemical, biological, nuclear or radiation incident are met. for each of the types of emergency listed evidence can be either within existing response plans or as stand alone arrangements, as appropriate. 	Business Continuity Plan V1.0 approved Sep-17.
18		Evacuation		Health and Safety Plan for building evacuation.
20		Utilities, IT and Telecommunications Failure		Business Continuity Plan V1.0 approved Sep-17.
24	Ensure that plans are prepared in line with current guidance and good practice which includes:	<ul style="list-style-type: none"> - Aim of the plan, including links with plans of other responders - Information about the specific hazard or contingency or site for which the plan has been prepared and realistic assumptions - Trigger for activation of the plan, including alert and standby procedures - Activation procedures - Identification, roles and actions (including action cards) of incident response team - Identification, roles and actions (including action cards) of support staff including communications - Location of incident co-ordination centre (ICC) from which emergency or business continuity incident will be managed - Generic roles of all parts of the organisation in relation to responding to emergencies or business continuity incidents - Complementary generic arrangements of other responders (including acknowledgement of multi-agency working) - Stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes - Contact details of key personnel and relevant partner agencies - Plan maintenance procedures <p>(Based on Cabinet Office publication Emergency Preparedness, Emergency Planning, Annexes 5B and 5C (2006))</p>	<ul style="list-style-type: none"> • Being able to provide documentary evidence that plans are regularly monitored, reviewed and systematically updated, based on sound assumptions: • Being able to provide evidence of an approval process for EPRR plans and documents • Asking peers to review and comment on your plans via consultation • Using identified good practice examples to develop emergency plans • Adopting plans which are flexible, allowing for the unexpected and can be scaled up or down • Version control and change process controls • List of contributors • References and list of sources • Explain how to support patients, staff and relatives before, during and after an incident (including counselling and mental health services). 	Business Continuity Plan, Crisis Management Plan and Incident Response Plan meet good practice guidance. Documentation approved by the CCG's Corporate Governance Group and Finance and Resources Committee in Sep-17 and this approval will be reported to the Governing Body in Nov-17 for assurance. Version control in place.
25	Arrangements include a procedure for determining whether an emergency or business continuity incident has occurred. And if an emergency or business continuity incident has occurred, whether this requires changing the deployment of resources or acquiring additional resources.	<ul style="list-style-type: none"> - Enable an identified person to determine whether an emergency has occurred - Specify the procedure that person should adopt in making the decision - Specify who should be consulted before making the decision - Specify who should be informed once the decision has been made (including clinical staff) 	<ul style="list-style-type: none"> • Oncall Standards and expectations are set out • Include 24-hour arrangements for alerting managers and other key staff. 	Triggers and escalations included in plans. Crisis Management Plan contains suggested actions. CCG part of the North Mersey On Call Group providing 24/7 on call response.
26	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident insofar as is practical.	<ul style="list-style-type: none"> - Decide: - Which activities and functions are critical - What is an acceptable level of service in the event of different types of emergency for all your services - Identifying in your risk assessments in what way emergencies and business continuity incidents threaten the performance of your organisation's functions, especially critical activities 		BIA process identifies all key processes and ranks them in order of recovery. Recovery Time Objective identified. BIA's produced between Jan-17 and Jun-17. Data collected informed the Business Continuity Plan approved by the CCG's Corporate Governance Group and Finance and Resources Committee in Sep-17.

	CORE STANDARD - DUTY	CLARIFYING INFORMATION	EVIDENCE OF ASSURANCE	EVIDENCE PROVIDED
28	Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content		<ul style="list-style-type: none"> Specify who has been consulted on the relevant documents/ plans etc. 	Key CCG staff input to BIA process.
29	Arrangements include a debrief process so as to identify learning and inform future arrangements	Explain the de-briefing process (hot, local and multi-agency, cold) at the end of an incident.		Debrief process contained in Incident Response Plan and Business Continuity Plan.
COMMAND AND CONTROL (C2)				
30	Arrangements demonstrate that there is a resilient single point of contact within the organisation, capable of receiving notification at all times of an emergency or business continuity incident; and with an ability to respond or escalate this notification to strategic and/or executive level, as necessary.	Organisation to have a 24/7 on call rota in place with access to strategic and/or executive level personnel	Explain how the emergency on-call rota will be set up and managed over the short and longer term.	CCG part of the North Mersey On Call Group providing 24/7 on call response. Rota administration undertaken by MLCSU. Call Centre operating provided by Office Link. On Call Pack produced and updated quarterly by MLCSU.
31	Those on-call must meet identified competencies and key knowledge and skills for staff.	NHS England published competencies are based upon National Occupation Standards .	Training is delivered at the level for which the individual is expected to operate (ie operational/ bronze, tactical/ silver and strategic/gold). for example strategic/gold level leadership is delivered via the 'Strategic Leadership in a Crisis' course and other similar courses.	CCG On Call Managers have attended a training session delivered by MLCSU, Chief Commissioning and Redesign Officer and Chief Delivery and Integration Officer attended a JESIP training session on 21-Sep.
32	Documents identify where and how the emergency or business continuity incident will be managed from, ie the Incident Co-ordination Centre (ICC), how the ICC will operate (including information management) and the key roles required within it, including the role of the loggist .	This should be proportionate to the size and scope of the organisation.	Arrangements detail operating procedures to help manage the ICC (for example, set-up, contact lists etc.), contact details for all key stakeholders and flexible IT and staff arrangements so that they can operate more than one control/coordination centre and manage any events required.	Incident Control Centre details included in plans. NHS Southport and Formby CCG Curzon Road Southport AND Merton House Bootle Decision logging included in plans.
33	Arrangements ensure that decisions are recorded and meetings are minuted during an emergency or business continuity incident.			Decision logging included in plans.
34	Arrangements detail the process for completing, authorising and submitting situation reports (SITREPs) and/or commonly recognised information pictures (CRIP) / common operating picture (COP) during the emergency or business continuity incident response.			Sample SITREPs/CRIPs in plan.
DUTY TO COMMUNICATE WITH THE PUBLIC				

	CORE STANDARD - DUTY	CLARIFYING INFORMATION	EVIDENCE OF ASSURANCE	EVIDENCE PROVIDED
37	Arrangements demonstrate warning and informing processes for emergencies and business continuity incidents.	Arrangements include a process to inform and advise the public by providing relevant timely information about the nature of the unfolding event and about: - Any immediate actions to be taken by responders - How further information can be obtained - The end of an emergency and the return to normal arrangements Communications arrangements/ protocols: - have regard to managing the media (including both on and off site implications) - include the process of communication with internal staff - consider what should be published on intranet/internet sites - have regard for the warning and informing arrangements of other Category 1 and 2 responders and other organisations.	<ul style="list-style-type: none"> Have emergency communications response arrangements in place Be able to demonstrate that you have considered which target audience you are aiming at or addressing in publishing materials (including staff, public and other agencies) Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which compliments the response of responders Using lessons identified from previous information campaigns to inform the development of future campaigns Setting up protocols with the media for warning and informing Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespeople and 'talking heads'. Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes. Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work. Have arrangements in place for resilient communications, as far as reasonably practicable, based on risk. 	Communications lead within the CCG (Head of Communications), NHS England Communications would support out of hours. Website input managed by the CCG.
38	Arrangements ensure the ability to communicate internally and externally during communication equipment failures		<ul style="list-style-type: none"> Where possible channelling formal information requests through as small as possible a number of known routes. Sharing information via the Local Resilience Forum(s) / Borough Resilience Forum(s) and other groups. Collectively developing an information sharing protocol with the Local Resilience Forum(s) / Borough Resilience Forum(s). Social networking tools may be of use here. 	Other systems in place, mobile telecoms, email, iPad available, remote access through VPN or equivalent.
39	Arrangements contain information sharing protocols to ensure appropriate communication with partners.	These must take into account and include DH (2007) Data Protection and Sharing – Guidance for Emergency Planners and Responders or any guidance which supersedes this, the FOI Act 2000, the Data Protection Act 1998 and the CCA 2004 'duty to communicate with the public', or subsequent / additional legislation and/or guidance.		Information sharing protocol in place.
40	Organisations actively participate in or are represented at the Local Resilience Forum (or Borough Resilience Forum in London if appropriate)		<ul style="list-style-type: none"> Attendance at or receipt of minutes from relevant Local Resilience Forum(s) / Borough Resilience Forum(s) meetings, that meetings take place and membership is quorate. Treating the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership as strategic level groups Taking lessons learned from all resilience activities Using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to consider policy initiatives Establish mutual aid agreements Identifying useful lessons from your own practice and those learned from collaboration with other 	NHS England represents Health at strategic LRF group.
41	Demonstrate active engagement and co-operation with other category 1 and 2 responders in accordance with the CCA			MLCSU attends LHRP (Strategic and Practitioner) and circulates minutes and key issues through a monthly EPRR briefing document. LHRP receives details of incidents and exercises undertaken by participating providers. Best practice and lessons learned shared.

	CORE STANDARD - DUTY	CLARIFYING INFORMATION	EVIDENCE OF ASSURANCE	EVIDENCE PROVIDED
42	Arrangements include how mutual aid agreements will be requested, co-ordinated and maintained.	NB: mutual aid agreements are wider than staff and should include equipment, services and supplies.	and those trained from collaboration with other responders and strategic thinking and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership to share them with colleagues	Via Command and Control and NHS England.
45	Arrangements demonstrate how organisations support NHS England locally in discharging its EPRR functions and duties	Examples include completing of SITREPs, cascading of information, supporting mutual aid discussions, prioritising activities and/or services etc.	<ul style="list-style-type: none"> Having a list of contacts among both Cat. 1 and Cat 2 responders with in the Local Resilience Forum(s) / Borough Resilience Forum(s) area 	Via Command and Control. CCG On Call will support NHS England at a TCG if required to do so and will provide local information and channels of communication.
48	Arrangements are in place to ensure attendance at all Local Health Resilience Partnership meetings at a director level			MLCSU attends LHRP (Strategic and Practitioner) and circulates minutes and key issues through a monthly EPRR briefing document.
TRAINING AND EXERCISING				
49	Arrangements include a current training plan with a training needs analysis and ongoing training of staff required to deliver the response to emergencies and business continuity incidents	<ul style="list-style-type: none"> Staff are clear about their roles in a plan A training needs analysis undertaken within the last 12 months Training is linked to the National Occupational Standards and is relevant and proportionate to the organisation type. Training is linked to Joint Emergency Response Interoperability Programme (JESIP) where appropriate Arrangements demonstrate the provision to train an appropriate number of staff and anyone else for whom training would be appropriate for the purpose of ensuring that the plan(s) is effective Arrangements include providing training to an appropriate number of staff to ensure that warning and informing arrangements are effective 	<ul style="list-style-type: none"> Taking lessons from all resilience activities and using the Local Resilience Forum(s) / Borough Resilience Forum(s) and the Local Health Resilience Partnership and network meetings to share good practice Being able to demonstrate that people responsible for carrying out function in the plan are aware of their roles Through direct and bilateral collaboration, requesting that other Cat 1. and Cat 2 responders take part in your exercises Refer to the NHS England guidance and National Occupational Standards For Civil Contingencies when identifying training needs. 	On Call Management Training delivered on 25-Apr-17. Training Needs Analysis in progress and will inform CCG On Call Training Plan.
50	Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work.	<ul style="list-style-type: none"> Exercises consider the need to validate plans and capabilities Arrangements must identify exercises which are relevant to local risks and meet the needs of the organisation type and of other interested parties. Arrangements are in line with NHS England requirements which include a six-monthly communications test, annual table-top exercise and live exercise at least once every three years. If possible, these exercises should involve relevant interested parties. Lessons identified must be acted on as part of continuous improvement. Arrangements include provision for carrying out exercises for the purpose of ensuring warning and informing arrangements are effective 	<ul style="list-style-type: none"> Developing and documenting a training and briefing programme for staff and key stakeholders Being able to demonstrate lessons identified in exercises and emergencies and business continuity incidents have been taken forward Programme and schedule for future updates of training and exercising (with links to multi-agency exercising where appropriate) Communications exercise every 6 months, table top exercise annually and live exercise at least every three years 	On-going exercising of plans by CCG each year and identified in annual work plan. All relevant LHRP exercises offered to on call personnel. Business Continuity Exercise planned for 10-Oct-17.
51	Demonstrate organisation wide (including on call personnel) appropriate participation in multi-agency exercises			Attendance at multi-agency exercises where appropriate. Attendance at LHRP and LRF Exercises as appropriate. Chief Commissioning and Redesign Officer and Chief Delivery and Integration Officer attended a JESIP training session on 21-Sep.
52	Preparedness ensures all incident commanders (on call directors and managers) maintain a continuous personal development portfolio demonstrating training and/or incident/exercise participation.			Yes.

DEEP DIVE - GOVERNANCE	CORE STANDARD - DUTY	CLARIFYING INFORMATION	EVIDENCE OF ASSURANCE	EVIDENCE PROVIDED	ACTION TO BE TAKEN	LEAD	TIMESCALE
DD1	The organisation's Accountable Emergency Officer has taken the result of the 2016/17 EPRR assurance process and annual work plan to a public Board/Governing Body meeting for sign off within the last 12 months.	<ul style="list-style-type: none"> The organisation has taken the LHRP agreed results of their 2016/17 NHS EPRR assurance process to a public Board meeting on Governing Body, within the last 12 months The organisations can evidence that the 2016/17 NHS EPRR assurance results Board/Governing Body results have been presented via meeting minutes. 	<ul style="list-style-type: none"> Organisation's public Board/Governing Body report Organisation's public website 	Yes, Sep-17.			
DD2	The organisation has published the results of the 2016/17 NHS EPRR assurance process in their annual report.	<ul style="list-style-type: none"> There is evidence that the organisation has published their 2016/17 assurance process results in their Annual Report 	<ul style="list-style-type: none"> Organisation's Annual Report Organisation's public website 	No.	CCG's 2017 Core Standards level of compliance to be published in the CCG's 2017-18 annual report and on the CCG website.	Tracy Jeffes	30-Jun-18
DD3	The organisation has an identified, active Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio for the organisation.	<ul style="list-style-type: none"> The organisation has an identified Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio. The organisation has publicly identified the Non-executive Director/Governing Body Representative that holds the EPRR portfolio via their public website and annual report The Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio is a regular and active member of the Board/Governing Body The organisation has a formal and established process for keeping the Non-executive Director/Governing Body Representative briefed on the progress of the EPRR work plan outside of Board/Governing Body meetings 	<ul style="list-style-type: none"> Organisation's Annual Report Organisation's public Board/Governing Body report Organisation's public website Minutes of meetings 	No.	Appoint a qualifying governing body member to this role. Agree role description and governance arrangements. Identify governing body member on CCG website and in 2017-18 annual report.	Tracy Jeffes	31-Dec-17
DD4	The organisation has an internal EPRR oversight/delivery group that oversees and drives the internal work of the EPRR function	<ul style="list-style-type: none"> The organisation has an internal group that meets at least quarterly that agrees the EPRR work priorities and oversees the delivery of the organisation's EPRR function. 	<ul style="list-style-type: none"> Minutes of meetings 	EPRR is a monthly item on the Senior Management Team Meeting agenda.			
DD5	The organisation's Accountable Emergency Officer regularly attends the organisations internal EPRR oversight/delivery group	<ul style="list-style-type: none"> The organisation's Accountable Emergency Officer is a regular attendee at the organisation's meeting that provides oversight to the delivery of the EPRR work program. The organisation's Accountable Emergency Officer has attended at least 50% of these meetings within the last 12 months. 	<ul style="list-style-type: none"> Minutes of meetings 	Yes.			
DD6	The organisation's Accountable Emergency Officer regularly attends the Local Health Resilience Partnership meetings	<ul style="list-style-type: none"> The organisation's Accountable Emergency Officer is a regular attendee at Local Health Resilience Partnership meetings The organisation's Accountable Emergency Officer has attended at least 75% of these meetings within the last 12 months. 	<ul style="list-style-type: none"> Minutes of meetings 	100% attendance at LHRP Strategic level via MLCSU representation with dissemination of all LHRP meeting minutes, information requests, updates and reporting to the CCG.			

Cheshire & Merseyside EPRR Core Standards Improvement Plan 2017-18

Organisation: Southport and Formby CCG

ACTIONS AND PROGRESS FROM 2016 / 2017

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	Update on progress since last year
11	Arrangements include how to continue your organisation's prioritised activities (critical activities) in the event of an emergency or business continuity incident in so far as is practical	Business Impact Analysis from all heads of service to be undertaken to ensure current CCG structure reflected in priorities	BIA to be undertaken and the BC plan updated to reflect the new priorities. New CSU service to provide support	BIAs completed and BC plan produced
13	Preparedness is undertaken with the full engagement and co-operation of interested parties and key stakeholders (internal and external) who have a role in the plan and securing agreement to its content	Staff at the CCG to have taken part in the business impact analysis and have undertaken a familiarisation exercise	BIA to be updated and the new BC Plan updated to reflect the new priorities. Exercise for staff to be undertaken following revision of BCP	BIAs completed by CCG staff with CSU support. BC plan produced. Exercise due to take place on 10-Oct-17
36	Demonstrate organisation wide appropriate participation in multi-agency exercises	More staff to attend multi-agency exercises to broaden experience and skills within the organisation	Increased number of on call staff involved in multi-agency events	Access to exercises improved through listing in monthly EPRR Brief. On going.
DD1	Organisation has undertaken a business impact analysis	Although initial work was undertaken, this needs reviewing to improve quality	BIA to be undertaken and the BC plan updated to reflect the new priorities.	Completed
Pan Flu 3	Organisations have undertaken a pandemic influenza exercise or have one planned in the next six months	To attend an exercise.	CSU to liaise with LHRP regarding appropriate training to be delivered within the next six months	Exercise reports received and reviewed. Exercise Cygnus (Oct-16) not attended.

Add further rows as required

ACTIONS ARISING FROM 2017 / 2018 ASSURANCE PROCESS

Core standard reference	Core standard description	Improvement required to achieve compliance	Action to deliver improvement	Deadline
50	Arrangements include an ongoing exercising programme that includes an exercising needs analysis and informs future work	Undertake exercising of business continuity plan	Run a business continuity exercise to test the plan and the CCG response. Implement learning from exercise report	Oct-17 Dec-17

Add further rows as required

Please attach a copy of the responses to the governance deep dive standards

Cheshire & Merseyside EPRR Core Standards Improvement Plan 2017-18

DEEP DIVE - GOVERNANCE	CORE STANDARD - DUTY	CLARIFYING INFORMATION	EVIDENCE OF ASSURANCE	EVIDENCE PROVIDED	ACTION TO BE TAKEN	LEAD	TIMESCALE
DD1	The organisation's Accountable Emergency Officer has taken the result of the 2016/17 EPRR assurance process and annual work plan to a public Board/Governing Body meeting for sign off within the last 12 months.	<ul style="list-style-type: none"> The organisation has taken the LHRP agreed results of their 2016/17 NHS EPRR assurance process to a public Board meeting or Governing Body, within the last 12 months The organisations can evidence that the 2016/17 NHS EPRR assurance results Board/Governing Body results have been presented via meeting minutes. There is evidence that the organisation has published their 2016/17 assurance process results in their Annual Report 	<ul style="list-style-type: none"> Organisation's public Board/Governing Body report Organisation's public website 	Yes, Sep-17.			
DD2	The organisation has published the results of the 2016/17 NHS EPRR assurance process in their annual report.	<ul style="list-style-type: none"> The organisation has an identified Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio. The organisation has publicly identified the Non-executive Director/Governing Body Representative that holds the EPRR portfolio via their public website and annual report The Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio is a regular and active member of the Board/Governing Body The organisation has a formal and established process for keeping the Non-executive Director/Governing Body Representative briefed on the progress of the EPRR work plan outside of Board/Governing Body meetings 	<ul style="list-style-type: none"> Organisation's Annual Report Organisation's public website Minutes of meetings 	No.	<ul style="list-style-type: none"> CGG's 2017 Core Standards level of compliance to be published in the CCG's 2017-18 annual report and on the CCG website. Appoint a qualifying governing body member to this role. Agree role description and governance arrangements. Identify governing body member on CCG website and in 2017-18 annual report. 	Tracy Jeffes	30-Jun-18
DD3	The organisation has an identified, active Non-executive Director/Governing Body Representative who formally holds the EPRR portfolio for the organisation.	<ul style="list-style-type: none"> The organisation has an internal group that meets at least quarterly that agrees the EPRR work priorities and oversees the delivery of the organisation's EPRR function. The organisation's Accountable Emergency Officer is a regular attendee at the organisation's meeting that provides oversight to the delivery of the EPRR work program. The organisation's Accountable Emergency Officer has attended at least 50% of these meetings within the last 12 months. The organisation's Accountable Emergency Officer is a regular attendee at Local Health Resilience Partnership meetings The organisation's Accountable Emergency Officer has attended at least 75% of these meetings within the last 12 months. 	<ul style="list-style-type: none"> Minutes of meetings Minutes of meetings Minutes of meetings 	No.		Tracy Jeffes	31-Dec-17
DD4	The organisation has an internal EPRR oversight/delivery group that oversees and drives the internal work of the EPRR function	<ul style="list-style-type: none"> The organisation has an internal group that meets at least quarterly that agrees the EPRR work priorities and oversees the delivery of the organisation's EPRR function. 	<ul style="list-style-type: none"> Minutes of meetings 	EPRR is a monthly item on the Senior Management Team Meeting agenda.			
DD5	The organisation's Accountable Emergency Officer regularly attends the organisations internal EPRR oversight/delivery group	<ul style="list-style-type: none"> The organisation's Accountable Emergency Officer is a regular attendee at the organisation's meeting that provides oversight to the delivery of the EPRR work program. The organisation's Accountable Emergency Officer has attended at least 50% of these meetings within the last 12 months. 	<ul style="list-style-type: none"> Minutes of meetings 	Yes.			
DD6	The organisation's Accountable Emergency Officer regularly attends the Local Health Resilience Partnership meetings	<ul style="list-style-type: none"> The organisation's Accountable Emergency Officer is a regular attendee at Local Health Resilience Partnership meetings The organisation's Accountable Emergency Officer has attended at least 75% of these meetings within the last 12 months. 	<ul style="list-style-type: none"> Minutes of meetings 	100% attendance at LHRP Strategic level via MLCSU representation with dissemination of all LHRP meeting minutes, information requests, updates and reporting to the CCG.			

NHS Southport and Formby CCG
Annual Work Programme 2017-18
EPRR and Business Continuity

EPRR	
Activity	Date
LHRP Strategic Meetings	Quarterly (as scheduled by NHS England)
LHRP Practitioner Meetings	Quarterly (as scheduled by NHS England)
EPRR Briefing Document	Monthly
Co-ordination, Administration and Publication of On Call Rota	Apr-17, Jul-17, Oct-17, Jan-18
Maintenance of On Call Pack	Apr-17, Jul-17, Oct-17, Jan-18
Collation of On Call Activity Reports	Ongoing
Co-ordination of EPRR Core Standards Submission	Sep-17
Incident Response Plan Revision	Aug-17 (to follow BCP revision)
Incident Response Plan Exercise	Jan-18
Assurance Reports	Oct-17 and Apr-18
On Call Training and Training Needs Assessment	Apr-17, Jan-Feb-18

BUSINESS CONTINUITY	
Activity	Date
Business Continuity Management System	Jun-Aug-17 and Feb-Apr-18
Business Continuity Plan Exercise	Sep-17
Assurance Reports	Oct-17 and Apr-18
Staff Training	To be scheduled

MEETING OF THE GOVERNING BODY SEPTEMBER 2017

Agenda Item: 17/154	Author of the Paper: Mel Wright Planning Lead Melanie.wright@southseftonccg.nhs.uk								
Report date: September 2017									
Title: Better Care Fund: Update									
Summary/Key Issues: The purpose of this report is to provide the Governing Body an update on the development of Sefton's Better Care Fund 2017-19.									
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Recommendation</td> <td style="width: 10%; text-align: right;">Receive</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td rowspan="3">The Governing Body is asked to receive this report and to approve delegated responsibility to the Chair and Chief Officer to formally sign off of the BCF submission, followed by ratification by the Governing Body in October 2017.</td> <td style="text-align: right;">Approve</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Recommendation	Receive	<input type="checkbox"/>	The Governing Body is asked to receive this report and to approve delegated responsibility to the Chair and Chief Officer to formally sign off of the BCF submission, followed by ratification by the Governing Body in October 2017.	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
Recommendation	Receive	<input type="checkbox"/>							
The Governing Body is asked to receive this report and to approve delegated responsibility to the Chair and Chief Officer to formally sign off of the BCF submission, followed by ratification by the Governing Body in October 2017.	Approve	<input checked="" type="checkbox"/>							
	Ratify	<input type="checkbox"/>							

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.
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.

17/154: BCF: Update

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	√			Responds to previous engagement on integrating services and addressing needs highlighted in the Joint Strategic Needs Assessment.
Clinical Engagement	√		x	Individual schemes have received clinical input where appropriate.
Equality Impact Assessment			x	
Legal Advice Sought		√		Will be required for associated section 75.
Resource Implications Considered	√			
Locality Engagement			x	
Presented to other Committees	√			

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

Report to Governing Body September 2017

1. Introduction and Background

- 1.1. The Department of Health (DH) and the Department for Communities and Local Government (DCLG) have published a detailed policy framework¹ for the implementation of the Better Care Fund (BCF) in 2017-18 and 2018-19. This was developed in partnership with the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS) and NHS England. The framework forms part of the NHS England Mandate for 2017-18. It requires NHS England to issue these further detailed requirements to local areas on developing BCF plans for 2017-18 and 2018-19.
- 1.2. The purpose of this report is to bring the Governing Body up to date with developments as to production of Sefton's Better Care Fund 2017-19.

2. Policy Requirements

2.1. Key changes to the policy framework since 2016-17 include:

- a requirement for plans to be developed for the two-year period 2017-2019, rather than a single year; and
- the number of national conditions which local areas will need to meet through the planning process in order to access the funding has been reduced from eight to four.

2.2. The four national conditions require:

- that a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the Health and Wellbeing Board and by the constituent Local Authority and CCGs;
- a demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;
- that a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
- all areas to implement the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care.

2.3. The reduction in national conditions is intended to focus the conditionality of the BCF, but does not diminish the importance of the issues that were previously subject to conditions. These remain key enablers of integration. Narrative plans should describe how partners will continue to build on improvements locally against these formal conditions to:

- develop delivery of seven day services across health and social care;
- improve data sharing between health and social care; and
- ensure a joint approach to assessments and care planning.

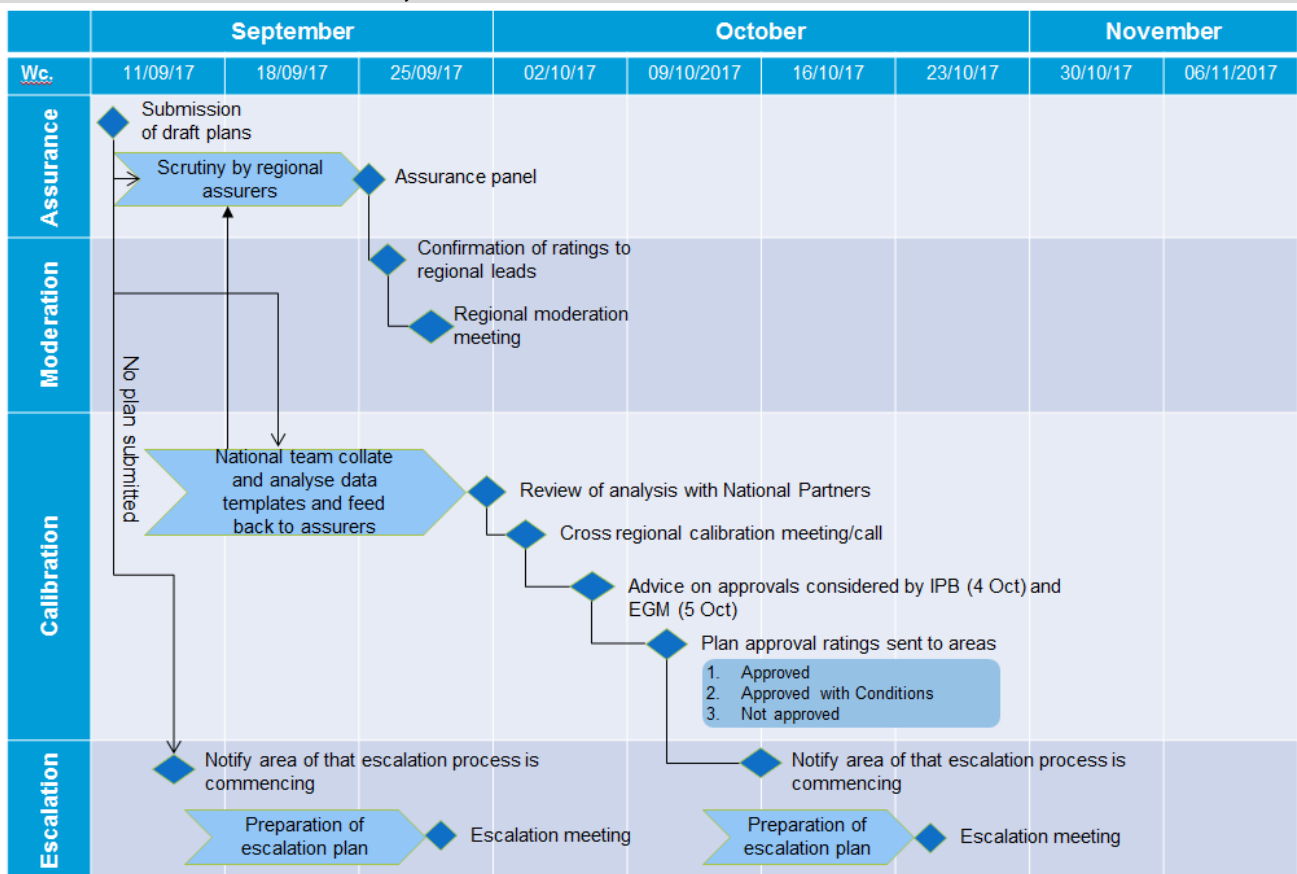
¹ <https://www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019>

2.4. In addition, local authorities now benefit from the additional funding for social care announced in the Spring Budget 2017 (the iBCF). This was provided 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
- ensuring that the local social care provider market is supported.

2.5. BCF plans must set out how CCGs and local authorities are working towards fuller integration and better co-ordinated care, both within the BCF and in wider services. Narrative plans should set out the joint vision and approach for integration, including how the work in the BCF plan complements the direction set in the Next Steps on the NHS Five Year Forward View⁴, the development of Sustainability and Transformation Partnerships (STPs), the requirements of the Care Act (2014) and wider local government transformation in the area covered by the plan.

3. Overview of Assurance, Moderation and Calibration



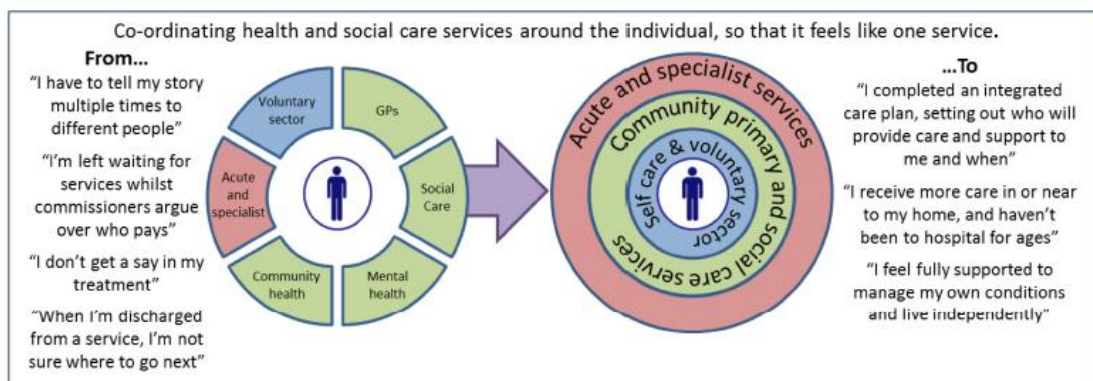
4. Assurance Categorisation and Follow Up Actions

Rating	Overview	Criteria	Next steps
Approved	<ul style="list-style-type: none"> Plan agreed by Health and Wellbeing Board Plan meets all requirements 	<ul style="list-style-type: none"> All planning requirements and KLOEs met National Conditions met (including that the plan is agreed by the HWB) 	<ul style="list-style-type: none"> Plan is put forward for approval by NHS England following consultation with the IPB. NHS England will write to these areas giving permission to enter a s75 agreement spend from the ring-fence in the CCG budget
Approved with conditions	<ul style="list-style-type: none"> Principal conditions (including National Conditions 1,2 & 3 met Meets most planning requirements 	<ul style="list-style-type: none"> Principal conditions (including National Conditions 1,2 & 3 and DTOC metric) are met Not all planning requirements met, – i.e. one or more KLOEs not satisfied; for example: <ul style="list-style-type: none"> Narrative plan (vision, approach to risk management) needs improvement; or National Condition 4 not fully met Not all Metrics not agreed Progress is being made (including on National Condition 4) and, provided feedback is incorporated, there is confidence that a compliant plan can be produced Assurance panel are confident that the area can agree a plan by November 	<ul style="list-style-type: none"> NHS England will write to areas giving permission to enter a s75 agreement spend from the ring-fence in the CCG budget Provide formal feedback to areas on actions needed to gain approval and timescale. Area and BCM to consider any support required Area to implement improvements prior to submitting a revised plan to their HWB.
Not approved/ not submitted	<ul style="list-style-type: none"> One or more minimum funding contributions not included or Plan is not locally agreed. Plan is not submitted 	<ul style="list-style-type: none"> Several planning requirements not met including: <ul style="list-style-type: none"> One or more of National Conditions 1, 2 or 3 not met. Little or no progress towards agreement on National Condition 4. Metrics are not set or not accompanied by plan Plan is not submitted DToc ambition is not in line with the targets agreed with NHS England (for CCGs) and/or necessary to achieve expected reductions (for Local Authorities). 	<ul style="list-style-type: none"> Provide feedback to areas on actions needed to deliver a compliant plan Area and Better Care Support Team notified If a plan is not submitted, BCST to arrange escalation panel meeting in w/c 25 September If a plan is submitted but not approved, BCST to arrange escalation panel w/c 23 October Support provided to area to produce an escalation plan

5. Progress in Sefton

5.1. The 2017-19 Integration and Better Care Fund Policy Framework² describes how “*integration needs to reflect the different strengths that the NHS and social care bring to an integrated response*” and the priorities and work streams are also considered in this context, in terms of their ability to drive and evidence the integration agenda. Figure 1² also defines how integrated services should feel to local residents.

Figure 1



² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607754/Integration_and_BCF_policy_framework_2017-19.pdf

- 5.2. Reference is drawn to previous BCF submissions in 2014 and 2016, which set out Sefton’s vision for integration.
- 5.3. Since then, Sefton Metropolitan Borough Council, Southport and Formby and South Sefton CCGs (the parties) have developed a route map to achieve population-level planning, joint commissioning, different models of multi-disciplinary working, pooling of budgets and a system driven by a focus on citizen outcomes.
- 5.4. In December 2016, via ‘Making it Happen³’ the parties signed up to make this vision a reality, setting out how they intend to work together to move towards a more integrated approach, both in terms of commissioning and at provider level.
- 5.5. Six months having passed since the publication of ‘Making it Happen’ and to coincide with the development of the updated BCF submission, a review of priorities has also taken place to examine of progress.
- 5.6. This review has resulted in a refresh and realignment of both BCF and other areas for integration to identify and evaluate areas which may offer the best opportunity of progressing the integration agenda for Sefton residents. These workstreams and associated budget lines have now been agreed as:
 - Early Intervention and Prevention
 - Early Years
 - Integrated Community Care
 - Longer Term Care
 - Integrated Community Reablement and Assessment Service (ICRAS)
 - iBCF.
- 5.7. Following the publication of the key lines of enquiry and BCF assurance process on 16 August 2017, work is now underway to develop the BCF narrative and supporting planning template and risk log in time for the deadline of 11 September 2017 for final submission.

6. Funding

- 6.1. The suggested joint financial contributions are currently:

Enabling Workstream	£'000
Early Intervention and Prevention	68
Early Years	906
Integrated Community Care	7,676
Longer Term Care	8,734
Integrated Community Reablement and Assessment Service (ICRAS)	10,007
Total	27,391

In addition the iBCF equates to £6.985 million, paid directly to Sefton Council from NHSE.

³ <http://modgov.sefton.gov.uk/documents/s74132/Making%20it%20Happen.pdf>

6.2. The proposed changes in overall funding levels for this year are:

£'000	2015/16	2016/17	2017/18
SSECCG	12,554	13,819	14,066
SFCCG	8,869	9,037	9,196
Sefton MBC	2,808	4,129	4,129
Total	24,231	26,677	27,391

An uplift of 1.79% has been applied to 2016/17 CCG funding in accordance with guidance from NHS England. The funding levels highlighted above exceed the required minimum BCF values for 2017/18 (South Sefton CCG £12,401k and Southport and Formby CCG £9,189k).

7. Conclusions

- 7.1. The parties are looking to pool funds in the sum of £27,391k (subject to the governance processes and required approval of all three organisations) to enable production of a Section 75 agreement in accordance with the agreed enabling workstreams, which will comprise Sefton's BCF and support the journey towards integration for 2017-19.
- 7.2. A draft narrative is currently being prepared but given the late publication of the key lines of enquiry, is still in early draft format and subject to considerable further work. However, there is informal agreement in place in terms of schemes and associated funding.

8. Recommendations

- 8.1. The Governing Body are asked to receive this update as to progress on development of Sefton's BCF submission.
- 8.2. The Governing Body are asked to confirm formally delegated responsibility for sign-off of the BCF to the Chair and Chief Officer, with a view to the final version of the BCF narrative and supporting template being ratified at the October 2017 meeting of the Governing Body.

Mel Wright
Planning Lead
September 2017

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 21 st June 2017		Chair: Helen Nichols
Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> CCG likely case scenario is a £4.4m deficit after including £1.0m 'stretch' saving target. 	<ul style="list-style-type: none"> Non delivery of statutory duty / legal directions. 	<ul style="list-style-type: none"> Need to implement further QIPP schemes to deliver financial balance, including bringing forward 18/19 schemes to have impact in 17/18.
Information Points for Southport and Formby CCG Governing Body (for noting)		
<ul style="list-style-type: none"> Further work required to strengthen "run-rate" reporting for Month 3 finance report. Prescribing underspend for 16/17 confirmed as £584k (2.7% of budget). Individual Funding Requests (IFR) 16/17 Annual Report received – total applications approved £295k; total applications not approved £101k. <ul style="list-style-type: none"> - High levels of IFR compared with previous years - likely to be due to commissioning changes implemented by CCG. - Low levels of approvals also linked to increased referrals. 		

Key Issues Report to Governing Body

Quality Committee Meeting held on 27th July 2017

Chair:
 Dr Rob Caudwell

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

17/112

1. JS to clarify 0% reporting.
2. BD to forward highlight report to Gill.
3. JS to pick up trend on ambulance and A&E handover.
4. Meeting planned August discuss A&E pathway Doug & Tim.
5. 1st week September Radiology telecom around finding alternative solutions to the continuing failure to recruit.

Key Issues Report to Governing Body



Southport and Formby
Clinical Commissioning Group

Audit Committee Meeting held on Wednesday 19th April 2017	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions

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

- Information Governance – committee asked for assurance regarding disposal of confidential waste; will be added to action plan.
- Information Governance toolkit approved / sign off – Chief Finance Officer / Chair Audit Committee per delegation (from the Governing Body meeting on 25th January 2017).
- Assurance on Quality of Services Commissioned Review (LCH) achieved significant assurance. The report will be shared with the Governing Body in a future development session.
- Cardiology pilot tender waiver reported to committee.
- No significant changes to accounting policies reported for 16/17.
- Presented CCG annual report and accounts to the committee ahead of planned submission of the annual report to NHSE on 21st April / Department of Health on 26th April. Feedback from committee requested.
- Approved 17/18 internal audit plan – potential to review opportunities to change later in the year and bring in closer working together with other CCGs, as required.
- Head of Internal Audit Opinion – significant assurance overall.

- Audit Committee Annual Report agreed / to be forwarded to Governing Body.
- Anti-fraud services plan 17/18 agreed.
- Risk Management Strategy, Corporate Risk Register and GBAF require updates for the next Audit Committee meeting on 24th May (updates to be sent to committee prior to meeting).
- External Audit report – focus on Value for Money opinion – ensure consistency of review for all CCGs.
- Updated Register of Interests received – review to be undertaken.

Key Issues Report to Governing Body

Audit Committee Meeting held on Wednesday 24th May 2017

Chair:
Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> Committee members raised concerns about the number of errors in the annual report documents. 	<ul style="list-style-type: none"> Reputational when the annual report is published. 	<ul style="list-style-type: none"> Clear responsibility to be assigned to a senior manager from the governance team for ownership going forward.

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

- CCG's 2016/17 annual report, annual accounts and governance statement approved subject to review and amendments noted at the meeting. The committee delegated approval of changes to the documents to the Chief Finance Officer prior to submission by noon on 31st May 2017.
- The committee authorised the Chief Officer to sign the annual report, accounts and associated certificates on behalf of the CCG.
- Chief Finance Officer to email Governing Body members to request members' declaration required as part of the annual audit process.
- External Audit Report 2016/17 (ISA 260 Report) received. Proposal to issue an unqualified audit opinion on the accounts and a qualified Value for Money (VFM) conclusion reporting that the CCG delivered VFM in 2016/17 except for its financial performance and sustainability.
- Risk Management Strategy approved subject to an amendment noted at the meeting.
- Corporate risk register and Governing Body Assurance Framework approved. Moderation process required to determine whether risks reflected CCG overall view. Chief Finance Officer to take this forward with the Senior Management Team.

Annual Report 2016/17

The audit 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:

- Review of Losses and special payments
- Review and monitoring of Outstanding debts
- Review and approval of Financial policies and procedures
- Self-assessment of the Committee's effectiveness
- Providing assurance Information Governance Toolkit
- Review and scrutiny of GBAF and Risk Registers

In respect of 2016-17, key items of note are:

- Annual Governance Statement approved for 2015-16
- Annual Accounts approved for 2015-16
- Annual report approved for 2015-16
- ISA 260 – unqualified audit report from the external auditors, KPMG, for 2015-16

Finance and Resource Committee Minutes

Wednesday 21st June 2017, 10.30am to 12.30pm
 Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

Attendees (Membership) Helen Nichols Gill Brown Debbie Fagan Jan Leonard Martin McDowell Dr Hilal Mulla Alison Ormrod Colette Riley In attendance Kay Walsh Ex-officio Member* Fiona Taylor Apologies Susanne Lynch Minutes Tahreen Kutub	Lay Member (Chair) Lay Member Chief Nurse & Quality Officer Chief Redesign & Commissioning Officer Chief Finance Officer GP Governing Body Member Deputy Chief Finance Officer Practice Manager Senior Pharmacist Chief Officer CCG Lead for Medicines Management PA to Chief Finance Officer	HN GB DF JL MMcD HM AO CR KW FLT SL 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	✓	✓	A					
Fiona Taylor	Chief Officer	*	*	✓	*	*					

No	Item	Action
FR17/79	<p>Apologies for Absence Apologies for absence received from Susanne Lynch. Kay Walsh, Senior Pharmacist, was in attendance on behalf of Susanne Lynch.</p>	
FR17/80	<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>	
FR17/81	<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>	
FR17/82	<p>Action points from the previous meeting</p> <p>FR17/46 - Mobile Device/Smartphone Policy – Allocation and Use - MMcD reported that discussions had taken place with members of the IM&T steering group around issues re. downloading work documents outside of the workplace and issues re. logging onto NHS.net accounts from home. It was confirmed that the policies did allow users to download using home networks and to log onto NHS accounts using home networks. It was advised that these networks are checked to ensure they have adequate security. Action closed.</p> <p>FR17/54 - NHS England Financial Monitoring Report - The action to review CCG spend per head of population on acute care and community health services (for assurance that the CCG is accurately classifying spend to the correct area) remains outstanding. AO confirmed this will be picked up in the wider context of revised monthly financial reports for the committee. AO and Rebecca McCullough (Head of Strategic Financial Planning) met recently with Steve Smith (Head of Finance, NHSE Cheshire & Merseyside) to discuss NHSE information requirements from the CCG. Steve Smith indicated that some revisions to NHSE requirements were expected. Work is currently ongoing in the finance team to review cost behaviours and will be reported back to the committee at the next meeting on 19th July 2017.</p> <p>FR17/62 - Action points from the previous meeting (FR16/130 - Financial Strategy Update) - MMcD confirmed there is further work to be done on the trend analysis for costs and activity in relation to acute care over the last three years before it can be circulated to the committee. Action still open.</p> <p>FR17/62 - Action points from the previous meeting (FR17/51 - Improvement and Assessment Framework – Q3) - MMcD confirmed the <i>Improvement and Assessment Framework</i> Q3 update was discussed in the Governing Body Development Session on 7th June 2017.</p>	AO

No	Item	Action
	<p>Action closed.</p> <p>FR17/64 - CSU Service Report - Tracy Jeffes has informed the CSU of the factual inaccuracies in the report related to the go live date for the Adam system and contract management support for Medicines Management. Action closed.</p> <p>FR17/66 - Finance & Resource Committee Risk Register - An update on Case Management System (Adam) is on the agenda. Action closed.</p> <p>FR17/67 - Financial Plan 2017/18 - Update on reserves - AO confirmed the reserves budget table will be included in the finance report for July 2017. Action to stay on the tracker.</p> <p>FR17/70 - Registration Authority Policy - MMcD clarified that the current Registration Authority policy takes into account the requirements of mobile workers; this is covered in section 5.9 of the policy with the following text: 'It is the responsibility of the user to ensure that they have their card available in work. It is recognised that some users work at multiple bases and may need to take their cards home.' - MMcD also clarified that the Mobile Device/ Smartphone Policy does not prohibit the use of mobile devices abroad 'if the role of the individual requires potential access to the organisation whilst on annual leave or if the trip is classified as a business trip'. It is recommended, however, that 'advice from IT support is undertaken prior to the trip to ensure that the individual is aware of potential issues/risks when using a mobile phone abroad, i.e. data roaming, call rates etc. so that no excessive costs are incurred due to inappropriate usage.' This text is within section 1.1.1. of the policy. Action closed.</p> <p>FR17/72 - Prescribing Spend Report – Month 11 2016/17 - MMcD confirmed the risk related to pharmaceutical prescribing codes has not been added to the corporate risk register as it is likely the risk rating is under 12 (the corporate risk register includes risks rated 12 or above only). KW confirmed the risk has been included in the Medicines Management Risk Register. HN asked for this risk to be included in the Finance & Resource Committee Risk Register, which AO is to action. This action is to supersede the current action on the tracker, which is to be removed. - HM raised issues relating to the out of hours provider, Go To Doc, receiving requests for repeat medication and whether there are future cost implications for Southport & Formby CCG. He also raised the issue of GPs in Southport receiving requests for repeat medication for out of area patients and the possible cost implications to Southport & Formby CCG. JL to raise these issues with SL and update at the next meeting.</p> <p>FR17/72 - Prescribing Spend Report – Month 11 2016/17 - MMcD confirmed the issues with pharmaceutical prescribing codes have been raised through the Primary Care Support (PCS) Services Stakeholder Group but he is yet to contact Tom Knight (Head of Primary Care at NHS England) about this. Action still open.</p>	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p>AO</p> <p>JL / SL</p>

No	Item	Action
	<p>FR17/72 - Prescribing Spend Report – Month 11 2016/17</p> <p>- MMcD noted that the issue of increased DOACs costs being potentially offset by a reduction in follow up attendances in anticoagulant clinics was raised at the last Joint QIPP Committee meeting on 20th June 2017. The procurement of new anticoagulant clinics was discussed; JL to bring an update on this to the next F&R Committee meeting on 19th July 2017. JL's action is to supersede the current action on the tracker, which is to be removed.</p>	JL
FR17/83	<p>Month 2 Finance Report</p> <p>AO provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 31st May 2017. The following was highlighted.</p> <ul style="list-style-type: none"> • The CCG's most likely case scenario is forecasted at £4.4m deficit after including a £1.0m 'stretch' saving target (reflected in Appendix 5 of the finance report). The best case scenario is to break-even. • A historic deficit of £6.7m from the 16/17 financial year will be carried forward to 17/18. • A 'QIPP Week' took place in May 2017, the results of which will be presented to the Governing Body in July 2017. <p>The following comments and queries were raised:</p> <ul style="list-style-type: none"> • Members queried why there was a prescribing overspend in Graph 1, which presents the CCG's outturn position for the year. AO said she would review and circulate an explanation to the committee. • HN referred to <i>Table A – Financial Dashboard</i> and queried why QIPP was shown as red (reflecting that QIPP delivery to date is behind plan) given that the Joint QIPP Committee meeting yesterday had reported delivery to be on track. AO to circulate a clarification on this to the committee. • MMcD noted the finance report needs to clearly differentiate between QIPP target and QIPP plan. AO to action. • A discussion took place regarding the treatment of the brought forward deficit from 2016/17. It was agreed that the treatment of historic deficit or surplus will be made explicit in future financial reports. <p>AO noted further work will be undertaken to strengthen the 'run-rate' reporting for the Month 3 finance report.</p> <p>AO confirmed that the finance team are reviewing the finance report to ensure it is capturing the most relevant information with the appropriate level of detail.</p> <p>HN updated the committee on the key points from the Joint QIPP Committee meeting on 20th June 2017.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	<p>AO</p> <p>AO</p> <p>AO</p> <p>AO</p> <p>AO</p>
FR17/84	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the committee risk register and noted the proposed current scores for the overall finance risk and two sub-risks. He noted AO is to do further work on the register in regards to wording for sections that are currently blank. An updated register will be presented at the next committee meeting in July.</p>	

No	Item	Action
	<p><i>The committee received the risk register and noted the proposed current scores.</i></p>	
FR17/85	<p>Update on Case Management System (Adam)</p> <p>AO noted some progress has been made with the implementation of the Adam Dynamic Purchasing System, although the system is still not fully operational. The CCG has now been able to verify invoices through Adam and where necessary, urgent payments have been made to providers. The risks associated with the implementation of Adam continue to be monitored.</p> <p>DF noted concerns in regards to the implementation of the Adam Dynamic Purchasing System, which she has raised with the Head of Service at the CSU. A meeting has taken place with the Head of Service and Project Lead for Adam from within the CSU. These concerns will be escalated to the CCG contracts / Service Level Agreements meetings, and a report will be taken to the CCG Leadership Team. She noted assurance is required that the issues re. Adam are not impacting on length of stay of patients within acute care and the ability to support patients dying in their preferred place of choice.</p> <p><i>The committee received this verbal update.</i></p>	
FR17/86	<p>Prescribing Spend Report – Month 12 2016/17</p> <p>KW presented the prescribing spend report, confirming Southport and Formby's position for month 12 was an underspend of £584k (-2.7% on a budget of £21,925,422).</p> <p>HN asked for the SFCCG YTD Practice Report table in Appendix 1 to be split in future reports to make it easier to view. KW to inform Tom Roberts (Prescribing Analyst) to action.</p> <p>DF queried whether there is a quality issue around non-medical prescribers (NMPs) not having been registered with the NHS Business Service Authority at some practices. A discussion followed around issues of areas of competence of non-medical prescribers and assurances around systems within individual practices. JL to raise this issue with SL and provide an update at the next F&R Committee meeting on 19th July 2017.</p> <p><i>The committee received this report.</i></p>	<p>MMcD (KW)</p> <p>JL / SL</p>
FR17/87	<p>Individual Funding Requests Annual Report 2016/17</p> <p>JL presented the Individual Funding Requests (IFR) Annual Report 2016/17. She noted the total applications approved amount to £295k; the total applications not approved amount to £101k.</p> <p>JL confirmed there were high levels of IFR compared with previous years which is likely to be due to commissioning changes implemented by the CCG. She noted the low levels of approvals are linked to increased referrals.</p> <p>JL referred to section 4.1 in the report and confirmed the 139 IFR applications were not all completed in 2016/17. The total number of applications concluded in</p>	

No	Item	Action
	<p>2016/17 was 120, as reported in <i>Table 1: Total new applications concluded, per quarter, with outcomes.</i></p> <p>JL noted typographical errors in the report in sections where mention of 2015/16 should be 2016/17; she has highlighted these to the CSU.</p> <p><i>The committee received this report.</i></p>	
FR17/88	<p>Minutes of Steering Groups to be formally received</p> <ul style="list-style-type: none"> • Information Management & Technology (IM&T) Steering Group – March 2017 • Sefton Property Estate Partnership (SPEP) Group - April 2017 <p>IM&T</p> <p>MMcD noted that the cyber attack on 12th May had been discussed at the last IM&T meeting on 30th May 2017, the minutes of which will be presented to the F&R committee when approved. A major incident report on the cyber attack is being finalised. He noted that iMerseyside are looking to ascertain the impact on General Practice and asked HM and CR for feedback.</p> <p>HM noted the attack occurring on a Friday had minimised the potential impact, as the effects could be dealt with out of hours over the weekend. CR noted issues with EMIS business continuity which meant her practice had to switch to paper records. CR noted a WhatsApp group had been set up with practice managers in the locality, which helped with dealing with the attack. MMcD noted the importance of capturing the existence of informal networks such as these, as well as success of business continuity plans, when assessing the impact of the cyber attack.</p> <p>MMcD noted iMerseyside are continuing to review activities and scenarios relating to cyber security and working on practical solutions. In particular, iMerseyside are reviewing the implementation of an anti-virus system that is specific to each computer. He noted this solution is likely to be cost effective when the cost of potential staff downtime is considered if another attack were to happen. A paper on this potential solution will be taken to the Senior Leadership Team. HN noted that consideration needs to be given to the risk that a cyber attack could recognise an anti-virus system that is installed.</p> <p>SPEP</p> <p>An update on ETTF was requested. CR declared an interest, noting that The Hollies Surgery has submitted a plan for development under the ETTF scheme. The chair declared CR could attend and participate in discussion. MMcD updated the committee that there is a potential developer for the Formby development scheme. An update will be taken to the Governing Body meeting on 5th July 2017. MMcD will present an ETTF update to the Overview & Scrutiny Committee at its meeting on 27th June 2017, where he will ask for support from councillors for the CCG's estates plan.</p> <p><i>The committee received the minutes of the IM&T and SPEP steering group meetings and the verbal update from MMcD.</i></p>	
FR17/89	<p>Any Other Business</p> <p>None.</p>	

No	Item	Action
FR17/90	Key Issues Review MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.	
	Date of Next Meeting Wednesday 19 th July 2017 10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ	

Approved

Audit Committee Minutes

Wednesday 19th April 2017, 11.00am to 1.00pm

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

Members		
Helen Nichols	Lay Member (Chair)	HN
Gill Brown	Lay Member	GB
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
In attendance		
Martin McDowell	Chief Finance Officer, SFCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SFCCG	AO
Leah Robinson	Chief Accountant, SFCCG	LR
Debbie Fagan	Chief Nurse & Quality Officer, SFCCG	DCF
Michelle Moss	Local Counter Fraud Specialist, MIAA	MM
Adrian Poll	Audit Manager, MIAA	AP
Rob Jones	Director, KPMG	RJ
Gordon Haworth	Assistant Manager, Public Sector Audit, KPMG	GH
Emma Styles (for item A17/31)	Information Governance Manager, MLCSU	ES
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SFCCG	TK

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	April 17	May 17	July 17	Oct 17	Jan 18
Helen Nichols	Lay Member (Chair)	✓				
Gill Brown	Lay Member	✓				
Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓				
Martin McDowell	Chief Finance Officer	✓				
Debbie Fagan	Chief Nurse & Quality Officer	✓				
Alison Ormrod	Deputy Chief Finance Officer	✓				
Leah Robinson	Chief Accountant	✓				
Michelle Moss	Local Counter Fraud Specialist, MIAA	✓				
Adrian Poll	Audit Manager, MIAA	✓				
Ann Ellis	Audit Manager, MIAA	N				
Rob Jones	Audit Director, KPMG	✓				
Jerri Lewis	Audit Manager, KPMG	N				
Gordon Haworth	Assistant Manager, Public Sector Audit, KPMG	✓				

No	Item	Action
A17/26	<p>Apologies for absence No apologies for absence were received.</p> <p>RJ introduced himself and informed the committee that he is the new external auditor Engagement Lead for the CCG, replacing John Prentice.</p>	
A17/27	<p>Declarations of interest Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations declared by members of the Southport & Formby Audit Committee are listed in the CCG's Register of Interests. The Register is available via the CCG website at the following link: www.southportandformbyccg.nhs.uk/media/1760/sfccg-register-of-interests.pdf.</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>	
A17/28	<p>Advance notice of items of other business None</p>	
A17/29	<p>Minutes of the previous meeting and key issues The minutes of the previous meeting were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
A17/30	<p>Action points from previous meeting</p> <p>A17/06 Losses and special payments – Action still open.</p> <p>A17/07 Audit Committee Recommendations Tracker – Action still open.</p> <p>A17/10 Review of Internal Audit Progress Reports – AE has forwarded the Co-Commissioning Arrangements Assignment Report 2016/17 to TK who has sent to GB. Action closed.</p> <p>A17/10 Review of Internal Audit Progress Reports – The section to be amended as detailed on the action tracker has been updated to ensure factual accuracy. Action closed.</p> <p>A17/11 CHC Report – Anti-Fraud Proactive Detection Exercise – Action still open.</p> <p>A17/15 Review of NFI Matches – LR provided an update on this, noting there were seven potential duplicate payments to investigate further. LR to bring a report to the Audit Committee meeting on 12th July 2017. TK to add to committee workplan.</p> <p>A17/16 - Standards of Business Conduct - Changes have been made to this document; the revised document was sent to HN, who has approved it. Action closed.</p> <p>A17/17 - Annual Governance Statement (AGS) – This document has been</p>	LR / TK

	<p>updated by Danielle Love. Action closed.</p> <p>A17/18 - Risk Register and GBAF – Danielle Love has worked with the CCG committees to give an overall number of risks rated under 12 to give a complete overview of risks to the Audit Committee. Action closed.</p> <p>A17/19 - Register of Interests - Danielle Love has actioned the changes agreed for the register in regards to declarations of interest for CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. Action closed.</p> <p>A17/19 - Register of Interests - HN has liaised with Rob Caudwell about the issue of the CCG not having received many returns from member practices. Rob Caudwell has confirmed he will raise this with the Wider Group in the first instance. Action closed.</p> <p>A17/24 - Any other business – An Internal and External Counter Fraud meeting was arranged. Action closed.</p>	
<p>A17/31</p>	<p>Information Governance Annual Report ES presented the Information Governance Annual Report. She noted new data protection regulation is expected to be introduced for this year. The toolkit is not expected to change significantly.</p> <p>The committee asked for assurance regarding the issue of disposal of confidential waste. MMcD to liaise with the corporate governance team to seek assurance.</p> <p>The introduction in the Annual Report refers to a bi-monthly report which provides the CCG with an overview on progress against the IG improvement plan throughout the year. HN asked for this report to come to each Audit Committee meeting for information. TK to add to the committee workplan.</p> <p>The committee received this report.</p>	<p>MMcD</p> <p>TK</p>
<p>A17/32</p>	<p>Information Governance Toolkit Review MMcD presented the IG Toolkit review.</p> <p>GB referred to page 3 of the report (page 58 of the pack), which notes the CSU reported it had experienced some staffing issues in regards to its IG team during the latter half of this period. MMcD to liaise with Laura Teaney, Information Governance Support Officer, to seek assurance that the CCG has adequate IG support.</p> <p>HN referred to the following two requirements in <i>Appendix A: Validity of Returns</i> and asked for them to be included within the Audit Committee Recommendations Tracker:</p> <ul style="list-style-type: none"> • <i>Staff are provided with clear guidance on keeping personal information secure, on respecting the confidentiality of service users, and on the duty to share information for care purposes.</i> • <i>All person identifiable data processed outside of the UK complies with the Data Protection Act 1998 and Department of Health guidelines.</i> <p>MMcD noted that based on the evidence presented at this meeting, he and HN signed off the IG toolkit on 28th March 2017 as per delegation provided at the Governing Body meeting on 25th January 2017.</p> <p>The committee received this report.</p>	<p>MMcD</p> <p>LR</p>

A17/33	<p>Single Tender Action - Cardiology Service Pilot MMcD presented the Single Tender Action for the Community Cardiology Pilot, which will offer a clinical cardiology service based in the local community for GP routine referrals.</p> <p><i>The committee received the single tender action.</i></p>	
A17/34	<p>Single Tender Action - QIPP Programmes Lead / Interim COO - Occupational Health Contract - Aintree Hospital</p> <p>MMcD presented the single tender actions for on-going support of the QIPP Programmes Lead / Interim Chief Operating Officer role and the rolling forward of the CCG's Occupational Health Contract with Aintree Hospital.</p> <p>MMcD noted that continuity was the key factor with both services.</p> <p><i>The committee received the single tender actions.</i></p>	
A17/35	<p>Assurance on Quality of Services Report 2016/17</p> <p>DCF presented the Assurance on Quality of Services Commissioned Review (LCH), providing background to this report and noting significant assurance was achieved. The report has been shared with the Joint Quality Committee and will be shared with the Governing Body in a future development session.</p> <p><i>The committee received this report.</i></p>	
A17/36	<p>Losses and special payments</p> <p>LR noted outstanding debt has been reviewed up to last period end (March 2017) and there are two items which are greater than £5k and over six months old.</p> <p>The invoice to Southport & Ormskirk Hospital to the value of £669,664 was discussed. This relates to CQUIN 2015/16. MMcD confirmed a letter had been sent to the Director of Finance at Southport & Ormskirk on 12th April 2017 requesting full payment. The committee agreed for a letter to be sent to the Southport & Ormskirk Hospital Audit Committee Chair from HN as Audit Committee Chair if the matter is not resolved.</p> <p>One loss has been recorded since the last Audit Committee meeting on 11th January 2017 but this has now been actioned.</p> <p>One special payment has been made since the last Audit Committee meeting. This was made on behalf of NHS England and has now been fully reimbursed.</p> <p><i>The committee received this report.</i></p>	MMcD / HN
A17/37	<p>Audit Committee Recommendations Tracker</p> <p>LR presented the tracker and noted previous reviews that have been superseded have been removed from the tracker. She asked the committee to endorse the removal of previous year reviews where actions are complete. The committee agreed to this.</p> <p>LR referred to the HMRC Office Holder Contracts and noted the CCG has positively affirmed to HMRC that payments had been made in good faith.</p> <p>MM noted there were some updates to the <i>NHS Protect Review (September 2016)</i> table and would work with LR to update this section of the tracker.</p> <p><i>The committee received the tracker and endorsed the removal of</i></p>	MM / LR

	<i>previous year reviews where actions are complete.</i>	
A17/38	<p>Accounting Policies Update LR noted there was a change to the accounting manual for the 16/17 financial year to encompass all NHS organisations under the one accounting manual. She also noted that the Department of Health updated the discount rates to be applied to provisions each year. The CCG does not hold any provisions at the 16/17 year end, however, and therefore there is no financial impact to the CCG.</p> <p>Aside from the changes noted, there are no significant changes to accounting policies reported for 16/17.</p> <p><i>The committee received this verbal update.</i></p>	
A17/39	<p>Audit Committee Annual Report 2016/17 The Chair presented the Audit Committee Annual Report 2016/17 and asked for comments.</p> <p>It was noted that the CCG was involved with one investigation re. fraud in 16/17; the allegation, however, is against an individual and not the CCG. This issue is currently being investigated by Counter Fraud and is ongoing as at April 2017. HN is to add this to the report. Some other minor wording changes to the report were agreed. HN to amend report and send to TK.</p> <p>The amended report will be forwarded as a paper for the Governing Body meeting on 5th July 2017.</p> <p><i>The committee received this report.</i></p>	HN
A17/40	<p>Un-audited Annual Accounts 2016/17 AO and LR presented the draft CCG annual report and accounts to the committee, which were tabled at the meeting. This is a work in progress, ahead of planned submission to NHSE on 21st April 2017 and the Department of Health on 26th April 2017.</p> <p>A copy to be emailed to the committee after this meeting. The committee is to review and provide any comments / feedback to LR by close of play on 24th April.</p> <p>The final set of accounts will be brought to the Audit Committee meeting on 24th May 2017. MMcD noted the Governing Body have provided delegated approval to the Audit Committee to sign off the accounts at this meeting.</p> <p><i>The committee received the draft annual report and accounts.</i></p>	All
A17/41	<p>MIAA Internal Audit Plan 2017/18 AP presented the Internal Audit Plan 2017/18 and noted the potential to review opportunities to change later in the year and bring in closer working together with other CCGs, as required.</p> <p>HN queried whether the timing of reviewing QIPP should be earlier and that the CCG review a couple of proposed reviews in detail. MMcD said he would work with AP to develop a revised plan and scope for QIPP review.</p> <p><i>The committee approved the Internal Audit Plan 2017/18.</i></p>	MMcD / AP
A17/42	<p>MIAA Anti-Fraud Services Annual Report 2016/17 MM presented the Anti-Fraud Services Annual Report 2016/17. She noted there is an ongoing investigation regarding false representation, which was</p>	

	<p>also raised and noted under item A17/39. The allegation is against an individual and not the CCG.</p> <p>MM noted there is an error on the RDA Days table on page 165 in that the 'Total Hold to Accounts Days' do not add up. She said this would be corrected. The committee agreed the report did not need to be reissued.</p> <p><i>The committee received this report.</i></p>	
A17/43	<p>MIAA Anti-Fraud Services Workplan 2017/18 MM presented the Anti-Fraud Services Workplan 2017/18.</p> <p><i>The committee approved the Anti-Fraud Services Workplan 2017/18.</i></p>	
A17/44	<p>MIAA Head Of Internal Audit Opinion 2016/17 AP presented the Head of Internal Audit Opinion 2016/17.</p> <p>GB queried why under the Conflicts of Interest section, Governance Arrangements had been rated as amber / Partially Compliant. AP said he would send the committee the Managing Conflicts of Interest Review 2016/17, which provides context as to why this was the case at the time of review. AP confirmed the CCG is now fully compliant on this.</p> <p>AP noted an overall opinion of Significant Assurance was given. HN thanked the finance team and operational team members for their work in helping to achieve this and asked for this to be passed on to members.</p> <p><i>The committee received this report.</i></p>	AP
A17/45	<p>MIAA Internal Audit Progress Report AP provided an overview of the Internal Audit Progress Report and noted the work around partnership arrangements with the BCF is complete.</p> <p><i>The committee received this report.</i></p>	
A17/46	<p>External Audit Technical Update RJ briefed the committee on the External Audit report, noting there is a focus on Value for Money opinion and ensuring consistency of review for all CCGs. He highlighted the following:</p> <ul style="list-style-type: none"> • KPMG are still consulting both internally and nationally with regulators to ensure consistency in their approach to issuing VFM opinions. • There is a possibility that the CCG's position with regards to both its breakeven position and control total will lead to either an 'except for' or 'adverse' VFM opinion. • KPMG will take into account the CCG's performance against its original plan, the extent to which non-recurrent measures were required and events impacting on the position could be anticipated, as well as changes to guidance and funding rules in year, including the treatment of the 1% non-recurrent reserve. • KPMG anticipate having clarity around a consistent opinion well in advance of delivering the ISA260 audit report at the Audit Committee meeting on 24th May, and will discuss their findings and rationale for opinion with MMcD and HN in advance of issuing the opinion. <p>GH noted KPMG are on track with the 2016/17 audit deliverables listed in Appendix 1 of the report.</p> <p><i>The committee received this report.</i></p>	

<p>A17/47</p>	<p>Risk Management Strategy MMcD presented the Risk Management Strategy, noting this is an update to the existing strategy which was signed off in 2015.</p> <p>The committee discussed the strategy and agreed on the following changes:</p> <ul style="list-style-type: none"> • Appendix A – Joint Commissioning Committee to be added. • Appendix E - Updated version of Audit Committee Terms of Reference to be included, further to review and approval under agenda item A17/51. • Appendix F - Terms of Reference for Joint Quality Committee to be added. • Risk Management Strategy document to be sense-checked to ensure everything is up to date. <p>The Risk Management Strategy is to be updated, taking into account the above points. It was agreed that the revised Risk Management Strategy is to be on the agenda for approval at the next Audit Committee meeting on 24th May 2017. The updated version is to be sent to the committee a few weeks before this meeting (by 10th May 2017) to enable any changes/comments to be fed back and actioned prior to the meeting.</p> <p><i>The committee agreed on changes to this report. Updated Risk Management Strategy to be on the agenda for approval at the next Audit Committee meeting on 24th May 2017.</i></p>	<p>MMcD (Debbie Fairclough)</p>
<p>A17/48</p>	<p>Risk Register and GBAF MMcD presented the Corporate Risk Register and Governing Body Assurance Framework (GBAF) and noted that both documents in the meeting pack were only partially updated.</p> <p>The committee agreed the following:</p> <ul style="list-style-type: none"> • Both documents to be reviewed to ensure the master versions are fully up to date. • The aspect of working with the STP and joint working seems to be missing from the documents and is to be included. • Updates to the documents to be reviewed at the Operational Team meeting on 2nd May 2017. <p>The Risk Register and GBAF documents are to be updated, taking into account the above points. It was agreed that the revised documents are to be on the agenda for approval at the next Audit Committee meeting on 24th May 2017. The updated versions are to be sent to the committee a few weeks before this meeting (by 10th May 2017) to enable any changes/comments to be fed back and actioned prior to the meeting.</p> <p><i>The committee agreed on changes to this report. Updated Risk Register and GBAF document to be on the agenda for approval at the next Audit Committee meeting on 24th May 2017.</i></p>	<p>MMcD (Debbie Fairclough)</p>
<p>A17/49</p>	<p>Register of Interests The following was noted re. the Register of Interests.</p> <ul style="list-style-type: none"> • The Register of Interests does not seem to be fully up to date; e.g. some current CCG employees are missing from the register. MMcD to review (with Debbie Fairclough, Chief Operating Officer) how regularly the register is being kept up to date. • A format / spell / grammar check is to be done. • The full register is to be reviewed to ensure accuracy. • The cover sheet for this item in future is to note the number of practices the CCG has had returns from. An appendix to the report is to list which practices have returned forms. 	<p>MMcD (Debbie Fairclough)</p>

	<p>The above points are to be actioned and an updated Register of Interests is to be on the agenda for the Audit Committee meeting on 12th July 2017.</p> <p><i>The Committee received this report and agreed on changes. Updated Register of Interests to be on the agenda for the Audit Committee meeting on 12th July 2017.</i></p>	MMcD (Debbie Fairclough)
A17/50	<p>Policy Tracker MMcD presented the Policy Tracker. TK to check the policies are in the relevant committee workplans.</p> <p><i>The committee received this report.</i></p>	TK
A17/51	<p>Audit Committee Terms of Reference MMcD noted the Audit Committee Terms of Reference are up for review.</p> <p>The committee agreed on the following change:</p> <ul style="list-style-type: none"> • The Chief Nurse is currently listed under the following section: ‘<i>Other officers required to be in attendance at the Committee...</i>’ It was agreed that the Chief Nurse should attend the Audit Committee meetings as a subject matter expert when required. Therefore, the role should be removed from this section. <p>MMcD to action this change.</p> <p><i>The committee approved the Terms of Reference subject to the above change being made.</i></p>	MMcD
A17/52	<p>Key Issues of other Committees to be formally received</p> <ul style="list-style-type: none"> • Finance and Resource Committee • Quality Committee <p>The key issues from the Finance and Resource Committee and Joint Quality Committee meetings in November 2016, January 2017 and February 2017 were taken as read. No queries were raised.</p> <p><i>The committee received the key issues of the Finance and Resource Committee and the Quality Committee.</i></p>	
A17/53	<p>Key Issues of other committees to be formally received</p> <ul style="list-style-type: none"> • Approvals Committee <p>MMcD noted that the Approvals Committee had met twice since the last Audit Committee meeting on 11th January 2017 to discuss the funding / scope for Local Quality Contract for Primary Care Medical Services. The scope will be shared with the Governing Body at the meeting on 3rd May 2017.</p> <p>GB asked for the key issues from the Joint Commissioning Committee to be a standing item to be received on the Audit Committee meeting agendas.</p> <p><i>The committee received this verbal update.</i></p>	TK
A17/54	<p>Any other business None</p>	

A17/55	<p>Key Issues Review MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues Report to Governing Body.</p>	
	<p>Date and time of next meeting Wednesday 24th May 2017 1.00pm to 2.30pm 3rd Floor Board Room, Merton House</p>	

Approved

Audit Committee Minutes

Wednesday 24th May 2017, 1.00pm to 2.30pm
Room 3A, 3rd Floor, Merton House, Stanley Road, Bootle, L20 3DL

Members		
Helen Nichols	Lay Member (Chair)	HN
Gill Brown	Lay Member	GB
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
In attendance		
Martin McDowell	Chief Finance Officer, SFCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SFCCG	AO
Leah Robinson	Chief Accountant, SFCCG	LR
Rob Jones	Director, KPMG	RJ
Gordon Haworth	Assistant Manager, Public Sector Audit, KPMG	GH
Apologies		
Adrian Poll	Audit Manager, MIAA	AP
Ann Ellis	Audit Manager, MIAA	AE
Michelle Moss	Local Counter Fraud Specialist, MIAA	MM
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SFCCG	TK

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Position	April 17	May 17	July 17	Oct 17	Jan 18
Helen Nichols	Lay Member (Chair)	✓	✓			
Gill Brown	Lay Member	✓	✓			
Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓			
Martin McDowell	Chief Finance Officer	✓	✓			
Alison Ormrod	Deputy Chief Finance Officer	✓	✓			
Leah Robinson	Chief Accountant	✓	✓			
Michelle Moss	Local Counter Fraud Specialist, MIAA	✓	A			
Adrian Poll	Audit Manager, MIAA	✓	A			
Ann Ellis	Audit Manager, MIAA	N	A			
Rob Jones	Audit Director, KPMG	✓	✓			
Jerri Lewis	Audit Manager, KPMG	N	N			
Gordon Haworth	Assistant Manager, Public Sector Audit, KPMG	✓	✓			

No	Item	Action
A17/56	<p>Apologies for absence Apologies for absence were received from Adrian Poll, Ann Ellis and Michelle Moss.</p>	
A17/57	<p>Declarations of interest Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations declared by members of the Southport & Formby Audit Committee are listed in the CCG's Register of Interests. The Register is available via the CCG website at the following link: www.southportandformbyccg.nhs.uk/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>	
A17/58	<p>Advance notice of items of other business None.</p>	
A17/59	<p>Annual Report and Accounts 2016/17 The draft 2016/17 annual report, annual accounts and governance statement had been reviewed by members prior to the meeting. LR circulated a paper detailing key movements in the final set of accounts based on guidance from HFMA, as supplementary information for committee members.</p> <p>A number of amendments to the annual report, annual accounts and governance statement were noted, which related to the following:</p> <ul style="list-style-type: none"> • Factual inaccuracies • Typographical errors • Acronyms, such as VCF and CBD, to be detailed in full. • Formatting and stylistic amendments to ensure consistency. • Rewording of certain sentences / sections to ensure clarity. • Joint Commissioning Committee and Quality Committee to be added to the <i>Governing Body membership</i> table. • Approvals Committee to be added to the <i>Committee Attendance 2016-17</i> table. • <i>Governing Body membership</i> table and <i>Committee Attendance 2016-17</i> table to be reviewed and amended to ensure accuracy. • Information on data breach to be checked with Corporate Governance Manager to ensure accuracy. • Related Party transactions to be reviewed to ascertain if there are any implications for the Register of Interests. <p>Actions to be taken:</p> <ul style="list-style-type: none"> • The draft annual report, annual accounts and governance statement are to be reviewed and amended, taking account of the comments and amendments noted at this meeting. • MMcD to do a full proof-read of the documents after amendments have been made. • It was noted that Governing Body members have yet to make the members' declaration required as part of the annual audit process. MMcD to email Governing Body members to request this declaration. 	<p>LR / AO</p> <p>MMcD</p> <p>MMcD</p>

	<p>Members raised concerns about the number of errors in the documents. It was noted that this could be prevented in future if the master documents and production process are owned by one senior manager; members agreed that this responsibility lay with the governance team.</p> <p>Members thanked LR, AO and the finance team for their work on the annual report and accounts.</p> <p><i>The committee approved the CCG's 2016/17 annual report, annual accounts and governance statement subject to the review and amendments noted at the meeting.</i></p> <p><i>The committee delegated approval of changes to the documents to the Chief Finance Officer prior to submission by noon on 31st May 2017.</i></p> <p><i>The committee authorised the Chief Officer to sign the annual report, accounts and associated certificates on behalf of the CCG.</i></p>	
A17/60	<p>External Audit Report 2016/17 (ISA 260 Report) RJ and GH presented the external audit report 2016/17, noting the following audit proposals for the CCG:</p> <ul style="list-style-type: none"> • An unqualified audit opinion on the accounts • A qualified Value for Money (VFM) conclusion, reporting that the CCG delivered VFM in 2016/17 except for its financial performance and sustainability. <p>The report provides an explanation for the above proposals and details the VFM risks identified, a brief overview of which was provided at this meeting.</p> <p>GH noted that further work is required in relation to differences arising due to AoB mismatch reports; he did not anticipate this would affect the audit position reported for the CCG.</p> <p>RJ and GH thanked the finance team for their assistance with the audit.</p> <p>The Chair thanked RJ and GH for their work on the audit.</p> <p><i>The committee received this report.</i></p>	
A17/61	<p>Letter of Representation MMcD presented the draft Letter of Representation.</p> <p><i>The committee approved the Letter of Representation subject to Governing Body confirmation of members' declaration, which MMcD is to request from members as detailed in his action in item A17/59.</i></p>	
A17/62	<p>Risk Management Strategy MMcD presented the Risk Management Strategy which has been updated further to comments at the last Audit Committee meeting on 19th April 2017.</p> <p>GB commented that the description of the Joint Commissioning Committee does not reflect the role of the committee. This is to be amended. MMcD to inform Debbie Fairclough, Chief Operating Officer, to action.</p> <p><i>The committee approved the Risk Management Strategy subject to the above amendment noted at this meeting.</i></p>	MMcD
A17/63	<p>Risk Register and GBAF MMcD presented the Corporate Risk Register and Governing Body Assurance Framework (GBAF) which have been updated further to</p>	

	<p>comments at the last Audit Committee meeting on 20th April 2017.</p> <p>MMcD noted that a moderation process was required to determine whether risks reflected CCG overall view. MMcD agreed to take this forward with the Senior Management Team.</p> <p><i>The committee approved the Corporate Risk Register and GBAF.</i></p>	MMcD
A17/64	<p>Any other business None</p>	
A17/65	<p>Key Issues Review MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues Report to Governing Body.</p>	
	<p>Date and time of next meeting Wednesday 12th July 2017 10am to 11.30am Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

Approved

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

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

**FRIDAY 9TH JUNE 2017
Boardroom, Liverpool CCG
The Department, Lewis's Building, 2 Renshaw Street, L1 2SA**

**Time 12.00pm – 2.00pm
AGENDA**

1.	Welcome, Introductions and Apologies	Dr Nadim Fazlani
2.	Declarations of interest	ALL
3.	Minutes and actions from the 7 th December 2016 meeting	ALL
4.	Establishing a joint committee - discussion paper and draft Terms of Reference	Katherine Sheerin Report No: CIC 01-17
5.	Orthopaedics review - update on progress	Dr Fiona Lemmens/Dr Chris Grant Verbal
6.	Review of Women's and Neonatal services - update on progress	Dr Fiona Lemmens/Dr Chris Grant Verbal
7.	Population Based Needs Review of in-Hospital Services for Southport & Formby and West Lancashire	Fiona Taylor Report No: CIC 02-17
8.	North Mersey Stroke Review	Fiona Taylor Report No: CIC 03-17
9.	Any other business	
10.	Date and time of next meeting: Friday, 11 August 2017, 12pm to 2pm, Boardroom, Liverpool CCG	

Committee: Committee(s) In Common	Meeting Date: 9 th June 2017	Chair: Dr Nadim Fazlani
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Key issues:	Risks Identified:	Mitigating Actions:
1. Establishing a joint committee across Liverpool, Knowsley, South Sefton and Southport & Formby CCGs	<ul style="list-style-type: none"> That decisions regarding hospital services redesign are not aligned/ slowed down. 	<ul style="list-style-type: none"> To establish a Joint Committee Draft Terms of Reference to go to each Governing Body for debate and approval.
2. Orthopaedics/ENT Review	<ul style="list-style-type: none"> Opportunities for optimal patient services not maximised 	<ul style="list-style-type: none"> Joint Overview & Scrutiny Committee set up for 26th June 2017. Public Committee to commence.
3. North Mersey Stroke Review	<ul style="list-style-type: none"> That services change is not effectively managed in line with requirements. 	<ul style="list-style-type: none"> North Mersey Stroke Review Group – Liverpool CCG service input to be identified.

Recommendations to NHS Liverpool CCG Governing Body:

- To note the key issues and risks.