

Governing Body Meeting in Public Agenda

Date: Wednesday 6 February 2019, 13:00hrs to 15:15hrs
Venue: Family Life Centre, Southport, PR8 6JH

13:00 hrs Members of the public may highlight any particular areas of concern/interest and address questions to Governing Body 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
Dr Emily Ball	GP Clinical Director	EB
Gill Brown	Lay Member for Patient & Public Engagement	GB
Dr Doug Callow	GP Clinical Director	DC
Debbie Fagan	Chief Nurse & Quality Officer	DCF
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

Co-opted Members

Matthew Ashton	Director of Public Health, Sefton MBC <i>(co-opted member)</i>	MA
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

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

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
General					13:15hrs
GB19/1	Apologies for Absence	Chair	Verbal	Receive	
GB19/2	Declarations of Interest	Chair	Verbal	Receive	
GB19/3	Minutes of previous meeting: - 7 November 2018	Chair	Report	Approve	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB19/4	Action Points from previous meeting: - 7 November 2018	Chair	Report	Approve	20 mins
GB19/5	Business Update	Chair	Verbal	Receive	
GB19/6	Chief Officer Report	FLT	Report	Receive	
Finance and Quality Performance					13:35hrs
GB19/7	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	Receive	45 mins
GB19/8	Integrated Performance Report	MMcD/DCF/ Karl McCluskey	Report	Receive	
GB19/9	Improvement and Assessment Framework: Q1 2018/19	Karl McCluskey	Report	Receive	
Governance					14:20hrs
GB19/10	Governing Body Assurance Framework, Corporate Risk Register and Heat Map Q3 2018/19	Debbie Fairclough	Report	Receive	30 mins
GB19/11	CCG Safeguarding Children and Adults at Risk Policy	Karen Garside	Report	Approve	
GB19/12	CCG Children in Care Policy	Helen Case	Report	Approve	
GB19/13	Establishing a Sefton Acute Sustainability Joint Committee : Terms of Reference	FLT	Report	Approve	
Service Improvement/Strategic Delivery					14:50hrs
GB19/14	Organisational Development Plan	Tracy Jeffes	Report	Approve	15 mins
For Information					15:05hrs
GB19/15	Key Issues Reports: a) Finance & Resource Committee (F&R) b) Quality Committee c) Audit Committee d) Joint Commissioning Committee PTI e) Locality Key Issues	Chair	Report	Receive	5 mins
GB19/16	Approved Minutes: a) F&R Committee (F&R) b) Joint Quality Committee c) Audit Committee d) Joint Commissioning Committee e) CIC Realigning Hospital Based Care	Chair	Report	Receive	
Closing Business					15:10hrs
GB19/17	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB19/18	<p>Date of Next Meeting</p> <p>Wednesday 3rd April 2019, 13:00hrs at the Family Life Centre, Southport, PR8 6JH</p> <p><u>Future Meetings:</u> The Governing Body meetings are held on the first Wednesday of the month. Dates for 2018/19 are as follows:</p> <p>5th June 2019 4th September 2019</p> <p>All PTI public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.</p>				
Estimated meeting close					15:15 hrs

Motion to Exclude the Public:

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

Governing Body Meeting in Public DRAFT Minutes

Date: Wednesday 7 November 2018, 13:10 hrs to 15:30hrs
Venue: Family Life Centre, Southport, PR8 6JH

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
Dr Emily Ball	GP Clinical Director	EB
Gill Brown	Lay Member for Patient & Public Engagement	GB
Dr Doug Callow	GP Clinical Director	DC
Debbie Fagan	Chief Nurse	DCF
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

Co-opted Member (or deputy) In Attendance

Dwayne Johnson	Director of Social Services & Health, Sefton MBC	DJ
Maureen Kelly	Chair, Healthwatch (co-opted Member)	

In Attendance

Lyn Cooke	Head of Communications and Engagement	LC
Tracey Forshaw	Assistant Chief Nurse	TF
Steve Gowland	Public Health Lead, Sefton MBC (presentation)	SG
Natalie Hendry	Designated Safeguarding Adult Manager	NH
Tracy Jeffes	Director of Corporate Services	TJ
Wayne Leatherbarrow	Performance and Intelligence Service Manager, Sefton MBC (presentation)	WL
Jan Leonard	Director of Commissioning and Redesign	JL
Becky Williams	Strategy and Outcomes Officer	BW
Judy Graves	Minute taker	

Apologies

Dr Jeff Simmonds	Secondary Care Doctor	JS
Charlotte Smith	Consultant in Public Health	CS
Fiona Taylor	Chief Officer	FLT

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Governing Body Membership	Feb 18	Mar 18	May 18	July 18	Sept 18	Nov 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	✓	✓	✓	✓	A	✓
Deputy/Attendee	Director of Public Health, Sefton MBC (co-opted member)	A	✓	✓	✓	✓	A
Gill Brown	Lay Member for Patient & Public Engagement	A	✓	✓	A	✓	✓
Dr Doug Callow	GP Clinical Director	✓	✓	✓	✓	A	✓
Debbie Fagan	Chief Nurse	✓	✓	✓	✓	✓	✓

Name	Governing Body Membership	Feb 18	Mar 18	May 18	July 18	Sept 18	Nov 18
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	A	A	A	A	✓	✓
Maureen Kelly	Chair, Health watch (<i>co-opted Member</i>)	✓	A	A	✓	A	✓
Susan Lowe	Practice Manager	✓	✓	✓	A		
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓
Dr Hilal Mulla	GP Clinical Director	✓	A	✓	A	✓	✓
Dr Tim Quinlan	GP Clinical Director	✓	✓	✓	✓	✓	✓
Colette Riley	Practice Manager	✓	✓	✓	✓	A	✓
Dr Jeff Simmonds	Secondary Care Doctor	A	✓	A	✓	✓	A
Fiona Taylor	Chief Officer	✓	✓	✓	✓	✓	A

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No	Item	Action
Questions from the public	<p>1. The Bio Mechanics service keeps people walking but seems to be a very scarce resource. It is also organised in a strange way. Could more money be invested in it and could the organisation be simpler?</p> <p>The member of the public expanded on their question in relation to the issues that they were experiencing with the service. Their insoles were required to be renewed on an annual basis however the member of the public was experiencing difficulties with appointments, delays and lengthy waiting times when trying to renew each year.</p> <p>RC clarified that this was a community service organised through podiatry. The CCG had not been made aware of any issues relating to the service. Jan Leonard offered to look at and make contact with the member of the public outside of the meeting.</p>	
Presentations	<p>Joint Strategic Needs Assessment (JSNA) (Wayne Leatherbarrow, Performance and Intelligence Service Manager, Sefton MBC)</p> <p>The members and the public were presented with the detailed data for Sefton, compiled following data collection and analysis work carried out for the JSNA. The data included information on businesses, residence, current population and projected increase, adult social care clients, properties, income, working age, children and young people, area visitors and activities. The data results had evidenced a complex area profile with high deprivation.</p> <p>The data had enabled a summary of themes to be pulled together which provided areas of focus. The members discussed the emerging themes presented. Concern was raised regarding the admissions in relation to self-harm and suicide rates. It was agreed that the information presented evidenced the need for carrying out such data collection work.</p> <p>A discussion was had on the next steps including the need to understand the statistics and how this is further reviewed including understanding the underlying issues in order to inform what needs to be done next. The complexities of doing this were recognised.</p> <p>Further discussion was had on the potential for using data to identify issues</p>	

No	Item	Action
	<p>before they arose and how this might be used to support communities in making different choices. The difficulty of obtaining that early data was recognised as was the need for agreed local metrics.</p> <p>The information presented was a summary report of the full data which was available.</p> <p>The members and the public were informed of other uses for the data including; support for the third sector in obtaining funding to enable community development; lobby departments when doing any form of consultation and review as evidence of impact; review of the Health and Wellbeing Strategy; assist in shaping a strategic and collective approach.</p> <p>WL was thanked on the informative presentation.</p> <p>Sefton Public Health Annual Report Steve Gowland, Public Health Lead, Sefton MBC</p> <p>The members and public were presented with the annual report for 2017/18 which had been produced in a short film format and explored the emotional wellbeing and mental health of children and young people and the services and resources available to support them.</p> <p>The film recognised the importance of building resilience, promoting good mental health and wellbeing, and enabling children and young people to live healthier, happier lives long into adulthood. The report also recognised the need to work more collaboratively, that diverse child experiences are affecting those children through to adulthood, and the self-harm and suicide rates are on the increase. The members were briefed on a training pilot being developed on a Merseyside footprint that will be available to schools from January 2019 and that looks at some of these areas. The work from the pilot will be evaluated by Liverpool John Moores University, a report from which will be produced later in 2019.</p> <p>The presentation accompanies the report GB18/180 scheduled for discussion later in the meeting.</p> <p>EB arrived at 1:55hrs.</p> <p>It was noted that the report was Sefton based, being an equitable split between the South and North of Sefton.</p> <p>It was highlighted that the full report and film could be found www.sefton.gov.uk/PHAR .</p> <p>Further discussions were held in relation to the need for connectivity across organisations and sectors, and the support needed for the 16-18 year old age group for building resilience.</p> <p>The members were assured that the same support was offered across both males and females, given that the film generally had more input from females.</p> <p>The members were briefed on the differing methods of support provision that is being looked at by the commissioners as a collective. It was recognised that each generation accesses information in a different way and this needs to be built in.</p>	

No	Item	Action
GB18/171	<p>Apologies for Absence</p> <p>Apologies for the meeting were given on behalf of Dr Jeff Simmonds and Fiona Taylor. Apologies had also been received from Charlotte Smith, who attended on behalf of the Director of Public health.</p> <p>It was noted that the Director of Public Health position was vacant. The meeting documentation would be updated accordingly however representation from Public Health would continue with the attendance of Charlotte Smith</p>	
GB18/172	<p>Declarations of Interest</p> <p>Those holding dual roles across both Southport & Formby CCG and South Sefton CCG declared their interest; Debbie Fagan and Martin McDowell. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p> <p>Declarations of interest had been received in advance from CR and EB in relation to item 18/182, Strategy for Primary Care, both in respect of employment at a practice which holds a NHS contract to provide Primary Care services and the potential impact that the strategy could have on the practice and role. RC, KS, HM, DC and TQ added their declarations of interest for the same.</p>	
GB18/173	<p>Minutes of Previous Meeting 5 September 2018 and 3 October 2018</p> <p>The members approved the minutes of 5 September 2018 as an accurate record of the meeting subject to the following amendments:</p> <p>18/146: action in relation to Mental Health should read HM and not HN. 18/153: fifth paragraph, last sentence should read...issues at the <i>Corporate Parenting Board</i>.</p> <p>The members approved the minutes of 3 October 2018 as an accurate record of the meeting.</p>	
GB18/174	<p>Action Points from Previous Meeting 5 September 2018</p> <p><u>GB18/146: IPF</u></p> <p>Planned Care</p> <p>It was agreed that some areas had seen improvement although the impact on improving 2-week waits needed clarification as to whether patients were still in the system; FLT offered to clarify with Silas Nicholls (1). It was questioned whether the figures provided were a true reflection, given that some referral processes still used other methods. It was clarified that the figure was in relation to those processes using the computerised method. (2) DCF offered to raise through Joint Quality Committee in relation to District Nursing and RC, as Digital Lead, offered to make enquiries in relation to the imaging process.</p> <ol style="list-style-type: none"> 1. MMcD would be picking up in a meeting to be held week commencing 12th November. 2. DCF and EB confirmed that wider context work was being done to allow joined up work across the systems. <p>A discussion was had in relation to MRI and clarification on whether Southport & Ormskirk were prioritising the urgent cases. It was understood</p>	<p>MMcD Completed</p>

No	Item	Action
	<p>that they were however, FLT offered to obtain assurance of this and how long it was taking for patients to be seen once in the system.</p> <ul style="list-style-type: none"> - MMcD would pick up in the absence of FLT. 	MMcD
	<p>Reference was made to the healthcare associated infections data provided on page 82 of the meeting pack, in particular the target set for CCGs in relation to E.coli. Clarification was requested on what is actually being recorded. Furthermore, given that it is multi-drug resistant, the target will always be red. It was considered that there might be a more appropriate target to record. TQ and BW to review outside of the meeting and advise the governing body accordingly.</p> <ul style="list-style-type: none"> - It was confirmed that additional narrative had been included within the Integrated Performance Report (18/178). 	Completed
	<p>A discussion was had regarding the delayed transfers of care and the case in relation to community equipment/adaptations delay. DCF advised the governing body that she is working with the community team to understand what caused the delay in a particular case and will report back on findings.</p> <ul style="list-style-type: none"> - It was confirmed that there were regular discussions between the local authority and Mersey Care, as contract holder, on a case by case basis. 	Completed
	<p>Mental Health</p> <p>A discussion was had in relation to the access and recovery targets for IAPT. HM, Mental Health Clinical Lead, updated on the work being done to make improvements. It was understood that the reduced GP referrals was likely due to the self-referral system. FLT noted the outcome of the deep dive in this area and updated on the discussions with Sue Gough, HM counterpart (in South Sefton), on the further work being undertaken that the CCG will be able to utilise. It was noted that despite the work being done and the service open to self-referral, it was still below target. Clarification was requested on the access to Psychiatry. TQ to discuss with HM and BW outside of the governing body meeting.</p> <ul style="list-style-type: none"> - TQ, HM and BW to discuss. 	TQ, HM, BW
	<p>DJ reported on the role of the Emotional Health and Wellbeing Group, for which he is Chair and whose membership included a Head Teacher. A synopsis of early intervention providers had been compiled and shared with the schools for the schools, teachers and parents. DJ offered to share the same with the CCG.</p> <ul style="list-style-type: none"> - Document had been shared with the GP governing body members and been sent to the Locality Managers for circulation to the Wider Members. 	Completed
	<p><u>GB18/149: Establishing a Sefton Acute Sustainability Joint Committee</u></p> <p>Reference was made to the additional appendices, the Governance and Decision-Making Framework for Acute Sustainability. The document shows the framework and links for the whole system change including the Joint Committee, public consultation and overview and scrutiny arrangements. The members were informed that there was a further updated framework since the circulation of the meeting pack, DFair agreed to circulate the most recent version.</p>	Completed

No	Item	Action
	<p>- The updated document was circulated.</p> <p><u>GB18/153: Children in Care Annual Report</u></p> <p>Reference was made to the data provided on page 268 of the report in relation to the number of children in care in Sefton and the increasing number. DJ confirmed that a high proportion of children placed in care in Sefton were from outside the area. A discussion was had regarding the difficulties experienced when health providers are not informed of children moving into their locality. It was recognised that this was a big issue. Reference was made to the requirement for children to be registered with a GP within 3 months of moving into a locality but this is sometimes delayed. Concern was raised regarding risks and responsibilities. DJ advised that there were clear guidelines on how the process should be managed, as per the Children's Act 1999. DJ offered to check the process with the team. In addition FLT suggested the GPs be given the contact number for Helen Case so that they have a point of contact. DCF will raise the issue at the Corporate Parenting Board in relation to the improvement work and system updates.</p> <ul style="list-style-type: none"> - DJ confirmed that an audit had been carried out and no issues or concerns had been identified. - DCF confirmed that contact information for designated professionals was being pulled together for primary care circulation. 	<p>Completed</p> <p>Completed</p> <p>Completed</p>
GB18/175	<p>Business Update</p> <p>The Chair highlighted the following areas, In addition to that already covered within the Chief Officer Report, QIPP and Finance:</p> <p>Increased winter pressures were being seen at Southport and Ormskirk Hospital NHS Trust. Pressures were also being seen in Primary Care, this was considered as indicative of the pressures across the NHS system.</p> <p>Members were updated on a conversation at a recent Hot/Cold site meeting with the Trust and a discussion on orthopaedics where EB had requested the ring-fenced and stroke beds be left for the intended use. It was hoped that this would help address some of the current pressures.</p> <p>It was expected that major improvements wouldn't be seen until the completion of the transformational agenda.</p> <p>Resolution: The governing body received the update.</p>	
GB18/176	<p>Chief Officer Report</p> <p>The governing body received the Chief Officer report. QIPP and financial recovery remains a key priority for the CCG and staff are continuing to focus their efforts on implementation of schemes and identifying new opportunities.</p> <p>MMcD presented the report for general information with the exception of item 1, Excess Treatment Costs.</p> <p>The members were reminded of the published update in September 2017 on the review of women's and neo natal services in relation to Liverpool Women's NHS Foundation Trust and the public consultation. The Clinical Senate report is currently underway. This will set out the planned arrangements. Following the completion of this report and due process, the consultation arrangements will then be considered.</p>	

No	Item	Action
	<p>The CCG has submitted its annual self-assessment against the national standards for Emergency Preparedness Resilience and Response (EPRR) to NHS England. Due to the timescale the governing body approved submission at its informal meeting in October 2018, as per the minutes presented under item 18/173.</p> <p>The CCG have appointed a Recovery Director on a short term basis to test some of the decisions made in relation to QIPP, particularly those in relation to the menu of opportunity. A report on progress will be presented to the governing body at the December 2018 development session.</p> <p>The CCG is initiating preparatory work to review 2018/19 performance to inform plans for 2019/20 and across the next five years. Further, a report on progress is scheduled for the next governing body meeting.</p> <p>Further information on Mental Health is contained within the Integrated Performance Report, item 18/178.</p> <p>DCF updated on the quality aspects of the report under item 8 and highlighted the following items:</p> <p>The CCG has received the draft CQC report. This has been reviewed and returned. The CCG were now waiting on the final response from the CQC.</p> <p>An update was provided on the progression of the serious case review for cases 2 and 3 which were progressing to timescale. The members were informed of a 4th case which had commenced.</p> <p>It was noted that SEND 0-15 should read 0-25.</p> <p>Reference was made to the extra winter support detailed under item 9, a scheme undertaken by NHS England to support general practice in meeting demand over the winter months. It was clarified that the additional support was in relation to the professional indemnity costs related to the extra services provided by the GPs.</p> <p>The Wider Group members have voted in favour of the proposal for the CCG to become fully delegated. The required checklist and evidence has been submitted to NHS England. A new Primary Care Commissioning Committee will be established in place of the current Joint Commissioning Committee and the constitution updated to reflect the changes.</p> <p>The Sefton Transformation programme continues. Another meeting of the system leaders is to be held in order to evaluate the programmes progress.</p> <p>The members were referred to report item 1, Excess Treatment Costs. It was explained that the CCGs have a responsibility via the government's mandate to NHS England to meet excess treatment costs(ETCs) in relation to non-commercial research through normal commissioning arrangements. A joint statement was published that committed to 12 actions to support and apply research in the NHS. To support and help manage the process of the ETCs it is proposed that the function is delegated to NHS Liverpool CCG as the lead for this work within the North West Coast LCRN region. The members were briefed on the need to carry out additional research, the potential cost implications and the need to be cited on further issues as they arise.</p> <p>Resolution: The governing body received the report. Furthermore the governing body agreed delegated authority to NHS Liverpool CCG in respect of its responsibilities of the management of ETCs.</p>	

No	Item	Action
GB18/177	<p>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</p> <p>The governing body were presented with the QIPP report which provided an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the domains.</p> <p>The dashboard shows the CCGs performance to date in respect of the QIPP plan and position as at month 6. The revised annual plan total has increased to £7m from an initial £5.2m. The year to date delivery at month 6 is £2.4m which is close to the year to date plan of £2.6m.</p> <p>The members discussed the RAG breakdown and forecast position on pages 30 and 31 of the meeting pack. It was recognised that the challenge for the CCG was to now progress to the end of the year on target. The review of opportunities continues and, as mentioned under the Chief Officers item, a report will be presented to the development session on potential areas. It was recognised that it would be unlikely that any newly identified schemes would impact on the CCGs current year QIPP position however, there was potential for impact on the plan from April 2019 going forward.</p> <p>It was highlighted that the CCG continues to take a cautious view to QIPP so as to ensure no adverse impact on the quality and safety of services.</p> <p>Resolution: The governing body received the report.</p>	
GB18/178	<p>Integrated Performance Report (IPR)</p> <p>The governing body were presented with a report which provided summary information on the performance, quality and finance for Southport & Formby and highlighted the Executive Summary on pages 45 to 47. Some changes and additions had been made to the document following feedback from users of the report.</p> <p>The members were taken through the report with the following areas highlighted;</p> <p>Planned Care</p> <p>Reference was made to the summary performance dashboard on pages 40 to 44 which the CCG were obliged to ensure were being maintained as part of the NHS Constitution.</p> <p>The latest information available for e-Referral utilisation is for July, where the CCG reported 80%. Although this is an improvement on May, it is still failing the 100% target, it was expected that a further improvement would be seen in the next IPR once the paper switch-off had impacted.</p> <p>The CCG failed the less than 1% target for Diagnostics in August with a slight decline on the prior month's performance. Southport and Ormskirk also failed the target, although reported an improvement on prior performance. It was noted that the Trust had failed this target for the last few months. The majority of breaches were in relation to non-obstetric ultrasound and Cystoscopy. The Trust has established a phased Diagnostics Improvement Programme and performance is expected to recover by the end of the financial year as a result.</p> <p>Reference was made to the RTT performance detailed on page 61 of the meeting report and the consistent target achievement. It was considered that</p>	

No	Item	Action
	<p>this highlighted the excellent care being received in Southport and Formby region. It was noted that the number of incomplete pathways were down and that this was as a result of the improvements made by the CCG. A discussion was had on the measures put in place and how the learning from the improvements could be transposed.</p> <p>The CCG failed the two week wait cancer target for patients referred urgently with breast symptoms. Seven patients breached the target, all breaches related to patient choice. The Trust has recognised that there are issues relating to demand management and have put actions in place to address these. The GP members explained the process for patient referral, all of which have to be deemed as 'two week' as no other option is available. It was considered that the 'two week' option was not always appropriate and a 'non' two week option would be beneficial and would help ensure that those that were urgent cases were seen as such. The members were asked to note that a prior process that had given an option of either 'two week' or 'urgent', was no longer available. Further enquiries to be made on the potential for an additional referral option.</p> <p>The Trust continues to breach the NHS screening service pathway year to date as a result of April's performance of 50% against a target of 90%. The Trust has not treated any patients under this service since. It was noted that the patient delay was as a result of the patient being unfit for diagnostic episode. There are ongoing concerns around the 62-day performance target and the Trust is taking remedial action to address this and an improvement was expected as a result.</p> <p>Unplanned Care</p> <p>Southport & Ormskirk NHS Hospital Trust exceeded the 4-hour revised trajectory target for August although the year to date position is below this plan. The Trust has received external assistance to support the A&E department to look to improve flow performance across the system. The Trust have an internal improvement plan in place and are confident that the measures will address the areas of underperformance and patient experience by April 2019.</p> <p>Work continues with NWS to address Ambulance Response Programme (ARP) performance. The members were updated on the recent NWS presentation to the Leadership Team on the improvement plan being actioned. NWS expect the plan to have an impact on a number of areas, including ARP performance.</p> <p>Southport & Ormskirk NHS Hospital Trust failed the stroke and TIA performance targets. The Trust have stated that the protection of stroke beds and employment of specialist stroke nurses to provide 24/7 care has resulted in an improvement in performance. This improvement will be expected to be seen in future reporting figures. The TIA position is expected to improve following an increase in attendance at TIA clinics.</p> <p>There were a total of eight Mixed Sex Accommodation (MSA) breaches for the Trust. The Trust has reported that the majority of these were on Critical Care as a result of delayed transfer to acute beds within the hospital. As a consequence of improvements in patient flow, any delayed discharges from Critical Care were moved to more appropriate beds. The Trust continues to implement actions to improve patient flow through the hospital.</p> <p>The members were asked to note the discussion under 18/174 and the action in relation to E.coli. It was confirmed that the figures presented were in relation to lab confirmed diagnosis. A discussion was had on the different</p>	Jan Leonard

No	Item	Action
	<p>types of E.coli, some of which can be multi-drug resistant, the input by the CCG and the role of Public Health.</p> <p>Mental Health</p> <p>The IAPT recovery indicator failed to meet the monthly target although year to date is on target. All cases are being reviewed in order to identify any learning.</p> <p>There has been a decrease on patients entering treatment. Confirmation from NHS England has outlined that there will be a reduction on the aspired target rates from April 2019.</p> <p>Quality</p> <p>DCF updated members on the quality aspects of the report and highlighted the following areas, in addition to that already discussed:</p> <p>The members and public were advised that the Chief Officer, FLT, had written to the Chief Executive of Southport & Ormskirk NHS Hospital Trust regarding the concerns in relation to stroke performance. FLT had also extended an invitation for him to attend a CCG Joint Development Session. Silas Nicholls attended the event in October and provided an update on the service developments.</p> <p>DCF referred to the Serious Incident (SI) Management update provided on page 85 of the meeting report. The response to the process review has now been submitted to NHSE Cheshire & Merseyside. The action plan, submitted as part of the review, continues to be monitored by the Quality Committee, with updates forwarded to NHS England. Mersey Internal Audit has commenced an external review of the process. The CCG will receive a report on the review as soon as concluded.</p> <p>The number of breached RCA's was highlighted, along with the letters of escalation that continue to be sent to the Director of Nursing at Southport & Ormskirk NHS Hospital Trust. A number of trends and themes have been identified for the Trust. The Trust is implementing new processes to address the issues and the CCG have requested a Recovery Action plan be presented to the Contract meeting.</p> <p>Finance</p> <p>MMcD updated members on the financial aspects of the report as presented on pages 48 to 57 and asked GB to note the following areas, in addition to that previously discussed:</p> <p>The financial data provided an update on performance as at 30 September 2018 with the full year forecast financial position being £1m surplus. It was noted that this position is reliant on QIPP plans being fully achieved and recognised that significant risk exists in delivering the plans in full.</p> <p>MMcD reported that the most likely financial out turn position for the CCG, as assessed at 30 September 2018, was a deficit of £2.964m, assuming QIPP savings delivery in year total £3.696m.</p> <p>The CCG is currently on target to deliver running cost allocation.</p> <p>The members were asked to note the main financial pressures. This included the significant increase in CHC costs which were being partially influenced by the increased flow of patients through the hospitals and into the</p>	

No	Item	Action
	<p>community setting. These costs are partially offset by the underspend in Funded Nursing Care.</p> <p>Further pressures were noted, as detailed on page 49 of the report.</p> <p>A discussion was had on the work being done post March 2019 following conclusion of the Acting as One arrangements and the potential for alternative contract models.</p> <p>Resolution: The Governing Body received the report and finance update and, as detailed on page 57 of the report, noted:</p> <ul style="list-style-type: none"> • The full year likely financial position for the CCG is a deficit of £2.964. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus. • QIPP delivery at month 6 is £2.365m which relates to a prior year non recurrent benefit arising from a technical adjustment, planned application of reserves and prescribing savings. The QIPP original target for 2018-19 is £5.210m. • The CCG has posted a balanced run rate for month 6 following losses in previous months. As the CCG enters the second half of the financial year, its plan to deliver a surplus position in each month will prove challenging to achieve. • The CCG's commissioning team must support member practices in reviewing their arrangements to identify areas where clinical variation exists, and address accordingly. • In order to deliver the long term financial recovery plan, the CCG requires on going and sustained support from member practices, supported by Governing Body GP leads to identify and implement QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and in future years. 	
GB18/179	<p>Safeguarding Adult Annual Report 2017/18</p> <p>Tracey Forshaw (TF) presented the Safeguarding Adults Annual Report which provided assurance that the CCG is fulfilling its statutory duty in relation to safeguarding adults at risk within Sefton. The report takes into account both national and local issues that direct and influence local developments, activity, and governance arrangements</p> <p>It was noted that a significant period of the 2017/18 report was whilst hosted by Halton CCG prior to being brought in-house to the CCG in March 2018.</p> <p>It was clarified that the report recommendation should read "approve" rather than "receive".</p> <p>The members were asked to note the achievements and activity undertaken in 2017/18, as detailed within the report, the report and responsibilities in the national context and the CCGs accountability arrangements.</p> <p>The members were asked to note item 2.1 which detailed the reforms to the Mental Capacity Act and Deprivation of Liberty Safeguards Amendment Bill. Advice had been sought with from Hill Dickenson Solicitors on likely expectations so as to ensure that, on the transfer of accountability from the local authority, the systems are correct. A lead in time on the transfer of accountability was expected for which an implementation plan will be needed. DJ highlighted the workforce issues that the local authority had experienced, including the retention of staff once trained and the impact of this on the service. DCF advised that there will be sessions organised for GPs and governing body members on responsibilities.</p>	

No	Item	Action
	<p>Work continues on the Multi-Agency Public Protection Arrangements (MAPPA) between Mersey Care and the Joint Quality Committee, as detailed in item 5.2.</p> <p>DCF thanked TF for the work and support of the safeguarding service during its transition to the CCG.</p> <p>Resolution: The governing body approved the report.</p>	
GB18/180	<p>Sefton Public Health Annual Report</p> <p>As indicated, the report had been submitted in support of the Sefton Public Health Annual Report presentation at the beginning of the meeting.</p> <p>Resolution: The governing body received the report.</p>	
GB18/181	<p>Transforming Care for people with Learning Disabilities</p> <p>Jan Leonard presented an update on the Transforming Care Programme which is aimed at improving the lives of people with a learning disability and or Autism programme.</p> <p>The members were taken through the report and areas of work being undertaken to support the programme.</p> <p>Reference was made to the average length of stay, as detailed on page 138 of the pack, and the differing processes depending on the needs of the patient. It was highlighted that the first step is to ensure the inpatients are admitted appropriately so as to ensure they are properly supported.</p> <p>The CCG, within the Transforming Care Programme, is making progress to ensure that people with a learning disability and/or autism are able to live in their own homes just as other citizens do.</p> <p>Strong partnership working including co-production with patients, their families and carers is enabling real change to take place locally.</p> <p>Resolution: The governing body received the report.</p>	
GB18/182	<p>Strategy for Primary Care (General Practice)</p> <p>The GP and Practice Manager members reiterated their interest in this item (RC, KS, HN, EB, DC, HM, TQ, and CR). The item was presented for update and to receive, therefore the members remained in the meeting and part of the general discussion.</p> <p>The paper presented the governing body with a draft strategy for General Practice circulated for review and comment; DJ confirmed that the document had been received by the local authority for comments as part of their meeting arrangements.</p> <p>The report described the issues being faced by general practice and the plans to address these going forward.</p> <p>DJ confirmed the support of the local authority, especially in relation to the premises issues. JL offered to strengthen the document to reflect that support and commitment and recirculate outside of the meeting.</p> <p>The members had a general discussion regarding a number of estate</p>	Jan Leonard

No	Item	Action
	<p>options.</p> <p>Resolution: The governing body approved the report.</p>	
GB18/183	<p>Key Issues Reports:</p> <p>a) Finance & Resource Committee (F&R): June, July, August 2018</p> <p>HN confirmed that a decision will soon need to be made on the CCGs realistic forecast.</p> <p>Reference was made to the transformational programme and what money was available to deliver. It was clarified that some of that would be covered in the QIPP report to be presented at the next development session, as discussed under item 18/177.</p> <p>b) Quality Committee: July 2018 c) Audit Committee: July 2018 d) Joint Commissioning Committee PTI: October 2018 e) Locality: July – October 18</p> <p>KS highlighted the current issues in relation to the surge of registrations where some practices have had to close patient registrations. Audits are being carried out to identify the reason for the surge however a strategy is needed on how practices should cope in such situations.</p> <p>RESOLUTION: The governing body received the key issues reports</p>	
GB18/184	<p>Approved Minutes:</p> <p>a) F&R Committee (F&R): June, July, August 2018 b) Joint Quality Committee: July 2018 c) Audit Committee: July 2018 d) Joint Commissioning Committee: August 2018 e) CIC Realigning Hospital Based Care: June 2018</p> <p>RESOLUTION: The governing body received the approved minutes.</p>	
GB18/185	<p>Any Other Business</p> <p>None.</p>	
GB18/186	<p>Date and Time of Next Meeting</p> <p>Wednesday 6 February 2019, 13:00hrs at the Family Life Centre, Southport, PR8 6JH</p> <p><u>Future Meetings:</u> The Governing Body meetings are held on the first Wednesday of the month. Dates for 2018/19 are as follows:</p> <p>3rd April 2019 5th June 2019 4th September 2019</p> <p>All PTI public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.</p>	

No	Item	Action
Meeting concluded		15:30hrs
<p>Meeting concluded with a motion to exclude the public:</p> <p>Motion to Exclude the Public: Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		

DRAFT

Governing Body Meeting in Public Action Points

Date: Wednesday 7 November 2018, 13:10 hrs to 15:30hrs

No	Item	Action
GB18/174	<p>Action Points from Previous Meeting 5 September 2018</p> <p><u>GB18/146: IPF</u></p> <p>Planned Care</p> <p>It was agreed that some areas had seen improvement although the impact on improving 2-week waits needed clarification as to whether patients were still in the system; FLT offered to clarify with Silas Nicholls (1).</p> <p>1. MMcD would be picking up in a meeting to be held week commencing 12th November.</p> <p>A discussion was had in relation to MRI and clarification on whether Southport & Ormskirk were prioritising the urgent cases. It was understood that they were however, FLT offered to obtain assurance of this and how long it was taking for patients to be seen once in the system.</p> <p>- MMcD would pick up in the absence of FLT.</p> <p>Mental Health</p> <p>A discussion was had in relation to the access and recovery targets for IAPT. HM, Mental Health Clinical Lead, updated on the work being done to make improvements. It was understood that the reduced GP referrals was likely due to the self-referral system. FLT noted the outcome of the deep dive in this area and updated on the discussions with Sue Gough, HM counterpart (in South Sefton), on the further work being undertaken that the CCG will be able to utilise. It was noted that despite the work being done and the service open to self-referral, it was still below target. Clarification was requested on the access to Psychiatry. TQ to discuss with HM and BW outside of the governing body meeting.</p> <p>- TQ, HM and BW to discuss.</p>	<p>MMcD</p> <p>MMcD</p> <p>TQ, HM, BW</p>
GB18/178	<p>Integrated Performance Report (IPR)</p> <p>Planned Care</p> <p>The CCG failed the two week wait cancer target for patients referred urgently with breast symptoms. Seven patients breached the target, all breaches related to patient choice. The Trust has recognised that there are issues relating to demand management and have put actions in place to address these. The GP members explained the process for patient referral, all of which have to be deemed as 'two week' as no other option is available. It was considered that the 'two week' option was not always appropriate and a 'non' two week option would be beneficial and would help ensure that those that were urgent cases were seen as such. The members were asked to note that a prior process that had given an option of either 'two week' or</p>	

No	Item	Action
	'urgent', was no longer available. Further enquiries to be made on the potential for an additional referral option.	Jan Leonard
GB18/182	<p>Strategy for Primary Care (General Practice)</p> <p>JL offered to strengthen the document and re-circulate outside of the meeting, following discussion at the governing body and the noted support of the local authority, especially in relation to the premises issues.</p>	Jan Leonard

MEETING OF THE GOVERNING BODY February 2019	
Agenda Item: 19/3	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 3456
Report date: January 2019	
Title: Chief Officer Report	
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's update.	
Recommendation The Governing Body is asked to: <ul style="list-style-type: none"> - To formally 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 and to support delivery of financial recovery.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
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 January 2019

General

1. EU Exit Operational Readiness Guidance

On 21st December 2018 the Department of Health issued guidance to commissioners, providers and local authorities on the steps that should now be taken to ensure the risks associated with a “no deal” exit are understood and as far as practicable, mitigated.

The CCG’s Chief Officer, Fiona Taylor has been identified as the Senior Responsible Officer (SRO) within the CCG and is supported in this role by members of the leadership team. In summary the key actions relate to ensuring there is a risk assessment of the likely impact undertaken by 31st January 2019, and at the time of writing that assessment was underway and will be presented to the leadership team on 4th February.

The CCG has written to all providers asking for confirmation and assurance that they are implementing the actions as prescribed for providers within the guidance; a note has been issued to staff advising of the process for applying for “settled status” should their circumstances require it; the head of medicines management is continuing to liaise with NHSE on a national level in terms of the supply of medicines and the CCG continues to engage in business continuity planning both a local and system level.

The full guidance is available at the link below:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768077/eu-exit-operational-readiness-guidance.pdf

A progress report has been provided to the senior leadership and there will be ongoing updates to the governing body.

2. NHSE mandated reductions in running costs

Matthew Swindells, NHSE Director of Information and Operations wrote to CCGs on 23rd November 2018 setting CCGs the challenge of reducing management and administration costs to meet a reduction of 20% in Running Cost Allowances (RCA) in the year ending 31st March 2021. There are number of principles underpinning the mandate including the requirement to improve efficiency, reduce unnecessary administrative burden, reduce duplication and remove some bureaucratic and expensive contracting processes. The CCG is now considering ways in which that these requirements can be met and is in liaison with other local commissioners and Midlands and Lancashire Commissioning Support Unit to share thoughts on the ways in which this can be achieved.

The governing body will continue to receive updates on the work of the CCG in that respect.

3. 2018 Staff Survey Results

On 17th December the CCG received the draft results of the 2018 staff survey and these are currently under review by the leadership team, following which an action plan to address any

issues that may emerge will be developed. The formal publication of the results is due to take place end of February or early March 2019.

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 and to support delivery of financial recovery.

4. QIPP and Financial Recovery Update

The CCG continues to implement its QIPP and financial recovery planning programme and a full update on QIPP will be provided later on the agenda by the Chief Finance Officer. The Programme Consultant for Recovery and PMO is working with commissioning leads to identify a credible QIPP plan for 2019/20 that will aim to ensure the CCG is financially sustainable by the end of that financial year.

All QIPP scheme leads are continuing to focus their efforts on ensuring that the efficiencies planned do materialise and that work is closely monitored by the Joint QIPP and Financial Recovery Committee.

In addition the leadership team has been reviewing the capacity within the CCG to support QIPP schemes and the broader transformation programmes including acute sustainability and place base developments. Changes to roles have been agreed with some individuals so that there is a continued alignment to the demands of the emergent system as well as ensuring we are fit for purpose to support delivery of the NHS Long Term Plan.

Additional resource has been identified to enable the CCG to properly discharge its responsibilities in respect of GP practice delegated commissioning and that is summarised in a report from the Director of Commissioning and Re-design.

To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.

5. Planning for 2019 - 2024

In December 2018 NHS England issued the operational planning guidance for 2019/20 and then in January the Long Term Plan¹ was published setting out the vision for how the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting with a clear funding settlement to support that direction of travel. It sets out the actions that the NHS will take to strengthen its contribution to prevention and health inequalities; describes the priorities for care quality and outcomes improvement over the next decade and sets out the intent to address and workforce deficits.

The CCG's operational plan for 2019/20 is being developed and early submissions had been shared with NHS England. The final plan needs to be submitted by April 2019 with a five year plan and aligned to the objectives of the Long Term Plan being submitted in the Autumn. A final date has yet to be determined.

The leadership team have now established a planning programme involving all relevant stakeholders to ensure that our plans are prepared in accordance with the required deadlines.

¹ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

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

6. 2017/18 Clinical Commissioning Groups assessments for mental health, dementia and learning disabilities

On 14th January NHS England wrote to the CCG to share the outcomes of the above assessments of the above clinical priority areas that were undertaken by independent panels. The assessments are based on the relevant clinical indicators used in the CCG overall Improvement and Assessment Framework, (IAF) and in are in additional to the headline assessment of the CCG.

The national assessments were published on 17th January 2019. For NHS Southport and Formby CCG the headline ratings (which are one of four ratings described as follows 'outstanding', 'good', 'requires improvement' and 'inadequate') are as follows:

Mental Health – Good
 Dementia – Outstanding
 Learning Disabilities – Requires Improvement
 Diabetes – Requires Improvement

The detailed assessments and rationale are currently being reviewed. The CCG lead for each area is now in the process of developing action plans to ensure that we are able to improve in those areas that require further attention.

7. North West Ambulance Service (NWAS)

On 22nd November 2018 NWAS were pleased to announce that England's Chief Inspector of Hospital welcome the improvements the provider had made as validated during its Care Quality Commission (CQC) inspection.

In July 2018 the CQC visited NWAS to check the quality of three core services; emergency and urgent care; resilience and the emergency operation centres. Leadership and management arrangements and performance were also scrutinised.

The trust achieved a rating of "good" for the overall quality of its services as well as being rated "good" for being safe, caring, effective and responsive to people's needs.

The additional detail within the report articulates the great improvements the trust has made and it is a testament to efforts of front line staff, management and leadership in driving those improvements forward. Our public should be reassured by this report, in that they continue to receive excellent services quite often in a time of great need. The trust is commended for their work.

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

8. Delegated Commissioning – GP practice

The Director of Commissioning and Re-design with support from the CCG's Programme Lead for Corporate Services are continuing to progress with the actions required to become fully delegated for GP practice commissioning. There is a substantive item for discussion on the agenda.

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

9. Sefton transformation programme

Progress is underway across a number of elements of the Sefton transformation programme including Acute Services Sustainability (Southport & Ormskirk), Provider Alliance, Primary Care Networks and the care workstreams. The latter are in the process of being finalised based on operational plans, Shaping Sefton's new Five Year plan and the NHS Long Term Plan and taking into account the refreshed JSNA.

The transformation agenda is also working towards integrated delivery models in the form of an integrated care system.

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

10. Local Government Association (LGA) Peer Review Outcome

On 20th December Sefton Metropolitan Borough Council wrote to the CCG advising of the positive outcome of their Peer Review carried out by the Local Government Association.

The independent findings from the six-strong team of expert local government officers and councillors concluded that Sefton Council has shown it demonstrates real ambition for Sefton and has a strong track record of partnership working and place leadership. The report praised the Council for listening to and serving its communities well through a challenging period of austerity and commented on how impressed they were by the energy, commitment and appetite for change held by the workforce. They also highlighted the Council's knowledge of Sefton, strong partnership working combined with good political and managerial leadership.

The full report is available on the Council's website at the link below:

<https://www.sefton.gov.uk/media/1498641/Sefton-Council-Corporate-Peer-Challenge-Feedback-Report-Sept-2018-.pdf>

The findings of the report demonstrate that the Council are on the right track to deliver the ambitions set out in Vision 2030 and is a fitting commendation of the work of one of our key partners.

11. Recommendation

The Governing Body is asked to:

- To formally receive this report.

Fiona Taylor
Chief Officer
January 2019

MEETING OF THE GOVERNING BODY February 2019

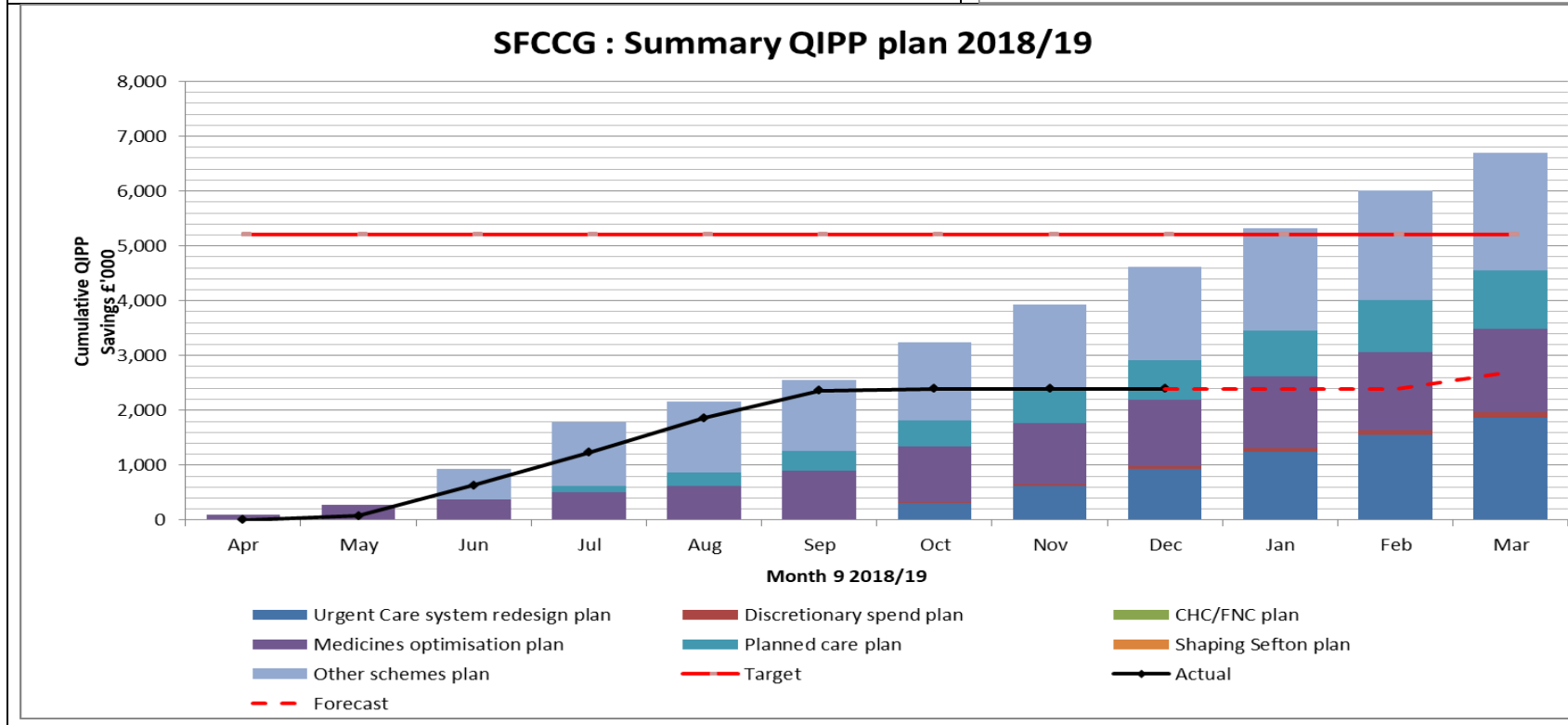
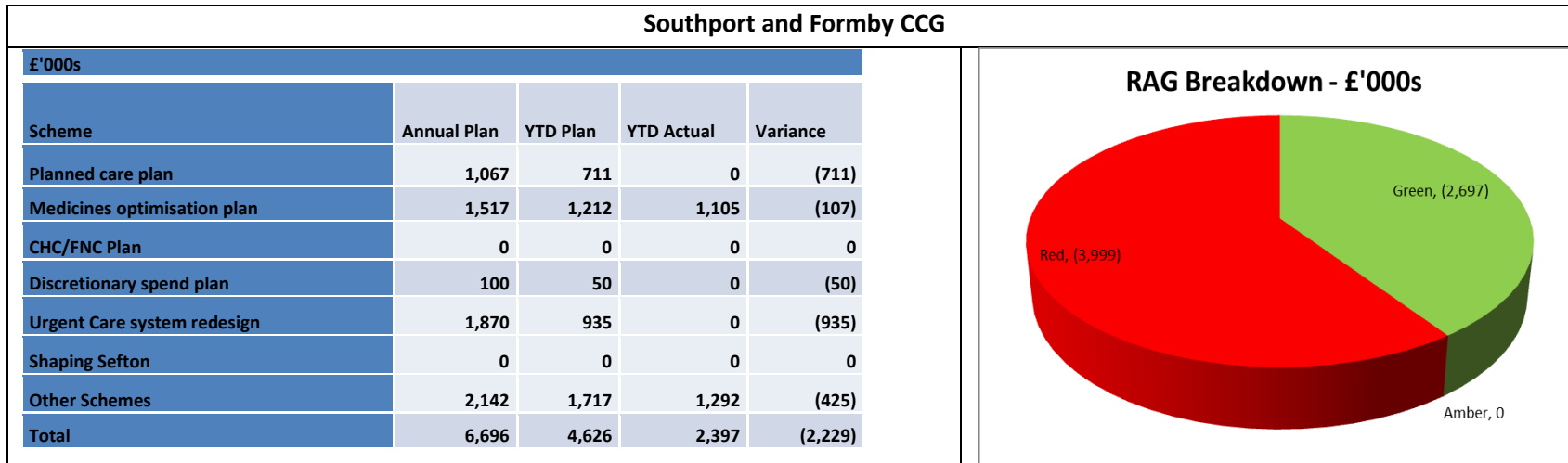
Agenda Item: 19/7	Author of the Paper: Martin McDowell Chief Finance Officer martin.mcdowell@southseftonccg.nhs.uk 0151 317 8454
Report date: January 2019	
Title: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	
Summary/Key Issues: The QIPP performance dashboard provides 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 QIPP 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.	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 and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
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.

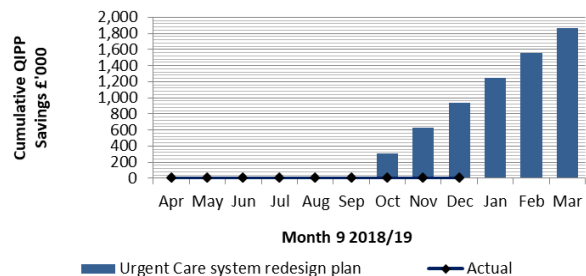
Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	Y			
Clinical Engagement	Y			
Equality Impact Assessment	Y			
Legal Advice Sought	Y			
Resource Implications Considered	Y			
Locality Engagement	Y			
Presented to other Committees	Y			

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

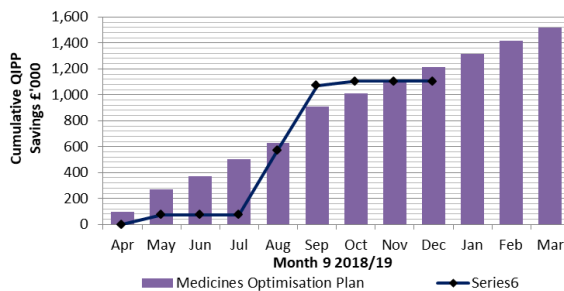
QIPP DASHBOARD – SUMMARY SOUTHPORT & FORMBY CCG AT MONTH 9



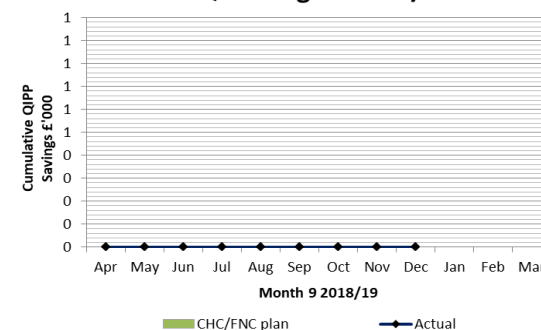
SFCCG : QIPP target - Urgent Care



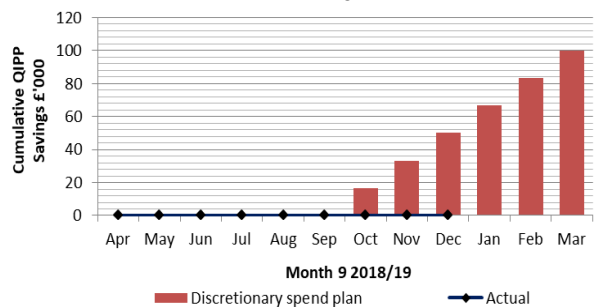
SFCCG : QIPP target - Medicines Optimisation



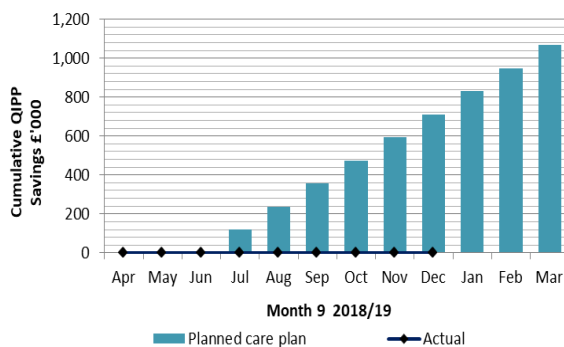
SFCCG : QIPP target - CHC/FNC



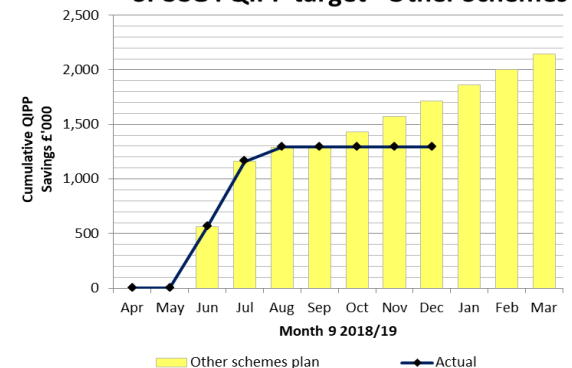
SFCCG : QIPP target - Discretionary spend



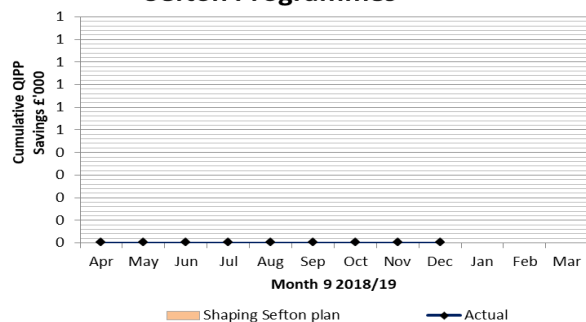
SFCCG : QIPP target - Planned Care



SFCCG : QIPP target - Other Schemes



SFCCG : QIPP target - Shaping Sefton Programmes



MEETING OF THE GOVERNING BODY February 2019	
Agenda Item: 19/8	Author of the Paper: Name Karl McCluskey Position Director of Strategy & Outcomes Email: Karl.Mccluskey@southportandformbyccg.nhs.uk Tel: 0151 317 8468
Report date: February 2019	
Title: Southport & Formby Clinical Commission 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	<div style="display: flex; justify-content: space-between;"> Receive <input checked="" type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Approve <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Ratify <input type="checkbox"/> </div>
The Governing Body is asked to receive this report.	

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 and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
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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Summary Performance Dashboard

Metric	Reporting Level	2018-19														
		Q1			Q2			Q3			Q4			YTD		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
E-Referrals																
2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	76.08%	74.77%	77.56%	79.87%	82.21%	83.23%	86.45%							79.97%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Referral to Treatment (RTT) & Diagnostics																
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	5.139%	4.667%	4.14%	4.123%	4.201%	4.028%	4.08%	2.57%						4.14%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G					G	
		Actual	92.471%	93.409%	93.314%	93.027%	93.597%	93.362%	93.81%	94.21%						93.29%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	R	G	R	R	G	R	R					R	
		Actual	0	1	0	1	1	0	2	1						6
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations																
1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G	G	G	G					G	
		Actual	0	0	0	0	0	0	0	0						0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times															
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	R	G	G	G	G	G	G	G				G	
		Actual	91.389%	93.46%	94.747%	93.211%	93.421%	94.082%	95.58%	95.43%					93.95%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
17: % of patients seen within two 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	R	R	R	R	R	G	G	R				R	
		Actual	82.50%	79.545%	92.857%	92.857%	81.081%	95.652%	97.06%	91.11%					88.4%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	R	G	G	G	G	R	G	G				G	
		Actual	94.872%	98.734%	97.015%	96.203%	98.529%	90.476%	97.06%	97.02%					96.31%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	R	G	G	G	G	R	G	G				G	
		Actual	83.333%	100.00%	100.00%	100.00%	100.00%	91.667%	100%	100%					97.5%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G				G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100%	100%					100.00%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G				G	
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100%	96.3%					99.46%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R	G	G	R	R	R	G	R				R	
		Actual	75.00%	87.50%	91.429%	70.732%	67.742%	81.081%	88%	75.76%					79.5%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%

540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G	G	G	G	R	R					G	
		Actual	100.00%	83.333%	100.00%	100.00%	100.00%	100.00%	100.00%	80%	66.67%					91.49%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	G	G	G	R	R	G					G	
		Actual	100.00%	92.308%	86.667%	93.333%	94.118%	75.00%	80%	92.31%						89.74%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%					85%

Personal Health Budgets

2143: Personal health budgets Number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG population (based on the population the CCG is responsible for).	Southport And Formby CCG	RAG	R		R										R
		Actual	12.8		8.0										
		Target	67.50		77.10		86.70		96.40						

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	85.54%	88.576%	90.675%	85.519%	88.844%	90.478%	88.13%	89.14%						88.55%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	3	3	4	3	5	11	3	3						35
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	0.9	0.8	1.0	0.8	1.2	2.5	0.8	0.8						
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	

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

HCAI															
497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	R	R	R	R	R				R	
		YTD	0	0	0	1	1	1	1	1					1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G				G	
		YTD	3	5	6	7	10	12	19	21					21
		Target	4	7	10	13	16	19	21	25	28	31	34	37	21

Enhancing Quality of Life for People with Long Term Conditions

Mental Health														
138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G			G								G
		Actual	100.00%			96.67%								98.592%
		Target	95.00%			95.00%			95.00%		95.00%		95.00%	

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G	G	R	G	G	G				G	
		Actual	100.00%	66.667%	100.00%	80.00%	50.00%	75.00%	100%	75%					76.67%
		Target	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%

IAPT (Improving Access to Psychological Therapies)

2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport And Formby CCG	RAG	G			R							G
		Actual	51.11%			48.5%							50.4%
		Target	50.00%			50.00%			50.00%		50.00%		50.00%

2131: IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG	R	R			R									
		Actual	3.69%	3.12%			6.45%									
		Target	4.20%	4.20%	4.20%	4.20%	4.20%									
2253: IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment, against the number who finish a course of treatment.	Southport And Formby CCG	RAG	G	G			R									
		Actual	99.4%	98.5%			80%									
		Target	75.00%	75.00%	75.00%	75.00%	75.00%									
2254: IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport And Formby CCG	RAG	G	G			R									
		Actual	100%	99.7%			30%									
		Target	95.00%	95.00%	95.00%	95.00%	95.00%									
Dementia																
2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G	G	G						G	
		Actual	70.71%	70.05%	70.272%	70.457%	69.762%	69.935%	69.6%	69.69%						70.05%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Helping People to Recover from Episodes of Ill Health or Following Injury

Children and Young People with Eating Disorders							
2095: The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R	G			R
		Actual	71.429%	100.00%			83.333%
		Target	100%	100%			100%
2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	R	G			R
		Actual	0%	100%			50%
		Target	95%	95%	95%	95%	95%

Wheelchairs							
2197: Percentage of children waiting less than 18 weeks for a wheelchair 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.	Southport And Formby CCG	RAG	G	R			R
		Actual	100%	40%			70%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 8 (note: time periods of data are different for each source).

Financial position

This report focuses on the financial performance for Southport and Formby CCG as at 31 December 2018.

The year to date financial position is a deficit of £0.778m, which represents under-delivery against the planned surplus of £0.200m.

As at 31 December, the full year forecast financial position is £1m surplus. This position requires QIPP plans of £5.210m to be achieved in full. It is important to recognise that significant risk exists in terms of delivering the plans in full.

The most likely financial out turn position for the CCG assessed at 31 December 2018 is a deficit of £3.019m before mitigation; this includes the predicted QIPP delivery during the year forecast to be £2.697m. Agreed mitigations of £2.019m and required additional support of £1.000m will reduce this position to breakeven.

Planned Care

Year to date referrals at month 8 are currently up 3% when comparing to the equivalent period in the previous year. Referrals in month 8 decreased to the previous month but remained above 2017/18 levels and were also above a monthly average for 2018/19.

The latest information available for e-Referral utilisation is for October, where the CCG reported 86%, an improvement on 83% reported in September.

The CCG failed the less than 1% target for Diagnostics in November recording 2.6%, a significant improvement on last month (4.1%). Southport and Ormskirk also failed the less than 1% target for Diagnostics in November recording 1.4%, but this is a significant improvement on last month (4.2%).

The CCG had one patient waiting on the incomplete pathway over 52 weeks in November. This patient was waiting for treatment in gynaecology at Liverpool Women's Hospital. The patient has now been discharged.

For referral to treatment, in November the CCG had 8,429 incomplete pathways, 1,576 patients more than November 2017. This is the fifth consecutive time in 2018/19 the CCG has not achieved the target with performance declining.

Southport & Ormskirk reported 7 cancelled operations in November. 6 No Beds and 1 patient unaware of appointment.

The CCG are failing 2 of the 9 cancer measures in month 8 year to date. They include 2 week breast symptoms (88.4%) and the 62 days urgent GP referral metric (79.29%). Southport & Ormskirk are also failing two cancer measures; the 62-day screening metric (75%) and 62 days urgent GP referral (79.37%).

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen a decline in response rates for inpatients, from 16.9% 15.8% in October to 8.2% in November, the lowest reported year to date. The percentage of patients that would recommend the inpatient service in the Trust has increased from 94% in October to 98% in November, rising above the England average of 96%. The percentage of people who would not recommend the inpatient service has improved 2% in October to 1% in November so is now better than the England average of 2%.

Performance at Month 8 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.2m/5.3%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £1.4m/6.1%.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for November reached 90.91%, which is above the Trust's revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 88.5% for November and a slight improvement on last month's performance. The year to date position is also currently achieving the STP target at 88.99%.

In November 2018 there was an average response time in Southport and Formby of 8 minutes 24 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 24 minutes against a target of 18 minutes. The CCG also failed the category 3 90th percentile response but achieved category 4. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

Southport & Ormskirk failed the stroke target in November recording 72.7%, with 16 out of 22 patients spending 90% of their time on a stroke unit. This shows an improvement on last month. In relation to the TIAs the CCG is awaiting an update for November. The latest data reported was 0% compliance in October with 6 reportable patients breaching the target. This was the twelfth consecutive month where 0% had been reported.

The CCG has reported an MSA rate of 0.8, which equates to a total of 3 breaches in November. All 3 breaches were at Southport & Ormskirk NHS Trust.

There were 2 new cases of Clostridium Difficile attributed to the CCG in November, bringing the year to date figure to 21 against a plan of 24. Year to date 5 cases were apportioned to an acute trust and 16 to the community. Southport & Ormskirk has reported 2 new cases in November, bringing the total for the year to 8 against a plan of 23.

The CCG had no new cases of MRSA in November, but 1 was reported in July and therefore the CCG has breached the zero tolerance threshold for the year. The breach in July was a community acquired infection, identified by Southport & Ormskirk Trust.

Southport & Ormskirk Hospital NHS Trust's A&E department continues to experience difficulties in relation to response rates reporting 1.2% in October, a decline on last month and remaining significantly below the England average of 12.2%. The Trust has seen a significant improvement in the percentage of people who would recommend the service from 69% in October to 87% in November, now in line with the England average of 87%. The percentage not recommended has improved from 23% to 11% in November, but is still slightly above the England Average of 8%.

Performance at Month 8 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £4.9m/22%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results a reduced overspend of approximately £4.2m/19.5%.

Mental Health

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported 204 Southport & Formby patients entering treatment in Month 8. This is a 17.1% decrease compared to previous month when 246 patients entered treatment. The access rate for Month 8 was 1.07% and therefore failed to achieve the standard. The percentage of people moved to recovery increased with 63.5% compared to 59.5% in the previous month. This satisfies the monthly target of 50%.

In quarter 2 the CCG failed the 100% target for referrals to children and young people's eating disorder service, with a performance of 84% (21/25) for routine and 66.67% (2/3) for urgent referrals.

Community Health Services

Lancashire Care Trust has undertaken a data validation exercise across all services and is now in the process of building reports to meet the CCG's requirements. A revised activity baseline has been agreed for the purposes of exception reporting to provide assurance to the CCG. The Trust's transformation agenda may have an impact on activity levels, which will need to be monitored and as a result the agreed activity baseline will need further revision in the future.

Better Care Fund

A revised quarter 2 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in November 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

CCG Improvement & Assessment Framework

A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible and expected date of improvement for the indicators.

2. Financial Position

2.1 Summary

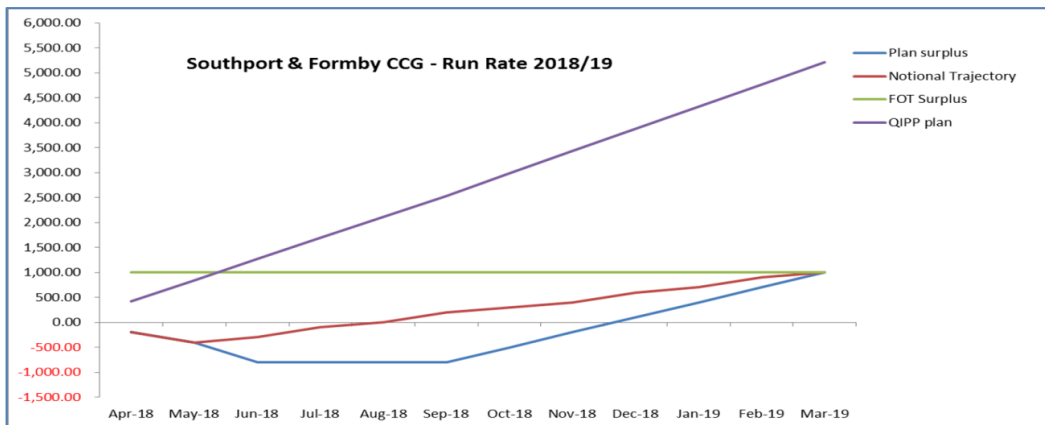
This report focuses on the financial performance for Southport and Formby CCG as at 31 December 2018.

Figure 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	FOT Variance
	£000	£000	£000	£000	£000	£000
Non NHS Commissioning	24,879	18,503	18,411	(92)	24,776	(103)
Corporate & Support Services: admin	2,622	1,931	1,795	(136)	2,463	(159)
Corporate & Support Services: programme	2,836	2,115	2,051	(64)	2,756	(79)
NHS Commissioned Services	124,081	91,506	92,545	1,039	125,774	1,693
Independent Sector	5,681	4,157	4,399	243	6,012	331
Primary Care	4,150	3,100	3,403	303	4,427	277
Prescribing	22,862	17,013	17,679	665	23,820	958
Total Operating budgets	187,111	138,325	140,283	1,958	190,028	2,918
Reserves	(1,825)	980	0	(980)	(4,743)	(2,918)
In Year Planned (Surplus)/Deficit	1,000	200	0	(200)	0	(1,000)
Grand Total (Surplus)/Deficit	186,286	139,505	140,283	778	185,286	(1,000)

The year to date financial position is a deficit of £0.778m, which represents under-delivery against the planned surplus of £0.200m. The planned delivery of the forecast year end position and QIPP delivery throughout the year is shown in figure 2 below:

Figure 2 – Run Rate 2018/19



The CCG's plan for 2018/19 is summarised as:

- Q1 reported deficit position
- Q2 maintained the same level of deficit
- Q3 plan was to deliver a surplus of £0.100m which has not been achieved due to emerging pressures; the actual position is a deficit of £0.778m.

- Q4 plan is to return to a surplus position through delivery of the QIPP plan and mitigating actions.

As at 31 December, the full year forecast financial position is £1m surplus. This position requires QIPP plans of £5.210m to be achieved in full. It is important to recognise that significant risk exists in terms of delivering the plans in full.

The most likely financial out turn position for the CCG assessed at 31 December 2018 is a deficit of £3.019m before mitigation; this includes the predicted QIPP delivery during the year forecast to be £2.697m. Agreed mitigations of £2.019m and required additional support of £1.000m will reduce this position to breakeven.

The CCG's financial recovery plan acknowledges that the CCG's positive performance in the delivery of QIPP efficiencies in the past two years increases the challenge for the CCG to deliver further efficiencies in 2018-19.

Proposals for the 2019/20 QIPP plan were presented to the Governing Body in December 2018 following an external check and challenge exercise to reflect on CCG actions in response to the Menu of Opportunities. This work has been extended in January 2019 with further Governing Body work on prioritisation of QIPP opportunities and review of CCG operational processes. Prioritisation for 2019/20 schemes will be based on yield and risk to ensure a targeted approach to improving quality and reducing health inequalities within available resources.

The cumulative deficit brought forward from previous years is £10.295m which will reduce should the CCG deliver a surplus in 2018/19. The cumulative deficit will be addressed as part of the CCG longer term recovery plan.

Cost pressures have emerged in the financial year which are offset by underspends in other areas. The main areas of forecast overspend are within the following areas:

- Increased costs within continuing healthcare budgets. This is due to a number of individual high cost cases in 2018-19 and an overall increase in activity. This equates to a full year cost pressure of £1.240m. This has enabled the CCG to help flow in acute hospitals though faster discharge but has had a detrimental financial impact.
- Forecast over performance at Southport & Ormskirk Trust of £1.200m for PbR activity, offset by the application of appropriate contract sanctions and CQUIN reductions.
- Overspend of £0.882m within prescribing due to NCSO and other prescribing cost pressures.
- Over performance of £0.347m at iSight clinic due to Aged-related Macular Degeneration (AMD), cataracts and YAG laser treatment.
- Cost pressures of £0.326m within the Local Quality Contract due to the 2017-18 and 2018-19 claims on the main elements of the scheme and quarterly claims being a higher cost than expected.
- Cost pressures of £0.158m within Non Contract Activity (NCA's) due to some recent high cost cases and activity increases.

The forecast cost pressures are partially offset by underspends in running cost, funded nursing care and the reserve budget due to the 0.5% contingency budget held.

The CCG's financial position remains at a critical point in terms of delivering the financial plan for 2018-19, and it is vital that the focus of CCG officers and membership remains upon the delivery of QIPP plans and development of further mitigations where necessary.

This risk of non-delivery of both its statutory duty and financial plan should be considered the highest risk facing the CCG and issues need to be addressed with this in mind. It is vital that the revised savings plan agreed by the Governing Body is fully supported; otherwise the CCG will need to consider alternative measures to contain expenditure.

Figure 3 – Financial Dashboard

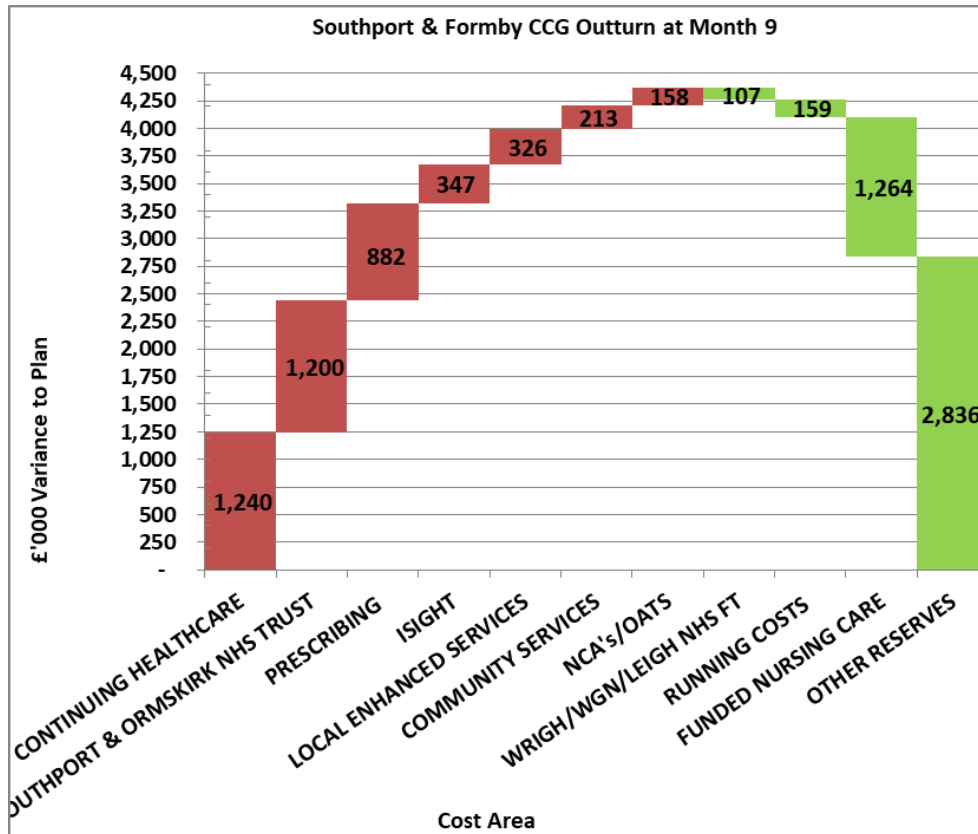
Key Performance Indicator		This Month
Business Rules	1% Surplus	✘
	0.5% Contingency	✔
0.5% Surplus (£1m)	Financial Balance	✔
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£2.397m
Running Costs	CCG running costs < 2018/19 allocation	✔
BPPC	NHS - Value YTD > 95%	98.56%
	NHS - Volume YTD > 95%	92.22%
	Non NHS - Value YTD > 95%	95.86%
	Non NHS - Volume YTD > 95%	93.00%

- NHS England business rules routinely require CCGs to deliver a 1% surplus. The CCG has been set a financial control total by NHS England to deliver a £1m surplus, which is a 0.5% surplus.
- A 0.5% Contingency Reserve of £0.934m is held as mitigation against cost pressures.
- The current financial plan is to achieve a £1m surplus position in year. The CCG most likely position assessed at 31 December 2018 for the financial year is breakeven.
- The QIPP target for 2018-19 is £5.210m; delivery is £2.397m to date which is £2.229m below the planned delivery at month 9.
- The forecast expenditure on the CCG Running Cost budget is below the allocation by £0.159m.
- BPPC targets have been achieved for by value but by volume they are below the 95% target. This will be reviewed to identify areas of improved performance.

2.2 Financial Forecast

The main financial pressures included within the financial position are shown below in figure 4, which presents the CCGs outturn position for the year.

Figure 4 – Forecast Outturn



- The CCG's most likely financial position for the financial year after the impact of additional mitigations and required additional support is breakeven.
- The main financial pressures relate to:
 - Cost pressures relating to Continuing Healthcare packages.
 - Cost pressures at Southport & Ormskirk NHS Trust for PbR activity.
 - Over spend within prescribing due to NCSO and other prescribing cost pressures.
 - Cost pressures within iSight Clinic.
 - Cost pressures within the Local Quality Contract due to part one and quarterly claims being higher cost than expected.
 - Cost pressures within Community Services due to Contract variations for Neuro-Development, CAMHS & Dietetics.
- The cost pressures are partially offset by underspends in running costs, funded nursing care and the reserve budget due to the 0.5% contingency held.

2.3 CCG Reserves Budget

Figure 5 – Reserves Budget

Reserves Budget	Opening Budget £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m
QIPP Target	(5.210)				(5.210)
QIPP Achieved	0.000		2.397		2.397
NCSO Adjustment	(1.100)			1.100	0.000
Primary care additional allocation	(0.500)				(0.500)
CAT M expenditure reduction	(0.300)	0.100			(0.200)
CCG Growth Funding	0.665		(0.601)		0.064
CHC Growth Funding	0.500				0.500
Better Care Fund	0.230			(0.071)	0.159
Community Services investment	0.697			(0.260)	0.437
Intermediate care	0.500		(0.130)	(0.219)	0.151
CEOV Allocation Adjustment	0.153	(0.290)			(0.137)
Other investments / Adjustments	0.325	0.524	(0.634)	(0.636)	(0.421)
0.5% Contingency Reserve	0.934				0.934
Total Reserves	(3.106)	0.334	1.032	(0.086)	(1.826)

- The CCG reserve budgets reflect the approved financial plan.
- The QIPP target is held as a negative budget and offset with budget transfers from operational budgets into the reserves budget as schemes are achieved.
- A summary of monthly NCSO costs pressures for the CCG to date is sent to NHS England each month for monitoring purposes.
- The budget also includes an assumption for increased savings relating to CATM prescribing. The CCG will review the impact of CATM following the recent announcement regarding 2018/19 arrangements and will include an update in the next report.
- An assumption is included relating to the Primary Care underspend which will be allocated to the CCG in line with the principle established in 2017/18. A position statement is expected from NHS England in the next month.

2.4 Provider Expenditure Analysis – Acting as One

Figure 6 – Acting as One Contract Performance (Year to Date)

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	0.695
Alder Hey Children's Hospital NHS Foundation Trust	0.091
Liverpool Women's NHS Foundation Trust	(0.021)
Liverpool Heart & Chest NHS Foundation Trust	(0.137)
Royal Liverpool and Broadgreen NHS Trust	0.088
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.098)
Grand Total	0.618

- 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 over performance with these providers but does present a risk that activity could move to other providers not included in the arrangements, causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also restricts the ability to achieve QIPP savings in the two year contract period. However, identification of 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 over performance spend against plan, this would represent an overspend of £0.618m under usual contract arrangements.
- It should be noted that both Aintree University Hospitals, and Royal Liverpool and Broadgreen NHS Trust have not agreed control totals for 2018-19 and therefore would be subject to potential contract sanctions which would be reclaimable if a PbR related contract had been in place.

Figure 7 – Provider Expenditure Analysis – Southport & Ormskirk

	Best Case	Likely Case	Worst Case
	SFCCG	SFCCG	SFCCG
	£m	£m	£m
Opening Contract Value	64.074	64.074	64.074
Reported YTD (Under) Overspend at M8	4.558	4.558	4.558
Less : NEL Price increase	(1.846)	(1.372)	(0.500)
: CDU Activity	(0.474)	(0.474)	0.000
: AEC Follow ups price reduction	(0.543)	(0.543)	(0.543)
Revised YTD (Under) Overspend at M8	1.695	2.169	3.515
Extrapolated to M12	2.543	3.254	5.273
Less : Non-PbR Review	(0.300)	0.000	0.000
: Applicable Sanctions	(1.315)	(1.100)	(1.100)
: CQUIN	(0.400)	(0.300)	(0.200)
: Further NEL / Other	(0.528)	(0.528)	(0.283)
Revised Forecast (over) underspend	0.000	1.326	3.690
Forecast Contract Payment 2018/19	64.074	65.400	67.764

- The Month 8 activity report received from Southport & Ormskirk NHS Trust shows an over performance of £4.558m against plan. The CCG have raised a challenge relating to a number of areas of expenditure included in the year to date position:
 - Non-Elective price increase
 - Counting of CDU activity

- AEC Follow up activity
- In line with the contract planning timetable, the CCG and provider have requested mediation on the above issues and in respect of the contract performance to date. This is currently being progressed with a resolution expected within the next month.
- MIAA have undertaken a review of the AEC pathway and cost, the CCG have proposed to accept a revised unit cost of £769 with the provision that there is an agreed service specification which ensures clinically appropriate activity is recorded under this pathway. The impact of this change is included in each scenario.
- The CCG likely case financial position includes an assumption that the Southport Contract payment will be £65.4m. Any additional payment above this amount will increase the CCG's forecast deficit.

2.5 QIPP

Figure 8 – QIPP Plan and Forecast

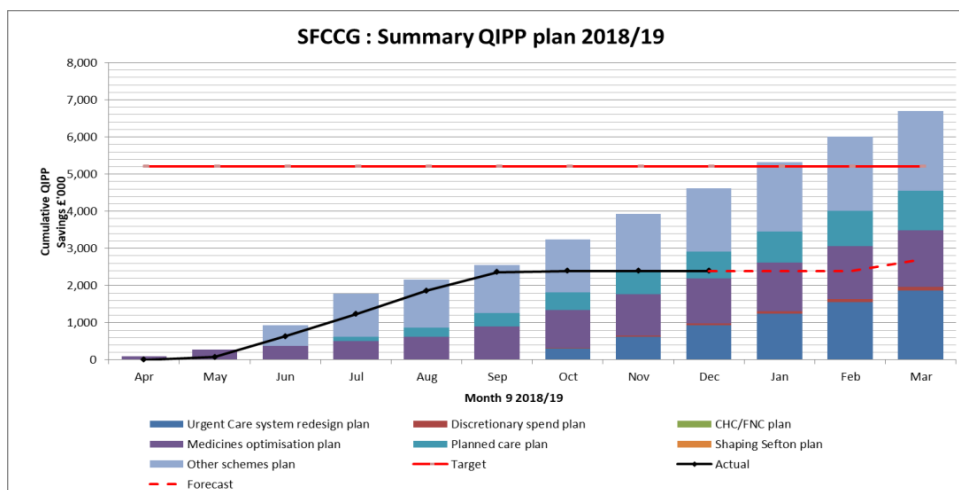


Figure 9 – RAG Rated QIPP Plan

QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	1,067	0	1,067	0	0	1,067	1,067
Medicines optimisation plan	1,517	0	1,517	1,105	0	412	1,517
CHC/FNC plan	0	0	0	0	0	0	0
Discretionary spend plan	100	0	100	0	0	100	100
Urgent Care system redesign plan	1,870	0	1,870	0	0	1,870	1,870
Shaping Sefton plan	0	0	0	0	0	0	0
Other Schemes plan	901	1,241	2,142	1,592	0	550	2,142
Total QIPP Plan	5,455	1,241	6,696	2,697	0	3,999	6,696
QIPP Delivered 2018/19				(2,397)		0	(2,397)

- The 2018/19 QIPP target is £5.210m.
- QIPP schemes worth £6.696m have been identified; however £3.999m of the schemes are rated red which means that there is a high risk of non-delivery in year. This position needs to be addressed in order to deliver the CCG's financial plan.

- To date the CCG has achieved £2.397m QIPP savings in respect of prior year technical adjustments and prescribing savings.

2.6 Risk

Figure 10 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	1.900	(0.900)	1.000
QIPP Target	(5.210)	0.000	(5.210)
Revised surplus / (deficit)	(3.310)	(0.900)	(4.210)
I&E Impact & Reserves Budget	0.000	1.000	1.000
Reserve Budgets			
Management action plan			
QIPP Achieved	0.573	1.824	2.397
Remaining QIPP to be delivered	4.637	(1.824)	2.813
Total Management Action plan	5.210	0.000	5.210
Year End Surplus / (Deficit)	0.000	1.000	1.000

- The CCG agreed financial plan is a surplus of £1m.
- The forecast position is dependent on achieving a QIPP saving of £5.210m and this represents the best case scenario.
- The underlying position is a breakeven position; this position removes non-recurrent expenditure commitments and non-recurrent QIPP savings from the forecast position.

2.7 Risk Adjusted Position

Figure 11 – Risk Adjusted Position

Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
Underlying Deficit	(4.210)	(4.210)	(4.210)
Predicted QIPP achievement	5.210	2.697	2.812
I&E impact	(2.764)	(2.918)	(2.689)
Forecast Surplus / (Deficit)	(1.764)	(4.431)	(4.087)
Further Risk	(0.500)	(2.283)	(4.633)
Management Action Plan	3.264	6.714	5.226
Risk adjusted Surplus / (Deficit)	1.000	0.000	(3.494)

- The best case scenario is a £1m surplus. This assumes that QIPP will be delivered in full and current expenditure trends improve.
- The most likely case is a breakeven and assumes that QIPP delivery will be £2.697m for the year with further risk in relation to the Sefton Transformation Board, acute over performance and mitigations relating to further actions agreed by the Governing Body in December 2018, the CCG contingency budget, contract sanctions and other reserves.
- The worst case scenario is a deficit of £3.494m and assumes further pressures emerging in year. The main pressures in the worst case scenario relate to over performance for Non- Elective activity/costs at Southport and Ormskirk Hospital NHS Trust.

2.8 Statement of Financial Position

Figure 12 – Summary of working capital

Working Capital and Aged Debt	Q1 2018/19	Q2 2018/19	Q3 2018/19	Prior Year 2017/18
	M3 £'000	M6 £'000	M9 £'000	M12 £'000
Non-Current Assets	0	31	31	0
Receivables	2,241	2,560	1,372	2,406
Cash	4,687	3,046	1,534	63
Payables & Provisions	(16,042)	(13,893)	(18,706)	(12,162)
Value of Debt > 180 days	1,669	1,729	61	672

- Non-Current Assets balance has increased due to funding received from NHS England for Primary Care IT.
- The receivables balance includes invoices raised for services provided along with accrued income and prepayments.
- Outstanding debt in excess of 6 months old at month 9 has reduced to £0.061m. The remaining balance comprises two invoices; Dovehaven Nursing Home (£0.022m) and Southport & Ormskirk (£0.037m). The CCG finance team and NHS Shared Business Services continue work to address these issues.
- The Annual Cash Drawdown (ACDR) is the annual cash drawdown is the estimated cash requirement for the financial year, previously known as the Maximum Cash Drawdown (MCD). Cash is allocated monthly following notification of cash requirements. The CCG ACDR was set at £185.340m at Month 9. The actual cash utilised at Month 8 was £137.070m which represents 73.96% of the total allocation. The balance of ACDR to be utilised over the remainder of the year is £48.270m.

2.9 Recommendations

- The full year most likely financial position for the CCG before mitigation is a deficit of £3.019m, the Governing Body have agreed mitigating actions to reduce the level of deficit to £1m and it is anticipated that further support will be required to enable the CCG to deliver the statutory duty of breakeven.
- QIPP delivery at month 9 is £2.397m which relates to a prior year non recurrent benefit arising from a technical adjustment, planned application of reserves and prescribing savings. The QIPP target for 2018-19 is £5.210m.
- The month 9 financial position is a £0.778m deficit against a planned deficit of £0.200m. The year to date financial position is a variance from plan of £0.978m due to losses in month of £0.295m and not being able to deliver the planned surplus.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly.
- In order to deliver the long term financial recovery plan, the CCG requires on going and sustained support from member practices, supported by Governing Body GP leads. All members of the CCG must contribute to the implementation of QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2019-20 and in future years.

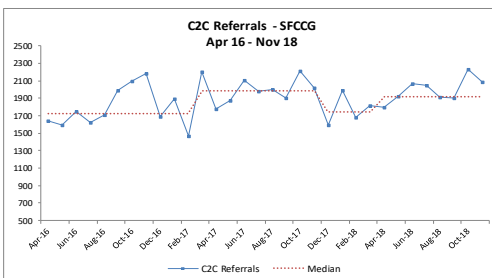
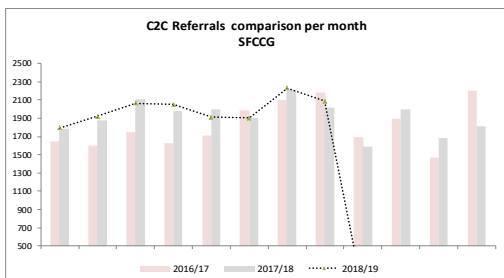
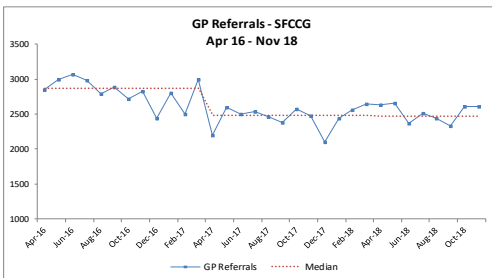
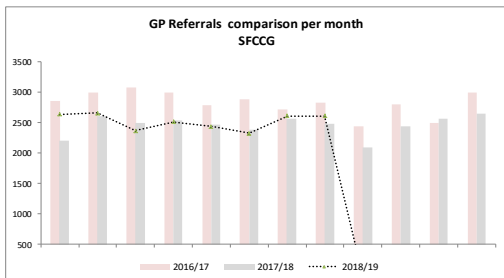
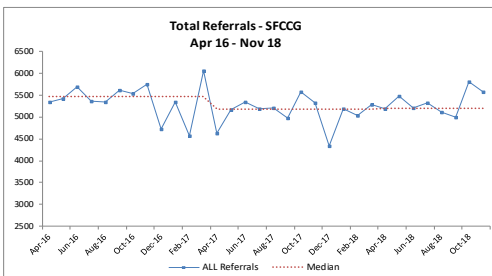
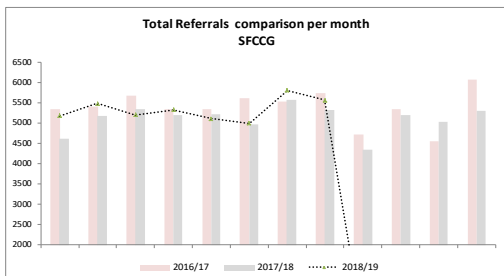
Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	N/A	Alison Ormrod

3. Planned Care

3.1 Referrals by Source

Figure 13 - Referrals by Source across all providers for 2017/18 & 2018/19

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%
April	2202	2637	435	20%	1782	1795	13	1%	4628	5186	558	12%
May	2601	2659	58	2%	1876	1922	46	2%	5180	5488	308	6%
June	2500	2370	-130	-5%	2109	2066	-43	-2%	5348	5210	-138	-3%
July	2540	2515	-25	-1%	1979	2053	74	4%	5194	5333	139	3%
August	2464	2440	-24	-1%	2001	1911	-90	-4%	5219	5110	-109	-2%
September	2379	2329	-50	-2%	1904	1904	0	0%	4976	5003	27	1%
October	2570	2612	42	2%	2210	2232	22	1%	5577	5811	234	4%
November	2483	2608	125	5%	2017	2087	70	3%	5331	5573	242	5%
December	2099				1594				4340			
January	2445				1993				5200			
February	2566				1681				5038			
March	2645				1816				5299			
Monthly Average	2458	2522	64	3%	1914	1998	84	4%	5111	5341	230	5%
YTD Total Month 8	19739	20170	431	2%	15878	15970	92	1%	41453	42714	1261	3%
Annual/FOT	29494	30255	761	3%	22962	23955	993	4%	61330	64071	2741	4%





Year to date referrals at month 8 are currently up 3% when comparing to the equivalent period in the previous year. Referrals in month 8 decreased to the previous month but remained above 2017/18 levels and were also above a monthly average for 2018/19.

At provider level, referrals to Southport Hospital are slightly higher when compared to the equivalent period in 2017/18 with an increase of 1%. However, there are noteworthy increases occurring at Aintree Hospital, Renacres, Isight and St Helens & Knowsley Hospital's.

Within individual specialties, General Medicine, Cardiology and General Surgery are reporting a notable increase in referrals during 2018/19 with each linked to referral increases to Southport Hospital. At Aintree Hospital, there have been increases reported across a number of specialties including Breast Surgery, ENT and Ophthalmology with demand linked predominantly to increased GP referrals but also to referrals from a consultant other than in A&E.

GP referrals in 2018/19 to date are 2% up on the equivalent period in the previous year. GP referrals to the main hospital provider are currently 1% below 2017/18 levels with increases apparent at Aintree Hospital and Renacres Hospital. Consultant-to-consultant referrals are currently 1% higher in 2018/19 when comparing to the previous year with increases evident at St Helens & Knowsley and Liverpool Heart & Chest Hospitals. Consultant-to-consultant referrals at the main hospital provider are comparable to the previous year, which can be attributed to significant decreases within the Physiotherapy specialty. A consultant-to-consultant referral policy for Southport & Ormskirk Hospital has been approved.

Data quality notes:

Walton Neuro Centre excluded from the above analysis due to data quality issues.

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.

Aintree Hospital has identified an issue related to ERS implementation with some referrals potentially being rejected on the system at month 6 of 2018/19. This may have contributed to reduced referrals reported at this time.

3.1.1 E-Referral Utilisation Rates

Figure 14 – Southport & Formby CCG E Referral Performance

NHS E-Referral Service Utilisation	Period	Target	Actual	Trend
NHS Southport & Formby CCG	18/19 - Oct	100%	86.00%	↑

The national NHS ambition is that E-referral Utilisation Coverage should be 100% by the end of Q2 2018/19. Southport and Ormskirk Trust was an early adopter of the scheme and as such was required to achieve 100% by April 2018. October 2018 is the latest available data which shows a performance of 86%, an improvement on 83% reported in September.

3.2 Diagnostic Test Waiting Times

Figure 15 - Diagnostic Test Waiting Time Performance

Diagnostic test waiting times	Period	Target	Actual	Trend
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	18/19 - Nov	<1%	2.60%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	18/19 - Nov	<1%	1.40%	↓

Performance Overview/Issues

The CCG failed the less than 1% target for Diagnostics in November recording 2.6%, a significant improvement on last month (4.1%). Out of 2,098 patients, 57 patients were waiting over 6 weeks, and 3 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in CT (15), cystoscopy (10), MRI (9) and colonoscopy (9).

Southport and Ormskirk also failed the less than 1% target for Diagnostics in November recording 1.4%, but this is a significant improvement on last month (4.2%). Out of 2,763 patients, 44 patients waited over 6 weeks, and 4 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for cystoscopy (15), non-obstetric ultrasound (8), urodynamics (7) and colonoscopy (7). The Trust has reported that most breaches in November were due to patient choice with some capacity issues in cystoscopy, non-obstetrics and urodynamics.

How are the issues being addressed?

The Trust and the CCG has started a programme of work supported by the PMO to review productivity and utilisation of endoscopy sessions. Process Mapping dates have been agreed for January 2019. The Trust is also working with the Cheshire and Merseyside Cancer Alliance to adopt their scheduling/utilisation tool which would provide benchmarking data and highlight areas of improvement. Some of the Treatment Centre management team attend a CMAC event to listen and learn about good practice.

When is performance expected to recover?

April 2019.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Rob Caudwell	Moira Harrison

3.3 Referral to Treatment Performance

Figure 16- Referral to Treatment Time (RTT) Performance

RTT waiting times for non-urgent consultant-led	Period	Target	Actual	Trend
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	18/19 - Nov	0	1	↓
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Southport & Ormskirk)	18/19 - Nov	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)	18/19 - Nov	92%	94.20%	↑
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Southport & Ormskirk)	18/19 - Nov	92%	96.20%	↑

Figure 17 – RTT Performance & Activity Trend

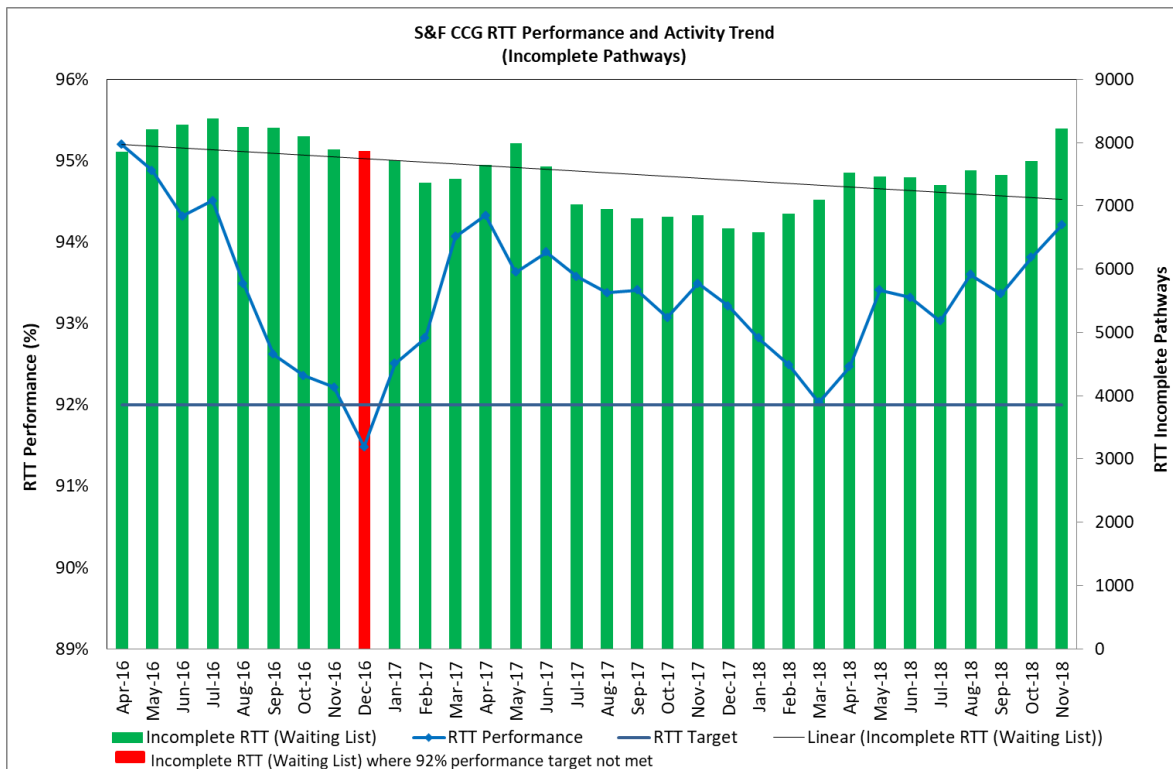


Figure 18 – Southport & Formby CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Mar v Latest
2017/18	7,650	7,988	7,628	7,020	6,945	6,799	6,826	6,853	6,648	6,589	6,873	7,100	7,100
2018/19	7,531	7,465	7,448	7,328	7,559	7,487	7,705	8,221					8,221
Difference	-119	-523	-180	308	614	688	879	1,368					1,121
St Helens 17/18 Actuals	118	135	158	174	192	202	217	208					208
Revised 2018/19 Position	7,649	7,600	7,606	7,502	7,751	7,689	7,922	8,429					8,429
Revised Difference	-1	-388	-22	482	806	890	1,096	1,576					1,329

Performance Overview/Issues

The CCG had one patient waiting on the incomplete pathway over 52 weeks in November. This patient was waiting for treatment in gynaecology at Liverpool Women’s Hospital. The patient has now been discharged.

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. Figure 18 (above) has been revised to include a proxy of Southport & Formby CCG patients waiting at St Helens & Knowsley Trust, based on 2017/18 data. The Trust have not been submitting RTT information nationally in 2018/19 due to known reporting issues during a change in their PAS system. In November the CCG had 8,429 incomplete pathways, 1,576 patients more than November 2017. This is the fifth consecutive time in 2018/19 the CCG has not achieved the target with performance steadily declining.

How are the issues being addressed?

The CCG are working with Southport & Ormskirk Trust to support achievement of the target and a number of plans and actions are in place:

- Trust weekly Patient Tracking meetings focus on patients likely to pass their RTT
- Waiting List Initiative Clinics
- A number of vacancies are expected to be filled by early 2019.
- Continue to expand Advice and Guidance across all specialities
- S&O have arranged a number of workshops to identify change required to ensure compliance of targets and identify the challenges ahead which may impact on achievement of targets. Stakeholders have been invited to each of the workshops
- Gastroenterology education events to support reduction of inappropriate referrals have taken place. Further discussion to take place for example referral forms.

The Trust undertakes weekly access meetings where each speciality is discussed and areas of concern highlighted. The CCG forms part of the membership of this meeting and assurances are given and actions are discussed. Going forward the Chief Operating Officer will be chairing to ensure Executive oversight of the operational pressures and patterns that emerge impact on performance and improvement. The meetings form part of our internal validation process along with the constant validation undertaken by the 18 week trackers and clinical teams.

When is performance expected to recover?

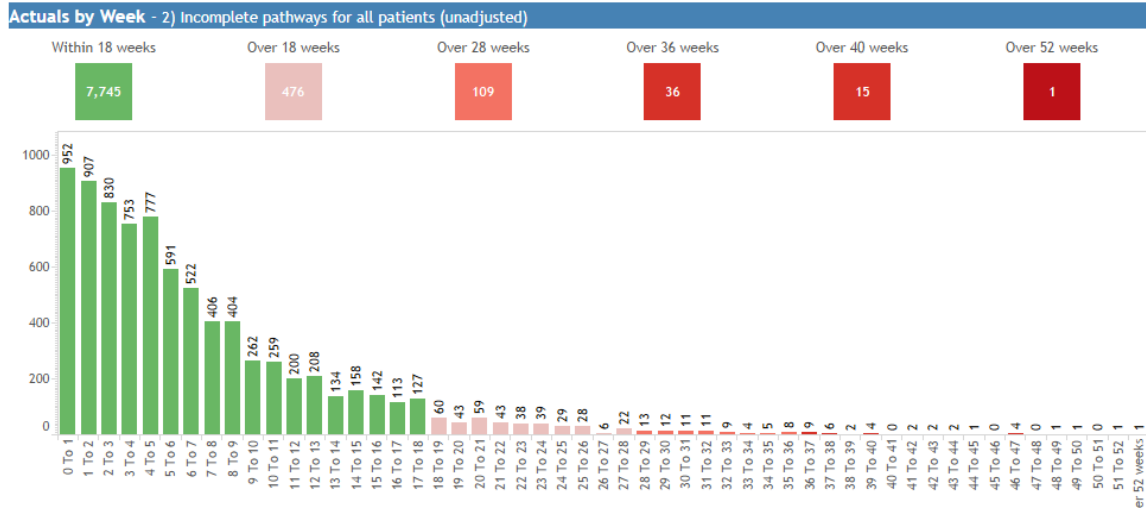
It is expected that the plans above will improve performance to meet the target by March 2019.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Rob Caudwell	Moira Harrison

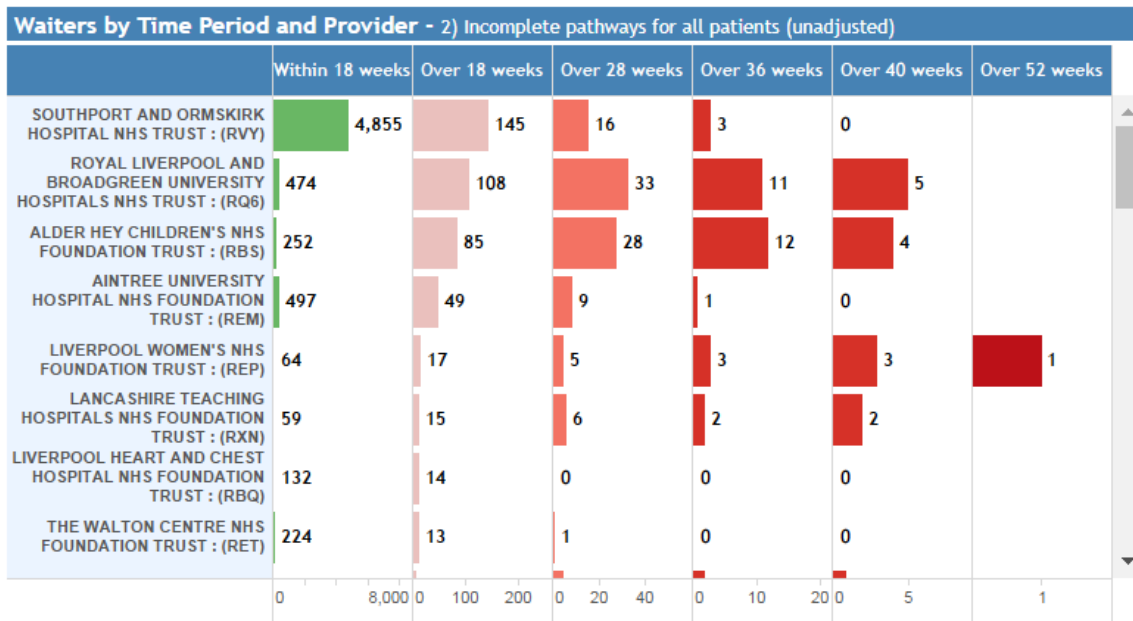
3.3.1 Incomplete Pathway Waiting Times

Figure 19 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 20 - 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 21 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

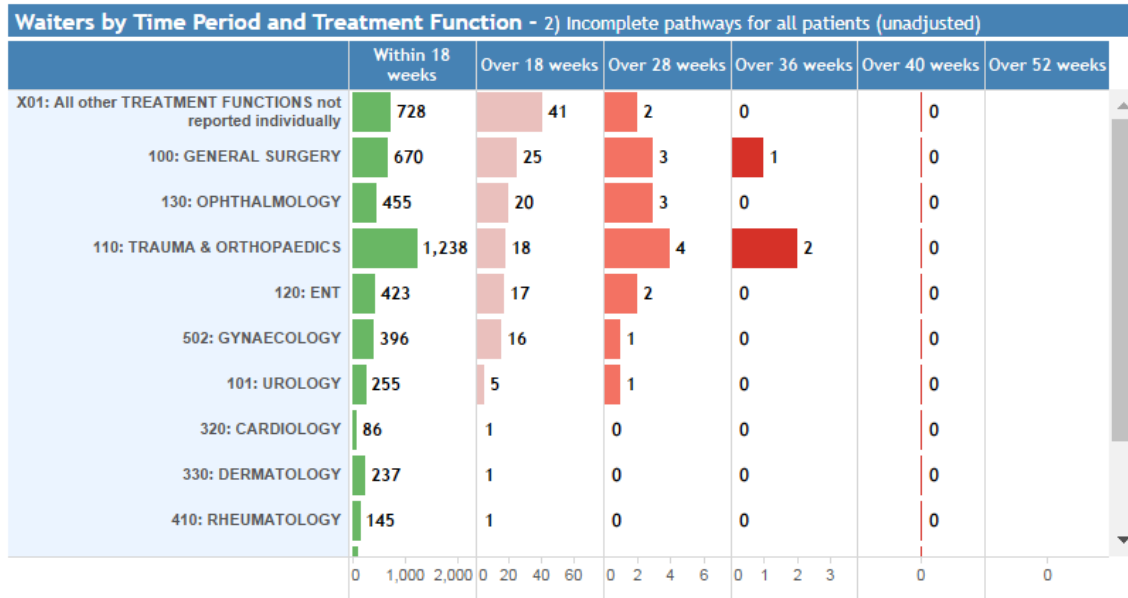
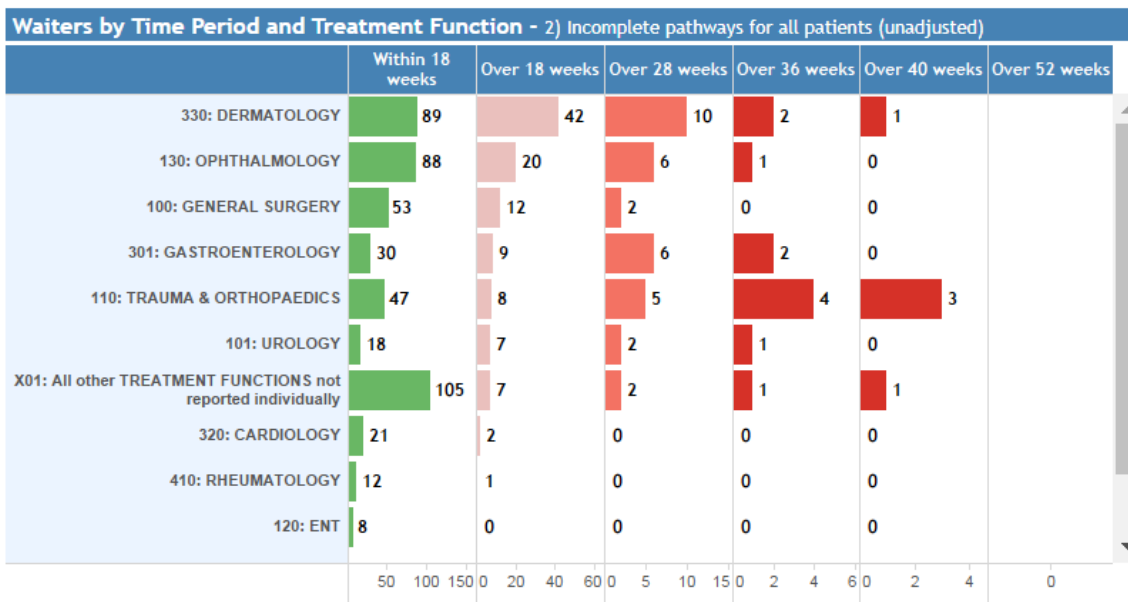


Figure 22 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



3.3.4 Provider assurance for long waiters

Figure 23 – Southport & Formby CCG Provider Assurance for Long Waiters

CCG	Trust	Speciality	Wait band	Details
Southport & Formby CCG	Liverpool Womens	Gynaecology	52+ weeks	Patient has now been discharged
Southport & Formby CCG	Liverpool Womens	Gynaecology	49 & 51 weeks	2 patients. Trust only providing information on 52+ week waiters.
Southport & Formby CCG	Royal Liverpool	T&O	36 to 48 weeks	4 patients; all pathways have now been stopped. 1 patient was waiting at 48 weeks. The Trust has recently been performing validation work on their long waiters and it was noted that following on from the initial appointment this particular patient had to undergo further Cardiac testing to confirm their suitability for surgery. The testing is now complete and the patient has a future pre-operative and anaesthetic assessment planned for January. This patient therefore will not be reported as a 52 week breach.
Southport & Formby CCG	Lancashire Teaching	Plastic Surgery	46 weeks	Patient was treated in December.
Southport & Formby CCG	Royal Liverpool	Other	46 weeks	Patient pathway stopped. Delay due to capacity.
Southport & Formby CCG	Alder Hey	Other	36 to 44 weeks	12 patients; 3 were seen and treated in December, 6 undated and have been highlighted to service, 3 have TCI dates. Delays due to community capacity, 1 admitted capacity and 1 patient choice.
Southport & Formby CCG	Manchester University	Gynaecology	43 weeks	Trust only providing information on 52+ week waiters.
Southport & Formby CCG	Lancashire Teaching	General Medicine	42 weeks	Awaiting Trust update.
Southport & Formby CCG	Royal Liverpool	Dermatology	37 & 41 weeks	2 patients whose pathways have been stopped. Delays due to capacity.
Southport & Formby CCG	Manchester University	General Surgery	39 weeks	Trust only providing information on 52+ week waiters.
Southport & Formby CCG	Wirral	Gynaecology	39 weeks	Trust only providing information on 52+ week waiters.
Southport & Formby CCG	Aintree	General Surgery	39 weeks	Treated 18/12/2018
Southport & Formby CCG	Royal Liverpool	Gastroenterology	36 & 38 weeks	Both patients have TCI dates. Long wait on waiting list.
Southport & Formby CCG	Southport & Ormskirk	General Surgery	37 weeks	Patient was referred 13/03/2018. Decision to admit 09/05/2018. Hernis repair, needed to wait for anaesthetic report. Unfit 03/12/2018. Clock start 10/12/2018 and TCI 14/01/2019.
Southport & Formby CCG	Renacres Hospital	T&O	36 weeks	Patient was admitted on 10th July 2018 to have a knee replacement but was cancelled on the same day due to abnormal liver functions tests and further investigations needed. Patient is now booked for 17th Jan 2019.
Southport & Formby CCG	Royal Liverpool	Urology	36 weeks	Long wait on waiting list. Patient not yet dated.
Southport & Formby CCG	Royal Liverpool	Ophthalmology	36 weeks	Pathway stopped. Capacity issues.
Southport & Formby CCG	Southport & Ormskirk	T&O	36 weeks	2 patients; one patient has TCI date in January. The other patient attended on 12/04, then had three separate DNA's 30/08, 06/12 and 20/12 and a patient cancelled appointment 11/10. Patient has been discharged.

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

Figure 24 – Southport & Ormskirk Cancelled Operations

Cancelled Operations	Period	Target	Actual	Trend
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	18/19 - Nov	0	7	↑ ↓

Southport & Ormskirk reported 7 cancelled operations in November. These were due to 6 no beds available and 1 patient was unaware of their appointment.

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

Figure 25 – Southport & Ormskirk Cancelled Operations for a second time

Cancelled Operations	Period	Target	Actual	Trend
No urgent operation should be cancelled for a second time - Southport & Ormskirk	18/19 - Nov	0	0	↕

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 26 – Two Week Cancer Performance measures

Cancer waits – 2 week wait	Period	Target	Actual	Trend
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	18/19 - Nov	93%	93.95%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	18/19 - Nov	93%	94.70%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	18/19 - Nov	93%	88.40%	↑

Performance Overview/Issues

The CCG failed the 93% target in November for patients urgently referred with breast symptoms reporting 91.11% and year to date with 88.4%. In November, 4 patients out of 45 breached due to patient choice.

How are the issues being addressed?

Recent months have shown a significant improvement in performance, following actions taken relating to demand management, including communications to GPs on management of symptomatic breast disease and the availability of Advice and Guidance from July 2018. However Southport and Formby CCG has failed the monthly target in November. Although patient choice is cited for the breach reasons, it is likely that capacity constraints within the Aintree breast service will mean little flexibility and notice of the appointment offer. Waiting list initiatives have been put in place for December and January at Aintree. However the Trust recognises the need for a sustainable staffing model to meet current levels of demand for breast services. This includes increasing the Consultant level capacity and also radiography capacity. We are also keen to promote use of Advice and Guidance as an alternative to referral where breast cancer is not suspected.

When is performance expected to recover?

February 2019.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Graeme Allen	Sarah McGrath

3.5.2 - 31 Day Cancer Waiting Time Performance

Figure 27 – 31 Day Cancer Performance measures

Cancer waits – 31 days	Period	Target	Actual	Trend
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	18/19 - Nov	96%	96.31%	↑
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Southport & Ormskirk)	18/19 - Nov	96%	98.14%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - Nov	94%	99.46%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Southport & Ormskirk)	18/19 - Nov	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - Nov	94%	97.50%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Southport & Ormskirk)	18/19 - Nov	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - Nov	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Southport & Ormskirk)	18/19 - Nov	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 28 – 62 Day Cancer Performance measures

Cancer waits – 62 days	Period	Target	Actual	Trend
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)	18/19 - Nov	85% (local target)	89.74%	↑
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)	18/19 - Nov	85% (local target)	91.04%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - Nov	90%	91.49%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Southport & Ormskirk)	18/19 - Nov	90%	75.00%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - Nov	85%	79.29%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Southport & Ormskirk)	18/19 - Nov	85%	79.37%	↓

Performance Overview/Issues

The CCG failed the 85% target for urgent GP referrals in November with 75.76% and year to date with 79.29%. In November, 8 patients out of 33 breached. 3 breaches had a listed reason of ‘other’. 3 breaches were due to health care professional initiating a delay and 2 due to a complex diagnostic pathway.

Southport & Ormskirk continues to breach the 90% target for the NHS screening service pathway year to date due to April’s performance of 50%, with the equivalent of just 0.5 of a breach out of 1. The Trust has not reported any breaches since. The patient treated in April waited for 84 days for admission for surgery. Their delay was due to medical reasons (patient unfit for diagnostic episode).

The Trust failed the 85% target for urgent GP referrals in November with 70.49% and year to date with 79.37%. In November, the Trust reported the equivalent of 9 breaches out of 30.5 patients. 3 breaches had a listed reason of ‘other’. 6 breaches were due to the healthcare professional initiating a delay, 1 due to complex diagnostic pathway, 1 diagnosis delayed for medical reasons and 1 inadequate elective capacity.

How are the issues being addressed?

The Trust remedial action is to undertake a substantial piece of work to address the on-going concerns around 62 day performance. This involves the adoption of a 7 day rule for each stage of every suspected cancer pathway. This will be driven through a newly implemented Cancer Improvement Board.

When is performance expected to recover?

Quarter 1 2019/20

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Graeme Allen	Sarah McGrath






3.5.4 104+ Day Breaches

The Managing Long Waiting Cancer Patients - policy on “backstop” measures introduced in 2015 signalled the need for harm reviews to be undertaken in addition to root cause analyses on pathways breaching 104 days. Root cause analyses will be shared with NHSE via CCGs as outlined in responsibilities under the national backstop policy for managing long waiting cancer patients.

In November, Southport & Ormskirk Trust reported 3 patients waiting longer than 104 days within the 62 day standard metric. 2 breaches were in urology; 1 had an unknown delay and 1 was due to a complex diagnostic pathway. 1 patient breach was in gynaecology with the health care provider initiating delay to diagnostic test or treatment planning. The longest waiting patient was at 112 days, delay reason unknown.

3.6 Patient Experience of Planned Care

Figure 29 – Southport & Ormskirk Inpatient Friends and Family Test Results

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	24.9%	8.2%		96%	98%		2%	1%	
Q1 - Antenatal Care	-	-		95%	*		2%	*	
Q2 - Birth	21.1%	0.0%		97%	NA		1%	NA	
Q3 - Postnatal Ward	-	-		95%	100%		2%	0%	
Q4 - Postnatal Community Ward	-	-		98%	100%		1%	0%	

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.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen a decline in response rates for inpatients, from 16.9% 15.8% in October to 8.2% in November, the lowest reported year to date. The percentage of patients that would recommend the inpatient service in the Trust has increased from 94% in October to 98% in November, rising above the England average of 96%. The percentage of people who would not recommend the inpatient service has improved 2% in October to 1% in November so is now better than the England average of 2%.

For maternity services, in relation to 'Birth' the response rate declined from 7% in October to 0%, falling even further below the England average of 21.1%. The percentage who would recommend the service and who would not recommend was not applicable due to no responses. The

percentage recommended for the postnatal ward and postnatal community ward improved with 100% in November (just 9 responses).

Friends and Family is a standing agenda item at the Clinical Quality Performance Group (CQPG) meetings. The CCG Engagement and Patient Experience Group (EPG) 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.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 8 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.2m/5.3%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £1.4m/6.1%.

At individual providers, Southport & Ormskirk and Wrightington, Wigan and Leigh are showing the largest over performance at month 8 with a variance of £524k/4% and £456k/62% against plan respectively. In contrast, there has been a notable under spend at Liverpool Heart and Chest Hospital (-£174k/-25%).

Figure 30 - Planned Care - All Providers

PROVIDER NAME	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	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	12,067	14,057	1,990	16%	£2,633	£2,746	£113	4%	-£113	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	5,125	5,456	331	6%	£371	£369	-£2	-1%	£2	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,665	1,114	-551	-33%	£690	£516	-£174	-25%	£174	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,797	1,344	-453	-25%	£415	£352	-£63	-15%	£63	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	10,753	11,395	642	6%	£2,001	£1,987	-£14	-1%	£14	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,723	1,752	29	2%	£520	£467	-£52	-10%	£52	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	33,130	35,118	1,988	6%	£6,629	£6,437	-£192	-3%	£192	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	269	286	17	6%	£56	£68	£12	22%	£0	£12	22%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	48	48	0%	£0	£5	£5	0%	£0	£5	-
FAIRFIELD HOSPITAL	78	72	-6	-8%	£13	£12	-£2	-13%	£0	-£2	-13%
ISIGHT (SOUTHPORT)	3,811	4,766	955	25%	£576	£784	£208	36%	£0	£208	36%
LANCASHIRE TEACHING HOSPITAL	0	852	852	0%	£0	£177	£177	0%	£0	£177	-
RENACRES HOSPITAL	8,597	9,493	896	10%	£2,493	£2,439	-£54	-2%	£0	-£54	-2%
SALFORD ROYAL NHS FOUNDATION TRUST	0	151	151	0%	£0	£24	£24	0%	£0	£24	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	69,759	71,546	1,787	3%	£12,725	£13,249	£524	4%	£0	£524	4%
SPIRE LIVERPOOL HOSPITAL	274	244	-30	-11%	£74	£96	£22	29%	£0	£22	29%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	3,775	3,768	-7	0%	£828	£793	-£35	-4%	£0	-£35	-4%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	480	660	180	37%	£118	£133	£15	13%	£0	£15	13%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	278	278	0%	£0	£59	£59	0%	£0	£59	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	229	229	0%	£0	£75	£75	0%	£0	£75	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	2,039	3,231	1,192	58%	£741	£1,196	£456	62%	£0	£456	62%
ALL REMAINING PROVIDERS TOTAL	89,085	95,624	6,539	7%	£17,624	£19,109	£1,486	8%	£0	£1,486	8%
GRAND TOTAL	122,215	130,742	8,527	7%	£24,252	£25,546	£1,294	5.3%	£192	£1,486	6.1%

*PbR only

3.7.1 Planned Care Southport and Ormskirk NHS Trust

Figure 31 - Planned Care – Southport and Ormskirk NHS Trust by POD

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
S&O Hospital Planned Care*								
Daycase	7,392	7,438	46	1%	£3,746	£3,783	£37	1%
Elective	912	851	-61	-7%	£2,193	£2,261	£68	3%
Elective Excess BedDays	142	150	8	6%	£34	£36	£2	5%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	478	826	348	73%	£83	£173	£90	108%
OPFASPCL - Outpatient first attendance single professional consultant led	7,951	8,179	228	3%	£1,369	£1,421	£53	4%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,102	1,875	773	70%	£94	£195	£101	107%
OPFUPSPCL - Outpatient follow up single professional consultant led	25,038	24,347	-691	-3%	£2,041	£2,004	-£37	-2%
Outpatient Procedure	19,659	20,622	963	5%	£2,534	£2,697	£163	6%
Unbundled Diagnostics	7,085	7,258	173	2%	£630	£678	£48	8%
Grand Total	69,759	71,546	1,787	3%	£12,725	£13,249	£524	4%

*PbR only

3.7.2 Southport & Ormskirk Hospital Key Issues

Plans for 2018/19 have been rebased using the 2017/18 forecasted outturn position with some additional growth added to accommodate staffing increases in some aspects of planned care as well as national requirements for RTT performance. The plan rebasing exercise for 2018/19 was required to readjust activity and finance levels in line with continued reductions in demand and activity levels.

The main areas of over performance year to date occurred within the outpatient setting, with both first attendance and procedures increasing. Outpatient first attendances have steadily increase month on month with General Surgery, Trauma & Orthopaedics, and Rheumatology the top three specialties influencing the variance.

Procedures have increase across a number of specialties namely Gynaecology, Dermatology, Ophthalmology and Urology. A significant decrease is noted in T&O which is in opposition to the increased levels across other outpatient points of delivery.

3.7.3 Aintree University Hospital NHS Foundation Trust

Figure 32 - Planned Care – Aintree University Hospital NHS Foundation 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	522	681	159	30%	£325	£483	£158	49%
Elective	287	207	-80	-28%	£660	£432	£-228	-35%
Elective Excess BedDays	72	101	29	40%	£18	£24	£7	38%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	97	51	-46	-47%	£20	£12	£-8	-42%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	174	134	-40	-23%	£7	£6	£-1	-20%
OPFASPCL - Outpatient first attendance single professional consultant led	1,917	2,327	410	21%	£332	£399	£67	20%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	109	83	-26	-24%	£10	£8	£-2	-18%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	269	620	351	130%	£6	£15	£9	132%
OPFUPSPCL - Outpatient follow up single professional consultant led	4,976	5,229	253	5%	£411	£416	£6	1%
Outpatient Procedure	1,783	2,547	764	43%	£264	£357	£93	35%
Unbundled Diagnostics	1,207	1,455	248	21%	£84	£121	£37	44%
Wet AMD	653	622	-31	-5%	£494	£471	£-23	-5%
Grand Total	12,067	14,057	1,990	16%	£2,633	£2,746	£113	4%

Aintree performance is showing a £113k/4% variance against plan at month 8. Day cases and outpatient procedures are the highest over performing areas with variances against plan of £158k/49% and £93k/35% respectively. The over performance within day cases is principally within Breast Surgery and Gastroenterology. Each of these specialties has seen activity recorded against a number of HRGs with zero plans set. 'Unilateral Major Breast Procedures with CC Score 0-2' also accounts for the majority of over performance within the Breast Surgery specialty.

The over performance within outpatient procedures is primarily within Ophthalmology and mainly a result of increased activity for Retinal Procedures. However, 'Non-Invasive Ventilation Support Assessment' within Respiratory Medicine has also seen activity exceed planned levels in all months in 2018/19 to date.

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.

3.7.4 Renacres Hospital

Figure 33 – Planned Care – Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	949	984	35	4%	£952	£867	£85	-9%
Elective	191	164	-27	-14%	£825	£724	£101	-12%
OPFASPCL - Outpatient first attendance single professional consultant led	1,688	1,786	98	6%	£285	£301	£16	5%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,155	2,264	109	5%	£142	£150	£8	6%
Outpatient Procedure	1,782	1,633	-149	-8%	£201	£255	£53	27%
Unbundled Diagnostics	557	730	173	31%	£50	£60	£10	20%
Physio	1,275	1,070	-205	-16%	£37	£31	£6	-16%
Outpatient Pre-op	0	862	862	0%	£0	£51	£51	0%
Grand Total	8,597	9,493	896	10%	£2,493	£2,439	£54	-2%

Renacres performance is showing a -£54k/-2% variance against plan at month 8. Elective and Day case activity are the highest underperforming areas with variances of -£101k/-12% and -£85k/-9% against plan respectively. Reduced activity against HRGs related to Very Major Knee/Hip Procedures has contributed to a large proportion of reduced elective costs with day case underperformance predominantly against major shoulder procedures. It is thought that MCAS is the cause of this under performance, along with the PLCP policy currently in place. The CCG monitors this and it is discussed at regular contract meetings with the provider.

3.7.5 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 34 – 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	14	23	9	63%	£1	£2	£1	65%
Daycase	118	150	32	27%	£157	£204	£47	30%
Elective	75	129	54	73%	£426	£751	£325	76%
Elective Excess BedDays	21	20	-1	-4%	£5	£5	£0	-9%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	50	80	30	60%	£4	£6	£2	46%
OPFASPCL - Outpatient first attendance single professional consultant led	260	470	210	81%	£35	£66	£31	89%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	73	137	64	87%	£4	£8	£3	78%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	99	299	200	203%	£2	£7	£5	211%
OPFUPSPCL - Outpatient follow up single professional consultant led	970	1,356	386	40%	£58	£81	£22	38%
Outpatient Procedure	177	298	121	68%	£24	£40	£16	66%
Unbundled Diagnostics	183	269	86	47%	£22	£26	£4	18%
Grand Total	2,039	3,231	1,192	58%	£741	£1,196	£456	62%

Wrightington, Wigan and Leigh performance is showing a £456k/62% variance against plan at month 8 with over performance driven by elective activity, principally in the Trauma & Orthopaedics specialty and very major hip procedures for non-trauma. Although relatively small amounts of procedures against this HRG have been recorded, the associated costs have contributed to the

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over performance at this Trust. The CCG has previously undertaken analysis which indicated that there hasn't been any significant increase in GP referrals and that activity continues to be specialist. Further monitoring and analysis will be taking place including comparison of GP referred activity to WWL to the Choice Team reports which detail onward secondary referral from MCAS.

3.7.6 iSIGHT Southport

Figure 35 – Planned Care - iSIGHT Southport by POD

ISIGHT (SOUTHPORT) 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	716	1,007	291	41%	£333	£482	£149	45%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	2	2	0	25%	£0	£0	£0	25%
OPFASPCL - Outpatient first attendance single professional consultant led	558	847	289	52%	£80	£119	£38	47%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	56	0	-56	-100%	£4	£0	-£4	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,722	2,043	321	19%	£95	£112	£18	19%
Outpatient Procedure	757	867	110	15%	£64	£71	£7	10%
Grand Total	3,811	4,766	955	25%	£576	£784	£208	36%

iSight performance is showing a £208k/36% variance against plan with over performance evident against a number of PODs. Day case activity is currently £149k/45% above plan with Cataract Extraction and Lens Implant accounting for a large proportion of this over performance.

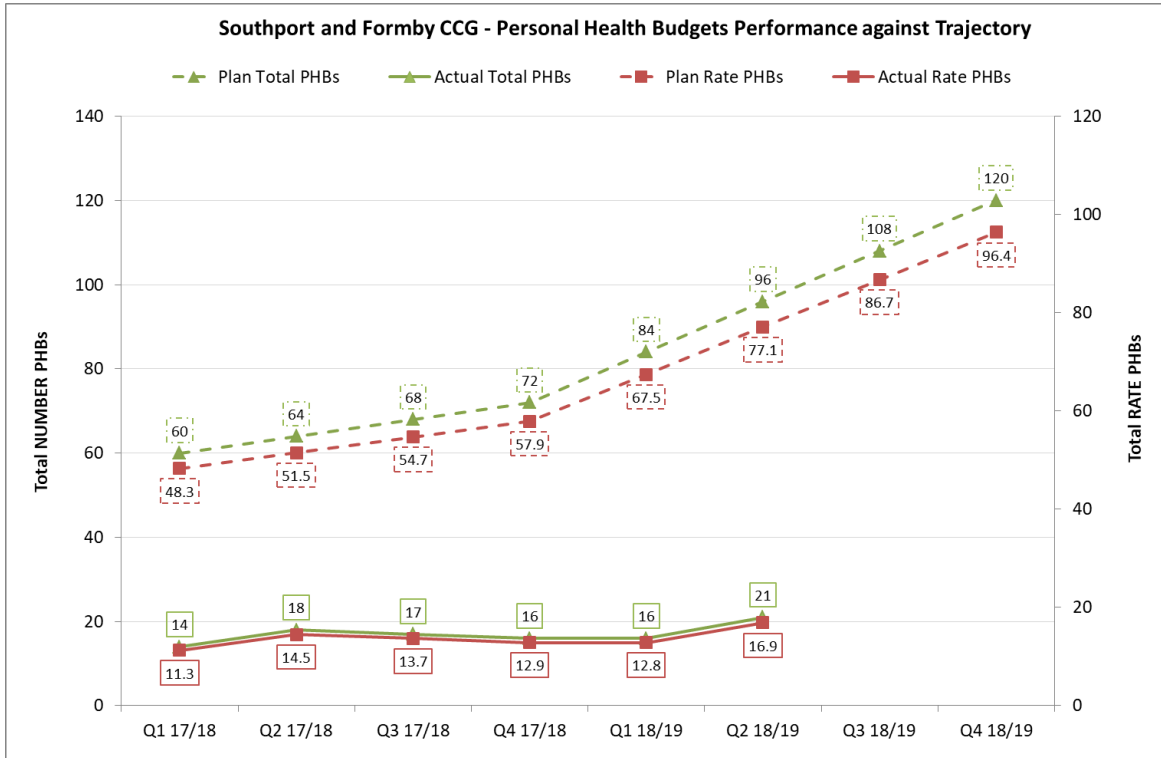
The iSight finance and activity plan for 2018/19 is now in-line with the correct coding for Cataracts and this has been agreed via the Contract Review meetings.

iSight have also undertaken procurement of a new Clinical Patient Administration System (PAS) in order to comply with National Data Submission requirements. The new PAS system has now been installed and iSight are working towards submitting to the national SUS repository in the first quarter of 2018/19. Timescales and progress are to be monitored via the Contract Review meetings.

There is an over performance for AMD; however reports on AMD across providers indicate that activity is reducing at RLBH and Aintree for Southport & Formby patients. Referrals for cataract surgery indicate that the majority of S&F patients are opting to be treated by iSIGHT.

3.8 Personal Health Budgets

Figure 36 - Southport & Formby CCG – 2018/19 PHB Performance



Performance Overview/Issues

In quarter 2 2018/19 a total of 5 new PHBs were reported, bringing the year to date total to 21 against a plan of 96. This equates to a rate of 16.86 per 100,000 population compared to the plan of 77.09. This is under the trajectory set by NHS England. A briefing paper was submitted to SMT in September 2018.

How are the issues being addressed?

- **Adults CHC:** PHBs for adults receiving CHC will be a default position from April 2019. Discussions are taking place with Provider contracts teams in terms of the details with the service specifications to deliver against this element. Task and Finish Group is underway to support process mapping with all key stakeholders which reports into the CHC Programme Board as a sub-group of the Joint Quality Committee.
- **Wheelchairs:** Progress on specialist wheelchair PHBs is currently on hold awaiting the outcome of the CCGs work prioritisation.
- **Children Complex Care:** Mentor CCG is yet to be confirmed by NHS England
- **End of Life Fastrack:** The case for change has been reviewed internally prior to submission to QIPP; there are some aspects that need further clarification from a commissioning perspective. A revised proposal is being considered by Queens Court Hospice.
- **Mental Health S117:** The CCG will continue consider how PHBs can be provided and achieved.

When is performance expected to recover?

End of Q1 2019/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Tracey Forshaw	Tracey Forshaw

3.9 Continuing Health Care (CHC)

A number of measures are reported nationally on the NHS England website relating to Continuing Health Care (CHC). Three are reported in this report, and further indicators will be added to the report in the coming months.

Figure 37 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population

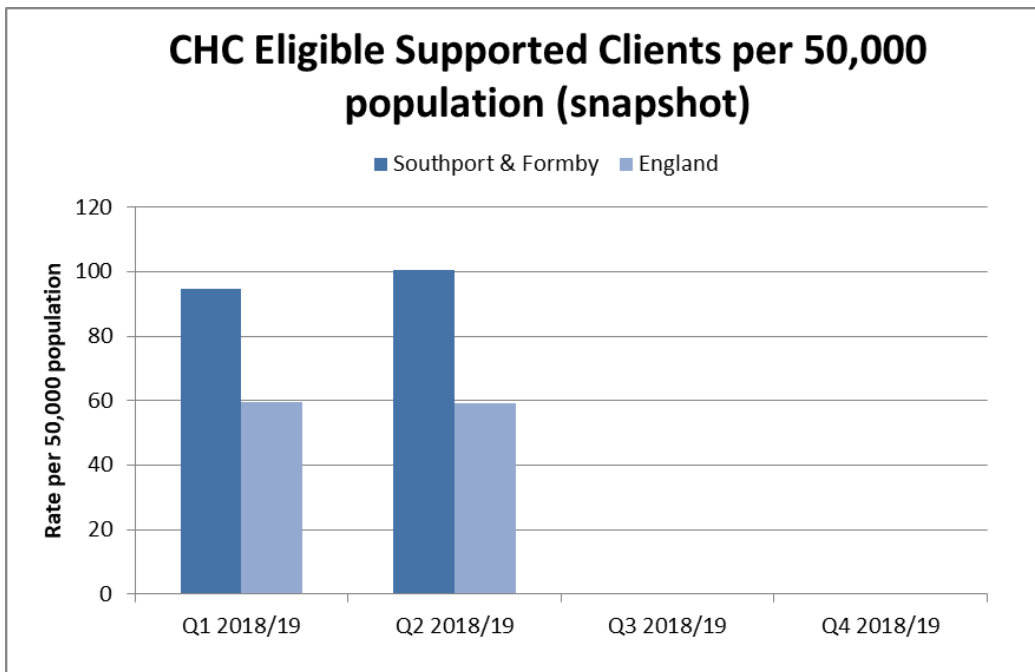


Figure 38 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

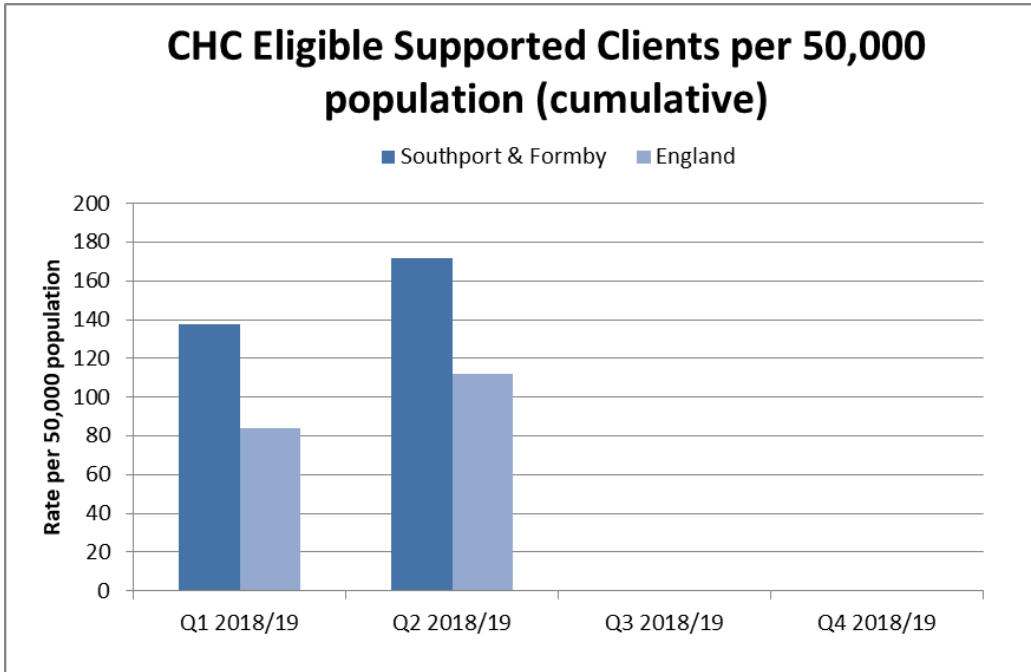


Figure 39 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

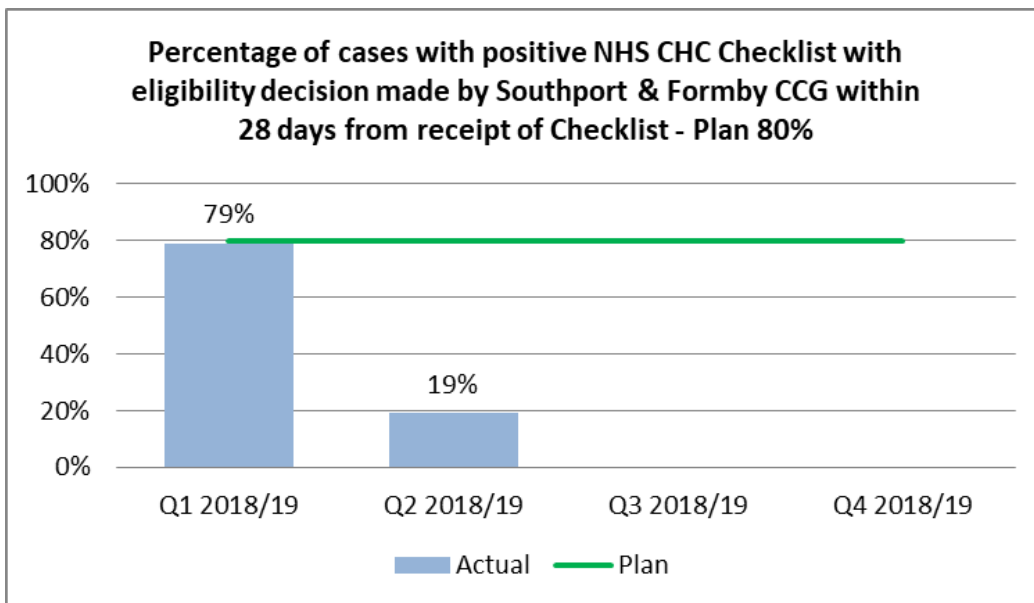
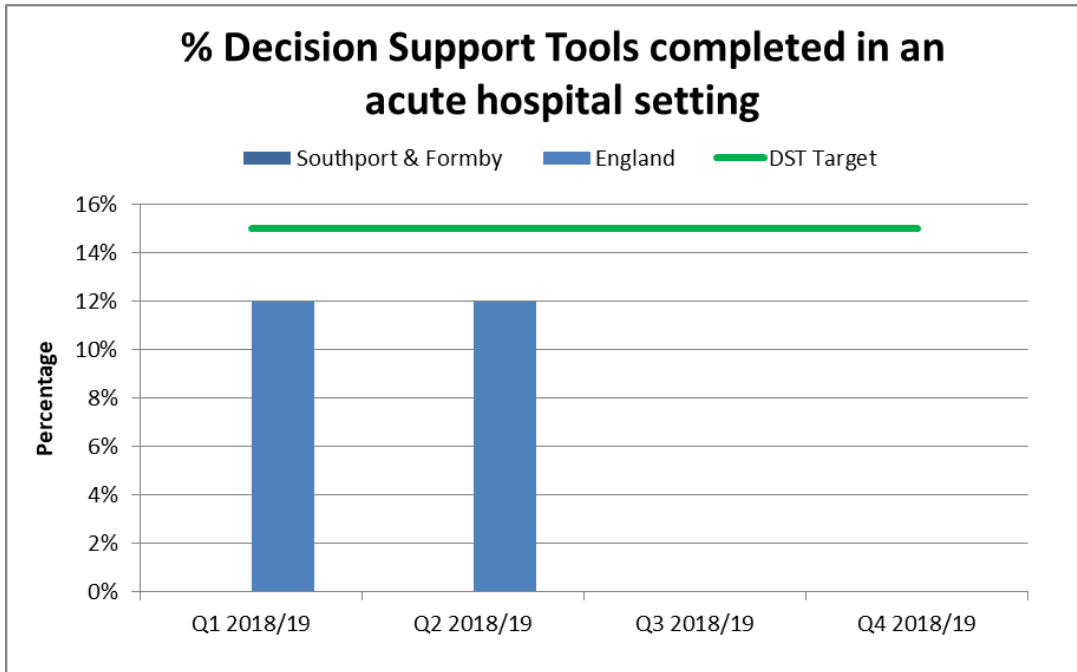


Figure 40 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



Performance Overview/Issues

Performance for the CHC eligibility decisions within 28 days dropped significantly from 79% in quarter 1 to 19% in quarter 2.

How are the issues being addressed?

This is a data input error; the actual figure is 81%. The CCG has referred back to CSU who confirmed the error and plans to ensure the mistake does not happen again. This has been confirmed with NHSE who have accepted this as a data error so the CCG is meeting its planned trajectory.

When is performance expected to recover?

Quarter 3 2018/19

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Brendan Prescott	Amanda Gordon

3.10 Smoking at Time of Delivery (SATOD)

Figure 41 - Smoking at Time of Delivery (SATOD)

Quarter 2

	Southport & Formby		
	Actual	YTD	FOT
Number of maternities	232	463	926
Number of women known to be smokers at the time of delivery	15	39	78
Number of women known not to be smokers at the time of delivery	217	424	848
Number of women whose smoking status was not known at the time of delivery	0	0	0
Data coverage %	100.0%	100.0%	100%
Percentage of maternities where mother smoked	10.4%	10.4%	10.4%

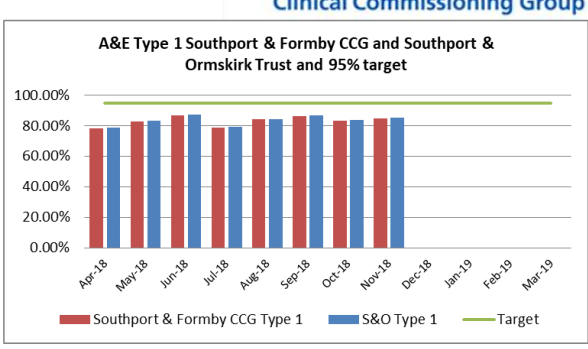
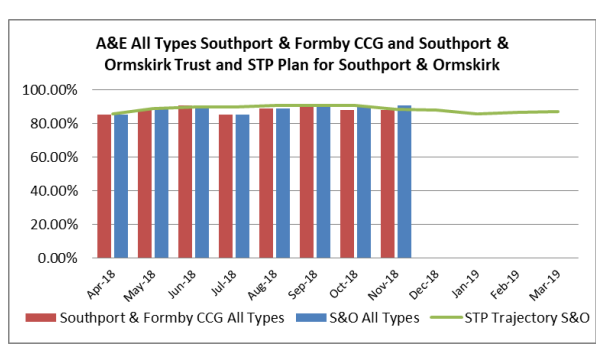
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 42 - A&E Performance

A&E waits	Period	Target	Actual	Trend
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	18/19 - Nov	95.00%	88.24%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Nov	95.00%	83.27%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	18/19 - Nov	STP Trajectory Target for Nov 88.5%	88.99%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	18/19 - Nov	95.00%	83.66%	↑

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	YTD
STP Trajectory S&O	85.80%	88.80%	90.0%	90.0%	91.0%	91%	90.80%	88.50%	%
S&O All Types	85.57%	88.75%	90.91%	85.50%	88.85%	90.76%	90.12%	90.91%	88.99%



Performance Overview/Issues

Southport & Ormskirk’s performance against the 4-hour target for November reached 90.91%, which is above the Trust’s revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 88.5% for November and a slight improvement on last month’s performance. The year to date position is also currently achieving the STP target at 88.99%.

How are the issues being addressed?

Although the Trust did not achieve the 95% target, they have reported that there was over a 20% improvement in performance on the 4-hour reported position for the Southport site for November 2018 compared to November 2017 (76.7% compared to 53.5%). This is testament to the continued improvement programmes focusing on front door, streaming, clinical estate works and the targeted work across the wards improving inpatient flow. November saw a 2.3% increase in overall attendances and a 5.8% increase in majors’ category. The conversion rate from attendance to admission was marginally higher than the previous year but less than 1%. The 1st phase of the ED redesign opened at the start of November creating additional triage space, and dedicated ambulance cubicles. The 2nd phase is due for completion by 21st December, which will release a further 3 clinical rooms and increased waiting area.

In addition the CCG has commissioned ICRAS beds to support step up, step down and discharge to assess as well as a STP funded Frailty scheme which has been substantively agreed within the CCG.

A consolidation and test of winter plans is in progress across the health economy.

When is performance expected to recover?

Performance is expected to improve by March 2019 in line with agreed A&E trajectory.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Tim Quinlan	Sharon Forrester

Figure 43 - A&E Performance – 12 hour breaches

12 Hour A&E Breaches	Period	Target	Actual	Trend
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Southport & Ormskirk (cumulative)	18/19 - Nov	0	16	↑

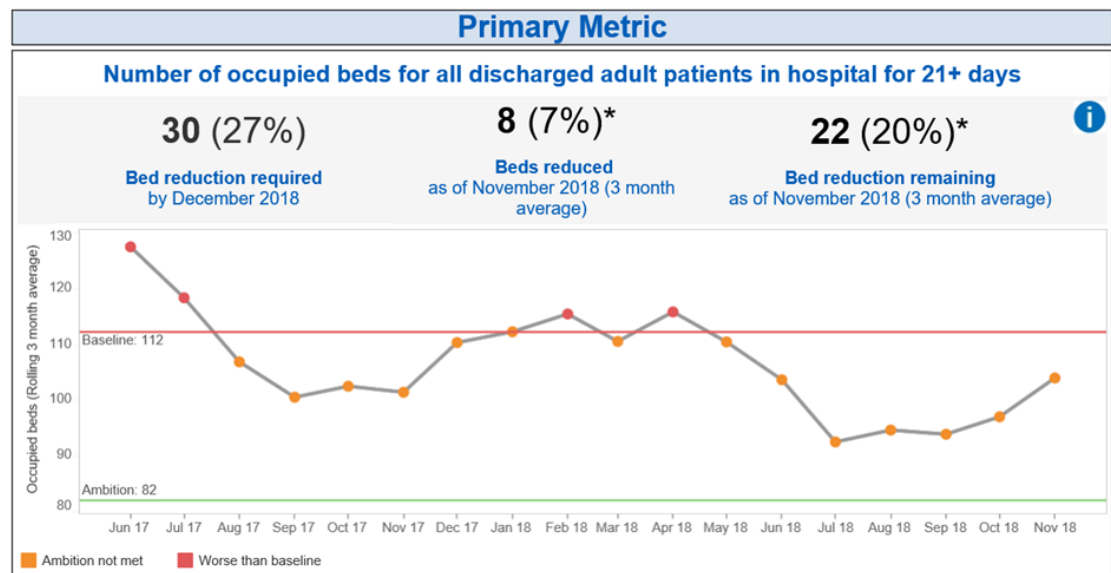
Southport & Ormskirk reported 5 12-hour breaches in November, bringing the year to date total to 16. So far this year 1 has been reported in April, 1 in June, 4 in July, 1 in September, 4 in October and 5 in November. In November 3 breaches were patients awaiting mental health beds. 2 were Southport & Formby, 1 was West Lancs, and 1 had recently relocated from Prescot and was admitted to a Merseycare bed. ECIST has carried out a deep dive into Mental Health and a local stakeholder group has now been formed to work through recommendation made in the report; the first meeting is due to take place on 7 December. The demands on mental health beds across the region remain a challenge. However, patients receive support from ED and Mental health teams whilst they are in ED, and 1:1 support is provided where possible whilst in our care. The remaining 2 patients breached whilst awaiting acute beds - both patients breached during the same day at a weekend when bed occupancy was over 100%, discharges had been lower than expected across the previous week, additional escalation areas had been opened in response to shortfall in bed availability, and diverts had been sought to attempt to alleviate pressures in ED. 1st, 2nd on call and COO were all on site in response to the pressures, and additional senior nursing support had been called in to ensure patient safety was paramount. The increased drive to embed Red to Green across the wards, the continuation of 'Long Stay Tuesday', and the commitment to transfer patients to available beds in the community continue in efforts to improve inpatient patient flow.

The CCG has requested the timelines on the 12 hour breaches (sent to NHSE) to be forwarded to the CCG to review and feedback to the Trust.

4.2 Occupied Bed Days

NHS England and NHS Improvement expect to reduce long stay patients (as defined by LOS of 21+ days) by 25% and free up at least 4,000 beds by December 2018. The reduction will be monitored on a 3 month rolling basis and success will be judged against the average for Jan-Mar 2019.

Figure 44 – Occupied Bed Days, Southport & Ormskirk Hospitals



Data Source: NHS Improvement – Long Stays Dashboard

The Trust's target is to reduce total occupied beds by 30 (27%) by December 2018; therefore the target is 82 or less. This target is yet to be achieved as current reporting for November 2018

(rolling 3 months) shows 104 occupied beds (a reduction of just 8 beds). This shows an increase of 7 occupied beds compared to last month.

4.3 Ambulance Service Performance

In August 2017 North West Ambulance Service (NWAS) implemented the national Ambulance Response Programme (ARP). Performance is based upon the average (mean) time for all Category 1 and 2 incidents. Performance will also be measured on a 90th percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

In November 2018 there was an average response time in Southport and Formby of 8 minutes 24 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 24 minutes against a target of 18 minutes. The CCG also failed the category 3 90th percentile response but achieved category 4. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

Figure 45 - Ambulance handover time performance

Handover Times	Period	Target	Actual	Trend
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Southport & Ormskirk	18/19 - Nov	0	118	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Southport & Ormskirk	18/19 - Nov	0	18	↓

Performance Overview/Issues

In November, Southport and Ormskirk reported 118 handovers taking between 30 and 60 minutes, a decrease on last month when 201 was reported. Handovers longer than 60 minutes also saw a decrease with 18 in November compared to 59 in the previous month. The Trust has breached these zero tolerance thresholds every month but recent performance has shown significant improvements.

How are the issues being addressed?

During the month of November, over half of the patients who arrived by ambulance were handed over within 15 minutes of arrival. This is the first time that this has been achieved and the Trust's performance has been one of the strongest in the region at times across the month. The new ambulance area opened at the beginning of November, which has greatly aided timely handover of patients. There has been a significant reduction in ambulance delays in excess of 1 hour, and the use of the corridor continues to decrease. There are still difficulties in achieving this target during periods of surges and exit blocks from ED, however ED, NWAS and the flow teams continue to work together to keep avoidable delays to a minimum.

The Ambulance Response Programme is made up of a range of standards – some which are within the delivery of NWAS with others that are dependant of acute provider performance in regard to ambulance handover times and the need to release vehicles from A&E on a timely basis. Feedback at the monthly NWAS meeting has identified that significant strides are being made by NWAS to improve their performance e.g. additional vehicles are now in operation, recruitment of call handlers and utilisation of advanced paramedic within control room on each shift to provide

clinical leadership have all helped to improve performance. Focus now will be on how the combined performance of NWS and Southport & Ormskirk Hospital supports the on-going requirements of the ARP Programme.

When is performance expected to recover?

ARP performance is expected to demonstrate significant improvements from end of Quarter 2 with continued positive progress (incorporating ambulance handover times) against targets by March 2019.

Who is responsible for this indicator?

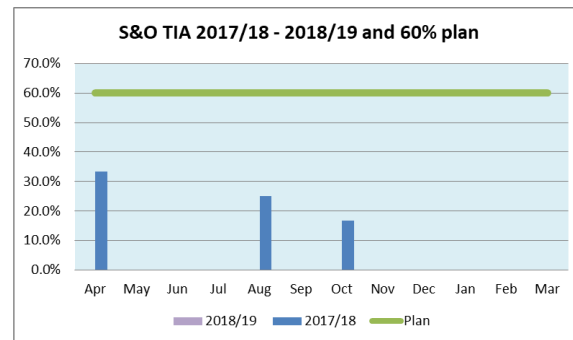
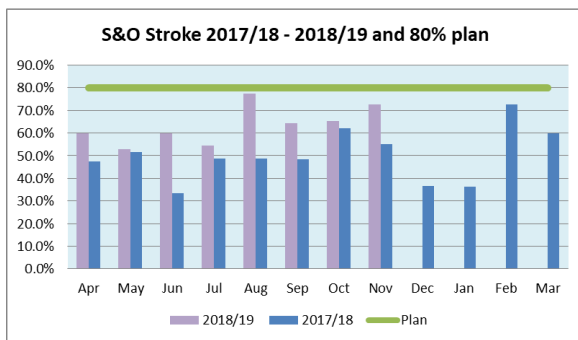
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Tim Quinlan	Sharon Forrester

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 46 - Stroke and TIA performance

Stroke/TIA	Period	Target	Actual	Trend
% who had a stroke & spend at least 90% of their time on a stroke unit (Southport & Ormskirk)	18/19 - Nov	80%	72.70%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Southport & Ormskirk)	18/19 - Oct	60%	0.00%	↔



Performance Overview/Issues

Southport & Ormskirk failed the stroke target in November recording 72.7%, with 16 out of 22 patients spending 90% of their time on a stroke unit. This shows an improvement on last month.

In relation to the TIAs the CCG is awaiting an update for November. The latest data reported was 0% compliance in October with 6 reportable patients breaching the target. This was the twelfth consecutive month where 0% had been reported.

How are the issues being addressed?

The Trust has stated that previous stroke under performance was partly due to a data quality issue. A data quality audit of current data has taken place as well as ward 7B now being included as a stroke ward. The Trust has stated this shows an improvement in performance.

The Trust has stated that a data quality exercise is also underway to validate TIA data.

When is performance expected to recover?

March 2019.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Fiona Taylor	TBC	Geraldine O'Carroll

4.4.2 Mixed Sex Accommodation

Figure 47 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches	Period	Target	Actual	Trend
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	18/19 - Nov	0.00	0.80	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	18/19 - Nov	0.00	1.00	↑

Performance Overview/Issues

The CCG has reported an MSA rate of 0.8, which equates to a total of 3 breaches in November. All 3 breaches were at Southport & Ormskirk NHS Trust.

In November the Trust had 5 mixed sex accommodation breaches (a rate of 1.0) and has therefore breached the zero tolerance threshold. Of the 5 breaches, 3 were for Southport & Formby CCG and 2 for West Lancashire CCG.

How are the issues being addressed?

The Trust has reported that whilst they failed to achieve the target in November, DSSA breaches are the lowest since April 2017 with 5 patients. This is significantly lower than in previous months. Increased focus and surveillance is now in place at the daily bed management meeting which ensures a discipline is put in place to step patients down within the required timeframe. In addition, the operational leadership team is assessing estate to determine any opportunities to redesign to support performance improvement.

When is performance expected to recover?

This is a repeated issue for Southport and Ormskirk with regards to the estate of critical care and is likely to continue without significant investment.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Brendan Prescott	Amanda Gordon

4.4.3 Healthcare associated infections (HCAI)

Figure 48 - Healthcare associated infections (HCAI)

HCAI	Period	Target	Actual	Trend
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - Nov	24	21	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Southport & Ormskirk)	18/19 - Nov	23	8	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Nov	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Southport & Ormskirk)	18/19 - Nov	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Nov	74	85	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Southport & Ormskirk)	18/19 - Nov	No Plan	137	↑

Performance Overview/Issues

There were 2 new cases of Clostridium Difficile attributed to the CCG in November, bringing the year to date figure to 21 against a plan of 24. Year to date 5 cases were apportioned to an acute trust and 16 to the community. Southport & Ormskirk has reported 2 new cases in November, bringing the total for the year to 8 against a plan of 23.

The CCG had no new cases of MRSA in November, but 1 was reported in July and therefore the CCG has breached the zero tolerance threshold for the year. The breach in July was a community acquired infection, identified by Southport & Ormskirk Trust.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2018/19. For Southport & Formby CCG the annual target is 109 which is being monitored. In November, 4 new cases were reported (85 YTD), against a YTD target of 74. Southport & Ormskirk reported 8 cases in October (137 YTD). There are no targets for Trusts at present.

How are the issues being addressed?

The E. coli bacteraemia rate at Southport & Ormskirk Hospital remains high and the Quality Committee were advised that this is multifactorial. NW Mersey GMBSI Steering Group is leading on a piece of work regarding E. Coli.

When is performance expected to recover?

Quarter 1, 2019/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Brendan Prescott	Amanda Gordon

4.4.4 Mortality

Figure 49 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	18/19 - Nov	100	117.70	↓
Summary Hospital Level Mortality Indicator (SHMI)	Oct 16 - Sept 17	100	118.00	↑

In November, Southport & Ormskirk Trust has reported HSMR 12 Month Rolling Total to July 2018, a figure of 117.70.

The SHMI for rolling 12 month period for Quarter 4 is 118. This ratio has been calculated from a total of 1,381 actual deaths over an expected figure of 1,170. Although higher than last quarter this was expected given the high crude death rate already reported in this period. It should be noted that this rate is actually lower than the comparable period last year and the underlying data demonstrates an actual reduction in observed deaths in the period (1,381 vs. 1,392).

4.5 CCG Serious Incident Management

The recommendations from the MIAA Serious Incident (SI) Review have been incorporated into the CCGs SI improvement plan. There are currently 5 actions that remain amber on the action plan which will continue to be monitored by the JQC on a monthly basis until all actions have been closed.

There are 75 incidents open on StEIS where Southport and Formby CCG as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or involve a Southport and Formby CCG patient. Those where the CCG is not the RASCI responsible commissioner are highlighted in green below.

Figure 50 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients

Trust	Sis Reported (M8)	Sis Reported (YTD)	Closed Sis (M8)	Closed Sis (YTD)	Open Sis (M8)	Sis Open >100 Days (M8)
Southport and Ormskirk Hospital	2	47	8	58	41	19
Lancashire Care	1	7	0	1	9	8
Southport & Formby CCG	1	1	0	0	1	0
Mersey Care Trust	2	11	1	6	11	4
The Walton Centre	0	0	0	0	2	2
Royal Liverpool & Broadgreen Hospital	0	2	1	1	1	0
Cheshire and Wirral Partnership	0	0	0	0	2	2
Liverpool Women's	0	0	0	1	1	1

North West Boroughs	0	1	0	0	1	0
North West Ambulance Service	0	0	0	0	1	1
5 Boroughs Partnership	0	0	0	1	0	0
Central Manchester Hospital	0	0	0	0	1	0
Spire Healthcare	0	1	0	0	1	0
Total	6	71	10	60	72	37

Figure 51 - Timescale Performance for Southport and Ormskirk Hospital

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)		RCAs Received (YTD)				
	Yes	No	Yes	No	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA 60+
S&O	14	33	18	29	46	4	3	4	35

**N.B. The Datix system does not currently allow for the field 'N/A' to be completed. As such, this figure may not truly represent the provider's performance. This will form part of the CCGs improvement work to support the performance management of 72 hour submissions.*

Letters of escalation continue to be sent to the Director of Nursing at Southport and Ormskirk in relation to number of RCA's which have breached for Southport and Ormskirk. The issues highlighted in relation to Trust compliance against the SI Framework, specifically the 60 day RCA timescale, have been discussed with the trust at CCQRM in January 2019. The Trust were informed that a contract query notice will now be issued in relation to the management of Serious Incidents.

Figure 52 - Timescale Performance for Lancashire Care Community Trust

PROVIDER	SIs reported within 48 hours (YTD)		72 hour report received (YTD)		RCAs Received (YTD)				
	Yes	No	Yes	No	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA 60+
Lancashire Care	5	2	1	6*	7	0	6	0	1

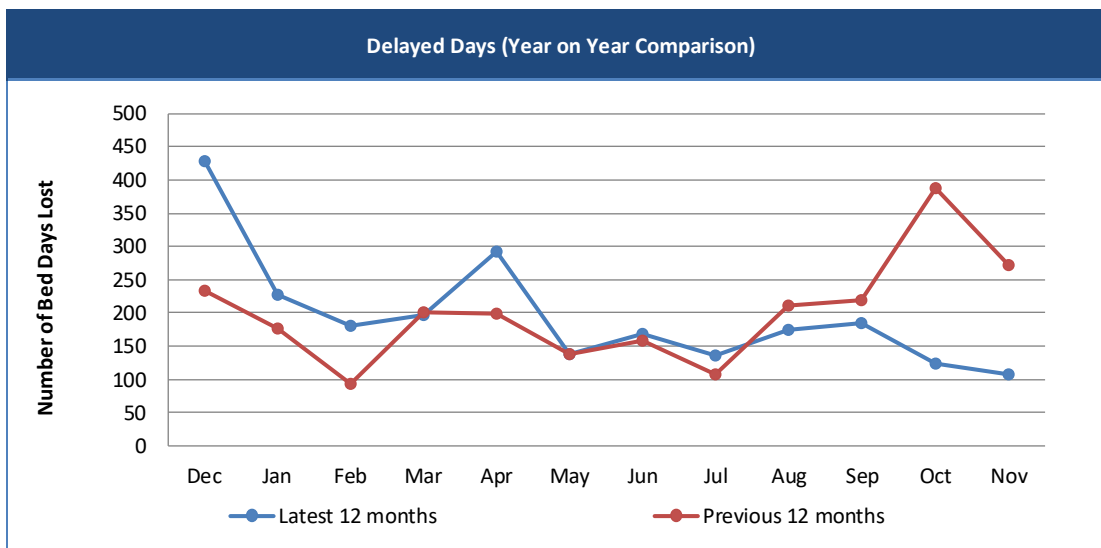
**N.B. The Datix system does not currently allow for the field 'N/A' to be completed. As such, this figure may not truly represent the provider's performance. This will form part of the CCGs improvement work to support the performance management of 72 hour submissions.*

In relation to the pressure ulcers reported by Lancashire Care, the trust submitted the aggregated review which was reviewed at Southport & Formby SIRG in November 2018. Further assurances have been requested and are still awaited from the trust which will be brought back to SIRG for review.

4.6 Delayed Transfers of Care

The CCG Urgent Care lead works closely with Southport & Ormskirk Hospital and the wider MDT involving social care colleagues to review delayed transfers of care on a weekly basis. This is supported through MADEs (Multi Agency Discharge Events) where patients are reviewed at ward level identifying blockers and support which can be provided by the MADE MDT. In addition patients are reviewed who are delayed over 7 days and 21 days with the aim of ensuring movement against agreed discharge plans. There is opportunity within these interventions to identify key themes which need more specific action e.g. we are presently reviewing our discharge to assess pathway where we aim to ensure DSTs are undertaken outside of a hospital setting. We have also been able to ensure that ward staff are educated on community services which are available to facilitate early discharge with particular focus on ICRAS.

Figure 53 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Nov-18	Oct-18	Nov-17
Total	107	124	272
NHS	100.0%	100.0%	99.6%
Social Care	0.0%	0.0%	0.4%
Both	0.0%	0.0%	0.0%
Acute	100.0%	100.0%	100.0%
Non-Acute	0.0%	0.0%	0.0%

Reasons for Delayed Transfer % of Bed Day Delays (Nov-18)

SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST

Care Package in Home	0.0%
Community Equipment Adapt	8.4%
Completion Assesment	0.0%
Disputes	0.0%
Further Non-Acute NHS	4.7%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	70.1%
Public Funding	0.0%
Residential Home	16.8%
Other	0.0%

Total delayed transfers of care (DTC) reported in November was 107, a decrease compared to November 2017 with 272. Delays due to NHS have remained static at 100%, with those due to social care remaining at 0%. The majority of delay reasons in November 2018 were due to patient family choice.

4.7 Patient Experience of Unplanned Care

Figure 54 - Southport A&E Friends and Family Test performance

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	12.2%	1.2%		87%	87%		8%	11%	

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to response rates reporting 1.2% in October, a decline on last month and remaining significantly below the England average of 12.2%.

The Trusts A&E department has seen a significant improvement in the percentage of people who would recommend the service from 69% in October to 87% in November, now in line with the England average of 87%. The percentage not recommended has improved from 23% to 11% in November, but is still slightly above the England Average of 8%.

FFT is a standing agenda item at the monthly CQPG meetings.

4.8 Unplanned Care Activity & Finance, All Providers

4.8.1 All Providers

Performance at Month 8 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £4.9m/22%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results a reduced overspend of approximately £4.2m/19.5%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £4m/21% against plan at month 8. Aintree Hospital are also seeing an over performance of £537k/84%, although the Acting as One block contract arrangement results in there being no financial impact of this to the CCG.

Figure 55 - Month 8 Unplanned Care – All Providers

PROVIDER NAME	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	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	1,058	1,881	823	78%	£639	£1,176	£537	84%	£-537	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	589	601	12	2%	£245	£246	£0	0%	£0	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	100	92	-8	-8%	£348	£405	£56	16%	£-56	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	194	194	0	0%	£280	£306	£26	9%	£-26	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,106	819	-287	-26%	£574	£666	£93	16%	£-93	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	3	3	0	10%	£27	£29	£2	6%	£-2	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	3,048	3,590	542	18%	£2,114	£2,828	£714	34%	£-714	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	79	74	-5	-6%	£29	£36	£7	23%	£0	£7	-
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	24	24	0%	£0	£7	£7	0%	£0	£7	-
LANCASHIRE TEACHING HOSPITAL	0	144	144	0%	£0	£54	£54	0%	£0	£54	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	28	28	0%	£0	£24	£24	0%	£0	£24	-
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	38,695	41,640	2,945	8%	£19,578	£23,623	£4,045	21%	£0	£4,045	21%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	350	417	67	19%	£172	£209	£36	21%	£0	£36	21%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	49	45	-4	-8%	£55	£110	£55	99%	£0	£55	99%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	28	28	0%	£0	£12	£12	0%	£0	£12	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	52	52	0%	£0	£22	£22	0%	£0	£22	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	55	49	-6	-11%	£31	£47	£16	51%	£0	£16	51%
ALL REMAINING PROVIDERS TOTAL	39,227	42,501	3,274	8%	£19,866	£24,143	£4,277	22%	£4	£4,277	22%
GRAND TOTAL	42,275	46,091	3,816	9%	£21,979	£26,971	£4,992	22.7%	£-714	£4,277	19.5%

*PbR only

4.8.2 Southport and Ormskirk Hospital NHS Trust

Figure 56 - Month 8 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	25,967	27,586	1,619	6%	£3,734	£3,942	£208	6%
NEL/NELSD - Non Elective/Non Elective IP Same Day	6,884	8,657	1,773	26%	£12,493	£16,368	£3,875	31%
NELNE - Non Elective Non-Emergency	822	752	-70	-8%	£1,831	£1,565	£-267	-15%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	82	14	-68	-83%	£23	£5	£-18	-77%
NELST - Non Elective Short Stay	726	1,434	708	97%	£510	£994	£484	95%
NELXBD - Non Elective Excess Bed Day	4,214	3,197	-1,017	-24%	£986	£749	£-237	-24%
Grand Total	38,695	41,640	2,945	8%	£19,578	£23,623	£4,045	21%

*PbR only

4.8.3 Southport & Ormskirk Hospital NHS Trust Key Issues

Plans for 2018/19 were rebased using the 2017/18 forecasted outturn position with some additional growth in line with national requirements.

Increases within emergency admissions continue to be seen within month 8 with the majority due to changes made by the trust linked to pathway coding and activity flow. Activity linked to the

Ambulatory Care Unit are now included in the NEL and NELSD position which had previously been recorded under GPAU. Also included are Clinical Decision Unit activity levels which are currently driving a national tariff for short stay admissions. The CDU activity has been disputed with the Trust due to the lack of notice given and an impact assessment of the activity and costing changes.

A&E activity continues to rise with no corresponding decrease noted for the CCG across other providers. Early indications from the Provider indicate a continued increase in activity during the winter period. Investigations are taking place to better understand the reason for increased A&E levels.

4.9 Aintree and University Hospital NHS Foundation Trust

Figure 57 - Month 8 Unplanned Care – Aintree University Hospital NHS Foundation 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	621	1,037	416	67%	£85	£149	£64	76%
NEL - Non Elective	258	534	276	107%	£456	£877	£421	92%
NELNE - Non Elective Non-Emergency	15	14	-1	-6%	£44	£45	£0	1%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	21	21	0%	£0	£5	£5	0%
NELST - Non Elective Short Stay	33	82	49	150%	£23	£54	£31	137%
NELXBD - Non Elective Excess Bed Day	131	193	62	47%	£31	£47	£16	50%
Grand Total	1,058	1,881	823	78%	£639	£1,176	£537	84%

4.10 Aintree University Hospital NHS Trust Key Issues

Plans for 2018/19 have been rebased with additional growth added to accommodate a pathway change implemented by the Trust from October 2017 onwards. However, these plans are yet to be agreed by the commissioners. Growth has mainly been focussed within the Non-Elective Points of Delivery.

Although over performance is evident across the majority of unplanned care PODs at Aintree, the total over spend of £537k/84% is mainly driven by a £421k/92% over performance in Non-Electives. Acute Medicine is the key over performing specialty within Non-Electives followed by Geriatric Medicine and Accident & Emergency. The Non-Elective over performance can be attributed to the aforementioned pathway change implemented by the Trust from October 2017 onwards.

Despite the indicative overspend reported at this Trust; 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 58 - NHS Southport & Formby CCG – Shadow PbR Cluster Activity

NHS Southport and Formby CCG	Case load 2018/19 M8	2018/19 Plan	Variance from Plan	Variance from Case load 2017/18 M8
0 Variance	29	38	-9	-13
1 Com Prob Low Sev	29	5	24	28
2 Prob Low Sev/Need	32	13	19	28
3 Non Psychotic Mod	67	64	3	-9
4 Non Psychotic Sev	179	212	-33	-33
5 Non Psychot V Sev	53	41	12	16
6 Non Psychotic Dis	24	22	2	0
7 Endur Non Psychot	134	131	3	-9
8 Non Psychot Chaot	94	70	24	16
10 1st Ep Psychosis	83	75	8	17
11 Ongo Rec Psychos	213	210	3	5
12 Ongo/Rec Psych	222	246	-24	-19
13 Ong/Rec Psyc High	98	106	-8	-5
14 Psychotic Crisis	15	11	4	0
15 Sev Psychot Cris	2	4	-2	-4
16 Dual Diagnosis	19	17	2	6
17 Psy & Affect Dis	22	25	-3	0
18 Cog Impairment	121	159	-38	-85
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	479	482	-3	-99
20 Cognitive Impairment or Dementia Complicated (High Need)	279	370	-91	-70
21 Cognitive Impairment or Dementia (High Physical or Engagement)	175	159	16	75
97	831	98	733	627
98		156		
Total	3200	2714	642	472

5.1.1 Key Mental Health Performance Indicators

Figure 59 - CPA – Percentage of People under CPA followed up within 7 days of discharge

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

Figure 60 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	No Patients	100%	100%	No Patients	100%	50.0%
Cumulative Quarter				100%	100%	100%	100%	100%	85.7%

The breach in November resulting in just 50.0% of patients being followed up within 48 hours was due to both the Inpatient and community team deciding it was actually a 7 day follow-up, but information provided on hospital admission led to RiO classifying it as a 48 hour follow up. The follow up was carried out within the appropriate time frame.

The Trust has reported that coding issues account for these breaches whereby 7 day follow up has been requested from Community teams but RiO defaults to 48 hour follow up due to information recorded at the point of admission. A solution is being worked upon to change the data source for this indicator to a more appropriate place i.e. at the point of discharge to prevent these errors occurring in the future.

Figure 61 - Figure 16 EIP 2 week waits

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	53%	100%	66.7%	100.0%	80.0%	50.0%	75.0%	100%	100%
Cumulative Quarter				80%	80%	71%	73.3%	100%	100%

5.2 Out of Area Placements (OAP's)

Figure 62 - OAP Days

Period	Period Covered	Total number of OAP days over the period
Q4 2017/18	Jan 18 to Mar 18	60
	Feb 18 to Apr 18	55
	Mar 18 to May 18	10
Q1 2018/19	Apr 18 to Jun 18	0
	May 18 to Jul 18	0
	Jun 18 to Aug 18	0
Q2 2018/19	Jul 18 to Sep 18	0
	Aug 18 to Oct 18	0

5.2.1 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.

Transformation Update

The Trust, in response to the Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings has established an urgent pathway work stream to establish a Single Point of Access to enable a more responsive access point for urgent referrals. This work also includes the identification of staff who undertake CRHTT functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. The Trust recently communicated its decision to utilise its Acting as One Uplift to enable the implementation of a fully compliant CRHTT towards the end of 2018/19 instead of a staged approach until 2020/21 as previously envisaged. A fully compliant CRHTT will offer the following:

- 24/7 accessibility (call handler and triage 10pm – 8am)
- Rapid assessment in the community for urgent and emergency referrals
- A gatekeeping function (managing access to inpatient beds and facilitate early discharge.
- Initial treatment packages of timely and intensive treatment
- Management of immediate risk and safety.

The Trust has confirmed that through a combination of reorganisation and recruitment they are planning to have 50.3 WTE multi-disciplinary staff providing the CRHTT function from March 2020 onwards.

In November 2018 one mental health related 12 hour breach was reported at Southport DGH and an RCA will be completed.

Eating Disorder Service

Throughout 2018/19 Eating Disorder waits to commencing within 18 weeks of referral have been sub-optimal and in November 2018 40% was reported (4 patients out of 10).

Trust reported that the number of referrals received has remained high and capacity has reduced with maternity leave, staff sickness and imminent vacancy. In December 2018 the capacity will be further reduced due to annual leave and bank holidays and due to the increase number of referrals in November the Trust created additional assessment slots and reduce therapy slots to accommodate demand and meet the assessment KPI.

The trust are working to address the above and explore alternative interventions to increase resources/capacity including the development a psychological skills/psycho-education group as a waiting list initiative and plan to implement this early in Quarter 4 2018/19.

Communication KPIs

The following communication performance for quarter 2 was discussed at November CQPG and escalated within the Trust and commissioners are expecting significant improvements both in reporting and KPI performance in Quarter 4.

- Communication - (Inpatients). Appropriate Supply of Medication on Discharge (Target 95%): 50% (3/6)
- Communication - All discharge communication from In-patient episodes are sent to General Practice within 24 hours from discharge (Target 95%): 100% (6/6)
- Communication - Outpatients All clinic/outpatient correspondence/ letters sent to General Practice following the patient's appointment, including discharge from service within 10 working days, excluding weekends and bank holidays (Target 95%): 15.15% (10/66)
- The Provider must send the clinic letter as soon as reasonably practicable and in any event within 10 days following the service users outpatient attendance and 7 days from 2018 (Target 95%): 15.15% (10/66)

Adult ADHD

The current adult ADHD service is operating at above commissioned capacity with 284 patients on the caseload against an original cap of 180 and in consequence wait times are on average 2 years duration. This situation is further exacerbated by the decision by Alder Hey to serve notice on commissioners that they will no longer prescribe to ADHD medication of patients aged 18+ on their caseloads and in consequence the prescribing responsibility for these patients need to transfer to adult services from April 2019. There are 56 young adults on the combined Sefton CCGs' footprint aged over 18 who are continuing to be followed up in Paediatric/CAMHS services.

As part of phased approach a business case is being developed with phase 1 being a proposal to increase capacity in the adult service to enable Alder Hey patients to transition across. The CQC review of health services for Children Looked After and Safeguarding in Sefton also identified capacity issues in the Adult ADHD service as having an impact on transition and this will prevent people not having their ADHD being effectively managed and leaving their needs unmet. A case for change was produced for Clinical Advisory Group meeting on 8th January but as this meeting was postponed the paper will be considered by Leadership Team on 22nd January 2019.

RiO and KPIs Reporting

The Trust implemented its new RiO patient information system on 1st June 2018. As per the RiO plan agreed between the trust and Clinical Commissioning Group's (CCGs), the Trust was required to provide shadow data for M5, where available, in order to demonstrate the development work undertaken by the trust extracting data from the new clinical information system. For M6 reporting

the requirement was to report a full set of KPIs which would be used for contract monitoring purposes.

The Trust has reported in November that there are still some instances in which KPI are unable to be reported upon due to staff issues and/or data quality issues and consequently some local KPs have not been reported upon despite a reporting mechanism being developed and some local KPIs have been reported as sub-optimal but not supported by a narrative. There has been extensive work undertaken within the Trust’s Business Intelligence team in relation to the rollout of the RiO system, however there are some instances whereby the processes have not been followed 100% by all staff and/or data quality issues have been identified.




This issue was discussed at November CQPG and escalated within the Trust and commissioners are expecting significant improvements both in reporting and KPI performance in Quarter 4. A meeting is being arranged with the Trust’s newly appointed strategic contracts lead in January 2019 to discuss the commissioners’ expectations with KPI and activity reporting.

Safeguarding

The contract performance notice remains in place in respect of training compliance. Bi-monthly meetings continue to take place between the Trust and CCG Safeguarding teams to scrutinise progress against the agreed action plan and trajectory. The performance notice will remain open for a further 6 months to ensure sustainability.

5.3 Patient Experience of Mental Health Services

Figure 63 - Merseycare Friends and Family Test performance

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	3.4%	3.0%		89%	89%		4%	3%	

The Trust’s response rate for mental health services for November has shown a decline from 3.5% to 3%, falling below the England average of 3.4%.

5.4 Improving Access to Psychological Therapies

Figure 64 - Monthly Provider Summary including National KPIs (Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March	Total
National definition of those who have entered into treatment	2017/18	167	188	222	229	203	207	238	268	165	240	196	207	2,530
	2018/19	218	220	197	226	185	186	246	204					1,682
Access % ACTUAL - Monthly target 1.4% for Q1 to Q3 - Quarter 4 only 1.58% is required	2017/18	0.87%	0.98%	1.16%	1.20%	1.06%	1.08%	1.25%	1.40%	0.86%	1.26%	1.03%	1.08%	13.2%
	2018/19	1.14%	1.15%	1.03%	1.18%	0.97%	0.97%	1.29%	1.07%					8.8%
Recovery % ACTUAL - 50% target	2017/18	50.9%	50.5%	50.9%	46.9%	46.2%	42.9%	51.4%	47.6%	43.5%	49.0%	50.5%	53.3%	48.7%
	2018/19	52.3%	49.7%	54.4%	45.6%	45.9%	53.4%	59.5%	63.5%					52.9%
ACTUAL % 6 weeks waits - 75% target	2017/18	97.2%	98.3%	100.0%	99.4%	98.5%	98.6%	99.4%	99.4%	98.4%	99.4%	98.1%	99.3%	97.2%
	2018/19	99.4%	99.4%	99.3%	97.6%	98.9%	98.3%	100.0%	99.3%					99.0%
ACTUAL % 18 weeks waits - 95% target	2017/18	99.1%	100.0%	100.0%	99.4%	99.3%	100.0%	99.4%	100.0%	99.2%	100.0%	100.0%	100.0%	99.1%
	2018/19	100%	100%	100%	99%	100%	100%	100%	100%					100%
National definition of those who have completed treatment (KPI5)	2017/18	95	85	78	99	83	93	79	115	86	101	98	95	1,107
	2018/19	167	163	140	163	99	118	113	143					1,106
National definition of those who have entered Below Caseness (KPI6b)	2017/18	7	8	6	9	8	6	3	8	12	8	8	7	90
	2018/19	12	6	4	3	1	2	2	6					36
National definition of those who have moved to recovery (KPI6)	2017/18	39	47	35	40	44	39	29	41	41	44	46	42	487
	2018/19	81	78	74	73	45	62	66	87					566
Referral opt in rate (%)	2017/18	93.7%	88.9%	87.3%	87.9%	88.0%	83.9%	86.1%	88.8%	80.1%	85.4%	83.4%	80.4%	78.3%
	2018/19	89.9%	89.4%	90.9%	89.9%	89.8%	88.8%	88.8%	82.3%					88.6%

Performance Overview/Issues

Cheshire & Wirral Partnership reported 204 Southport & Formby patients entering treatment in Month 8. This is a 17.1% decrease compared to previous month when 246 patients entered treatment. Confirmation from NHS England has outlined that Commissioners are advised that for 2018/19 the access standard of 4.75% per quarter (19.0% annually) should apply to quarter 4 only. For the first 3 quarters of the year, the annual Access rate of 16.8% should be aspired to (4.2% per quarter).

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 set for Quarter 3 at 4.2% which equates to 1.4% per month. The access rate for Month 8 was 1.07% and therefore failed to achieve the standard.

The percentage of people moved to recovery increased with 63.5% compared to 59.5% in the previous month. This satisfies the monthly target of 50%.

How are the issues being addressed?

Access – Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity.

When is the performance expected to recover by?

The ambition is that the above actions will improve performance in line with the national target to achieve an annual access rate of 19% in the last quarter of 2018/19.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Hilal Mulla	Gordon Jones

5.5 Dementia

Figure 65 - Dementia casefinding

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
People Diagnosed with Dementia (Age 65+)	1540	1528	1537	1543	1534	1539	1532	1535
Estimated Prevalence (Age 65+)	2177.9	2181.3	2187.2	2190	2198.9	2200.6	2202.4	2202.7
NHS Southport & Formby CCG - Dementia Diagnosis Rate (Age 65+)	70.7%	70.0%	70.3%	70.5%	69.8%	69.9%	69.6%	69.7%
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

5.6 Improve Access to Children & Young People's Mental Health Services (CYPMH)

Figure 66 - NHS Southport & Formby CCG – Improve Access Rate to CYPMH 18/19 Performance

E.H.9	Q1 18/19		Q2 18/19		Q3 18/19		Q4 18/19		2018/19 YTD	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
2a- Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	150	335	150	110	150		150		150	445
2b- Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	1,877	1,877	1,877	1,877	1,877	1,877	1,877	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.	8.0%	17.8%	8.0%	5.9%	8.0%		8.0%		8.0%	23.7%

Quarter 2 performance shows the CCG not achieving the 8% target, with just 110 patients receiving treatment compared to a plan of 150, against 1,877 patients with a mental health condition; a performance of just 5.9%.

5.7 Waiting times for Urgent and Routine Referrals to Children and Young People’s Eating Disorder Services

The performance in this category is calculated against completed pathways only.

Figure 67 - Southport & Formby CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2018/19 Performance (100% 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	18	2	21	5		3	
Number of CYP with a suspected ED (routine cases) that start treatment	2	22	2	25	5		3	
%	100.00%	81.82%	100.00%	84.00%	100.00%	-	100.00%	-

In quarter 2, out of 25 routine referrals to children and young people’s eating disorder service, 21 were seen within 4 weeks recording 84% against the 100% target. All 4 breaches waited between 4 and 12 weeks.

Figure 68 - Southport & Formby CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2018/19 Performance (100% 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	1	1	1	2	2		2	
Number of CYP with a suspected ED (urgent cases) that start treatment	1	2	1	3	2		2	
%	100.00%	50.00%	100.00%	66.67%	100.00%	-	100.00%	-

In quarter 2, the CCG had 3 patients under the urgent referral category, 2 of which met the target bringing the total performance to 66.67% against the 100% target. The patient who breached waited between 1 and 4 weeks.

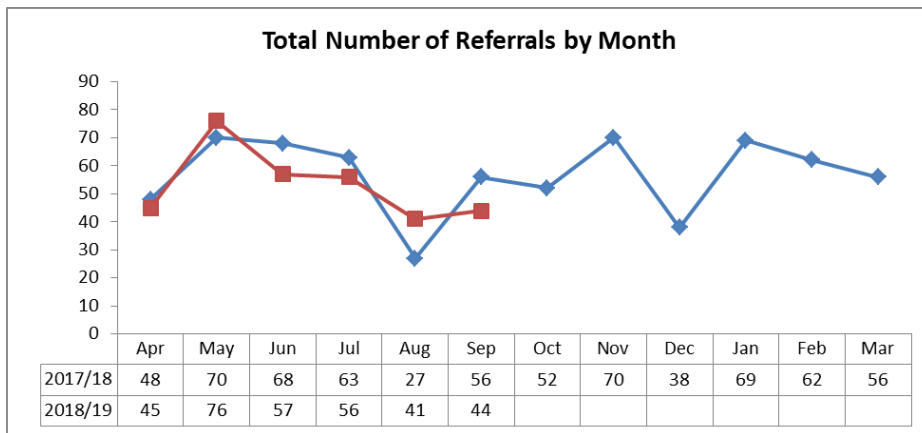
Trust reported that the number of referrals received has remained high and capacity has reduced with maternity leave, staff sickness and imminent vacancy. In December 2018 the capacity will be further reduced due to annual leave and bank holidays and due to the increase number of referrals in November the Trust created additional assessment slots and reduce therapy slots to accommodate demand and meet the assessment KPI.

The trust are working to address the above and explore alternative interventions to increase resources/capacity including the development a psychological skills/psycho-education group as a waiting list initiative and plan to implement this early in Quarter 4 2018/19.

5.8 Child and Adolescent Mental Health Services (CAMHS)

The following analysis derives from local data received on a quarterly basis from Alder Hey Child and Adolescent Mental Health Service (CAMHS). The data is cumulative and the time period is to quarter 2 2018/19. The date period is based on the date of referral so focuses on referrals made to the service during July to September 2018/19. It is worth noting that the activity numbers highlighted in the report are based on a count of the Local Patient Identifier and there may be patients that have more than one referral during the given time period. The ‘Activity’ field within the tables therefore does not reflect the actual number of patients referred.

Figure 69 – CAMHS Referrals



Throughout quarter 2 2018/19 there were a total of 141 referrals made to CAMHS from Southport and Formby CCG patients. As with South Sefton CCG patients, there was a decline in the number of referrals in August which remained low (44) in September.

The remaining tables within this section will focus on only those 57 Referrals that have been accepted and allocated.

Figure 70 – CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	29	50.9%
2-4 Weeks	4	7.0%
4- 6 Weeks	5	8.8%
6-8 weeks	10	17.5%
8-10 Weeks	5	8.8%
Over 10 Weeks	2	3.5%
(blank)	2	3.5%
Total	57	100%

Of those referrals during July to September 2018 that have been allocated and an assessment taken place, 50.9% (29) waited between 0 and 2 weeks for the assessment. All allocated referrals waited 11 weeks or less from point of referral to an assessment being made.

An assessment follows on from the Triage stage when the clinical risk is assessed and patients are prioritised accordingly. At the point of assessment the child/young person meets with a clinician to discuss their issues and it is possible to determine whether the CAMHS is appropriate. At this stage it may be that the child/young person is signposted to another service rather than continue to an intervention within the service.

Alder Hey has received some additional funding for staff for CAMHS services, and additional funding for neurodisability developmental pathways (ADHD, ASD). These should contribute to reducing CAMHS waiting times.

Figure 71 – CAMHS Waiting Times Referral to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	9	15.8%	39.1%
2-4 Weeks	5	8.8%	21.7%
4- 6 Weeks	3	5.3%	13.0%
6-8 weeks	2	3.5%	8.7%
8- 10 weeks	1	1.8%	4.3%
10-12 Weeks	3	5.3%	13.0%
(blank)	34	59.6%	
Total	57	100%	100%

An intervention is the start of treatment. If the patient needs further intervention such as a more specific type of therapy then they would be referred onto the specific waiting list. These waiting times are routinely reviewed in local operational meetings.

59.6% (34) of all allocated referrals did not have a date of intervention so the assumption can be made that this is yet to take place.

If these 34 referrals were discounted, that would mean 39.1% (9) of referrals waited 4 weeks or less from assessment to intervention. Collectively all referrals where an intervention took place had their first intervention within 12 weeks.

5.9 Learning Disability Health Checks

Figure 72 – Learning Disability Health Checks

2018/19			
CCG Name	Total Registered	Total Checked	Total % Checked
Plan	754	118	15.6%
Q1	98	64	65.3%
Q2	76	43	56.6%

People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people’s health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2018/19 (target is 472 for the year). Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly which is why the ‘actual’ data in the table above is significantly lower than expected. In quarter 2 the total performance for the CCG was 56.6%, above the planned 15.6%. However just 76 are registered compared to the plan of 754, with just 43 being checked against a plan of 118.

6. Community Health

6.1 Lancashire Care Trust Community Services

Since taking over the service from Southport & Ormskirk in June 2017, Lancashire Care Trust has undertaken a data validation exercise across all services. This included reviews of current reporting practices, validation of caseloads and RTT recording as well as a deep dive with the service leads and teams. A revised activity baseline has been agreed to use as an activity monitoring tool for the purposes of exception reporting to provide assurance to the CCG. The Trust has informed the CCG of their transformation agenda which may have an impact on activity levels. This will need to be monitored and as a result the agreed activity baseline will need further revision in the future.

6.1.2 Quality




The CCG Quality Team and Lancashire Care NHS Foundation Trust (LCFT) have agreed and signed off the Quality Schedule KPIs, Compliance Measures and CQUIN for 2018/19. Initial discussions with regards possible new indicators for inclusion in 2019/20 are underway. In terms of improving the quality of reporting, providers are given quarterly feedback on Quality Compliance evidence which will feed through CQPG/ CCQRM. Providers are asked to provide trajectories for any unmet indicators and or measures.

The LCFT work programme is to be reviewed by the provider and updated with specific areas requiring assurance, as well as focussing on areas highlighted in the QRP (Quality Risk Profile). Formal concerns have been raised with LCFT with regards to the current provision of quality compliance reports specific to the NHS Standard Contract between NHS Southport and Formby CCG and Lancashire Care NHS FT for the delivery of community services.

There have been a number of LCFT quality site visits which have been well received by front line staff.

6.2 Patient Experience of Community Services

Figure 73 - Lancashire Care Friends and Family Test Performance

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Community Health	3.3%	0.8%		96%	98%		2%	1%	

Lancashire Care is reporting a response rate of 0.8% in November against an England average of 3.3%, a slight improvement in performance but still significantly below average.

6.3 Any Qualified Provider – Audiology

Merseyside AQP audiology contracts expired on the 30th September. Merseyside CCGs are working collectively on reviewing the specification and commissioning arrangements and have written to existing providers to continue with the current commissioning and contracting

arrangements until the 31st March 2019. The continued over performance of this activity will be taken into account as part of the Merseyside CCG work.

6.4 Percentage of children waiting less than 18 weeks for a wheelchair

Figure 74 - Southport & Formby CCG – Percentage of children waiting less than 18 weeks for a wheelchair - 2018/19 Performance (100% 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	10	1	10	2	10		10	
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	10	1	10	5	10		10	
%	100.00%	100.00%	100.00%	40.00%	100.00%	#DIV/0!	100.00%	#DIV/0!

Lancashire Care has reported just 2 patients out of 5 receiving equipment within 18 weeks for quarter 2, a performance of 40%. The CCG has requested further information from the Trust given recent underperformance. The Trust has agreed to provide an exception report in M9 reporting.

7. Third Sector Contracts

Introduction

Quarterly reports from CCG-funded Third Sector providers, detailing activities and outcomes achieved, have been collated and analysed. A copy of the resultant Third Sector Quarter 2 2018-19 Report has been circulated to relevant commissioning leads. Referrals to some services have increased during Q2, whilst others remained more stable. Individual service user issues (and their accompanying needs) continue to increase in complexity, causing pressure on staffing and resources.

Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people’s social independence via positive health, support and well-being to prevent social isolation. During Q2 260 service users engaged with the service. 25 cases were closed and 55 referrals received. All referred clients were assessed within 14 days of initial referral, all received plans detailing Reablement outcomes, and 96 care plan reviews took place within 6 weeks of service commencement. A particularly pleasing aspect is that GP referrals in Q2 increased by 11% compared to Q1. Age Concern staff attended a locality meeting during the period and are scheduled to address a further meeting in Q3.

Alzheimer’s Society

The Society continued to deliver Dementia Support sessions in GP practices during Q2 (6 in South Sefton and 3 in Southport & Formby). Pre-arranged sessions are booked and run on an as-needed basis. 8 practices were actively engaged with during the period and a further 7 will be visited during the next 3 months. The Society received 75 new referrals. For the second quarter running more were received via the local health economy than self/carer referrals. 110 cases were closed. The Side-by-Side service presently has 20 people matched with volunteers enjoying a range of activities, conversations and social events. Dementia Community Support conducted 72 Individual Needs Assessments. The Dementia Peer Support Group ran 11 Singing for the Brain, 5 Active & Involved and 12 Reading sessions, plus 12 Memory Cafes. Over four days at the annual road

show in Southport Flower Show 750 people stopped to have a chat, pick up a leaflet or ask for advice or support.

Citizens Advice Sefton

Advice sessions to in-patients at Clock View Hospital, Walton continue. During Q2 51 new referrals were received. 51% were from Mental Health Professionals or GPs (a 22% increase on Q1) with 43% Self/Carers and 6% from other sources. 63% of new referrals had mental health problems, 17% another disability (or type not given), 14% a long-term health conditions and 6% multiple impairments. 83% of enquiries were for general benefits, with others comprising Universal Credit, debt, health and community care, housing, legal, relationships and family, travel and transport issues. 53% of service users were Female, 45% Male and 2% other. During Q2 50 cases were closed. As a result of service interventions (in terms of benefit/tax credit gain e.g. a new award or increase following a revision, appeal or money put back into payments) financial outcomes totalled £346,533.

Crosby Housing and Reablement Team (CHART)

During Q2 the service received 63 new referrals, with the main source being Mersey Care NHS Foundation Trust 69%. Other referral sources included Sefton Metropolitan Borough Council (MBC) Adult Social Care, housing offices, self-referrals and floating support staff. Case outcomes during the period included accommodating 33 service users and supporting a further 32 people to stay in their current residence. The service helped 7 people avoid hospital admission (and enabled 15 patients to be discharged). It prevented 20 people from becoming homeless; moved 3 into less supported accommodation (and 8 into more); assisted 17 move into independent accommodation; and 8 into accommodation with the same level of support.

Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. 78% of new referrals were received from Mersey Care NHS Trust whilst 22% were Self/Carer referrals. All of Expect Limited's existing clients are in receipt of benefits with a diagnosis e.g. anxiety, depression, personality disorder, Post Traumatic Stress Disorder etc. During Q2 there were 1,759 drop-in contacts (Monday to Friday). A total of 2,103 structured activities were delivered e.g. drama, music, comedy workshops, weekly cooking activities, summer parties and groups such as the Let's Talk Mental Health, together with outreach support.

Imagine independence

During Q2 Imagine Independence carried forward 37 existing cases. A further 121 were referred to the service via IAPT and 50 cases were closed during the period. Of the new referrals 53% were female and 47% male. All completed personal profiles and commenced job searches. A total of 40 service users attended job interviews; 22 managed to secure paid work for 16+ hours per week; and a further 2 secured paid work for less than 16 hours per week. The service supported 53 people in retaining their current employment, and liaised with employers on behalf of clients. Activities included completed job profiles 23%, employment courses attended 8%, commenced job search 23%, job interviews attended 29%, employment engagement meetings attended by service 1% and service contact with employers 16%.

Netherton Feelgood Factory

The service provides a safe space for people with complex mental and social care needs (Upstairs @ 83 offers open access drop-in, one-to-one counselling, group interventions, welfare advice and support). In Q2 three paid staff were employed together with a small number of volunteers. New referrals together with existing cases saw 60 people accessing the service. Referral routes included GP practices and mental health professionals. The vast majority of clients were drawn from either Litherland (51%) or Netherton & Orrell (41%) electoral wards as well as Birkdale (4%),

Harrington (4%) and Manor (2%). 54% of clients were female and 46% male, with an ethnicity of White British. Examples of work undertaken during Q2 included working with a client to tackle issues relating to domestic violence, his own troubled past and the effect on his children; and helping a client forced to leave work due to her poor mental health, anxiety and depression.

Parenting 2000

During Q2 the service received 14 adult and 107 child referrals. A total of 128 service users accessed counselling for the first time. Of the 912 appointments available during this period a total of 855 were booked and 635 were actually used. There were 103 cancellations whilst 117 did not attend their scheduled appointment. The top five referral sources during Q2 were Self/Carer/Parent 30%, GP recommendations 22%, Hospital 17% GP 8% and Other VCFSE 6%.

Sefton Advocacy

During Q2 248 existing cases were brought forward. A total of 131 new referrals were received and of these 17% were signposted to more appropriate support, whilst 5% comprised general enquiry /information-only queries. 79 cases were closed, the reasons being Cases completed 59%, Advocacy not wanted 22%, Advocacy not appropriate 1%, Service user deceased 4% and Unable to contact service user 14%. During Q2 there were a total of 1,826 contacts comprising office visits, other case contacts; medical appointments, assessments, court and tribunal attendances; home visits, research preparation work and housing bids (PPP). Case outcomes included Options explained to service user 24%, Representations made 17%, Information supplied 20%, Client empowerment 16%, Signposting 10% and Support 13%. During Q2 these case outputs resulted in financial outcomes worth a total of £232,010 being achieved.

Sefton Carers Centre

The Satisfaction Impact Survey revealed 65% of service users were 'extremely satisfied'. ICT systems implemented during Q2 will aid efficiency and security. The Centre is supporting Sefton MBC's Carers Strategy refresh. The Council is also considering Parent Carers, Carer Assessment arrangements, whilst Sefton Carers is reviewing Parent Carers support groups. Practices in Crosby are presently piloting the GP Carers Charter. The Centre reported tribunal cases are increasing whilst Universal Credit roll out means maintaining carers' income levels is now a key priority. During the period 259 new carers were registered (37 are Parent Carers). 263 Child Needs Assessments were completed or closed. £229k of additional or maintained annual income was secured, plus £34k back payments. 264 information and guidance contacts were made. 2 new volunteers were recruited to the (non-personal care) sitting service (that enables carers to have a short break). 140 hours of sitting service was provided with a volunteer value of £22k. Physical and emotional health and wellbeing is also provided by counselling and holistic therapies (with 91% of therapy users reporting this had a marked or significant positive impact on them). Skills training was provided for 80 carers, 45 Emergency Cards issued (for peace of mind) and 57 carers signposted to additional support.

Sefton Council for Voluntary Service

During Q2 the BME Community Development Worker supported 14 new referrals and 53 existing service users. People were helped to register with a GP and access mental health services. The majority of enquiries were around mental health, legal issues, safeguarding, benefits, finance, debt and general health. During the period Children, Young People and Families (CYPF) facilitated 3 network/forum meetings that had 24 attendees. The CYPF lead now has responsibility for management of VCFSE capacity building, volunteer co-ordination and collaborative working with Sefton MBC and the Clinical Commissioning Groups. Plans contributed to include the green paper on health and social care. Health and Wellbeing Trainers saw 181 new referrals during Q2 with service users helped to address social exclusion, attitude/confidence issues, financial problems, accommodation needs, health issues (including smoking and weight loss), drug and alcohol problems and family and relationships issues. Total client contacts numbered 758. The

Reablement/ Signposting service had 113 client contacts, with all enquiries resolved. The number of contacts at Strand By Me was 400 whilst there were 2,336 distinct users of the online service directory. Key areas of support included social inclusion 31%, everyday living/food 13%, health-related issues 8% and risk management 6%.

Sefton Women’s And Children’s Aid (SWACA)

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCFSE partnership working. During Q2 there were 624 new referrals. 172 assessments were completed and 84 are pending further action; 67 were already active in the service; 72 were placed on the waiting list; 8 were referred to a partner agency and 15 recorded under the Other category; 5 were found to be not within SWACA’s remit and 4 subsequently moved out of the area; 188 were closed due to support being refused and a further 7 closed as SWACA was unable to contact the service user. There are currently 166 women and 75 children in receipt of support. During the period the refuge accommodated 2 women along with 3 children for 7 weeks. 91% were female service users and 9% male. Referrals came from various sources, with the top three being the police 41%, self-referrals 19% and CYPSS Safeguarding Children 15%. Other sources included Adult Social Care, Children’s Centres, family and friends.

Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke’s new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway. During Q2 there were 79 referrals in South Sefton and 77 in Southport & Formby. Working age stroke survivors and carers figures were 29% and 16% respectively. These were given post-stroke information on going back-to-work, welfare benefits, available financial and emotional support, and help for young families. 179 stroke survivors were discharged. The top 5 outcome indicators were better understanding of stroke 19% (and stroke risk 8%), feeling reassured 17%, enabled to self-manage stroke and its effects 7% and improved physical health and wellbeing 7%. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team. Group meetings held during the period included the Communication Group, Peer Support Group and Merseyside Life After Stroke Voluntary Group. 130 volunteering hours were worked across Sefton during Q2 that equates to £1,691.00. The Association also assists with applications for grant payments/benefits, securing 9 recovery grants totalling £2,549.35.

Swan Women’s Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During Q2 65 women were part-way through their 12 allocated counselling sessions whilst 10 have exceeded twelve weeks and are continuing. There were 78 new referrals for Counselling. The main referral sources were GP referral 38%, Self-referral/Carer 36%, Mersey Care NHS Trust 7% and Social Workers 5%. Of the counselling sessions available during this period 66% were booked and used, 29% were cancelled by the client and just 5% were recorded as Did Not Attend. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support. 2 referrals were made to the Outreach Service (with 73 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. 5 new referrals were received during the period with 96 attendances in total.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 75 - Southport & Formby CCG - Extended Access at GP services 2018/19 Plans

E.D.14	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CCG weighted population benefitting from extended access services commissioned 365 days a year for each day of the week by the CCG (including bank holiday). For Monday to Friday each day of the week should include any extended access after 6.30pm, before 8.00am (this would be in addition to evening provision not a replacement or substitute for evening appointments) and any extended access provided in-hours as long as it is distinguishable from core services. For Saturday and Sunday this should include any extended access provided.	0	0	0	0	0	0	133,825	133,825	133,825	133,825	133,825	133,825
All currently provided services including extended hours Direct Enhanced Services (DES) should not be included.												
CCG Weighted Population	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825	133,825
2018/19 Plan %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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 at this stage. A CCG working group have developed a service specification for an extended hour's hub model to provide extended access in line with the GP Five Year Forward View requirements. This service will be live from October 2018. The CCG is currently awaiting the release of October 2018 data.

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. The Family Surgery was inspected on 13th November with the report yet to be published. All the results are listed below:

Figure 76 – 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	31 May 2018	Good	Good	Good	Good	Good	Good
N84013	Christina Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84021	St Marks Medical Centre	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 Centre	26 October 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	22 May 2018	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	19 July 2018	Good	Requires Improvement	Good	Good	Good	Good
N84614	The Marshside Surgery (Dr Wainwright)	03 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Centre	30 April 2018	Good	Good	Good	Good	Good	Good
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	15 December 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	10 August 2017*	Good	Good	Good	Good	Good	Good

**inspection made 13/11/2018 awaiting report to be published*

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

9. Better Care Fund

A revised quarter 2 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in November 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

A summary of the Q2 BCF performance is as follows:

Figure 77 – BCF Metric Performance

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	Not on track to meet target
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track to meet target
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target

Figure 78 – BCF High Impact Change Model Assessment

		Maturity Assessment				
		Q4 17/18	Q1 18/19	Q2 18/19 (Current)	Q3 18/19 (Planned)	Q4 18/19 (Planned)
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Plans in place	Established
Chg 2	Systems to monitor patient flow	Established	Plans in place	Plans in place	Plans in place	Established
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Plans in place	Plans in place	Established	Mature
Chg 4	Home first/discharge to assess	Mature	Established	Plans in place	Plans in place	Established
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place	Established
Chg 6	Trusted assessors	Established	Plans in place	Plans in place	Plans in place	Established
Chg 7	Focus on choice	Plans in place	Not yet established	Plans in place	Plans in place	Established
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Plans in place	Established

10. CCG Improvement & Assessment Framework (IAF)

10.1 Background

A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report on a quarterly basis. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible, and expected date of improvement for the indicators.

11. NHS England Monthly Activity Monitoring

Two year plans set which started in 2017/18 have been rebased for 2018/19 due to changes in pathways and coding practices, as well as variations in trend throughout 2017/18. The updated plans also include national growth assumptions which CCGs were required to add. The CCG is required to monitor plans and comment against any area which varies above or below planned levels by 2%; this is a reduction as previously the threshold was set at +/-3%. It must be noted CCGs are unable to replicate NHS England's data and as such variations against plan are in part due to this.

Month 8 performance and narrative detailed in the table below.

Figure 79 – Southport & Formby CCG’s Month 8 Submission to NHS England

November Month 08 2018	Month 08 Plan	Month 08 Actual	Month 08 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	2,543	2,610	2.6%	GP referrals decreased in month 8 but remained slightly outside of the 2% variance against plan. However, local analysis has established that seasonal trends are not outside of the statistical norm and referrals are expected to decrease in month 9 with plan. 'Other' referrals remain high against the plan but decreased in month 8. The referral patterns identified in 1819 are due in large to changes in the CCGs main provider recording ECG related referrals on the clinical system Medway. Rebased plans attempted to factor in this change and, due to the seasonality of the plans set, 'Other' referrals are expected to come closer in line with target levels at month 9. Discussions regarding referrals are raised at the information sub group with the provider and CCG agreeing to further analyse current variances by speciality.
Other	2,183	2,488	14.0%	
Total (in month)	4,726	5,098	7.9%	
Variance against Plan YTD	36,998	38,733	4.7%	
Year on Year YTD Growth			4.9%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3,502	3,830	9.4%	variances against plan year to date are showing total outpatient attendances are within the 2% tolerance against planned levels. However, local monitoring has established that both first and follow up appointments have increased in the last two months against 18/19 averages. Increases in OPFA and OPFUP have been evident at the main hospital provider across a number of specialities including Ophthalmology, T&O and Clinical Haematology during this period. Discussions have taken place at the information sub group and established that the increase in OPFUP appointments in the Ophthalmology speciality is in response to clearing a backlog of patients. This work has taken place throughout Oct/Nov 18 and the CCG expects FUP appointments to decrease in coming months bringing variances closer to plan.
Follow Up	8,017	9,391	17.1%	
Total Outpatient attendances (in month)	11,519	13,221	14.8%	
Variance against Plan YTD			1.6%	
Year on Year YTD Growth			2.5%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,452	1,606	10.6%	Variation against plan has been identified at month 8, particularly within the Day Case point of delivery with local analysis establishing that Elective Ordinary spells are showing minimal variation against plan. The baseline for total electives has remained flat and day cases continue to follow a similar trend to 1718 activity trends. The YTD position is within the 2% threshold. The CCGs main provider continues to work to increase their Elective offering and activity is expected to come closer in line with plan in the coming months. Further analysis will be required to understand the increase in the Day Case POD within months 7 and 8, particularly within the clinical haematology speciality at the main hospital provider.
Elective Ordinary spells	270	227	-15.9%	
Total Elective spells (in month)	1,722	1,833	6.4%	
Variance against Plan YTD	13,362	13,339	-0.2%	
Year on Year YTD Growth			0.3%	
Urgent & Emergency Care				
Type 1	3,563	3,825	7.4%	Local A&E monitoring has shown that the CCGs A&E activity has decreased slightly in month 8. However, YTD levels remain high. Despite this, performance at the main hospital provider has remained steady at approx. 90%. The CCG and main hospital provider are working together to understand the increase in attendances and also the impact and pressures of other services, such as community based nursing, to see if these are also contributing to the increase.
Year on Year YTD			8.5%	
Variance against Plan YTD	32,180	34,865	8.3%	
Year on Year YTD Growth			10.2%	
Total Non Elective spells (in month)	1,209	1,778	47.1%	The CCGs main provider has implemented a new pathway (CDU) with activity now flowing via SUS inpatient table from May 2018. This activity previously hasn't been recorded in this manner and was not fully discussed with commissioners prior to the pathway's implementation. The CCG is querying the non-elective changes with the Trust and has to date conducted a clinical walk-through to establish of the details of the pathway. CDU activity is averaging 494 admissions a month since May-18. Excluding this newly included CDU activity the CCG would be below planned levels both YTD and in month.
Variance against Plan YTD	9,816	12,506	27.4%	
Year on Year YTD Growth			30.1%	

MEETING OF THE GOVERNING BODY February 2019

Agenda Item: 19/9	Author of the Paper: Luke Garner Interim - Strategy & Outcomes Officer Luke.Garner@southseftonccg.nhs.uk 0151 317 8465
Report date: February 2019	
Title: Southport and Formby Clinical Commissioning Group Improvement and Assessment Framework 2018/19 Quarter 1 Exception Report	
Summary/Key Issues: This paper presents an overview of the 2018/19 CCG Improvement and Assessment Framework, and a summary of Q1 performance including exception commentary regarding CCG Improvement and Assessment Framework indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.	
Recommendation	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive this report.	

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

	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	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 NHS Cheshire and Merseyside Healthcare Partnership.
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

Report to Governing Body February 2019

1. Executive Summary

The Improvement and Assessment framework draws together in one place 51 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. The framework is then used alongside other information to determine CCG ratings for the entire financial year.

An IAF dashboard is released by NHS England on a quarterly basis identifying areas of declining performance, or performance indicators which sit in the most adverse quartile nationally. The Q1 dashboard was released on My NHS in November 2018.

Some areas of performance have been identified as a Key Line of Enquiry (KLOE) by NHS England due to either a significant improving or deteriorating position (identified by three consecutive data points in the same direction). Other indicators have been identified as residing in the best or worst quartile (25%) of CCGs nationally.

A framework has been drawn up to assign Leadership Team, Clinical, and Managerial leads to every indicator. The purpose of this is to assign responsibility to improving performance for each indicator to a named lead. This paper presents an overview of the 2018/19 CCG Improvement and Assessment Framework, and a summary of Q1 performance including exception commentary regarding CCG Improvement and Assessment Framework indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.

2. Introduction and Background

A dashboard is released each quarter by NHS England outlining performance for all performance 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.

Figure 1 – Q1 2018/19 IAF Dashboard
NHS Southport and Formby CCG

2017/18 Year End Rating:

Requires improvement

Better Health		Period	CCG	Peers	England	Trend
	102a % 10-11 classified overweight	2014-15 to 2016-17	32.8%	↓	8/11	81/195
	103a Diabetes patients who achieve	2016-17	43.5%	↑	1/11	19/195
	103b Attendance of structured edu	2016-17 (2015 cohort)	5.5%	↑	9/11	106/195
	104a Injuries from falls in people	6:17-18 Q3	2,151	↓	9/11	126/195
R	105b Personal health budgets	18-19 Q1	13.60	↑	7/11	104/195
	106a Inequality Chronic - ACS & UC	17-18 Q3	1,964	↓	8/11	77/195
R	107a AMR: appropriate prescribing	2018 07	1.091	↓	9/11	124/195
R	107b AMR: Broad spectrum prescri	2018 07	8.3%	↑	6/11	79/195
	108a Quality of life of carers	2018	0.63	○	3/11	36/195

Sustainability		Period	CCG	Peers	England	Trend
R	141b In-year financial performance	18-19 Q1	Amber	↑		
R	144a Utilisation of the NHS e-referr	2018 07	79.9%	↑	5/11	75/195
R	145a Expenditure in areas with ider	18-19 Q1	Green	○		

Leadership		Period	CCG	Peers	England	Trend
R	162a Probity and corporate governi	18-19 Q1	Fully compliant	↔		
	163a Staff engagement index	2017	3.67	↓	9/11	177/195
	163b Progress against WRES	2017	0.06	↓	2/11	11/195
	164a Working relationship effective	2017-18	67.71	↓	9/11	97/195
	166a CCG compliance with standar	2017	Green	○		
R	165a Quality of CCG leadership	18-19 Q1	Amber	↔		

Key	
	Worst quartile in England
	Best quartile in England
	Interquartile range

Better Care		Period	CCG	Peers	England	Trend
R	121a High quality care - acute	18-19 Q1	56	↔	9/11	167/195
R	121b High quality care - primary car	18-19 Q1	68	↔	2/11	30/195
R	121c High quality care - adult social	18-19 Q1	63	↑	3/11	43/195
	122a Cancers diagnosed at early sta	2016	49.2%	↓	10/11	158/195
R	122b Cancer 62 days of referral to t	18-19 Q1	84.7%	↑	5/11	63/195
	122c One-year survival from all can	2015	74.8%	↑	1/11	12/195
R	122d Cancer patient experience	2017	9.1	↑	1/11	4/195
R	123a IAPT recovery rate	18-19 Q1	51.1%	↓	7/11	113/195
R	123b IAPT Access	18-19 Q1	3.5%	↓	10/11	169/195
R	123c EIP 2 week referral	2018 09	70.7%	↑	8/11	128/195
	123d - CYP mental health (not available)					
	123f MH - OAP (not available)					
	123e MH - Crisis care and liaison (not available)					
	123g MH - health checks (not available)					
	123h MH - cardio metabolic assessments (not a					
R	123i MH - investment standard	Compliant		○		
	123j MH - DQMI (not available)					
R	124a LD - reliance on specialist IP c	18-19 Q1	67	↑	8/11	135/195
	124b LD - annual health check	2016-17	39.0%	↑	10/11	159/195
	124c Completeness of the GP learn	2016-17	0.61%	○	3/11	31/195
R	125d Maternal smoking at delivery	18-19 Q1	10.4%	↑	5/11	90/195
	125a Neonatal mortality and stillbir	2016	3.1	↓	3/11	25/195
	125b Experience of maternity servic	2017	81.8	○	8/11	131/195
	125c Choices in maternity services	2017	55.6	○	8/11	176/195
R	126a Dementia diagnosis rate	2018 08	69.8%	↓	4/11	80/195
	126b Dementia post diagnostic sup	2016-17	77.1%	↑	8/11	147/195
	127b Emergency admissions for UC	17-18 Q3	2,194	↓	8/11	81/195

R	127c	A&E admission, transfer, disc 2018 10	88.2%	↓	3/11	96/195	
R	127e	Delayed transfers of care per 12018 09	13.7	↓	8/11	149/195	
	127f	Hospital bed use following em 17-18 Q3	466.2	↓	5/11	73/195	
	105c	% of deaths with 3+ emergenc 2017	3.62%	↓	7/11	17/195	
R	128b	Patient experience of GP servi 2018	90.5%	○	2/11	6/195	
R	128c	Primary care access 2018 08	0.0%	↔			
R	128d	Primary care workforce 2018 03	0.90	↓	9/11	136/195	
R	128e	Primary care transformation i 18-19 Q1	Green	○	1/11	1/195	
R	129a	18 week RTT 2018 09	93.4%	↓	2/11	8/195	
	130a	7 DS - achievement of standar 2016-17	2	○			
R	131a	% NHS CHC assesments taking 18-19 Q1	0.0%	↔	1/11	1/195	
	132a	Sepsis awareness 2017	Amber	○			
R	133a	6 week diagnostics 2018 09	4.0%	↓	9/11	161/195	

3. Key Issues

Areas of performance which have been identified as deteriorating in performance or residing in the worst performing quartile (25%) of CCGs nationally, or identified as a Key Line of Enquiry (KLOE) by NHS England. KLOEs are identified by three consecutive data points in the same direction.

To note:

102a % 10-11 classified overweight / obese is reported on the KLOE as having an improving position, with 32.8% of 10-11 year olds classed as overweight or obese in the national child measurement programme 2014/15 – 2016/17.

106a Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions (ACS) has improved in Q3 and no longer in the worst quartile nationally (1,964). This is also recognised in the KLOE.

105b Personal health budgets performance has improved in Q1 and is no longer in the worst quartile.

122c One year survival for all cancers. Top quartile performance (12th best nationally). This is also recognised in the KLOE with an improving position.

127b Emergency admissions for UCS conditions performance was recognised in the KLOE for an improving position, ranking in the intermediate quartile.

127f Hospital bed use following emergency admission was recognised in the KLOE for an improving position, ranking in the intermediate quartile.

Indicator No.	Indicator Description	Q4 2017/18 Performance	LT/ Clinical/ Managerial Lead	Reasons for underperformance	Actions to address underperformance	Expected Date of Improvement
121a	Provision of high quality care in hospitals	Worst quartile and no improvement since last quarter	Debbie Fagan/ Doug Callow/ Brendan Prescott	This metric provides an overall score indicative of the quality of care in a CCG area as determined by CQC inspection ratings. It is calculated from the total CQC score for the core services, divided by the total maximum score available.	Hospital quality is monitored through a number of forums including Clinical Quality and Performance Group, and CCG Quality Committee. In these forums, Providers are held to account for their performance and action and improvement plans are agreed and scrutinised. Any unresolved issues may be escalated to Executive: Executive forums. The Care Quality Commission published an inspection report for Southport and Ormskirk Trust in March 2018 with an overall rating of 'Requires Improvement' and "Inadequate" for Well Led. The Trust has responded with an action plan to the CQC which has been shared at CCQRM. The CCG contribute information regarding Quality for consideration at the Executive Improvement Board. The new Chief Officer took up the role in April 2018 and the new Executive Director of Nursing came into post in June 2018. The Quality Improvement is monitored via the CCQRM and Quarterly Director meetings between Medical Director, Executive Nursing Director from the Trust and CCG Chief Nurse and Clinical Chair have been established to review quality issues in more detail.	December 2018
122a	Cancers diagnosed at early stage	Worst quartile and decline in performance	Jan Leonard/ Graeme Allen/ Sarah McGrath	49.2% was reported for 2016, ranking the CCG 158 out of 195 CCGs nationally.	The data relates to 2016. Further analysis being undertaken to understand which tumour groups have seen a decline in early stage diagnosis. A significant amount of work has been undertaken since 2016 in relation to improved pathways e.g. around embedding of NICE guidance for management of suspected cancer, lung cancer and vague symptoms to facilitate quicker diagnosis.	TBC following analysis of which tumour groups have declined
122b	62 day cancer: GP referral to first definitive treatment	Improving but still below constitutional standard	Jan Leonard/ Graeme Allen/ Sarah McGrath	Q1 performance was 84.7% against 85% constitutional standard, a significant improvement and no longer worst quartile. More recent information available locally for October 2018 shows an	The CCG seeks assurance from S&O via monthly Performance and Quality meeting S&O and regular meetings with the Trusts planned care lead. The Trust remedial action is to undertake a substantial piece of work to address the on-going concerns around 62 day performance. An action plan dated November 2018 from the Trust states that prediction of a forward trajectory against National Cancer Waiting times is difficult to establish due to the numerous factors that influence the	March 2019

				improvement at 88% although the YTD position is still failing at 80%. Southport and Ormskirk Hospital have provided a trajectory for full recovery by Jan 2019	performance.	
123b	IAPT Access rate	Worst quartile, and declining performance	Jan Leonard/ Hilal Mulla/ Geraldine O'Carroll	June 2018 performance (rolling 3 months) of 3.5% was reported in the Q1 IAF release, against the 4.2% target.	Recruitment of additional staff, increased opening times with late evening sessions, Practitioners have undergone NHSE Long Term Condition training and EMDR training (specific therapy for trauma clients) to meet population needs. Pre-therapy groups offered to waiting list patients waiting for CBT based on feedback that clients are not always prepared for therapy. Anxiety workshops, telephone system upgrade. Online referral has been refreshed to enable quicker access to treatment. Group work has been developed and the provider has created links with Southport KGV College.	March 2019
124b	LD Annual Health checks	Improvement but remains worst quartile nationally.	Jan Leonard/ Hilal Mulla	2016/17 performance is reported in the Q1 2017/18 IAF at 39%. Some practices have signed up to DES with NHS England. Capacity to conduct checks across all practices has been cited as a challenge.	Working with practices with low uptake, to identify any difficulties or support issues with access to the LD health checks by people with learning disabilities. Promote awareness and importance of the LD Annual Health Checks Scheme with stakeholders. Community LD Team to develop a strategy to ensure that systems are in place to maintain relationships with GP practices, and that people with learning disabilities known to team are receiving Health Checks. GP Practices are commissioned through NHSE to deliver the DES, however through joint commissioning arrangements there is agreement locally, for South Sefton CCG to manage the funding associated with the LD DES. The CCG has formulated a plan to improve local delivery, which includes an option for practices to deliver the DES themselves, or to opt for the DES to be delivered to their eligible registered patients by the local GP Federation.	March 2019
125c	Women's choices of maternity services	Worst quartile and declining.	Debbie Fagan/ Wendy Hewitt/ Peter Wong	2017 performance is reported in the Q4 2017/18 IAF and at 55.6%. CCG is ranked 176 of 195 CCGs	Implementation of Saving Babies Lives Care Bundle. Seek assurance from maternity providers via data collection and requesting information such as implementation of policies and procedures e.g. use of foetal weight charts, supporting mothers who smoke, seek	On-going

				nationally.	evidence of case note audits. Providers engaged within Children & Maternity Vanguard developments re: neonatal and maternity care. The Care Quality Commission published an inspection report for Southport and Ormskirk Trust in March 2018 with an overall rating of 'Requires Improvement' and "Inadequate" for Well Led. In Q3 2017-18, the Trust had issues regarding the staffing on the middle grade medical rota for Obs and Gynae services. This has been addressed for the calendar year 2018 as the Trust has confirmed they are able to meet their contractual requirements and again this has been confirmed at a recent contract meeting. The service is part of the wider review for maternity services with declining numbers of births at the Trust.	
126b	Dementia post diagnostic support	Worst quartile, but improving.	Jan Leonard/ Hilal Mulla/ Kevin Thorne	2016/17 performance is reported in the Q1 2018/19 IAF at 77.1%. CCG is ranked 147 of 195 CCGs nationally.	Practices should develop a planned programme of activity to establish internal routines to appropriately conduct a timely review of patient's needs. Sefton wide Dementia resource information has been sent to all practices. GP bulletins contain details and a link to Dementia services in the VCF Sector that people with dementia and their carers can be signposted to as part of their care plan.	2016/17 still above QOF requirement of 70%.
127c	A&E admission, transfers or discharges within 4 hours	Interquartile range but performance declining	Jan Leonard/ Tim Quinlan/ Sharon Forrester	October 2018 shows a decline in performance at 88.2%.	The CCG continue to work in collaboration with system leaders support AED performance and system wide flow. There has been a number of improvement schemes initiated throughout the year such as increased assessment areas, ambulance holding bay which has enabled an improved performance position for December.	Trust has agreed STP targets to improve performance by March 2019.
127e	Delayed Transfers of Care per 100,000 population	Worst quartile but improving	Jan Leonard/ Tim Quinlan/ Sharon Forrester	13.7 per 100,000 population in September 2018.	CCG Urgent Care leads review DTOC's on a weekly teleconference with participation from the acute Trust, Local Authorities and CCG's. This aims to remove blockages which prevent a patient being discharged to their chosen place of care. Additionally, local CCG representatives from North Mersey CCGs provide a daily "CCG Link Officer" whose role is to be the single point of contact for acute providers and support system pressures including delays to discharge. LA colleagues have made available monies to deliver transitional placement and increased weekly rates	Q4 2018/19

					of pay to care homes and the hourly rate of pay top domiciliary providers in an attempt to attract additional capacity into the local market.	
128d	Primary Care Workforce	Interquartile range but declining performance	Jan Leonard/ Kati Scholtz/ Angela Price	March 2018 showed a decline in performance at 0.90.	<p>The work being undertaken to address the recruitment crisis in Sefton is as follows:</p> <ul style="list-style-type: none"> •International Recruitment programme- we held an event in June 2018 which was attended by representatives from 13 Sefton practices. •Targeted Recruitment scheme- there was one Sefton practice who expressed interest in participating in this scheme. •LQC- as part of the Phase 4 LQC, we are asking practices to submit a completed “Wessex Toolkit” which will give us an accurate baseline of current workforce. The completion of this toolkit has been 100% across practices meaning we have a more accurate picture across the area. We have met to discuss the results of this toolkit and any necessary next steps in order to monitor results and support practices. This piece of work may be repeated in the future to monitor workforce across the two CCG areas. •Practices with no workforce data showing on the September 2018 NHS digital dataset have been contacted to ensure that data is updated prior to the December 2018 extraction (some practices who were contacted sent screenshots of data available on the primary care web tool so this needs investigating) •The training tracks across Sefton have increased •All S&F practices are part of primary care network •Primary care networks will be focusing on workforce across each network footprint •There is an opportunity to work with Edge Hill University re medical student placements (to be explored via networks) <p>Other work includes looking at schemes which support practice systems and processes to improve workload, which, it is hoped, will make General Practice more manageable on a day to day basis. This includes schemes such as Document Management High Impact Action; Online Consultations software; APEX Insight Tool; and implementing a Digital Programme Training post which will support practices to adopt digital solutions that</p>	March 2019

					support efficiencies in workload.	
133a	6 week diagnostics	Worst quartile but improving	Jan Leonard/ Rob Caudwell/ Moirra Harrison	Q1 IAF shows performance for September 2018 at 4%. This is significantly above the <1% threshold.	The CCG have requested an action plan with timelines from Southport & Ormskirk Trust, expected in December 2019. The Trust has advised in November the diagnostic performance was 1.4% which is a significant improvement. Failure of an action plan from Southport & Ormskirk Trust the CCG will issue a Performance Notice.	April 2019
163a	Staff engagement index	Worst quartile and deteriorating	Tracy Jeffes	To signal the expectation that CCGs demonstrate leadership across the organisations in their part of the NHS. Measured as the level of engagement reported by staff in the NHS staff survey for providers in the NHS footprint of the CCG weighted according to the financial flows.	This is a composite measure from NHS Staff Survey results for the main Providers the CCG commission from. The variation nationally is small; the CCG composite score (last reported 2016) is flagged as being in the lowest quartile with a staff engagement index of 3.7 whilst the peer group average and indeed national average is 3.8. CCG results are consistently higher than those of our Providers with the latest at 4.01 demonstrating good engagement with CCG staff setting an example to our Providers.	2018/19
164a	Working Relationship Effectiveness	2017/18 performance shows a decline with 67.71%.	Tracey Jeffes	To identify relationships that need to be strengthened and areas within the system where support may be necessary. Data from NHS England – CCG stakeholder 360 survey 2017-18.	Improved relationships with Sefton MBC through progress on a route map for integration and linking of BCF and wider integration strategy. Improved functioning and governance of the Integrated Commissioning Group High level system leadership through Chief Officer membership of North Mersey LDS and A&E delivery Board. Implementation of system wide intermediate care scheme ICRAS now underway. Development of system wise "Care for You" programme around services for Southport and Formby Residents. Regular collaboration with Healthwatch and the VCF sector through EPEG and a wide variety of other connections.	2018/19

4. Clinical Priority Areas

Assessments have been undertaken by independent panels for cancer and maternity for the CCG. These were based on clinical indicators used in the CCG IAF for cancer and maternity. NHS England shared the outcomes of these assessments with CCGs on 13th August 2018. These were made available publically on the NHS England website on 16th August 2018 and subsequently on MyNHS.

Cancer

The CCGs overall rating for cancer is 'Good'. This is based on four indicators; early diagnosis, 62 day waits for treatment after referral, one year survival and overall patient experience. The four cancer metrics have been chosen based on the key priorities agreed by the Cancer Transformation Board, led by Cally Palmer, National Cancer Director for England, and charged with implementing the NHS Cancer Strategy for England.

NHS Southport & Formby CCG 2017/18 Performance

<u>Cancer indicator</u>	<u>Indicator value</u>
Cancers diagnosed at early stage	49.2%
People with urgent GP referral having definitive treatment for cancer within 62 days of treatment	82.8%
One-year survival from all cancers	74.8
Cancer patient experience	8.9 out of 10

Maternity

The CCGs overall rating for maternity is 'Requires Improvement'. The overall rating for maternity is based on four indicators;

- Stillbirth and neonatal mortality rate
- Women's experience of maternity services
- Choices in maternity services
- Rate of maternal smoking at delivery

The four maternity metrics were chosen to align with a number of themes from Better Births, the report of the National Maternity Review, and to provide a broad representation of the various aspects of the maternity pathway.

NHS Southport & Formby CCG 2017/18 Performance

<u>Maternity indicator</u>	<u>Indicator value</u>
Stillbirth & neonatal mortality rate	3.1 per 1,000 births
Women's experience of maternity services	81.8 out of 100
Choices in maternity services	55.6 out of 100
Rate of maternal smoking at delivery	10.8%

The CCG are supporting full implementation of the Saving Babies Lives Care Bundle. We seek assurance from maternity providers via data collection and requesting information such as implementation of policies and procedures e.g. use of foetal weight charts, supporting mothers who smoke, seek evidence of case note audits). Providers are also engaged within the Children & Maternity Vanguard developments regarding neonatal and maternity care. The CCG are committed to supporting improvements in safety towards the 2020 ambition to reduce still births, neonatal

deaths, maternal death and brain injuries by 20% and by 50% in 2025, including full implementation of the Saving Babies Lives Care Bundle by March 2019.

Mental Health

The CCGs overall rating for Mental Health is 'Good'. The overall rating is based on performance against five indicators:

- Improving Access to Psychological Therapies (IAPT) – recovery
- Improving Access to Psychological Therapies – access
- People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral
- Inappropriate out of area placement bed days
- Crisis resolution and home treatment (CRHT) services provision

Dementia

The CCGs overall rating for Dementia is '**Outstanding**'. The 2017/18 rating for dementia considers two indicators: dementia diagnosis rates and care plan reviews for people with dementia.

Learning Disabilities

The CCGs overall rating for Learning Disabilities is 'Requires Improvement'. The 2017/18 rating for learning disabilities considers three indicators:

- Reliance on specialist inpatient care for people with a learning disability and/or autism. This indicator is reported at Transforming Care Partnership (TCP) level
- Proportion of people with a learning disability on the GP register receiving an annual health check.
- Proportion of the population on a GP learning disability register (New for 2017-18)

Reliance on specialist inpatient care

The CCG has underutilised its LD inpatient beds for at least the last 2 years. All individuals at risk of inpatient admission have a Care and Treatment Review (CTR) in line with Transforming Care best practice requirements and are either appropriately placed for care and treatment in hospital bed or have an active discharge plan in place and are working towards living in the community with bespoke packages of care.

Diabetes

The CCGs overall rating for Diabetes is 'Requires Improvement'. The 2017/18 rating for diabetes considers two indicators:

- Diabetes patients that have achieved all the NICE-recommended treatment targets (HbA1c, blood pressure and cholesterol for adults and HbA1c for children)
- People with diabetes diagnosed less than a year who attend a structured education course.

Preparatory work was undertaken at the end of 2017/18 after securing NHS England diabetes transformation funding. Problems have been identified at a number of points on the referral pathway:

- High number of patients in care homes.
- Possibility of patients being confused by alternative types of education offered in Southport and Formby.
- Different approach to the delivery of structured education in Southport and Formby.
- Reduction in staff resources.

Actions to improve

- Lancashire Care have produced press releases and undertaken practice visit and produced information to encourage referral to and attendance at structured education sessions.
- Recent appointment of short term project support to look at how to improve the uptake of structured education in Southport and Formby CCG amongst other pieces of work. They have held a meeting with the service lead for diabetes at Lancashire Care and arranged a

meeting with the Diabetes Clinical Lead and Deputy Chair for Southport and Formby to look at strategies to improve uptake. (January 2019)

- A trial of digital structured education has been commissioned as a pilot following a suggestion that patients may want to use other modalities for education rather than to attend face to face education.
- Lancashire Care has started to deliver education to carers for patients in nursing homes but it is not possible to capture this in a way which would influence IAF.
- Lancashire Care has recruited replacement staff and staff who had been on different types of leave have returned to work.
- Lancashire Care is willing to explore other delivery methods to try to improve uptake.

5. Conclusions

The indicators identified as requiring improvement are all either existing metrics reported through the Integrated Performance Report, meaning actions are already in train and are monitored for improvement on a monthly basis to Governing Body e.g. IAPT recovery, dementia diagnosis, emergency admissions, DTOC, RTT. Or they form part of Operational Plans for 2017-19 e.g. Falls, e-referrals, CYPMH transformation. These newer metrics have been added to the Integrated Performance Report for 2017/18 onwards to ensure performance and mitigating actions are monitored.

A timetable for reporting has now been published by NHS England (subject to change) which means the following reports will be available as follows:

Financial Quarter	Estimated dashboard release by NHSE
Q1	18/10/2018
Q2	24/01/2019
Q3	18/04/2019
Q4	TBC

6. Recommendations

The governing body is asked to receive the report.

Luke Garner
Interim - Strategy & Outcomes Officer
February 2019

MEETING OF THE GOVERNING BODY February 2019

Agenda Item: 19/10

Author of the Paper:

Report date: January 2019

Judy Graves
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Title: Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map

Summary/Key Issues:

The Governing Body is presented with the updated Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR) as at 31 December 2018. Also included is a heat map which summarises the mitigated risks with a score of 12 and above. This will aid an overview of the CRR.

The GBAF and CRR have been updated by the risk leads. The CRR has also been reviewed by the respective committees.

This report was presented to the Audit Committee on 16th January 2019.

Recommendation

The Governing Body is asked to receive.

Receive	<input checked="" type="checkbox"/>
Approve	<input type="checkbox"/>
Ratify	<input type="checkbox"/>

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

X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.

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

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	x			- Respective committees - Audit Committee on 16 th January 2019

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 February 2019

1. Executive Summary

This paper provides the Governing Body with an updated Governing Body Assurance Framework and Corporate Risk Register as at 31 December 2018 (end of Quarter 3 2018/19).

The risks are managed on an on-going basis. However the report is presented at a point in time, as per the risk reporting process.

The GBAF has been updated by the risk leads.

The CRR has been updated by the risk leads and reviewed by the respective committees.

This report was presented to the Audit Committee on 16th January 2019.

2. Position Statement December 2018

2.1. Governing Body Assurance Framework (GBAF)

There are a total of 5 risks against the 6 strategic objectives for Southport & Formby CCG:

GBAF Risk Positions

Risk	Score	Number of Risks
Low	1-3	0
Moderate	4-6	1
High	8-12	3
Extreme	15 - 25	1

GBAF Highlights

Please see the following which highlights the risks that have either (a) changed in rating or (b) are extreme risks (c) new risks:

GBAF Highlights	Update
1.1 Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position	<p>Extreme Risk</p> <ul style="list-style-type: none"> The Financial Recovery Plan has been signed off and submitted to NHSE. Recovery Programme Lead has been appointed Continued prioritisation and QIPP events held with governing body.

2.2. Corporate Risk Heat Map

Of the 53 Southport & Formby CCG operational risks on the CRR as at the end of Quarter 3 2018/19, there are 25 presented to the governing body rated high (score of 12) or above:

- Finance: 4
- Quality: 21

During this period:

- There are 2 new risks:
 - Quality risk in relation to the CQC recommendations (QUA066)
 - Finance and Resource in relation to Sefton Transformation (FR009)
- 21 risks have remained the same
- 2 risks have increased

CRR Risk Positions

Risk	Score	Number of Risks
High	(8-)12	16
Extreme	15 – 25	9

CRR Highlights

The highlights are as shown in the Heat Map, Appendix B.

3. CRR Review: Update

The following provides an update against prior proposals and considerations:

- Review of the current reporting and monitoring to ensure the processes remain fit for purpose and are being correctly followed by risk owners:

A review of this is on-going and looks at the CCG committees, how often held, the dates of the meetings, the order of all the committees/meetings, where the documents are reviewed, how the review/comments are fed back or escalated from each of the committees, the process of merging back into one document for further review by the Corporate Governance Support Group and the Leadership Team.

The process and document will develop as the reviews progress.

- Risk workshops and training will be looked following at as would provide an opportunity to cover the areas identified in the review

Some of this has been carried out during the 1:1 risk review and will continue during the 1:1 sessions. The workshop training will be looked at further once the reporting and monitoring process review has concluded.

- Re-introduction of historic quarterly scoring.

This has been added back into the document as enables oversight of annual movement.

- The “risk theme” has been included within the CRR.

This will link to the review carried out by the risk leads and ensure consistent reporting across the reports.

Other considerations:

- Risk number log so as to ensure no duplication of numbers
- Risk owner and leadership team member to be assigned to each risk

4. Audit Committee 16th January 2019

This report was presented to the Audit Committee on 16th January 2019.

Following review and scrutiny the committee:

Governing Body Assurance Framework (GBAF)

The Audit Committee highlighted the need for the GBAF to be reviewed in light of the changing environment in which the CCG is operating, and agreed for this to be carried out when the GBAF is reviewed for the next financial year.

Recommendations

The Audit Committee approved the report subject to moderation of the CRR by the Leadership Team. The committee recognised that this was part of normal process and only hadn't been carried out due to the timing of the reports and New Year.

5. Recommendation

The governing body is asked to:

- Receive the report
- Note the review, scrutiny and approval of the Audit Committee held 16th January 2019
- Make recommendation for any further actions.

6. Appendices

Appendix A – Governing Body Assurance Framework

Appendix B – Corporate Risk Register Heat Map

Appendix C – Corporate Risk Register

Appendix D – Risk Matrix

Judy Graves
Corporate Business Manager
January 2019



Southport and Formby
Clinical Commissioning Group

Southport and Formby CCG
Governing Body Assurance Framework
2018/19

Update: 31 December 2018

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

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

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
1. To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.	1.1 Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position	Debbie Fairclough	20	20	<ul style="list-style-type: none"> At the end of Month 12 this risk had fully materialised and the CCG did not deliver its statutory financial duties or deliver the fully QIPP plan The CCG has developed a new QIPP plan The CCG has developed a draft Financial Recovery Plan QIPP and financial recovery remain a key risk for the CCG The Financial Recovery Plan has been signed off and submitted to NHSE for approval Recovery Programme Lead appointed Continued prioritisation and QIPP events held with governing body
2. To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.	2.1 N/A		9	9	<ul style="list-style-type: none"> Risk being assured through Strategic Objective 1 and QIPP. Consolidated "plans on a page" have been shared with the Provider Alliance OPS Plan "plans on a page" completed with outcomes and KPIs. OPS Plan signed off by NHSE Transformation Programme in place Shaping Sefton Strategy currently under review to ensure alignment of all programmes between acute sustainability, place based development and QIPP.
3. To ensure that the CCG maintains and manages performance & quality across the mandated	3.1 There is a risk that identified areas of adverse performance are not managed effectively or initially	Karl McCluskey	16	8	<ul style="list-style-type: none"> Monthly performance calls with NHSE to review all constitutional targets continue

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
constitutional measures.	identified				<ul style="list-style-type: none"> CCG Improvement and Assessment Framework performance reported to Governing Body quarterly Continued monthly performance meetings internally On-going review of all standards by governing body
	3.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category C responder.	Tracy Jeffes	5	4	<ul style="list-style-type: none"> Business Continuity plans approved and exercised, with an action plan being progressed as a result of the plan being implemented Composite plan and strategy approved Training and awareness raising continues Development Plan in place NHSE Self-Assessment Assurance process completed.
4. To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.	4.1 Current work pressures reduce ability to engage on GP Five Year Forward View implementation.	Jan Leonard	9	9	<ul style="list-style-type: none"> International recruitment application submitted by NHSE on behalf of the CCGs. Application successful and engagement session held with practices. NHSE process on-going. Primary Care Strategy to be presented to the governing body in February 2019. Programme of LQC planning meetings in conjunction with the LMC in place. LQC live and no issues arising. Recruitment is now underway on the successful Clinical pharmacist application. 7 day extended access now live. Service is being monitored for utilisation and impact.
5. To advance integration of in-hospital and community services in support of the CCG locality model of care.	5.1 Risk removed: notification provided in last update: July 2018	Jan Leonard	9	6	

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
6. To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.	6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	Tracy Jeffes	9	9	<ul style="list-style-type: none"> • Priority areas agreed for joint working within the integrated commissioning group. • S75 agreed by all parties and to be presented to the governing body in February 2019. • Health and Well Being Board Executive Workshop planned for early 2019.

Strategic Objective 1	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.			
Risk 1.1	Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position			
Risk Rating Initial Score Current Score	4 x 5 =20 4 x 5 =20		Lead Director Debbie Fairclough Date Last Reviewed 2 January 2019	
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Constant review by the Joint QIPP Committee and the Governing Body QIPP update provided at leadership team every week Prioritisation sessions will continue to be held with Governing Body Monitoring and evaluating the adverse impact of the Acting as One arrangements Check and challenge sessions introduced Financial Recovery Plan has been produced Ongoing pursuit and identification of additional efficiency schemes Robust contract management of providers Financial Recovery Plan has been produced and will be fully implemented following sign off by NHSE Support for Falls programme secured. Programme on-going. Engagement in the CEP- lite programme completed and being progressed. Continued focus on delivery of Financial Recovery Plan that is overseen by Joint QIPP and Finance Committee Appointed Recovery Programme Lead Continued prioritisation and QIPP events with governing body 		Action	Responsible Officer	Due By
		• Work continues on the Falls programme.	Debbie Fairclough	On-going
		• Alignment of QIPP to out of hospital provider alliance developments. Work on-going to align programmes.	Debbie Fairclough	On-going
		• Engagement in the CEP- lite programme continues	Martin McDowell	On-going
		• Continued focus on delivery	Debbie Fairclough	On-going
		• Pipeline session held for old and new schemes	Debbie Fairclough	On-going
		• Continued check and challenge	Debbie Fairclough	On-going
		Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):
<ul style="list-style-type: none"> Outcome of audit by NHSE in March 2018 shows that we have good arrangements in place Delivery of QIPP targets – monitored month on month 				
Additional Comments:		Link to Risk Register:		
The CCG is unlikely to deliver the QIPP plan which will adversely impact the CCG's overall financial position.		SF006		

Strategic Objective 2	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.		
Risk 2.1			
Risk Rating			
Initial Score	5 x 3 = 15	Lead Director Karl McCluskey	
Current Score	3 x 3 = 9	Date Last Reviewed 2 January 2019	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Joint QIPP and transformation scheme methodology in place. The outputs of the above work has been consolidated into a suite of “plans on a page” that has been shared with the Provider Alliance. This will underpin the transformation work. Shaping Sefton Strategy currently under review to ensure alignment of all programmes between acute sustainability, placed based development and QIPP 	Action	Responsible Officer	Due By
	New governance arrangements developed with Cheshire and Merseyside Partnership (STP) to support advancement of ‘Sefton Placed Based Transformation Programme’. . Programme Board meeting during Q4 2017/18 and Q1 2018/19.	Debbie Fairclough and Fiona Doherty	On-going
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> . 	Work is on-going to ensure alignment to Transformation PMO and to map out monitoring of Shaping Sefton via PMO approach. This will provide greater clarify regarding next steps.		
Additional Comments:	Link to Risk Register:		
<ul style="list-style-type: none"> . 			

Strategic Objective 3	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.		
Risk 3.1	There is a risk that identified areas of adverse performance are not managed effectively or initially identified		
Risk Rating Initial Score Current Score	4x4 = 16 2x4 = 8	Lead Director Karl McCluskey Date Last Reviewed 2 January 2019	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Aristotle Business Intelligence portal in place and training provided to localities, practices, locality managers and commissioning leads. Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week. New management structure put in place with clear lines of accountability and responsibility Identified individuals update monthly through integrated performance meetings Links between contracting teams and CPQG to ensure adverse quality performance is triangulated New nationally set performance metrics for ambulance performance and CAMHS introduced. Session on metrics delivered to the Governing Body. CCG Improvement and Assessment Framework performance reported to Governing Body quarterly Continued monthly performance meetings internally On-going review of all standards by governing body 	Action	Responsible Officer	Due By
	Continued monitoring of associated risks	All	on-going
	Monthly performance calls with NHSE to review all constitutional targets. Key areas are highlighted as exceptions: <ul style="list-style-type: none"> - A&E performance - Diagnostic test waits performance - Cancer wait times performance - RTT performance 	All	Monthly: on-going
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked Integrated Performance Report shows CCG understanding of issues and oversight of actions Integrated Performance Reports may show improved performance as a result of robust management by CCG Assurance from MIAA review of performance reporting Performance continues to be maintained Monthly check and challenge meetings with planned/unplanned care leads 			
Additional Comments:	Link to Risk Register:		
	QUA002, QUA005, QUA008, QUA009, QUA020, QUA022.		

Strategic Objective 3	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.			
Risk 3.2	Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.			
Risk Rating Initial Score Current Score	1 x 5 = 5 1 x 4 = 4	Lead Director Tracy Jeffes Date Last Reviewed 3 January 2019		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> CCG Commissions EPRR and Business Continuity support from MLCSU CCG has in place business continuity plans with plans and strategies refreshed September 2018 Emergency Planning training taken place in last 12 months CCG Statutory Lead is Chief Delivery and Integration Officer NHSE Self-Assessment Assurance process completed. Development Plan in place. Business Continuity Plans exercised, with an action plan being progressed as a result of the plan being implemented. 		Action	Responsible Officer	Due By
		Action plan from exercising from Business Continuity Plans being implemented	Lisa Gilbert	On-going
		Ongoing training for key staff – multiagency response training event.	Tracy Jeffes	On-going
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> NHSE assurance through self-assessment and improvement plan Response received from NHSE assuring our assessment and plans 		System wide Pan Flu Planning scheduled for October 2018		
Additional Comments:		Link to Risk Register:		

Strategic Objective 4	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.		
Risk 4.1	Current work pressures reduce ability to engage on GP Five Year Forward View implementation.		
Risk Rating Initial Score Current Score	3x3=9 3x3=9	Lead Director Jan Leonard Date Last Reviewed 27 December 2018	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Joint Commissioning Committee with NHSE Operational group that reports to Joint Committee LQC in place for 18/19 GP five year forward view plan 	Action	Responsible Officer	Due By
	4 localities have successfully bid for Network Development funding from NHSE. Currently looking to recruit project manager, CCG will support as requested.	Jan Leonard	February 19
	International recruitment process ongoing. Engagement event held.		March 2019
	Clinical pharmacist application successful. Recruitment underway		January 19
	Primary Care Strategy in draft for comment. To be submitted to GB in Feb 19		February 19
	7 day extended access service live. Continue to monitor utilisation and impact.		February 2019
	Application for delegated commissioning being worked through. Shadow committees scheduled in Q4. Training from NHSE planned. Resource implications for team being considered.		February 2019
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Aristotle primary care dashboard in development GPFV plan monitoring LQC monitoring 			
Additional Comments:	Link to Risk Register:		
	SF042		

Strategic Objective 5	To advance integration of in-hospital and community services in support of the CCG locality model of care.		
Risk 5.1	Risk removed		
Risk Rating Initial Score Current Score	Lead Director Jan Leonard Date Last Reviewed N/A		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
	Action	Responsible Officer	Due By
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
Additional Comments:	Link to Risk Register:		

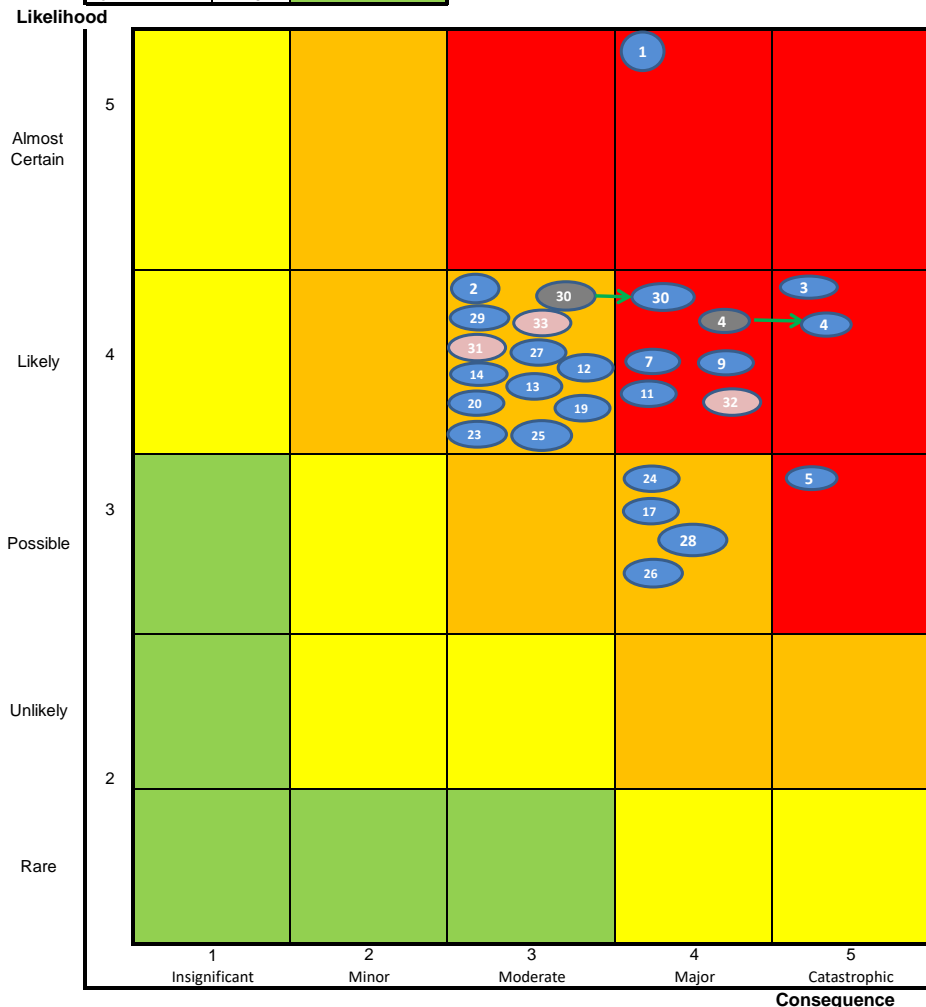
Strategic Objective 6	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.		
Risk 6.1	There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans		
Risk Rating	Lead Director		
Initial Score	Tracy Jeffes		
Current Score	Date Last Reviewed		
3x3= 9	3 January 2019		
3x3=9			
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Health and wellbeing board executive in place Review of current BCF and Section 75 arrangements Integrated Commissioning Group established Making It Happen – joint approach to integration approved, with implementation agreed. Implementation of MIAA recommendations in development of new BCF, iBCF and Section 75 Pooled budget arrangements within BCF agreed. Finalised iBCF and BCF and aligned to “Making it Happen” Integrated Commissioning Workshop held and focus agreed for 2018/19. 	Action	Responsible Officer	Due By
	New Section 75 agreed by all parties. To be approved at governing body in February 2019.	Tracy Jeffes	November 2018 February 2019
	Priority areas agreed for joint working within the Integrated Commissioning Group. Implementation Plan being developed. Health and Well Being Board Executive Workshop planned for early 2019.	Tracy Jeffes	October 2018 February 2019
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
1. MIAA review of BCF for 16/17 provided significant assurance. Action plan agreed	Capacity to deliver on all priority areas.		
Additional Comments:	Link to Risk Register:		
	SF040		

SOUTHPORT AND FORMBY CCG - SUMMARY OF CORPORATE RISKS HEAT MAP
(MITIGATED SCORES - 12 AND ABOVE)

Risk	Score	Risk Rating
Extre	15-25	
High	8-12	
Moderate	4-6	
Low	1-3	

↑ Significant

- New to the Heat Map (new risk or an increase in risk score)
- Risk to be removed from heat map as reduced below 12+ threshold or closed
- Change in risk score



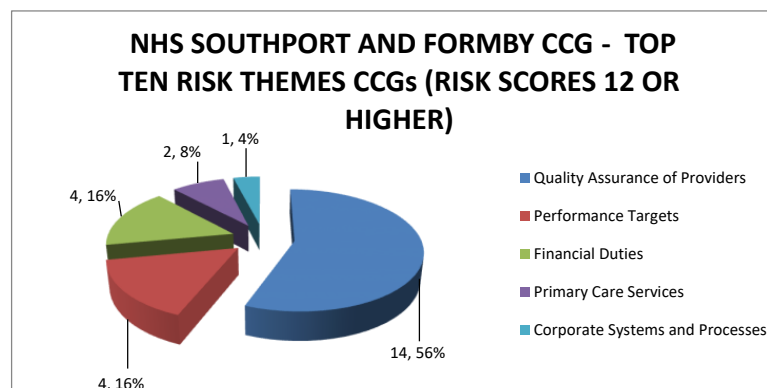
Key Risks	ID	Score	Risk Owner
1 Sustainability of S&O Hosps - fin pressures, clinical staff shortages	QUA003	20 (5x4)	KMcC
2 Non delivery A&E target - patient flow S&O	QUA006	12 (4x3)	KMcC
3 Delivery of surplus and statutory financial duty 18/19	FR006	20 (4x5)	MMcD
4 Delivery of QIPP target 18/19 and impact on financial position 18/19	FR006a	20 (4x5)	MMcD
5 Quality of care - AUH challenging performance	QUA047	15 (3x5)	DCF
6			
7 Quality of care - stroke services below performance & quality	QUA005	16 (4x4)	KMcC
8			
9 Patient care - lack of assurance for adequate h/c assess LCH/Msycare	QUA025	16 (4x4)	DCF
10			
11 Patient care - lack of follow up appointments specialities at S&O	QUA054	16 (4x4)	DCF
12 Not delivering National KPI Access Psychological Therapies	QUA002	12 (4x3)	KMcC
13 Not meeting 62 day Cancer Target - complex pathway AUH	QUA007	12 (4x3)	KMcC
14 Infectory hospital admissions - poorly maintained nebuliser equip	QUA011	12 (4x3)	JO
15			
16			
17 Locality working not leading to greater clinical engagement	QUA025	12 (3x4)	TJ
18			
19 Significant pressure on primary medial care - increase in workload	QUA037	12 (4x3)	DCF
20 Lack of timely reviews joint packages or S117 MH Care	QUA039	12 (4x3)	GO
21			
22			
23 Additional pressures with workforce gaps - lack workforce planning	QUA026	12 (4x3)	TJ
24 Quality and Safety of Care at S&O A&E at times of system pressure	QUA051	12 (3x4)	DCF
25 Safe and appropriate patient care - nursing capacity at S&O	QUA058	12 (4x3)	DCF
26 Perfomance/Quality - Mersey Care system change impacting KPI's	QUA060	12 (3x4)	GJ
27 CCG fails to contain expenditure against its opening budgets in 2018/19	FR006b	12 (4x3)	MMcD
28 Failure to meet national emergency ambulance responses - ARP	QUA063	12 (3x4)	JS
29 Failure to meet PHB trajectory	QUA064	12 (4x3)	TF
30 Failure to commit to SEND recommendation	QUA065	16 (4x4)	BP
31 Delays of learning from LD deaths	QUA038	12 (4x3)	DCF
32 Non delivery of Sefton Transformation Programme	FR009	16 (4x4)	FLT
33 Non delivery of CQC recommendations	QUA066	12 (3x4)	HC

Movement

- 4 **Increased:** Further development of QIPP schemes needed (FR006a)
- 30 **Increased:** Work priorities identified. Actions to be undertaken (QUA065)

**NHS SOUTHPORT AND FORMBY CCG - MAPPING OF RISKS TO CCGs GBAF BENCHMARKING EXERCISE
(MITIGATED SCORES - 12 AND ABOVE)**

TOP TEN CCG AF RISK THEMES	
1	Corporate Systems and Processes
2	Partnership Working
3	Reconfiguration and Design of Services
4	Commissioning
5	Quality Assurance of Providers
6	Financial Duties
7	Public and Patient Engagement
8	Access to Services
9	Performance Targets
10	Primary Care Services



Key Risks	ID	Owner	Theme	
1	Sustainability of S&O Hosps - fin pressures, clinical staff shortages	QUA003	KMcC	Quality Assurance of Providers
2	Non delivery A&E target - patient flow S&O	QUA006	KMcC	Quality Assurance of Providers
3	Delivery of surplus and statutory financial duty 18/19	FR006	MMcD	Financial Duties
4	Delivery of QIPP target 18/19	FR006a	MMcD	Financial Duties
5	Quality of care - AUH challenging performance	QUA047	DCF	Quality Assurance of Providers
6				
7	Quality of care - stroke services below performance & quality	QUA005	KMcC	Quality Assurance of Providers
8				
9	Patient care - lack of assurance for adequate h/c assess LCH/Msycare	QUA025	DCF	Quality Assurance of Providers
10				
11	Patient care - lack of follow up appointments specialties at S&O	QUA054	DCF	Quality Assurance of Providers
12	Not delivering National KPI Access Psychological Therapies	QUA002	kMcC	Quality Assurance of Providers
13	Not meeting 62 day Cancer Target - complex pathway AUH	QUA007	KMcC	Performance Targets
14	Infectory hospital admissions - poorly maintained nebuliser equip	QUA011	JO	Quality Assurance of Providers
15				
16				
17	Locality working not leading to greater clinical engagement	QUA025	TJ	Primary Care Services
18				
19	Significant pressure on primary medial care - increase in workload	QUA037	DCF	Primary Care Services
20	Lack of timely reviews joint packages or S117 MH Care	QUA039	GO	Quality Assurance of Providers
21				
22				
23	Additional pressures with workforce gaps - lack workforce planning	QUA026	TJ	Quality Assurance of Providers
24	Quality and Safety of Care at S&O A&E at times of system pressure	QUA051	DCF	Quality Assurance of Providers
25	Safe and appropriate patient care - nursing capacity at S&O	QUA058	DCF	Quality Assurance of Providers
26	Perfomance/Quality - Mersey Care system change impacting KPI's	QUA060	GJ	Corporate Systems and Processes
27	CCG fails to contain expenditure against its opening budgets in 2018/19	FR006b	MMcD	Financial Duties
28	Failure to meet national emergency ambulance responses - ARP	QUA063	JS	Quality Assurance of Providers
29	Failure to meet PHB trajectory	QUA064	TF	Performance Targets
30	Failure to commit to SEND recommendation	QUA065	BP	Performance Targets
31	Delays of learning from LD deaths	QUA038	DCF	Quality Assurance of Providers
32	Non delivery of Sefton Transformation Programme	FR009	FLT	Financial Duties
33	Non delivery of CQC recommendations	QUA066	HC	Performance Targets

Responsible Committee/Team	Committee/Team ID	CRR ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Initial Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Updates on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Owner Review Date	Comm. Review Date	17/18 Prior Quarter Score	2018 Q1 Score	2018 Q2 Score	Trend to prior Q	Q3 Score	Overall Trend 1 to 1
Quality Committee	QUA02	SF011	Jan 15 Q4 2014/15	QUA011	Karl McCluskey (Jan Loran) & Geraldine O'Connell	Redesign & Commissioning	There is a risk of patients being harmed or receiving inadequate care caused by failure to deliver against National Key Performance Indicator for A&P (Improved Access to Psychological Therapies) resulting in the potential for reduced levels of patient care.	<ul style="list-style-type: none"> Monthly performance and contractual meetings and reporting process in place Enhanced open access provision for patients to self refer including easier line referral. Business case pending Sept 18 to increase capacity in service 	4	3	12	<ul style="list-style-type: none"> Additional focus on reducing Internal Wats and Did Not Attend Increased IAPT group work 	<ul style="list-style-type: none"> Early indications of reduced DNAs and significant heightened levels of self-referral. New Access Target remain challenging in terms of patient numbers. requested expert team to support the CCG in improving performance. Year to date performance 18/19 (August) was suboptimal but improved when compared to similar period of 17/18. Self referrals have increased within the Access Referral service in August 17. The number of internal waiters have reduced from 1,000 in Oct 2016 to 800 in May 2018 and progress made in reducing external wait times. Internal waiters are monitored on weekly basis by the service on contract meetings. Further initiatives in place focusing on GP practices, community groups and local employers. Group sessions are also being delivered in place. Draft business case has been submitted by the provider to enable them to achieve 4.75% in last quarter (equivalent of 19%) in 2018/19. Access target increases to 19% in 2018/19, 2/3 of the increase are the LTC-IAPT as part of the M&S/FP commitment integrated Long Term Condition working. 	4	3	12	Sep-18	Nov-18	12	12	12	++	12	++
Quality Committee	QUA03	SF021	Apr 2015: Q1 2015/16	QUA033	Karl McCluskey	Redesign & Commissioning	There is a risk to the sustainability of Southport and Ormskirk Hospital Trust caused by financial pressures and shortages in clinical staff resulting in the potential decrease in the quality of patient care.	<ul style="list-style-type: none"> Care for You programme launched July 2017. Led by Southport & Formby CCG in conjunction with West Lancs and S&O. Programme also has input from NHS&E and NHSI with support from the Northern Clinical Senate. External support from NHSI and NHS&E formally in place. 	5	4	20	<ul style="list-style-type: none"> Further work required to cement and agree governance structure, reporting lines and accountability. 	<ul style="list-style-type: none"> CCG now formally part of North Mersey L&S CCG reports to conclude work on development of in-hospital model with recommendations from GB by end Sept 16. Reports presented to GB in September 2016. Mode shared with GB in September. Engaging with local clinicians to develop a collaborative view of in-hospital services. Case for change developed jointly with S&O and West Lancs CCG, considered and endorsed with the NM L&S in April 17, further agreed at T&B Board with West Lancs CCG, S&O and S&O in May 17. Launceston Clinical Event scheduled for 24th May. Strategic Meeting with NHSI scheduled end of May. N&S&C. New governance structure being developed as part of North Mersey Hospitals Review. Terms of Reference drafted, to go through the governance process by September. NHSI Clinical Leadership agreed and in place. PMO support agreed, due to commence September. Outline plan to be developed by the end of September for NHSI and NHS&E. Transition Board established along with Clinical Leaders group, Provider Group and Activity and Finance Group. Draft timetable outlined with NHSI and STP meeting resources support for overall programme. Further revised governance structure established with the Cheshire and Merseyside Health Care Partnership (STP). Transformation Programme Board meeting on 24/11/18. Outline project plans for acute services, clinical pathways and care closer to home to be considered. Service change proposed in development to be completed 2017/2018. PMO resource to be progressed by new Programme Director in conjunction with Trust CEO. Substitute CEO of S&O in place from April 2018. 	5	4	20	Jul-18	Nov-18	20	20	20	++	20	++
Quality Committee	QUA05	SF026	Q1 2016/17	QUA043	Karl McCluskey	Redesign & Commissioning	There is a risk that stroke services fall below the required performance and quality standards caused by gaps and unwarranted variation across the stroke pathway resulting in decreased standards of patient care.	<ul style="list-style-type: none"> Monthly review of stroke performance including: SBIMP Completion of external review 	4	4	16	<ul style="list-style-type: none"> Awaiting Stroke Network Case for Change for North Mersey to be considered at the STP and North Mersey L&S in November 2017. Formally requested a review of rehab provision at Southport and Ormskirk in an effort to enable an Early Supporting Discharge Service to be commissioned, due to be commenced in January 2018. 	<ul style="list-style-type: none"> S&O CEO attended GB Part 2 to outline intended actions following review. Further progress update provided by S&O CEO in April 17. Detailed paper considered by GB in May 17 to provide assurance on CCG measures taken to date. CCG agreed clear commissioning position for Stroke services at S&O. Meeting with NHS&E and Stroke network to agree forward at the end of May. Clinical leads across NM agreed options for HAS provision at weekends, currently being developed operationally for November/December 2017. Review of current service position for stroke treatment presented by the governing body in June 2017. In conjunction with the Stroke Network the strategic vision for services across North Mersey to be developed by the end of August 2017. The North Mersey Stroke Board have progressed work on operational arrangements for "drip and shift" of hyper-acute patients at weekends. Plan remains to pilot this in the calendar year. Cheshire and Merseyside Strategy for stroke including North Mersey to be considered at STP level in December 2017 at North Mersey Leadership Group in January 2018. Fiona Taylor meeting confirmed with CEOs at Southport and Ormskirk and Aintree alongside clinical teams for March 2018. 	4	4	16	Jul-18	Nov-18	16	16	16	++	16	++
Quality Committee	QUA06	SF016	Apr 2015: Q1 2015/16	QUA024	Karl McCluskey (Sharon Forrester)	Redesign & Commissioning	There is a risk of poor quality patient care caused by increase in demand on the service and decreased staffing and increased patient flow resulting in non delivery of A&E target (95)	<ul style="list-style-type: none"> A&E Executive Delivery Board in place since Dec 2016 to monitor & manage performance reporting to NHS&E and NHSI North Mersey subgroup in place Monthly contractual performance meetings Monthly Integrated Performance Report, reported to Governing Body. Monthly Quality Meeting, reported to Governing Body 	3	3	9	<ul style="list-style-type: none"> Recovery plan agreed STP trajectory met Sept 18 	<ul style="list-style-type: none"> 12 hour breaches greatly improved attributable to Mental Health. Overall performance being reviewed by A&E Delivery Board. Have further progressed to undertaking a quality risk profile tool assessment and have alerted the Trust accordingly. The Trust have implemented an internal improvement programme to improve patient flow. Relaunch SWERS, recruitment in place, integrated in house discharge as a consequence there is a reduced number of stranded patients and improve performance and discharge lounge in place Sept 18. 	4	3	12	Sep-18	Nov-18	20	20	12	++	12	↑
Quality Committee	QUA07	SF001		BUD001 SS	Karl McCluskey (Sarah McGrath)	Redesign & Commissioning	There is a risk the CCG will not meet the any constitutional target for cancer caused by lack of resource/ staff resulting in a decrease in the quality of services. (SS)	<ul style="list-style-type: none"> Clinical Quality and performance meetings with Cancer Leads and Manager Cancer Improvement Group Actions from meetings Performance of providers against constitutional target is monitored monthly GB IPR contract perform with individual exceptions being addressed in turn RCA for any 60 day breaches, harm review over 104 days Review of SB&R reports received from S&O by manager escalated to CCG Patients that are 104+ days are subject to clinical harm review. If harm has been identified, this must be reported as a serious incident. NHS&E, NHSI, Cancer alliance are carrying 60 day delivery meetings with failing Providers and CCGs with dates for next meetings to be set in Sept 18 North Mersey Cancer Operational and Performance Group actions from meetings Proposal agreed regarding the escalation process and timescales for issuing performance notices for review by CEO/CCO 	3	3	9	<ul style="list-style-type: none"> North Mersey system-wide cancer performance view has highlighted priority areas for recovery in quarter 1 18/19 focussing on diagnosis 104 days requirements from providers could be improved with NHS&E developing templates to address Sept 18 	<ul style="list-style-type: none"> Consultant radiology resourcing continues to hinder pathway performance for 62 days. Trust is actively recruiting and Locums being employed Linking with other Trusts for Support. (Sept 18) L&S issues for South Sefton described below also affects Southport and Formby patients for haematological cancers Priority areas for recovery in quarter 1 18/19 Haematology reporting turnaround at Liverpool Clinical Laboratories. A comprehensive recovery plan is in place. Radiology and endoscopy work-streams aimed at sharing capacity and reporting resources across providers cancer alliance Capacity pressures in robotic urology surgery work with Specialised Commissioning to review designation of optimal treated pathways for lung and colorectal. Diagnostic NHS&E, C&G. Patient choice factors in pathway delays. This remains a complex and challenging area to address. Healthwatch being involved. Liverpool Women's (LW) hospital has reported increases in 2 week referrals as a probable consequence of increasing waiting times for routine gynaecology appointments. A recovery plan for RTT and cancer pathways is in place LW and Liverpool CCG to manager Work on-going to develop a local cancer dashboard to help us focus on themes and trends and identify areas for improvement NM partnership meeting report note 	4	3	12	Sep-18	Nov-18	12	12	12	++	12	↑
Quality Committee	QUA011	SF028	Sep 2016: Q2 2016/17	QUA045	Jenny Owen	Quality	Risk of inpatient/hospital admission caused by poorly maintained nebuliser equipment resulting in harm to patients.	<ul style="list-style-type: none"> Plan Mersey Sub Group informed Identifying short term solution for patients currently prescribed a nebuliser to be reviewed, the given advice on cleaning equipment and have access to replacement filters and tubing Long term talking with respiratory teams, consultants, LCH and GP teams to ensure basics are right for the future. Patient information leaflet produced. 	4	5	20	<ul style="list-style-type: none"> All organisations to follow guidance from governance leads within their organisations Regarding primary care prescribing - JCI requested practice information facilities to run a search on all patients prescribed nebulisers. This will identify the size of the problem and enable patients to receive a review & education. Update presented at the August 17 Quality Committee Meeting A meeting will be held with all providers to work up a longer term solution. 	<ul style="list-style-type: none"> Primary Care prescribing - Following the completion of the search it was identified that Medicines Management did not have the capacity to take through. As a result the Nurses in Practice will review the data as part of the practice patient annual review and complete the process. - Should a patient be identified as needing a full review they will be referred to the appropriate specialist team. The referral process will be completed by April 2018. July 2018 - this process went to the LAC in Feb 18 and was approved. Nurses in CRT given deadline for referral in for Sept 2018. Audit process put in place to review activity and effectiveness will report Nov 19. Work being undertaken with providers and primary care to identify and put in place safe patient pathways across the system, in line with best practice. Sept 18 - Email sent direct to GP and practice Nurses to outline the review process along with referral forms and leaflet 17th April 2018. This was also put in the bulletin. The Community respiratory Team agreed to do the reviews during the summer period therefore the referrals could only be sent in until end of August 2018 Current status - referral process is complete and commissioners are awaiting for a feedback report on numbers identified, referred and reviewed from the respiratory team and practice facilities. Nov 18 - CCG still awaiting the report from Merseycare re numbers of patients received, reviewed and sent back to primary care with a plan. Not all patients have been reviewed to date, this has been discussed with the clinical lead for Southport Dr Kate Roberts and she advised that the remaining patients could be reviewed over the summer months next year (2018), all patients however will have received a leaflet to show them how clean the nebulisers are and get replacement tubing form. 	4	3	12	Nov-18	Nov-18	12	12	12	++	12	↓
Quality Committee	QUA05	SF033	Jan 2015: Q1 2015/16	STA038	Debbie Pagn	Quality	Risk that patients could be harmed or receive inadequate care caused by a lack of commissioner assurance in current processes for Looked After Children Health Assessments and Reviews across the local system resulting in potential negative effect on outcome.	<ul style="list-style-type: none"> KPIs in contract for Looked After Children and monitored through Quality Committee and contract meetings CCG concerns raised by Chief Nurse via meetings with Director of Operations and integration at N&V Chief Nurse concerns reported to both J&C and Governing Body. 	4	4	16	<ul style="list-style-type: none"> Data quality exercise to be carried out. Areas of assessment is on data to 31st March 2015 and will include: <ul style="list-style-type: none"> CCG concerns raised by Chief Nurse via meetings with Director of Operations and integration at N&V whether assessments have been carried out but information not forwarded. Lessons Learnt event to be held - by July 15 	<ul style="list-style-type: none"> Action plan aligned to Business Continuity Plan - December 2017 CCG has confirmed additional investment to increase Designated Doctor for LAC sessions in line with intercollegiate guidance. Commissioner concerns regarding state of improvement escalated at broader level within Mersey Care. Extraordinary meeting held with Mersey Care and North West Boroughs in February 2018 to ensure providers are clear about commissioner concerns and pace of improvements. Timeline of 12 months post contract given. North West Boroughs currently up to staff consultation on revised structure to provide more leadership over LAC Service - CCG remain concerned over KPI performance for LAC. Sept 18 - NW&B HR structure continues. Appointments still to be made. CCG review on system wide safeguarding service and LAC service provision. Awaiting recommendations from CCG. Sept 18 - NW&B restructured LAC team now more accurate and unlikely to see improvement in performance until restructured team at full complement. CCG draft report now received and comments returned to CCG regarding factual accuracy. Final report still awaited 	4	4	16	Nov-18	Nov-18	16	16	16	++	16	++
Quality Committee	QUA25	SF002	Apr 2015: Q1 2015/16	BUD017	Tracy Jeffes	Corporate	Result of a disengaged membership caused by ineffective locally working resulting in less influence over clinical priorities.	<ul style="list-style-type: none"> Locality Roles and Functions to be reviewed context of primary care networks due in November 18 Locality Profiles being refreshed and compared to Local Authority Profiles December 18 Key issues continue to be reported to Governing Body on a quarterly basis 	3	4	12	<ul style="list-style-type: none"> Development of localities and primary care networks to support collaborative work in General Practice 	<ul style="list-style-type: none"> Nov 18 - continuing work regarding development of localities and primary care networks to support collaborative work in General Practice 	3	4	12	Nov-18	Nov-18	12	12	12	++	12	++
Quality Committee	QUA26	SF035	Jan 2016: Q1 2016/17	NA	Tracy Jeffes	Corporate	There is a risk that gaps in workforce across the healthcare system caused by insufficient regional workforce planning and funding pressures resulting in additional pressure on services.	<ul style="list-style-type: none"> Link into C&M Healthcare Partnership Workforce Development work stream. Continue to work with Sefton Council on wider strategies to promote Sefton as a 'great place to work' Development of workforce element in Sefton Transformation Programme 	4	3	12	<ul style="list-style-type: none"> Continue to work with LMC and NHS&E schemes to attract more GPs to Sefton 	<ul style="list-style-type: none"> Nov 18 - Continue to work with LMC and NHS&E schemes to attract more GPs to Sefton 	4	3	12	Nov-18	Nov-18	12	12	12	++	12	++

Responsible Committee/Team	Committee/Team ID	CRR ID/SF	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Initial Score	Mitigating Action (What additional controls/systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Owner Review Date	Comm. Review Date	17/18 Prior Quarter Score	2018 Q1 Score	2018 Q2 Score	Trend to prior Q	Q3 Score	Overall Trend: 1 = ↑, 2 = ↓	
Quality Committee	QUA037	SF042	Jan 2017: 04/2017/17	NA	Jan Leonard (Angie Price)	Quality	There is a risk in relation to the delivery of primary medical care services caused by workload and workforce pressures resulting in reduced quality of care for patients.	• Joint Commissioning Committee Action Plans • Joint Quality Committee Action Plans	4	3	12	• LQC for 18-19 now in place. • GP IPV Plan being delivered • Primary Care Network funding secured for SF4 out of 4 localities: SS 3 out of 4	• GP/VP - developing plans for 7 day access to primary care services for implementation due to go live/ October 18 (on track). • CAM will be for international recruitment to include both CCGs November 2017. As part of the bid workforce at practice level is being mapped waiting for candidates to be sourced, care manager training started for practice (September 2018) • The CCG has been successful in the application for clinical pharmacist posts from GP/VP and are on with agreeing an implementation plan. Sept 18 - All localities have been successful in their applications for Network lists, over the next month we will work with them to develop plans. Work on-going for Nov 18	4	3	12	Nov-18	Nov-18	12	12	12	++	12	++	
Quality Committee	QUA038	SF065	Jan 2017: 01/2017/18	NA	Debbie Fagan	Quality	There is a risk of a delay for the learning from the deaths of people with a learning disability, under the LeDeR programme, caused by limited access to local reviewers, resulting in a reduced quality of service and lack of compliance with the LeDeR Programme.	• CCG LeDeR Local Area Contact in Place who monitors progress and number of cases via the LeDeR dashboard • The CCGs have access to two LeDeR reviewers and a trained assessor to help review outstanding cases • Contact made with CCG LeDeR reviewers to provide oversight and support • Letter template developed to support Information from Seflon NBS	4	3	12	• LeDeR Local Area Contact liaising across with NHS E CAM LeDeR lead • Request made for CCG Local Area Contact to attend the NHS E CAM LeDeR steering Group • Contact made with CCG LeDeR reviewers to provide oversight and support • Letter template developed to support Information from Seflon NBS	• Chief Nurse to discuss with Director of Nursing increasing reviews across NHS providers. Letter sent to Seflon NBS, Head of ABC to support multi-agency LeDeR review. • LCOG local area contact to attend NHS E CAM LeDeR Steering Group. • LeDeR reviews started and completed, number of LeDeR reviews remain significant. • Sept 18 - MCT to pick up a further 6 reviews of LeDeR cases from additional funding received from NHS E to support the backlog. Designated Manager for Safeguarding Adults also LeDeR trained is the Deputy Local Area Contact to support capacity within the Quality Team. Completion of the reviews are being monitored by Local Area Contact. Oct 18 update • MCT are undertaking 7 reviews as part of the backlog reviews provided by NHSE under an memorandum of understanding (MoU) with NHSE CAM. 5 cases are progressing with a further 2 to be allocated. • NHSE are supporting another 6 cases to be completed as part of additional backlog reviews. NHSE are supporting MoU with MCT with the expectation that cases will be identified and allocated in October 2018. • Additional review training date in October circulated to all NHS Providers and online training to increase pool of reviewers. • Draft RPA cases set developed and set for consultation with NHS providers for requested inclusion in the quality schedule from April 2019. Nov 18 • 27 cases still to be allocated. • Proposal to pilot new process based on structured judgement review to be agreed with main providers for the CCG.	4	3	12	Nov-18	Nov-18	12	12	12	++	12	++	
Quality Committee	QUA039	SF051	Jan 2017: 01/2017/18	NA	Christine O'Carroll	Quality	There is a risk for patients in receipt of joint packages of care in a MHA and contractual requirement. RPA Programme Board is also in place which is attended by MLCU5.	• Review of packages of care in a MHA and contractual requirement. • RPA Programme Board is also in place which is attended by MLCU5. • Contract framework in place (inc CQPS).	4	4	16	• Issue has been raised at Contract meetings and CQPS, but there is still no assurance that reviews have been undertaken by Mersey Care the issue will be discussed at executive nurse level and if not resolved a Contract Performance Notice in line with CCG National Standard NHS Contract will be issued. The CCG Quality team are undertaking analysis of Mersey Care SI reports to ascertain if there is any correlation with reviews not being carried out. • The Trust are reviewing CPA packages of care and improved links have been established with the CSU. Query over review Non CPA patients who receive 'Statement of Care'.	• July 18 - CSU Mental Health Commissioners have met with MCT staff to agree process of review. Transition to RQ clinical systems at MCT has delayed production of reports relating to review activity to discuss with MCT on dates for reports to be submitted. Meeting to be arranged with MCT to clarify non CPA review process. Audit shows they are being reviewed but not yet fully assured. • Sept 18 - MCT agreed to provide weekly reports on CPA/non-CPA reviews. First draft expected end of September 2018. Dec 18 - Non-CPA/CPA review update review list expected end of December 18.	4	3	12	Nov-18	Nov-18	12	12	12	++	12	↓	
Quality Committee	QUA047	SF046	Sep 2017: 02/2017/18	NA	Debbie Fagan	Quality	There is a risk in relation to performance at Southport & Ormskirk Hospital caused by a number of pressures resulting in reduced quality of care and outcomes for patients.	• Integrated performance reports produced monthly and presented to GB • Surveillance level of provider has been stepped up to enhanced (September 2017) and GP/VP completed with NHSE. Regulators and associated commissioners (April 2018) - action plan progress being monitored via CQPS meetings with CCG AD as Chair • Exception reporting highlighted concerns is escalated bi-monthly to CAM GSG • AHN CIP in place	4	5	20	• Regular one to ones established with new provider DoN • Review level of concern against the NHSE QIP • Matrix working between CCG Ops and Quality teams	• March 2018 CCG inspection report demonstrates reduction to previous inspection and Trust now "Requires Improvement" • Integrated CQPS - Joint 2018 performance action plan to incorporate both compliance and regulator assurance sent May 2018. NHSE to coordinate response back to Trust on actions and potential changes. To be followed through at AHNs CQPS. • July 18 - Following SAGO outcome for AHN to remain on enhanced surveillance, trust has presented action plan to provide assurance on quality concerns. CCG AD commences as chair of CQPS from July 2018 to focus on areas of concern and subsequent trust action • Sept 18 - Workshop on CQPS form and function now taking place AD chairing. Input from other Commissioning colleagues to promote assurance being considered as part of new CQPS process. Next CQPS scheduled September 2018. Enhanced monitoring is now in place. Nov 18 - CCG working with other commissioners to agree an assurance rationale for the reduction in surveillance level for the trust. to be discussed with the provider at November 2018 CQPS, with NHSE input.	3	5	18	Nov-18	Nov-18	20	20	19	++	19	↓	
Quality Committee	QUA051	SF063	Dec 17: 03/17/18	NA	Debbie Fagan and Jan Leonard	Quality	There is a risk for patients presenting at A&E at Southport & Ormskirk Hospital caused by system pressures resulting in reduced quality and safety of care.	• Regular meetings with Trust on plans in place to ensure quality is maintained via CCG/ROM • 10 extra transition beds commissioned to improve flow • M&E event taken place at the trust to continue internal process issuing and promoting safe and appropriate discharge (May 2018) • Task and finish groups set up to look at workforce planning, including skill mix requirements which is being incorporated into winter planning.	3	4	12	• Trust looking to commission Nursing Home beds to improve flow. 12-hour breach May 2018. ECP supporting Trust with further improvement work. Chief Nurse has met with new CCGs to gain assurance on care provided at A&E. • ECP action plan now in place with continued support at the Trust and Integrated Discharge Planning Team business case submitted to LT • March 2018 Chief Nurse on sit at Trust in January 2018, regular updates from S and O Chief Nurse on safe staffing and safety of patient in urgent care areas for assurance on level of care provided to patients at times of pressure. • July 18 - Trust still receiving support from ECP with temporary CCG support from Steve Christian. 1 1/2 hour breach recorded July 2018 and trust experiencing surges in attendance at A&E in July 2018 • Sept 18 - CCG no permanent. Performance has improved through July 18, although A&E still experiencing pressures. Staffing S&O winter planning commenced in July 2018. Additional 'winter' bed capacity requirements identified by EY. Nov 18 - The Trust met the target for 12 hour triage wait improvement work remains on-going to avoid breaches. Significant reduction noted in extended ambulance waits at ED but 4 minutes handover remains a challenge - work on-going. 4 hour compliance August saw some improvement against the 4-hour standard but remains below the 95% target. However there was a significant breach in attendance across the month compared to the same period in 2017 (10.5% - 409 additional patients)	3	4	12	Nov-18	Nov-18	12	12	12	++	12	++		
Quality Committee	QUA054	SF054	Dec 17: 03/17/18	NA	Debbie Fagan	Quality	There is a risk of patient follow-up being delayed caused by the number of overdue follow-up appointments across a number of specialties at Southport and Ormskirk hospital resulting in patients potentially being put at harm.	• Provider/ commissioner and Regulator weekly meetings to review overdue list and oversee recovery plan. • Daily situation reports being fed up to the weekly group to identify actions and review progress across the specialties. • Any priority patients are being reviewed by the Trust and any harms identified being reviewed at the Trust's meeting of harm.	4	4	16	• CCG reviewing capacity of commissioned services to support review of patients. • Trust action policy being reviewed by the Trust.	• July 2018 - concern expressed at June 2018 Joint Quality Committee of CCG regarding review and timeliness of follow-up appointments when required. Trust still reporting to NHSE on inactivity for patient reviews across specialties. CCG has offered alternative provider provision to help with reviews of overdue patients. • Sept 18 - Trust CEO has reported lack of assurance on safety of patients and unable to provide full assurance until patients have been reviewed. previous reports from Trust have highlighted no harm to patients as a result of the risk. Issue on assurance to be reviewed at SAG CQPS. Discussed at July CCG/ROM and update to July 2018 LQC. Nov 18 - CCG awaiting trust confirmation on recent cancer SI being linked to lost to follow up.	4	4	16	Nov-18	Nov-18	16	16	16	++	16	++	
Quality Committee	QUA058	SF058	Mar 18: 04/17/18	NA	Debbie Fagan	Quality	There is a risk to deliver appropriate patient care caused by the high number of nursing vacancies at Southport and Ormskirk Trust resulting in compromised quality of care.	• Monitoring of safer staffing reports developed by Trust via CCG/ROM on monthly basis with one to one meetings with CCG CN and Trust DoN to ensure delivery of quality of care to patients at the Trust.	4	3	12	• CCG will maintain established surveillance systems/processes to quality review services. (incidents, safe staffing, SI, complaints, sickness). • Review S&O workforce strategy.	• July 2018 - staffing levels subject to review at both S&O CF and S&O CCG/ROM. Trust working on HR modelling regarding registered and non-registered staff. Review at SRG with pro-vice presence at SRG meetings. Triangulation of staffing pressures, RCA and complaints reports discussed at CCG/ROM • Sept 18 - Concerns in staffing levels highlighted monthly at CCG/ROM. Trust confirmed international recruitment has been used to address certain areas as an A&E paediatric. CCG is awaiting latest quality compliance report for safer staffing levels from provider. • Nov 18 - staffing levels remain a concern at S&O. Trust undertakes daily monitoring of staffing levels. Safer staffing report presented at Oct 18 CCG/ROM and number of staffing incidents reported may link to current staffing levels. Trust requested to investigate staffing levels and location of SB	4	3	12	Nov-18	Nov-18	12	12	12	++	12	++	
Quality Committee	QUA060	SF060	Mar 18: 04/17/18	NA	Gordon Jones	Redesign & Commissioning	This is a risk that KPIs may be not able to be captured from June 2018 at Merseycare caused by its RQ system not being fully implemented resulting in a lack of assurance and in poor performance not being highlighted and addressed by the CCGs.	• Contract monitored via CCG/ROM and CQPS • RQ patient information system now implemented	3	4	12	• On going contract monitoring via CRM and CQPS.	• The Trust implemented its new RQ patient information system on 1st June 2018. The Commissioners agreed with the Trust to suspend elements of KPI reporting to allow for more accurate information flow and reporting. With the exception of nationally mandated KPIs and those not generated by RQ (e.g. sickness and absence) KPI reporting will be suspended M3 and M4. In M5 a shadow report will be generated. In M6 a full report will be generated with backdated performance. On-going monitoring by CRM/CQPS. Dec 18 - MCT have still not been able to produce a comprehensive list of KPIs. Discussed at finance and information group on 27/11/18. Trust agreed to provide update in January 2019 regarding when full compliance will be achieved.	3	4	12	Dec-18	Nov-18	12	12	12	++	12	++	
Quality Committee	QUA063	SF061	Jan 2018: 01/2018/19	NA	Janet Spalten	Quality	There is the risk of failure to provide emergency ambulance responses that meet the national ARP programme caused by delays in handover times at providers resulting in decreased standards of patient care and safety.	• NHSE/NHSI intervention with CCG Lead and NNAS to agree recovery plan detailing how performance will be improved to meet ARP standards. • Weekly and daily performance monitoring implemented with review of incidents underway (in liaison with Lancs. GSG) • Information shared with all CCGs on monthly basis at NNAS/NHSI 11 meetings with NI commissioners present. • Collaboration with other Providers who contribute to the Pathway e.g. acute trusts and ambulance handover times, introduction of alternatives to transfer with community trust.	3	4	12	• Target for NNAS is to improve by end of Oct (18/19). Improvement in CT call response times but still not have met standards at end of Oct.	• Jan Davies (CCG) is the commissioning lead for this. Work continues with expected improvements in Q2 due to increased staffing (call handlers) and some of the additional emergency fleet required coming into system. Workshop held last week to examine hospital handover times with view to improve A&E handover times. Action being identified and actioned. Continue to identify and action being identified and actioned. Continue to explore processes to release capacity from A&E to support front door handovers. There is a national focus on this and particularly NNAS who are one of the poorer performing. On-going work with community trusts to develop alternatives to transfers for patients seen by NNAS who do not require conveyance but alternative support within the community. Aug 18 - NNAS continue to implement the agreed ARP action plan. There have been improvements in response time in line with requirement to meet targets by end of Q2. There is a specific focus on ambulance handover times with NNAS working with a number of trusts to facilitate improvements. AHN has been identified as one of these trusts with issues being raised at Executive level (NNAS to AHN) to enable engagement in priority work over September 18.	3	4	12	Sep-18	Nov-18	New for Q1	12	12	12	++	12	++
Finance and Resource	FR006	SF	Q1 2018/19	NA	Martin McDowell	Finance	There is a risk of non delivery of the NHSE required control total of £1m surplus in 2018/19 caused by potential and emerging expenditure pressures and the potential non delivery of the QIPP plan resulting in the potential for a failure to deliver the required control total of its Statutory Financial Duty (SFD).	• Robust review of all CCG expenditure through monthly management accounting routines. • Examination of QIPP savings and opportunities at beginning of financial year as part of financial planning. On-going monitor throughout the year. • Focused QIPP work to ensure positive QIPP opportunities. • Scheme of delegation in place internally to limit authority to commit CCG resources to senior management. • Joint QIPP and FAR Committee Reports • Monthly PFR to GB	3	4	12	• NM Finance review and challenge Acting as One arrangements regarding delivery of joint reduction in expenditure to deliver system control total and organisational financial balance.	• CCG Board to Board discussions regarding collaboration and joint working with providers and wider health economy to deliver QIPP projects. • On-going review and monitor of cost behaviours to provide an early warning system regarding emerging financial pressures.	4	5	20	Sep-18	Nov-18	New for Q1	20	20	++	20	↑	

Responsible Committee/Team	Committee/Team ID	CRR ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Initial Score	Mitigating Action (What additional controls/systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Owner Review Date	Comm. Review Date	17/18 Prior Quarter Score	2018 Q1 Score	2018 Q2 Score	Trend in prior Q	Q3 Score	Overall Trend: ↑ ↓ ↔
Finance and Resource	FR006a	SF	Q1 2018/19	N/A	Martin McDowell	Finance	There is a risk that the CCG will not fully deliver its planned QIPP target in 2018/19 caused by non-delivery of high risk QIPP schemes resulting in a failure to deliver required levels of savings.	<ul style="list-style-type: none"> Monthly review and monitoring of all QIPP schemes to assess delivery in year and highlight risks and issues affecting delivery of planned QIPP savings. Monthly RAG rated QIPP reporting and challenge at Joint QIPP and Financial Recovery Committee. Rapid mobilisation of QIPP projects and on-going review of timing of delivery. Development of two year QIPP plan. Joint QIPP Committee Reports Monthly IPR to GB 	3	4	12	<ul style="list-style-type: none"> Multi-disciplinary teams to work on development / progression of QIPP schemes. Progression and on-going development of future QIPP plans through to 2020/21. 	<ul style="list-style-type: none"> Check and challenge sessions to provide assurance to the Joint QIPP and Financial Recovery Committee on the likelihood of delivery of QIPP schemes, review of estimated QIPP achievement and profiling of saving delivery. On-going development of assurance processes to ensure alignment and accuracy of QIPP reporting through monthly financial reports. 	4	5	20	Sep-18	Nov-18	New for Q1	16	16	↑	20	↑
Finance and Resource	FR006b	SF	Q1 2018/19	N/A	Martin McDowell	Finance	There is a risk that the CCG will fail to contain expenditure against its opening budgets in 2018/19 caused by potential expenditure pressures resulting in increased costs and a reduction in the ability to achieve its control total and SFD.	<ul style="list-style-type: none"> Defined budget holders, scheme of delegation in place and regularly reviewed internally to limit authority to commit CCG resources at an appropriate level of management. Monthly budget reports, budget holder training programme. F&R Committee Reports Monthly IPR to GB 	3	3	9		<ul style="list-style-type: none"> Review of financial reporting to ensure continued relevance re. content and granularity of detail. On-going review of operational routines to ensure optimum efficiency to release resources to focus on supporting transformation and QIPP delivery. On-going development of relevant financial training including mandatory financial training on appointment. 	4	3	12	Sep-18	Nov-18	New for Q1	12	12	↔	12	↑
Finance and Resource	FR009	SF	Q3 2018/19	N/A	Fiona Taylor	Finance	There is a risk of non-delivery of the Sifton Transformation Programme caused by insufficient appropriate resources resulting in non-resolution of the system wide deficit with potential reputational damage.	PMO office established	5	4	20		A programme management office has been put in place to deliver the necessary change, albeit resulting in a significant additional financial risk to the CCG. With the advent of the PMO, the appropriate resources and expertise is being sourced to enable delivery.	4	4	16	Oct-18	Nov-18	x	N/A	N/A	N/A	16	↓
Quality Committee	QUA064	SFO62	Aug 2018: Q2 2018/19	N/A	Tracey Forshaw	Quality	There is a risk that the CCG will not be able to meet the required trajectory for Personal Health Budgets (PHBs) caused by a lack of awareness of PHBs resulting in patients not receiving PHBs and a lack in the quality of the service provided by the CCG	<ul style="list-style-type: none"> The CCG has a PHB lead in place. PHBs are a standing agenda item as the CHC Programme Board as a sub-group of the Joint Quality Committee. Quarterly reporting via the Integrated Performance Report The CCG supported the funding of a complex care nurse within the CHC team to support the assessment of complex patient and PHBs until the end of March 2019. 	4	3	12	<ul style="list-style-type: none"> The PHB policy is under review to support the expansion of PHBs outside of adults CHC and Children CC The CCG commissions a home care services from Alder Hey. A paper has been submitted to SMT in June and July 2018 to confirm the CCGs intention to service notice on the block contract considering the risks of redundancy. The children's commissioner is working with Children complex care nurse in MLCSSU to support the PHB for 1 adult. Chief Accountable Officer has requested the CCG QIPP lead to support prioritisation of PHBs and to consider if this can be delivered differently. The CCG does not have in place a CHC end to end service: the CCG is considering the model with MLCSSU undertaking a piece of work which will come through the CHC Steering Group A meeting is to be arranged with Sifton Care's Centre, to review the costing's as part of the PHBs 	<ul style="list-style-type: none"> PHB policy and procedures reviewed by MLCSSU awaiting feedback on the final version before ratification. Consultant and engagement events taken place with CCG commissioned providers, CCG Big Chefs, 3rd sector to support the awareness and access of PHBs. CCG has obtained mentorship for the expansion of PHBs outside of NHS CHC and Children CC for wheelchairs (Hull CCG) and children complex care (TBC). Hull CCG have provided conference events and supported stakeholder event co-ordinated by the CCG PHB lead 21st September 2018. These tasks and finish group will be set up. Wheelchair PHBs were tabled at the Integrated Commissioning Group with confirmation of engagement from Sifton MRC on 30/08/18 (Sifton CCG only) The CCG is exploring the possibility of PHBs for CHC end of Life fast tracks. Contact has been made with Warrington CCG and learning shared. The programme is being led by the lead commissioner for planned care for SFCG and GP clinical lead as part of the CCG QIPP agenda. The CCG is exploring the possibility of PHBs for mental health and learning disabilities for 2117 outside of NHS CHC, with attendance to NHS E session on 17/10/18. Delays in the PHB process have been reviewed by CCG and MLCSSU with MLCSSU scheme of delegation now in place. The CCG has identified an alternative independent provider from the 3rd sector due to delays/issues with current CCG independent support provider. The CCG looking at Sifton Care's Centre supporting PHBs. PHBs for adults living in their own home in receipt of CHC will be a default position from April 2019. This is an agenda item at the CCGOP, CCGDM and CHC steering group for commissioned providers and MLCSSU for clarification on how this will be delivered. A meeting to be arranged with Mersley Care contracts and commissioning leads to review the contract and service specification. Capacity issue identified by the Chief Nurse for the Quality Team to deliver the personalisation agenda - the CCG were unable to support additional resource at that time. Reports have been submitted to SMT in relation to under performance and recovery plans 	4	3	12	Nov-18	Nov-18	x	N/A	12	↔	12	↔
Quality Committee	QUA065	SFO63	Aug 2018: Q2 2018/19	N/A	Brendan Prescott	Quality	There is a risk the CCG will be unable to comply to the SEND recommendation caused by the CCG financial position resulting in non-compliance and reputational damage.	<ul style="list-style-type: none"> Financial position reported through to SMT, SLT and governing body. Commitment made for up to 8700k recurrent for NDIS / ASD / ADND and up to 525k recurrent to support SALT reducing waiting lists / input into the NDP diagnostic pathway. 	4	3	12	<ul style="list-style-type: none"> Regular reporting on the Improvement Plan once agreed by CCG and DfE to JCC, SLT and Governing body 	<ul style="list-style-type: none"> New risk added Sept 18 Nov 18 - CCG with business identified by Children's Commissioning Manager and focus on undertaking actions where benefits will be greatest. 	4	4	16	Nov-18	Nov-18	x	N/A	12	↑	16	↑
Quality Committee	QUA066	SFO64	Dec 18: Q3 2018/19	N/A	Helen Case	Quality	There is a risk that recommendations from this CCG review are not successfully implemented caused by delay or lack of effective implementation resulting in damage to the reputation of the CCG and the quality of safeguarding children and LAC services.	<ul style="list-style-type: none"> Task and Finish meetings have been undertaken chaired by the Accountable Officer and will be on-going until the CCG recommendations have been implemented. Key stakeholders are members of the Task and Finish Group 	3	4	16		<ul style="list-style-type: none"> New risk added December 2018 - Key stakeholders have commenced actions against the recommendations and have provided the CCG with their action plans against the recommendations. 	3	4	16	Dec-18		x	N/A	N/A	N/A	12	↔

Risk Matrix

Consequence Likelihood	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5

Risk Ratings

Risk	Score	Colour
Low	1-3	
Moderate	4-6	
High	8-12	
Extreme	15 - 25	

↓ Significant Risks

Significant Risks

A risk which attracts a score of 12 or above on the risk grading matrix constitutes a significant risk and must be recorded on the Corporate Risk Register.

Consequence Score for the CCG if the event happens		
Level	Descriptor	Description
1	Negligible	<ul style="list-style-type: none"> • None or very minor injury. • No financial loss or very minor loss up to £100,000. • Minimal or no service disruption. • No impact but current systems could be improved. • So close to achieving target that no impact or loss of external reputation.
2	Minor	<ul style="list-style-type: none"> • Minor injury or illness requiring first aid treatment e.g. cuts,bruises due to fault of CCG. • A financial pressure of £100,001 to £500,000. • Some delay in provision of services. • Some possibility of complaint or litigation. • CCG criticised, but minimum impact on organisation.
3	Moderate	<ul style="list-style-type: none"> • Moderate injury or illness, requiring medical treatment (e.g. fractures) due to CCG's fault. • Moderate financial pressure of £500,001 to £1m. • Some delay in provision of services. • Could result in legal action or prosecution. • Event leads to adverse local external attention e.g. HSE, media.
4	Major	<ul style="list-style-type: none"> • Individual death / permanent injury/disability due to fault of CCG. • Major financial pressure of £1m to £2m. • Major service disruption/closure in commissioned healthcare services CCG accountable for. • Potential litigation or negligence costs over £100,000 not covered by NHSLA. • Risk to CCG reputation in the short term with key stakeholders, public & media.

Level	Descriptor	Description
5	Catastrophic	<ul style="list-style-type: none"> • Multiple deaths due to fault of CCG. • Significant financial pressure of above £2m. • Extended service disruption/closure in commissioned healthcare services CCG accountable for. • Potential litigation or negligence costs over £1,000,000 not covered by NHSLA. • Long term serious risk to CCG's reputation with key stakeholders, public & media. • Fail key target(s) so that continuing CCG authorisation may be put at risk

Likelihood Score for the CCG if the event happens		
Level	Descriptor	Description
1	Rare	<ul style="list-style-type: none"> • The event could occur only in exceptional circumstances. • No likelihood of missing target. • Project is on track.
2	Unlikely	<ul style="list-style-type: none"> • The event could occur at some time. • Small probability of missing target. • Key projects are on track but benefits delivery still uncertain. • Less important projects are significantly delayed by over 6 months or are expected to deliver only 50% of expected benefits.
3	Possible	<ul style="list-style-type: none"> • The event may occur at some time. • 40-60% chance of missing target. • Key project is behind schedule by between 3-6 months. • Less important projects fail to be delivered or fail to deliver expected benefits by significant degree.
4	Likely	<ul style="list-style-type: none"> • The event is more likely to occur in the next 12 months than not. • High probability of missing target. • Key project is significantly delayed in excess of 6 months or is only expected to deliver only 50% of expected benefits.
5	Almost Certain	<ul style="list-style-type: none"> • The event is expected to occur in most circumstances. • Missing the target is almost a certainty. • Key project will fail to be delivered or fail to deliver expected benefits by significant degree.

MEETING OF THE GOVERNING BODY February 2019

Agenda Item: 19/11	Author of the Paper: Karen Garside Designated Nurse Safeguarding Children Karen.garside@southseftonccg.nhs.uk 07769 307213
Report date: February 2019	
Title: Safeguarding Children and Adults at Risk Policy (v11)	
<p>Summary/Key Issues:</p> <p>The CCG's Safeguarding Children & Adults at Risk Policy (v10) was last reviewed and approved by the Governing Body in July 2018 with the expectation that a further review would be required in December 2018 following the launch of Working Together to Safeguard Children (2018).</p> <p>The anticipated guidance was subsequently published at the end of July and has therefore been incorporated into this current review.</p>	
<p>Recommendation</p> <p>The Governing Body is asked to approve this report.</p>	<p>Receive <input type="checkbox"/></p> <p>Approve <input checked="" type="checkbox"/></p> <p>Ratify <input type="checkbox"/></p>

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 and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.

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

Process	Yes	No	N/A	Comments/Detail (x those that apply)
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment	X			
Legal Advice Sought			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	x			Received at Joint Quality Committee (31.1.2019)

Links to National Outcomes Framework (x those that apply)	
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 February 2019

1. Executive Summary

The CCG's Safeguarding Children & Adults at Risk Policy (v10) was last reviewed and approved by the Governing Body in July 2018 with the expectation that a further review would be required in December 2018 following the launch of Working Together to Safeguard Children (2018).

The anticipated guidance was subsequently published at the end of July and has therefore been incorporated into this current review.

2. Key Issues

The current version of the Safeguarding Children and Adults at Risk Policy (v10) has been reviewed and updated to ensure that it remains fit for purpose and incorporates the awaited Working Together (2018) guidance.

A number of changes have been made and includes:

- Reference to the latest statutory guidance Working Together to Safeguard Children (2018)
- Reference to the changes that will occur from Local Safeguarding Children Boards (LSCBs) to Safeguarding Partnership Arrangements as a consequence of the Children & Social Work Act (2017)
- Inclusion of reference to newly developed CCG Children in Care Policy (2019) which highlights the CCGs specific roles in respect of Children in Care
- Update of definition to Child Sexual Exploitation and examples of Early Help
- Reference to new types of abuse including Child Criminal Exploitation, County Lines and Contextual Safeguarding.
- Update to contact details and referral pathways

The policy was received by the Joint Quality Committee on 31.1.2019. A request was made for inclusion within Appendix 2: Information Sharing Guidance for the definition of 'legitimate' to be included in the footer in respect of '*is there a clear and legitimate purpose for sharing information?*'.

The wording for this will be compiled and forwarded to Dr.Caudwell, Dr.Halstead, Dr.Hewitt (Named GP, Safeguarding Children) and Dr.Daniels (Designated Doctor, Safeguarding Children) for approval and inclusion within the policy.

3. Recommendations

The Governing Body is asked to approve the updated Safeguarding Children and Adults at Risk Policy (v11) with inclusion of definition of 'legitimate', once approved.

Appendices

Appendix 1: NHS Southport and Formby CCG Safeguarding Children and Adults at Risk Policy (v11)

Karen Garside
Designated Nurse Safeguarding Children
February 2019



Southport and Formby Clinical Commissioning Group
Safeguarding Children & Adults at Risk Policy
2019
(Incorporating Safeguarding and Mental Capacity Act
Standards for Commissioned Services)

Title:	Safeguarding Children & Adults at Risk Policy
Version:	V11
Ratified by:	Southport and Formby CCG Governing Body
Date ratified:	
Name of originator/author:	CCG Safeguarding Service
Name of Lead:	Chief Nurse
Date issued:	November 2015
Review date:	December 2018 or on publication of any relevant national safeguarding policy or changes to safeguarding arrangements.
Target audience:	CCG

In the event of any changes to relevant legislation or statutory procedures this policy will be automatically updated to ensure compliancy without consultation. Such changes will be communicated.

Version Number	Type of Change	Date	Description of change
V3	Process	Sept 2015	Approved policy updated with Policy/version control sheet
V4 -8	Review	November 2015	Amended to reflect the Care Act 2014, Harmful Practices and the requirements of Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework
V10	Update	June 2018	Updated to reflect changes in the provision of the CCGs Safeguarding Team and new contact details for the Team
V11	update	January 2019	Updated to reflect Working Together 2018 and revised following implementation of separate CCG LAC Policy

1.0 Introduction

1.1 Southport and Formby Clinical Commissioning Group (CCG) has a statutory duty to ensure it makes arrangements to safeguard and promote the welfare of children and young people and to protect adults at risk from abuse or the risk of abuse. The arrangements should reflect the needs of the vulnerable population they commission or provide services for. Southport and Formby CCG is also required to contribute to multi-agency arrangements to protect adults and children at risk from radicalisation. This strategy is known as Prevent.

1.2 As a commissioning organisation Southport and Formby CCG is required to ensure that all health providers from whom it commissions services have comprehensive single and multi-agency policies and procedures in place that are compliant with current legislation to safeguard and promote the welfare of children and to protect adults at risk of abuse (ie Care Act 2014 and Working Together 2018 compliant). Southport and Formby CCG should also ensure that health providers are engaged in Multi Agency Partnership Arrangements and that health workers contribute to multi-agency working across both the Safeguarding Children and Adult agendas

The Children Act 2004, as amended by the Children and Social Work Act (2017), strengthens the relationship between key partners under a new duty to make arrangements to work together to safeguard and promote the welfare of all children in their area. Local Safeguarding Children Board (LSCB) arrangements will remain in place until the new safeguarding partnership arrangements are published before 29th June 2019.

1.3 This policy has two functions:

- a) It details the roles and responsibilities of Southport and Formby CCG as a commissioning organisation, of its employees and GP practice members;
- b) It provides clear service standards against which healthcare providers will be monitored to ensure that all service users are protected from abuse and the risk of abuse.

1.4 This policy has been developed with reference to the Sefton Safeguarding Children Board (LSCB) and Merseyside Safeguarding Adults Board multi agency policies.

2.0 Scope

2.1 This policy aims to ensure that no act or omission by Southport and Formby CCG as a commissioning organisation, or via the services it commissions, puts a service user at risk; and that robust systems are in place to safeguard and promote the welfare of children, and to protect adults at risk of harm.

- 2.2** Where Southport and Formby CCG is identified as the co-ordinating commissioner it will notify collaborating commissioners of a provider's non-compliance with the standards contained in this policy or of any serious untoward incident that is considered to be a safeguarding issue.

3.0 Principles

- 3.1** Southport and Formby CCG recognises that safeguarding children and adults at risk is a shared responsibility and there is a need for effective joint working between agencies and professionals that have differing roles and expertise if vulnerable groups are to be protected from harm. To achieve effective joint working, there must be constructive relationships at all levels which need to be promoted and supported by:

- a) A commitment of senior managers and board members to seek continuous improvement with regard to safeguarding both within the work of Southport and Formby CCG and within those services commissioned.
- b) Clear lines of accountability within Southport and Formby CCG for safeguarding.
- c) Service developments that take account of the need to safeguard all service users, and is informed where appropriate, by the views of service users or advocates.
- d) Staff learning and development including a mandatory induction which includes familiarisation with responsibilities and procedures to be followed if there are concerns about a child or adult's welfare.
- e) Staff training and continuing professional development so that staff have an understanding of their roles and responsibilities in regards to safeguarding children, adults at risk, looked after children and the Mental Capacity Act (2005).
- f) Appropriate supervision and support for the workforce.
- g) Safe working practices including recruitment and vetting procedures.
- h) Effective interagency working, including effective information sharing.

The above principles reflect the expectations of the Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework (2015) and statutory guidance as referenced within this policy.

4.0 Equality and Diversity

- 4.1** The population of South Sefton is diverse and includes areas of high deprivation. Children and adults from all cultures are subject to abuse and neglect. All children and adults have a right to grow up and live safe from harm. In order to make sensitive and informed professional judgments about the needs of children (including their parents' capacity to respond to those needs) and the needs of

adults at risk, it is important that professionals are sensitive to differing family patterns and lifestyles that vary across different racial, ethnic and cultural groups.

- 4.2** Professionals need to be aware of the broader social factors that serve to discriminate against black and minority ethnic populations. Working in a multi-cultural society requires professionals and organisations to be committed to equality in meeting the needs of all children and adults at risk and to understand the effects of harassment, discrimination or institutional racism, cultural misunderstandings or misinterpretation.
- 4.3** The assessment process should maintain a focus on the needs of the individual child or adult at risk. It should always include consideration of how the religious beliefs and cultural traditions influence values, attitudes and behaviours and the way in which family and community life is structured and organised. Cultural factors neither explain nor condone acts of omission or commission that place a child or adult at risk of significant harm. Professionals should be aware of and work with the strengths and support systems available within families, ethnic groups and communities, which can be built upon to help safeguard and promote their welfare.

5.0 Definitions

5.1 Children

5.1.1 In accordance with the Children Act 1989 and 2004, within this policy, a 'child' is anyone who has not yet reached their 18th birthday. 'Children' will mean children and young people throughout.

5.1.2 **Safeguarding and promoting the welfare of children is defined in *Working Together to Safeguard Children 2018* as:**

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

5.1.3 Children in Need / Early Help

Under Section 17 (10) of the Children Act 1989, a child is a Child in Need if:

- He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;

- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- He/she is a Disabled Child.

Professionals should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child

5.1.4 Looked After Children are those children and young people who are looked after by the state under one of the following sections of the Children Act 1989 including:

- Section 31 - Care Order
- Section 38 - Interim Care Order
- Section 20 -Voluntary accommodation at the request of or by agreement with their parents or carers
- Section 44 - Emergency Protection Order

Following the implementation of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 all children who are remanded into custody in England automatically also become looked after. A period of remand should only last for a short time and the automatic looked after status ends upon conviction, acquittal or grant of bail.

5.1.5 Private Fostering – this is a private arrangement made between a child's parents and someone who is not a close relative to care for a child for 28 days or more: where the child lives with the carer. Close relatives include aunt, uncle, brother, sister or grandparents but not a great aunt or uncle. Southport and Formby CCG staff have a responsibility to notify Children's

Social Care of any private fostering arrangements that they become aware of.

The CCG has a separate Children in Care Policy (2019) which highlights the CCGs roles and responsibilities to support Children in Care

5.2 Adults at Risk

5.2.1 The Care Act 2014 identifies that safeguarding duties apply to an adult aged 18 or over and who:

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

5.2.2 Whilst there is no formal definition of vulnerability within health care, some people receiving health care may be at greater risk from harm than others, sometimes as a complication of their presenting condition and their individual circumstances. The risks that increase a person's vulnerability should be appropriately assessed and identified by the health care professional/ care provider at the first contact and continue throughout the care pathway (DH 2010).

5.2.3 Making Safeguarding Personal (MSP)

Making Safeguarding Personal is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how a response in a safeguarding situation enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them.

5.2.4 The six principles for adult safeguarding ensure safeguarding is person centred and outcome focused, giving people choice and control over their lives.

- a) **Empowerment** – Presumption of person led decisions and informed consent.
- b) **Protection** – Support and representation for those in greatest need.
- c) **Prevention** – It is better to take action before harm occurs.
- d) **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.

- e) **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- f) **Accountability** – Accountability and transparency in delivering safeguarding.

5.2.5 Definitions of abuse are contained within the glossary section of the policy.

5.3 Specific safeguarding categories

5.3.1 Domestic Abuse

The cross-government definition of domestic violence and abuse is:-

“Any incident or pattern of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial or emotional”. (Home Office circular 003/2013)

This is regardless of race, culture, religion, gender, age and disability. It is also important to note that domestic abuse can also occur in lesbian, gay, bisexual and transgender relationships. Heterosexual females can also abuse heterosexual males and children also abuse adults. Domestic abuse also features highly in cases of child abuse and in an analysis of serious case reviews, both past and present, it is present in over half (53%) of cases (HM Government 2010). Approximately 200,000 children in England live in households where there is a known risk of domestic violence (Brandon et al, 2009).

The term “domestic abuse” includes issues such as female genital mutilation (FGM), so called honour based crimes, forced marriage and other acts of gender based violence, as well as elder abuse and spiritual abuse (**where someone uses a person’s spiritual beliefs to manipulate, dominate or control the person**) when committed within the family or by an intimate partner. Family members are defined as mother, father, son, daughter, brother, sister, and grandparents whether directly related or stepfamily.

Whilst an adult is defined as any person aged 18 or over, the new definition for domestic violence has been altered to include 16 and 17 year olds. Despite this change in definition, domestic abuse involving any young person under 18 years, even if they are parents, should be treated as child abuse and the Sefton Safeguarding Children Board procedures apply. [Please refer to Sefton Multi Agency Domestic Abuse Protocol \(2018\).](#)

5.3.2 Forced Marriage

“marriage shall be entered into only with the free and full consent of the intending spouses” (Universal Declaration of human Rights, Article 16 (2))

A forced marriage is where one or both people do not (or in the case of some people with learning or physical disabilities, cannot as they do not have mental capacity to make the decision) consent to the marriage and pressure or abuse is used. The pressure put on women and men to marry against their will can be physical, (including threats, actual physical violence and sexual violence), emotional or psychological (for example when a person is made to feel like they are bringing shame on their family) and financial abuse (taking money from a person or not providing money).

5.3.3 Female Genital Mutilation (FGM)

Female genital mutilation is a collective term used for procedures which include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. FGM is typically performed on girls between the ages of 4 and 13 years, although it may also be performed on infants, and prior to marriage or pregnancy. The Prohibition of Female Circumcision Act 1985 made this practice illegal in this country and the Female Genital Mutilation Act 2003 which replaced it has now made it illegal for girls to be taken abroad for the purpose of performing this procedure.

From 1st October 2015 there is a mandatory reporting duty, provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015) requiring health care professionals to report where, in the course of their professional duties, they either:

- Are informed by a girl under 18 that an act of FGM has been carried out on her; or
- Observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and have no reason to believe that the act was necessary for the girl's physical or mental health or for the purposes connected with labour or birth

5.3.4 PREVENT

Prevent forms part of the Counter Terrorism and Security Act 2015. The Prevent Strategy aims to stop people from becoming terrorists or supporting terrorism and operates in the pre-criminal space before any criminal activity has taken place. Recent history has demonstrated how children and adults at risk have been exploited and radicalised by terrorists.

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

All relevant health staff should be able to recognise vulnerable individuals who appear to be being drawn into terrorism, including extremist ideas which can be used to legitimise terrorism and are shared by terrorist groups. Staff should be aware of what action to take in response, including local processes and policies that will enable them to make referrals to the Channel programme and how to receive additional advice and support.

5.3.5 Child Sexual Exploitation

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.

5.3.6 Child Criminal Exploitation

As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

5.3.7 County Lines

As set out in the Serious Violence Strategy, published by the Home Office, a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of ‘deal line’. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

5.3.8 Contextual Safeguarding

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.

Assessments of children in such cases should consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare. Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare. Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority children's social care. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child. They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risk to child.

If practitioners have concerns that a child may be a potential victim of modern slavery or human trafficking then a referral should be made to the [National Referral Mechanism](#), as soon as possible.

The National Referral Mechanism is a process set up by the Government to identify and support victims of trafficking in the UK. It was born out of the Government's obligation to identify victims under the Council of Europe Convention on Action against Human Trafficking, which came into force on 1 February 2008. The National Referral Mechanism (NRM) is a framework for identifying victims of human trafficking and ensuring they receive the appropriate protection and support.

The NRM is also the mechanism through which the Modern Slavery and Human Trafficking Unit (MSHTU) collects data about victims. This information aims to help build a clearer picture about the scope of human trafficking in the UK.

From 31st July 2015, the NRM was extended to all victims of modern slavery in England and Wales following the implementation of the Modern Slavery Act 2015.

Modern slavery is comprised of:

- 1) Human trafficking
- 2) Slavery, servitude and forced or compulsory labour

6.0 Roles and Responsibilities

- a) Ultimate accountability for safeguarding sits with the Chief Officer for Southport and Formby CCG. Any failure to have systems and processes in place to protect children and adults at risk in the commissioning process, or by providers of health care that Southport and Formby CCG commissions would result in failure to meet statutory and non-statutory constitutional and governance requirements.
- b) Southport and Formby CCG must demonstrate robust arrangements are in place to demonstrate compliance with safeguarding responsibilities.
- c) Southport and Formby CCG must establish and maintain good constitutional and governance arrangements with capacity and capability to deliver safeguarding duties and responsibilities, as well as effectively commission services ensuring that all service users are protected from abuse and neglect.
- d) Establish clear lines of accountability for safeguarding, reflected in governance arrangements.
- e) To co-operate with the local authority in the operation of the local safeguarding children arrangements and safeguarding adults board, be a member of the Boards.
- f) To participate in serious case reviews, serious adult reviews and domestic homicide reviews.
- g) Secure the expertise of a designated doctor and nurse for safeguarding children; a designated doctor and nurse for looked after children (LAC); a designated paediatrician for child deaths; a safeguarding adult lead and a mental capacity act lead.
- h) Ensure that all providers with whom there are commissioning arrangements have in place comprehensive and effective policies and procedures to safeguard children and adults at risk in line with those of the Safeguarding Adult Board SAB / Sefton LSCB (or subsequent partnership arrangements).
- i) Ensure that all staff in contact with children, adults who are parents/carers and adults at risk in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect for children and adults at risk, know how to act on those concerns in line with local guidance.
- j) Ensure that appropriate systems and processes are in place to fulfil specific duties of cooperation and partnership and the ability to demonstrate that

- Southport and Formby CCG meets the best practice in respect of safeguarding children and adults at risk and looked after children.
- k) Ensure that safeguarding is at the forefront of service planning and a regular agenda item of Southport and Formby CCG governing body business.
 - l) Ensure that all decisions in respect of adult care placements are based on knowledge of standards of care and safeguarding concerns.
 - m) Commission services that are compliant with the Mental Capacity Act 2005
 - n) Ensure provision of independent Mental Capacity Act Advocates (IMCA) to represent people who lack capacity where there is no one independent of services, such as family member or friend, who is able to represent the person to support decisions around serious medical treatment or where to live.
 - o) Ensure that there are robust recruitment and vetting procedures in place to prevent unsuitable people from working with children and adults at risk. These procedures must be in line with national and SAB / Sefton LSCB (or subsequent partnership arrangements) guidance and will be applied to all staff (including agency staff, students and volunteers) who work with or who handle information about children and adults at risk.

6.1 Chief Officer for Southport and Formby CCG

- a) Ensures that the health contribution to safeguarding and promoting the welfare of children and adults at risk is discharged effectively across the whole local health economy through the organisation's commissioning arrangements.
- b) Ensures that the organisation not only commissions specific clinical services but exercises a public health responsibility in ensuring that all service users are safeguarded from abuse or the risk of abuse.
- c) Ensures that safeguarding is identified as a key priority area in all strategic planning processes.
- d) Ensures that safeguarding is integral to clinical governance and audit arrangements.
- e) Ensures that all health providers from whom services are commissioned have comprehensive single and multi-agency policies and procedures for safeguarding which are in line with the Local Safeguarding Children Board (or subsequent partnership arrangements) and adult board procedures and are easily accessible for staff at all levels.
- f) Ensures that all contracts for the delivery of health care include clear standards for safeguarding - these standards are monitored in order to provide assurance that service users are effectively safeguarded.
- g) Ensures that Southport and Formby CCG staff, and those in services contracted by Southport and Formby CCG, are trained and competent to be alert to potential indicators of abuse or neglect in children and know how to act on their concerns and fulfil their responsibilities in line with the Sefton LSCB (or subsequent partnership arrangements) and SAB policies and procedures.

- h) Ensures Southport and Formby CCG cooperates with the local authority in the operation of LSCB (or subsequent partnership arrangements) and LSAB.
- i) Ensures that all health organisations with whom Southport and Formby CCG has commissioning arrangements have links with Sefton LSCB (or subsequent partnership arrangements) and SAB; that there is appropriate representation at an appropriate level of seniority; and that health workers contribute to multi-agency working.
- j) Ensures that any system and processes that include decision-making about an individual patient (e.g. funding panels) takes account of the requirements of the Mental Capacity Act 2005 – this includes ensuring that actions and decisions are documented in a way that demonstrates compliance with the Act.
- k) Is required to sign off the CCG's contributions to the Safeguarding Children and Adult annual report and annual plan, which are a statutory requirement.

6.2 Southport and Formby CCG Governing Body Lead with responsibility for safeguarding

- a) Ensures that Southport and Formby CCG has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance for safeguarding children and looked after children (LAC)
- b) Ensures that service plans / specifications / contracts / invitations to tender etc. include reference to the standards expected for safeguarding children and adults at risk.
- c) Ensures that safe recruitment practices are adhered to in line with national and local guidance and that safeguarding responsibilities are reflected in all job descriptions.
- d) Ensure that staff in contact with children and or adults in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with local guidance.

6.3 Southport and Formby CCG Individual staff members

- a) To be alert to the potential indicators of abuse or neglect for children and adults and know how to act on those concerns in line with local guidance.
- b) To undertake training in accordance with their roles and responsibilities as outlined by the CCG Safeguarding Training Strategy and Training Needs Analysis (informed by Sefton LSCB (or subsequent partnership arrangements) and SAB Policy) so that they maintain their skills and are familiar with procedures aimed at safeguarding children and adults at risk.
- c) Understand the principles of confidentiality and information sharing in line with local and government guidance.
- d) All staff contribute, when requested to do so, to the multi-agency meetings established to safeguard children and adults at risk.

- e) All staff will cooperate with Local Authority solicitors and Merseyside Police as required in order to safeguard and protect children and adults at risk.

6.3.1 See appendices for guidance as to what action needs to be taken where there are concerns that a child or an adult at risk is being abused; and information sharing guidance:

- a) Appendix 1 – What to do if you are worried a child is being abused
- b) Appendix 2 – Possible signs and indicators of child abuse and neglect
- c) Appendix 3 – Information sharing guidance
- d) Appendix 4 - What to do if an adult is at risk of abuse

6.4 Southport and Formby CCG GP member practices

6.4.1 The CCG will ensure that safeguarding standards are included and monitored in all contracts issued by the CCG. Commissioners have a responsibility to assure themselves of the quality and safety of the organisations they place contracts with and ensure that those contracts have explicit clauses that hold the providers to account for preventing and dealing promptly and appropriately with any examples of abuse or neglect. Southport and Formby CCG GP member practices will take account of the safeguarding standards. Compliance with the standards will be subject to audit and scrutiny.

6.5 Designated professionals

6.5.1 Southport and Formby CCG is required to have in place arrangements to secure the advice of Designated Professionals for Safeguarding Children, Adults and Children in Care (CiC). The Designated Professionals will:

- a) Provide strategic guidance on all aspects of the health service contribution to protecting children and adults at risk within Southport and Formby CCG and Sefton LSCB (or subsequent partnership arrangements) and SAB area.
- b) Work closely in the discharge of their responsibilities – this may include the convening of professional advisory and support groups.
- c) Have enhanced Disclosure and Barring Scheme (DBS) clearance renewed every 3 years.
- d) Provide professional advice on safeguarding issues to the multi-agency network.
- e) Be a member of Sefton LSCB (or subsequent partnership arrangements), Corporate Parenting Board, SAB and relevant sub-groups as required, delegating to other health professionals as appropriate.
- f) Be involved in the appointment of Named Professionals, providing support as appropriate.
- g) Provide professional safeguarding supervision and leadership to Named Professionals within the provider organisations.

- h) Take the strategic overview of safeguarding and looked after children arrangements across Southport and Formby CCG and Local Authority area and assist in the development of systems, monitoring, evaluating and reviewing the health service contribution to the protection of children and adults at risk.
- i) Collaborate with the Director of Public Health, LSCB (or subsequent partnership arrangements), SAB, Southport and Formby CCG Chief Nurse and Named Professionals in Provider Trusts in reviewing the involvement of health services in serious incidents which meet the criteria for serious case reviews.
- j) Advise on appropriate training for health personnel and participate where appropriate in its provision.
- k) Advise on practice policy and guidance ensuring health components are updated.
- l) Ensure expert advice is available in relation to safeguarding policies, procedures and the day to day management of safeguarding, looked after children, adults at risk and mental capacity issues.
- m) Liaise with other designated and lead professionals for safeguarding children, looked after children and adults at risk across the Merseyside area and beyond as required to do so
- n) Attend relevant local, regional and national forums.
- o) Take part in an annual appraisal process via the Chief Nurse (or delegated representative) within the CCG.

7.0 Management of Allegations Against a Southport and Formby CCG Employee

7.1 *Working Together to Safeguard Children* (2018) details the responsibility of all organisations to have a process for managing allegations against professionals who work with children. This requires Southport and Formby CCG to inform the Designated Officer (previously referred to as Local Authority Designated Officer) of any allegations it becomes aware of within one working day. A parallel process will be followed regarding adults at risk. Further detail is included in the CCG Management of Allegations Policy and Procedures (2018).

8.0 Governance Arrangements

To ensure that safeguarding is integral to the governance arrangements of the CCG, quarterly reporting into the CCG Quality Committee has been established.

The purpose is:

- To provide assurance on the effectiveness of the safeguarding arrangements in place within commissioned services and the CCG; ensuring that safeguarding is integral to quality and audit arrangements within the CCG.

- to ensure that the CCG is kept informed of national and local initiatives for safeguarding and informed and updated on the learning from reviews and audits that are aimed at driving improvements to safeguard children and adults at risk.

In addition to the reporting arrangements above an annual safeguarding report will be submitted to the governing body with exception reporting on issues of significance e.g. serious case review reports / safeguarding adult review reports and inspections findings

9.0 Implementation

9.1 Method of monitoring compliance

- 9.1.1** Comprehensive service specifications for services for children and adults, of which child & adult protection / safeguarding is a key component, will be evident in all contracts with provider organisations. Service specifications will include clear service standards and KPI's (key performance indicators) for safeguarding children and & adults and promoting their welfare, consistent with SAB / Sefton LSCB (or subsequent partnership arrangements).
- 9.1.2** The standards expected of all healthcare providers are included in the Safeguarding Quality Schedule. Compliance will be measured by annual audit – an audit tool will be made available to all providers to facilitate the recording of information. The audit tool (Appendix 5) should be completed using the RAG definitions outlined in the procedures for monitoring safeguarding children and adults at risk via provider contracts. This procedure was developed in order to standardise the monitoring and escalation approach across the North West.
- 9.1.3** Additionally a number of specific quality KPI's will be set for all providers which compliment a number of the existing standards in the aforementioned audit tool, these will require a detailed response with data and achievements clearly evidenced in the returns. The quality and effectiveness of which will be monitored on a quarterly/ annual basis (dependent on the indicator).

9.2 Breaches of policy

- 9.2.1** This policy is mandatory. Where it is not possible to comply with the policy, or a decision is taken to depart from it, this must be notified to Southport and Formby CCG Chief Nurse so that the level of risk can be assessed and an action plan can be formulated (see section 10 for contact details).

- 9.2.2** Southport and Formby CCG, as a co-ordinating commissioner, will notify collaborating commissioners of a providers' non-compliance with the standards contained in this policy, including action taken where there has been a significant breach.

10.0 Contact details

Designation	Contact Number
Chief Officer	0151 317 8366
Chief Nurse	0151 317 8360
Designated Nurse Safeguarding Children	0151 247 6449
Designated Doctor Safeguarding Children	0151 228 4811 Ext 2287
Designated Nurse Looked After Children	0151 317 8356
Designated Doctor Looked After Children	0151 228 4811 Ext 2287
Community Paediatrician - CDOP	0151 228 4811 Ext 2287
Designated Adult Safeguarding Manager	0151 317 8357
Mental Capacity Act Lead	0151 317 8357
Prevent Lead	0151 317 8357
Safeguarding Administrator	0151 317 8358

11.0 References

The following statutory, non-statutory, best practice guidance and the policies and procedures of the Sefton LSCB (or subsequent partnership arrangements) and SAB have been taken into account:

11.1 Statutory Guidance:

- Department for Constitutional Affairs (2007) *Mental Capacity Act 2005: Code of Practice*. London: TSO
- Department of Health (2000) *Framework for the Assessment of Children in Need and their Families*. London: HMSO
- Department of Health (2014) Care Act. Care and Support Statutory Guidance

- d) DfE/DH (2015) Promoting the health and welfare of looked-after children. Statutory guidance for local authorities, clinical commissioning groups and NHEngland.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/378482/Promoting_the_health_of_looked-after_children_statutory_guidance_consult....pdf
- e) HM Government (2007) *Statutory guidance on making arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act 2004*. DCSF Publications
- f) HM Government (2008) *Safeguarding children in whom illness is fabricated or induced*. DCSF Publications
- g) HM Government (2009) *The Right to Choose: multi-agency statutory guidance for dealing with forced marriage*. Forced Marriage Unit: London
- h) HM Government (2015) *Working Together to Safeguard Children*. Nottingham: DCSF Publications
- i) HM Government (2015) *What to do if you're worried a child is being abused*.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf
- j) Ministry of Justice (2008) *Deprivation of Liberty Safeguards Code of Practice to supplement Mental Capacity Act 2005*. London: TSO
- k) Home Office (2015) Counter Terrorism and Security Act
- l) HM Gov (2015) Revised Prevent Duty Guidance: for England and Wales
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance_England_Wales_V2-Interactive.pdf
- m) Home Office (2015) Mandatory Reporting of female Genital Mutilation – procedural information

11.2 Non-Statutory Guidance:

- a) Department of Health (June 2012) *The Functions of Clinical Commissioning Groups* (updated to reflect the final Health and Social Care Act 2012)
- b) Department of Health (March 2011) *Adult Safeguarding: The Role of Health Services*
- c) Department of Health (May 2011) *Statement of Government Policy on Adult Safeguarding*
- d) HM Government (2015) *What to do if you're worried a child is being abused*.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf
- e) HM Government (2018) Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- f) Law Commission (May 2011) *Adult Social Care Report*
www.justice.gov.uk/lawcommission/publications/1460.htm

- g) Royal College of Paediatrics and Child Health et al (2014) *Safeguarding Children and Young People: Roles and Competences for Health Care Staff. Intercollegiate Document*
- h) NICE (2013) The health and wellbeing of looked-after children and young people <http://www.nice.org.uk/guidance/qs31>
- i) NICE (2015) Looked-after children and young people <http://www.nice.org.uk/guidance/ph28>
- j) NICE (2014) Domestic violence and abuse: multi-agency working <http://www.nice.org.uk/guidance/ph50>
RCPCH (2015) Looked after children: knowledge, skills and competence of health care staff <http://www.rcpch.ac.uk/improving-child-health/child-protection/looked-after-children-lac/looked-after-children-lac>

11.3 Best Practice Guidance:

- a) Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services Standard 5* (plus including relevant elements that aren't contained in Core Standard 5)
- b) Department of Health (2017) *Responding to domestic abuse: a handbook for health professionals*
- c) Ending violence against women and girls. March 2014.
www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk
- d) Department of Health (2010) *Clinical governance and adult safeguarding: an integrated approach*. Department of Health
- e) HM Government (2009) *Multi-agency practice guidelines: Handling cases of Forced Marriage*. Forced Marriage Unit: London
- f) National Institute for Health and Clinical Excellence (2009) *When to suspect child maltreatment*. NICE Clinical Guideline 89
- g) National Institute for Health and Care Excellence (2017) *Child Abuse and Neglect*
- h) Department of Health (2006) *Mental Capacity Act Best Practice Tool*. Gateway reference: 6703
- i) HM Government (2011) [Multi-agency practice guidelines: Female Genital Mutilation](#)

11.4 Sefton Local Safeguarding Children Board (or subsequent partnership arrangements):

Sefton Local Safeguarding Children Board policies, procedures and practice guidance are accessible at:

[Sefton Local Safeguarding Children Board](#)

11.5 Merseyside Safeguarding Adult Board:

Merseyside Safeguarding Adult Board, policies, procedures and practice guidance are accessible at:

[Merseyside Safeguarding Adults Board](#)

11.6 Disclosure and barring

The DBS was formed in 2012 by merging the functions of the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) under the Protection of Freedoms Act 2012. DBS started operating on 1 December 2012.

Further guidance is available at: www.gov.uk/government/disclosure-and-barring-service

12. Glossary

CCGs	Clinical Commissioning Groups
DCSF	Department for Children, Schools and Families
DH	Department of Health
LAC	Looked After Children
(L)SAB	(Local) Safeguarding Adult Board
LSCB	Local Safeguarding Children Board (or subsequent partnership arrangements)
MCA	Mental Capacity Act
NCB	National Commissioning Board
SI	Serious Incident

12.1 Categories of child abuse as per *Working Together to Safeguard Children* (HM Government 2018).

Abuse: A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or an institutional or community setting, by those known to them or, more rarely, by a stranger (eg via the internet). They may be abused by an adult or adults, or another child or children.

Physical abuse: A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse: The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved,

inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse: Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect: The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

12.2 Abuse of adults at risk: For safeguarding adults, the definitions of abuse have been taken from The Care and Support Act 2014.

Abuse: Abuse is a violation of an individual's human and civil rights by another person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm, or

exploitation of, the person subjected to it. Of particular relevance are the following descriptions of the forms that abuse may take:

Physical abuse: Typically, there are signs of physical abuse both within and outside the relationship in which it occurs. However, spotting the signs of physical abuse may not always be easy and sometimes people choose to overlook them as they don't wish to believe that physical abuse is taking place. There are physical, behavioural and emotional signs of physical abuse. Behaviours are seen both in the abuser and in the victim.

Obvious signs of physical abuse include:

- Black eyes
- Bruises
- Burns
- Cuts
- Restraint or grip markings
- Unusual pattern of injury; repeated trips to Accident and Emergency.

While these signs of physical abuse may seem obvious, most victims may try to cover them up so as to hide the abuse due to fear of further abuse or shame about the abuse. While physical violence is never okay, and physical abuse is never the fault of the victim, many victims feel the abuse is their fault.

While the above signs of physical abuse are visible, other signs of physical abuse may be more subtle. These may include:

- Abuse of alcohol or other drugs
- Anxiety, including panic attacks and post-traumatic stress disorder (PTSD)
- Depression
- Fearfulness
- Pelvic pain; vaginal or urinary tract infections
- Sexual problems
- Social isolation or withdrawal
- Unwanted pregnancy; lack of prenatal care
- Vague medical complaints such as chronic headaches, fatigue or stomach pain.

Types of physical abuse

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint

- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

Possible indicators of physical abuse

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

Sexual abuse: Including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, could not consent, or was pressured into consenting.

Emotional or Psychological abuse: Types of psychological or emotional abuse

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying
- Possible indicators of psychological or emotional abuse
- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour

- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Financial or material abuse: Financial or material abuse can occur in isolation, but research has shown where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, everyone should be aware of this possibility.

Potential indicators of financial abuse include:

- Change in living conditions
- Lack of heating, clothing or food
- Inability to pay bills/unexplained shortage of money
- Unexplained withdrawals from an account
- Unexplained loss/misplacement of financial documents
- The recent addition of authorised signers on a client's or donors signature card
- Sudden or unexpected changes in a Will or other financial documents.

Neglect and acts of omission: Definition of neglect: The failure of any person, who has responsibility for the charge, care or custody of an adult at risk, to provide the amount and type of care that a reasonable person would be expected to provide. Neglect can be intentional or unintentional.

Neglect and Acts of Omission includes:

- Ignoring medical, emotional or physical care needs
- Failure to provide access to appropriate health, care and support or educational services
- The withholding of the necessities of life, such as medication, adequate nutrition and heating.
- The following are also potential indicators of Neglect and Acts of Omission:
- Poor environmental conditions
- Inadequate heating and lighting
- Poor physical condition of the vulnerable adult
- Clothing is ill-fitting, unclean and in poor condition
- Malnutrition
- Failure to give prescribed medication properly
- Failure to provide appropriate privacy and dignity
- Inconsistent or reluctant contact with health and social care agencies
- Isolation – denying access to callers or visitors.

Self-neglect and Hoarding: can be defined as:

- Neglecting to care for one's personal hygiene
- Neglecting to care for one's health
- Neglecting to care for one's surroundings
- Hoarding* which can include:
 - Inanimate objects (commonly clothes, newspapers, books, DVDs, letters & food/packaging)
 - Animals
 - Data

*Excessive collection & retention of any material to the point that it impedes day to day functioning

This could also involve refusal of services, treatment, assessments or intervention, which could potentially improve self-care or care of one's environment. There are other less overt forms of self – neglect such as: eating disorders; misuse of substance; and alcohol abuse. Self-neglect differs from other safeguarding concerns as there is no perpetrator of abuse, however, abuse cannot be ruled out as a purpose for becoming self-neglectful.

Discriminatory abuse including hate crime: It is against the law to discriminate (treat less favourably) against anyone because of:

- Age
- Being or becoming a transsexual person
- Being married or in a civil partnership
- Being pregnant or having a child
- Disability
- Race including colour, nationality, ethnic or national origin
- Religion, belief or lack of religion/belief
- Sex
- Sexual orientation.

These are called 'protected characteristics'.

What is hate crime?

A hate crime is any behaviour that someone thinks was caused by hostility, prejudice or hatred of their:

- Disability (including physical impairments, mental health problems, learning disabilities, hearing and visual impairments)
- Gender Identity (people who are transgender, transsexual or transvestite)
- Race, skin colour, nationality, ethnicity or heritage
- Religion, faith or belief (including people without a religious belief)
- Sexual orientation (people who are lesbian, gay, bisexual or heterosexual etc.)

It can include:

- Name calling or verbal abuse
- Graffiti or abusive writing
- Damage to property
- Threats or intimidation
- Bullying or harassment
- Physical attacks or violence, including sexual violence, arson and murder.

Anyone can be a victim of hate crime if they are targeted because of who they are, their friends or family or even who the perpetrator thinks they are.

Modern slavery: Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to force individuals into a life of abuse and inhumane treatment.

Poverty, limited opportunities, lack of education, unstable social and political conditions, economic imbalances and war are the key driving forces that contribute to the trafficking of victims into, through and across the UK.

Radicalisation and Extremism:

Radicalisation or extremism is where someone holds views that are intolerant of people who are of a different ethnicity, culture, religion, gender or sexual identity. Extremists may try to force their views on others and, in some cases, may believe that these views can justify the use of violence in order to achieve certain aims.

Examples of violent extremist causes that have used violence to achieve their ends include white extremists from the far-right or Islamist fundamentalists and animal rights activists, all of which usually attract people to their cause through a persuasive, sometimes violent narrative. These kinds of narratives often provide people with answers democracy doesn't give to the various grievances they may have either towards their school, family, missed opportunities in life or other. They then justify violence or criminal actions with the need to impose radical changes or avenge any suffering they themselves or others may have been subjected to.

Organisational Abuse: The following list includes some indicators of 'possible' organisational abuse:

- Batch care – lack of individual care programmes
- Deprived environmental conditions and lack of stimulation
- Illegal confinement or restrictions

Honour Based Violence, Forced Marriage and Female Genital Mutilation:

'Honour' based violence (HBV) is a form of domestic abuse which is perpetrated in the name of so called 'honour'. The honour code which it refers to is set at the discretion of male relatives and women who do not abide by the 'rules' are then

punished for bringing shame on the family. Infringements may include a woman having a boyfriend; rejecting a forced marriage; pregnancy outside of marriage; interfaith relationships; seeking divorce, inappropriate dress or make-up and even kissing in a public place.

HBV can exist in any culture or community where males are in a position to establish and enforce women's conduct, examples include: Turkish; Kurdish; Afghani; South Asian; African; Middle Eastern; South and Eastern European; Gypsy and the travelling community (this is not an exhaustive list).

Males can also be victims, sometimes as a consequence of a relationship which is deemed to be inappropriate, if they are gay, have a disability or if they have assisted a victim. In addition, the Forced Marriage Unit have issued guidance on Forced Marriage and vulnerable adults due to an emerging trend of cases where such marriages involving people with learning difficulties.

APPENDIX 1: What to do if you are worried a child is being abused.

For advice and support from the Designated Nurse for Southport and Formby CCG please ring:
0151 247 6449

Any member of staff who believes or suspects that a child may be suffering or is likely to suffer significant harm should always refer their concerns to Children's Social Care. Never delay emergency action to protect a child whilst waiting for an opportunity to discuss your concerns first.

Are you concerned a child is suffering or likely to suffer harm ? eg

- You may observe an injury or signs of neglect
- You may be given information or observe emotional abuse
- A child may disclose abuse
- You may be concerned for the safety of a child or unborn baby

Step 1

Inform parents/ carers that you will refer to Children's social care UNLESS

The child may be put at increased risk of further harm (eg suspected sexual abuse, suspected fabricated or induced illness, female genital mutilation, increased risk to child, forced marriage or there is a risk to your own personal safety)

Step 2

Make a referral to Sefton's Children's Services following the link below:

- <https://www.sefton.gov.uk/social-care/children-and-young-people/report-a-child-or-young-person-at-risk/information-for-professionals.aspx>. Prior to making a referral through to Children's Social Care, if you would like to have a consultation with a Social Worker please call Sefton's MASH Team on either 0151 934 4013/ 4481. Please note a Child Referral Form should be completed in all cases unless you deem the child to be at risk of immediate significant harm to which MASH Contact Officers will receive information via the telephone in the first instance but following this a Child Referral Form must be completed.
- Document all discussions held, actions taken, decisions made, including who was spoken to and who is responsible for undertaking actions agreed.
- For physical abuse document injuries observed

Step 3

Children's Social Care acknowledges receipt of referral and decides on next course of action. If the referrer has not received an acknowledgement within 3 working days contact Children's Social Care (0151 934 4013 or 4481) again for an update.

Step 4

You may be requested to provide further reports / information or attend multi-agency meetings

Other important numbers

Police - emergency 999

Police - non-emergency 101

APPENDIX 2: Possible signs and indicators of child abuse and neglect

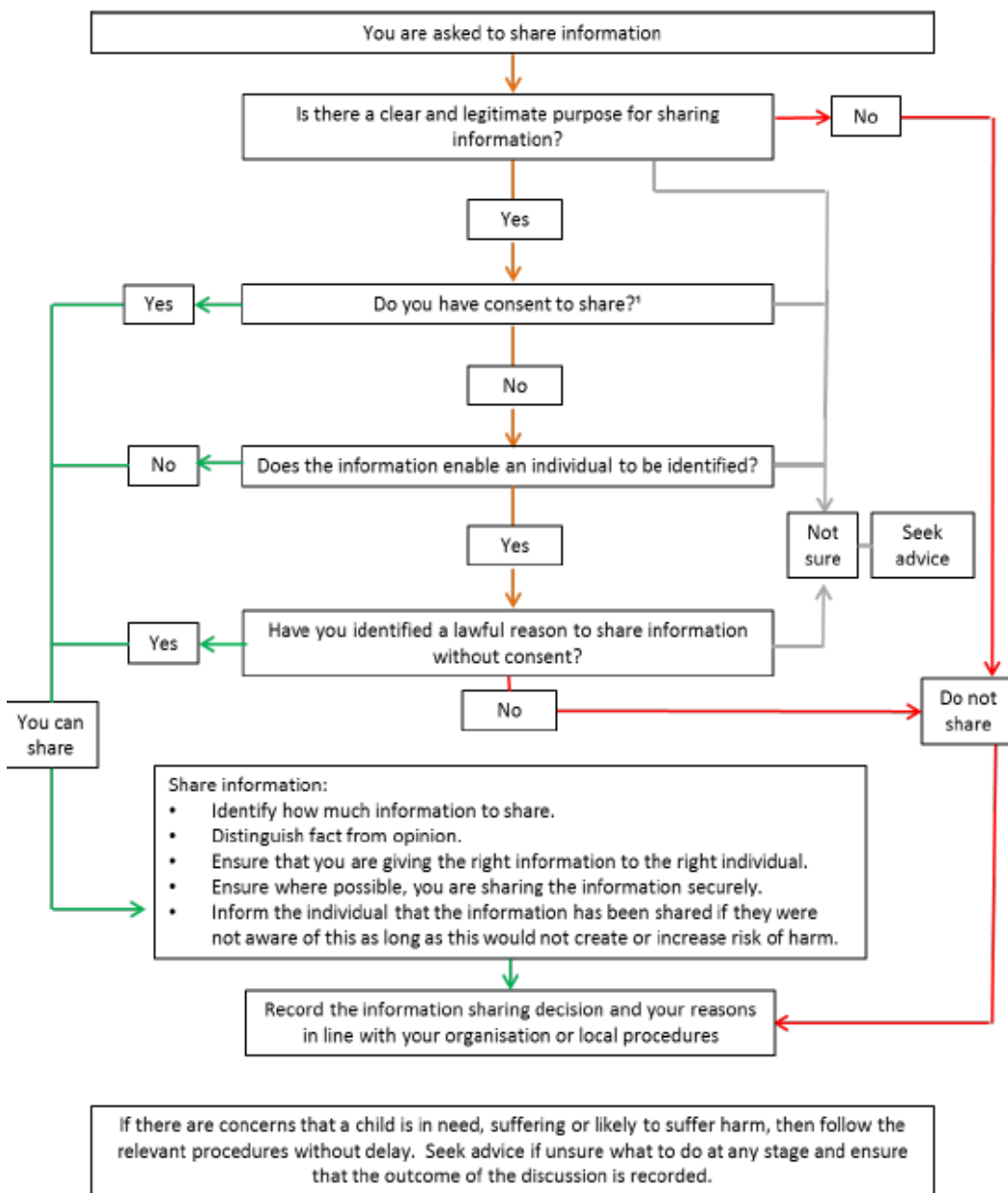
Possible signs and indicators of child abuse and neglect

Physical Abuse		Emotional Abuse	
Actions and behaviour of adult/ carer <ul style="list-style-type: none"> Minor injuries Scrubbed head injuries eg. those resulting in fractures of head injuries Premeditated sadistic injuries Burns and scalds Bites Repeated abuse resulting from lack of control Injury resulting from physical chastisement 	<ul style="list-style-type: none"> Shaking Peckering Physical assaults regarded as bullying Suffocating Fabricated or induced illness Female circumcision Death/murder 	Actions and behaviour of adult/ carer <ul style="list-style-type: none"> Rejection Lack of praise and encouragement Lack of comfort and love Lack of secure attachment Lack of continuity of care eg. frequent moves Serious over protectionism Inappropriate non-physical punishment eg. locking in bedroom, cold water in bath, frequent shouting at a child Humiliating and degrading behaviour, including bullying and racial abuse 	<ul style="list-style-type: none"> Exposure to repeated incidents of domestic violence Age or developmentally inappropriate expectations being imposed on the child Making the children feel frightened or in danger
Physical signs on child/ young person <ul style="list-style-type: none"> Hematomas Unexplained bruising/marks or injuries Injuries of different ages Adult bite marks Outline bruising eg. belt, hand prints Bruises to eyes, ears, finger tips Burns and scalds on hands, feet, buttocks, groin, cigarette burns 	<ul style="list-style-type: none"> Difficulty in reading books Blood in white of eyes, small bruises on head, bruises on rib cage—may be associated with shaking injuries Injuries and/or fractures in babies and children who are not mobile Drowsiness eg. from head injury or poisoning Female genital mutilation Genital/anal area injuries 	Physical signs on child/ young person <ul style="list-style-type: none"> Self harm behaviour, eg. mutilation, substance misuse, suicide attempts Developmental delay Eating disorder 	
Behaviour and emotional state of child/ young person <ul style="list-style-type: none"> Aggressive Withdrawn or watchful Low self-esteem Poor concentration Fear self image 	<ul style="list-style-type: none"> Flinching when approached or touched 	Behaviour and emotional state of child/ young person <ul style="list-style-type: none"> Aggressive Withdrawn Low self-esteem and self worth Repetitive comfort behaviour eg. rocking or hair twisting Sudden speech disorders 	<ul style="list-style-type: none"> No sense of achievement Lack of confidence, lack of positive identity Inability to play Failure to thrive Severe behaviour problems
Sexual Abuse		Neglect	
Actions and behaviour of adult/ carer <ul style="list-style-type: none"> Inappropriate fondling Mutual masturbation Digital penetration Oral/genital contact Anal or vaginal intercourse Sexual exploitation Exposure to pornography 	<ul style="list-style-type: none"> Encouraging children/young people to become prostitutes Encouraging children to witness intimate or pornographic acts Leaving a child in the care of a known sex offender Internet child pornography 	Actions and behaviour of adult/ carer <ul style="list-style-type: none"> Abandonment or desertion Leaving alone Malnourishment, lack of food, inappropriate food or erratic feeding Lack of warmth Lack of adequate clothing Lack of protection or lack of supervision appropriate to child's age and developmental stage Persistent failure to attend school 	<ul style="list-style-type: none"> Leaving child alone to care for younger siblings Lack of appropriate stimulation Lack of protection from dangerous substances eg. fire, drugs, alcohol Lack of appropriate medical care Lack of secure attachment
Physical signs on child/ young person <ul style="list-style-type: none"> Injuries to the genital/anal area Sexually transmitted diseases Pregnancy Bruises, scratches, burns or bite marks Eating disorder 	<ul style="list-style-type: none"> Self harm eg. suicide, self mutilation, habitting, abuse Bleeding from vagina or anus Pain in passing urine or faeces Persistent discharge Warts in genital or anal area 	Physical signs on child/ young person <ul style="list-style-type: none"> Delayed physical development: underweight and small of stature Hands and feet which are cold and purty Chronic, ragged feet Slow growth in both weight and height Frequently smelly, unkempt appearance 	<ul style="list-style-type: none"> Persistently hungry Non-organic failure to thrive Impairment of health Death
Behaviour and emotional state of child/ young person <ul style="list-style-type: none"> Frightened and disturbed sleeping patterns Persistent offending, non-school attendance, running away Wetting, soiling, smearing excreta Significant changes in child's behaviour Depression 	<ul style="list-style-type: none"> Sexual awareness which is inappropriate to child's age and developmental stage Sexually aggressive towards other children Low self-esteem Limited attention span Unexplained aggression or withdrawn behaviour. 	Behaviour and emotional state of child/ young person <ul style="list-style-type: none"> Low self-esteem Destructive tendencies Neurotic behaviour Running away Stealing or hiding food 	<ul style="list-style-type: none"> Indiscriminately seeking affection from unfamiliar adults Impairment of intellectual behaviour Long-term difficulties with social functioning

Common sites for accidental injury	Common sites for non-accidental injury	Be alert to the possibility of child abuse
		<ol style="list-style-type: none"> 1. What is the injury? Does it appear accidental? 2. Where is the injury? Is it in an unusual site? 3. Does the explanation of the injury fit with the presentation? 4. When was it caused? Is the age of the injury right? 5. How was it caused? (with related oral suspension) 6. Who caused it? (both stated and suspected) 7. Witnesses? Do stories tally? 8. What action was taken afterwards by the family?

Implications for practice - signs and symptoms of abuse should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and explanation given

APPENDIX 3: Information Sharing Guidance



For advice and support from the Designated Nurse Safeguarding Children for South Sefton CCG please ring: 0151 247 6449

APPENDIX 4: What to do if you are worried an adult is being abused.

For advice and support from the Designated Safeguarding Adult Manager for Southport and Formby CCG please ring: 0151 317 8357

Any member of staff who believes or suspects that an adult may be suffering or is likely to suffer harm should always refer their concerns to Adult Social Care. Never delay emergency action to protect an adult whilst waiting for an opportunity to discuss your concerns first.

Are you concerned an adult at risk is being abused ? eg

- You may observe an injury or signs of neglect
- You may be given information that outlines abuse or neglect
- An adult may disclose abuse

Step 1

**Inform the adult that you will refer to adult social care and obtain consent and discuss their wishes and feelings
UNLESS**

The adult may be put at increased risk of further harm (eg suspected sexual abuse, female genital mutilation, increased risk to adult, forced marriage or there is a risk to your own personal safety)

Step 2

Make a referral to Sefton's Adult Services:

- Call Sefton Adult Social Care on 0151 934 3737.
- Document all discussions held, actions taken, decisions made, including who was spoken to and who is responsible for undertaking actions agreed.
- For physical abuse document injuries observed on a body map.

Step 3

Adult Social Care acknowledges receipt of referral and decides on next course of action. If the referrer has not received an acknowledgement contact Adult Social Care 0151 934 3737 again for an update.

Step 4

You may be requested to provide further reports / information or attend multi-agency meetings

Other important numbers




Police - emergency 999

Police - non-emergency 101

Appendix 5

Audit Tool to monitor Safeguarding Arrangements for CCG Commissioned Services (held within quality schedule)	
Organisation:	
Person completing the audit tool (include designation, contact details including email)	
Dated audit tool completed	
Useful links	
Local Safeguarding Children Board	
Local Safeguarding Adult Board policies/ procedures	

Rag rating key:

Green		Fully compliant (remains subject to continuous quality improvement)
Amber		Partially Compliant – plans in place to ensure full compliance and progress is being made within timescales
Red		Non-compliant (standards not met / actions have not been completed within agreed timescales)

Standard	Components of standard	Evidence (embed or attach evidence including audits)	RAG
1. Governance / Accountability			
1.1(S11 It should be clear who has overall responsibility for the agency's contribution to safeguarding and what the lines of accountability are from each staff member up through the organisation through to the person with ultimate responsibility	<ul style="list-style-type: none"> • Board lead demonstrating specific safeguarding competence in line with National & Local Guidance • Job descriptions clearly identify safeguarding responsibilities • All staff know both how and who to report concerns about a child/adult at risk of harm 		

Standard	Components of standard	Evidence (embed or attach evidence including audits)	RAG
1.2 The organisation is linked into the Local Safeguarding Children Board (LSCB) and Local Safeguarding Adult Board (LSAB)	<ul style="list-style-type: none"> The organisation is able to evidence how it is implementing the strategic aims of the LSCB/LSAB safeguarding strategy. 		
1.3 The organisation regularly reviews the arrangements in place for safeguarding and MCA	<ul style="list-style-type: none"> The governing body should receive regular report on their arrangements for safeguarding and MCA implementation 		
1.4 An adverse incident reporting system is in place which identifies circumstances and . or incidents which have compromised the safety and welfare of patients	<ul style="list-style-type: none"> All STEIS reporting in relation to patient safety and welfare are to be reported to the CCG Lead Commissioners provided with a regular report (interval to be agreed between the provider and the commissioner but must be at least annually) of key themes/learning from STEIS that involve safeguarding Complaints are considered in the context of safeguarding 		
1.5 A programme of internal audit and review is in place that enables the organisation to continuously improve the protection of all service users from abuse or the risk of abuse	<p>Audits to include:</p> <ul style="list-style-type: none"> Progress on action to implement recommendations from Serious Case Reviews (SCRs); Internal management reviews; recommendations from inspections; Referral, Contribution to multi-agency safeguarding/protection meetings; early help and LAC 		

Standard	Components of standard	Evidence (embed or attach evidence including audits)	RAG
1.6 There is an annual safeguarding plan for safeguarding children and adults which includes quality indicators to evidence best practice in safeguarding			
2. Leadership			
2.1 (S11) Senior managers will need to demonstrate leadership; be informed about and take responsibility for the actions of their staff who are providing services to the children and their families	<ul style="list-style-type: none"> • Designated senior officers for safeguarding are in place and visible across the organisation • Senior managers can evidence effective monitoring of service delivery 		
2.2 There is a named lead for safeguarding children and a named lead for vulnerable adults. The focus for the named professionals is safeguarding within their own organisation	<ul style="list-style-type: none"> • Safeguarding leads will have sufficient time, support and flexibility to carry out their responsibilities – this should be detailed in their job plans • The Commissioner is kept informed at all times of the identity of the Safeguarding Lead 		
2.3 There is a named lead for MCA – the focus for named professionals is MCA implementation within their own organisation (ref MCA Best Practice Tool (DH2006)).	<ul style="list-style-type: none"> • MCA Leads must have in-depth, applied knowledge of MCA/DoLs, including awareness of relevant case law, and must have protected study time to ensure they keep their knowledge up to date 		

Standard	Components of standard	Evidence (embed or attach evidence including audits)	RAG
3. Service Development Review			
<p>3.1 (S11) In developing local services those responsible should consider how these services will take account of the need to safeguard and promote the welfare of children, children looked after and vulnerable adults (at case management and strategic level)</p>	<ul style="list-style-type: none"> • The view of children, families and vulnerable adults are sought and acted upon when developing services and feedback provided 		
4. Safeguarding policies, procedures and guidance (see supporting sheet to identify those that are relevant to your organisation)			
<p>4.1 (S11) The agencies responsibilities toward children and adults at risk is clearly stated in policies and procedures that are available for all staff</p>	<ul style="list-style-type: none"> • A statement of responsibilities is visible in policies and procedures • Policies and guidance refer to the LSCB / LSAB multi-agency procedures • These procedures are accessible and understood by all staff • Policies and procedures are updated regularly to reflect any structural, departmental and legal changes • All policies and procedure must be audited and reviewed at a minimum 2 yearly to evaluate their effectiveness and to ensure they are working practice. 		

Standard	Components of standard	Evidence (embed or attach evidence including audits)	RAG
5. Domestic violence including Forced Marriage and Honour Based Violence, Female Genital Mutilation			
5.1 The organisation takes account of national and local guidance to safeguard those Children and adults subjected to harmful practices.			
6. Information sharing			
6.1 (S11) Effective information sharing by professionals is central to safeguarding and promoting the welfare of children and adults at risk of harm	<ul style="list-style-type: none"> • There are robust single/multi agency protocols and agreements for information sharing in line with national and local guidance • Evidence that practitioners understand their responsibilities and know when to share information 		
7. Prevent			
7.1 The Provider includes in its policies and procedure, and complies with, the principles contained in Prevent and the Prevent Guidance and Toolkit. There is a proportionate response in relation to the delivery of WRAP for staff and volunteers	<ul style="list-style-type: none"> • The Provider must nominate a Prevent Lead and must ensure that the Commissioner is kept informed at all times of the identity of the Prevent Lead. 		

Standard	Components of standard	Evidence (embed or attach evidence including audits)	RAG
8. Inter-agency working			
8.1 (S11) Agencies and staff work together to safeguard and promote the welfare of children and vulnerable adults	<ul style="list-style-type: none"> • Evidence of leadership to enable joint working • Evidence of practitioner’s working together effectively • Evidence that Early Help/Support is being used appropriately and effectively • Evidence of engagement in, and contribution to, safeguarding processes/enquiries e.g. attendance at child protection/adult safeguarding meetings, audit schedule to demonstrate commitment to multi-agency work and staff that contribute to agreed assessment processes (CAF and single assessments) 		
9. Safer recruitment practices			
9.1 (S11) Robust recruitment and vetting procedures should be put in place to prevent unsuitable people from working with children and vulnerable adults	<ul style="list-style-type: none"> • All recruitment staff are appropriately trained in safe recruitment • All appropriate staff receive a DBS check in line with national/local guidance • Legal requirements are understood and in place • Role of LADO understood and procedures in place • Staff has access to policy detailing who the named senior officer is in relation to managing allegations. 		

Standard	Components of standard	Evidence (embed or attach evidence including audits)	RAG
10. Supervision and support			
10.1 (S11) Safeguarding supervision should be effective and available to all	<ul style="list-style-type: none"> All staff working with children and vulnerable adults receive appropriate regular supervision (including review of practice) 		
11. Staff training and continuing professional development			
11.1 (S11) Staff should have an understanding of both their roles and responsibilities for safeguarding children, looked after children and adults and those of other professionals and organisations.	<ul style="list-style-type: none"> There is a learning and development framework for safeguarding and MCA implementation which is informed by national and local guidance and includes a training needs analysis All staff have received level 1 safeguarding children at induction or within 6 weeks of taking up the post (include %) All staff have received level 1 safeguarding adults at induction or within 6 weeks of taking up the post (include %) All staff who have contact with children and young people have undertaken CSE e-learning Evidence of compliance with national guidance including percentage of workforce trained relevant to roles and responsibilities: all appropriate staff have received safeguarding children level 2 and above (include %) 		

	<ul style="list-style-type: none"> • MCA awareness should be included in staff induction programme and mandatory training • All appropriate staff have received MCA training (include %) • Training to be audited to ensure its quality and effectiveness 		
<p>NB: The shaded sections highlight standards that are included in the LSCB section 11 audit</p>			

Appendix 5b

Organisations will need to ensure that they have appropriate governance arrangements, policies and procedures in place to reflect the services they provide.

Section 1: details the policies that need to be in place for all providers of NHS care.

Section 2: details the governance arrangements, policies, procedures and guidance that should be in place within the larger providers of acute care & community health services.

Section 3: details the additional procedures that need to be in place within emergency care settings.

The list is not exhaustive and organisations need to always be mindful of changes to legislation and statutory/national/local guidance.

Section 1: ALL PROVIDER ORGANISATIONS	RAG
<ul style="list-style-type: none"> • Safeguarding children policy 	
<ul style="list-style-type: none"> • Safeguarding adult policy 	
<ul style="list-style-type: none"> • Complaints and whistle blowing policies promoting staff being able to raise concerns about organisational effectiveness in respect to safeguarding 	
<ul style="list-style-type: none"> • Safe recruitment practices in line with LSCB/SAB and NHS Employers guidance and the recommendations of the Lampard report (post Savile) • Arrangements for dealing with allegations against people who work with children and vulnerable people as appropriate 	
<ul style="list-style-type: none"> • Information sharing & confidentiality policy 	
<ul style="list-style-type: none"> • MCA/DoLS implementation policy – this can be incorporated into the safeguarding policy for smaller providers. The MCA policy must be in line with the Mental Capacity Act Code of Practice 2007 	
<ul style="list-style-type: none"> • Prevent – as applicable to the service being provided and as agreed by the coordinating commissioner in consultation with the Regional Prevent Co-ordinator <ul style="list-style-type: none"> ○ Include in its policies and procedures, and comply with, the principles contained in the Government Prevent Strategy and the Prevent Guidance and Toolkit ○ Include in its policies and procedures a programme to raise awareness of the Governments Prevent Strategy among staff and volunteers in line with the NHS England Prevent Training and Competencies Framework; a WRAP delivery plan that is sufficiently resourced with WRAP facilitators 	
<ul style="list-style-type: none"> • To nominate a safeguarding lead, MCA lead and Prevent lead – to ensure the co-ordinating commissioner is kept informed at all times of the identity of the persons holding those positions 	
<ul style="list-style-type: none"> • To be registered with the Care Quality Commission (CQC). 	
<ul style="list-style-type: none"> • To implement comprehensive programme for safeguarding and MCA training for all relevant staff with due regard to the intercollegiate and LSCB/SAB guidance; and to undertake an annual audit in respect of the completion of those training programmes 	

<ul style="list-style-type: none"> To undertake an annual audit of its conduct in relation to compliance with required safeguarding standards 	
Section 2: LARGE PROVIDERS OF ACUTE AND COMMUNITY HEALTH SERVICES	RAG
<ul style="list-style-type: none"> The organisation is able to evidence how it is implementing the strategic aims of the LSCB/LSAB safeguarding strategies 	
<ul style="list-style-type: none"> At a minimum an annual report should be presented at board level with the expectation that this will be made public, there is an expectation that there will be also regular reporting on safeguarding to governance/quality committees 	
<ul style="list-style-type: none"> Named professionals have a key role in promoting good professional practice and in supporting the safeguarding system. They should work collaboratively with the organisations designated professionals and the LSCB/SAB. 	
<ul style="list-style-type: none"> All providers are required to have an MCA lead that is responsible for providing support and advice to clinicians in individual cases and in supervision of staff where there are complex cases. The MCA lead will highlight the extent of any areas to which their own organisation is compliant and will work closely with the CCG designated professional. 	
<ul style="list-style-type: none"> All NHS Trusts providing services for children must identify a named doctor and named nurse for safeguarding children; (where maternity services are provided, a named midwife for safeguarding children will be identified) Where organisations may have integrated specific services focused on children for example under Transforming Community Services children's community services may have integrated with Mental Health Trust – in this instance there must be named professionals for children's community services and also named professionals for the mental health trust. REF: Intercollegiate document 	
<ul style="list-style-type: none"> The Provider must comply with the Prevent requirements detailed in section 1 	
<ul style="list-style-type: none"> There is an operational framework/policy detailing the levels of supervision required for staff specific to their roles and responsibilities including a gap analysis. This framework meets LSCB/LSAB guidance for supervision 	
<ul style="list-style-type: none"> Named Safeguarding / MCA leads, seek advice and access regular formal supervision from designated professionals for complex issues or where concerns may have to be escalated 	
<ul style="list-style-type: none"> Procedures on recording and reporting concerns, suspicions and allegations of abuse to children and to vulnerable adults in line with national and local guidance 	
GUIDELINES IN LINE WITH NATIONAL, LOCAL AND NICE GUIDANCE:	
<ul style="list-style-type: none"> Sudden unexpected deaths in childhood 	
<ul style="list-style-type: none"> Child Sexual Exploitation 	
<ul style="list-style-type: none"> Private fostering 	
<ul style="list-style-type: none"> Fabricated Induced Illness (FII) 	
<ul style="list-style-type: none"> Children missing education 	
<ul style="list-style-type: none"> Missing from Home 	
<ul style="list-style-type: none"> Domestic violence and abuse 	

<ul style="list-style-type: none"> Forced Marriage and Honour Based Violence 	
<ul style="list-style-type: none"> Female Genital Mutilation (including national reporting) 	
<ul style="list-style-type: none"> Working with Children who self- harm or who have potential for suicide 	
<ul style="list-style-type: none"> Historical Sexual Abuse 	
<ul style="list-style-type: none"> Common Assessment Framework / Early Help Assessment Tool and local continuum of need 	
<ul style="list-style-type: none"> Practitioners working with sexually active children under 18 years 	
<ul style="list-style-type: none"> E safety – to incorporate the Lampard recommendations post Savile: To have a robust trust wide policy setting out how access by patients and visitors to the internet, social media networks and other social media activities such as blogs and Twitter is managed and where necessary restricted. The policy to be widely publicised to staff, patients and visitors and to be regularly reviewed and updated as necessary 	
<ul style="list-style-type: none"> Clear way of identifying those children who are subject to a child protection plan and are looked after 	
<ul style="list-style-type: none"> Conflict Resolution/Escalation Policies 	
<ul style="list-style-type: none"> Managing allegations against staff working with children and adults in line with LSCB/AB guidance 	
<ul style="list-style-type: none"> Policy for agreeing to and managing visits by celebrities, VIPs and other officials. 	
2.1 This section is relevant to healthcare providers offering in-patient facilities to children under 18 years only	RAG
<ul style="list-style-type: none"> Clear guidance as to the discharge of children for whom there are child protection concerns 	
<ul style="list-style-type: none"> The CCG and the Local Authority shall be notified of any child (normally resident in CCG area) likely to be accommodated for a consecutive period of at least 3 months; or with the intention of accommodating him/her for such a period (ref s.85 & s.86 CA1989) 	
2.2 This section is relevant to providers of in-patient facilities and community services for adults	RAG
<ul style="list-style-type: none"> Guidance on the use of restraint in line with Mental Capacity Act 2005 & DoLs 	
<ul style="list-style-type: none"> All inpatient mental health services have policies and procedures relating to children visiting inpatients as set out in the <i>Guidance on the Visiting of Psychiatric Patients by Children</i> (HS 1999/222:LAC (99)32), to NHS Trusts 	
2.3 This section is relevant to community providers and acute trusts where they are commissioned to undertake statutory health assessments for children looked after	RAG
<ul style="list-style-type: none"> Clear protocols and procedures in relation to completion of statutory health assessments 	
<ul style="list-style-type: none"> Provision of services appropriate for children looked after in accordance with statutory guidance 	

Section 3: THIS SECTION IS RELEVANT TO EMERGENCY CARE SETTINGS	RAG
<ul style="list-style-type: none"> Local procedures for making enquiries to find out whether a child is subject to a child protection plan /child looked after; this will be CP-IS once implemented 	
<ul style="list-style-type: none"> All attendances for children under 18 years to A&E, ambulatory care units, walk in centres and minor injury units should be notified to the child's GP 	
<ul style="list-style-type: none"> Guidance on parents/carers who may seek medical care from a number of sources in order to conceal the repeated nature of a child's injuries 	
<ul style="list-style-type: none"> Guidance on the use of restraint in line with Mental Capacity Act 2005 & DoLS 	
Section 4: THIS SECTION IS RELEVANT TO AMBULANCE SERVICES, URGENT CARE/WALK IN CENTRES/MINOR INJURY UNITS, ACUTE SERVICES, A&E	RAG
<ul style="list-style-type: none"> The provider must co-operate fully and liaise appropriately with 3rd party providers of social care services in relation to, and must take reasonable steps towards, the implementation of the Child Protection Information Sharing Project 	

Appendix 6

Audit Tool to measure CCG compliance with the NHS Assurance and Accountability Framework for Safeguarding (Safeguarding Vulnerable People in the NHS 2015) and Section 11 Children Act 2004.	
CCG:	
Person completing the audit tool (include designation, contact details including email)	
Dated audit tool completed	
Useful links :	
Local Safeguarding Children Board policies/procedures	
Local Safeguarding Adult Board policies/ procedures	
<p>Green: Fully compliant (remains subject to continuous quality improvement t)</p> <p>Amber : Partially compliant - plans in place to ensure full compliance and progress is being made within agree timescales</p> <p>Red: Non-compliant (standards not met / actions have not been completed within agreed timescales)</p>	

Standard	Components	Evidence	RAG
1. Accountability			
1.1 There is a clear line of accountability for safeguarding, reflected in CCG governance arrangements (SVP p.21)	A named executive to take overall leadership responsibility for the organisations safeguarding arrangements (SVP p.21)		
1.2 (s.11) It should be clear who has overall responsibility for the agency’s contribution to safeguarding and what the lines of accountability are	<ul style="list-style-type: none"> All staff know who to report concerns about a child/adult at risk to Staff at all levels know and understand their responsibilities 		

<p>1.3 There are effective systems for responding to abuse and neglect (SVP p.21).</p>			
<p>1.4 NHS England in conjunction with CCGs to consider where there are risks and gaps in services to develop an action plan to mitigate against the risk (SVP p.30)</p>			
<p>2. Leadership / Designated Professionals</p>			
<p>2.1 S11) Senior managers will need to demonstrate leadership; be informed about and take responsibility for the actions of their staff who are providing services to the children and their families</p>	<p>Designated senior officers for safeguarding are in place and visible across the organisation</p> <p>Senior managers can evidence effective monitoring of service delivery</p>		
<p>2.2 To employ or secure the expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children; and a Designated Paediatrician for unexpected deaths in childhood. The role of the designated professional to be explicitly defined in the job description</p>	<p>Designated clinical experts embedded into the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice (SVP p.22).</p> <p>Clear accountability and performance management arrangements are essential;</p>		

<p>for sufficient time, funding. (SVP p22)</p>	<p>key elements include:</p> <p>As single subject experts, peer-to- peer supervision is vital to ensuring designated professionals continue to develop in practice in line with agreed best practice.</p> <p>Designated leads must have direct access to the Executive Board lead for safeguarding to ensure that there is the right level of influence of safeguarding in commissioning process</p> <p>The CCG Accountable Officer (or other executive level nominee) should meet regularly with the designated professional to review safeguarding</p> <p>Where designated doctors are continuing to undertake clinical duties in addition to their clinical advice role in safeguarding, it is important that there is clarity about the two roles – the CCG will need to input into the job planning, appraisal and revalidation process. (SVP p.23)</p>	
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	<p>Where a designated professional (most likely designated doctor for safeguarding children or a designated professional for Looked after Children) is employed within a provider organisation, the CCG will need to have a service level agreement, with the organisation that sets out the practitioner's responsibilities and the support they should expect in fulfilling their designated role.</p> <p>To employ, or have arrangements in place to secure the expertise of a consultant paediatrician whose designated responsibilities are to provide advice on the commissioning of: paediatric services from paediatricians with expertise in undertaking enquiries into unexpected deaths in childhood; from medical investigative services; and the organisation of such services (WT p.90)</p>		
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<p>2.3 To have a Designated Adult Safeguarding Manager (DASM) which should include an Adult Safeguarding lead role and to have a Designated Mental Capacity Act (MCA) Lead; supported by relevant policies and training. (SVP p. 21) N.B. The DASM can include both roles of Safeguarding Adult and MCA Leads</p>	<p>Designated clinical experts embedded into the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice (SVP p.22).</p> <p>Clear accountability and performance management arrangements are essential; key elements include: As single subject experts, peer-to- peer supervision is vital to ensuring designated professionals continue to develop in practice in line with agreed best practice. Designated leads must have direct access to the Executive Board lead for safeguarding to ensure that there is the right level of influence of safeguarding in commissioning process The CCG Accountable Officer (or other executive level nominee) should meet regularly with the designated professional to review safeguarding</p> <p>NB: An intercollegiate</p>		
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	document for safeguarding adults incorporating MCA is currently being devised nationally. Until this is published there is no guidance as to the WTE required.		
2.4 Supporting the development of a positive learning culture across partners for safeguarding to ensure that organisations are not unduly risk adverse (SVP p.21)			
3.Commitment/Safeguarding Policies, Procedures and Guidance			
3.1 (S11) The agency's responsibilities towards children / adults at risk is clearly stated in policies and procedures that are available for all staff.	<p>Statement of responsibilities (as per section 11) is visible in policies & guidance Policies and guidance refer to the LSCB/LSAB multi-agency procedures This is accessible and understood by all staff Policies and procedures are updated regularly to reflect any structural, departmental and legal changes</p> <p>All policies and procedures must be audited and reviewed at a minimum 2 yearly to evaluate their effectiveness and to ensure they are working in practice (s.11)</p>		

4 Service development review			
4.1 S11) In developing local services, those responsible should consider how the delivery of these services will take account of the need to safeguard and promote the welfare of children (at case management and strategic level).	<p>The views of children, families are sought and acted upon when developing services and feedback provided</p> <p>The need to safeguard children has informed decision making about any developments</p>		
5. Commissioning / Assurance.			
5.1 CCGs as commissioners of local health services are assured that the organisations from which they commission have effective safeguarding arrangements in place (SVP p.20).	<p>Gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement. (SVP p.21)</p> <p>Safeguarding, including Prevent and MCA forms part of the NHS standard contract (service condition 32) (SVP p. 21)</p>		
6. Primary Care (co-commissioning and safeguarding)			
6.1 Primary care commissioners are required to ensure there is named GP/named professional capacity to support primary care services in discharging their safeguarding duties (SVP append 1)	<p>Capacity commissioned locally needs to reflect local needs as set out in the JSNA</p> <p>- strongly recommended that two named GP sessions per 220,000 population is secured as a minimum. (SVP p.28)</p>		

<p>The capacity is funded through the primary care budget but it is for local determination exactly how this is done and what employment arrangements are adopted (SVP p.28)</p>	<p>The named GP roles covers safeguarding of children – it is recommended that NHS England /primary care commissioner and local CCG clinical leaders consider commissioning a cluster model of named safeguarding clinicians with a range of experience. This could include child safeguarding, safeguarding people of all ages with mental health issues, safeguarding CLA and care leavers, adult safeguarding including domestic abuse safeguarding in elderly care and dementia and safeguarding in institutions including care homes (SVP p.29) Arrangements are in place for training primary care professionals (SVP app 6</p>		
<p>7. effective information Sharing</p>			
<p>7.1 S11) Effective information sharing by professionals is central to safeguarding and promoting the welfare of children and adults at risk of harm (SVP p.21)</p>	<p>There are robust single / multi agency protocols and agreements for information sharing in line with national and local guidance (s.11)</p>		

8. Interagency working			
<p>8.1 (S11) Agencies and staff work together to safeguard and promote the welfare of children</p>	<p>Evidence of leadership to enable joint working</p> <p>Evidence of practitioner's working together effectively</p> <p>Early Help/Support is being used appropriately and effectively (s.11)</p>		
<p>8.2 Effective interagency working is in place with the local authority, police and 3rd sector organisations (svp p.21)</p>	<p>To co-operate with the local authority in the operation of the Local Safeguarding Children Board (LSCB), Local Safeguarding Adult Board (LSAB), and Health and Wellbeing Board (SVP p.21) CCG representatives at the LSCB/LSAB must be accompanied by their designated professional to ensure their professional expertise is effectively linked into the local safeguarding arrangements (SVP p.23).</p> <p>When asked by the local authority for help in enabling the LA to discharge its safeguarding duties, the CCG must help, as long as it is compatible with the CCGs own duties and does not hamper</p>		

	<p>the discharge of the CCGs own functions. (SVP p13)</p> <p>To co-operate with the local authority in order to promote the wellbeing of children in general and to protect them from harm and neglect in particular (SVP p13)</p> <p>Work with the local authority to enable access to community resources that can reduce social and physical isolation for adults (SVP p22)</p>		
8.3 To participate, when asked to do so, in a statutory review by providing a panel member. (SVP p.18)			
9. safer recruitment practices			
9.1 (S11) Robust recruitment and vetting procedures should be put in place to prevent unsuitable people from working with children and vulnerable adults	<p>All recruitment staff are appropriately . trained in safe recruitment</p> <p>All appropriate staff receive a DBS check in line with national/local guidance</p> <p>Legal requirements are understood and in place</p> <p>Role of LADO understood and</p>		

	<p>procedures in place</p> <p>All staff know who the Named Senior Officer for their agency is</p>		
9.2	<p>Clear policies setting out the commitment, and approach, to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate (SVP p.21)</p>		
10. Supervision and Support			
10.1 (S.11)	<p>Safeguarding supervision should be effective and available to all</p> <p>All staff working with children and vulnerable adults receive appropriate regular supervision (including reviews of practice)</p> <p>Evidence that staff feel able to raise concerns about organisational effectiveness/concerns</p>		
11. staff training and continuing professional development			
11.1 (S11)	<p>Staff should have an understanding of both their roles and responsibilities for safeguarding children, children looked after and those of other professionals</p> <p>All staff have received level 1 safeguarding training for children. For new starters, training to be undertaken within 6 weeks/during induction period, with refresher training every 3 years</p>		

<p>and organisations.</p>	<p>All staff who have contact with children and young people have undertaken CSE training</p> <p>All appropriate staff have received level 2 and above single agency training and or multi-agency training as appropriate</p>		
<p>11.2 Training of staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring staff are competent to carry out their roles and responsibilities (SVP p.21).</p>	<ul style="list-style-type: none"> • Training in line with the intercollegiate documents and local and national guidance 		

NB: The shaded sections highlight standards that are included in the **LSCB section 11 audit SVP**: Safeguarding Vulnerable People in the NHS 2015.

MEETING OF THE GOVERNING BODY February 2019

Agenda Item: 19/12	Author of the Paper: Helen Case Designated Nurse Children in Care helen.case@southseftonccg.nhs.uk 0151 317 8356						
Report date: February 2019							
Title: Children in Care Policy (v1)							
<p>Summary/Key Issues:</p> <p>This is a new policy. The purpose of this policy is to demonstrate how CCGs meet their corporate responsibilities (in conjunction with Sefton Metropolitan Borough Council (MBC) and provides guidance to CCG employees to enable them to fulfil their responsibilities towards CiC</p> <p>The NHS has a major role to play in ensuring the timely and effective delivery of health services to Looked After Children (LAC). In response to service user feedback the term “Children in Care” (CiC) rather than LAC has been adopted for this policy. It is recognised that children who are in the care of Local Authorities have more health needs and worse health and well-being outcomes than their non-Looked After peers. Under Section 10 of the Children Act 1989 CCGs have a duty to comply with requests from a Local Authority to help them provide support and services to CiC which promote their health and well-being.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to approve the Children in Care Policy (v1).</p>	<table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">x</td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>	Receive		Approve	x	Ratify	
Receive							
Approve	x						
Ratify							

Links to Corporate Objectives <i>(x those that apply)</i>	
	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 and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
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			Received at Joint Quality Committee (31.01.19)

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 February 2019

1. Executive Summary

The NHS has a major role to play in ensuring the timely and effective delivery of health services to Looked After Children (LAC). In response to user feedback the term “Children in Care” (CiC) rather than LAC has been adopted for this policy. It is recognised that children who are in the care of Local Authorities have more health needs and worse health and well-being outcomes than their non-Looked After peers. Under Section 10 of the Children Act 1989 CCGs have a duty to comply with requests from a Local Authority to help them provide support and services to CiC which promote their health and well-being.

The purpose of this policy is to demonstrate how CCGs meet their corporate responsibilities (in conjunction with Sefton Metropolitan Borough Council (MBC) and provides guidance to CCG employees to enable them to fulfil their responsibilities towards CiC.

2. Key Issues

- 2.1 Even once a child enters ‘care’ they can remain vulnerable in terms of their health and well-being. They are at greater risk than their peers as a result of their experiences both before and during care. CiC should expect to have the same life opportunities as other children including being healthy and keeping safe. Therefore, it is essential that health services provided to CiC are of a high quality which includes providing robust assessment and care plans to meet health needs and reducing health risk.
- 2.2 The corporate parenting responsibilities of Local Authorities include having a duty under section 22(3)(a) of the Children Act 1989, to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in or out of authority or the type of placement. This includes the promotion of the child’s physical, emotional and mental health and acting on any early signs of health issues.
- 2.3 Under Section 10 of the Children Act 1989, CCGs and NHS England have a duty to comply with requests from a Local Authority to help them provide support and services to CiC which promote their health and well-being.
- 2.4 The purpose of this policy is to:
 - To state the CCG’s pledge to CiC
 - To demonstrate how the CCG meets its corporate responsibilities (in conjunction with Sefton MBC) for CiC
 - To provide guidance to CCG employees to enable them to fulfil their responsibilities for CiC
 - To set out the CCG’s intention towards the positive recruitment of CiC and Care Leavers
- 2.5 The policy is specifically aimed at the continual improvement of services, through equity, effectiveness, safety, timeliness, efficiency and child-centeredness.
- 2.6 This policy is required to guide CCG employees of the requirements in relation to CiC

3. Recommendations

The Governing Body is asked to approve the Children in Care Policy (v1)

Appendices

Appendix 1: NHS Southport and Formby CCG Children in Care Policy (v1)

Helen Case
Designated Nurse Children in Care
February 2019



Southport and Formby
Clinical Commissioning Group

NHS Southport & Formby CCG Children in Care Policy

Date Impact Assessed:	Version No:
Date of issue:	Date Published:
Distribution:	Next Review Date:

Title: Children in Care Policy	
Scope: CCG staff	Classification: Policy
Identification No:	Version No: Children in Care /Ver-1/2018
Replaces: Not applicable – new policy	
Author/Originator: Helen Case - Designated Nurse Children in Care	
Lead Officer: Chief Nurse – Southport & Formby CCG	
Authorised by: Joint Quality Committee Corporate Governance Group	Date:
To be read in conjunction with Southport & Formby CCG's: Safeguarding Policy; Safeguarding Supervision Policy This policy will be available on the safeguarding pages of Southport & Formby CCG intranet.	

Contents		Page
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3.	Purpose & Scope	
4.	Definitions and Explanations of Terminology	
5.	Senior Strategic Health Leads	
6.	Designated Professionals	
7.	Commissioning	
8.	Governing Body Assurance and Monitoring Arrangements	
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1. Pledge to Children in Care

Southport & Formby Clinical Commissioning Group (CCG) aims to enable children and young people to gain maximum life chance benefits from the enjoyment of good health. The CCG pledges to work with Sefton Council and partner agencies to develop holistic approaches to ensure that all children and young people in care have access to good quality health care in a timely and responsive way.

2. Introduction, Context and Legal Framework

The NHS has a major role to play in ensuring the timely and effective delivery of health services to Looked After Children (LAC). It is recognised that children who are Looked After by the Local Authority have more health needs and worse health and well-being outcomes than their non-Looked After peers (DoH 2009).

Please note: in response to user feedback NHS Southport & Formby CCG use the term “Children in Care”(CiC) rather than LAC which is the term used in statutory guidance.

Even once a child enters ‘care’ they can remain vulnerable in terms of their health and well-being. They are at greater risk than their peers as a result of their experiences both before and during care. CiC should expect to have the same life opportunities as other children including being healthy and keeping safe. Therefore, it is essential that health services provided to CiC are of a high quality which includes providing robust assessment and care plans to meet health needs and reducing health risk.

Research and Department of Health guidance relating to CiC emphasises the importance of assessing their emotional health and well-being. Almost half of CiC have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults (DoH/DoE, 2015).

The corporate parenting responsibilities of Local Authorities include having a duty under section 22(3)(a) of the Children Act 1989, to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in or out of authority or the type of placement. This includes the promotion of the child’s physical, emotional and mental health and acting on any early signs of health issues.

Under Section 10 of the Children Act 1989, CCGs and NHS England have a duty to comply with requests from a Local Authority to help them provide support and services to CiC which promote their health and well-being.

As described in the statutory guidance *Promoting the health and well-being of looked after children* (2015), the NHS has a major role in ensuring the timely and effective delivery of health services to CiC. The Mandate to NHS England, Statutory Guidance on Joint Strategic Needs Assessments (JSNA) and Joint Health and Well-being Strategies and The NHS Constitution for England outline the responsibilities of CCGs and NHS England to CiC (and, by extension, to care leavers). In fulfilling those responsibilities the NHS contributes to meeting the health needs of CiC in three main ways:

- commissioning effective services
- delivering through provider organisations
- through individual practitioners providing coordinated care for each child.

In conjunction with Sefton Metropolitan Borough Council (MBC), Southport & Formby CCG contributes to the preparation of the JSNA and Joint Health and Well-being Strategy (JHWS) through the local Health and Well-being Board. In accordance with the statutory guidance on JSNAs and JHWSs, the Vulnerable Children Needs Assessment (which includes CiC and adopted children) supports improving the health of CiC through commissioning plans. This takes account of information about those children placed out of borough.

Southport & Formby CCG is accountable for its own CiC structures and processes and is accountable for obtaining assurance re the arrangements in agencies from which they commission services.

3. Purpose and Scope

The purpose of this policy is:

- To state the CCG's pledge to CiC
- To demonstrate how Southport & Formby CCG meets its corporate responsibilities (in conjunction with Sefton MBC) for CiC
- To provide guidance to Southport & Formby CCG employees to enable them to fulfil their responsibilities for CiC
- To set out the CCG's intention towards the positive recruitment of CiC and Care Leavers

The policy is specifically aimed at the continual improvement of services, through equity, effectiveness, safety, timeliness, efficiency and child-centeredness.

This policy and procedure applies to all employees and members of Southport & Formby CCG.

4. Definitions and Explanations of Terminology

For the purposes of this document, as described in the Children Acts 1989 and 2004, a **child** is anyone who has not reached their 18th birthday.

Looked After Children (LAC), Children in Care (CIC) or Children Looked After (CLA) are all terms which refer to children in the care of the Local Authority often referred to as "foster care".

In UK law CiC are referred to as "Looked After Children". A child is "looked after" if they are in the care of the Local Authority for more than 24 hours. Looked After Children fall into four main groups:

- **Section 20** - Children who are accommodated under voluntary agreement with their parents

- **Section 31 and 38** - Children who are the subject of a full Care Order or an Interim Care
- **Section 44 and 46** - Children who are the subject of Emergency Orders for their protection
- **Section 21** - Children who are compulsorily accommodated. This includes children who are remanded to the Local Authority or subject to a criminal justice Supervision Order with a residence requirement

The term LAC/CiC also includes:

- Unaccompanied asylum seeking children
- Children in placements with family members including biological parents
- Those children where the Local Authority holds a Placement Order and/or children are in pre adoptive placements
- Children aged 10 to 17 years who are subject to a Remand to Care Order or a Remand to Custody Order

It does not include those children who have been permanently adopted, are subject to a Special Guardianship Order (SGO) or who are privately fostered.

Children can cease to be Looked After by the Local Authority for a variety of reasons including they:

- Return to birth family
- Are adopted
- Become subject to a SGO
- Transition to adulthood / become Care Leavers

Corporate parent is a term which means the collective responsibility of the council, elected members, employees, and partner agencies including health agencies, for providing the best possible care and safeguarding for CiC. A child in the care of the Local Authority looks to the whole Local Authority and partner agencies to be the best parent it can be to that child. Every member and employee of the Local Authority and its partner agencies has the statutory responsibility to act for a CiC in the same way that a good parent would act for their own child.

Further information about Sefton MBC's Corporate Parenting Strategy is available at:

<https://www.sefton.gov.uk/social-care/children-and-young-people/children-looked-after/sefton-corporate-parenting-board.aspx>

When children are in the care of the Local Authority they can be placed in a variety of settings and this can determine terminology applied to the child's situation. This can become complex and is sometimes difficult to understand. Examples are given below to highlight some possibilities:

- **Sefton CiC in borough** - a CiC who originates from Sefton, is the responsibility of Sefton MBC and is living in Sefton
- **Sefton CiC out of borough (OOB) or out of area (OOA)** – a CiC who originates from Sefton, is the responsibility of Sefton MBC but is living outside the borough of Sefton
- **COLA (Child from Other Local Authority) or CiCOLA (Child in Care of Other Local Authority)** - a CiC who originates from outside Sefton, is the responsibility of a Local Authority outside Sefton but is living in the Sefton area

Care Leavers is a term used to define as a person aged 25 or under, who has been Looked After by a Local Authority for at least 13 weeks since the age of 14; and who was Looked After by the Local Authority at school-leaving age or after that date.

Health Passports known in Sefton as **Health Journals** are provided to Care Leavers in order for the care Leavers to manage their own health needs, where possible. The health journal should include a summary of all health records, including genetic background, illnesses and treatments, and suggest how Care Leavers can access a full copy of records if required.

5. Senior Strategic Health Leads

Southport & Formby CCG's Accountable Officer (Chief Officer) has responsibility for ensuring that the health service contribution to promoting the health and well-being of CiC is discharged effectively across the whole local health economy. This responsibility is delegated to the Chief Nurse by the Accountable Officer. This is operationally delivered through local commissioning arrangements. The Accountable Officer and the Chief Nurse are members of the Southport & Formby CCG Governing Body.

6. Designated Professionals

The terms "Designated Professionals" and "Named Professionals" denote professionals with specific roles and responsibilities for safeguarding children and for CiC, as defined in national statutory guidance *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children* (HM Government, 2018).

The term Designated Doctor and Designated Nurse for CiC denotes professionals with specific roles and responsibilities for CiC including the provision of strategic advice and guidance to service planners and commissioning organisations. National guidance regarding these roles can be found in statutory guidance *Promoting the health and well-being of Looked After Children* (DoH/DfE 2015) and *Looked after children: Knowledge, skills and competences of health care staff: Intercollegiate Role Framework* (May 2015).

In discharging their responsibilities the Designated Professionals undertake the following functions:

- Provide advice to ensure the range of services commissioned and contracted by Southport & Formby CCG take account of the need to promote the health and well-being of CiC
- Provide advice on the monitoring of any aspects of provider contracts which relate to CiC
- In conjunction with the Children's Health Commissioner and Sefton MBC ensure that the perspective and views of CiC and their carers inform the design and delivery of local health services for CiC
- Provide advice, support and clinical supervision to the Named/Lead CiC professionals in the Sefton CCG commissioned NHS provider/s CiC health teams
- Membership of the Corporate Parenting Board in conjunction with other health service planners, commissioners and strategic leads
- Provide advice on CiC processes in line with local procedures and national guidance
- Provide advice on consent, confidentiality and information sharing in relation to CiC
- Provide advice in relation to the health of Care Leavers and processes in relation to health passports/journals for Care Leavers
- Take an active role in contributing to CiC processes in highly complex cases whereby CiC may require high level safeguarding or highly specialised services
- Receive and make escalations of concerns in relation to CiC as per agreed multiagency escalation processes
- Ensure regular qualitative assurance and audit of statutory health reviews and including, but not exclusive to, assurance on:
 - The use of Coram BAAF templates
 - The voice of the child being evidenced and used to inform care planning
 - Health reviews being child centred and plans tailored to the individual child
 - Appropriate screening tools being used such as ones for Child Sexual Exploitation
 - Female Genital Mutilation awareness
 - Sexual health consideration
 - Strengths and Difficulties Questionnaires (SDQ) being used to meaningfully contribute to the health assessment
 - GP and dental registration/attendance
 - Immunisation status
 - Appropriate information gathering to inform the health assessment
- Review and evaluate the practice and learning in relation to CiC from all involved health professionals and providers commissioned by Southport & Formby CCG as part of any relevant Serious Case Reviews (SCR) or other management or learning reviews
- Provide an annual report and regular assurance as required to Southport & Formby CCG Governing Body via the Joint Quality Committee

Designated Professionals are performance managed by and accountable to the Chief Nurse of Southport & Formby CCG in relation to their designated functions.

The Designated Nurse and Designated Doctor for Children in Care are professionally accountable to the Chief Nurse of Southport & Formby CCG.

Designated Professionals should participate regularly in support/supervision groups and/or peer support networks for specialist safeguarding children and CiC professionals at a local, regional and national level according to professional guidelines.

Southport & Formby CCG will ensure establishment levels of Designated Professionals for CiC are proportionate to the size, complexity and rate of CiC in the local resident population and seek assurance that the CCGs commissioned NHS provider trusts have appropriate numbers of Named/lead professionals in post. The Designated Nurse CiC is a direct employee of the Southport & Formby CCG, the Designated Doctor is not directly employed by the CCG, these duties and responsibilities are through a service level agreement between the Provider Trust, Alder Hey Children's Foundation Trust, and the CCG.

7. Commissioning

Southport & Formby CCG will work with Sefton MBC and other local CCGs to commission and ensure co-ordinated and integrated services for CiC. It will contribute to the development, implementation and monitoring of the health priorities as outlined in the Sefton MBC Corporate Parenting Strategy (2017).

National contracts for health service provision will provide the means to prescribe the requirements for CiC and service specifications drawn up by Southport & Formby CCG will include clear service standards for promoting the health and well-being of CiC, consistent with the local and national guidance and procedures. By monitoring the service standards of all providers, Southport & Formby CCG will assure itself that the required standards are being met in Sefton.

Funding responsibilities and procedure to be followed in the event of a funding dispute are set out in *Who Pays? Determining the Responsibility for Payments to Providers* (NHSE, August 2013). This document includes a section covering CiC and Care Leavers.

Southport & Formby CCG will ensure that all providers from whom they commission services have comprehensive and effective single and multi-agency policies and procedures to promote the health and well-being of CiC, consistent with current local and national guidance. This also relates to the delegation of commissioning placements for CiC who have continuing health needs.

Southport & Formby CCG will ensure that promoting the health and well-being of CiC is integral to the quality and safety of all provider and commissioning arrangements and that there is evidence of robust audit arrangements for example of the quality of statutory health assessments and reviews. This will be reported to the Corporate Parenting Board.

Southport & Formby CCG will monitor the service standards of commissioner NHS provider trusts and contracted service providers to ensure they meet the required CiC

standards through a variety of means. This will include the scrutiny of: Key Performance Indicators; self-audit tools; review of policies and quality visits.

Southport & Formby CCG will ensure that staff working in the GP Out-Of-Hours (OOH) services, Walk-in Centres and Urgent Care Centre provision that the CCG is responsible for commissioning are informed about how to access advice from relevant Designated and Named Professionals for CiC.

Southport & Formby CCG will ensure that relevant partner agencies have easy access to paediatricians trained in examining and assessing CiC and that holistic examinations/assessments are undertaken in accordance with the statutory guidance for promoting the health and welfare of CiC (DofH/DofE 2015). The Designated Doctor for CiC will exercise discretion to agree or advise on the arrangements for health assessments which best meet the needs of individual children.

Southport & Formby CCG will support NHS England in their responsibility to ensure that Primary Care provision has robust systems and practices in place to promote the health and well-being of CiC.

Through their contracting arrangements, Southport & Formby CCG should ensure that independent and third sector providers deliver services that are in line with Borough level obligation and should ensure they apply the same standards and requirements as for NHS providers with respect to promoting the health and well-being of CiC.

8. Governing Body Assurance and Monitoring Arrangements

The CiC responsibilities and priorities of Southport & Formby CCG will be reported into the Joint Quality Committee and up to Southport & Formby CCG's Governing Body.

To evidence compliance with CiC requirements; an annual health report for CiC will be provided by the Designated Doctor and Designated Nurse for CiC to the Southport & Formby CCG Joint Quality Committee and Governing Body. Quarterly reports on key CiC metrics will be included in Southport & Formby CCG's Joint Quality Committee.

The Designated Professionals for CiC will ensure that Southport & Formby CCG is represented on appropriate NHS provider organisations internal committees to enable assurance with regard to internal monitoring standards for CiC. This will also enable constructive challenge and appropriate support to each organisation.

The Designated Professionals will attend the relevant Clinical, Quality and Performance Groups and/or Contracts Performance meetings for each provider Trust when CiC is on the agenda.

Sefton MBC submits an annual statutory return to the Department for Education (DfE) in relation to CiC. Southport & Formby CCG will support NHS commissioned provider trusts to ensure that data for the relevant health indicators for this report is made available in a timely manner.

The key health data required by the DfE relate to the uptake and timeliness of the following interventions for those children who have been in the care of the Local Authority for at least 12 months includes:

- Number and percentage of children who have had their annual health assessment
- Number and percentage of children whose immunisations were up to date
- Number and percentage of children who have had their teeth checked by a dentist
- Number and percentage of children under 5 years of age with health surveillance checks up to date
- Number of children identified as having a substance misuse problem
- Number of children who have received intervention for a substance misuse problem
- Number of children who were offered an intervention for a substance misuse problem

In addition to the above, annual data is also submitted to the DfE on the average scores for the SDQ for CiC (aged 5 to 16 years) in line with statutory guidance.

9. Training

The competences specifically needed by healthcare workers to promote the health and well-being of CiC within the healthcare system are described in *Looked after children: knowledge, skills and competences of health care staff: Intercollegiate Role Framework* (May 2015).

The Designated Nurse CiC will seek assurance from CCG NHS commissioned healthcare providers with regard to staff training compliance.

Designated Professionals may also facilitate some CiC training with providers and foster carers where appropriate.

10. Recruitment of Children in Care/Care Leavers

Southport & Formby CCG positively promotes the recruitment of CiC (legal employment age applies) and Care Leavers within its organisation. Southport & Formby CCG recognises its Corporate Parenting responsibilities and its responsibilities to contribute to the Sefton MBC Care Leaver offer (see link below). If any job vacancies arises within the CCG that may be suitable for a CiC or Care Leaver, such as an Apprenticeship post, the Designated Nurse CiC will contact the Corporate Parenting Officer in the Local Authority to see if there are any potential applicants under the CiC / Care Leavers Service who meet the relevant employment criteria. If so, these applicants will have the option to apply and be interviewed for any such post via the apprenticeship training provider and the job will not be advertised externally. If there are no suitable applicants under the CiC / Care Leavers Service then the job will be advertised as per the usual process.

<https://www.sefton.gov.uk/social-care/children-and-young-people/children-looked-after/children-in-care-and-care-leavers/sefton-local-offer-for-care-leavers.aspx>

11. Advice, Support and Contact Details

For advice or support regarding CiC please contact:

Name	Designation	Telephone	Email	Address
Helen Case	Designated Nurse CiC	0151 317 8356 or 0776 930 7719	helen.case@southseftonccg.nhs.uk helen.case@nhs.net (secure) safeguardingservice.sefton@nhs.net (secure)	3rd floor Merton House, Stanley Road, Bootle, L20 3DL
Jonathan Chahal	Designated Doctor CiC	0151 252 5195	Jonathan.chahal@alderhey.nhs.uk jchahal2@nhs.net (secure) laura.macdonald@alderhey.nhs.uk (Medical Secretary)	Rainbow Centre, Alder Hey Children's Hospital, East Prescot Road, Liverpool, L14 5AB

Further information about CiC is available on the Southport & Formby CCG intranet site:

<http://nww.southseftonccg.nhs.uk/ccg-and-locality/Safeguarding/Safeguarding.aspx>

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13. Glossary of Terms

Term, word or acronym	Meaning
Care Leavers	Is a term used to define as a person aged 25 or under, who has been Looked After by a Local Authority for at least 13 weeks since the age of 14; and who was Looked After by the Local Authority at school-leaving age or after that date.
Children in Care (CiC)	Term often used interchangeably with Child Looked After or Looked After Child to denote a child in the care of a Local Authority.
Children Looked After (CLA)	Term often used interchangeably with Children in Care or Looked After Child to denote a child in the care of a Local Authority.
Corporate Parent	Is a term which means the collective responsibility of the council, elected members, employees, and partner agencies including health agencies, for providing the best possible care and safeguarding for CiC.
Designated Doctor Looked After Children	Term used to denote a medical professional registered with the General Medical Council with specific roles and responsibilities for CiC including the provision of strategic advice and guidance to service planners and commissioning organisations. The Designated Doctor is employed via a service level agreement.
Designated Nurse Children in Care	Term used to denote a nursing professional registered with the Nursing and Midwifery Council with specific roles and responsibilities for CiC including the provision of strategic advice and guidance to service planners and commissioning organisations. The Designated Nurse is a direct employee of the CCG.
Health Journal	A record of health that is provided to Care Leavers in order for the Care Leavers to manage their own health needs, where possible. The journal should include a summary of all health records, including genetic background, illnesses and treatments, and suggest how Care Leavers can access a full copy of records if required. In Sefton the Health Passport is now known as the Health Journal.
Health Passport	In Sefton the Health Passport is now known as the Health Journal – see glossary entry for Health Journal.
Looked After Children (LAC)	Term often used interchangeably with Children in Care or Children Looked After to denote a child in the care of a Local Authority.
Section 20	Children who are accommodated under voluntary agreement with their parents.
Section 21	Children who are compulsorily accommodated. This includes children who are remanded to the Local Authority or subject to a criminal justice Supervision Order with a residence requirement.
Section 31	Children who are the subject of a full Care Order.
Section 38	Children subject to an Interim Care.
Section 44 and 46	Children who are the subject of Emergency Orders for their protection.
Sefton CiC in borough	A Child in Care who originates from Sefton, is the responsibility of Sefton MBC and is living in Sefton.
Sefton CiC out of borough (OOB) or out of area (OOA)	A Child in Care who originates from Sefton, is the responsibility of Sefton MBC but is living outside the borough of Sefton or out of the area of Sefton.
Strengths and Difficulties Questionnaire (SDQ)	The Strengths and Difficulties Questionnaire is a brief emotional and behavioural screening questionnaire for children and young people. It can be used for various purposes however in terms of CiC it is used to help screen for emotional health issues.

MEETING OF THE GOVERNING BODY February 2019

Agenda Item: 19/13	Author of the Paper: Fiona Taylor Chief Officer Fiona.taylor@southseftonccg.nhs.uk 0151 317 8456
Report date: January 2019	

Title: Establishing a Sefton Acute Sustainability Joint Committee

Summary/Key Issues:

This paper sets out a proposal to establish a Joint Committee between NHS Southport and Formby CCG and NHS West Lancs CCG.

The paper has been subject to discussion with the governing body in July and September and the proposal to establish a joint committee was approved. However, at the time a local CCG requested further discussions about ways in which they can be involved in the work of the committee so that they are able to understand the impact any proposals for service change may impact on their commissioned services and their populations.

A meeting of the respective CCGs Chief Officers has now taken place and it has been proposed that the Joint Committee is supported by an operational sub group in which relevant CCGs are able to participate in the development of acute sustainability proposals. The sub group will not have any decision-making authorities delegated to it but instead will create space to enable commissioners and providers to be effectively engaged and involved in proposals.

Recommendation	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to <ul style="list-style-type: none"> • Support the establishment of a Sefton Acute Sustainability Joint Committee; • Recommends for approval by the wider constituent group, the Terms of Reference for the Joint Committee 	

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

x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.

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				
Presented to other Committees				

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

Appendix 1

Sefton Acute Sustainability Joint Committee**Terms of Reference (draft subject to approval)**

NHS Southport and Formby CCG
NHS West Lancashire CCG

Introduction

The NHS Act 2006 (as amended) ('the NHS Act'), was amended through the introduction of a Legislative Reform Order ("LRO") to allow CCGs to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may form a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act. Joint committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making.

The Five Year Forward View footprints were established in accordance with the NHS Shared Planning Guidance requirements 2015/16 which required every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the NHS Five Year Forward View.

Establishment

The NHS Southport and Formby CCG and West Lancashire CCG (the CCGs) have agreed to establish and constitute a Joint Committee with these terms of reference to be known as the Sefton Acute Sustainability Joint Committee of Clinical Commissioning Groups (CCGs).

Role of the Committee

The overarching role of the Joint Committee is to take collective commissioning decisions about acute services, including specialised services provided for the Southport and Formby and West Lancashire.

Decisions will be appropriate and in accordance with delegated authority from each CCG Member. Members will represent, and make decisions relating to, the whole population covered.

Decisions will also support the aims and objectives of the Cheshire & Merseyside Partnership for Health, whilst contributing to the sustainability of the local health and social care systems. The Joint Committee will at all times, act in accordance with all relevant laws and guidance applicable to the Parties.

Remit of the Joint Committee

The Joint Committee will be responsible for decisions regarding the delivery of programmes of transformation across a defined range of services commissioned collectively by its members.

The services within scope will be defined and agreed by the CCGs.

The Joint Committee will take into account other commissioners whose populations may be affected as may be relevant to the transformation / service redesign under consideration. **All** proposals will be subject to review, comment and contribution through an operational sub group to be established by the joint committee. This will allow relevant commissioners the opportunity to be involved in the development of proposals and to understand the potential impact of any service change.

The Joint Committee will take into account other service providers as may be relevant to the transformation / service redesign under consideration.

Functions of the Joint Committee

The Committee is a Joint Committee of NHS Southport and Formby CCG and NHS West Lancashire CCG established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended).

Its primary function is to make collective decisions on the review, planning and procurement of acute health services within its delegated remit.

In order to deliver its delegated functions the Joint Committee will:

- Establish a sub group to enable relevant commissioners to participate in the development of proposals
- Recommend the work plan for approval by each Governing Body
- Agree and oversee an effective risk management strategy to support decision-making in all areas of business related to the Joint Committee's remit
- Approve individual programme and project briefs, initiation documents and plans. This will include agreeing the parameters at the start of each programme of work, governance and financial arrangements for individual programmes.
- Act as a decision-making body; authorising sub-groups to oversee and lead implementation of service changes
- Approve future service reconfiguration, service models, specifications, and business cases up to the value as determined by each Party's CCG's Scheme of Reservation & Delegation
- Ensure appropriate patient and public consultation and engagement and compliance with public sector equality duties as set out in the Equality Act 2010 for the purposes of implementation.
- Ensure consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities
- Agree and oversee the communications and engagement framework relevant to areas of work of the Joint Committee.

Whilst it is acknowledged that individual CCGs remain accountable for meeting their statutory duties, the Joint Committee will undertake its delegated functions in a manner which complies with the statutory duties of the CCGs as set out in the NHS Act 2006 and including:

- Management of the conflicts of interest (section 14O)
- Duty to promote the NHS Constitution (section 14P)
- Duty to exercise its functions effectively, efficiently and economically (section 14Q)
- Duty as to the improvement in quality of services (section 14R)
- Duties as to reducing inequalities (section 14T)
- Duty to promote the involvement of patients (section 14U)
- Duty as to patient choice (section 14V)
- Duty as to promoting integration (section 14Z1)
- Public involvement and consultation (section 14Z2).

In discharging its responsibilities the Joint Committee will provide assurance to Governing Bodies through the submission of minutes from each meeting and an annual report to inform CCG members' annual governance statements.

The Committee will conduct an annual effectiveness review which will be reported to the respective Audit Committees.

Membership

The Committee has two levels of membership, full members and associate members. Full member organisation means those which have the final 'vote' on agreements as the Committee is a Joint Committee of those organisations. Associate members are partners who have an interest in the work plan of the Committee but are not legally bound by the decisions of the Committee

The full member organisations are:

- NHS Southport and Formby CCG
- NHS West Lancashire CCG

Each full member organisation will nominate four Governing Body representatives to sit on the Committee, one of which would be an Executive member, 2 GP members and one lay member representative.

Chairing of the Joint Committee will be managed on a three month rotation between the two CCG members.

Decisions made by the Joint Committee will be binding on its member Clinical Commissioning Groups.

Healthwatch will be invited to have one representative to be in attendance on behalf of the local Healthwatch Groups within the CCG footprints

Other organisations, including local authorities, may be invited to send representatives to the meetings. In attendance members represent other functions / parties/ organisations or stakeholders who are involved in the programmes of work of the Joint Committee and will provide support and advise the members on any proposals. Representatives from NHS England will be co-opted to attend as required.

Deputies

A deputy must have delegated decision making authority to fully participate in the business of the Committee. Each full member organisation will identify a named deputy member to represent one of the full members in the event of absence.

Decision-Making

The Joint Committee will aim to make decisions through consensus.

Exceptionality - where decision making by consensus is not possible, the Committee Chair will call on each voting member to cast a vote. Where a minimum of 75% of the voting committee membership in attendance at the meeting in question are in agreement, a recommendation/decision will be carried.

Quorum

For the Committee to undertake its business the following Committee membership attendance arrangements must be met:

- a minimum of two voting representatives from each member CCG must be present
- at least one Accountable Officer, one CCG GP and one CCG lay member must be present
- the Chair or deputy chair must also be present.

A duly convened meeting of the Committee at which quorum is present shall be competent to exercise all or any of the authorities, powers and directions vested in or exercisable by it.

Meetings

The Joint Committee shall meet at least quarterly and then as required in order to deliver the defined objectives; the Chair will have authority to call an extraordinary meeting with at least 2 days' notice.

Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.

Meetings with other Joint Committees in the Cheshire & Merseyside Healthcare Partnership footprint will be arranged, as required. In the event that a sub group or working group is considered appropriate from such a meeting, all parties will need to agree the reporting arrangements.

Joint Committee meetings will be held in public, members of the public may observe deliberations of the Committee but do not have the right to contribute to the debate. Items the Committee considers commercial in confidence or not to be in the public interest will be held in a private session (Part 2) of the meeting, which will not be held in public as per Schedule 1A, paragraph 8 of the NHS Act 2006.

Conflicts of Interest

Individual members of the Joint Committee will have made declarations as part of their respective organisation's relevant policy and procedure; a register of the interests of all members of the committee (full and associate) will be compiled and maintained as a Joint Committee Register of Interests. This register shall record all relevant and material, person or business interest, and management action as agreed by the individual's CCG. The Joint Committee register of interests will be published on each organisation's website.

Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair.

Where any Joint Committee member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) taking into account any management action in place at the individual's CCG and having regard to the nature of the potential or actual conflict of interest, shall decide whether or not that Joint Committee member may participate in the meeting (or part of meeting) in which the relevant matter is discussed. Where the Chair decides to exclude a Joint Committee member, the relevant party may send a deputy to take the place of that conflicted Joint Committee member in relation to that matter.

Should the Joint Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with NHSE guidance.

Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting or notified as soon as the interest arises and recorded in the minutes.

Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Conflicts of Interest Policy, the Standards of Business Conduct for NHS Staff (where applicable) and the NHS Code of Conduct.

Attendance at meetings

Members of the committee may participate in meetings in person or virtually via video, telephone, web link or other live and uninterrupted conferencing facilities.

Administration

Support for the Joint Committee will be provided on a rotation basis by the participating CCGs in line with the rotation agreed for Chairing the Joint Committee.

Papers for each meeting will be sent to the Joint Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

Review

These terms of reference shall be reviewed by the Joint Committee at least annually, with input from governing bodies, and any consequential amendments approved by each CCG members' Governing Body.

MEETING OF THE GOVERNING BODY February 2019

Agenda Item: 19/14	Author of the Paper: Tracy Jeffes Director of Corporate Services Tracy.jeffes@southseftonccg.nhs.uk Tel no: 0151 317 8456
Report date: December 2018	
Title: Organisational Development Plan Priorities	
<p>Summary/Key Issues:</p> <p>This report presents the Governing Body with a high level organisational development priorities paper. The 5 key areas for development are:-</p> <ol style="list-style-type: none"> 1. Locality Development 2. Commissioning, Capability and Capacity 3. Programme Management Approach to Transformation 4. Leadership, Team, Succession and Talent Management 5. Public Engagement and Partnership Working 	
<p>Recommendation</p> <p>The Governing Body is asked to approve the Organisational Development priorities outlined in this plan and development of a detailed implementation plan.</p>	
	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 and to support delivery of financial recovery.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
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			Presentation of report has been shared with Leadership Team and Governing Body Development Session in December 2018

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

ORGANISATIONAL DEVELOPMENT PLAN PRIORITIES

December 2018

Organisational Development Plan Refresh and Priorities for 2018-20

1.0 Introduction

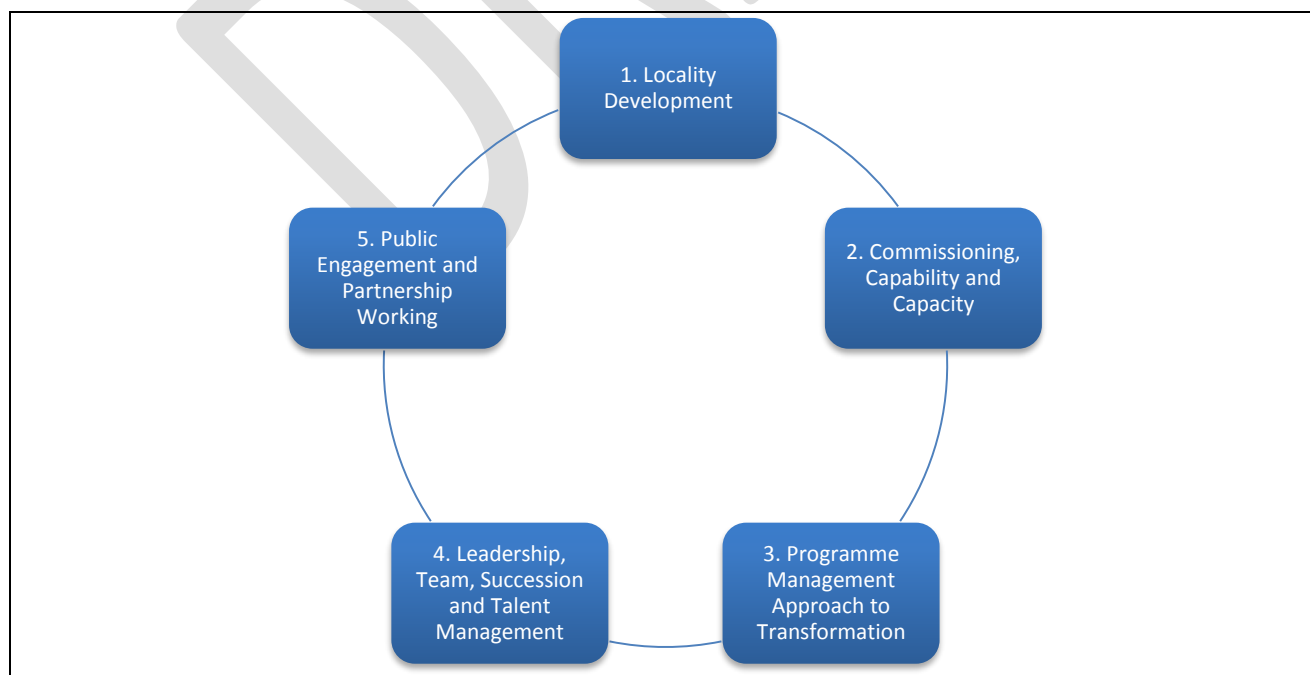
Our organisational development (OD) plan for both NHS South Sefton CCC and NHS Southport and Formby CCG has been regularly refreshed since authorisation in 2013. The OD Plan supports the delivery of our strategy by ensuring that the underpinning structures, systems, staff, skills, shared values and style of working are in place. Whilst much has been achieved to date, it is essential we refresh our plan to enable us to re-focus our development to meet the emerging and significant opportunities and challenges that lie ahead.

In developing this plan, consideration has been given to a range of assessments that have been undertaken in order to reflect on the organisations’ achievements, strengths and weaknesses, opportunities and threats. Information considered includes feedback from the CCG’s national staff survey results, the 2017 national CCG 360-degree feedback exercise, the annual Governing Body self-evaluation tool outcome, NHSE assurance frameworks such as those relating to leadership, governance, quality, finance and engagement and internal auditors reports. The key outputs from these have therefore directly contributed to the plan, the highlights of which are noted below.

2.0 Priority Areas for Organisational Development from our last plan

In November 2015 the Governing Bodies of both CCGs in Sefton approved the following Organisational Development Priorities for 2015-17.

The approved priorities were:



3.0 Organisational Progress since our last OD plan

The CCG has made significant progress in our key priority areas since the last OD plan, some highlights include:

- A successful refocus of CCG strategy on developing and delivering significant cost saving plans, without impacting adversely on services for local people, in particular through Medicines Management schemes and commissioning redesign areas such as the MCAS service.
- Strong Governing Body and cross-organisational ownership of financial challenges and plans, including strengthening of governance arrangements through the development of the QIPP and Clinical QIPP committees.
- The on-going implementation of key elements of our “Shaping Sefton” Strategy – community centered health and care (our system-wide approach to delivering key strategic priorities) in the context of resource constraints.
- The implementation of a Programme Management Office (PMO) approach to drive delivery and focused performance management around QIPP priorities.
- Significant progress in relation to integrated commissioning with Sefton Council leading to integrated delivery across multi-disciplinary teams in the Intermediate Care and Reablement Service (ICRAS) programme.
- Significantly assured financial, governance, quality, business intelligence and risk management processes
- Significant level of public engagement through a variety of collaborative approaches in conjunction with our partners in our Engagement and Patient Experience Group (EPEG), including a focus on tailored approaches to engage key groups, such as younger people, in response to 360 degree stakeholder survey.
- The implementation of a broader range of communication methods, including twitter, re-launched websites and the introduction of a staff bulletin.
- Highly engaged workforce, as demonstrated by the national staff survey, with many above average scores, including recommendation as a good place to work, training and development opportunities, supportive management and opportunities for promotion.
- Development of staff awards and annual whole CCG staff “Away Day” resulting in redefining our organisational values (see Appendix 1) and the further development of the participative and open organisational culture, evidenced by our positive staff survey.
- The successful attainment by our Finance Team of level two accreditation – ‘Towards Excellence’ and awarding of level one “Excellence in Informatics” accreditation to the Business Intelligence (BI team)
- Significant improvement in BI and contracting functions as a result of “in-housing” services from the Commissioning Support Unit (CSU.)
- Participation in the NHSE funded “Commissioning Capability Programme” (CCP) for the CCGs’ Chairs and Leadership
- The establishment of the Sefton Transformation Programme, the Sefton Provider Alliance and the Acute Sustainability Programme (for Southport and Ormskirk) to provide collaborative leadership across the system to bring about the collective delivery of “Shaping Sefton.”

- Delivery of a range of in-house non-mandatory training opportunities for clinical leaders, governing body members and staff, such as; chairing skills, media, influencing skills, , project management skills, outcome-based commissioning, in addition to individual opportunities and on-going team developments.
- On-going developments in general practice training through continued investment in Protected Learning Time and the development of a GP Local Quality Contract resulting in significant impact on quality and sustainability of general practice in Sefton.
- Improved focus in localities, through new management approach, implementation of “Aristotle” and the better use of data e.g. to identify high users of GP and A&E services combined with peer review to explore improved options for care management.

There are also some areas from the last plan that need further progress:

- Despite significant progress to date, on-going focus on QIPP delivery is needed to ensure financial balance and the requirement for continued sound governance to enable possible disinvestments.
- Delivery of the refreshed plans for our three strategic priorities of urgent care, primary care and frail / long term care, in the context of a refresh of “Shaping Sefton”
- Full implementation of our talent management and personal development review approach to drive performance and further shape training and development across the organisation
- Further enhancing support for localities in the context of the development of primary care networks, further supporting integrated care in addition to influencing commissioning, as part of our Sefton place-based strategy,
- Further development of highly functioning CCG teams; especially those that have experienced changes in function and personnel in order to equip them for future changes and challenges.
- Effective delivery of our system leadership role as part of the developing transformation programme, enabling and influencing the reshaping of service delivery to better meet the needs of local people.

4.0 Changing Content and Environment

Much has changed, both internally and in our external environment since the approval of our last Organisational Development Plan such as:-

- Unprecedented financial challenges for the NHS nationally, but specifically for SFCCG and increasingly for SSCCG as commissioners, has required and still requires on-going focus on QIPP plans, further implementation of any “right care” opportunities and the need to review all potential cost savings. In addition there are increasing opportunities for commissioners and providers (who are also experiencing significant financial deficits) to work more collaboratively to manage the collective financial position.

- The emergence of gaps in workforce across all sectors of care, challenging the sustainability of some services and the requirement to plan to respond to these gaps, either through workforce strategies or different approaches to service delivery.
- Increased emphasis on the development of integrated care and national and local approaches towards Integrated Care Systems (ICS) including increased opportunities to work collaboratively with provider organisations in the “place.”
- The establishment of the Sefton Transformation Programme and associated Sefton Transformation Board, Provider Alliance and Acute Sustainability Board and work streams work to further develop place-based integration and sustain acute services for the future.
- The emergence of General Practice (GP) Federations nationally and in Sefton as key partners in delivering and developing primary care services.
- The establishment of Primary Care Networks around CCG locality footprints to sustain the provision of general practice through increased collaborative working and enhanced connections with other services in the locality.
- Locally the procurement / acquisition of new community providers offers opportunities for improved and more collaborative delivery of services within localities.
- Improved alignment of commissioning across the CCGs and Sefton Council through the Integrated Commissioning Group, the development of integrated teams through ICRAS and the transformation of Council services into a locality model, to enable co-design across into CCG localities.
- The development of the Cheshire and Merseyside Health and Care Partnership, System Management Board, and key programmes of work to enable working at the most appropriate level, to bring about system change
- Increased emphasis on the importance of population health, self-care, prevention of ill health and the need to offer proactively care and wellbeing services in local communities, often supported by the voluntary, community and faith sector.
- The increased need for all organisations to work differently in this new landscape, demonstrate system leadership and collaborative working to improve and sustain services within limited resources.
- The development of strategic commissioning, encouraging collaboration of commissioners on a larger footprint to increase influence and more efficient use of management running cost resources.
- The publication of the NHS Long Term Plan.

5.0 Refreshed Plan for 2018-20

Having considered a diagnostic of our current situation (please see Appendix 2 for a high level OD Diagnostic Using McKinsey 7 S's model) the previous OD plan themes are still relevant, however it is proposed they are adapted slightly to reflect the changing context in which we work.

These revised themes are:-

1. **Integrated Care in Localities**
2. **Commissioning Capacity and Capability**
3. **Programme Management approach for Planning and delivery transformation and QIPP**
4. **System, Team and Individual Leadership Development**
5. **Stakeholder and Public Engagement for Transformation**

Although not exhaustive, the following pages highlight proposed developments related to each of these themes. Detailed action plans will be developed for each development areas and presented to the CCGs' Finance and Resource Committees.

5.1 Integrated Care in Localities

AIM: The development of integrated care in localities through the strengthening of general practice, primary care networks and integrated working with community services, social care, other council services, the VCF sector and local communities to more effectively meet the needs of local people.

Key developments in this theme include:

- **Implementation and OD support for the key components of the Sefton Place-Based Programme**
 - **Primary Care Networks (PCNs) / CCG localities development** including wrap around support to ensure strong management, clinical leadership, management of devolved budgets, creation of locality plans, good business intelligence and data quality facilitation
 - **Integrated community teams** including support for "pilot" areas to accelerate integrated working, piloting of new roles such as social care link worker and facilitate development of local "Team 100."

- **Integration with council localities** through linking the development of Sefton Council's "Community First" three locality approach with the CCGs' eight localities with a population of 30-50k.
 - **Population management**- build on a system and approach that supports self-care and prevention, embeds "make every contact count", and that enables risk stratification so that services can be personalised and targeted
 - **Self-care and care navigation** – develop a clearer, more systematic approach to care navigation across Sefton, working with the newly formed VCF Advisory Group to enable the sector to influence and shape the agenda around the differing needs of localities.
 - **Single Point of Access** – work with integrated teams to streamline access to services
- Implementation of the new **Primary Care Strategy** to support the sustainability of general practice and underpin development of PCNs
 - Gain approval for **Delegated Commissioning of General Practice** to ensure locally responsive commissioning and influence.
 - **Development of GP Federations** – continue to work with both GP federations in Sefton to enable them to become strong local providers of primary care services.
 - **GP voice in Provider Alliance** – enable local Primary Care Networks to have a strong voice in the developing Sefton Provider Alliance to shape the future of the local integrated care system.
 - **Empowerment of clinical and managerial leaders** across all sectors to support the development and implementation of locality plans via place-based programme and linkages to programmes led at a Cheshire and Merseyside level.
 - **Improved finance and activity budget reporting** and review at locality level and agreed action to support QIPP and transformation plans
 - Work with Cheshire and Merseyside Health Care Partnership and Health Education North West on **workforce solutions** where possible.

5.2 Commissioning Capacity and Capability

AIM: Enhance clinical and non-clinical commissioning capacity and capability to bring about system wide transformation and further manage financial challenges.

Key Developments in this theme include:

- Consider **future commissioning footprint** options with CCG Member practices for them to determine future shape and plan for enhanced strategic commissioning
- Consider opportunities for **working collaboratively with neighbouring CCGs** in the transition to more strategic commissioning.
- Further strengthen **integrated commissioning** with Sefton Council to ensure strong collective commissioning for the Sefton “place.”
- Review **capacity to deliver** a refreshed Shaping Sefton Strategy programmes, QIPP, QIPP programmes and the Sefton Transformation Programme work streams.
- Review system **Programme Management Office** role and staffing / resourcing to deliver Sefton Transformation Programmes and interrelationship with CCG programmes.
- Further development of roles, responsibilities, governance and support for the Sefton Transformation Programme Board, Provider Alliance and Acute Sustainability Board to ensure effective **delivery of the Sefton Transformation Programme**.
- Development of a plan for transition to a more **Integrated Care System**
- Complete implementation of action plan from the recent **Commissioning Capability Programme (CCP)**
- Development and approval, through Remuneration Committee, of **a revised clinical leaders employment framework** to streamline current remuneration and contractual arrangements in line with Cheshire and Merseyside recommendations.

5.3 Programme Management approach to planning, the delivery of Transformation and QIPP

AIM: A systematic approach to system-wide transformation through Shaping Sefton - strong collaborative working and programme management to deliver on CCG and shared strategic objectives.

Key developments in this theme include:

- Work with partners and local communities to **refresh our “Shaping Sefton” strategy** – our five year plan to deliver the NHS Long Term Plan
- **Review all programmes** and establish clear priorities and programme management to deliver the refreshed shaping Sefton strategy, QIPP priorities and the Sefton Health and Care Transformation work streams
- **Align the CCG PMO with the system-wide PMO** programmes including those for the delivery of acute sustainability and placed-based, integrated care.
- Refresh and **clarify internal governance and the system-wide PMO processes** for systematic delivery of programmes with clear outcomes.
- **Work collaboratively** with other North Mersey CCGs to align programmes where relevant and those operating at scale across the Cheshire and Merseyside Health Care Partnership.
- Alignment of CCG and system managerial, clinical and support **capacity to deliver programmes across organisations.**
- Increased collaborative working across the **system to work towards financial balance** and in particular work with the Provider Alliance on integrated approaches to deliver better care more effectively and efficiently.

5.4 System, Team and Individual Leadership Development

AIM: Support CCG and system-wide colleagues to deliver the Sefton Health and Care Transformation Programme.

Key developments within this theme include:

- Full implementation of the **CCG talent management approach** to drive performance and further shape training and development across the organisation, including on-going offer of 360 degree individual feedback for all staff.

- Design and implement a **development programme for senior leaders** and take forward the learning from the CCP programme
- Support all staff to ensure that they are able to adapt to future organisational changes through future proofed development opportunities and a focus on **leadership for integrated care.**
- Support **on-going individual and team developments** in each CCG directorate to ensure delivery of core functions and key programmes and consider opportunities to share commissioning development opportunities across North Mersey CCGs.
- Work collaboratively with Sefton Council, local NHS providers and VCF organisations to develop **collaborative training and development opportunities** to facilitate integrated commission and provision.
- Develop an agreed OD approach for **development of “Team 100” in each CCG locality.**
- Participate in Cheshire and Merseyside Health and Care Partnership Leadership development opportunities, encouraging **linkages between “programme and place”**
- Ensure clinical lead arrangements are operating effectively to maximise their contribution and **support clinical leaders** to deliver on key programmes of work such a PCNs / Locality development.

5.5 Stakeholder and public engagement for transformation

AIM: Partners work collaboratively for the benefit of local communities and engage them in plans for the future.

Key developments in this theme include:

- Work with Sefton Council **to refresh the Health and Wellbeing Strategy** and the refresh of the Shaping Sefton strategy, jointly working on public and patient engagement activities.

- Continued **development work with the HWBB and Executive group** to review its effectiveness and focus in its ambition to improve the health and wellbeing of local people.
- Further development of the Integrated Commissioning Group, active participation within the Sefton Leadership Collaborative and other opportunities to **strengthen integrated commissioning**.
- On-going development of the **Sefton Transformation Board**, Provider Alliance, Acute Sustainability Board and Senior Leaders Group to drive transformation.
- Ensure good representation, within capacity constraints, within **Cheshire and Merseyside and North Mersey collaborative** working groups and programmes.
- Active support for the development of the **VCF Advisory Group**, reporting to the Provider Alliance to provide an opportunity for the sector to have strong voice in the development of the transformation programme and ensure that communities are at the heart of our locality development.
- On-going partnership work with Sefton Healthwatch and other members of the **Engagement and Patient Experience group** (EPEG) and the Sefton Consultation and Engagement Standards Panel to collaborative plan effective engagement activities.
- Regular review of **Stakeholder mapping** to ensure coherent approach in the delivery of CCG and wider transformational objectives
- Implementation of revised **CCGs' joint communications and engagement strategy** with particular focus on place and integrated care in localities
- Implementation of Sefton **Transformation Programme communications and engagement** strategy through the development of a clear delivery plan with resourcing requirements.

6.0 Next Steps and Recommendations

It is proposed that the Director of Corporate Services prepares a detailed implementation plan to highlight key responsibilities, timescales and resource implications for consideration by the Finance and Resource Committee.

The Governing Body is asked to approve the Organisational Development priorities outlined in this plan and development of a detailed implementation plan.

Tracy Jeffes
Director of Corporate Services.

Appendix 1

Revised CCG Values – developed from whole CCG “Time-Out” in 2017

Honesty, Integrity and Transparency

- I will do what I say I am going to do and if I can't I will have honest and courteous conversations.
- I will be open and transparent in my relationships with partners, therefore building trust.

Professionalism and Quality

- I will work hard to do my job to the best of my abilities
- I will listen and communicate effectively with colleagues, partners and local people, aiming to deliver on “You Said, We Did...”
- I will be open to new ideas, learn from best practice, proactively sharing skills, knowledge and information.

Respectful and Courteous

- I will adopt a “No wrong door” approach: if I don't know the answer I will find out or find someone who can help.
- I will be respectful to all, listening to other's views, valuing their opinions and differing perspectives.

Caring, Compassionate and Polite

- I will be approachable, caring, compassionate and polite, encourage everyone's voice to be heard.
- I will be motivated, enthusiastic and supportive to others to achieve good outcomes for local people.

Local and Patient Centred.

- I will have the patient at the centre of what I do and ensure that work is focussed on the needs of Sefton residents.
- I will keep local people informed to help them to make decisions about their health and wellbeing.

Collaboration

- I will work to establish common goals and a shared approach with partners to achieve success and the best outcomes possible.
- I will contribute and work as part of a wider team to deliver a co-ordinated approach to our organisational objectives.

High Level OD Diagnostic December 2018



Appendix 2: Diagnostic using McKinsey 7 S model

South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group



Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 19th September 2018	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG is reporting likely case scenario of £2.817m deficit, with further pressures of up to £2million associated with changing recording points for NEL activity within the S&O Contract. 	<ul style="list-style-type: none"> The CCG is not on target to deliver the financial plan or its statutory duty. 	<ul style="list-style-type: none"> The CCG will actively dispute the claims by the Trust in relation to increased NEL costs. All expenditure needs continuous review to ensure that CCG spend is effective and that all opportunities to reduce expenditure have been taken.

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

<ul style="list-style-type: none"> The Workforce Race Equality Standard (WRES) Report was received. The Committee were informed that progress demonstrates due regard that the CCG has considered its legal duty, in respect of the standard. The HR dashboard was noted. Further plans agreed to look to increase the mandatory training performance. The committee risk register remains unchanged in terms of rating for key risks. <ul style="list-style-type: none"> Pensions Payments for GPs was added to the register. Agreed rebate scheme relating to Januvia (Sitagliptin) in line with CCG's rebate policy.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on 24th October 2018	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG is reporting a likely case deficit of £2.964m. 	<ul style="list-style-type: none"> The CCG is not on target to deliver its financial plan or statutory duty to break-even. 	<ul style="list-style-type: none"> The CCG will actively dispute the claims by the Trust in relation to increased NEL costs. All expenditure needs continuous review to ensure that CCG spend is effective and that all opportunities to reduce expenditure have been taken.

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

- The Business Continuity Policy, Strategy, Plan; EPRR Policy and Plan - approved subject to final review / minor changes reflecting upgraded technology.
- The committee approved the following Pan Mersey APC recommendation: Dupilumab solution for injection (Dupixent®▼) for Atopic Dermatitis.
- The committee received CHC update report and noted that:
 - Further work required to ascertain impact on year end predictions regarding high cost cases.
 - It is recommended that Check and challenge session should be undertaken at a future Governing Body development session.
- A revised finance strategy is linked into planning timetable – session planned for December Governing Body to give more detail on 19/20 plans.
- The revised GPIT programme was agreed.
- F&R risk register reviewed and remained unchanged.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on 21st November 2018	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG is reporting a likely case deficit of £2.957m. 	<ul style="list-style-type: none"> The CCG is not on target to deliver its financial plan or statutory duty to break-even. 	<ul style="list-style-type: none"> The CCG will actively dispute the claims by the Trust in relation to increased NEL costs. All expenditure needs continuous review to ensure that CCG spend is effective and that all opportunities to reduce expenditure have been taken.

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

- A further report was requested on changes to packages of care. Will be incorporated within the 'deep dive' review of CHC.
- The proposed Perinatal Mental Health investment was approved in line with national requirements.
- The committee approved proposed changes to GPIT programme investment in 18/19, noting that additional investment had become available.
- The committee raised concerns regarding management and general staffing capacity in light of:
 - balancing delivery of Business as Usual alongside Transformation programme;
 - increased administrative burden from taking over delegated commissioning with no specifically earmarked extra resources.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 19th December 2018	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG is reporting a likely case deficit of £3.221m. 	<ul style="list-style-type: none"> The CCG is not on target to deliver its financial plan or statutory duty to break-even. 	<ul style="list-style-type: none"> All expenditure requires continuous review to ensure that CCG spend is effective and that all opportunities to reduce expenditure have been taken. The CCG will continue to discuss and dispute claims by the Trust in relation to increased NEL costs. Work will proceed to mobilise potential mitigations to address the likely financial deficit.

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

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Key Issues Report to SFCCG Governing Body

Joint Quality Committee Meeting held on 27th September 2018
 Southport & Formby CCG and South Sefton CCG

Chair:
 Dr Rob Caudwell

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

Stroke performance at Southport & Ormskirk

Trust will be invited to SFCCG governing body in October to present on stroke performance.

RTT lost to follow up, Ophthalmology SI following review

Trust to be requested to develop paper to come through to S and O CCF on actions taken

Serious Incident Performance Report

A formal request will be made to NHSE for a response to the CCG SI progress report in terms of assurance on the CCG SI process.

Serious Incident Performance Report

CCH Chief Officer to discuss SI management process with Chief Executive at S and O.

Q1 CQUIN Performance Report

A process will be established to review and hold to account providers that on non- achievement of CQUINs to gain assurance on Quality Improvement.

Key Issues Report to SFCCG Governing Body

<p>Joint Quality Committee Meeting held on 25th October 2018 Southport & Formby CCG and South Sefton CCG</p>	<p>Chair: Dr Gina Halstead</p>
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<p>Information Points for Southport & Formby CCG Governing Body (for noting)</p>
<p>CQC Themed Review Safeguarding & Looked After Children – The draft report had been received and the CCGs were in the process of co-ordinating the factual accuracy check before returning to the CQC.</p>
<p>IG Staff Code of Conduct Policy – This Policy was approved subject to use of VPNs and review of network security across the CCGs and GP Practice and assurances regarding staff training.</p>
<p>Serious Incident Management Process & Improvement Programme – The update report was received for the purposes of assurance. Monthly update reporting to continue.</p>
<p>Management of Allegations of Abuse Policy – this Policy was approved.</p>
<p>Quality Risk Register – this was reviewed by the Committee. Recommendations for improvement of presentation and fluidity to the Governing Body discussed. Request to be made for Risk Registers to be an agenda item at a future Governing Body Development Session.</p>
<p>LocSSIP - The draft LoCSSIP for those undertaking minor surgery or inserting contraceptive devices / implants in General Practice. Input from clinicians is required and then the final LocSSIP will be presented to the relevant committee at a later date for approval.</p>
<p>EPaCCS – Information Sharing Agreement currently awaiting LMC approval. To raise with CCG officers attending LMC liaison meeting regarding timeline for agreement</p>
<p>CCGs Safeguarding Annual Report – Received by the Committee. Recommended for presentation to Governing Bodies for approval</p>

Key Issues Report to Governing Body



**Audit Committees in Common: Wednesday 17th October 2018
NHS Southport & Formby CCG**

**Chair:
Helen Nichols
(Meeting chaired by Graham Morris)**

Key Issue	Risk Identified	Mitigating Actions

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

- The committee received an update on GDPR implementation.
- The committee approved the updated Managing Conflicts of Interest and Gifts and Hospitality Policy, noting minor amendments.
- The committee reviewed the Planning, Control and Governance Self Assurance template, updated for Q2.
- The committee reviewed the Losses, Special Payments and Aged Debt report and approved the write-off of a debt for the value of £2,302.08.
- The committee were notified on updates regarding the Scheme of Delegation and approved / ratified the presented updates.
- The committee received the Register of Interests.
- The committee received the Audit Committee Recommendations Tracker.
- The committee noted the Internal Audit report update.
- The committee received a CCG benchmarking report for managing conflicts of interest.
- The committee received the anti-fraud progress report for the work undertaken from 1st April 2018 to 30th September 2018.

- The committee received an initial report on an assessment of the CCG's compliance with the Bribery Compliance Strategy 2018. Further report to be brought to the next Audit CiC meeting in January 2018.
- The committee noted the External Audit progress report.
- The committee received the Governing Body Assurance Framework (GBAF) / Corporate Risk Register (CRR).
 - Review of strategic objectives in GBAF to be arranged for an upcoming Governing Body Development Session.

Key Issues Report to Governing Body



SF NHSE Joint Commissioning Committee Part 1, Thursday 4th October 2018

Chair:
Gill Brown

Key Issue	Risk Identified	Mitigating Actions
Spirometry testing undertaken in GP practices, no service formally commissioned.	Spirometry does not form part of core contract and due to increasing pressure within practices may result in an increase in referrals to Secondary Care. Current practice will not be NICE compliant in 19/20	Business case for diagnostic spirometry service being developed by CCG respiratory lead. This will go through CCG governance process for consideration.

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

NHSE have confirmed that there will be no additional funding available for winter in primary care.

Key Issues Report to Governing Body



SF NHSE Joint Commissioning Committee Part 1, Thursday 6th December 2018

Chair:
Gill Brown

Key Issue	Risk Identified	Mitigating Actions
No issues were identified		

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

The committee supported the proposal to run delegated joint commissioning committees as a committee in common with South Sefton CCG.

Key Issues Report

Southport & Formby Localities

December 2018 – January 2019



AINSDALE & BIRKDALE LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Chair has resigned	<ul style="list-style-type: none"> No Clinical Chair for locality 	<ul style="list-style-type: none"> Rolling chair suggested on bi-monthly basis. Agreed in principle and Chair agreed for January's meeting.
2. Lack of visibility from community nursing teams	<ul style="list-style-type: none"> Risk that patient care could be affected 	<ul style="list-style-type: none"> LCFT Frailty team engaging with locality. Escalated with LCFT and action plan agreed to increase presence / improve relationships between nursing teams and general practice. GP query email inbox being set up by LCFT to deal with issues as they arise.

CENTRAL LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Midwives not using EMIS; practices are not informed when ladies self-refer for pregnancy. Jan 19 Further issue raised that one practice has received a number of standard letters to inform pregnant but also asking for PMH/Meds.	<ul style="list-style-type: none"> Risk of information not passing to practices regarding pregnant ladies. Increased workload for practices; GDPR issues – pt would have to be contacted before records could be shared. 	<ul style="list-style-type: none"> Interoperability meeting has now been held and outcomes are awaited. CCG Chair has approached S&O to discuss how pathway could support sharing of this information to practices. Trust are now looking into this. Jan 2019 Letter to be escalated to Trust.
2. Lack of visibility from community nursing teams	<ul style="list-style-type: none"> Risk that patient care could be affected 	<ul style="list-style-type: none"> LCFT Frailty team engaging with locality. Escalated with LCFT and action plan agreed to increase presence / improve relationships between nursing teams and general practice. GP query email inbox being set up by LCFT to deal with issues as they arise.

Key Issues Report

Southport & Formby Localities

December 2018 – January 2019



FORMBY LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
<ol style="list-style-type: none"> Lack of visibility from community nursing teams Various issues raised with clinical care within community teams 	<ul style="list-style-type: none"> Risk that patient care could be affected 	<ul style="list-style-type: none"> LCFT Frailty team engaging with locality. Escalated with LCFT and action plan agreed to increase presence / improve relationships between nursing teams and general practice. GP query email inbox being set up by LCFT to deal with issues as they arise. More staff have been recruited by LCFT to address capacity issues with Treatment rooms.

NORTH LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
<ol style="list-style-type: none"> Lack of visibility from community nursing teams; new Frailty service means that community matron caseload discharged back to GPs. 	<ul style="list-style-type: none"> Risk that patient care could be affected 	<ul style="list-style-type: none"> LCFT Frailty team engaging with locality. Escalated with LCFT and action plan agreed to increase presence / improve relationships between nursing teams and general practice. GP query email inbox being set up by LCFT to deal with issues as they arise. Assurance received no caseload being discharged; no services have been decommissioned. These pts will be picked up through frailty services. MDT dates to be shared with LCFT teams to improve attendance.
<ol style="list-style-type: none"> Practices reports concerns regarding Safeguarding procedures – no feedback to practices on outcomes unless there is a CP issue; if other professionals make referrals GP is 	<ul style="list-style-type: none"> Patient care could be affected 	<ul style="list-style-type: none"> Concerns taken forward with Safeguarding Lead; referral pathway confirmed. Further works being done as part of LQC for data cleanse of practice registers to improve

Key Issues Report

Southport & Formby Localities

December 2018 – January 2019



not informed; communication issues.		data quality so that practices will be more informed.
3. Problems experienced by practice when transferring patient records via GP2GP system	<ul style="list-style-type: none"> Delays to patient care 	<ul style="list-style-type: none"> Raised with iMerseyside to investigate with EMIS.
4. Midwives not using EMIS; practices are not informed when ladies self-refer for pregnancy	<ul style="list-style-type: none"> Risk of information not passing to practices regarding pregnant ladies. 	<ul style="list-style-type: none"> Interoperability meeting has now been held and outcomes are awaited. CCG Chair has approached S&O to discuss how pathway could support sharing of this information to practices. Trust are now looking into this.
5. Health visiting teams not known to practices/families.	<ul style="list-style-type: none"> Patient care issues, lack of relationships/knowledge 	<ul style="list-style-type: none"> Raised with North West Boroughs Trust to find out each practices 'linked' health visitor. To invite to locality meetings to improve relationships.

Finance and Resource Committee Minutes

Wednesday 19th September 2018, 10.30am to 12.45pm
Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

Attendees (Membership) Helen Nichols Gill Brown Debbie Fagan Jan Leonard Colette Riley Martin McDowell Alison Ormrod Susanne Lynch	Lay Member, S&F CCG (Chair) Lay Member, S&F CCG Chief Nurse, S&F CCG Director of Commissioning and Redesign, S&F CCG Practice Manager & Governing Body Member, S&F CCG Chief Finance Officer, S&F CCG Deputy Chief Finance Officer, S&F CCG Head of Medicines Management, S&F CCG	HN GB DF JL CR MMcD AOR SL
In attendance Andy Woods Tracy Jeffes	Senior Governance Manager - Merseyside CCGs Equality & Inclusion Service Director of Corporate Services	AW TJ
Apologies Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
Minutes Tricia Evers	Senior Administrator	TE

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

Name	Membership	Jan 18	Feb 18	Mar 18	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Jan 19
Helen Nichols	Lay Member (Chair)	✓	✓	✓	A	✓	✓	✓	✓			
Gill Brown	Lay Member	✓	✓	✓	✓	✓	A	A	✓			
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	✓	✓	A			
Colette Riley	Practice Manager	✓	✓	✓	✓	✓	A	A	✓			
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓			
Alison Ormrod	Deputy Chief Finance Officer	✓	A	A	✓	✓	A	A	✓			
Debbie Fagan	Chief Nurse & Quality Officer	✓	A	A	A	✓	A	✓	✓			
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	A	✓	✓	A	✓	✓			
Susanne Lynch	CCG Lead for Medicines Management	A	✓	✓	A	A	✓	✓	✓			
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	*	*	*	*	*	*			

No	Item	Action
General Business		
FR18/120	<p>Apologies for absence Apologies were noted for Dr Hilal Mulla (HM), GP Governing Body Member.</p>	
FR18/121	<p>Declarations of interest regarding agenda items Committee members were reminded of their obligation to declare any interest they may have relating to issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution</p> <p>Declarations of interest from today's meeting</p>	
FR18/122	<p>Minutes of the previous meetings and key issues The Chair did advise that the minutes of 20th June 2018 had been previously signed. Post signature, a couple of amendments had been actioned. The minutes of the previous meeting held on 20th June 2018 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> <p>The minutes of the previous meeting held on 18th July 2018 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> <p>The minutes of the previous meeting held on 22nd August 2018 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>	
FR18/123	<p>Action points from the previous meeting</p> <p><u>Actions from meeting on 19th September 2018</u></p> <p>FR18/72 - Continuing Health Care – Update Report May 2018 Adam DPS: A full assessment was being undertaken by the CCG in terms of understanding impact alongside a report describing the pros/cons of using the system. AOR agreed to bring a report to the next meeting.</p> <p>FR18/100 - Apologies for absence As the F&R Committee meeting on 18th July 2018 was not quorate, all decisions agreed at this meeting (for items requiring approval / ratification) were ratified at the F&R Committee meeting scheduled for 19th September 2018. The Chair raised this at the meeting today. Action closed</p>	AOR

No	Item	Action
	<p>FR18/108 - Finance & Resource Committee Risk Register The committee agreed changes to the F&R risk register on 18th July 2018, which was subject to approval by the majority of committee members as the meeting was not quorate; TK gained approval from members who were not present at the meeting. The agreed changes were formally ratified at the F&R Committee meeting today 19th September 2018, as per above action under item FR18/100. Action closed</p> <p>FR18/102 - Minutes of the previous meeting and key issues A post meeting note was added by TK to the minutes of the meeting on 20th June 2018 for item <i>FR18/96 APC Recommendations</i>, as agreed at the meeting on 18th July 2018. Action closed</p> <p>FR18/104 - IG & Data Security and Protection Policies 2018 v2.1 MMcD had confirmed the rationale for why the Corporate Governance Support Group reports to the Joint Quality Committee. DF agreed to liaise over additional agenda item if necessary.</p> <p>FR18/104 - IG & Data Security and Protection Policies 2018 v2.1 SL provided an update to the LMC yesterday (18.09.2018). A Memorandum of Understanding will be provided for consideration regarding use of searches under GDPR.</p> <p>MMcD advised, in relation to IG that the CSU and CCG had been working together.</p> <p>CR advised of a Federation meeting on 4th October 2018 to consider General Practices concerns over implementing GDPR. CR stated she will ask whether all Practices have implemented appropriate arrangements.</p> <p>FR18/104 - IG & Data Security and Protection Policies 2018 v2.1 MMcD confirmed iMerseyside's corporate responsibility in terms of their data facilitator employees' role in processing data as follows; IM are currently reviewing its GDPR compliance requirements and in particular, its GDPR requirements in relation to Information Facilitators in GP Practices. Their understanding is that data can be legitimately 'processed' (eg view EMIS, run reports etc) IF; A general IM/MCT Privacy Notice is in place (which is the case). A team DQ Privacy Notice is in place (this is currently in draft format). IM encourage all GP Practices to have their own privacy notice displayed in patient areas which references IM. A form of contract between the data controller and data processor is in place (in this case between IM and the individual GP practices). The IM team have been advised to run searches in GP practices and to keep the Practice Managers informed of searches. IM IG lead is currently assessing requirements.</p> <p>A discussion took place around a collaborative approach and current lack of awareness. CR agreed to liaise with IM and GP Practices. TJ agreed to organise a session with CSU, IM and CCG colleagues.</p>	<p></p> <p></p> <p></p> <p>SL</p> <p></p> <p>CR</p> <p></p> <p></p> <p>CR/ TJ</p>

No	Item	Action
	<p>FR18/105 - IG Staff Code of Conduct 2018 MMcD clarified the security requirements for home working - including downloads onto home computers, use of iPADs and using CCG drives through an external internet provider. Discussion took place around current practice. GB suggested the use of the Virtual Board Room as a secure route option and MMcD agreed to explore this with Judy Graves (JG). MMcD will ensure there is consistency between the IG Staff Code of Conduct and related iMerseyside policies, including the use of VPNs.</p> <p>FR18/106 - Finance Report - Month 3 The run rate information in the form of a table or graph will be included in future finance reports. Action closed</p> <p>FR18/106 - Finance Report - Month 3 The QIPP Plan 2018/19 graph in section 6 of the report was corrected prior to submission of the report to the Governing Body. Action closed</p> <p><u>Actions from meeting on 22nd August 2018</u></p> <p>FR18/118 - Finance Report - Month 4 MMcD advised that discussions may take place with the Planning team in the first instance but this may lead to further discussions with elected council members to understand the planning process in respect of new care homes / villages.</p> <p>FR18/118 - Finance Report - Month 4 DF updated on 1-1 high cost packages. The CSU is reviewing 1-1 physical and mental needs and all will be completed by December 2018. Weekly meetings are taking place. IC Nurses are reviewing patients undertaking 1-1s treatment for assurance that it is being delivered. DF will request data by the end of September 2018, from Mersey Care Trust colleagues. MMcD highlighted the use of district nurses from a community perspective with the aim of enabling people to remain independent in their own home. QIPP and Quality Improvement work to be considered. Home First and Personal Health budgets were discussed. DF agreed to ask Jo Ryder (JR), CCG colleague to progress with community providers.</p> <p>FR18/118 - Finance Report - Month 4 JL confirmed that it is a statutory duty of the CCG to provide continence pads. Lancashire Care colleagues are currently in the process of procurement.</p> <p>AW advised in relation to case law and agreed to share the case law brief with the group. DF will work with AW in relation to patient needs assessments. It was noted that there is a transformation plan around the Continence Service.</p> <p>The Health Watch report was discussed. TJ advised of an opportunity through The Engagement and Patient Experience Group (EPEG) to discuss issues.</p>	<p>MMcD</p> <p>MMcD</p> <p>DF</p> <p>DF</p> <p>AW</p> <p>DF/AW</p>

No	Item	Action
	<p>FR18/118 - Finance Report - Month 4 SL confirmed that a meeting had taken place regarding remaining issues of secondary care clinicians prescribing items that were included in NHSE's restricted items list. Action closed</p> <p>In relation to Commissioning Intentions, MMcD requested that Prescribing Leads review a joined up approach.</p> <p>MMcD noted that the CCG was considering adopting an internal turnaround approach. A discussion took place and MMcD advised that consideration is being given to a Turnaround Director being employed for a short term, and will be considered further at the October Governing Body development session.</p> <p>CR raised concern over timeliness of Advice and Guidance. GB raised concern over patients started on medication that cannot be supported. SL will raise clinical safety issues with NHSE – Cheshire & Merseyside group.</p>	<p>SL</p> <p>SL</p>
<i>HR</i>		
FR18/124	<p>Annual Workforce Equality and Diversity Update including Workforce Race Equality Standard</p> <p>AW was in attendance to present the latest update against the actions on the CCG's Workforce Equality and Diversity Plan (Appendix A), the annual Workforce Race Equality Standard (WRES) Report (Appendix B). By receiving and considering the reports the CCG will have demonstrated 'due regard' to their duties under the Equality Act 2010 and the Health and Social Care Act 2012.</p> <p>Summary; Work is ongoing to ensure HR & Workforce practices are compliant The Workforce Equality and Diversity Plan (WRES) supports the CCG to meet its Equality Objectives. AW advised of progress and that there is a meeting with CSU colleagues in November 2018 to review work against the Plan.</p> <p><i>The committee received this report.</i></p>	
FR18/125	<p>HR Performance Dashboard TR provided an update relating to the most recent HR dashboard which now includes the Governing Body, plus the shared services staff working across both Sefton CCGs.</p> <p>TJ advised that the sickness absence rate shows an increase for July, however the committee was asked to note this relates to a small number of long term staff absences affecting the figures. The Leadership Team are reviewing this. Discussion took place and TJ agreed to share staff figures commensurate with long term absences at the next meeting.</p> <p>The mandatory and statutory training rate has shown a small increase over recent months. All line managers are being asked to ensure staff complete the require training.</p> <p><i>The committee received this report and requested additional staff long term absence data.</i></p>	TJ

No	Item	Action
<i>Service Contracts / Contract Planning</i>		
FR18/126	<p>Midlands and Lancashire CSU: Summary Service Report</p> <p>TR advised that this report is produced by Pam Hughes (PH), Service Director – Merseyside, Midlands and Lancashire CSU and provides a brief update on key services delivered by the CSU in the period from 1st April to 31st August 2018.</p> <p>Annex B to the report, shows the aggregated customer satisfaction scores (from the feedback of all six Merseyside CCGs) for each of the core services commissioned from the CSU for July 2018. This is produced on a monthly basis by the CSU and discussed at the Collaborative Contract Management Forum between all Merseyside CCGs and the CSU.</p> <p>It was highlighted that Customer Satisfaction was rated green, showing an improvement from the previous report.</p> <p>The Referral Management Service is due to cease on 30.09.2018.</p> <p><i>The committee received this report.</i></p> <p><i>TJ left at 11.30am</i></p>	
FR18/127	<p>Contract Planning 2019/20</p> <p>JL advised that this presentation was made by CCG colleague, Nadine Smith (NS), Senior Contracts Manager to SMT on 14th August 2018 and outlines SFCCG planning for the 2019/20 contracting round. It highlights the issues that need to be taken into consideration.</p> <p>Discussion took regarding timescale of the process, commissioning intentions, trade-offs, strategic steer, minor opportunities with new money and administration charges relating to high cost drugs.</p> <p>MMcD advised of regular discussions being undertaken before the contract deadline.</p> <p>MMcD spoke about the Provider Alliance and how they could look to prioritise investment to meet CCG key priority areas.</p> <p>HN highlighted opportunities through transformation as a Health Economy.</p> <p><i>The committee received this presentation.</i></p>	
<i>Finance</i>		
FR18/128	<p>Finance Report - Month 5</p> <p>AO advised that the full year most likely financial position for the CCG is a deficit of £2.817m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.</p> <p>AO referred the group to page 64 of the meeting pack. The CCG has posted a balanced run rate for month 5 following losses in earlier months. Q1 reported deficit position, Q2 plans to breakeven, whilst Q3 & Q4 plan to return to surplus position through delivery of the QIPP plan.</p> <p>The most likely financial out turn position for the CCG assessed at 31st August 2018 is a deficit of £2.817m. This assumes that QIPP delivery during the year will be £3.696m.</p> <p>AO referred the group to the Finance Key Performance Indicators data and explained the position.</p> <p>AO discussed pressures relating to over performance for Non-Elective</p>	

No	Item	Action
	<p>activity/costs at Southport and Ormskirk Hospital NHS Trust, and increased volume and cost of CHC packages.</p> <p>QIPP delivery at month 5 is £1.865m which relates to a prior year non recurrent benefit arising from a technical adjustment, planned application of reserves and prescribing savings. The QIPP target for 2018-19 is £5.210m.</p> <p>MMcD updated on Provider Expenditure Analysis.</p> <p>The Month 4 activity report received from Southport & Ormskirk NHS Trust shows an over performance of £1.823m against plan. The CCG have raised a challenge relating to a number of areas of expenditure included in the year to date position:</p> <ul style="list-style-type: none"> o Non-Elective price increase o Counting of CDU activity o AEC Follow up activity <p>MMcD highlighted the views of the Trust and CCG regarding cost pressures at Southport & Ormskirk NHS Trust for PbR activity.</p> <p>Application of contract sanctions and assumptions for the impact of in year CQUIN performance and review of the Non-PBR block will reduce the forecast expenditure further</p> <p>The CCG likely case financial position includes an assumption that the Southport Contract payment will be £64.074m which is in line with the financial plan. Any additional payment above this amount will increase the CCG's forecast deficit.</p> <p>A risk will be presented to the Governing Body meeting in October 2018 regarding not being on target to deliver the financial plan or its statutory target.</p> <p>MMcD summarised the main issues/risks. QIPP Plan work is to be undertaken and the Plan is to be revamped. HN requested the plan is presented at the October meeting.</p> <p>HN requested current CHC data. DF provided an update on NHSE data now based on clusters. AOR agreed to raise CHC data at the Cheshire & Merseyside group. DF did advise that Moira Harrison (MH), CCG colleague is undertaking work on end of life services.</p> <p>MMcD referred the group to Page 83, Appendix 5 and provided the background to NCSO Cost Pressure table.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	<p>MMcD</p> <p>MMcD</p> <p>AOR</p>
FR18/129	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the risk register.</p> <p>He advised on the rationale behind risk scoring and confirmed that under the review of the risk register, the CCG's financial position represented its biggest risk.</p> <p>MMcD suggested that risks relating to Stroke Service should be re-evaluated to see if they could be mitigated through introduction of an ESD Service.</p> <p>HN raised GP Pension payments. AOR advised that this would be rated as a low</p>	

No	Item	Action
	<p>risk to the CCG in financial terms because of the cost, MMcD acknowledged that it would be a reputational issue. MMcD agreed to add Pension payments for GPs to the Key Issues report to Governing Body.</p> <p><i>The committee agreed the F&R risk register remains unchanged. Pension payments for GPs will be added to the Key Issues report to Governing Body.</i></p>	MMcD
FR18/130	<p>Benchmarking and VFM</p> <p>AOR previously reported that NHS England have arranged a CCG Finance Deputies monthly meeting, which she will attend. AOR will raise future benchmarking with this group. There was no further update.</p> <p><i>The committee received this verbal update.</i></p>	AOR
FR18/131	<p>Individual Funding Request Service Q1 2018/19</p> <p>JL advised that most applications received are requests to fund Cosmetic procedures (41%) i.e. Surgical removal of benign skin lesions; The highest number of applications received into the IFR service so far this year were from Primary Care (GPs) at 56%.</p> <p><i>The committee received this report.</i></p>	
<i>IT</i>		
FR18/132	<p>GPIT BAU and CCG Corporate Capital Requests 2018/19 – Confirmation from NHSE</p> <p>MMcD advised that following formal and final approval to proceed with the schemes, the NHS England allocation had been reduced. Therefore the recommendation is that the scheme below is postponed until the 2019/2020 financial year.</p> <p>01T-1819-GPITBAU-COIN Bearer Bandwidth-PID £177,940 01V-1819-GPITBAU-COIN Bearer Bandwidth-PID £105,446</p> <p><i>The committee received this report and noted the amendment to the schemes.</i></p>	
<i>Estates</i>		
FR18/133	<p>Improvement Grant Application - Grange Surgery</p> <p>The practice asked for formal CCG ratification for a Premises Improvement Grant application to NHS England. MMcD advised that he had approved the application as the CCG's Chief Finance Officer, in line with scheme of delegation.</p> <p><i>The committee ratified this decision.</i></p>	
<i>Performance</i>		

No	Item	Action
FR18/134	<p>Quality Premium Report</p> <p>JL highlighted; Measure 2 Positive Experience GP Appointment The latest publication was in July 2018 when 74% of Southport & Formby patients reported having a positive experience of making a GP appointment. This is less than a 1% increase from the 73.51% reported in July 2017, and below the 85% target.</p> <p><i>The committee received this report.</i></p>	
<i>Prescribing</i>		
FR18/135	<p>Prescribing Spend Report – Month 3 2018/19</p> <p>SL highlighted; At month 3 (June 2018) the forecast shows the SFCCG services are underspent by £160k or -35.6%. (This figure does not include Sefton Continence Service or iSight service).</p> <p>The Southport & Formby CCG 2018/19 prescribing budget is £22,732,849. At Month 3 the forecast shows SFCCG is underspent by £2.1m or -9.1%.</p> <p>The report has been updated for the 2018/19 financial year and is now presented in five sections covering Finance/Budget, Practice Population, Cost Pressures, Saving Opportunities and Monitoring.</p> <p>SL referred the group to the table on page 143 showing the breakdown of the Budget information/Savings and Cost Pressures. SL discussed the content of the table.</p> <p>The group were referred to Appendix 1 and SL advised that current finances, population and pressures and saving opportunities can be identified at Practices using this tool.</p> <p>MMcD requested that there is consistency with the finance report, in terms of understanding the forecast out-turn position taking account of QIPP etc.</p>	AOR/SL
FR18/136	<p>Quarter 1 Prescribing Performance Report 2018/19</p> <p>The Quarter 1 report had not been finalised. HN suggested that a separate report is not required for future meetings so long as figures are reported.</p> <p><i>The committee received this verbal update.</i></p>	
FR18/137	<p>Prescribing Rebate Scheme – Januvia (Sitagliptin) – Merck Sharp & Dohme Ltd</p> <p>SL recommended that the CCG sign up to a Prescribing Rebate Scheme on the APC Pan Mersey Formulary. MMcD had approved this recommendation.</p> <p><i>The committee approved the recommendation that the CCG sign up to the Prescribing Rebate Scheme, in line with its previously agreed policy.</i></p>	
Minutes of Steering Groups to be formally received		

No	Item	Action
FR18/138	<ul style="list-style-type: none"> • Sefton Property Estates Partnership (SPEP) Steering Group – June 2018 <p><i>The committee received the minutes of the SPEP Steering Group meeting in June 2018.</i></p> <ul style="list-style-type: none"> • Information Management & Technology (IM&T) Steering Group – August 2018 <p><i>The committee received the minutes of the IM & T Steering Group meeting in August 2018</i></p>	
Closing business		
FR18/139	<p>Any Other Business</p> <p>Brexit considerations. MMcD agreed to send the NHSE update to GB. It was agreed that HN would take Brexit considerations as an item to the Audit Committee.</p>	MMcD HN
FR18/140	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of Next Meeting</p> <p>Wednesday 24th October 2018 10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

Finance and Resource Committee Minutes

Wednesday 24th October 2018, 10.30am to 12.30pm
Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

Attendees (Membership)		
Helen Nichols	Lay Member, S&F CCG (Chair)	HN
Gill Brown (Items FR18/141-151 and FR18/153)	Lay Member, S&F CCG	GB
Debbie Fagan	Chief Nurse, S&F CCG	DF
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
Martin McDowell	Chief Finance Officer, S&F CCG	MMcD
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
Alison Ormrod (Items FR18/141-147)	Deputy Chief Finance Officer, S&F CCG	AOR
Apologies		
Jan Leonard	Director of Commissioning and Redesign, S&F CCG	JL
Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	Jan 18	Feb 18	Mar 18	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Jan 19
Helen Nichols	Lay Member (Chair)	✓	✓	✓	A	✓	✓	✓	✓	✓		
Gill Brown	Lay Member	✓	✓	✓	✓	✓	A	A	✓	✓		
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	✓	✓	A	A		
Colette Riley	Practice Manager	✓	✓	✓	✓	✓	A	A	✓	✓		
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Alison Ormrod	Deputy Chief Finance Officer	✓	A	A	✓	✓	A	A	✓	✓		
Debbie Fagan	Chief Nurse & Quality Officer	✓	A	A	A	✓	A	✓	✓	✓		
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	A	✓	✓	A	✓	✓	A		
Susanne Lynch	CCG Lead for Medicines Management	A	✓	✓	A	A	✓	✓	✓	✓		
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	*	*	*	*	*	*	*		

No	Item	Action
General Business		
FR18/141	<p>Apologies for absence</p> <p>Apologies for absence were received from Hilal Mulla and Jan Leonard.</p> <p>Tracy Jeffes, Director of Corporate Services at the CCG, was due to attend to present item <i>FR18/145</i> but had needed to send apologies. It was noted that Martin McDowell would present this item in her absence.</p>	
FR18/142	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have relating to issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • <i>FR18/150: Update on GPIT and ETTF Funding for 2018/19</i> CR declared that she is the practice manager at a GP practice in Southport and Formby which could potentially benefit from GPIT and ETTF bids. It was noted that the item <i>FR18/150</i> is on the agenda for approval. CR had an indirect pecuniary conflict of interest. The Chair reviewed the declaration and decided that CR can be present during this item but cannot participate in discussion and decision making due to potential bias. • Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
FR18/143	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting on 19th September 2018 were approved as a true and accurate record subject to the following minor typographical amendment in item <i>FR18/123</i>: the word 'had' is to be changed to 'and'.</p> <p>The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	TK
FR18/144	<p>Action points from the previous meeting</p> <p>FR18/123 - Action points from the previous meeting (FR18/72 - Continuing Health Care – Update Report May 2018) A CHC update report will be discussed under item <i>FR18/147</i>. Action closed.</p> <p>FR18/123 - Action points from the previous meeting</p>	

No	Item	Action
	<p>(FR18/104 - IG & Data Security and Protection Policies 2018 v2.1) SL reported that a draft Memorandum of Understanding is currently with the LMC for comments. Once finalised this will be shared as guidance for other teams in the CCG to support data requests. Action closed.</p> <p>FR18/123 - Action points from the previous meeting (FR18/104 - IG & Data Security and Protection Policies 2018 v2.1) CR referred to a GDPR support scheme arranged by the Federation and reported that two federated practices have declined to join the scheme. She noted she would liaise with these practices to confirm they are confident with the processes they have in place for the Data Protection Officer.</p> <p>FR18/123 - Action points from the previous meeting (FR18/104 - IG & Data Security and Protection Policies 2018 v2.1) In reference to organising a GDPR / IT session with CSU, iMerseyside and CCG colleagues, SL notified the committee that the CCG is awaiting feedback from the LMC regarding data searches. Tracy Jeffes (Director of Corporate Services at the CCG) will arrange a briefing for staff at the Operational Team meeting when this information is available. The committee agreed for the action to remain on the tracker with this update added.</p> <p>FR18/123 - Action points from the previous meeting (FR18/105 - IG Staff Code of Conduct 2018) Regarding the use of Virtual Board as a secure route option for home working – MMcD reported the CCG does not currently purchase the full package and therefore does not have access to facilities that would provide this secure route option. The CCG's Corporate Governance Manager is obtaining costs for the full package which will be reviewed to assess value for money. MMcD confirmed he would review the number of licences currently in place and the cost implications to purchase the full package. This action is to supersede the existing action on the tracker.</p> <p>FR18/123 - Action points from the previous meeting (FR18/118 - Finance Report - Month 4) MMcD reported there is no update in terms of discussions with the Council's planning team to understand the planning process in respect of new care homes / villages. GB raised issues regarding the planning of new housing developments and the need to consider the following:</p> <ul style="list-style-type: none"> • lack of health infrastructure to support the new residents • impact / cost of the healthcare of the new residents on the local health economy, given Southport and Formby's increasingly elderly demographic. <p>MMcD confirmed these issues could be raised at the Health & Wellbeing Board meeting and the Integrated Commissioning Group meeting, which he will take forward.</p> <p>AOR reported she had a productive meeting with the Head of Adult Social Care at Sefton Council last month regarding joint working.</p> <p>FR18/123 - Action points from the previous meeting (FR18/118 - Finance Report - Month 4) DF confirmed she has received data on 1-1 high cost packages from Mersey Care. Action closed.</p>	<p>CR</p> <p>MMcD</p> <p>MMcD</p>

No	Item	Action
	<p>FR18/123 - Action points from the previous meeting (FR18/118 - Finance Report - Month 4) A case law brief regarding continence in Southport and Formby has been circulated to the committee. DF confirmed information has been provided in relation to patient needs assessments. Action closed.</p> <p>FR18/123 - Action points from the previous meeting (FR18/118 - Finance Report - Month 4) MMcD reported extensive work has been carried out between prescribing leads and the finance team to review a joined up approach in relation to commissioning intentions. Action closed.</p> <p>FR18/123 - Action points from the previous meeting (FR18/118 - Finance Report - Month 4) SL confirmed that work is ongoing regarding raising clinical safety issues with the NHSE – Cheshire & Merseyside group. Action closed.</p> <p>FR18/125 - HR Performance Dashboard Action still open – Tracy Jeffes to share staff figures commensurate with long term absences.</p> <p>FR18/128 - Finance Report - Month 5 HN confirmed the risk regarding the CCG not being on target to deliver the financial plan or its statutory target was presented to the Governing Body. Action closed.</p> <p>FR18/128 - Finance Report - Month 5 The latest QIPP plan is in the month 6 finance report. Action closed.</p> <p>FR18/128 - Finance Report - Month 5 AOR confirmed she has raised the issue of CHC data with finance colleagues across the Cheshire and Mersey health economy and will discuss further under item <i>FR18/147: Continuing Health Care – Update Report</i>. Action closed.</p> <p>FR18/130 - Benchmarking and VFM AOR confirmed benchmarking has been covered in the report for item <i>FR18/147: Continuing Health Care – Update Report</i>. She will report further under this item. Action closed.</p> <p>FR18/135 - Prescribing Spend Report – Month 3 2018/19 MMcD and AOR confirmed there is now consistency between the finance report and prescribing report, in terms of understanding the forecast out-turn position taking account of QIPP. Action closed.</p> <p>FR18/139 - Any Other Business MMcD reported he had raised the potential impact of a ‘no deal’ Brexit at the North Mersey Finance Leadership Group meeting on 19th October 2018. He noted one of the main concerns for providers is potential stockpiling of drugs. The Chief Finance Officer at Liverpool Heart & Chest has a Brexit contingency planning paper which she will share with the North Mersey Finance Leadership Group. MMcD confirmed he would provide an update at the next F&R Committee meeting in November 2018 once this paper has been received.</p> <p>FR18/139 - Any Other Business HN confirmed Brexit considerations was discussed at the Audit Committees in Common meeting on 17th October 2018. Action closed.</p>	MMcD

No	Item	Action
<i>Policies / frameworks for approval</i>		
FR18/145	<p>Business Continuity Policy, Strategy, Plan; EPRR Policy and Plan</p> <p>MMcD presented the following documents for approval: Business Continuity Policy Business Continuity Strategy Business Continuity Plan EPRR Policy EPRR Plan</p> <p>The EPRR Plan and Policy is intended to replace the previous Incident Response Plan (IRP). Much of the aspects of the IRP have been retained.</p> <p>MMcD reported the EPRR Plan now contains sections relating to response and recovery. It also includes action cards for pandemic flu, cold weather, heat wave and infectious disease in line with the requirements of the EPRR core standards.</p> <p>It was noted that there have been no major changes to the Business Continuity Plan; the changes from the BIA review process have been included and the reduced number of staff based at Southport and Formby CCG has been reflected in the plan.</p> <p>MMcD reported that the Leadership Team took part in a desktop exercise on cyber security in September 2018.</p> <p>Members discussed the documents. SL commented that the Business Continuity Plan does not capture the resilience currently in place with fast access laptops. MMcD noted that the same document notes an increase in VPN access contributing to resilience, which is incorrect, as it is the purchase of fast access laptops which has increased resilience. It was agreed for MMcD and SL to raise these issues with Niall Pemberton (Resilience Support Officer at Midlands and Lancashire CSU) to ensure clarity and accuracy in the document regarding the resilience that is currently in place.</p> <p><i>The committee approved all documents subject to MMcD and SL being satisfied that the issue of resilience and upgraded technology through fast access laptops has been correctly captured in the Business Continuity Plan.</i></p>	MMcD / SL
<i>Finance</i>		
FR18/146	<p>Finance Report - Month 6</p> <p>AOR provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 30th September 2018. The following points were highlighted:</p> <ul style="list-style-type: none"> • The year to date financial position is a deficit of £0.800m, which is in line with the planned position for the year. • As at 30 September 2018, the CCG's likely year-end financial position is a deficit of £2.964m. 	

No	Item	Action
	<ul style="list-style-type: none"> • The main financial pressures include cost pressures relating to CHC packages and cost pressures at Southport & Ormskirk NHS Trust (S&O) for PbR activity. • All BPPC targets have been achieved expect for non NHS by volume which is below the 95% target. Work is underway to improve the performance. • QIPP delivery at month 6 is £2.365m; the QIPP target for 2018-19 is £5.210m. <p>Members noted the £2.365m of QIPP savings in year to date is a significant proportion of the year to date QIPP plan.</p> <p>MMcD provided a detailed explanation of the CCG position in relation to overperformance at S&O. He referred to the CCG worst case financial position (a deficit of £5.564m) which reflects a proportion of the expected overspend at S&O. A detailed discussion followed. MMcD agreed to produce an internal report for committee members, summarising the issues in relation to S&O and the CCG's worst case scenario, to aid understanding of this issue.</p> <p>AOR reported S&O have confirmed that the debt, following the outcome of the Expert Determination, will be paid in November 2018.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the recommendation section of the report.</i></p>	MMcD
FR18/147	<p>Continuing Health Care – Update Report</p> <p>DF and AOR presented a report on work that is being progressed in relation to CHC.</p> <p>DF provided an update on retrospective reviews, as detailed in the report. She noted the CCG approved the commissioning of CHS Healthcare Limited to undertake the retrospective reviews for unassessed periods of care. This is separate to previously unassessed periods of care up to 31st March 2013, which are being dealt with separately. CHS Healthcare are now in receipt of the first thirty retrospective cases. It was noted the Deputy Chief Nurse will be receiving activity updates against the cases under review on a monthly basis.</p> <p>HN asked for future finance reports to include an update on CHC retrospective reviews, as work is progressed on this issue, incorporating an assessment of best case and worst case financial impact.</p> <p>DF provided an update on high cost cases, as detailed in the report. She noted a CHC Deep Dive session took place at the CCG's Senior Management Team meeting on 23rd October 2018.</p> <p>AOR provided an update on the Adam DPS system. She reported that regular multi-disciplinary meetings continue to take place with ADAM. AOR also referred to a recent meeting with finance representatives across the Cheshire and Merseyside health economy on CHC processes and issues. She noted a variety of systems are being used for CHC and it appears that similar issues are</p>	AOR

No	Item	Action
	<p>experienced across the patch.</p> <p>AOR referred to discussions with DF and the Deputy Chief Nurse regarding continuation of the DPS. In the absence of a better alternative solution, it was agreed that resources would be used more productively to review existing cases and strategic planning for CHC rather than sourcing an alternative solution. This decision will be left under periodic review.</p> <p>A discussion took place regarding the extent of data cleansing currently required. The committee were advised that Adam have confirmed they expect the DPS and SPINE to be linked with effect from November 2018. This will increase the reliability around patient changes, including when patients packages change or cease.</p> <p>MMcD noted that further work is required to ascertain the impact on year-end predictions regarding high cost cases. He recommended that a check and challenge session be undertaken at a future Governing Body development session, which members agreed with.</p> <p>HN requested that the month 7 finance report have a one page update on high cost cases for the next F&R Committee meeting in November 2018.</p> <p><i>The committee received the CHC update report.</i></p>	<p>MMcD</p> <p>AOR</p>
FR18/148	<p>Finance & Resource Committee Risk Register</p> <p>The committee reviewed the F&R risk register and agreed there were no changes.</p> <p><i>The committee approved the F&R risk register.</i></p>	
FR18/149	<p>Finance Strategy Update</p> <p>MMcD provided an update on the CCG's finance strategy and noted that a revised strategy is linked into the planning timetable. More detail on the 2019/20 plans will be provided at the Governing Body Development Session in December 2018. A full options appraisal will also be carried out at this meeting.</p> <p>MMcD confirmed he would circulate the Planning Guidance for 2019/20 received to date to the committee.</p> <p><i>The committee received this verbal update.</i></p>	MMcD
<i>IT</i>		
FR18/150	<p>Update on GPIT and ETTF Funding for 2018/19</p> <p>MMcD presented a revised programme for GPIT and ETTF funding. It was noted that not all of the CCG additional bids for GPIT and ETTF funding have been approved by NHSE. Informatics Merseyside have subsequently reviewed all of the bids and proposed a plan to ensure the available funding is maximised to further improve IT systems and infrastructure. The proposed plan has been</p>	

No	Item	Action
	<p>detailed in the report received by the committee. The committee reviewed the plan and provided approval to progress with this.</p> <p><i>The committee approved the proposed plan regarding GPIT and ETTF funding to ensure that the available funding is maximised to further improve IT systems and infrastructure. CR was excluded from decision making for this item due to a conflict of interest as detailed under item FR18/142.</i></p>	
<i>Estates</i>		
FR18/151	<p>Estates Update</p> <p>It was noted that there was no update to report.</p>	
<i>Prescribing</i>		
FR18/152	<p>Prescribing Spend Report – Month 4 2018/19</p> <p>SL provided an overview of the prescribing report for month 4. It was noted that at month 4, the CCG is forecast to be underspent by £2.2m or -9.8%. The Southport & Formby CCG 2018/19 prescribing budget is £22,732,849.</p> <p>The committee noted and discussed the fluctuating prices of Category M drugs and the impact on prescribing forecast figures.</p> <p>MMcD referred to the potential drug switch from Lucentis to Avastin for age related macular degeneration. He noted the switch could lead to significant cost savings for the CCG. SL advised the switch would need to be approved by Pan Mersey. Further updates will be brought to the committee in due course.</p> <p><i>The committee received the prescribing report.</i></p>	
FR18/153	<p>Pan Mersey APC Recommendations</p> <p>SL asked the committee to consider approving the following Pan Mersey APC recommendation:</p> <ul style="list-style-type: none"> • Dupilumab solution for injection (Dupixent®▼) for Atopic Dermatitis <p>The committee discussed the recommendation and approved it.</p> <p><i>The committee approved the Pan Mersey APC recommendation for the commissioning of Dupilumab solution for injection (Dupixent®▼) for Atopic Dermatitis.</i></p>	
Minutes of Steering Groups to be formally received		
FR18/154	<p>Sefton Property Estates Partnership (SPEP) Steering Group – August 2018</p> <p>The committee received the minutes of the SPEP Steering Group meeting, which took place on 20th August 2018.</p>	

No	Item	Action
Closing business		
FR18/155	Any Other Business No items of other business were raised at this meeting	
FR18/156	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 21 st November 2018 10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ	

Approved

Finance and Resource Committee Minutes

Wednesday 21st November 2018, 10.30am to 12.30pm
Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

Attendees (Membership)		
Helen Nichols	Lay Member, S&F CCG (Chair)	HN
Gill Brown	Lay Member, S&F CCG	GB
Debbie Fagan	Chief Nurse, S&F CCG	DF
Jan Leonard (FR18/157-170)	Director of Commissioning and Redesign, S&F CCG	JL
Susanne Lynch (FR18/157-162, FR18/166 & FR18/168)	Head of Medicines Management, S&F CCG	SL
Martin McDowell	Chief Finance Officer, S&F CCG	MMcD
Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
Apologies		
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	Jan 18	Feb 18	Mar 18	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Jan 19
Helen Nichols	Lay Member (Chair)	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	
Gill Brown	Lay Member	✓	✓	✓	✓	✓	A	A	✓	✓	✓	
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	✓	✓	A	A	✓	
Colette Riley	Practice Manager	✓	✓	✓	✓	✓	A	A	✓	✓	✓	
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Alison Ormrod	Deputy Chief Finance Officer	✓	A	A	✓	✓	A	A	✓	✓	A	
Debbie Fagan	Chief Nurse & Quality Officer	✓	A	A	A	✓	A	✓	✓	✓	✓	
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	A	✓	✓	A	✓	✓	A	✓	
Susanne Lynch	CCG Lead for Medicines Management	A	✓	✓	A	A	✓	✓	✓	✓	✓	
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	*	*	*	*	*	*	*	*	

No	Item	Action
General Business		
FR18/157	<p>Apologies for absence</p> <p>Apologies for absence were received from Alison Ormrod.</p> <p>It was noted that Susanne Lynch and Jan Leonard would need to leave the meeting early; the Chair confirmed she would change the order of the agenda to ensure items to be presented by SL and JL are covered before they leave.</p>	
FR18/158	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have relating to issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • <i>FR18/163: Primary Care Delegated Commissioning – 2019/20 budgets</i> It was noted that for this item, members would be receiving a report that details the budgetary allocations that will become the responsibility of the CCG from 1st April 2019 should the application to become fully delegated for commissioning GP services be approved. <ul style="list-style-type: none"> - CR declared that she is the practice manager at a GP practice in Southport and Formby and therefore has a financial conflict of interest in relation to this item. - HM declared HM declared that he is a partner GP at a practice in Southport and Formby and therefore has a financial conflict of interest in relation to this item. The Chair reviewed the above declarations and decided that as the item is to be received and not for approval, CR and HM could be present and participate in discussion. • Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
FR18/159	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 24th October 2018 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>	
FR18/160	<p>Action points from the previous meeting</p> <p>FR18/123 Action points from the previous meeting (FR18/104 - IG & Data Security and Protection Policies 2018 v2.1)</p>	

No	Item	Action
	<p>In reference to organising a GDPR / IT session with the CSU, iMerseyside and CCG colleagues - SL reported the CCG is still liaising with the LMC regarding data searches. Once this information is available, a briefing for staff will be arranged at the Operational Team meeting. The committee noted that background work is ongoing in relation to this action and agreed to close it in terms of addressing the issue raised. Action closed.</p> <p>FR18/125 HR Performance Dashboard HN reported that staff figures commensurate with long term absences have been sent by the CCG's corporate team. She confirmed four people have been off sick with anxiety and depression; two of these staff members are on long term sick leave. The committee noted the data is related to both of the Sefton CCGs. Action closed.</p> <p>FR18/143 Minutes of the previous meeting and key issues The minor typographical amendment in item <i>FR18/123</i> in the minutes of the F&R Committee meeting on 19th September 2018 has been corrected. Action closed.</p> <p>FR18/144 Action points from the previous meeting (FR18/104 - IG & Data Security and Protection Policies 2018 v2.1) CR confirmed all federated practices have confirmed they have a Data Protection Officer in place. Action closed.</p> <p>FR18/144 Action points from the previous meeting (FR18/105 - IG Staff Code of Conduct 2018) Regarding the use of Virtual Board as a secure route option for home working – MMcD reported the CCG's corporate team have negotiated the price of the full package of Virtual Board to ensure it is within the allocation in the budget. GB will be contacted to test the functionality when used fully, prior to rolling out to all committees and members. Action closed.</p> <p>FR18/144 Action points from the previous meeting (FR18/118 - Finance Report - Month 4) Action still open – MMcD confirmed he would raise the following issues, regarding the planning of new housing developments, at the next Health & Wellbeing Executive Group meeting.</p> <ul style="list-style-type: none"> • the need to consider the lack of health infrastructure to support the new residents • the need to consider impact / cost of the healthcare of the new residents on the local health economy, given Southport and Formby's increasingly elderly demographic. <p>Action to be updated on the action tracker.</p> <p>FR18/144 Action points from the previous meeting (FR18/139 - Any Other Business) MMcD confirmed he is yet to receive the Brexit contingency planning paper from Liverpool Heart & Chest Hospital. Action still open.</p> <p>FR18/145 Business Continuity Policy, Strategy, Plan; EPRR Policy and Plan SL confirmed she has liaised with Niall Pemberton (Resilience Support Officer at Midlands and Lancashire CSU) about ensuring the issue of resilience and upgraded technology (through fast access laptops) has been correctly captured</p>	MMcD

No	Item	Action
	<p>in the Business Continuity Plan. She confirmed Alan Richmond (IT Service Delivery Manager, iMerseyside) will be providing text to be included in the Business Continuity Plan to address this issue, prior to it being published on the CCG website. The committee agreed to close this action.</p> <p>FR18/146 Finance Report - Month 6 The action to summarise the issues in relation to Southport & Ormskirk NHS Trust and the CCG's worst case scenario is complete. Action closed.</p> <p>FR18/147 Continuing Health Care – Update Report MMcD confirmed a CHC report will be presented at the F&R Committee meeting in January 2019; this will include an update on CHC retrospective reviews, as work is progressed on this issue, incorporating an assessment of best case and worst case financial impact. This action is to supersede the current action on the tracker.</p> <p>FR18/147 Continuing Health Care – Update Report The CCG's Corporate Business Manager has been contacted to request that a CHC check and challenge session be added to the agenda of an upcoming Governing Body development session. Action closed. DF reported she has received positive verbal feedback to date from Joyce Bowler, who has been commissioned by the CCG to undertake an external clinical review on CHC. She confirmed a draft report on this review is awaited. DF also reported that discussions have taken place with the Head of Adult Social Care regarding undertaking joint reviews of Learning Disability cases. The CCG has contacted the CSU to explore the possibility of commissioning learning disability commissioning nurse support.</p> <p>FR18/147 Continuing Health Care – Update Report MMcD confirmed an update on high cost cases will be included in the CHC report which will be presented at the F&R Committee meeting in January 2019.</p> <p>FR18/149 Finance Strategy Update MMcD is yet to circulate the Planning Guidance for 2019/20 received to date to the committee. Action still open.</p>	<p>MMcD / DF</p> <p>MMcD / DF</p>
<i>Finance</i>		
FR18/161	<p>Finance Report - Month 7 MMcD provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 31st October 2018. The following points were highlighted:</p> <ul style="list-style-type: none"> • The year to date financial position is a deficit of £0.900m, which represents deterioration against the planned deficit of £0.500m. The CCG is in discussions with NHSE regarding the financial position. • As at 31st October 2018, the CCG's likely year-end financial position is a deficit of £2.957m. • The main financial pressures include cost pressures relating to CHC packages and cost pressures at Southport & Ormskirk NHS Trust (S&O) for PbR activity. • QIPP delivery at month 7 is £2.397m; the QIPP target for 2018-19 is £5.210m. 	

No	Item	Action
	<ul style="list-style-type: none"> • The CCG reserves budget includes an assumption for increased savings relating to CATM prescribing. An assumption is also included in relation to Primary Care underspend which will be allocated to the CCG in line with the principle established in 2017/18. • The year to date performance for the Acting as One providers shows an overperformance spend against plan; this would represent an overspend of £0.498m under usual contract arrangements. It was noted that both Aintree University Hospital and Royal Liverpool and Broadgreen University Hospitals have not agreed control totals for 2018-19 and therefore would be subject to potential contract sanctions which would be reclaimable if a PbR related contract had been in place. • MMcD has received an initial progress report from Cameron Ward, the recovery consultant recently appointed by the CCG. A part of this report will be taken to the Governing Body Development Session in December 2018. • The CCG continues to report cost pressures in NCSO drugs cost, which will impact the 2018/19 financial position unless confirmation of external funding is received. • Further work is to be done to factor in the costs related to the Sefton Project Management Office into the financial position. There have been changes to the timescales of the Sefton Transformation Programme due to a temporary programme pause and reset whilst the programme priorities are considered. • MMcD has written to the Chief Executive of S&O this month to outline the CCG's position regarding the 2018/19 contract over performance at month 6. <p>MMcD provided members with an update on the financial position in relation S&O. MMcD clarified that the likely case financial position includes an assumption that the total Southport contract payment will be £64.7m in 2018/19. He added that a joint paper had been produced by the Trust and commissioners to establish the forecast position for the health economy.</p> <p>The committee had a detailed discussion about the financial position. HN asked for the options around the current financial forecast to be considered at the Governing Body Development Session in December 2018.</p> <p>DF reported the CCG is in discussion with Sefton Council regarding FNC payments and subsequent recharges between the two organisations. This work is nearing completion.</p> <p>HN noted that the FNC budget was considerably underspending and asked for additional assurance regarding the accuracy of the forecast.</p> <p>GB raised concerns regarding management and general staffing capacity in light of balancing delivery of Business as Usual alongside the Sefton Transformation Programme. MMcD confirmed this issue would be considered at the Leadership Team Away Day in early December.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the recommendation section of the report.</i></p>	<p>MMcD</p> <p>MMcD</p> <p>MMcD</p>

No	Item	Action
FR18/162	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the F&R risk register and noted this had been reviewed earlier in the week by the Senior Finance Team. He proposed no changes to the risk register.</p> <p>GB noted that risk FR009 regarding delivery of the Sefton Transformation Programme should take into account concerns regarding management and general staffing capacity in light of balancing delivery of Business as Usual alongside the Sefton Transformation Programme. MMcD confirmed this issue would be considered at the Leadership Team Away Day in early December.</p> <p><i>The committee approved the F&R risk register.</i></p>	MMcD
FR18/163	<p>Primary Care Delegated Commissioning – 2019/20 budgets</p> <p>MMcD presented a report detailing the budgetary allocations that will become the responsibility of the CCG from 1st April 2019 should the application to become fully delegated for commissioning GP services be approved. It was noted that the CCG has progressed with the application process to NHS England, following the CCG membership vote in July 2018 to become fully delegated. Members noted the information in the report is strictly confidential and not to be shared outside of the meeting, as the figures are yet to be validated and will be confirmed through the delegated commissioning application process. MMcD confirmed the CCG will undertake due diligence on primary care delegated budgets.</p> <p>Members discussed the report and raised concerns regarding the increased administrative burden from taking over delegated commissioning with no specifically earmarked extra resources to carry out the required functions.</p> <p><i>The committee received this report.</i></p>	
FR18/164	<p>NHS Funding Allocations: CCGs</p> <p>MMcD presented a House of Commons Library Briefing Paper on NHS funding allocations for CCGs, dated 10th October 2018. He explained the report was being presented to the committee for information. Members discussed the content of the document and in particular the tables showing the 10 highest and 10 lowest CCG allocations per patient in England in 2018/19.</p> <p><i>The committee received this report.</i></p>	
FR18/165	<p>Specialist Perinatal Mental Health Sustainable Funding Proposal – Post 31st March 2019</p> <p>MMcD presented a report on Perinatal Mental Health and proposed funding, which was considered at the Cheshire and Merseyside Collaborative Commissioning Forum (CCF) meeting on 6th November 2018.</p> <p>Members discussed the report and the proposed investment for the CCG, and raised queries regarding the figures which were explained by MMcD. HN expressed concerns on the issue of achieving equity in funding across all areas</p>	

No	Item	Action
	<p>of mental health.</p> <p>Further to discussion, members approved the following proposed investment in line with national requirements.</p> <ul style="list-style-type: none"> • £121k for continuation of service with Cheshire and Wirral Partnership through first call on 19/20 growth funding. • Planning for a further reserve of £59k within opening 19/20 budgets to meet the expected level of baseline funding in Perinatal Mental Health. This additional reserve is required to meet the anticipated share of the CCG's contribution to the earmarked national funding to support the service. <p><i>The committee approved the proposed Perinatal Mental Health investment, as detailed above, in line with national requirements.</i></p>	
FR18/166	<p>Individual Funding Request Service Q2 2018/19</p> <p>JL provided an overview of the Q2 2018/19 report for the Individual Funding Request (IFR) service. It was noted that most applications received were requests to fund cosmetic procedures. JL reported that the number of approved applications has reduced when compared with the same period last year.</p> <p><i>The committee received this report.</i></p>	
<i>Performance</i>		
FR18/167	<p>Quality Premium Dashboard</p> <p>JL presented the Quality Premium Report, which outlines the Quality Premium requirements for 2018/19 performance to date.</p> <p>JL reported the target to reduce the total number of patients waiting on an incomplete pathway by March 2019 (compared with March 2018) was being monitored. MMcD confirmed discussions are scheduled with the Wider Group to review options to help the CCG meet its target.</p> <p>DF referred to the section entitled Quality Premium Measures and noted that the narrative for <i>Measure 3 CHC: Part A 28 Day Referral</i> was not correct due to an inputting error. The text states "the CCG failed the target of 80% in quarter two with just 19%, a significant decline on last quarter". DF confirmed that 81% as opposed to 19% of referrals had been completed within 28 days; the percentage figures had been reported the wrong way round due to an inputting error by Midlands & Lancashire CSU. NHSE and the CSU have been informed about this error.</p> <p><i>The committee received this report.</i></p>	
<i>Prescribing</i>		
FR18/168	<p>Prescribing Spend Report – Month 5 2018/19</p> <p>SL provided an overview of the prescribing report for month 5. It was noted that</p>	

No	Item	Action
	<p>at month 5, the CCG is forecast to be underspent by £1.95m or 8.6%. The Southport & Formby CCG 2018/19 prescribing budget is £22,732,849.</p> <p>SL confirmed the next Prescribing Spend Report that will be presented to the committee in January 2019 will include further information and commentary on No Cheaper Stock Obtainable drugs and high cost drugs.</p> <p><i>The committee received this report.</i></p>	
Minutes of Steering Groups to be formally received		
FR18/169	<p>Information Management & Technology (IM&T) Steering Group – September 2018</p> <p>The committee received the minutes of the IM&T Steering Group meeting, which took place on 10th September 2018.</p>	
Closing business		
FR18/170	<p>Any Other Business</p> <p><u>GPIT Investment Plan 18/19</u></p> <p>MMcD reported that additional funding has been made available for IT projects. iMerseyside have worked on a plan for this additional funding and proposed the following schemes:</p> <ul style="list-style-type: none"> • Rightfax – this will allow practices to send ‘digital’ faxes and reduce reliance upon fax machines. • Development of GP practice websites, which would link into plans for online consultations. • Text messaging – this would involve text reminders to patients regarding appointments. • Windows 10 replacements - this would strengthen cyber security. It was noted that a full upgrade to Windows 10 needs to be completed by January 2020. • Digitisation of records. <p>MMcD commented that the text messaging scheme could be implemented on a cost-neutral basis via existing budgets and that further reviews were taking place to understand this.</p> <p>In reference to Rightfax, HM commented that his practice is dependent on faxes for certain referrals and that this would need to be considered if this scheme is implemented.</p> <p>Members confirmed they supported the proposed IT plan.</p> <p><u>Provisional committee meeting in December</u></p> <p>Members noted that a provisional committee meeting is scheduled for 19th December 2018. MMcD and the Chair agreed to have a discussion as to whether to proceed with this meeting once MMcD has reviewed the financial position for month 8. If the meeting takes place, it will be a single item agenda,</p>	

No	Item	Action
	focussing on the month 8 finance report.	
FR18/171	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of Next Meeting</p> <p>Wednesday 19th December 2018 (PROVISIONAL MEETING) 10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p> <p>Wednesday 23rd January 2019 10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

Finance and Resource Committee Minutes

Wednesday 19th December 2018

10.30am to 11.30am

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

Attendees (Membership)		
Helen Nichols	Lay Member (F&R Committee Chair), S&F CCG	HN
Gill Brown	Lay Member, S&F CCG	GB
Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
Martin McDowell (via dial in)	Chief Finance Officer, S&F CCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
Debbie Fagan	Chief Nurse, S&F CCG	DF
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
Apologies		
Jan Leonard	Director of Commissioning and Redesign, S&F CCG	JL
Minutes		
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	Jan 18	Feb 18	Mar 18	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18
Helen Nichols	Lay Member (Chair)	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓
Gill Brown	Lay Member	✓	✓	✓	✓	✓	A	A	✓	✓	✓	✓
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	✓	✓	A	A	✓	✓
Colette Riley	Practice Manager	✓	✓	✓	✓	✓	A	A	✓	✓	✓	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	A	A	✓	✓	A	A	✓	✓	A	✓
Debbie Fagan	Chief Nurse & Quality Officer	✓	A	A	A	✓	A	✓	✓	✓	✓	✓
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	A	✓	✓	A	✓	✓	A	✓	A
Susanne Lynch	CCG Lead for Medicines Management	A	✓	✓	A	A	✓	✓	✓	✓	✓	✓
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	*	*	*	*	*	*	*	*	*

No	Item	Action
General business		
FR18/172	<p>Apologies for absence Apologies for absence were received from Jan Leonard.</p>	
FR18/173	<p>Declarations of interest regarding agenda items Committee members were reminded of their obligation to declare any interest they may have relating to issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
Reports received (taken as read)		
FR18/174	<p>Finance Report - Month 8 AOR provided an overview of the financial position to 30th November 2018. The following points were highlighted:</p> <ul style="list-style-type: none"> The year to date deficit is £0.900m against a planned year to date deficit of £0.200m. Regarding the deterioration in performance AOR stated that the £0.700m movement from plan is made up of £0.300m deterioration in overall financial performance and £0.400m as a consequence of not delivering QIPP plan in full. As at 30th November 2018 the CCG likely year-end financial position is a deficit of £3.221m and the CCG control total is £1m surplus. Delivery of the planned surplus will be more challenging in the remainder of the financial year. QIPP delivery for the year to date is £2.397m and is predicted to be £2.812m for the financial year. The QIPP target for 2018-19 is £5.210m. Cost pressures include increased costs of CHC packages of care due to an increase in individual high cost cases and an overall increase in activity. Other cost pressures relate to Southport and Ormskirk NHS Trust PbR activity, over performance within the independent sector and the Local Quality Contract. BPPC targets by volume of invoices paid within 30 days are underperforming for NHS and Non NHS invoices. Targeted work is in progress to improve performance. It was noted that the Acting as One contract provides mitigation against contract over performance of £0.596m across the provider organisations included within the agreement. The CCG would have paid more under a PbR contract although elements of over-performance would be offset by contract sanction / penalties. The aged debt with Southport & Ormskirk Trust has now been paid and receivables balances have reduced to £0.072m. 	

No	Item	Action
	<p>MMcD provided an update regarding the CCG position in relation to over performance at Southport & Ormskirk NHS Trust. Meetings have taken place between the CCG, the Trust and the regulators (NHS E and NHS I). If no agreement is reached by Friday 21st December 2018 NHS England have asked that organisations provide details of the areas of dispute in order to begin mediation processes. Discussions between all parties will continue.</p> <p>AOR commented on the planning processes for 2019/20 and advised that an initial activity plan will be submitted to NHS England on 14th January 2019. Detailed planning guidance is imminent along with confirmation of CCGs' allocations for 2019/20.</p> <p>With regard to costs of Continuing Health Care (CHC) packages, the committee discussed issues affecting CHC and Funded Nursing Care (FNC) costs and processes, with reference to the interface between the CCG and the Local Authority. MMcD and DF referred to recent discussions to aid the resolution of queries which exist between the CCG and Sefton Council.</p> <p>The Finance team have been analysing FNC data to aid understanding of cost behaviours and to assist with future financial planning. The outcome of this work will be reported to the committee in January 2019.</p> <p>DF commented that colleagues at Midlands and Lancashire Commissioning Support Unit (MLCSU) continue to work to ensure that patient assessment processes are robust and that there are no duplications between FNC packages and patients receiving care through the 28 day bed processes. HM raised a query with regard to work completed by GPs and any risk of duplication. DF was able to provide assurance that risk was minimal and that there are robust authorisation processes with regard to fast track cases.</p> <p>A brief discussion took place regarding processes in place for winter 2018/19. Early indications are that patient flow is improved from the previous year with improvements in performance and evidence that Southport and Ormskirk NHS Trust have been operating at lower escalation levels compared with the same period last year. It was noted that improved Trust performance will reduce contract sanctions applicable to the Trust which may impact on financial risk to the CCG. MMcD noted that it was important that CCG forecasts reflected this position.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the recommendation section of the report.</i></p>	AOR
Closing business		
FR18/175	<p>Key Issues Review</p> <p>AOR highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of next meeting</p> <p>Wednesday 23rd January 2019</p> <p>10.30am to 12.30pm</p> <p>Venue TBC</p>	

Joint Quality Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

Date: Thursday 27th September 2018, 09.00 – 12.00

Venue: Room 3A, Merton House, Stanley Road, Bootle L20 3DL

Membership

Graham Bayliss	Lay Member (SSCCG)	GBa
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Billie Dodd	Head of Commissioning (SFCCG / SSCCG)	BD
Debbie Fagan	Chief Nurse & Quality Officer (SFCCG / SSCCG)	DF
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP

Ex Officio Member

Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
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In attendance

Helen Roberts	Senior Pharmacist (SFCCG / SSCCG)	HR
Tracey Forshaw	Assistant Chief Nurse	TF
Susan Muyangana	Information Governance	SM
Karen Garside	Designated Nurse Safeguarding Children	KG
Amanda Gordon	Programme Manager Quality & Performance	AG
Sam Murray	Management Graduate	SMu

Apologies

Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Billie Dodd	Deputy Director Commissioning & Re-Design	BD
Martin McDowell	Chief Finance Officer / Deputy Chief officer	MMcD
Graham Bayliss	Lay Member (SSCCG)	GBa
Debbie Fagan	Chief Nurse & Quality Officer (SFCCG / SSCCG)	DF

Minutes

Jo Woodward	PA to Chief Nurse & Deputy Chief Nurse (SFCCG / SSCCG)	
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For the Joint Quality Committee to be quorate, the following representatives must be present:

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

Membership Attendance Tracker

Name	Membership	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
Dr Rob Caudwell	GP Governing Body Member	✓	✓	N	L	✓	✓	L	N	✓			
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	A	N	A	✓	A	✓	N	A			
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓	N	✓	✓	✓	A	N	✓			
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	✓	N	✓	✓	✓	A	N	✓			
Billie Dodd	Head of CCG Development	✓	✓	N	✓	A	✓	A	N	A			
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	N	✓	✓	✓	L	N	A			
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	N	✓	✓	✓	✓	N	✓			
Martin McDowell	Chief Finance Officer	✓	✓	N	A	A	A	A	N	A			
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	N	A	A	A	A	N	A			
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	N	✓	✓	A	✓	N	✓			

- ✓ Present
- A Apologies
- L Late or left early
- N No meeting held

No	Item	Actions
18/128	<p>Welcome, Introductions & Apologies</p> <p>All were welcomed to the meeting. Apologies were received from DF, AM, BD, MMcD, GBa.</p> <p>HR, TF, SM, KG, AG, SMu in attendance.</p> <p>The meeting was deemed quorate.</p>	
18/129	<p>Declarations of Interest</p> <p>No declarations were reported other than those staff holding dual roles within the CCGs.</p>	
18/130	<p>Minutes & Key issues log of the previous meeting</p> <p>Amendment to item 18/83(iii) – Should read ‘Test of Cure’ not ‘Test or Cure’.</p> <p>The minutes and Key issues logs for both Governing Bodies were deemed to be an accurate reflection subject to this amendment.</p>	

No	Item	Actions
18/131	<p>Matters Arising / Action Tracker</p> <p>18/43 - Chief Nurse Report – Discussion re: Stroke Services at S&O and AUH. DF to raise clinician concern with CCG Chief Officer. Update: DF raised this at the last S&O CRM/CQPG and those in attendance were unable to provide an update. Discussed with FLT who advised to contact Therese Patten who provided a brief summary and a further meeting to be scheduled. Clinical leads are involved and have been kept up to date. Stroke services will be raised at the next CCG : Trust board to board meeting. Outcome: Carried forward to next meeting</p> <p>18/49 - LeDeR Briefing Paper TF to include LeDER briefing paper in the July 2018 Joint Quality Committee papers. Update: Briefing paper has been included in the September meeting pack Outcome: Closed</p> <p>18/83(ii) A summary of the roles and responsibilities within the Quality Team to be circulated to the Committee Update: This is yet to be completed due to current workload. Work is on-going on prioritising workloads in all teams across the CCGs. GH suggested roles and responsibilities information could also be added to the Intranet. Outcome: Carried forward to next meeting.</p> <p>18/97 EPaCCS Update BD will request that Moira Harrison link in with the End of Life and EPaCCS Steering Group Meetings. Update: Billie Dodd has sent apologies so no update available. The Committee have requested a future update from Moira Harrison. Anthony Rowan is to be invited from iMerseyside to provide an update from an IT perspective. Outcome: Carried forward to next meeting.</p> <p>18/109(i) Children, Young People (CYP) & Maternity Update DF to ask PW to provide GP practices with a list of known voluntary sector organisations that GPs can signpost / refer C&YP to for support in relation to emotional health and wellbeing support when they do not meet the referral criteria for Tier 3 CAMHS. Update: National Health and Wellbeing are picking up as a piece of work. Outcome: Closed</p> <p>18/109(iii) Children, Young People (CYP) & Maternity Update DF to ask PW to liaise with Lyn Cooke (CCG Head of Communications) to see what further work the CCGs could undertake to hear the voice more of vulnerable children and young people. Update: BP advised that PW had raised the subject at a recent Young Advisors session. DF not present at meeting to give a further update Outcome: Carried forward</p> <p>18/114 Lancashire Care NHS Foundation Trust – Community Service Feedback TF to raise with BP the emerging trend from LCFT RCAs that has been identified at the SFCCG SIRG re: capacity. Update: This will be discussed at the next LCFT CCQRM Outcome: Closed</p>	<p>DF</p> <p>BD</p> <p>BP</p> <p>DF</p>

No	Item	Actions
	<p>18/116 S&O RTT / Follow-Up Update MH to obtain copies of the Trust reports sent to NHS Improvement Update: FLT to circulate to the Committee Outcome: Carried forward</p> <p>18/120 Health Watch Report – Contenance Services GBa to ask Tracy Jeffes to liaise with Health Watch Sefton to ask if a similar piece of work could be undertaken with patients living in their own homes as opposed to care homes Update: GBa and Tracy Jeffes met with Health Watch to discuss Outcome: Closed</p> <p>18/124(i) Minutes Presented TF to ensure that July 2018 minutes for the SSCCG SIRG are presented to the next JQC Outcome: Complete and closed</p> <p>18/124(ii) Minutes Presented TF to ask JR (Safeguarding Team Admin Support) to ensure if abbreviations are used within minutes that a glossary is included. Outcome: Complete and closed</p> <p>18/125(ii) GDPR/ Data Compliance Officer in General Practice. DF to ask MMcD to contact DR GH to discuss further outside of the meeting. Outcome: Complete and closed</p> <p>18/125(iii) AUH Dermatology DF to feedback at next meeting confirmed details of the re-opening of routine referrals. Update: Routine referrals reopened with patients being contacted regarding preferred location of RLBUHT or AUH. Subject discussed at recent CCF meeting. Outcome: Closed</p> <p>18/125(iv) Audit Risk Stratification S&O Paraprotein Myeloma Screen BP to raise with Dr DC outside of the meeting. Update: DC confirmed this will be brought up at the liaison meetings with Dr Kevin Thomas at S&O. Outcome: Closed</p>	FLT
18/132	<p>Chief Nurse Report</p> <p>BP presented the Chief Nurse Report to the Committee. Members were asked to receive the report and note:</p> <ul style="list-style-type: none"> • Visit to Sefton on 23 July 2018 by NHSE Director of Nursing / Deputy Chief Nursing Officer for England, NHSE Director of Nursing North Region & Deputy Director of Quality & Safeguarding NHSE North to meet with staff and the CCGs Quality Team • Barton Park Nursing Home Closure – The provider did not appeal against the Section 30 notice served by the CQC. The CCG worked in partnership with the Local Authority, the CQC and Midlands & Lancashire CSU in the discharge of our duties to safeguard and protect this vulnerable group of residents • CQC Review of Services for Looked After Children & Safeguarding – The report is currently awaited in order to check for factual accuracy. The CCG Chief Officer will be Chairing a Task & Finish Group to deliver on the recommendations from the report. 	

No	Item	Actions
18/133	<p>S&O Improvement Board Commissioner Report</p> <p>TF presented to the Committee the commissioner report drafted for consideration at the September 2018 meeting of the S&O Improvement Board. The Committee are asked to receive the report and note:</p> <p><u>Southport & Ormskirk Hospitals NHS Trust Collaborative Commissioning Forum (CCF) / Contract & Clinical Quality Review Meeting (CCQRM)</u></p> <p>AQuA Mortality Report - AQuA attended the Improvement Board to talk through with commissioners the latest Mortality Report produced due to concerns raised with regard to the Trust's continuing outlying status.</p> <p>Complaints - SFCCG have recently received 2 complaints from relatives which relate to standards of care (1 x SFCCG; 1 x WLCCG). The Trust is managing these complaints through their complaints process. SFCCG Chief Nurse and the Trust Executive Nurse have liaised regarding the complaints. The CCG has supported quality improvement by visiting the ward concerned and meeting with complainants.</p> <p>RTT / Backlog Issues - Feedback received from the last Improvement Board Meeting about lack of provider CEO assurance in relation to the process within the Trust was received. This was discussed at the CCF due to previous assurance given to commissioners relating to identification of harm and process for reducing backlog.</p> <p>There was a discussion on the reports for noting at JQC and where assurance is sought at other forums. When JQC members request further details on issues raised, a more specific report will come to JQC as an agenda item.</p>	
	<p>Action: DF to speak to Juliette Cosgrove regarding the process of assurance. DF to request a paper on assurance relating to harm and backlog issues to come to S&O CF.</p>	DF
18/134	<p>Internal Serious Incident Management Update</p> <p>TF presented the report to the Committee which included the updated action plan and amended Terms of Reference for the CCG's Serious Incident Review Groups supporting quoracy for approval.</p> <p>The Committee are asked to note the key issues as follows:</p> <p><u>Review of Reporting Requirements</u> The CCG's Programme Manager for Quality and Risk, and personnel from the Business Intelligence team met with GBr on 2nd August 2018, to review the current reporting requirements of the Committee. Changes have been made which will be reviewed following submission of the Q1 2017/18 report.</p> <p><u>Root Cause Analysis Training</u> RCA training took place on the 4th September, with Bolton NHS Foundation Trust delivering the training. 11 CCG personnel were identified with 7 completing the training and 4 apologies received. Further training will be considered to include GP clinical leads supporting the CCG Serious Incident Review Group (SIRG).</p>	

No	Item	Actions
	<p><u>MIAA External Review</u> Chief Nurse has followed up with MIAA to confirm a date for the external review to be carried out. The review was initially due to start at the end of July 2018, however due to MIAA's commitments this has been delayed but is scheduled to take place in Q2.</p> <p>A LocSSIPs paper is being drafted and will require medical review before being presented to the NHSE / CCG Joint Commissioning Committee.</p> <p>The Committee approved the revised SIRG TOR (version 3) to support quoracy.</p>	
18/135	<p>Serious Incident Performance Report</p> <p><u>AUH</u> There has been an increase in the number of Serious Incidents being closed following due process and working towards the 20 day national framework.</p> <p>GH raised concerns in relation to the reporting of never events at AUH and assurance given by the trust for the management of these events. TF confirmed CQPG members were aware of the concerns and AUH representatives are now attending the Serious Incident Review Group meetings.</p> <p>The Committee discussed open incidents which have not received an RCA. TF advised the CCG has systems and processes in place for escalating overdue RCAs as per the national framework. An escalation letter was sent to AUH Director of Nursing from the CCG's Chief Nurse with on-going discussions at monthly meetings. The CCG will continue to monitor any themes with the Quality Team developing a trends and theme tracker to be completed at the monthly SIRG meetings.</p> <p><u>Mersey Care Trust – Community Services</u> South Sefton CCG hold the contract for South Sefton Community Services (SSCS) under Mersey Care NHS Foundation Trust. As Liverpool CCG are the Commissioner for Mersey Care, it was agreed that they would manage all SIs with South Sefton CCG continuing to manage performance.</p> <p>FLT discussed concerns regarding there being no documented sign off from the Governing Body for Liverpool CCG to manage SIs within Mersey Care and felt it was still South Sefton CCG's responsibility. This will be discussed with the Chief Nurse outside of this meeting.</p> <p><u>Southport and Ormskirk</u> Following the CCG SI improvement work, the SI closure rate has increased for Q1. The closure rate will continue to be monitored as part of the Quality Team's on going performance management of SIs. An action plan is also in place which is monitored via the Joint Quality Committee on a monthly basis.</p>	

No	Item	Actions
	<p>The Committee discussed open SIs which has not received an RCA. This has been escalated to the Director of Nursing at Southport and Ormskirk with an escalation letter being sent from the CCG Chief Nurse and discussed at the CCG /Trust quarterly meeting with the Medical Director and Director of Nursing including the trust's review of their internal process.</p> <p>The Chief Nurse has requested concerns are discussed as an agenda item at the Improvement Board. There is also an Exec to Exec board meeting arranged for the next week to include the Chief Officer.</p> <p>FLT has requested discussions are held at the Exec to Exec meeting in the first instance before going to the Improvement Board.</p>	
	<p>Action: FLT to meet with DF to discuss LCCG and SSCCG responsibility to manage Mersey Care SIs</p>	FLT
18/136	<p>Q1 Safeguarding Report</p> <p>KG presented the report to the Committee. Members are asked to receive the report and note the key issues for each provider.</p> <p>The Committee discussed further Aintree University Hospital and North West Boroughs who continue to provide a 'limited' assurance rating with a downward trajectory noted, training compliance and providers who have maintained a reasonable assurance rating. KG advised that the assurance process would be reviewed next year.</p> <p><u>Safeguarding Team Update</u></p> <p>The CCG Safeguarding Team is now at its full complement of staff. The team is in the process of establishing itself and is planning an away day in October 2018 to identify a team work plan, team priorities and to agree on the strategic direction of the Safeguarding Service.</p> <p>Since the team came together a number of developments and additions have been made to the CCG's intranet sites so that CCG staff have access to more information about the safeguarding and children in care agendas.</p>	

No	Item	Actions
	<p>Care Quality Commission (CQC) review of services for Looked After Children (LAC) and Safeguarding</p> <p>The CQC undertook a review of LAC and Safeguarding services across Sefton between 23rd July 2018 and 27th July 2018. The final report is currently awaited and once this has been received and signed off by the CCG will be subject to publication. The CCG Chief Officer will be chairing a “task and finish group” to oversee implementation of any recommendations arising from the report. A letter has been sent to all Chief Executives of provider organisations, the Local Authority and NHSE asking for representation from their respective organisations to be part of this group.</p> <p>A discussion took place where assurance on safeguarding agenda is sought by CCG designated nurses by liaising with the coordinating commissioner safeguarding teams who would seek assurance on behalf of the Sefton CCGs.</p>	
18/137	<p>Deprivation of Liberty Safeguards (DoLS) Update Report</p> <p>TF presented the report to the Committee. Members were asked to receive the report and note:</p> <ul style="list-style-type: none"> • The current DoLS scheme is being replaced with the Liberty Protection Safeguards (LPS) under the Mental Capacity Bill (revised). The Bill is going through the Parliamentary Process and is yet to be finalised. • There will be major changes to the way in which deprivations will be assessed, authorised and monitored. • The CCGs will become a ‘responsible body’ as will Hospital Trusts, Residential Care and Nursing Homes, alongside the Local Authority. <p>This will have implications for the CCGs directly and in its function as commissioner of health services. The report will be an agenda item at the Health Sub Group and CHC Programme Board meetings.</p>	
	<p>Action: Safeguarding team to involve Debbie Fairclough in discussions to embed new process when known in the CCGs</p>	TF
18/138	<p>Safeguarding Adults – Chapter 14 Care Act 2014 Audit Update</p> <p>TF presented the report to the Committee. Members were asked to receive the report and note:</p> <ul style="list-style-type: none"> • The Combined Merseyside Safeguarding Adult Board (MSAB) devised and launched the first Chapter 14 audit which was completed and submitted on the 3rd August 2018. • The CCGs were able to demonstrate assurance against all domains within the audit with three minor actions. An action plan is in place to support compliance which will be monitored by the Safeguarding Business Meeting and via the Joint Quality Committee on a quarterly basis. 	
18/139	<p>Practice Nurse Lead Report</p> <p>BP presented the report on behalf of Colette Page (CP) CCG’s Practice Nurse Lead.</p> <p>The Committee are asked to note item 3 detailing the continued level of support the CCG offers and also the regular meetings regarding ‘flu’ season taking place and arrangements being made for staff vaccination sessions across the LA and CCG sites. The Committee noted their appreciation of the report.</p>	

No	Item	Actions
18/140	<p>Q1 CQUIN Performance Report</p> <p>AG presented a Q1 financial outline for each provider to the Committee. Members are asked to receive the report.</p> <p>The Committee discussed information required for reporting to the Committee going forward. A process will be established to review and hold to account providers that on non- achievement of CQUINs to gain assurance on Quality Improvement.</p>	
	<p>Action: AG and BP to arrange a CQUIN Performance Focus Group and advise who is most suitable to be involved in the group</p>	AG/BP
18/141	<p>Performance Highlight Report</p> <p>AG presented the Performance Highlight Report for each provider to the Committee. Members are asked to receive the report and feedback on content and format.</p> <p>FLT suggested the Integrated Performance Reports discussed at Governing Body meetings be used as a benchmark for reporting to the Joint Quality Committee. The Committee agreed Quality Compliance will be added to the report going forward.</p> <p>GH raised concerns in relation to the Mersey Care discharge summary. BP confirmed this will be discussed at today's Mersey Care CQPG meeting as an agenda item and will provide an update to the Committee.</p>	
18/142	<p>Falls Prevention Service</p> <p>AG presented a summary paper of a recent good practice visit to Lancashire Care NHS Foundation Trust (LCFT) Falls prevention Service. The Committee is asked to receive the report by way of assurance.</p>	
18/143	<p>Kirkup Update Report</p> <p>BP presented an update to the Committee who are asked to receive the report.</p> <p>The purpose of the report is to provide NHSE C&M with assurance the CCGs and Local Authority have received as part of the commissioners "Enhanced Surveillance" processes, a summary of outstanding risks and the current level of surveillance for each service line.</p> <p>This will support the assurance being sought by NHS Improvement (NHSI) of organisations who received services from Liverpool Community Health NHS Trust (LCH) in relation Recommendations 6.6 and 6.7 of the Kirkup Review by the end of July 2018.</p>	

No	Item	Actions
18/144	<p>LeDeR Briefing Paper</p> <p>TF presented an update to the Committee who are asked to receive the report.</p> <p>The Learning Disabilities Mortality Review (LeDeR) programme became live in January 2017 across all CCGs in England. The purpose of the programme is to establish support for local areas to review the deaths of people with learning disabilities.</p> <p>The CCGs have a Local Area Contract in place with has oversight over the LeDeR process across the CCGs.</p> <p>The most significant challenge to the programme has been the timeliness of the reviews being completed which has been reflected both nationally and locally and the low number of trained reviewers. This issue has been discussed at the most recent SMT with the risk also noted on the corporate risk register.</p>	
	<p>Action: TF and Geraldine O'Carroll will discuss any disconnect within the CCG</p>	TF
18/145	<p>IG Staff Code of Conduct Handbook 2018</p> <p>SM presented the 2018 IG Staff Code of Conduct Handbook. The Committee are asked to review and approve the handbook.</p> <p>BP requested specific changes are highlighted in relation to new GDPR legislation.</p> <p>The Committee approved the handbook.</p>	
18/146	<p>Quality Site Visits</p> <p><u>Out of Hours Service</u></p> <p>BP presented a summary of findings from a recent visit to the GP out of hours service in Southport in July 2018. The visit was undertaken jointly by the Deputy Chief Nurse and the Deputy Director of Commissioning and Redesign.</p> <p>The Committee received the report.</p> <p><u>Ward 35 Immediate Care</u></p> <p>This paper provides a summary of a recent quality site visit to Ward 35 Intermediate Care in August 2018. Site visits allow for assurance to be gained from a provider with an opportunity to interview both patients and staff and to review any processes or pathways as part of lines of enquiry.</p> <p>Feedback was provided to Mersey Care and taken through the Mersey Care community Contract Clinical Quality Review Meeting in September 2018. Mersey Care has produced an action plan following these recommendations.</p> <p>The Committee received the report.</p>	

No	Item	Actions
18/147	<p>GP Quality Lead Update</p> <p>The Committee received the verbal update and are asked to note:</p> <p>SDGH proposal to pushback MGUS Follow ups to GPs and insist all new referrals are seen in 2nd care without discussion agreement or commissioning. DC has engaged with Kevin Thomas, Deputy Medical Director. as pushback without resources and concerns that a blanket refer in process would be inappropriate in frail elderly patients with minimal paraproteins that would not need treatment</p> <p>Patients being discharged from OPD follow up as part of the section 12 RTT OPD backlog. Concern was to ensure robust effective handover of care and thresholds to refer back with full SDGH clinical ownership.</p>	
18/148	<p>EPEG Key Issues Log</p> <p>The Committee received the key issues log.</p>	
18/149	<p>JMOG Key Issues Log</p> <p>The Committee received the key issues log by way of assurance.</p>	
18/150	<p>Locality Updates</p> <p>No updates to report to the Committee.</p>	
18/151	<p>Minutes Presented</p> <p>The following minutes were received by the Committee:</p> <ul style="list-style-type: none"> • SFCCG Serious Incident Review Group (SIRG) – May, June and July 2018 	
18/152	<p>Deferred to next meeting</p> <ul style="list-style-type: none"> • Saving Babies Lives • Management of Allegations Policy (Awaiting consultation feedback) 	
18/153	<p>Any Other Business</p> <p>None</p>	

No	Item	Actions
18/154	<p>Key Issue Log (issues identified from this meeting)</p> <p>Key issues – S&F CCG</p> <ul style="list-style-type: none"> • Stroke performance at S and O. Trust will be invited to SFCCG governing body in October to present on stroke performance. • RTT lost to follow up, Ophthalmology SI following review. Trust to be requested to develop paper to come through to S and O CCF on actions taken • A formal request will be made to NHSE for a response to the CCG SI progress report in terms of assurance on the CCG SI process. • CCH Chief Officer to discuss SI management process with Chief Executive at S and O. • A process will be established to review and hold to account providers that on non- achievement of CQUINs to gain assurance on Quality Improvement. <p>Key issues – SSSCCG</p> <ul style="list-style-type: none"> • A formal request will be made to NHSE for a response to the CCG SI progress report in terms of assurance on the CCG SI process. • A process will be established to review and hold to account providers that on non- achievement of CQUINs to gain assurance on Quality Improvement. 	
18/155	<p>Date of Next Meeting and notice of apologies</p> <p>Thursday 25th October 2018, 09:00 – 12:00 The Marshside Surgery, Southport</p> <p>Apologies: Billie Dodd, Fiona Taylor, Jeff Simmonds</p>	

Joint Quality Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

Date: Thursday 25th October 2018, 09.00 – 12.00

Venue: The Marshside Surgery, Southport

Membership

Graham Bayliss	Lay Member (SSCCG)	GBa
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Billie Dodd	Head of Commissioning (SFCCG / SSCCG)	BD
Debbie Fagan	Chief Nurse & Quality Officer (SFCCG / SSCCG)	DF
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP

Ex Officio Member

Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
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In attendance

Helen Roberts	Senior Pharmacist (SFCCG / SSCCG)	HR
Tracey Forshaw	Assistant Chief Nurse	TF
Anthony Rowan		

Apologies

Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Billie Dodd	Deputy Director Commissioning & Re-Design	BD
Graham Bayliss	Chief Finance Officer / Deputy Chief officer	GBa
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC

Minutes

Jo Woodward	PA to Chief Nurse & Deputy Chief Nurse (SFCCG / SSCCG)	
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For the Joint Quality Committee to be quorate, the following representatives must be present:

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

Membership Attendance Tracker

Name	Membership	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
Dr Rob Caudwell	GP Governing Body Member	✓	✓	N	L	✓	✓	L	N	✓	A		
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	A	N	A	✓	A	✓	N	A	A		
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓	N	✓	✓	✓	A	N	✓	✓		
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	✓	N	✓	✓	✓	A	N	✓	✓		
Billie Dodd	Head of CCG Development	✓	✓	N	✓	A	✓	A	N	A	A		
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	N	✓	✓	✓	L	N	A	✓		
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	N	✓	✓	✓	✓	N	✓	✓		
Martin McDowell	Chief Finance Officer	✓	✓	N	A	A	A	A	N	A	✓		
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	N	A	A	A	A	N	A	A		
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	N	✓	✓	A	✓	N	✓	A		

- ✓ Present
- A Apologies
- L Late or left early
- N No meeting held

No	Item	Actions
18/156	<p>Welcome, Introductions & Apologies</p> <p>All were welcomed to the meeting. Apologies were received from RC, AM, BD, GBa, FLT, JSi</p> <p>HR, TF, AR in attendance.</p> <p>The meeting was deemed quorate.</p>	
18/157	<p>Declarations of Interest</p> <p>No declarations were reported other than those staff holding dual roles within the CCGs.</p>	
18/158	<p>Minutes & Key issues log of the previous meeting</p> <p>The minutes and Key issues logs for both Governing Bodies were deemed to be an accurate reflection.</p>	

No	Item	Actions
18/159	<p>Matters Arising / Action Tracker</p> <p>18/43 Chief Nurse Report – Discussion re: Stroke Service at S&O and AUH. S&O CEO and Consultant Physician with a lead around stroke care attended a GB Development Session in October 2018 to provide an update for the purposes of assurance. Action: Closed</p> <p>18/83 Month 12 Serious Incident Performance Management BP to liaise with LC to arrange for GP Clinical Leads and Managerial Leads for each contract to be put on the website so GPs know who to contact with concerns. Action: Carried forward to next meeting</p> <p>18/97 EPaCCS Update BD has confirmed that MH is the CCG link to this piece of work. Action: Closed</p> <p>18/109(iii) C&YP & Maternity Update DF confirmed that she's spoken to PW regarding liaising with CCG Communications Team. Action: Closed</p> <p>18/116 S&O RTT / Follow-Up Update Trust report has yet to be circulated by FLT. Quality Team to liaise with FLT. Action: Carried forward to next meeting</p> <p>18/133 S&O Improvement Board Commissioner Report DF confirmed that the CCG, Trust and NHSI had met to discuss reporting to the Improvement Board. The issue regarding patients lost to follow-up has been discussed at the CCQRM and S&O CCF. The Trust Medical Director and Nurse Director described at the CCQRM the process in place for clinical triage. This action relates to 18/116. Action: Closed</p> <p>18/135 Serious Incident Performance Report DF reported that FLT had yet to raise this issue with her but updated the Committee on how the STEIS reporting system works for provider reporting in terms of relationship to RASCI / Lead commissioner arrangements. This had been explored when Lancashire Care were awarded the contract for SFCCG Community Services and when the sub-contracting arrangements came into place between Mersey Care and North West Boroughs. Action: Closed</p>	

No	Item	Actions
	<p>18/137 Deprivation of Liberty Safeguards</p> <p>TF reported that she has had a discussion with Hill Dickinson for advisement – there is no confirmed deadline date for implementation. Designated Safeguarding Adult Manager has been asked to develop an implementation plan. TF informed the Committee of processes that are already in place with providers.</p> <p>Action: To remain on the action tracker</p> <p>18/140 CQUIN Performance Reports</p> <p>CQUIN Performance Group is being set up by AG.</p> <p>Action: Closed</p> <p>18/144 LeDeR Briefing Paper</p> <p>TF reported that work was on-going to identify this funding. MMcD stated that he would work with DF on this.</p> <p>Action: Carried forward to next meeting</p>	
18/160	<p>Chief Nurse Report</p> <p>DF presented the report to the Committee which contained information on the AUH SIQSG follow-up meeting outcome, AUH AQuA facilitated Theatre Safety Event, CQC Themed Review for Safeguarding and Looked After Children, a further serious case review that will take place across Sefton and the external clinical review that has been commissioned for CHC and Individual Packages of Care. DF also stated that since the report has been written, the CQC draft report has now been received and the CCGs are managing the process of factual accuracy checking with the deadline for submission to the CQC being 26.10.18.</p> <p>Outcome – The Committee received the report.</p>	
18/161	<p>IG Staff Code of Conduct Policy 2018</p> <p>McMc presented the policy. The committee approved the Policy subject to use of VPNs and review of network security across the CCGs and GP Practice and assurances regarding staff training.</p> <p>Outcome – The policy was approved subject to the caveats noted above.</p>	

No	Item	Actions
18/162	<p>Cheshire & Merseyside Quality Surveillance Group Exception Report</p> <p>BP presented the report which was submitted to NHSE C&M QSG. GH asked for further information regarding the Continence Report that had been previously received at the Committee which had been of great concern. BP described the work being undertaken for the purposes of assurance which have included a Quality Site Visit, discussion at CCQRM and remedial action plan. LCFT are also looking at identifying Link Workers for care homes.</p> <p>BP has also discussed the report with Health Watch and quality improvement which includes the referral from Care Homes into the Service, continence promotion and use of products. A further patient survey will be undertaken once further quality improvement work has been undertaken on this service. The Committee asked for the outcome of this patient survey to be brought back to the JQC in April 2019 once completed.</p> <p>Outcome – The Committee received the report.</p>	
18/163	<p>Serious Incident Management Process & Improvement Programme</p> <p>TF presented the report that detailed the CCGs quality improvement journey in relation to systems and processes for the purposes of assurance. The CCGs have provided a response back to NHSE C&M on the draft report and are awaiting the final report. The Committee agreed to continue to receive monthly update reports until the end of March 2019 for the purposes of internal assurance. GM commented that she had seen an improvement in reporting which was demonstrable evidence of the quality improvement work that had been undertaken within the CCGs.</p> <p>DF reported that she had liaised with the Chief Nurse from LCCG about the CCGs concerns that had previously been raised between the respective teams and the CCF and CQPG regarding the quality of some of the RCAs that were being submitted from Mersey Care in order to ensure that concerns were being addressed through their co-ordinating commissioning role.</p> <p>Outcome – The Committee received the report.</p>	
18/164	<p>SEND Written Statement of Action Progress Update Report</p> <p>DF presented the report which provided a progress update against the SEND Written Statement of Action. The Committee noted the progress made and areas where the pace of progress may not have been at the desired pace</p> <p>Outcome – The Committee received the report.</p>	
18/165	<p>Safeguarding Adults Annual Report 2017/18</p> <p>TF presented the CCGs Safeguarding Annual Report to the committee for recommendation for approval by the Governing Bodies. This report was produced by the team at LCCG as hosted safeguarding arrangements were in place until 1st March 2018.</p> <p>Outcome – The Committee received the report and recommended presentation to the Governing Bodies for approval.</p>	

No	Item	Actions
18/166	<p>NWAS / NHS111 Update - Deferred</p> <p>The Committee noted that this item had been deferred as the relevant Commissioning Manager was unable to produce the assurance report due to workload priorities and annual leave. It will be presented to a future meeting.</p> <p>Outcome – this item was deferred to a future meeting.</p>	
18/167	<p>Saving Babies Lives</p> <p>DF presented the report to the Committee for the purposes of assurance due to the CCGs being rated as Requires Improvement in the IAF Q4 2017/18. The Committee noted the content of the report and the actions being undertaken by commissioners in monitoring provider performance in relation to Saving Babies Lives as it has an impact on the Maternity element of the IAF.</p> <p>Outcome – The Committee received the report.</p>	
18/168	<p>Management of Allegations of Abuse Policy</p> <p>TF presented the policy for approval. The Governing Bodies had previously agreed an extension and approval by the Joint Quality Committee whilst Working Together to Safeguard Children was published and reviewed by the Safeguarding Team and HR support.</p> <p>Outcome – The Committee approved the policy.</p>	
18/169	<p>Quality Risk Register</p> <p>BP presented the Quality Risk Register and highlighted to the committee that it had since been updated further. The Committee noted the progress that had been made to mitigate the risks identified. A focused conversation was had in relation to the risks relating to SEND and delivery against the Written Statement of Action.</p> <p>GM raised the issue of flow through from the Committees of the Risk Registers to the Governing Bodies so it is more fluid. MMcD stated that this could be built into a Governing Body Development Session. GM asked for assurance that the risks on the Joint Committee (Primary Care) risk register find their way to the Corporate Risk Register. GH also asked if the Risk Registers could be presented in another way for ease of reading.</p> <p>Outcome – MMcD to discuss with DFair comments of the JQC and how a session can be built into the Governing Body Development Sessions.</p>	
18/170	<p>EPaCCS Update</p> <p>AR attended to present the EPaCCS update report. Updates to the ISAs have been requested and are currently going through the LMCs. A decision from Sefton LMC is awaited. GH asked if this could be raised at the next Sefton LMC Liaison Meeting.</p> <p>Outcome – The Committee received the report.</p>	

No	Item	Actions
18/171	<p>Controlled Drugs Occurrence Report</p> <p>HR provided the CD Occurrence Report. The Committee commended HR on the content and clarity of the report. CD incidents and concerns will no longer feature in the report as these are being reported direct to NHSE.</p> <p>TF stated that there had been a recent Serious Incident that involved General Practice and a controlled drug incident and requested that HR liaise with the CCG Head of Medicines Management so this information is linked for the purposes of learning.</p> <p>HR reported that work is being progressed as to how this report can be more patient / qualitative focussed.</p> <p>Outcome – The Committee received the report</p>	
18/172	<p>Practice Nurse Lead Report</p> <p>DF presented the report on behalf of Colette Page. The Committee were asked to note the development of the draft LoCSSIP for those undertaking minor surgery or inserting contraceptive devices / implants in General Practice. It was noted that this is in draft and needs input from clinicians and then be presented to the relevant committee at a later date for approval.</p> <p>Outcome – The Committee received the report.</p>	
18/173	<p>Locality Updates</p> <p>Nil to report.</p>	
18/174	<p>Corporate Governance Support Group Key Issues Log</p> <p>The Committee noted the contents of the report.</p> <p>Outcome – The Committee received the report.</p>	
18/175	<p>JMOG Key Issues Log</p> <p>The Committee noted the contents of the report. DC asked HR to take back an issue relating to out of stock drugs.</p> <p>Outcome - HR to take back an issue relating to out of stock drugs to JMOG.</p>	
18/176	<p>Minutes Presented</p> <p>The following minutes were received by the Committee:</p> <ul style="list-style-type: none"> • SSCCG Serious Incident Review Group – 17th September 2018 • SFCCG Serious Incident Review Group – 5th September 2018 	
18/177	<p>Any Other Business</p> <p>None reported</p>	

No	Item	Actions
18/178	<p>Key Issue Log (issues identified from this meeting)</p> <p>The Committee identified the following key issues to be presented to the Governing Bodies:</p> <ul style="list-style-type: none"> • CQC Themed Review Safeguarding & Looked After Children – The draft report had been received and the CCGs were in the process of co-ordinating the factual accuracy check before returning to the CQC. • IG Staff Code of Conduct Policy – This Policy was approved subject to use of VPNs and review of network security across the CCGs and GP Practice and assurances regarding staff training. • Serious Incident Management Process & Improvement Programme – The update report was received for the purposes of assurance. Monthly update reporting to continue. • Management of Allegations of Abuse Policy – this Policy was approved. • Quality Risk Register – this was reviewed by the Committee. Recommendations for improvement of presentation and fluidity to the Governing Body discussed. Request to be made for Risk Registers to be an agenda item at a future Governing Body Development Session. • LocSSIP - The draft LoCSSIP for those undertaking minor surgery or inserting contraceptive devices / implants in General Practice. Input from clinicians is required and then the final LocSSIP will be presented to the relevant committee at a later date for approval. • EPaCCS – Information Sharing Agreement currently awaiting LMC approval. To raise with CCG officers attending LMC liaison meeting regarding timeline for agreement • CCGs Safeguarding Annual Report – Received by the Committee. Recommended for presentation to Governing Bodies for approval. 	
18/179	<p>Date of Next Meeting and notice of apologies</p> <p>Thursday 29th November 2018 Room 3A, 3rd Floor Merton House, Stanley Road, Bootle L20 3DL</p> <p>Apologies – None reported.</p>	

Audit Committees in Common Southport and Formby CCG Minutes

Wednesday 17th October 2018, 1.30pm to 4pm
3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

Southport and Formby CCG Members present		
Helen Nichols	Lay Member (Chair)	HN
Gill Brown	Lay Member (Vice Chair)	GBr
South Sefton CCG Members present		
Graham Morris	Lay Member (Chair)	GM
Graham Bayliss	Lay Member (Vice Chair)	GBa
In attendance		
Martin McDowell	Chief Finance Officer, SFCCG and SSCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SFCCG and SSCCG	AOR
Leah Robinson	Chief Accountant, SFCCG and SSCCG	LR
Michelle Moss	Local Anti-Fraud Specialist, MIAA	MM
Adrian Poll	Audit Manager, MIAA	AP
Robin Baker	Audit Director, Grant Thornton	RB
Apologies – Southport and Formby CCG Members		
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Apologies – South Sefton CCG Members		
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Apologies - Regular Attendees		
Georgia Jones	Manager, Grant Thornton	GJ
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SFCCG and SSCCG	TK

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

Name	Position	April 18	May 18	July 18	Oct 18	Jan 19
Southport and Formby Audit Committee Membership						
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	
Gill Brown	Lay Member	✓	✓	A	✓	
Susan Lowe	Practice Manager and Governing Body Member	A	A	A		
Jeff Simmonds	Secondary Care Doctor and Governing Body Member	A	✓	✓	A	
In attendance						
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	
Alison Ormrod	Deputy Chief Finance Officer	A	✓	A	✓	
Leah Robinson	Chief Accountant [On maternity leave from October 2017]				✓	
Phil Rule	Interim Chief Accountant	✓	✓	✓		

Name	Position	April 18	May 18	July 18	Oct 18	Jan 19
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓		✓	✓	
Adrian Poll	Audit Manager, MIAA	✓		✓	✓	
Robin Baker	Audit Director, Grant Thornton	✓	N	✓	✓	
Georgia Jones	Manager, Grant Thornton	✓	✓	A	A	

No	Item	Action
General Business		
A18/134	<p>Introductions and apologies for absence Apologies for absence were received from the following Southport & Formby Audit Committee members: Jeff Simmonds.</p> <p>Apologies for absence were received from the following regular attendees: Georgia Jones.</p> <p>The committee noted that Graham Morris, Chair of the South Sefton Audit Committee, would chair this meeting.</p> <p>Leah Robinson (Chief Accountant), who has returned from maternity leave, was welcomed back to the committee. The committee noted that Phil Rule, Interim Chief Accountant, has left the CCG.</p>	
A18/135	<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 made by members of the Southport & Formby Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
A18/136	<p>Minutes of the previous meetings and key issues The Southport and Formby minutes of the Audit Committees in Common meeting on 25th July 2018 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from this meeting.</p>	
A18/137	<p>Action points from previous meetings</p> <p>A18/114 (S&F and SS) Information Governance Bi-Monthly Report MMcD confirmed the actions relating to the summary front sheet of the IG Bi-Monthly report have been completed. Data Protection Impact Assessments have been completed. Action closed.</p> <p>A18/114 (S&F and SS) Information Governance Bi-Monthly Report MMcD noted that the current Data Protection Officer arrangements are not</p>	

	<p>sufficient due to potential conflict of interest. He confirmed the position could be a wider role, encompassing a number of CCGs, and undertaken by an organisation external to the CCGs. He noted he would discuss this issue with the Leadership Team.</p> <p>A18/115 (S&F and SS) NHSE CCG Financial Planning, Control and Governance Self-Assessment Template LR reported that NHS England have been contacted to enquire about the type of information required for the following two assessment criteria:</p> <ul style="list-style-type: none"> • No. 39: Accounts payable and receivable are both regularly reviewed, proactively managed and regularly reported to the Governing Body. • No. 40: The CCG can confirm that any debtor or creditor balances (Non-NHS) over 120 days have all been fully provided for. <p>NHS England have confirmed that there is no specific guidance on the type of information required; it is an internal issue for the CCG to determine the level of detail required to provide assurance.</p> <p>Regarding criteria no. 39, LR confirmed that accounts payable and accounts receivable are monitored throughout the month and as part of month end closedown. Accounts receivables are presented to the Audit Committee; balances in excess of £5k and outstanding for 6 months or more are presented for discussion. The approved minutes of the Audit Committee are received by the Governing Body. The Governing Body, however, do not receive a report on both accounts payable and accounts receivable. The committee therefore agreed that the answer to this criteria should be 'No' with an explanation of what the CCG does do in terms of reporting. LR to action.</p> <p>A18/115 (S&F and SS) NHSE CCG Financial Planning, Control and Governance Self-Assessment Template The subject of financial training for Governing Body members is yet to be raised with the Senior Leadership Team. The committee discussed this action and agreed for a training needs assessment to be carried out for the Governing Body in the first instance. This action is to supersede the current action on the tracker.</p> <p>A18/118 (S&F) Losses, Special Payments and Aged Debt LR reported that Southport & Ormskirk NHS Trust have confirmed that the debt (following the outcome of the Expert Determination) will be paid in November 2018. Accounting Entries relating to the release of the provision brought forward from 2017/18 have been actioned. Action closed.</p> <p>A18/130 (S&F and SS) Governing Body Assurance Framework, Corporate Risk Register and Heat Map MMcD reported that the Programme Manager for Quality and Risk and the Interim Chief Accountant undertook an initial review of the Corporate Risk Register (CRR) in September 2018. The review involved a re-articulation of the risk descriptions to ensure clarity. The finance risks within the GBAF still need to be reviewed, however, in order to ensure they are being captured more clearly. The wider Cheshire & Merseyside work and the impact on the CCG also need to be captured within the GBAF. Action still open.</p> <p><i>Members noted that all other actions from the Audit Committees in Common meeting in July 2018 have been completed, with updates provided on the action tracker which were taken as read.</i></p>	<p>MMcD</p> <p>LR</p> <p>MMcD</p>
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Governance		
A18/138	<p>GDPR Implementation Update</p> <p>MMcD presented the GDPR Implementation Update report. He provided an update on the amber and red rated areas, as detailed within the report.</p> <p>MM advised that Privacy Notices need to include information on Fraud and National Fraud Initiative. She confirmed she would send the necessary information to MMcD in order for this to be included in the CCG's Privacy Notice.</p> <p><i>The CCG received the GDPR Implementation Update report.</i></p>	MM
A18/139	<p>Policy for the Management of Conflicts of Interest and Gifts and Hospitality</p> <p>MMcD presented the updated Managing Conflicts of Interest and Gifts and Hospitality Policy. The committee noted that a review of the policy was undertaken by the QIPP Programme Lead in September 2018 and as no new guidance has been issued, the substantive policy remains unchanged. Minor changes have been made to reflect the date of the review and to propose a future review date of September 2020.</p> <p>The committee discussed the policy, noted the minor amendments and approved the updated version.</p> <p><i>The committee approved the updated Managing Conflicts of Interest and Gifts and Hospitality Policy.</i></p>	
A18/140	<p>NHSE CCG Financial Planning, Control and Governance Self Assurance Template</p> <p>LR presented an updated self-assessment template on financial planning, control and governance. The committee had received the submission for Quarter 1 in July 2018, which was a mandatory submission to NHS England. LR noted there has been no indication that a Quarter 2 submission is required at this stage but for best practice purposes, the CCG has revisited the template to provide an update to the committee.</p> <p>Re. criteria no. 42 – LR confirmed the CCG needed to make a supplementary drawdown of cash in September 2018 but remains in line with the Maximum Cash Drawdown limit applied by NHSE. Mitigating actions have been put in place to prevent this from occurring in future.</p> <p>HN raised a number of queries regarding individual criteria and the CCG's submission, which were answered by LR and MMcD. Regarding criteria no. 25 (<i>The CCG can confirm they have no identified / outstanding contractual disputes [formal or informal]</i>), MMcD confirmed the dispute with Southport & Ormskirk NHS Trust was informal in Q2 2018/19 and formal in Q3 2017/18. LR confirmed she would update the template with this information.</p>	LR
A18/141	<p>Losses, Special Payments and Aged Debt</p> <p>LR provided an update on losses, special payments and aged debt for Southport & Formby CCG since the last report was presented to the Audit Committee on 25th July 2018. One loss has been identified for write-off and no special payments have been made in this period.</p> <p>The balance identified for write-off is related to Alexander Court Care Home for the value of £2,302.08. The balance relates to a credit note that was issued to the CCG. LR updated the committee on the CCG's efforts to seek recovery of the credit value, as detailed in the report. The committee</p>	

	<p>discussed this issue and agreed that the balance be written off, due to the value of the balance and given the efforts to recover the credit value to no avail.</p> <p>LR reported on the outstanding debt as at 30th September 2018. Of the total debt outstanding (£1,831,934), there are 4 invoices totalling £1,727,995 above the £5k threshold which are greater than 6 months old. These relate to Southport & Ormskirk NHS Trust and Dovehaven Nursing Home. LR provided an update on these invoices as detailed in the report. She confirmed that the Dovehaven debt will be settled. The committee were informed that the Chief Nurse has been involved in discussions with the nursing home to resolve this issue, as she is the relationship manager between the CCG and Dovehaven. It was noted that this was not the standard course of action and that the Chief Nurse would not usually get involved with debt recovery.</p> <p><i>The committee received this report and approved the write-off of the balance related to Alexander Court Care Home for the value of £2,302.08.</i></p>	
A18/142	<p>Scheme of Delegation</p> <p>LR notified the committee on the following updates regarding the Scheme of Delegation:</p> <ol style="list-style-type: none"> 1) The Deputy Chief Finance Officer's invoice approval limit was temporarily increased in August 2018 to allow for urgent approval of invoices in the absence of the Chief Finance Officer and Chief Officer. Further information is contained within the report in the meeting pack, which the committee received. The Deputy Chief Finance Officer's limit has now been reduced back to the standardised £50k. 2) As part of the Sefton Transformation Programme, the Programme Manager is required to have a limit to allow for approval of operational invoices. It is therefore proposed that the Programme Manager be given a £5k limit to allow for this. <p>LR noted that due to the issues identified and in line with good practice, there is a need to review the current Scheme of Delegation across both of the Sefton CCGs to ensure it continues to be operationally fit for purpose and that adequate internal controls are in place. She confirmed a comprehensive review will be undertaken and a report will be brought to the next Audit CiC meeting in January 2019.</p> <p><i>The committee ratified the temporary increase in approval limit retrospectively for the Deputy Chief Finance Officer for the period noted above. The committee also approved the proposed limit for approval of operational invoices by the Sefton Transformation Programme Manager.</i></p>	LR
A18/143	<p>Single Tender Action forms</p> <p>MMcD reported on two Single Tender Action (STA) forms, noting that the contract values are within his delegated limits as Chief Finance Officer to sign off. The STA forms are for the following (further details are contained within the STAs received by the committee):</p> <ul style="list-style-type: none"> • Consultancy support for CCG for function review, business processes and organisational change. • Online consulting software. <p>MMcD noted that both STA requests have been reviewed and approved and provided the rationale for approval. MMcD recommended the Audit Committee ratify the approval of the Single Tender Action forms.</p>	

	<i>The committee ratified the approval of the above Single Tender Action forms.</i>	
A18/144	<p>Register of Interests MMcD presented an updated Register of Interest, as at 30 September 2018.</p> <p>Concerns were raised that the register was not fully up to date. Members discussed the updating of the register and suggested the document has version numbers visible to the committee, and that any updates between Audit CiC meetings be colour coded. This process is to be suggested to Judy Graves, Corporate Business Manager at the CCG.</p> <p>The committee queried whether the register presented to the committee is the published or unpublished version. Members agreed that the committee should receive the unpublished version for the current financial year. This feedback is to be provided to Judy Graves.</p> <p><i>The committee received the Register of Interests.</i></p>	<p>MMcD</p> <p>MMcD</p>
A18/145	<p>Policy Tracker MMcD presented the policy tracker. The committee received updates on the following policies that are out of their review dates: Infertility Policy; Commissioning Policy; Safeguarding Children and Adults at Risk Policy; and the Management of Allegations Policy and Procedure. A status on each policy is detailed in the report; the tracker will continue to be monitored by the Corporate Team.</p> <p><i>The committee received the policy tracker.</i></p>	
A18/146	<p>Lay Members' Training Needs This item had been added to the agenda following an action from the last Audit CiC meeting. HN noted that lay members would be included in the training needs assessment to be carried out for the Governing Body, as agreed under A18/137.</p> <p><i>The committee received this verbal update.</i></p>	
A18/147	<p>Brexit Considerations The committee discussed the potential implications of a 'no deal' Brexit and noted issues such as stockpiling and the effect on cost of drugs.</p> <p>The committee agreed that Brexit Considerations be added to the committee work plan as a standing item.</p> <p><i>The committee discussed Brexit considerations and agreed for this to be a standing agenda item.</i></p>	TK
<i>Audit and Anti-Fraud Specialist</i>		
A18/148	<p>Audit Committee Recommendations Tracker LR presented the Audit Committee Recommendations Tracker and provided an update on the Section 75 agreement, as detailed on the tracker. She noted that the tracker does not include any audit reviews that have been carried out in 2018/19 and that these would be included in the next update to the Audit Committee in January 2019.</p> <p><i>The committee received the Audit Committee Recommendations Tracker.</i></p>	

A18/149	<p>MIAA Internal Audit Progress Report</p> <p>AP presented the MIAA Internal Audit Progress Report. Since the last Audit CiC meeting in July 2018, an audit report has been finalised for Provider Contract Management. The review examined the arrangements in place for managing healthcare contracts commissioned by the CCG and concluded a high assurance level.</p> <p><i>The committee received the MIAA Internal Audit Progress Report.</i></p>	
A18/150	<p>CCG Conflicts of Interest Benchmarking</p> <p>AP presented a benchmarking report for managing conflicts of interest. The report covers the benchmarking of the 2017-18 mandated reviews. AP reported on CCG performance and benchmarking across 5 scope areas: Governance Arrangements; Declaration of Interest and Hospitality; Register of Interest, Gifts and Hospitality; Decision Making Processes and Contract Monitoring; and Identifying and Managing Non-Compliance.</p> <p>The committee noted that the CCG has reviewed and actioned improvements in the area of the management and recording of conflicts of interest at meetings.</p> <p><i>The committee received the CCG Conflict of Interest Benchmarking report.</i></p>	
A18/151	<p>Anti-Fraud Progress Report</p> <p>MM presented the Anti-Fraud Progress Report, which sets out the work undertaken from 1st April 2018 to 30th September 2018 and highlights activities and outcomes.</p> <p>MM reported there was one investigation for Southport & Formby in this period. She noted that although this case has been put onto FIRST (online Fraud System) for advice, it is not believed that any fraud has been committed. The committee noted that a letter will be issued from MMCD to the party involved.</p> <p><i>The committee received the Anti-Fraud Progress Report.</i></p>	
A18/152	<p>Bribery Compliance Strategy 2018</p> <p>LR presented a report on the Bribery Compliance Strategy 2018. The strategy is a self-assessment checklist (with 88 questions requiring 'Yes', 'No' or 'Partial' responses) compiled by MIAA to assess whether the CCGs have 'adequate procedures' in place to comply with the Bribery Act 2010.</p> <p>The results of the completion of the checklist indicated that of the 88 areas for consideration, 73 (83%) had 'Yes' responses, 7 (8%) had 'No' responses and 8 (9%) had 'Partial' responses. LR confirmed a report would be presented to the committee at the next meeting in January 2019, with an update on the actions that have been undertaken for the areas that have had 'Partial' and 'No' responses.</p> <p>MM confirmed that MIAA will be undertaking benchmarking work in this area.</p> <p><i>The committee received this report.</i></p>	LR
A18/153	<p>External Audit Progress Report</p> <p>RB presented the external audit report, noted progress to date and informed the committee of indicative dates for the 2018/19 external audit, which are yet to be confirmed.</p>	

Closing business		
A18/156	<p>Self-assessment of committee's effectiveness A questionnaire for a self-assessment of committee effectiveness (taken from the NHS Audit Committee Handbook) was circulated to committee members to complete; the deadline for submission is today. The Audit Committee Chairs confirmed they would review all completed submissions and asked for the item to be added to the agenda for the next meeting in January 2019.</p> <p><i>The committee received this verbal update.</i></p>	TK
A18/157	<p>Any other business MMcD notified the committee that the Sefton CCGs have been asked by a mental health provider regarding how the Mental Health Investment Standard (MHIS) will be measured and assessed by external audit for this financial year, and whether the CCGs have met mental health standards. MMcD confirmed that no guidance has been published as yet but having reviewed the opening plan, he is assured that the CCGs will meet the planned level of investment into core services.</p>	
A18/158	<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>	
A18/159	<p>Minutes for Item A18/124 CHC Retrospective Claims Report – S&F CCG This item was discussed without the presence of South Sefton Audit Committee members and Grant Thornton.</p> <p>The minutes for item <i>A18/124 CHC Retrospective Claims Report – S&F CCG</i> (from the committee meeting that took place on 25th July 2018) were reviewed and approved as a true and accurate record. It was noted that a number of actions related to this item were still outstanding; members discussed completion of these actions and the next steps.</p>	
	<p>Date and time of next meeting 16th January 2019 1.30pm to 4pm 3rd Floor Board Room, Merton House</p>	

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

Date: Thursday 4th October 2018, 10:00 - 11:00am
 Venue: Salvation Army Southport Corps, 65 Shakespeare Street, Southport PR8 5AJ

Members		
Gill Brown	S&F CCG Lay Member (Chair)	GB
Jan Leonard	S&F CCG Chief Redesign and Commissioning Officer (Vice Chair)	JL
Dr Kati Scholtz	S&F CCG Clinical Vice Chair	KS
Alan Cummings	NHSE Senior Commissioning Manager	AC
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
Jan Hughes	NHSE Assistant Contracts Manager	JH
Attendees:		
Sharon Howard	Programme Manager GPFV	SH
Angela price	Primary Care Programme Lead	AP
Maureen Kelly	Health watch Sefton	MK
Colette Page	SS and S&F CCG Practice Nurse Lead	CP
Dwayne Johnson	Sefton MBC Director of Social Services and Health	DJ
Joe Chattin	Sefton LMC	JC
Minutes		
Jane Elliott	S&F CCG Senior Administrator	JE

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

Name	Membership	Feb 2018	Apr 2018	Jun 2018	Aug 2018	Oct 2018	Dec 2018
Members:							
Gill Brown	S&F CCG Lay Member	✓	✓	✓	✓	A	
Helen Nichols	S&F CCG Lay Member	-	-	-	-	-	
Jan Leonard	S&F CCG Chief Redesign and Commissioning	✓	✓	✓	A	✓	
Dr Rob Caudwell	S&F CCG Clinical Chair	✓	✓	A	✓	✓	
Dr Kati Scholtz	S&F CCG Clinical Vice Chair	✓	✓	✓	✓	✓	
Susanne Lynch	S&F CCG Head of Medicines Management	✓	✓	✓	A	✓	
Brendan Prescott	Deputy Chief Nurse and Quality Officer	A	A	N	N	N	
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓	✓	✓	✓	
Attendees:							
Jan Hughes	NHSE Assistant Contract Manager	A	A	A	A	A	
Sharon Howard	Programme Manager General Practice Forward View	✓	N	✓	A	✓	
Angela Price	Primary Care Programme Lead	✓	A	✓	✓	✓	
Maureen Kelly	Healthwatch Sefton	✓	A	✓	✓	A	
Dwayne Johnson	Sefton MBC Director of Social Services and Health	N	N	N	N	A	
Joe Chattin	Sefton LMC	N	N	N	N	N	
Anne Downey	NHSE Finance	N	N	N	N	N	
Colette Page	SS and S&F CCG Practice Nurse Lead		✓	✓	✓	✓	

No	Item	Action
SFNHSE 18/93.	<p>Introductions and apologies Apologies were received as noted above.</p>	
SFNHSE 18/94.	<p>Declarations of interest Committee members are 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 Southport and Formby Clinical Commissioning Group.</p> <p>Declarations declared by members of the Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website.</p> <p>KS declared an interest as a local GP. RC declared an interest as a local GP.</p>	
SFNHSE 18/95.	<p>Minutes of the previous meeting August Minutes were agreed.</p>	
SFNHSE 18/96.	<p>Action points from the previous meeting The action tracker was discussed and updated.</p>	
SFNHSE 18/97.	<p>Report from Operational Group and Decisions Ainsdale Medical Centre will have to rewrite their application for a boundary change.</p> <p>The group agreed to support Churchtown Medical Centres application to close their list for 3 months. NHSE confirmed that an action plan has been submitted that supports the application.</p> <p>Both actions will be confirmed / supported by NHSE CEG</p>	

<p>SFNHSE 18/98.</p>	<p>GPFV Operational Plan / Primary Care Programme Report</p> <p>Resilience Funding – No practices from Sefton submitted a bid.</p> <p>Clerical and Admin training – plans are in place to supply document management training for receptionist</p> <p>Medicines co-ordinator training – an online course exists for reception staff to undertake to ensure medication requests are dealt with efficiently within practice. SL confirmed it is fit for purpose.</p> <p>International recruitment – On going process. One SF practice had originally expressed an interest.</p> <p>ETTF – No update available however it was felt this should be looked at on a network basis.</p> <p>e-Consultations – one SF practice is about to go-live to trial this new way of working.</p> <p>7 day access – the service is now up and running. First week was successful.</p> <p>Clinical Pharmacy – Agreement been practices and the CCG signed. The hub is ready to recruit.</p> <p>Networks – An event was attended by members of the networks. The idea of the event was to make delegates think differently and become effective leaders.</p> <p>Winter planning – NHSE have confirmed there will be no additional funding available. The group noted that last years late allocation made planning and effective utilisation difficult.</p> <p>Delegation- Application progressing. A list of tasks has been shared from NHSE to enable planning. It was suggested that in the future a Joint committees would cover SF and South Sefton CCGs.</p> <p>New entry needs to be added around 5000 GP to be recruited nationally. This equates to 196 GP to cover Cheshire and Merseyside footprint. This item should be highlighted red on the report as there minimal progress.</p> <p>New entry need to be added around pilot scheme for medicines management hub. Service went live on 1st October 2018 in Crosby and North Southport localities.</p> <p>No changes or updates to other projects at this time.</p> <p>AP to update Programme report to reflect changes</p>	<p>AP</p>
<p>SFNHSE 18/99.</p>	<p>Delegated Commissioning</p> <p>The application process is progressing. The deadline for submission is November 2018 with April 2018 live date.</p> <p>Support from the membership and LMC has been received.</p>	
<p>SFNHSE 18/100.</p>	<p>Healthwatch Feedback</p> <p>Apologies were received from Health Watch. No updates were available. JE was asked to contact to obtain information relating to the enter and view at St Marks Surgery.</p>	<p>JE</p>
<p>SFNHSE 18/101.</p>	<p>Key Issues Log</p> <p>Respiratory project being designed looking at practices who are outliers for respiratory admissions.</p> <p>Note to be added that no funding will be made available for winter pressure access in primary care.</p>	
<p>SFNHSE 18/102.</p>	<p>Any Other Business</p> <p>None Raised</p>	

SFNHSE 18/103.	Date of next meeting Thursday 6 th December at 10am – 11am. Salvation Army Southport Corps, 65 Shakespeare Street, Southport PR8 5AJ	
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COMMITTEE(S) IN COMMON
KNOWSLEY, LIVERPOOL, SOUTH SEFTON CCGS AND
SOUTHPORT & FORMBY CCGS
BOARDROOM LIVERPOOL CCG
FRIDAY 12TH OCTOBER 2018

PRESENT:

Fiona Lemmens (FL)	Chair	NHS Liverpool CCG (In the Chair)
Jan Ledward (JLe)	Chief Officer	NHS Liverpool CCG
Carole Hill (CH)	Healthy Liverpool Integrated Programme Director	NHS Liverpool CCG
Fiona Taylor (FT)	Chief Officer	NHS South Sefton CCG/ NHS Southport & Formby CCG
Graham Morris (GM)	Deputy Chair	NHS South Sefton CCG
Andy Pryce (AP)	Chair	Knowsley CCG
Andrew Bibby (AB)	Assistant Regional Director of Specialist Commissioning	NHS England
Ian Moncur (IM)	Councillor	Sefton Council
Angie Smithson (AS)	Director of Integration	Aintree University Hospital NHS Foundation Trust (up to an including item 4)
Anna Roberts (AR)	Urgent & Emergency Care Clinical Utilisation Review and Pathway Manager	NHS Liverpool CCG
Paula Jones (PJ)	Committee Secretary/minute taker	NHS Liverpool CCG

APOLOGIES:

Rob Caudwell (RC)	Chair	NHS Southport & Formby CCG
Andy Mimmagh (AM)	Chair	NHS South Sefton CCG
Craig Gillespie	Acting Chair	NHS South Sefton CCG
Ian Davies (ID)	Chief Operating Officer	NHS Liverpool CCG
Mark Bakewell (MB)	Chief Finance & Contracting Officer	NHS Liverpool CCG

Dianne Johnson (DJ)	Chief Officer	NHS Knowsley CCG
Donal O'Donoghue (DOD)	Secondary Care Clinician	NHS Liverpool CCG
Martin Farran (MF)	Director of Adult Services & Health	Liverpool City Council
Sue Rogers (SR)	Assistant Director of Integrated Health and Social Care	Liverpool City Council

1.0	Welcome, Introductions and apologies:
1.1	The Chair then welcomed all to the meeting and introductions were made.
2.0	Declaration of Interest:
2.1	There were no declarations of interest made specific to the agenda.
3.0	Minutes & Actions of the previous meeting: 8th June 2018
3.1	The minutes of the 8 th June 2018 meeting were agreed as an accurate record of the meeting.
3.2	<ul style="list-style-type: none"> • Actions from item 3 Minutes and Actions of the previous meeting on 8th June 2018: <ul style="list-style-type: none"> ➤ From minutes of previous meeting – Action for FT to follow up obtaining confirmation in writing from West Lancashire CCG that they had declined to be a member of the North Mersey Joint Committee – FT confirmed that she had spoken to West Lancashire CCG who had asked to be kept informed rather than be a formal member, however she did not yet have this in writing and would obtain written confirmation as soon as possible. ACTION: FT TO OBTAIN CONFIRMATION IN WRITING AS SOON AS POSSIBLE FROM WEST LANCASHIRE CCG THAT THEY DID NOT WANT TO BE A MEMBER OF THE JOINT COMMITTEE. ➤ From minutes of previous meeting re North Mersey Joint Committee – re membership of the joint committee it was noted that there was a formal agenda item on the Joint Committee on

today's agenda.

- **From minutes of previous meeting re North Mersey Joint Committee** – FT referred to the action for her to discuss with Sefton Council their role in the Committee(s) in Common and noted that IM was at the meeting. IM noted that it would be difficult for him to attend if the dates were altered. JLe noted that MF from Liverpool City Council had been included in the distribution list but had been unable to attend today
- **From minutes of previous meeting re Shared Care Priorities** – AP to follow up on action to check if DJ had been made aware that she had been allocated a leadership role for one of the shared care priorities. **ACTION: AP TO FOLLOW UP THAT DJ WAS AWARE SHE HAD BEEN ALLOCATED A LEADERSHIP ROLE FOR ONE OF THE SHARE CARE PRIORITIES.**
- **From Orthopaedic & Trauma Service Business Case** – CH confirmed that she had provided feedback from the Committee(s) In Common on the merger proposals to Merger Team.
- **From Orthopaedic & Trauma Service Business Case** – it was noted that this item was on the agenda for today.
- **From Orthopaedic & Trauma Service Business Case** – it was noted that CH would catch up with AB to talk about the quorum requirement in the CIC Terms of Reference for NHS England Specialist Commissioning to be present in the light of the role of the North Mersey Joint Committee. **ACTION:CH TO SPEAK TO AB ABOUT QUORUM REQUIREMENT FOR NHS ENGLAND SPECIALIST COMMISSIONING IN THE TOR FOR THE COMMITTEE(S) IN COMMON.**
- From Update on Royal & Aintree Merger Process – CH updated that there had been a joint informal meeting of the four CCG Governing Bodies to discuss the merger process and this would be followed up with further sessions. **ACTION: FOLLOW UP MEETINGS OF JOINT GBs TO ENGAGE REGARDING THE MERGER OF ROYAL AND AINTREE (CH).**
- **From Liverpool Women's Hospital ('LWH') Update** – FL

	<p>updated the CIC:</p> <ul style="list-style-type: none"> ❖ NHS England Regional Team had visited LWH to understand the geographical issues and the clinical case. ❖ The challenge was around capital requirements in the context of the proposal for citywide hospital transformation. This had been discussed at the North Mersey Leadership Team. There would be no news around capital until November 2018. LWH were being encouraged to contain the capital requirement to below £100m to fit the remit of the regional funding source. ❖ The decision needed to be taken on whether or not consult on one option or four and this decision would be delegated to the North Mersey Joint Committee. FL was to attend the South Sefton Overview & Scrutiny Committee later that week. CH agreed to provide a briefing for FL. ACTION: CH TO PROVIDE FL WITH A BRIEFING TO TAKE TO THE SEFTON OVERVIEW & SCRUTINY COMMITTEE.
4.0	<p>Merger of the Royal Liverpool and Aintree Hospitals – Presentation – Angie Smithson (AS)</p> <p>4.1 AS gave a presentation to the CIC on the Transaction and Integration Programme:</p> <ul style="list-style-type: none"> ➤ Full business case was currently being developed with 8 clinical areas and all corporate areas being worked up in detail: <ul style="list-style-type: none"> ❖ Trauma & Orthopaedics ❖ Surgery (including emergency surgery, UGI, hepato-biliary and colorectal surgery) ❖ ENT ❖ Nephrology ❖ Radiology ❖ Haematology ❖ Dermatology ❖ Gastroenterology

- Patient Benefit Case: A number of clinical specialties and cross cutting themes are being considered for case-studies of merger-dependent patient benefits:
 - ❖ Trauma & Orthopaedics
 - ❖ Surgery (including emergency surgery, UGI, hepato-biliary and colorectal surgery)
 - ❖ ENT
 - ❖ Stroke
 - ❖ Nephrology
 - ❖ Radiology
 - ❖ Workforce
 - ❖ Access

- FT asked if the Stroke Reconfiguration was included i.e. the timeline for Hyper-acute Stroke proposals AS replied that this was not being considered at the moment, Aintree were aware of the Cheshire & Mersey stroke programme and the need to consider the bigger picture but were currently only considering plans for the Royal and Aintree.

- The full business case and post transaction implementation plans would be presented to the February 2019 Boards. The Due Diligence exercise was almost complete and would identify areas of risk which would come back to the CIC. Confirm and challenge workshops were now being held.

- Next Steps:
 - ❖ Complete the Patient Benefit Case - Complete 'Market Assessment & Competition Analysis'
 - ❖ Pre-merger engagement with regulatory stakeholders, staff, patients and public
 - ❖ Complete 'Due Diligence' (clinical, financial, legal, etc.)
 - ❖ Update and complete Long Term Financial Models
 - ❖ Develop 'Post Transaction Integration Plan' with phases/costs for reconfiguration
 - ❖ 'Maintain review of Assumptions, Success Factors, Risks and Mitigations'
 - ❖ Appoint 'Interim Board' July 2019 to run for three months prior to new Board starting 1st October 2019

The following questions were raised:

- In response to a question from FT it was confirmed that the Post Transaction Implementation Plans would be informed by CCG commissioning intentions and challenge. JLe noted that Stroke Services had not been delegated to the North Mersey Joint Committee so would come to the Committee(s) In Common for a strategic view.
- IM asked about engagement with patients and public and involving them ahead of decisions being taken. Proposals for service change would be engaged on an, in some cases, subject to public consultation.
- FL felt it would be helpful to have a one page plan of governance for the commissioners to be able to interact with the process. JLe felt that the we needed to know what our role as commissioners was in the merger and how to future proof services going forward. This was required in two weeks' time to be circulated to members.

ACTION: CH TO PREPARE GOVERNANCE MAP/ROLES & RESPONSIBILITIES FOR COMMISSIONERS FOR CIRCULATION TO MEMBERS IN TWO WEEKS' TIME (by w/c 29.10.18).

The Committees in Common:

- **Noted the Verbal Update and looked forward to receiving the briefing on the role of commissioners in the merger.**

5.0 Orthopaedic & Trauma Service Business Case Update – Report No: CIC 05-18 – Carole Hill

- 5.1**
- The decision was delegated to the Joint Committee for the four North Mersey CCGs.
 - Final Business Case was shared with a joint NHS England and NHS Improvement Stage 2 Assurance panel with feedback received and acted upon as outlined in the papers.
 - Feedback from the June 2018 Committee(s) In Common meeting would be included before the final Business Case went to the Joint Committee for approval.

	<ul style="list-style-type: none"> ➤ The Feasibility Plan and Business Case had been approved by the two Trust Boards, so updates to the Business Case from commissioner queries would be contained in an addendum to the Business Case going to the Joint Committee. ➤ JLe felt that it needed to very clear in the paper going to the Joint Committee about the service change process. ➤ AB raised the question of whether spinal trauma would all be directed to Aintree and what the criteria for the Major Trauma Centre would be. FL thought that all Trauma was to be directed to Aintree but agreed to check. ACTION: FL TO CHECK THE PROCEDURE POST MERGER FOR THE CLASSIFICATION AND DIRECTION OF TRAUMA PATIENTS. <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Recommended the proposal for the establishment of a single orthopaedic service to be delivered over two sites to the first public meeting of the North Mersey Joint Committee.
6.0	<p>North Mersey Urgent Treatment Centre – Report No: CIC 06-18 – Anna Roberts (AR):</p> <p>6.1</p> <ul style="list-style-type: none"> ➤ From the 5 Year Forward View commissioners were required to implement Urgent Care Treatment Centres open a minimum of 12 hours a day, 7 days a week. A review had commenced of urgent care across the city. ➤ Liverpool, South Sefton and Knowsley CCGs had agreed to collaborate on reviews of urgent care, particularly with regard to the Aintree catchment. <p>The Committee(s) In common commented:</p> <ul style="list-style-type: none"> ➤ JLe referred to the One Liverpool Plan and the future requirements for an integrated Urgent Care system which met the needs of our population. ➤ FT felt that the engagement and consultation should be done collaboratively. Urgent Care Treatment Centres were not on the programme of work for the Joint Committee as yet therefore progress would come back to the Committee(s) In Common.

	<p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the existing work already underway with regards to the urgent care review in North Liverpool, South Sefton and Knowsley. ➤ Agreed the need for collaborative programme management and engagement.
7.0	North Mersey Joint Committee Inaugural meeting – Verbal – Jan Ledward
7.1	<p>Following on from this discussions under item 5 it was noted that the final decision on the Orthopaedic and Trauma Services Business Case would take place at the first public meeting of the Joint Committee of the North Mersey CCGs .</p> <p>The date had been set for the first meeting of the Joint Committee for 24th October 2018. It was agreed by all those present that this meeting should be held in private to formally adopt the Terms of Reference and establish behaviours for the committee prior to the first meeting in the public domain which would approve the final Business Case for Orthopaedic and Trauma Services. PJ would convene a meeting in November based on the dates/times preference already submitted by each member CCG and inform the NSH England Specialist Commissioning Regional meetings.</p> <p>ACTION: PJ TO COVENE NOVEMBER 2018 DATE FOR FIRST PUBLIC MEETING OF THE JOINT COMMITTEE.</p> <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.
8.0	Any Other Business
8.1	There were no items to discuss under Any Other Business.
9.0	Date of next meeting
9.1	Friday 14 th December 2018, 12pm to 2pm Boardroom, Liverpool CCG.

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