

## Governing Body Meeting in Public Agenda

**Date:** Wednesday 5<sup>th</sup> June 2019, 13:00hrs to 15:25hrs

**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	DCF
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director	HM
Colette Page	Additional Nurse	CP
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).

## “Sefton Crowd”

*Presentation by Peter Moore, Head of Highways and Public Protection, Sefton MBC*

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
<b>General</b>					<b>13:30hrs</b>
GB19/64	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB19/65	Declarations of Interest	Chair	Verbal	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB19/66	Minutes of previous meeting	Chair	Report	Approve	
GB19/67	Action Points from previous meeting	Chair	Report	Approve	
GB19/68	Business Update	Chair	Verbal	Receive	
GB19/69	Chief Officer Report	FLT	Report	Receive	
<b>Finance and Quality Performance</b>					<b>13:50hrs</b>
GB19/70	Integrated Performance Report - NHS Constitution: Director of Strategy & Outcomes - Quality: Chief Nurse - Finance: Chief Finance Officer	Karl McCluskey DCF MMcD	Report	Receive	55 mins
GB19/71	Improvement and Assessment Framework: Q3 2018/19 Exception Report	Karl McCluskey	Report	Receive	
GB19/72	Final 2019/20 Budgets	MMcD	Report	Ratify	
<b>Governance</b>					<b>14:45hrs</b>
GB19/73	CCG Governing Body Sub-Committee Terms of Reference	HN	Report	Approve	15 mins
GB19/74	Audit Committee Annual Report 2018/19	HN	Report	Receive	
GB19/75	Annual Equality Report including Equality Delivery Systems 2 and Equality Objective plan	Andy Woods	Reports	Approve	
GB19/76	Governing Body Assurance Framework and Corporate Risk Register: Q4 2018/19	Debbie Fairclough	Report	Receive	
<b>Service Improvement/Strategic Delivery</b>					<b>15:00hrs</b>
GB19/77	Sefton Transformation Programme Update	FLT	Report	Receive	15 mins
GB19/78	Operational Plan	Karl McCluskey	Report	Receive	
<b>For Information</b>					<b>15:15hrs</b>
GB19/79	Key Issues Reports: a) Finance & Resource Committee b) Quality Committee c) Audit Committee d) Joint Commissioning Committee PTI e) Primary Care Commissioning Committee PTI f) Locality Key Issues	Chair	Report	Receive	5 mins
GB19/80	Approved Minutes: a) Finance & Resource Committee b) Joint Quality Committee c) Audit Committee d) Joint Commissioning Committee PTI e) Primary Care Commissioning Committee PTI e) North Mersey Joint Commissioning Committee - None	Chair	Report	Receive	
<b>Closing Business</b>					<b>15:20hrs</b>

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB19/81	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB19/82	Date of Next Meeting  <b>Wednesday 4<sup>th</sup> September 2019, 13:00hrs at the Family Life Centre, Southport, PR8 6JH</b>  <u>Future Meetings:</u> The Governing Body meetings are held on the first Wednesday of the month. Dates for 2019/20 are as follows:  6 <sup>th</sup> November 2019 5 <sup>th</sup> February 2020 1 <sup>st</sup> April 2020 3 <sup>rd</sup> June 2020  All PTI public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.				
Estimated meeting close					<b>15:25hrs</b>

**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 3 April 2019, 13:05hrs to 15:25hrs  
**Venue:** Family Life Centre, Southport, PR8 6JH

### The Governing Body Members in attendance

Dr Rob Caudwell	Chair & Clinical Director	RC
Helen Nichols	Deputy Chair & Lay Member for Governance	HN
Gill Brown	Lay Member for Patient & Public Engagement	GB
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
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

### Co-opted Member (or deputy) In Attendance

Charlotte Smith	Consultant in Public Health	CS
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### In Attendance

Lyn Cooke	Head of Communications and Engagement	LC
Jan Leonard	Director of Commissioning and Redesign	JL
Judy Graves	<i>Minute taker</i>	

### Apologies

Dr Emily Ball	GP Clinical Director
Dr Doug Callow	GP Clinical Director
Dwayne Johnson	Director of Social Services & Health, Sefton MBC
Maureen Kelly	Chair, Health watch ( <i>co-opted Member</i> )
Colette Riley	Practice Manager
Dr Kati Scholtz	Clinical Vice Chair & Clinical Director

### Attendance Tracker

✓ = Present      A = Apologies      N = Non-attendance

Name	Governing Body Membership	Mar 18	May 18	July 18	Sept 18	Nov 18	Feb 19	Apr 19
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	✓	A	A
Matthew Ashton or deputy	Director of Public Health, Sefton MBC ( <i>co-opted member</i> )	✓	✓	✓	✓	A	✓	✓
Dr Emily Ball	GP Clinical Director			✓	✓	✓	✓	A
Gill Brown	Lay Member for Patient & Public Engagement	✓	✓	A	✓	✓	✓	✓
Dr Doug Callow	GP Clinical Director	✓	✓	✓	A	✓	✓	A
Debbie Fagan	Chief Nurse	✓	✓	✓	✓	✓	✓	✓
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	A	A	A	✓	✓	A	A
Maureen Kelly	Chair, Health watch ( <i>co-opted Member</i> )	A	A	✓	A	✓	✓	A
Susan Lowe	Practice Manager	✓	✓	A				

Name	Governing Body Membership	Mar 18	May 18	July 18	Sept 18	Nov 18	Feb 19	Apr 19
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓
Dr Hilal Mulla	GP Clinical Director	A	✓	A	✓	✓	✓	✓
Dr Tim Quinlan	GP Clinical Director	✓	✓	✓	✓	✓	✓	✓
Colette Riley	Practice Manager	✓	✓	✓	A	✓	✓	A
Dr Jeff Simmonds	Secondary Care Doctor	✓	A	✓	✓	A	✓	✓
Fiona Taylor	Chief Officer	✓	✓	✓	✓	A	✓	✓

**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	Action
Questions from the public	<p><b>1.) What is the latest news of a walk-in centre for Southport as opposed to visiting A&amp;E?</b></p> <p>FLT referred to the discussions held prior to the inception of the CCG and the decision taken at that time to not have a walk-in-centre for Southport. It had been considered, at that time, that such was not viable given the nature of the population. It was confirmed that, given that the nature of the population has not changed, there were no current plans to reconsider that decision.</p> <p>FLT highlighted the extended access service introduced at practices in October 2018. The service provided patients with greater access to their practice services and range of practitioners.</p> <p><b>2.) What is the latest news about mobile screening units going out to supermarket car parks?</b></p> <p>It was clarified that NHS England commission the screening service from Public Health. There are a number of sites used across the area and a review of these is currently being carried out to ensure located correctly. It was highlighted there are a number of factors which limits the locations that can be used for the service, such as space and accessibility.</p> <p><b>A request was made for the service to be publicised as and when in the area so as to so as to enable the community to make any necessary plans i.e. organise childcare.</b></p> <p>FLT clarified that the invitations to patients are generated by the GP practices once the placement of the service has been confirmed. Further publicity is done via the respective websites for the CCG and Public Health.</p> <p><b>Clarification was requested on whether or not the service is wheelchair accessible?</b></p> <p>FLT explained that the mobile units are often not wheelchair accessible but there is opportunity to make alternative arrangements for a different venue.</p> <p><b>3.) Mersey Care is divesting itself from the care of learning disability patients with extra care needs and they're accommodating homes in the Southport area. Is this as a result of a contract change or Mersey Care subcontracting to another supplier?</b></p> <p>It was confirmed that this was not as a result of sub-contracting to another supplier.</p>	

No	Item	Action
	<p>It was explained that Mersey Care had previously given notice to the CCG that it did not want to continue providing this service, following which a transition period was agreed.</p> <p>The CCG, with a number of partners, were currently in discussions regarding the provision of more focused personalised care. The details of which were being worked through.</p> <p>FLT emphasised the importance of continuity and the safe transition of care for the patients.</p> <p>A paper has been presented to the CCG leadership team on progress and developments and a mobilisation plan is in the process of being compiled.</p>	
Presentation	<p><b>Implementing the “Healthier You” NHS Diabetes Prevention Programme Across Sefton</b>            Dr Nigel Taylor, Clinical Lead for Diabetes, Program Lead DPP and Structured Education            Anne Burns, NHS Informatics Merseyside</p> <p>Following the declarations of interest (detailed on slide 2) a presentation was given on the “Healthier You” programme which was aimed at targeting patients at risk of developing type 2 diabetes identified from recent blood tests or health checks.</p> <p>The presentation went through the stages of the programme such as setting the pathway, direct referrals, publicity and the teams and other programmes involved including Active Sefton. iMerseyside Practice Information Facilitators had also been involved and been integral to the programme by developing a practice system that assisted the referral process. A team member from iMerseyside provided an overview of the detailed process involved in developing the practice system. Further support is provided to the practices by an assigned Data Quality Team member. Updates are made to the system through each wave as per the programme development.</p> <p>Patients had experienced a number of benefits including weight loss and a reduction in waist circumference.</p> <p>An additional benefit to patients had been seen in improved blood pressure readings. Although not currently a programme measure, it was hoped that such would be included within the next wave.</p> <p>The programme had achieved its target within 12 months and although Sefton had been the last to mobilise, it had been the first to achieve. As at April 2018 665 residents had been referred to the programme, with a 1000 referrals reached within 18 months.</p> <p>Patient experience had been very positive and had recognised the holistic approach. The clinicians confirmed to members that patient feedback had been very positive, with the programme and process working well.</p> <p>The Chair and FLT noted the “good” rating achieved for diabetes delivery. Thanks were given to Nigel Taylor, the informatics team and the members and teams involved.</p>	
GB19/36	<p><b>Apologies for Absence</b></p> <p>Apologies were given on behalf of Dr Kati Scholtz, Dr Emily Ball, Dr Doug Callow, Colette Riley, Dwayne Johnson and Maureen Kelly.</p>	

No	Item	Action
	Charlotte Smith attended on behalf of the Director of Public health.	
GB19/37	<p><b>Declarations of Interest</b></p> <p>Those holding dual roles across both Southport &amp; Formby CCG and South Sefton CCG declared their interest; Dr Jeff Simmonds, Fiona Taylor, Martin McDowell and Debbie Fagan. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p> <p>Declarations of interest were received from CB, as practice manager and EB, DC, HM, TQ and RC as GP members in relation to item 19/45 Primary Care (General Practice) Development Strategy.</p>	
GB19/38	<p><b>Minutes of Previous Meeting 6 February 2019.</b></p> <p>The members approved the minutes of 6 February 2019 as a true and accurate record of the meeting.</p>	
GB19/39	<p><b>Action Points from Previous Meeting 6 February 2019</b></p> <p><u>GB18/146: IPF</u></p> <p><b>Planned Care</b></p> <p>A discussion was had in relation to MRI. Clarification was requested on whether Southport &amp; Ormskirk were prioritising the urgent cases. It was understood that they were however, assurance of this was requested. This was in addition to clarification of how long it was taking for patients to be seen once they had been referred to the Trust. FLT to obtain clarification.</p> <p><i>Update:</i> Clarification on this was being discussed with the Trust via the contract route.</p> <p><u>19/6: Chief Officer Report - item 13 New Residential Housing and Care Homes: Health Infrastructure</u></p> <p>FLT highlighted a discussion at Finance &amp; Resource Committee in relation the health infrastructure for new residential buildings and care homes. Concern had been raised regarding the lack of notification to the CCG when applications for such are submitted to the local authority. The CCG is keen to understand the potential impact on health facilities available surrounding the proposed sites, and the ability of those health services to be able to meet the needs of the population.</p> <p>The members agreed with the concerns raised by the Finance &amp; Resource Committee. FLT to raise the concerns with the local authority.</p> <p><i>Update:</i> Discussions were being had with the Health &amp; Well Being Board and Chief Executive regarding the opportunity to contribute to the council's local plans. Such discussions would continue.</p> <p><u>19/8: Integrated Performance Report (IPR)</u></p> <p><b>Planned Care</b></p> <p>Reference was made to the long waiting data in figure 23, page 63 of the meeting report. The members referred to the lack of data provided in the assurance document, specifically for: gynaecology – 3 patients (52+, 49 and 51 weeks); Dermatology – 2 patients (37 and 41 weeks); Ophthalmology – 1 patient (36</p>	<p>Closed</p> <p>Closed</p>





No	Item	Action
	<p>extended access will be included in future IPR reports. In relation to GP appointments, the members were asked to note the reduction in DNAs since the introduction of text reminders.</p> <p><i>Update:</i> It was confirmed that this had now been included within the Integrated Performance Report.</p> <p><b>Child and Adolescent Mental Health Services (CAMHS)</b></p> <p>The members agreed that a full review relating to CAMHS be presented at a governing body development session and include the issues discussed.</p> <p><i>Update:</i> It was confirmed that a presentation is planned for the development session in May.</p> <p><u>19/9: Improvement and Assessment Framework: Q1 2018/19</u></p> <p>TQ highlighted the issues being experienced in the recruitment of GPs for the Southport &amp; Formby localities. TQ suggested whether increased promotion of the area and increased engagement through the Primary Care Network would assist. The members discussed in relation to the potential for including as part of the GP strategy, shared good practice across areas and the use of any studies. It was suggested that the Primary Care Network (PCN) look into the issues raised and bring back to a development session for further discussion.</p> <p><i>Update:</i> This was being considered at the PCN. Any feedback would be relayed accordingly.</p> <p><u>19/13: Establishing a Sefton Acute Sustainability Joint Committee</u></p> <p>The members had highlighted a number of areas for clarity with Debbie Fairclough:</p> <ul style="list-style-type: none"> <li>- A discussion was held in relation to the membership of one Health watch representative and whether this was sufficient, especially given that 2 areas are covered and whether being a non-voting member is appropriate.</li> <li>- Further discussion was had in relation to the functions of the joint committee on page 168 of the meeting pack. It was suggested that wording should be included that makes reference to the CCG's constitution and delegated authority by the Wider Membership to act on their behalf. It was recognised that this additional wording would need to accommodate the differing constitutions.</li> </ul> <p>HN proposed the following wording changes:</p> <ul style="list-style-type: none"> <li>- removal of 'Party's' from the sixth bullet on page 168 of the meeting report so that it reads '...as determined by each CCG's....'</li> <li>- Deputies, page 169: second line, last word 'one' to be replace by 'them'</li> </ul> <p>FLT agreed to discuss the suggestions with Debbie Fairclough.</p> <p><i>Update:</i> FLT confirmed that all the points raised had been discussed with Debbie Fairclough and the terms of reference had now been signed off.</p>	<p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Closed</p>
GB19/40	<p><b>Business Update</b></p> <p>The Chair highlighted the following areas, In addition to that already covered</p>	

No	Item	Action
	<p>within the Chief Officer Report, QIPP and Finance:</p> <p>There were new GP GMS contracts. Further information and guidance was expected in relation to some areas including social prescribing and pharmacies.</p> <p>An update was provided on the establishment of Primary Care Networks which encourages practices to work together and deliver for the population rather than deliver on an individual practice basis. This enables streamlined working across the system. All practices in the Southport &amp; Formby area have signed up to the network.</p> <p><b>Resolution:</b> The governing body received the update.</p>	
GB19/41	<p><b>Chief Officer Report</b></p> <p>The governing body received the Chief Officer report. FLT noted that QIPP and financial recovery remains a key priority for the CCG and staff are continuing to focus their efforts on implementing schemes and identifying new opportunities.</p> <p>The following areas were highlighted:</p> <p><u>1. EU Exit Operational Readiness Guidance:</u> The CCG continues to be involved in activities in readiness for any eventuality in relation to EU exit. Such activities include daily 4pm report updates.</p> <p><u>2. Building the case for primary legislative change:</u> As directed, NHSE and NHSI have compiled a summary of core proposals that could help the NHS organisations work collectively and focussed on making it easier to integrate services, as per page 22 of the meeting pack. It was not expected that legislation would change but the proposals would be presented through due political process.</p> <p><a href="https://www.england.nhs.uk/wp-content/uploads/2019/02/02-MiCIE-28-02-2019-building-the-case-for-primary-legislative-change.pdf">https://www.england.nhs.uk/wp-content/uploads/2019/02/02-MiCIE-28-02-2019-building-the-case-for-primary-legislative-change.pdf</a></p> <p><u>3. NHS England North West Senior Appointments:</u> The new senior NHS England appointments had been announced. The next phase would now commence.</p> <p><u>4. CCG Accountability Framework:</u> A review of portfolios has been undertaken to align roles and responsibilities in order to meet the changing demands. The revised accountability framework will be presented to the next development session.</p> <p><u>5. QIPP and Financial Recovery Update</u> The CCG has achieved a £1m surplus for 2018/19 with £16m saved. FLT congratulated MMcD, the Finance Team and the Governing Body membership for the work and support.</p> <p><u>6. Approach to planning 2019/20</u> The one year operational plan has been submitted with delegated sign off previously approved to leadership team.</p> <p><u>7. Liverpool Community Health – Look Back Exercise:</u> The CCG were invited to a meeting to listen to the further findings of the look back exercise following the review of Liverpool Community Health (LCH) by Bill Kirkup. Such included incidents associated with possible harm and concerns relating to how harm or no harm was recorded by LCH. It was noted that Mersey Care, who acquired the services, are working hard to fully implement all of the recommendations. These will be reviewed by NHSI and NHSE to ensure safe</p>	

No	Item	Action
	<p>and effective, a report for which will be provided to the CCG in due course.</p> <p><b>8. Clinical review of NHS access standards:</b> The standards have been reviewed in the context of the NHS Long Term Plan. The process was now at level three following completion of the first two phases, during which the proposals will be tested at a selection of sites across England. Further information is available via the link within the report and below:</p> <p><a href="#">Clinical Review of NHS Access Standards Interim Report</a></p> <p><b>9. Delegated Commissioning GP practice</b></p> <p>As at 1<sup>st</sup> April 2019 the CCG became fully delegated for the commissioning of primary medical services and the Primary Care Commissioning Committee will now preside over those arrangements and report to the governing body on progress.</p> <p><b>Resolution:</b> The governing body received the report.</p>	
GB19/42	<p><b>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</b></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 five domains identified by the CCG.</p> <p>The dashboard shows the CCGs performance to date in respect of the QIPP plan and position as at month 11. The year to date delivery at month 11 is circa £6mm. This is below the year to date plan of £6.7m</p> <p>Overall delivery has seen a year to date QIPP delivery of £2.5m. Although further improvements are expected to be seen in some schemes including medicines optimisation.</p> <p>Work continues in understanding clinical services including planned care and shared services. However, the benefits of this won't be seen until 2019/20.</p> <p>The CCG, with partners, is now looking at savings across the health economy and how services, across the system, can be delivered more efficiently.</p> <p>The members discussed discretionary spend in relation to voluntary and third sector investment and the potential for savings in other areas as a result of such investment. FLT confirmed that to date the CCG, via discretionary spends, had invested circa £2m in the voluntary and third sector and highlighted the importance of investing in such.</p> <p><b>Resolution:</b> The governing body received the report.</p>	
GB19/43	<p><b>Integrated Performance Report (IPR)</b></p> <p>The governing body were presented with a report which provided summary information on the performance, quality and finance for Southport &amp; Formby and highlighted the Executive Summary on pages 48 to 50, with the summary performance dashboard from page 42 of the meeting pack.</p> <p>The members were taken through the report with the following areas highlighted;</p> <p><b>Planned Care</b></p>	



No	Item	Action
	<p>Southport &amp; Ormskirk is failing the stroke target with 80% of patients spending at least 90% of their time on a stroke unit, with 78.6%, a decline on last month. In relation to the TIAs the CCG is awaiting an update for October to January. The members raised concern regarding the fall in the stroke performance target and the continued issues in reporting the TIA figures. FLT updated members on a recent meeting with the Trusts Chief Executive where FLT was given an update on the work being done to try and resolve the issues. This included additional consultant led clinics, additional flexible or ad hoc clinics to accommodate time critical patients and a task and finish group to review the current TIA reporting process, as detailed on page 83 of the meeting pack. It was further confirmed that a response and update was also needed on the dedicated stroke wards and beds and a joined up solution between Southport &amp; Ormskirk Hospital and Aintree University Hospital needed to be sought. Reference was also made to the early discharge service and, although recognised as a good service, further work was needed in relation to connectivity across Cheshire and Merseyside.</p> <p><b>Mental Health</b></p> <p>There was a 56.2% increase of patients entering treatment for IAPT in M10. Despite the improvement the target failed to reach the M10 access rate, achieving 1.06% against the set rate of 1.59%.</p> <p>The percentage of people moved to recovery increased with 62.0% compared to 55.3% in the previous month. This now satisfied the monthly target of 50% for the 5th consecutive month.</p> <p><b>Community Health</b></p> <p>The members were updated on the data validation exercise undertaken by Lancashire Care Trust, the findings from which were in the process of being collated. The members had a discussion in relation to the community services and the need to understand how this fits with the Southport &amp; Formby population needs. Reference was also made to the need to understand current performance and any issues. The members agreed a presentation at the next development session covering the aspects raised.</p> <p><b>Quality</b></p> <p>Personal Health Budgets (PHB) for adults receiving CHC will be a default position from April 2019. Discussions are on-going with the provider contract teams to finalise the detail. The CCG has formally indicated to Sefton Carers Centre to support a service level agreement for a 12 month pilot to assist the CCG in the promotion and roll out of the PHBs.</p> <p>There has been progress made with regards to the areas that remain open on the CCGs serious incident improvement programme action plan. A learning event has been held with providers that looked at serious incident management and outcome based data. Further training will be carried out for CCG staff members and is scheduled for May 2019. An update on the work was presented to the Joint Quality Committee who has approved closure of the action plan which supports the substantial assurance received by MIAA. Furthermore and following the assurance received from MIAA, GB would now be stepping down from the Scrutiny Group, established to manage the SI review process. DCF thanked GB for the valued support and guidance.</p> <p>The members were highlighted to a new group to be established "Performance &amp; Quality Assurance Panel". The role of the panel will be to review breaches that don't fit in any other category. The membership will have appropriate clinical involvement. It was noted that the need for the group had been highlighted as a result of the additional work required in relation to the SI process and the lack of</p>	<p>KMcC</p>

No	Item	Action
	<p>capacity in the SI Group to be able to manage such.</p> <p>Following assurance and further review by SIRG, the aggregated Pressure Ulcer Action Plan from Lancashire Care Trust has been approved for closure. The CCG will continue to monitor the action plan via the provider contract meetings.</p> <p>The members were informed that the CCG had received recent notification that Sefton will be inspected by CQC and Ofsted in relation to Special Educational Needs/Disability during April 2019.</p> <p><b>General Practice Extended Access</b></p> <p>Reference was made to the extended access service commenced in October 2018. Access was being offered at 18 of the 19 Southport and Formby practices. Following its introduction in October the number of slots has increased from 702 to 969 in February 2019, with 61% of those slots being booked. The members were encouraged on the utilisation of the additional slots.</p> <p><b>Other</b></p> <p>On further review of the report it was noted that:</p> <ul style="list-style-type: none"> <li>• The delayed transfers of care was showing a different trend to that of the previous year</li> <li>• The Corner Surgery was congratulated on the 'good' rating received in a recent CQC inspection across all areas.</li> <li>• Improvements were starting to be seen in the Cheshire and Merseyside Mental Health services. The improvements will be closely monitored and had been highlighted as a priority for the STP. Further update is due at the next Governing Body Development Session in May 2019; as discussed under item 19/39.</li> </ul> <p>Further reference was made to the CQC Inspections. The Family Surgery was indicated as having the last inspection 10 August 2017. RC advised that this was incorrect and should read May 2018. Item to be amended.</p> <p><b>Finance</b></p> <p>MMcD updated members on the financial aspects of the report as presented on pages 48 to 60 and asked the governing body to note the following areas, in addition to that previously discussed:</p> <p>The financial data provided an update on performance as at 28 February 2019.</p> <p>The year to date financial position is a surplus of £0.700m. This reflects implementation of mitigating actions to address pressures previously reported.</p> <p>As at 28 February 2019, the full year forecast financial position is £1m surplus through delivery of the QIPP plan, mitigating actions and adjustments to the allocation. It was noted that this position was subject to external audit opinion to be submitted May 2019.</p> <p>The Acting as One contract has seen a benefit to the CCG of circa £0.900m at the end of M11. This supports the decision that was made to enter into such an agreement.</p> <p>The members discussed the additional cost pressures to the CCG that have emerged within the financial year. This included the resolved PbR activity issues, CHC, high cost drugs, prescribing and additional funding for CAMHS, as detailed on page 52 of the meeting pack.</p>	<p>KMcC</p>

No	Item	Action
	<p>Reference was made to the work being done on the system wide transformation of services and the need for system wide solution.</p> <p><b>Resolution:</b> The Governing Body received the report and finance update and noted that:</p> <ul style="list-style-type: none"> <li>• The CCG is on target to deliver its control total of £1m surplus following implementation of Governing Body agreed mitigations and an adjustment to the allocation.</li> <li>• QIPP delivery at month 11 is £2.445m which relates to a prior year non recurrent benefit arising from a technical adjustment, planned application of reserves and prescribing savings. Full year QIPP achievement is expected to be £2.745m against a target of £5.210m.</li> <li>• The month 11 financial position is a surplus of £0.700m against a planned surplus of £0.700m.</li> <li>• The CCG's commissioning team must continue to support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address these issues accordingly.</li> <li>• 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 enable delivery of the CCG statutory financial duty in future years.</li> </ul>	
GB19/44	<p><b>Improvement and Assessment Framework: Q1 2018/19</b></p> <p>The report presented an overview of the 2018/19 CCG Improvement and Assessment Framework and a summary of Q1 performance. This included exception commentary regarding 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.</p> <p>Reference was made the data contained in the report being 12/18 months in arrears. The members were informed that the report was nationally produced by NHS England and were referred to report item 19/43 which provided the latest available data for CCG performance.</p> <p><b>Resolution:</b> The governing body received the report and noted the progress.</p>	
GB19/45	<p><b>Primary Care (General Practice) Development Strategy</b></p> <p>The declarations of interest were reiterated from CB, as practice manager and EB, DC, HM, TQ and RC as GP members.</p> <p>The members were presented with a report which sets out the national and local challenges faced and the transformation required to support General Practice going forward. Despite the very real pressures that exists, there continues to be overall high levels of patient satisfaction with the quality of primary care in Southport &amp; Formby. The publication of the NHS Long Term Plan and recent changes to the GP contract will be factored into the work plan going forward.</p> <p>The strategy is a culmination of work from the previous 6/8 months.</p> <p>The Chair confirmed to members that the strategy was for approval.</p> <p>The members were informed that version updates would be expected. The recent GP contract changes would now need to be incorporated into the strategy.</p>	

No	Item	Action
	<p><b>Resolution:</b> The members approved the strategy subject to the required changes in relation to the GP contract. With the updated version to be presented at the September governing body meeting.</p>	JL
GB19/46	<p><b>Merseyside Safeguarding Adult Board: Annual Report 2017/18</b></p> <p>The members were presented with the first annual report of the Merseyside Safeguarding Adult Board which highlighted the work undertaken in 2017/18 and the five priorities for the MSAB from 2018 to 2020.</p> <p>The report was being presented to receive, having been approved by the Merseyside Safeguarding Adult Board and received at the Joint Quality Committee.</p> <p>The members noted the full comparative data contained within the report and the multi-disciplinary perspective. Further noted was the number of concerns. Concern was raised as to how the system was working given the differing results reported. The members were updated on the work being done to look at this so as to ensure that, regardless of area, the outcomes were the same.</p> <p><b>Resolution:</b> The members received the report.</p>	
GB19/47	<p><b>Transforming Care for People with Learning Disabilities: Update</b></p> <p>The report presented members with an update on the programme of work being carried which was aimed at improving the lives of individuals with a learning disability and/or autism. It includes those currently in an inpatient setting or who are at risk of admission, and the wider population who access either specialist or universal health services to meet their needs.</p> <p>Locally, commissioners have been working with Cheshire and Merseyside partners to implement the new models of care focusing on:</p> <ul style="list-style-type: none"> <li>• Reducing learning inpatient admissions</li> <li>• Improving community support infrastructure to support people in the community including</li> <li>• Improving access to mainstream physical health services through annual health checks</li> <li>• Reducing health inequalities.</li> </ul> <p><b>Resolution:</b> The governing body noted the progress being made and endorsed the continuing work on the Cheshire and Merseyside Transforming Care Partnership.</p>	
GB19/48	<p><b>Cheshire &amp; Merseyside Transforming Care Partnership: Year End Report 2018/19</b></p> <p>The members were presented with a year-end report which provides an overview of the progress made by Cheshire and Merseyside Transforming Care Partnership in 2018/19 against its work plan. The work plan is divided into five areas and covers; Inpatient performance; Adult Hospital (non-secure) and Community Services; Housing and Providers; Children and Young People; Workforce and Education.</p> <p>Reference was made to the local data contained within the report and how this compared nationally. Discussion was also had in relation to any patient experience information. FLT briefed the members on a report recently presented to the Transforming Care Partnership which included such information. FLT and GB to pick up outside of the meeting.</p>	



No	Item	Action
	<b>Resolution:</b> The governing body received the report.	
GB19/49	<p><b>Key Issues Reports:</b></p> <ul style="list-style-type: none"> <li>a) Finance &amp; Resource Committee (F&amp;R): January and February 2019</li> <li>b) Quality Committee: November 2018 and January 2019</li> <li>c) Audit Committee: None</li> <li>d) Joint Commissioning Committee PTI: December and February 2019</li> <li>e) Locality Key Issues: To be presented to the next meeting.</li> </ul> <p><b>Resolution:</b> The governing body received the key issues reports</p>	
GB19/50	<p><b>Approved Minutes:</b></p> <ul style="list-style-type: none"> <li>a) Finance &amp; Resource Committee (F&amp;R): January and February 2019</li> <li>b) Joint Quality Committee: November 2018 and January 2019</li> <li>c) Audit Committee: None</li> <li>d) Joint Commissioning Committee PTI: December and February 2019</li> <li>e) North Mersey Committees in Common: December 2018 It was noted that committee title had changed.</li> </ul> <p><b>RESOLUTION:</b> The governing body received the approved minutes.</p>	
GB19/51	<p><b>Any Other Business</b></p> <p><u>.1 Corporate Objectives 2019/20</u> Draft 2019/20 objectives have been circulated to members for comment and will be discussed by the Leadership Team by mid-April.</p>	
GB19/52	<p><b>Date and Time of Next Meeting</b></p> <p>Wednesday 3 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>5<sup>th</sup> June 2019 4<sup>th</sup> 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>	
<b>Meeting concluded</b>		<b>15:30hrs</b>
<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>		

## Governing Body Meeting in Public Action Points

Date: Wednesday 3 April 2019

No	Item	Action
GB19/39	<p><b>Action Points from Previous Meeting</b></p> <p><u>19/8: Integrated Performance Report (IPR)</u></p> <p><b>Mental Health</b></p> <p>The members were referred to Improving Access to Psychological Therapies data on pages 41, 45 and 95. The members were reminded that referral into the service had initially been via the GP. However, the service was now open to self-referral. It was questioned whether there were any other social prescribing services in the area that might be having an impact on the IAPT referrals. The members discussed the service and the good levels of resource and accessibility currently in place. The location of services was questioned as a potential issue and whether placement within local practices would be a better option. Reference was made to the use of historic data in relation to the targets and the potential for impact on such if overestimated. FLT suggested that this be looked at further with discussion at EPEG. Tracy Jeffes to lead on this with HM as Clinical Lead. It was noted that the service recovery times had again improved, achieving 63.5% against the monthly target of 50%.</p> <p>TQ and HM reminded members of the local pilot "Prevent" supported in 2018. The pilot was established to look at the increase in local suicides rates. The members discussed the increased local suicides rates, although the accuracy of the data was queried given that some data had shown an increase of 50% in male suicides in Sefton. The members were concerned regarding the increase and questioned whether low level preventative services could assist. The members were asked to note that the recently re-established Crisis Team by Mersey Care will be discussed in more detail at the next Mersey Care meeting. HM to feedback.</p> <p><i>Update:</i> The item had not yet been presented to EPEG due to timing.</p> <p>An increase in the local suicide rate was confirmed. CS would discuss the rates with Helen Armitage who was the lead for this area, and would report back.</p> <p>HM updated members to the discussions at Mersey Care and the progress on the formation of a Crisis Team, which was currently in recruitment. Clarification was requested on whether or not the Crisis team would be accepting referrals from primary care or whether such was only open to secondary care. HM agreed to seek clarification on the development of the team and the referrals and update at the next governing body meeting.</p>	<p>TJ &amp; HM</p> <p>CS</p> <p>HM</p>
GB19/43	<p><b>Integrated Performance Report (IPR)</b></p> <p><b>Planned Care</b></p>	

No	Item	Action
	<p><u>e-Referral Utilisation</u></p> <p>The latest information available for e-Referral utilisation is for December, where the CCG reported 84%, an improvement on 81% reported in November but a decline on 86% achieved in October 2018. Clarification was requested on the utilisation rate, how measured and what this comprised, given it was not possible for GPs to refer unless via the e-referral system.</p> <p><u>Cancer</u></p> <p>Of the 14 patients out of 40 that breached the 2 week breast symptoms, 10 were due to inadequate capacity. Aintree University Hospital is already addressing the capacity issues and it is expected that the impact of this will be seen in Q1/Q2 2019/20. Plans were also in place to address the issues relating to the 62 days breaches, again the impact is expected to be seen Q1/Q2 2019/20. Reference was made to the 62 day breaches, often related to complex pathways either as a result of other medical issues and multiple cancers. Clarification was requested on whether those breaches are also impacted by patients who make the decision to opt out of treatment. The members were made aware of additional funding that the Trust had received from the Cancer Network to investigate the breaches. It was suggested that the outcome of the investigation be presented at a development session so as to enable an understanding of the issues.</p> <p><b>Community Health</b></p> <p>GB updated members on the data validation exercise undertaken by Lancashire Care Trust, the findings from which were in the process of being collated. The members had a discussion in relation to the community services and the need to understand how this fits with the Southport &amp; Formby population needs. Reference was also made to the need to understand current performance and any issues. The members agreed a presentation at the next development session covering the aspects raised.</p> <p><b>CQC Inspections</b></p> <p>Reference was made to the CQC Inspections. The Family Surgery was indicated as having the last inspection 10 August 2017. RC advised that this was incorrect and should read May 2018. Item to be amended.</p>	<p>KMcC</p> <p>KMcC (Sarah McGrath)</p> <p>KMcC</p> <p>KMcC</p>
GB19/45	<p><b>Primary Care (General Practice) Development Strategy</b></p> <p>Following approval of the strategy, updates were now needed in relation to the new GP contract. Updated version to be presented to the September governing body meeting.</p>	<p>JL</p>

<b>MEETING OF THE GOVERNING BODY June 2019</b>	
<b>Agenda Item:</b> 19/69	<b>Author of the Paper:</b> Fiona Taylor Chief Officer <a href="mailto:fiona.taylor@southseftonccg.nhs.uk">fiona.taylor@southseftonccg.nhs.uk</a> 0151 317 3456
<b>Report date:</b> June 2019	
<b>Title:</b> Chief Officer Report	
<b>Summary/Key Issues:</b>  This paper presents the Governing Body with the Chief Officer's update.	
<b>Recommendation</b>	
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> <li>- To formally receive this report.</li> <li>- To approve the proposal on Acute Sustainability Joint Committee representation at section 7 of this report.</li> </ul>	
	Receive <input checked="" type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

<b>Links to Corporate Objectives 2019/20</b>	
X	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
X	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning 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 June 2019

### General

#### 1. SEND Re-inspection

Between 21<sup>st</sup> and 25<sup>th</sup> November 2016 NHS Southport& Formby CCG and NHS South Sefton CCG (the “CCGs”) along with Sefton Metropolitan Borough Council (the “Local Authority”) were subject to an initial Special Educational Needs and Disabilities (SEND) inspection. Due to concerns identified during that review, the inspectors determined that a written statement of action (WSoA) was required from the CCG’s and the Local Authority due to significant areas of weakness in the local area’s practice. In July 2017 an improvement plan was developed and implemented to address those concerns.

Between 15th and 17th April 2019, Ofsted and the Care Quality Commission (CQC) revisited Sefton to decide whether the local area has made sufficient progress in addressing the areas of weakness as identified in the WSoA (The Sefton SEND Improvement Plan). We are currently awaiting their formal response.

#### 2. Emergency Preparedness, Resilience and Response (EPRR)

On 16<sup>th</sup> April NHS England wrote to the CCG confirming a compliance level of “substantial” against the EPRR Core Standards for 2018/19. The CCG has been able to maintain positive levels of assurance in previous years.

**To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.**

#### 3. Clinical Senate Report

The CCG has received the clinical senate report of the Yorkshire and Humber senate. This report and the work arising from it will be overseen by the Acute Sustainability Joint Committee between the CCG and West Lancs CCG. Relevant stakeholder discussion will be arranged.

#### 4. Transformation update

A stakeholder event had taken place on 10th April. This was a positive engagement event covering the Health & Wellbeing strategy and NHS 5 year planning process incorporating the 10 year long term plan. There were approximately 80 people in attendance with strong representation from all health, social care and the voluntary sector. There has been significant interest from a number of stakeholders at the event and a series of actions are being pursued through the Health & Wellbeing Board strategy group. This was one of three such stakeholder events and the next event on 10 July is currently being planned. This will be an opportunity to provide an update and sense check on progress since the April meeting and continue to consider how best to address the health and care issues arising from the refreshed Joint Strategic Needs Assessment (JSNA).

Work is underway to develop project plans for Digital, Strategic Commissioning, Primary Care Networks and Workforce & Organisational Development. They will work alongside the existing

Provider Alliance, Acute Sustainability, Finance, Estates and Communications & Engagement Groups already established.

As well as ensuring co-ordination across local priorities the Transformation Programme is also aligned into the Cheshire & Merseyside Health & Care Partnership (HCP) objectives and priorities.

The CCGs are continuing to undertake the preparations to produce a refreshed Sefton plan (Shaping Sefton II) by the autumn. This will include reference to how the NHS will contribute to the JSNA and the CCGs are working in partnership with Council staff to ensure the plan (required in the NHS's Long Term Plan, published in January 2019) is aligned to the refreshed Health and Wellbeing strategy.

The Strategic Workforce Group has been established to oversee the development of a workforce and organisational development strategy for the Sefton system. We will be developing our local strategy in the context of the previously agreed Cheshire and Merseyside Strategy and this will inform elements of the 5 year plan for Sefton. Workshops are being held on 10<sup>th</sup> and 14<sup>th</sup> June to enable colleagues to come together and progress with the programme.

Through its system transformation PMO the CCG has been an active participant in the Cheshire & Merseyside Place & Programme Forum, which has developed a self-assessment matrix to facilitate place-based integration at locality level. This will be a key tool for helping to prioritise service integration opportunities, as well as shared learning with other places across the Partnership. Related to this, the Sefton Provider Alliance continues to gain traction with its May meeting having focused on accelerating governance arrangements between members. An Operational Delivery Group, which reports to the Alliance, has been established to drive the new integrated community team operating model and successfully held its first meeting. As part of the model, Sefton Council is trialling new Primary Care Link Social Worker roles. Early feedback has been encouraging.

The VCF sector continues to have an influential role across the programme and has formed its own Advisory Group to support locality-based service development. Next steps for the transformation programme include forging stronger links to the Children's transformation agenda so that an all-age operating model can be developed.

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

## 5. Multi Agency Safeguarding Reforms

In April 2019 Nadhim Zahawi MP Parliamentary Under-Secretary of State for Children and Families wrote to the CCG regarding the recent changes in our statutory duties in respect of safeguarding children and young people from serious harm, and promoting their welfare in our local area.

We are in the process of transitioning from Local Safeguarding Children Boards (LSCBs) as new stronger duties have been placed on police, health and local authorities to work together to safeguard and promote the welfare of children. Every local authority, clinical commissioning group and police force must be covered by a local safeguarding arrangement and by the end of June 2019, all local areas must have published their new arrangements. For the CCG these are currently being developed through the Joint Quality Committee arrangements.

By 29 September 2019 these new arrangements must be in place meaning that the three safeguarding partners are accountable for the multiagency safeguarding plans in their area.

The published plans follow the guidance as set out in *Working Together to Safeguard Children (2018)* which is clear that these three local safeguarding partners, together with other relevant agencies, should publish a threshold document which sets out the procedures and processes for

cases relating to the abuse, neglect and exploitation of children, including in relation to child criminal exploitation.

**To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.**

## 6. QIPP

The 2019/20 QIPP target is £14.9m taking into account finalisation of contracts with providers. The CCG has identified opportunities which have been prioritised into the 2019/20 QIPP plan. A joint system turnaround director has been recruited to work across the local health economy to assist with progression of CCG QIPP and Provider CIP opportunities to ensure that a joined up approach which maximises opportunities is progressed.

On 22<sup>nd</sup> May the Chief Finance Officer and other CCG leads participated in a teleconference with NHS England colleagues that are offering support to those CCGs that are facing a significant financial challenge.

A "finance resilience" portal has been created that comprises QIPP case studies from around the country for NHS staff to access. CCG leads will continue to explore every opportunity to ensure that the CCG is able to meet its challenges.

**To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton**

## 7. Primary Care Network (PCN) update

The CCG has continued to support the development of the four Primary Care Networks (PCNs) within the CCG as they transition from the regionally funded scheme to responding to the requirements of the new national contract. The focus for the PCNs continues to be the sustainability and development of general practice through closer working amongst practices in the network but over time they aim to work increasingly in partnership with other health and care organisations to improve services for local residents in their locality.

The PCNs within the CCG area have submitted initial applications to continue to develop their networks under the new scheme, which are now going through the CCG approval process, as the CCG is now the commissioner of general practice services following approval from NHSE of delegated commissioner status.

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

## 8. Sefton transformation programme

West Lancs CCG have now also approved Acute Sustainability Joint Committee which now means that this committee can begin to undertake its delegated responsibilities. It is anticipated that the inaugural meeting will take place in July 2019, subject to the availability of members.

The governing body now needs to agree which representatives will attend on behalf of NHS Southport and Formby CCG and the following proposal has been discussed with the CCG Chair:

1 Executive Lead – Fiona Taylor as the CCG's Accountable Officer (Chief Officer). It is further proposed that Martin McDowell the CCG's Chief Finance Officer is the nominated deputy executive lead to provide cover as necessary.



2 GP leads – it is proposed that Dr. Rob Caudwell and Dr. Tim Quinlan are the identified GP leads and have significant prior involvement in the programme. It is proposed that all other GP leads on the governing body are able to act as the nominated deputies to provide cover as necessary.

1 lay member – it is proposed that the Lay member for Patient Public Involvement is the identified lay member lead, recognising that this programme will require extensive public involvement. It is proposed that the lay member for governance is the nominated deputy.

**RECOMMENDATION: The governing body is asked to approve the above proposal.**

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

## 9. Recommendation

The Governing Body is asked to:

- To formally receive this report.
- To approve the governing body representatives for the Acute Sustainability Joint Committee.

**Fiona Taylor  
Chief Officer  
June 2019**

<b>MEETING OF THE GOVERNING BODY</b> <b>June 2019</b>							
<b>Agenda Item:</b> 19/70	<b>Author of the Paper:</b> Name Karl McCluskey Position Director of Strategy & Outcomes Email: <a href="mailto:Karl.Mccluskey@southportandformbyccg.nhs.uk">Karl.Mccluskey@southportandformbyccg.nhs.uk</a> Tel: 0151 317 8468						
<b>Report date:</b> June 2019							
<b>Title:</b> Integrated Performance Report							
<b>Summary/Key Issues:</b> 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)							
<b>Recommendation</b>  The Governing Body is asked to receive this report.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="text-align: center; border: 1px solid black; width: 30px;">X</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="text-align: center; border: 1px solid black;"> </td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="text-align: center; border: 1px solid black;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

<b>Links to Corporate Objectives 2019/20 (x those that apply)</b>	
	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
	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 and strategic commissioning 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													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>E-Referrals</b>															
<a href="#">2142: NHS e-Referral Service (e-RS) Utilisation Coverage</a> 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	G	R	R	R	R	R			R
		Actual	76.08%	74.77%	77.56%	79.87%	82.21%	83.23%	86.45%	80.98%	83.80%	81%			80.43%
		Target	80%	80%	80%	80%	80%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Referral to Treatment (RTT) &amp; Diagnostics</b>															
<a href="#">1828: % of patients waiting 6 weeks or more for a diagnostic test</a> 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	R	R	R	
		Actual	5.14%	4.67%	4.14%	4.12%	4.20%	4.03%	4.08%	2.57%	2.14%	3.9%	1.52%	2.93%	
		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%	
<a href="#">1291: % of all Incomplete RTT pathways within 18 weeks</a> Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	
		Actual	92.47%	93.41%	93.31%	93.03%	93.6%	93.36%	93.81%	94.21%	94.02%	93.95%	93.51%	93.04%	
		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%	
<a href="#">1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a> 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	G	G	G	R	
		Actual	0	1	0	1	1	0	2	1	0	0	0	0	6
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cancelled Operations</b>															
<a href="#">1983: Urgent Operations cancelled for a 2nd time</a> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G	G	G	G	G	G	G	G	G	G	
		Actual	0	0	0	0	0	0	0	0	0	0	0	0	0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times																
<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> 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	R	R	R	G	R	
		Actual	91.39%	93.46%	94.75%	93.21%	93.42%	94.08%	95.58%	95.43%	91.03%	87.59%	92.27%	93.13%	92.95%	
		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%	
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> 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	R	R	R	R	
		Actual	82.50%	79.545%	92.857%	92.857%	81.081%	95.652%	97.06%	91.11%	74.07%	65%	48.57%	65.85%	80.05%	
		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%	
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> 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	R	G	G	G	G	
		Actual	94.87%	98.73%	97.02%	96.20%	98.53%	90.48%	97.06%	97.02%	93.10%	98.63%	96.67%	100%	96.44%	
		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%	
<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 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	R	R	G	G	G	
		Actual	83.33%	100%	100%	100%	100%	91.67%	100%	100%	88.89%	92.86%	100%	100%	96.67%	
		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%	
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	R	G	
		Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	93.33%	99.56%
		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%	98.00%
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G	
		Actual	100%	100%	100%	100%	100%	100%	100%	96.3%	100%	96.15%	94.44%	100%	98.87%	
		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%	
<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> 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	R	R	G	R	
		Actual	75%	87.50%	91.43%	70.73%	67.74%	81.08%	88%	75.76%	71.43%	77.78%	72.73%	85.17%	78.45%	
		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%	

<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> 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	G	R	R	R	
		Actual	100%	83.33%	100%	100%	100%	100%	100%	80%	66.67%	100%	100%	0%	0%	88.68%
		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%
<b>541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</b> % 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	R	G	R	R	G	
		Actual	100%	92.31%	86.67%	93.33%	94.12%	75%	80%	92.31%	80%	94.44%	71.43%	66.67%	86.28%	
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	

Personal Health Budgets															
<b>2143: Personal health budgets</b> 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			R			
		Actual	12.8			16.9			19.3			25.7			
		Target	67.50			77.10			86.70			96.40			

Accident & Emergency															
<b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	85.54%	88.576%	90.675%	85.519%	88.844%	90.478%	88.13%	89.14%	89.26%	83.8%	85.66%	84.11 %	87.54%
		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%

Ensuring that People Have a Positive Experience of Care															
EMSA															
<b>1067: Mixed sex accommodation breaches - All Providers</b> 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	R	R	R	R
		Actual	3	3	4	3	5	11	3	3	9	19	22	15	100
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1812: Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R	R	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	2.25	4.8	6.3	4.0	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

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

HCAI															
<a href="#">497: Number of MRSA Bacteraemias</a> Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	G	G	G	R	R	R	R	R	R	R	R	R	R
		YTD	0	0	0	1	1	1	1	1	2	2	2	2	2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<a href="#">24: Number of C.Difficile infections</a> Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	G	
		YTD	3	5	6	7	10	12	19	21	23	24	27	28	28
		Target	4	7	10	13	16	19	21	25	28	30	33	37	30

**Enhancing Quality of Life for People with Long Term Conditions**

Mental Health															
<a href="#">138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</a> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G				G				G				G
		Actual	100.00%				100%				100%				98.02%
		Target	95.00%				95.00%				95.00%				95.00%

**Episode of Psychosis**

<a href="#">2099: First episode of psychosis within two weeks of referral</a> 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	G	R	G	
		Actual	100%	66.67%	100%	80%	50%	75%	100%	75%	66.67%	80%	100%	50%	77.08%
		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)**

<a href="#">2183: IAPT Recovery Rate (Improving Access to Psychological Therapies)</a> 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				G
		Actual	52.01%				48.13%				60%				54.06%
		Target	50.00%				50.00%				50.00%				50.00%

<b>2131: IAPT Access</b> 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	R	R
		Actual	3.32%	3.12%	3.04%	3.52%	12.99%
		Target	4.20%	4.20%	4.20%	4.20%	16.8%
<b>2253: IAPT Waiting Times - 6 Week Waiters</b> 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	G	G	G
		Actual	99.4%	98.5%	99.8%	98.8%	99.1%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%
<b>2254: IAPT Waiting Times - 18 Week Waiters</b> 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	G	G	G
		Actual	100%	99.7%	100%	100%	99.9%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%

**Dementia**

<b>2166: Estimated diagnosis rate for people with dementia</b> Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	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%	69.8%	76.4%	76.5%	76.23%	71.61%
		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%

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

**Children and Young People with Eating Disorders**

<b>2095: The number of completed CYP ED routine referrals within four weeks</b> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R	R	R	R	
		Actual	81.82%	84%	85.19%	84.00%	83.78%
		Target	100%	100%			100%
<b>2096: The number of completed CYP ED urgent referrals within one week</b> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	R	R	R	R	
		Actual	50%	66.67%	66.67%	50%	62.5%
		Target	95%	95%	95%	95%	95%

**Wheelchairs**

<b>2197: Percentage of children waiting less than 18 weeks for a wheelchair</b> 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	R	R
		Actual	100%	40%	57.14%	85.71%	67.65%
		Target	100%	100%	100%	100%	100%

## 1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 12 (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 31st March 2019.

The full year financial position for the CCG is a surplus of £1m.

The CCG's financial recovery plan acknowledges that the CCG's positive performance in the delivery of QIPP efficiencies in prior years increased the challenge for the CCG to deliver further efficiencies in 2018/19. The CCG delivered £2.745m savings in 2018/19 which brings the total QIPP saving to over the past three financial years to £16.347m.

The cumulative deficit brought forward from previous years is £10.295m. Delivery of the agreed financial plan of £1m surplus in year subject to external audit review means that the cumulative deficit will reduce to £9.295m. The cumulative deficit will be addressed as part of the CCG longer term financial recovery plan.

### Planned Care

Year to date referrals at month 12 have increased by 4.6% when comparing to the equivalent period in the previous year. Referrals in month 12 have increased to the previous month. This also aligned to a trend identified in the previous year where referrals increased from month 11 to 12 at a similar rate, possibly a consequence of the number of working days within the month increasing. However, referrals during month 12 were above 2017/18 levels and above an average for 2018/19.

The latest information available for e-Referral utilisation is for January 2019, where the CCG reported 81%, a decline on 84% reported in December 2018.

The CCG failed the less than 1% target for Diagnostics in March recording 2.93%, a decline on last month (1.50%). Out of 2,591 patients, 76 patients were waiting over 6 weeks, and 11 of those were waiting over 13 weeks, for their diagnostic test. Southport and Ormskirk also failed the less than 1% target for Diagnostics in March recording 2.67%, also a decline on last month (1.3%). Out of 3,374 patients, 90 patients waited over 6 weeks, and 14 of these were waiting over 13 weeks, for their diagnostic test.

For referral to treatment, in March 2019, the CCG had 7,678 incomplete pathways, 578 patients more than March 2018 and has failed the year end plan.

The Trust reported 13 cancelled operations in March, the same as the previous month (100 year to date). Of the 13 reported in March, 7 were due to no ward beds, 5 list over-ran and 1 anaesthetist was unavailable.

The CCG and Trust are failing 4 of the 9 cancer measures in month 12 year to date.

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen an improvement in response rates for inpatients, from 11.6% in February to 15% in March, but remains below the England average of 24.9%. The percentage of patients that would recommend the inpatient service in the Trust has remained the

14

same as last month and is in line with the England average of 96%. The percentage of people who would not recommend the inpatient service has also remained the same at 1% and is better than the England average of 2%.

Performance at Month 12 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £2.3m/6.4%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £2.5m/7.1%.

### **Unplanned Care**

Southport & Ormskirk's performance against the 4-hour target for March reached 86.77%, which is below the Trust's revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 87%, therefore the Trust has not achieved their STP target.

The Trust also had 2, 12-hour breaches in March bringing the year to date total to 59 for 2018/19.

The NWS Ambulance Response Programme (ARP) made progress during 2018/19 but failed to achieve the range of standards required. The 2019/20 contract has been negotiated and agreed with recurrent investment to deliver additional capacity and transformation of the service delivery model. Additional non recurrent capacity investment of £1m is conditional upon NWS delivering the ARP standards in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards and if these are not met as per the trajectory, the payment will not be made.

Southport & Ormskirk's performance for stroke has fallen again under the 80% target, with 42.9% in March; just 12 out of 28 patients spent at least 90% of their time on a stroke unit. Unfortunately bed pressures were high throughout March which have continued to have an impact on available stroke beds. In relation to the TIAs the CCG has been informed that Southport & Ormskirk the Trust is on track to provide TIA for April 2019.

The CCG has reported an MSA rate of 4.0, which equates to a total of 15 breaches in March. All 15 breaches were at Southport & Ormskirk NHS Trust.

The CCG had no new cases of MRSA in March, therefore the year to date remains at 2 against the zero tolerance threshold and have failed for 2018/19.

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

Performance at Month 12 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £8.9m/27.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a reduced overspend of approximately £8m/24.3%.

### **Mental Health**

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership Trust reported 243 Southport & Formby patients entering treatment in Month 12. This is an increase compared to previous month when 212 patients entered treatment. The access rate for Month 12 was 1.27%; year-end Access rate was 13% and therefore failed to achieve the standard. The year-end Recover rate was 54.2% and the target was achieved for the year which is an improvement on last years' performance.



In quarter 4 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 50% (2/4) for urgent referrals.

### **Community Health 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 has begun to impact on activity levels for Therapies, CERT, Community Matrons and Chronic Care. Activity has shifted out of these services and into an 'ICRAS/Frailty' pathway. Discussions are being had around revising the activity baselines and potentially building new reports for the new ICRAS and Frailty pathways.

### **Better Care Fund**

A quarter 4 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in May 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided 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 March 2019.

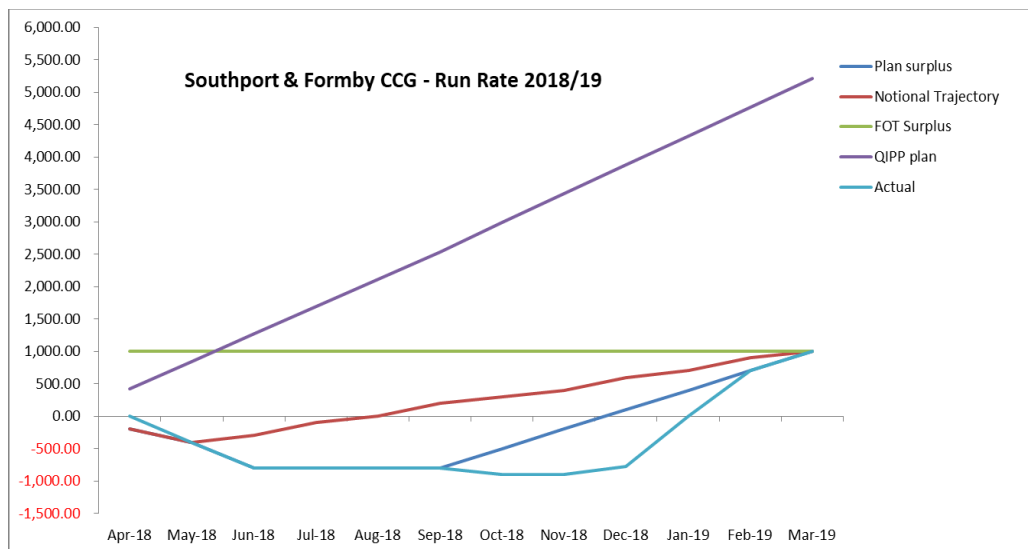
The full year financial position for the CCG is a surplus of £1m. Figure 1 provides a summary of the financial position.

**Figure 1 – CCG Financial Position**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date
	£000	£000	£000	£000
Non NHS Commissioning	24,746	24,746	24,105	(641)
Corporate & Support Services: admin	2,622	2,622	2,418	(204)
Corporate & Support Services: programme	2,444	2,444	2,294	(149)
NHS Commissioned Services	123,591	123,591	127,831	4,241
Independent Sector	5,681	5,681	5,827	146
Primary Care	3,873	3,873	4,071	198
Prescribing	22,390	22,390	22,384	(6)
<b>Total Operating budgets</b>	<b>185,346</b>	<b>185,346</b>	<b>188,930</b>	<b>3,583</b>
Reserves	3,584	3,584	0	(3,584)
In Year Planned (Surplus)/Deficit	1,000	1,000	0	(1,000)
<b>Grand Total (Surplus)/Deficit</b>	<b>189,930</b>	<b>189,930</b>	<b>188,930</b>	<b>(1,000)</b>

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 was not achieved due to emerging pressures; the actual position was a deficit of £0.778m.
- Q4 plan was delivered. The CCG delivered the agreed financial plan of £1m surplus through detailed review of expenditure, adjustments to the CCG allocation and implementation of agreed mitigating actions.

### CCG Recovery Plan

The CCG's financial recovery plan acknowledges that the CCG's positive performance in the delivery of QIPP efficiencies in prior years increased the challenge for the CCG to deliver further efficiencies in 2018/19. The CCG delivered £2.745m savings in 2018/19 which brings the total QIPP saving to over the past three financial years to £16.347m.

The long term QIPP programme has progressed following Governing Body work in January 2019 on the prioritisation of QIPP opportunities and review of CCG operational processes. The CCG is working to secure plans to deliver transformation schemes across the health economy. This will be reflected in provider contracts for 2019/20. The Governing Body have agreed the approach to CCG contracting processes for 2019/20 and positive discussions continue in terms of a collective approach to delivering a system wide financial recovery plan.

The cumulative deficit brought forward from previous years is £10.295m. Delivery of the agreed financial plan of £1m surplus in year subject to external audit review means that the cumulative deficit will reduce to £9.295m. The cumulative deficit will be addressed as part of the CCG longer term financial recovery plan.

### 2018/19 Financial Position

Cost pressures have emerged in the financial year which have been offset by underspends in other areas. The main areas of overspend were 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 £0.880m.
- Over performance at Southport & Ormskirk Trust of £5.300m for PbR activity which is offset by the application of contract sanctions and CQUIN reductions.
- Overspend on other provider contracts mainly in respect of High Cost Drugs and devices.
- Overspend of £0.117m within prescribing due to increased costs mainly in relation to NCSO pressures.
- Over performance of £0.320m at iSight clinic due to activity for Aged-related Macular Degeneration (AMD), cataracts and YAG laser treatment.
- Cost pressures of £0.274m within the Local Quality Contract due to 2017/18 and 2018/19 claims on the main scheme and quarterly activity driven claims being higher than expected.
- Cost pressures of £0.226m within Non Contract Activity (NCA's) due to recent high cost cases being confirmed as CCG registered patients.

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.

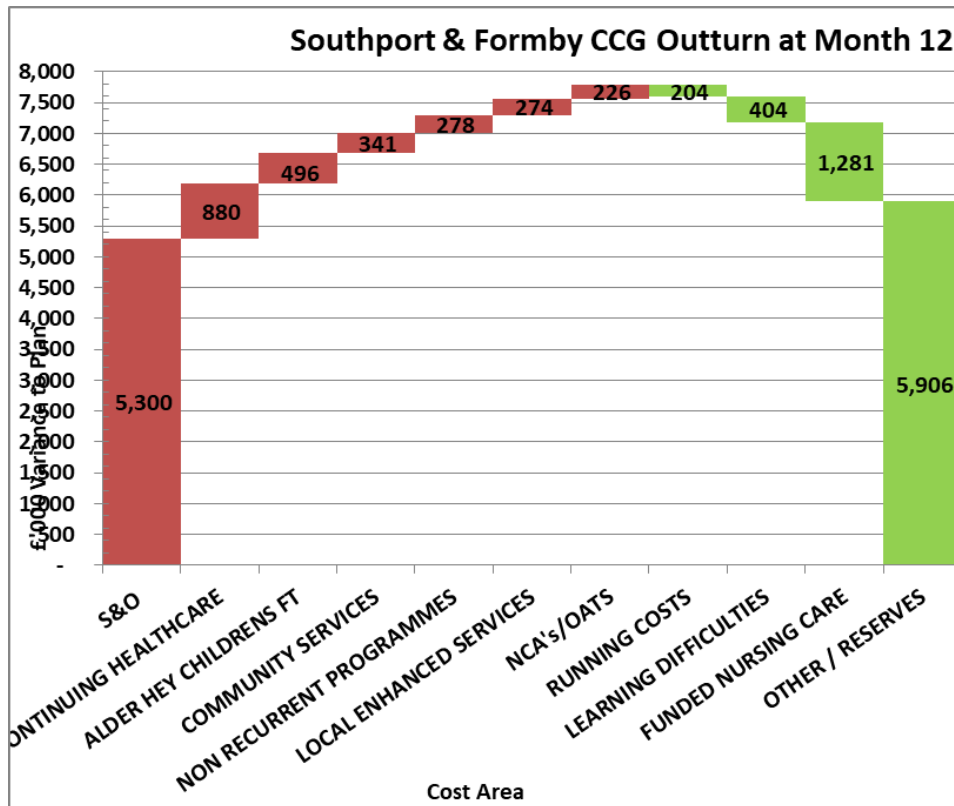
**Figure 3 – Financial Dashboard**

Key Performance Indicator		This Month
Business Rules	1% Surplus	n/a
	0.5% Contingency Reserve	✓
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	<b>£2.745m</b>
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	<b>99.36%</b>
	NHS - Volume YTD > 95%	<b>95.60%</b>
	Non NHS - Value YTD > 95%	<b>96.17%</b>
	Non NHS - Volume YTD > 95%	<b>95.00%</b>

- The CCG has achieved the NHS England control total to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England.
- 0.5% Contingency Reserve has been used to support cost pressures which have emerged in year.
- The financial plan was to achieve a £1m surplus position in year. The CCG reported position for the financial year is a Surplus of £1m.
- QIPP delivery is £2.745m for 2018/19 this is now the final figure for this financial year.
- Expenditure on the Running Cost budget is below the allocation by £0.204m for 2018/19
- BPPC targets have been achieved in 2018/19.

## 2.2 Financial Forecast

Figure 4 – Forecast Outturn



- The CCG financial position for the financial year is a surplus of £1m.
- The main financial pressures during the financial year 2018/19 related to
  - Cost pressures relating to Continuing Healthcare packages.
  - Cost pressures at Southport & Ormskirk NHS Trust for PbR activity.
  - Overspend 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.
- These pressures were partially offset by application of reserves, underspends in other areas mostly FNC and LD with some variation in Community Services.

## 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		2.750		2.750
NCSO Adjustment	(1.100)	0.104		1.100	0.104
Primary care additional allocation	(0.500)	0.500			0.000
CAT M expenditure reduction	(0.300)	0.300			0.000
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			(0.250)	0.447
Intermediate care	0.500		(0.130)	(0.309)	0.061
CEOV Allocation Adjustment	0.153	(0.290)			(0.137)
Other investments / Adjustments	0.325	2.316	(0.396)	1.667	3.912
0.5% Contingency Reserve	0.934				0.934
<b>Total Reserves</b>	<b>(3.106)</b>	<b>2.930</b>	<b>1.623</b>	<b>2.137</b>	<b>3.584</b>

- 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.

## 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	<b>1.106</b>
Alder Hey Children's Hospital NHS Foundation Trust	<b>0.123</b>
Liverpool Women's NHS Foundation Trust	<b>(0.087)</b>
Liverpool Heart & Chest NHS Foundation Trust	<b>(0.185)</b>
Royal Liverpool and Broadgreen NHS Trust	<b>0.000</b>
Mersey Care NHS Foundation Trust	<b>0.000</b>
The Walton Centre NHS Foundation Trust	<b>(0.037)</b>
<b>Grand Total</b>	<b>0.920</b>

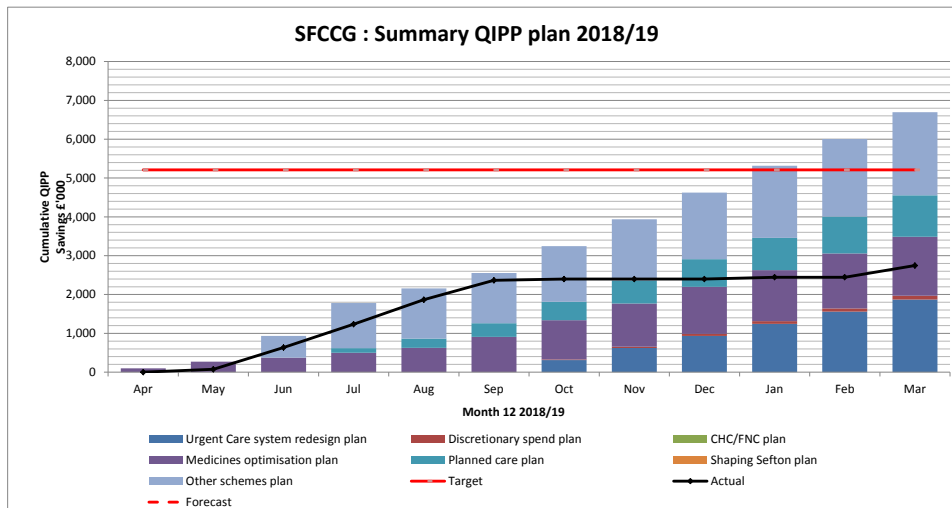
- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against over performance with these providers but does not protect against pass through costs which are not included in the Acting as One Contract.
- Due to fixed financial contract values, the agreement removes 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 end of the year financial performance for the Acting as One providers shows an over performance expenditure against plan, this would normally represent overspend of £0.920m under usual contract arrangements.

## 2.5 QIPP

**Figure 7 – QIPP Plan and Forecast**



**Figure 8 – 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	1,153	0	364	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
<b>Total QIPP Plan</b>	<b>5,455</b>	<b>1,241</b>	<b>6,696</b>	<b>2,745</b>	<b>0</b>	<b>3,951</b>	<b>6,696</b>
<b>QIPP Delivered 2018/19</b>				<b>(2,745)</b>		<b>0</b>	<b>(2,745)</b>

- The 2018/19 QIPP target was £5.210m.
- QIPP schemes worth £6.696m were identified; however £3.951m of the schemes were identified as high risk.
- The CCG continued to hold challenge and scrutiny sessions with QIPP leads during the year in order to maximise efficiency savings for 2018/19.
- The CCG has delivered £2.745m QIPP savings in respect of prior year technical adjustments and prescribing savings. The remaining £2.465m will be included in the 2019/20 QIPP target.

## 2.6 Risk

Figure 9 – 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
<b>Management action plan</b>			
QIPP Achieved	1.144	1.601	2.745
Other Mitigations	1.053	1.412	2.465
<b>Total Management Action plan</b>	<b>2.197</b>	<b>3.013</b>	<b>5.210</b>
<b>Year End Surplus / (Deficit)</b>	<b>(3.013)</b>	<b>4.013</b>	<b>1.000</b>

- The CCG financial position for 2018/19 is a surplus of £1m.
- The CCG has implemented mitigating actions as agreed with the governing body which have improved the financial position in quarter four resulting in delivery of £1m surplus at the end of 2018/19.
- The underlying position is a deficit of £3.013m and likely to be higher this reflects the non-recurrent mitigations actioned in year to achieve the financial surplus.

## 2.7 Statement of Financial Position

Figure 10 – Summary of working capital

Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Prior Year 2017/18
	M3 £'000	M6 £'000	M9 £'000	M12 £'000	M12 £'000
Non-Current Assets	0	31	31	23	0
Receivables	2,241	2,560	1,372	3,957	2,406
Cash	4,687	3,046	1,534	20	63
Payables & Provisions	(16,042)	(13,893)	(18,706)	(12,363)	(12,162)
Value of Debt > 180 days	1,669	1,729	61	38	672



- The non-current asset (Non CA) balance relates to assets funded by NHS England for capital projects. Movements in this balance between quarter 3 and quarter 4 relates to depreciation charges.
- The receivables balance includes invoices raised for services provided along with accrued income and prepayments.
- Outstanding debt in excess of 6 months old is currently £0.038m. This balance is predominantly made up of an invoice outstanding with Southport & Ormskirk NHS Trust (£0.037m) which has been formally disputed as part of the NHS month 12 agreement of balances exercise. The CCG finance team and NHS Shared Business Services continue work to resolve issues associated with recovering this balance.
- At month 12, the CCG was required to meet a cash target of 1.25% of its monthly cash drawdown (approximately £0.206m). At 31 March 2018 the CCG had a cash balance of £0.020m; therefore the cash target was achieved.

## 2.8 Recommendations

- The full year financial position for the CCG is a surplus of £1m which is in line with the agreed financial plan.
- QIPP delivery for 2018/19 was £2.745m against a target of £5.210m; the remaining efficiency requirement of £2.465m will be included in the efficiency target for 2019/20.
- The CCG has implemented a number of mitigating actions in year to support underperformance against the QIPP plan.
- The CCG’s commissioning team must continue to support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address these issues accordingly.
- In order to deliver the long term financial recovery plan for 2019/20 and future years to come, the CCG requires on-going and sustained support from member practices through Business Partnering, supported by Governing Body GP leads to identify and implement QIPP schemes which deliver the required level of savings to meet future financial plans.

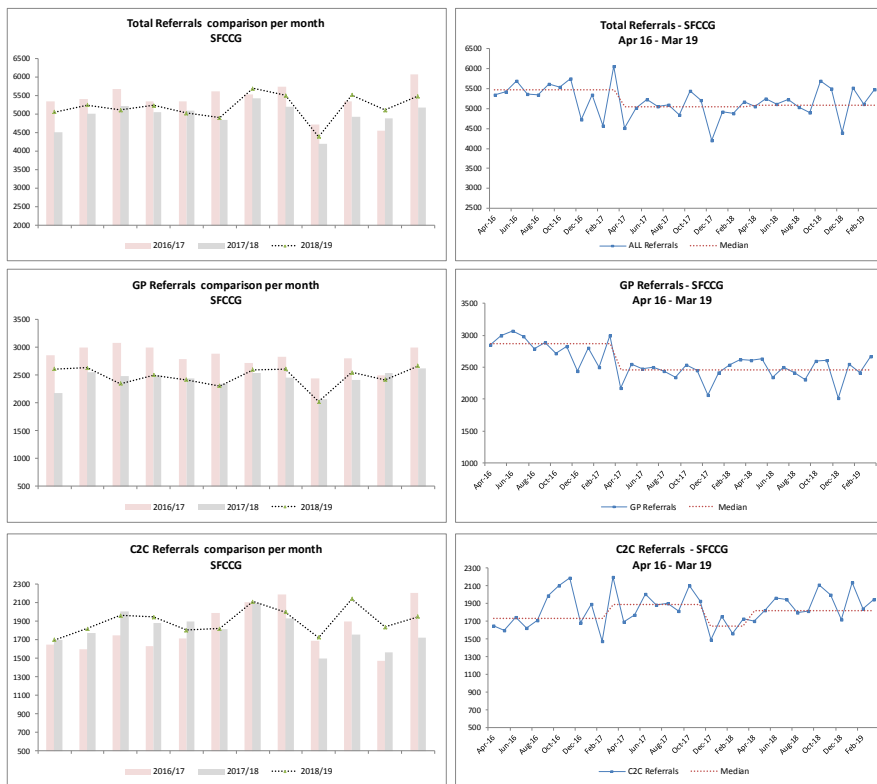
Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	N/A	Alison Ormrod

### 3. Planned Care

#### 3.1 Referrals by Source

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	+/-	%
	Month											
April	2175	2614	439	20%	1695	1701	6	0%	4511	5067	556	12%
May	2550	2634	84	3%	1773	1821	48	3%	5025	5253	228	5%
June	2476	2350	-126	-5%	2010	1963	-47	-2%	5224	5116	-108	-2%
July	2500	2499	-1	0%	1885	1945	60	3%	5055	5240	185	4%
August	2437	2414	-23	-1%	1901	1802	-99	-5%	5089	5034	-55	-1%
September	2343	2306	-37	-2%	1815	1819	4	0%	4844	4910	66	1%
October	2544	2596	52	2%	2101	2113	12	1%	5440	5701	261	5%
November	2453	2611	158	6%	1929	1999	70	4%	5213	5510	297	6%
December	2065	2022	-43	-2%	1498	1723	225	15%	4208	4400	192	5%
January	2415	2550	135	6%	1757	2142	385	22%	4931	5522	591	12%
February	2537	2414	-123	-5%	1563	1839	276	18%	4888	5118	230	5%
March	2620	2667	47	2%	1725	1948	223	13%	5181	5487	306	6%
Monthly Average	2426	2473	47	2%	1804	1901	97	5%	4967	5197	229	5%
YTD Total Month 12	29115	29677	562	2%	21652	22815	1163	5%	59609	62358	2749	5%
Annual/FOT	29115	29677	562	2%	21652	22815	1163	5%	59609	62358	2749	5%

Figure 11 - Referrals by Source across all providers for 2017/18 & 2018/19



**Data quality notes**

An issue has been identified with Liverpool Heart & Chest data unavailable from month 9 of 2018/19 onwards. Therefore, for consistency, Liverpool Heart & Chest data has been removed from 2017/18 data onwards.

- Year to date referrals at month 12 have increased by 4.6% when comparing to 2017/18.
- At provider level, referrals to Southport Hospital are higher when compared to the equivalent period in 2017/18 with an increase of 2.8%. However, there are also noteworthy increases at Renacres and Aintree with the former a result of increased ENT referrals.
- Within individual specialties, General Medicine, General Surgery and Cardiology are reporting a notable increase in referrals in 2018/19 comparing to 2017/18 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.
- GP referrals in 2018/19 to date are comparable to the previous year with a small increase of 1.9%.
- GP referrals to the main hospital provider are currently 1.7% below 2017/18 levels. However, an increase has been apparent at Aintree Hospital, particularly for Breast Surgery referrals.
- Routine GP Referrals have had a 3.1% reduction in 2018/19 with urgent and two week wait referrals increasing by 21.1% and 23.7% respectively.
- Consultant-to-consultant referrals are currently 5.4% higher in 2018/19
- Consultant-to-Consultant referral increases are evident at Southport Hospital and Liverpool Women’s Hospital. These increases occur within a number of specialties including General Medicine, T&O and Cardiology. Liverpool Women’s increases are within Gynaecology.

**3.1.1 E-Referral Utilisation Rates**

**Figure 12 – Southport & Formby CCG E Referral Published Performance**

NHS E-Referral Service Utilisation	Period	Target	Actual	Trend
NHS Southport & Formby CCG	18/19 - Jan	100%	81%	↓

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. January 2019 is the latest available data which shows a performance of 81%, a decline on 84% reported last month.

The above data (figure 14) is based upon NHS Digital reports that applies MAR (Monthly Activity Reports) data and initial booking of an E-Rs referral (excluding re-bookings), to calculate utilisation. MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the denominator by which utilisation is ascertained.

In light of the issues in the national reporting of E-Rs utilisation, a local data set derived from SUS has been used to provide a more accurate picture of CCG utilisation.

**Figure 13 – Southport & Formby CCG E Referral Local Performance**

Mar-19

GP Practice Code	GP Practice Name	e-RS Referrals	Local GP Referrals	% Local GP Refs	↑↓
N84005	CUMBERLAND HOUSE SURGERY	172	239	72.0%	▼
N84006	CHAPEL LANE SURGERY	112	153	73.2%	▼
N84008	NORWOOD SURGERY	131	178	73.6%	▼
N84012	AINSDALE MEDICAL CENTRE	150	236	63.6%	▼
N84013	CHRISTIANA HARTLEY MEDICAL PRACTICE	84	121	69.4%	▼
N84014	AINSDALE VILLAGE SURGERY	33	42	78.6%	▼
N84017	CHURCHTOWN MEDICAL CENTRE	152	248	61.3%	▼
N84018	THE VILLAGE SURGERY FORMBY	159	224	71.0%	▼
N84021	ST MARKS MEDICAL CENTRE	239	290	82.4%	▼
N84024	GRANGE SURGERY	206	288	71.5%	▼
N84036	FRESHFIELD SURGERY				
N84037	LINCOLN HOUSE SURGERY	23	39	59.0%	▼
N84611	ROE LANE SURGERY	53	88	60.2%	▼
N84613	THE CORNER SURGERY (DR MULLA)	61	99	61.6%	▼
N84614	THE MARSHSIDE SURGERY (DR WAINWRIGHT)	55	72	76.4%	▼
N84617	KEW SURGERY	60	59	101.7%	▲
N84618	THE HOLLIES SURGERY	77	131	58.8%	▼
N84625	THE FAMILY SURGERY	59	85	69.4%	▼
Y02610	TRINITY PRACTICE		38	0.0%	▼
<b>Southport &amp; Formby CCG Total</b>		<b>1826</b>	<b>2630</b>	<b>69.4%</b>	<b>▼</b>

<b>E-Referral Utilisation Coverage*</b>			
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Change From Previous Month	
▲	Up
▼	Down
▶	No change

The referrals information above is sourced from a local referrals flow submitted by the CCGs main hospital providers. This has been used locally to enable a GP practice breakdown. Figure 12 (above) shows an overall performance of 69.4% for Southport & Formby CCG, a decline on last month (92.9%). Trinity Practice will be contacted to ascertain low number of e-RS referrals. This information is available on the intranet to allow practices to review their performance and compare with similar practices.

**How are the issues being addressed?**

A review of referral data was undertaken to get a greater understanding of the underlying issues relating to the underperformance. The data indicates that there is no uniform way that trusts code receipt of electronic referral and the eRs data at trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance.

**When is performance expected to recover?**

A meeting with relevant CCG staff has been organised (w/c 27th May 2019) to identify actions that require progression by acute trusts that will provide assurance that the data received is robust. Once a series of actions have been formulated, a meeting with providers will be convened to agree actions and timescales for implementation. This will form the basis for a more robust contract management of eRs with acute providers, and the non-payment of activity not referred through eRs.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Rob Caudwell	Terry Hill

### 3.2 Diagnostic Test Waiting Times

Figure 14 - 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 - Mar	<1%	2.93%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Southport & Ormskirk)	18/19 - Mar	<1%	2.67%	↑

#### Performance Overview/Issues

The CCG failed the less than 1% target for Diagnostics in March recording 2.93%, a decline on last month (1.50%). Out of 2,591 patients, 76 patients were waiting over 6 weeks, and 11 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in Urodynamics (22), Cardiology (11) and CT (10).

Southport and Ormskirk also failed the less than 1% target for Diagnostics in March recording 2.67%, also a decline on last month (1.3%). Out of 3,374 patients, 90 patients waited over 6 weeks, and 14 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for Urodynamics (41), MRI (18) and Non obstetric ultrasound (12).

The Trust has reported the following issues:

- Scopes – the Trust are working to reduce hospital initiated cancellations, which have dropped from 25 cancellations to 5 per month, so an improvement will be seen when capacity improves.
- Urodynamics, staffing issues, now back to full capacity and working through backlog.
- Expect performance to be 2.5% - 3% in May but expect this to drop back to trajectory in June.

There are also diagnostic issues emanating from Liverpool Heart & Chest which affect the CCG performance. In March 7 Southport & Formby CCG patients were waiting over 6 weeks. The performance issues are as a result of consultant vacancies and a building programme to house new MRI and CT scanners. The Trust has employed 3 new consultants who will start in May and early July. Work has now begun with a third party (RMS) to undertake additional scanning work at weekends using the Trust's own scanners. This is in addition to the use of mobile vans.

#### How are the issues being addressed?

Process Mapping sessions have been completed and subsequent Task & Finish Groups have commenced. A list of actions/quick wins have been agreed which will also link in to the work the Trust are doing with Cheshire and Merseyside Cancer Alliance to adopt their scheduling/utilisation tool which would provide benchmarking data and highlight areas of improvement.

Actions and corresponding timescales in the Trusts action plan to be reviewed to ensure a robust approach to improving. CCG escalated the request for an action plan via the contract meeting due to on-going poor performance.

**When is performance expected to recover?**

CCG and Provider trajectories in the Operational plans submitted nationally indicated improvements in 2019/20 but no recovery. Post review of the Trusts action plan collaborative work will ensue to enable recovery with discussions expected at the Joint Quality Committee.

**Who is responsible for this indicator?**

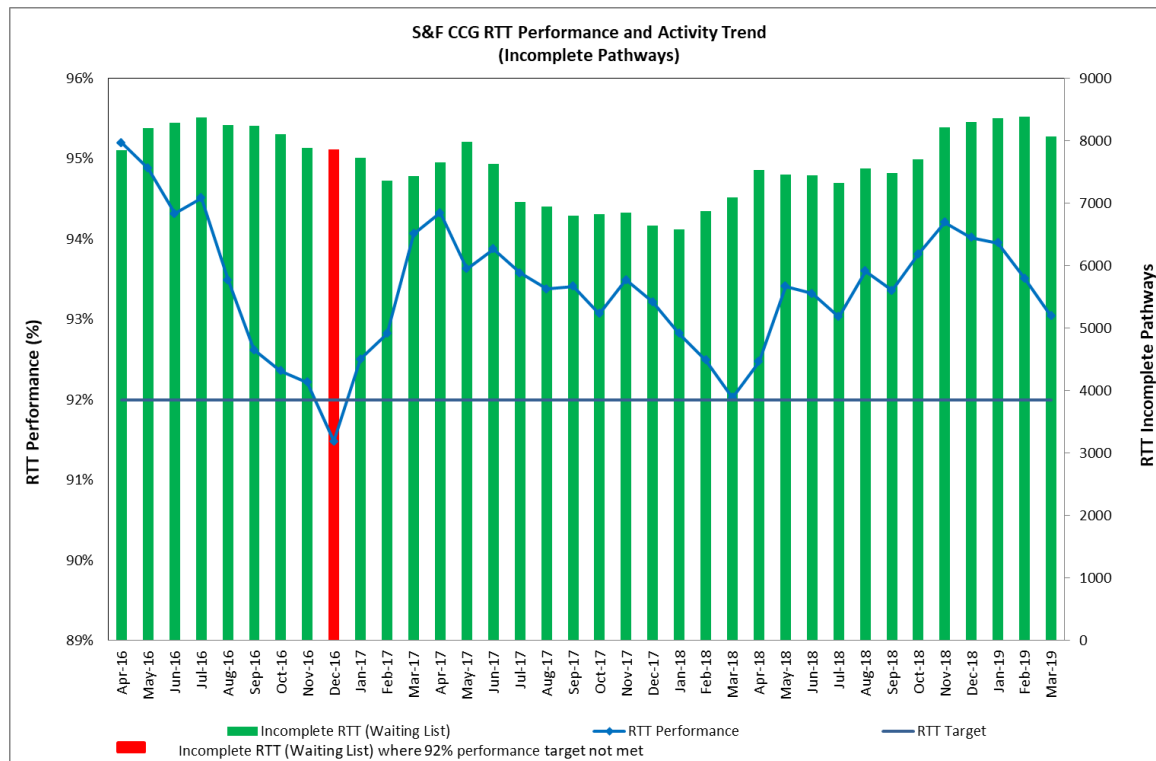
Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Rob Caudwell	Terry Hill

**3.3 Referral to Treatment Performance**

**Figure 15- 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. <b>(CCG)</b>	18/19 - Mar	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(Southport &amp; Ormskirk)</b>	18/19 - Mar	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(CCG)</b>	18/19 - Mar	92%	93.04%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(Southport &amp; Ormskirk)</b>	18/19 - Mar	92%	94.48%	↔

**Figure 16 – RTT Performance & Activity Trend**



**Figure 17 – 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	8,297	8,365	8,385	8,678	8,678
<b>Difference</b>	<b>-119</b>	<b>-523</b>	<b>-180</b>	<b>308</b>	<b>614</b>	<b>688</b>	<b>879</b>	<b>1,368</b>	<b>1,649</b>	<b>1,776</b>	<b>1,512</b>	<b>1,578</b>	<b>1,578</b>
St Helens 17/18 Actuals	118	135	158	174	192	202	217	208					0
Revised 2018/19 Position	7,649	7,600	7,606	7,502	7,751	7,689	7,922	8,429	8,297	8,365	8,385	8,678	8,678
<b>Revised Difference</b>	<b>-1</b>	<b>-388</b>	<b>-22</b>	<b>482</b>	<b>806</b>	<b>890</b>	<b>1,096</b>	<b>1,576</b>	<b>1,649</b>	<b>1,776</b>	<b>1,512</b>	<b>1,578</b>	<b>1,578</b>

**Performance Overview/Issues**

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. St Helens & Knowsley Trust did not submit RTT information nationally from April 2018 to November 2018 due to known reporting issues during a change in their PAS system. Therefore, figure 18 (above) was revised for those months to include a proxy of Southport & Formby CCG patients waiting at St Helens & Knowsley Trust, based on 2017/18 data. The Trust is now submitting again from December 2018 onwards. In March 2019, the CCG had 8,678 incomplete pathways, 1,578 patients more than March 2018. This is the ninth consecutive month in 2018/19 the CCG has not achieved the target and have failed the year end plan.

**How are the issues being addressed?**

The target for 2019/20 has been revised from 7,100 to 7,602 following negotiations with NHS England. This is due to an acknowledgement that the initial baseline was artificially low as a result of low referrals offset by a redesign of the Orthopaedic pathways/services across Southport & Formby CCG. The revised target for 2019/20 is a more achievable target and the following actions will continue in the Trust to support achievement by March 2020.

Trust Actions

- Tracking patients who are likely to fail the RTT target and to reduce long waits
- Continue with waiting List Initiative Clinics
- Continue to roll out A&G across specialities, presently there are seven specialities available. By the end of the financial year there will be ten A&G specialties available.
- A Referral Assessment Service (RAS) for Urology and Lung is in place. This is being expanded into Gastroenterology in quarter 1 2019/20.
- An action plan has been developed for Endoscopy which is the main area of concern and will be shared with the CCG. The action plan will support the reduction in waiting lists and bring Gastroenterology within the RTT target.

**When is performance expected to recover?**

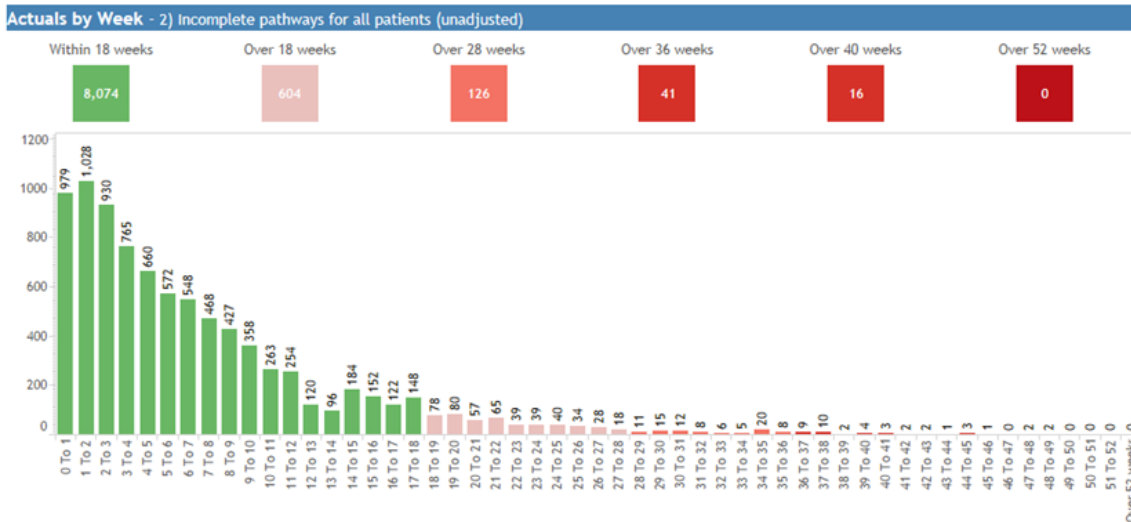
March 2020

**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Rob Caudwell	Terry Hill

**3.3.1 Incomplete Pathway Waiting Times**

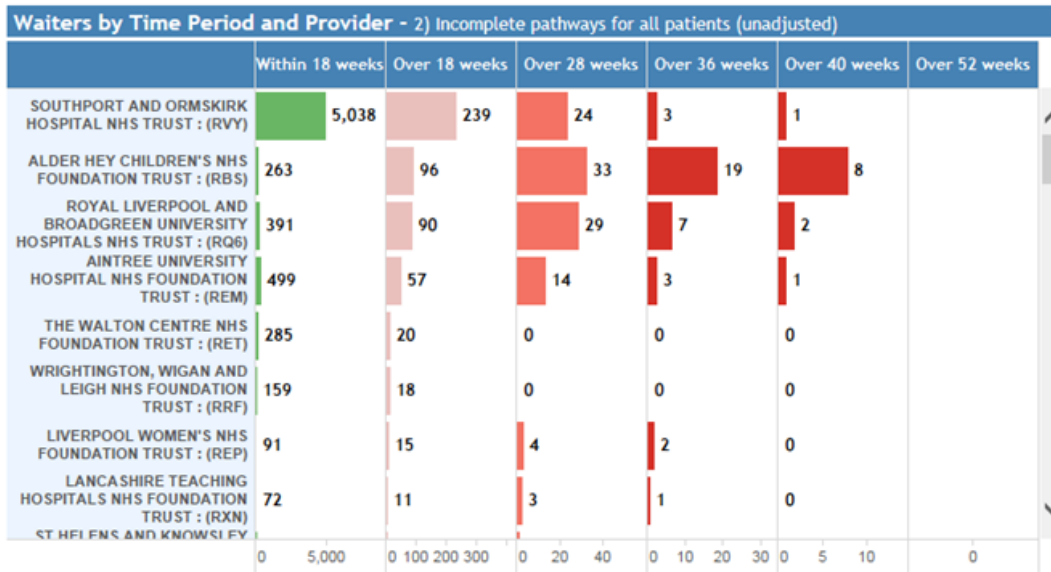
**Figure 18 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting**





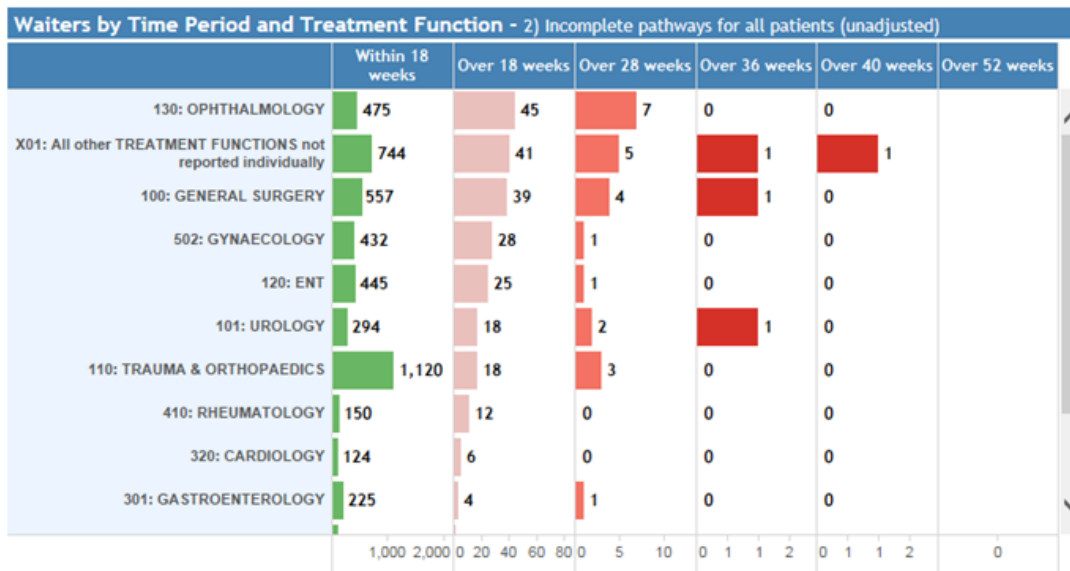
### 3.3.2 Long Waiters analysis: Top 5 Providers

Figure 19 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers

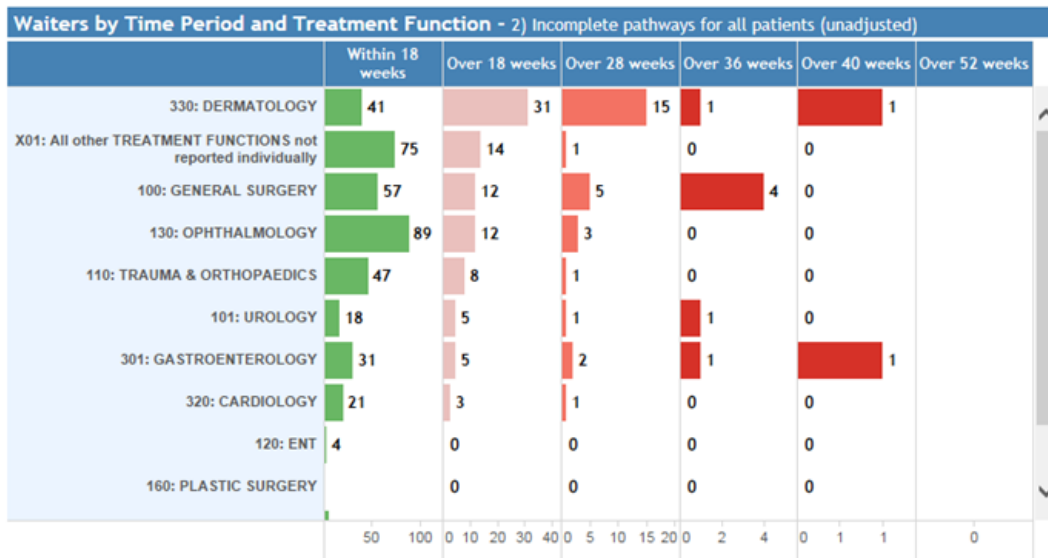


### 3.3.3 Long waiters analysis: Top 2 Providers split by Specialty

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



**Figure 21 - 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 22 – Southport & Formby CCG Provider Assurance for Long Waiters**

CCG	Trust	Specialty	Wait band (Weeks)	Details
Southport & Formby CCG	Aintree	Gastroenterology	36 to 41	2 patients; 1 treated, 1 has TCI date
Southport & Formby CCG	Aintree	Thoracic Medicine	37	Treated 8-4-19
Southport & Formby CCG	Alder Hey	Other	36 to 48	19 patients; 2 treated, 3 DNAs or treatment declined, 4 with TCI date & 10 requires TCI date sent to service
Southport & Formby CCG	Derby & Burton	Other	39	1 patient declined previous dates and has TCI date
Southport & Formby CCG	Guys & Thomas	Other	38	
Southport & Formby CCG	Liverpool Womens	Gynaecology	36	2 patients; Trust only providing updates on 52 week waiters
Southport & Formby CCG	Manchester University	Urology	41	Awaiting Trust Update
Southport & Formby CCG	Morecambe Bay	Ophthalmology	45	1 patient: TCI 17th April cancelled Patient referred to another Trust
Southport & Formby CCG	Oxford	Urology	44	Clock stopped
Southport & Formby CCG	Royal Liverpool	Dermatology	42	Pathway stopped due to capacity
Southport & Formby CCG	Royal Liverpool	Gastroenterology	40	1 patient TCI 29/05/2019
Southport & Formby CCG	Royal Liverpool	General Surgery	36 to 39	4 patients: 1 pathway stopped, 1 TCI 15/05/2019 and 2 require TCI date
Southport & Formby CCG	Royal Liverpool	Urology	38	TCI 13/06/2019
Southport & Formby CCG	Southport & Ormskirk	other	40	1 patient treated 2-4-2019
Southport & Formby CCG	Southport & Ormskirk	Urology	39	1 patient DNA offered further appointments
Southport & Formby CCG	Southport & Ormskirk	General Surgery	37	1 patient offered date 17-5-19

The CCG had a total of 39 patients waiting over 36 weeks of which there were no patients waiting over 52 weeks. Of the 39 patients, 9 patients have been treated, 10 have a TCI date, 15 patients need a TCI date and 6 where patients' outcome is unknown.

### 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 23 – 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 - <b>Southport &amp; Ormskirk</b>	18/19 - Mar	0	13	↑ ↔

#### Performance Overview/Issues

Southport & Ormskirk reported 13 cancelled operations in March, the same as the previous month (100 year to date). Of the 13 reported in March, 7 were due to no ward beds, 5 list over-ran and 1 anaesthetist was unavailable.

#### How are the issues being addressed?

Southport and Ormskirk Hospital NHS Trust has 2 theatre suites, one on each site. As an organisation the plan is to maximise capacity on the Ormskirk site and develop an Elective Care Centre. The Trust advises of the development of a workforce strategy to ensure workforce is in place as set out in the Trust 20/20 vision. There will be an expectation that all staff work flexibly across the operating departments, as clinical need dictates.

#### When is performance expected to recover?

Several requests from commissioning leads to Southport & Ormskirk for assurance regarding high number of cancellations have not been responded to. This has now been escalated to Director Level and the CCG awaits a response.

#### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Rob Caudwell	Terry Hill

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

**Figure 24 – Southport & Ormskirk Cancelled Operations for a second time**

Cancelled Operations	Period	Target	Actual	Trend
No urgent operation should be cancelled for a second time - <b>Southport &amp; Ormskirk</b>	18/19 - Mar	0	0	↑ ↔

### 3.5 Cancer Indicators Performance

#### 3.5.1- Two Week Waiting Time Performance

Figure 25 – 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 - Mar	93%	92.95%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Southport & Ormskirk)	18/19 - Mar	93%	95.14%	↑
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 - Mar	93%	80.05%	↓

#### Performance Overview/Issues

The CCG has failed the two week standard year to date with 92.95%. Monthly performance has achieved the 93% target. March has shown a performance of 93.13%, with 40 patients breaching the target out of a total 582 treated. In 2018/19 there were 464 breaches from a total of 6,577 patients seen.

The CCG also failed the 93% target for breast patients in March reporting 65.85% and year to date with 80.05%. March is the fifth consecutive month where the target has not been achieved, with 14 breaches out of a total 41 treated. All breaches were at Aintree with 12 due to inadequate outpatient capacity and 2 due to patient choice. The maximum wait was 28 days and was due to patient choice to delay. In 2018/19 there were 87 breaches from a total of 436 patients seen.

#### How are the issues being addressed?

Southport and Formby CCG is showing steady rates of total GP referrals over last 12 months but a 8% shift from routine to 2ww. There are similar patterns in South Sefton and Liverpool. Conversion rates are reducing steadily currently 6.4% across all tumour sites which is the same as Cancer Alliance average and still higher than the NICE NG12 indicative threshold of 3%. Mode of presentation, i.e. 2 week wait versus routine referral or urgent methods of presentation, is considered a better marker of improvement than conversion rates.

Cancer referrals and conversion rates from 2 week to 62 day pathways were items discussed at Governing Body development sessions for both CCGs in May. Members are satisfied that greater adherence to NICE guidelines, aimed at earlier detection of cancer, is the dominant factor in the evident reducing conversion rates.

The majority of Southport and Formby breast patients are referred to the Aintree service which has suffered capacity constraints over recent months.

Aintree Breast clinic capacity has now been increased due to two Associate Specialists being upgraded to Locum Consultants. They will have additional clinic capacity in their job plans in 2019, reducing the reliance on waiting list initiatives. A GP with Special Interest has also been identified

to augment capacity and support interface and referral quality aspects. However referrals continue to increase with Aintree seeing a 15% increase in breast referrals for both symptomatic and suspected cancer cohorts over the last year especially over the last 3 months.

The cancer yield rate for Sefton CCGs remains close to the Cancer Alliance mean of 5.3% for suspected breast cancer. A piece of work is being undertaken across the system to look at demand and capacity management for breast services. This will include revision of the breast referral form to provide better risk stratification for benign disease and breast pain and promote advice and guidance as an alternative to referral. However it must be acknowledged that this is a highly emotive and litigious area with high public awareness.

The unification of the breast teams across Aintree and Royal Liverpool in advance of formal merger of the providers holds promise to deliver efficiencies and provide consistent levels of access.

There has been system wide communication across providers to work collaboratively around breast capacity including re-issuing information to General Practice on the management of symptomatic but not suspected cancer patients.

**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

### 3.5.2 - 31 Day Cancer Waiting Time Performance

Figure 26 – 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) <b>(CCG)</b>	18/19 - Mar	96%	96.67%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Mar	96%	98.45%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	18/19 - Mar	94%	98.87%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Mar	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	18/19 - Mar	94%	96.67%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Mar	94%	97.44%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	18/19 - Mar	98%	99.56%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Mar	98%	100.00%	↔

### 3.5.3 - 62 Day Cancer Waiting Time Performance

**Figure 27 – 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) <b>(CCG)</b>	18/19 - Mar	85% (local target)	86.29%	↓
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) <b>(Southport &amp; Ormskirk)</b>	18/19 - Mar	85% (local target)	91.05%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	18/19 - Mar	90%	88.68%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Mar	90%	78.57%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	18/19 - Mar	85%	78.45%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Mar	85%	78.22%	↔

**Performance Overview/Issues**

The CCG reported 0% in March against the 90% target for the NHS screening service due to there being no patients. This the year to date performance remains at 88.68% so has failed year to date.

The Trust also had no patients for the screening service in March, year to date performance below target at 78.57%.

The CCG achieved the 85% target for urgent GP referrals in March with 85.71% but are failing year to date with 78.45%. In March, 4 patients out of 28 breached.

The Trust also failed the 85% target for urgent GP referrals in March with 81.16% and year to date with 78.22%. In March, the Trust reported the equivalent of 6.5 breaches out of 34.5 attributable patients. Reasons include complex diagnostic pathways, admin delay, patient choice and other reason.

**How are the issues being addressed?**

The Trust does not anticipate meeting the 62 day standard in the coming months. They are working to a Cancer Improvement plan which crosses over all specialties within the Trust with the aim of there never being longer than 7 days between interventions on a cancer pathway. Where this standard has been breached, a root cause analysis is undertaken. In a new governance arrangement, tumour sites which are failing to achieve the 7 day standard meet with the Trust’s new Medical Director to explore barriers and refresh recovery plans.

### When is performance expected to recover?

The Trust aims to demonstrate some sustainable improvement but not complete recovery by quarter 2 2019/20.

### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Graeme Allan	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.







In March, Southport & Ormskirk Trust reported 5 patients waiting longer than 104 days within the 62 day standard metric. The longest waiting patient waited 165 days for treatment in upper GI, delay due to a complex diagnostic pathway. The remaining 4 patients had delays in upper & lower GI, head & neck and haematology. Delays were due to patient choice, health care provider initiated delays and other unknown reasons. The CCG will receive detailed root cause analyses for these patients within a 60 day timeframe of the breach occurrence.

Action plans driven through these RCAs will be developed through the CCGs’ PQIRP Group.

## 3.6 Patient Experience of Planned Care

**Figure 28 – Southport & Ormskirk Inpatient Friends and Family Test Results**

Friends and Family Response Rates and Scores  
 Southport & Ormskirk Hospitals NHS Trust  
 Latest Month: Mar-19

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%	15.0%		96%	96%		2%	1%	
Q1 - Antenatal Care	-	-		95%	*		2%	*	
Q2 - Birth	21.1%	13.0%		97%	100%		1%	0%	
Q3 - Postnatal Ward	-	-		95%	100%		2%	0%	
Q4 - Postnatal Community Ward	-	-		98%	86%		1%	0%	

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to the Friends and Family test. The Trust has seen an improvement in response rates for inpatients, from 11.6% in February to 15% in March, but remains below the England average of 24.9%. The percentage of patients that would recommend the inpatient service in the Trust has remained the same as last month and is in line with the England average of 96%. The percentage of people who would not recommend the inpatient service has also remained the same at 1% and is better than the England average of 2%.



For maternity services, in relation to 'Birth' the response rate has decline from 15% in February to 13% in March, and still below the England average of 21.1%. The percentage who would recommend the service increased from 97% in February to 100% in March, in line with the England average of 97%. The percentage who would not recommend the service is at 0% the same as last month and better than the England average of 1%. The percentage recommended for the Community Ward is below the England average (98%) at 86%, not recommending is at 0%.

Friends and Family is a standing agenda item at the Clinical Quality Performance Group (CQPG) meetings. The CCG Engagement and Patient Experience Group (EPEG) have sight of the Trusts friends and family data on a quarterly basis and seek assurance from the trust that areas of poor patient experience is being addressed.

### **3.7 Planned Care Activity & Finance, All Providers**

Performance at Month 12 of financial year 2018/19, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £2.3m/6.4%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an increased over spend of approximately £2.5m/7.1%.

At individual providers, Southport & Ormskirk are showing the largest over performance at month 12 with a variance of £992k/5%. This is closely followed by Wrightington, Wigan and Leigh with a variance of £821/75% against plan. In contrast, there has been a notable under spend at Liverpool Heart and Chest Hospital (-£254k/-25%).

Across all providers, Trauma & Orthopaedics is the top over performing speciality for Southport & Formby CCG with a variance of £565k/8% against planned levels at month 12. At individual providers, over performance has been focussed within Wrightington, Wigan and Leigh (£720k/76%) followed by Southport & Ormskirk (£248k/7%). In contrast, a significant underperformance has been reported at Renacres Hospital (-£491/-26%).

**Figure 29 - 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	18,314	21,059	2,745	15%	£3,945	£4,185	£240	6%	£-240	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	7,569	8,280	711	9%	£551	£569	£18	3%	£-18	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	2,462	1,681	-781	-32%	£1,021	£767	£-254	-25%	£254	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,681	1,916	-765	-29%	£618	£519	£-99	-16%	£99	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	15,862	16,427	565	4%	£2,951	£2,866	£-85	-3%	£85	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2,552	2,625	73	3%	£769	£697	£-72	-9%	£72	£0	0.0%
<b>ACTING AS ONE PROVIDERS TOTAL</b>	<b>49,440</b>	<b>51,988</b>	<b>2,548</b>	<b>5%</b>	<b>£9,855</b>	<b>£9,602</b>	<b>£-253</b>	<b>-3%</b>	<b>£253</b>	<b>£0</b>	<b>0%</b>
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	404	408	4	1%	£84	£98	£14	17%	£0	£14	17%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	70	70	0%	£0	£7	£7	0%	£0	£7	-
FAIRFIELD HOSPITAL	116	83	-33	-28%	£20	£13	£-7	-35%	£0	£-7	-35%
ISIGHT (SOUTHPORT)	5,717	7,122	1,405	25%	£864	£1,163	£298	35%	£0	£298	35%
Lancashire Teaching Hospital	0	1,319	1,319	0%	£0	£277	£277	0%	£0	£277	-
RENACRES HOSPITAL	12,896	14,157	1,261	10%	£3,739	£3,611	£-128	-3%	£0	£-128	-3%
Salford Royal NHS FOUNDATION TRUST	0	246	246	0%	£0	£53	£53	0%	£0	£53	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	103,212	106,859	3,647	4%	£18,827	£19,819	£992	5%	£0	£992	5%
SPIRE LIVERPOOL HOSPITAL	406	373	-33	-8%	£109	£145	£35	32%	£0	£35	32%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	5,616	5,713	97	2%	£1,224	£1,220	£-4	0%	£0	£-4	0%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	711	983	272	38%	£175	£211	£36	20%	£0	£36	20%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	432	432	0%	£0	£89	£89	0%	£0	£89	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	348	348	0%	£0	£90	£90	0%	£0	£90	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	3,157	4,944	1,787	57%	£1,095	£1,915	£821	75%	£0	£821	75%
<b>ALL REMAINING PROVIDERS TOTAL</b>	<b>132,235</b>	<b>143,057</b>	<b>10,822</b>	<b>8%</b>	<b>£26,136</b>	<b>£28,709</b>	<b>£2,573</b>	<b>10%</b>	<b>£0</b>	<b>£2,573</b>	<b>10%</b>
<b>GRAND TOTAL</b>	<b>181,674</b>	<b>195,045</b>	<b>13,371</b>	<b>7%</b>	<b>£35,991</b>	<b>£38,312</b>	<b>£2,320</b>	<b>6.4%</b>	<b>£253</b>	<b>£2,573</b>	<b>7.1%</b>

\*PbR only

### 3.7.1 Planned Care Southport and Ormskirk NHS Trust

**Figure 30 - Planned Care – Southport and Ormskirk NHS Trust by POD**

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	10,937	11,130	193	2%	£5,542	£5,686	£144	3%
Elective	1,349	1,215	-134	-10%	£3,245	£3,403	£158	5%
Elective Excess BedDays	210	183	-27	-13%	£50	£44	£-6	-12%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	707	1,121	414	59%	£123	£246	£123	100%
OPFASPCL - Outpatient first attendance single professional consultant led	11,765	12,629	864	7%	£2,025	£2,194	£169	8%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,631	2,307	676	41%	£140	£251	£111	80%
OPFUPSCL - Outpatient follow up single professional consultant led	37,044	37,586	542	1%	£3,020	£3,088	£68	2%
Outpatient Procedure	29,086	29,951	865	3%	£3,749	£3,907	£157	4%
Unbundled Diagnostics	10,483	10,737	254	2%	£933	£1,001	£68	7%
<b>Grand Total</b>	<b>103,212</b>	<b>106,859</b>	<b>3,647</b>	<b>4%</b>	<b>£18,827</b>	<b>£19,819</b>	<b>£992</b>	<b>5%</b>

\*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.

Over performance is evident against the majority of planned care points of delivery. General Surgery and Trauma & Orthopaedics are the top specialties influencing the variance within planned care, particularly electives and outpatient first appointments. Further analysis has established that Trauma & Orthopaedic consultant-to-consultant referrals are increasing at the Trust in 2018/19. In contrast, there has been a decrease in GP referrals to this speciality.

Outpatient procedures have increased across a number of specialties namely Dermatology, Ophthalmology, Gynaecology, and Urology. At HRG level, minor skin procedures accounts for the majority of increased costs against plan. A significant decrease is noted in T&O which is in contrast to the increased levels across other outpatient points of delivery for this particular speciality.

The Trust has started to implement specific work around GIRFT and theatre utilisation which is likely to increase elective activity and also reduce waiting lists over the next year.

### 3.7.3 Aintree University Hospital NHS Foundation Trust

Figure 31 - 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	761	1,050	289	38%	£474	£747	£273	58%
Elective	420	287	-133	-32%	£963	£641	-£322	-33%
Elective Excess BedDays	106	141	35	33%	£26	£34	£8	29%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	147	82	-65	-44%	£31	£18	-£12	-41%
OPFANFTF - OP 1st Attendance Multi-Professional Outpatient First. Attendance Non face to Face	270	174	-96	-35%	£12	£8	-£4	-32%
OPFASPCL - Outpatient first attendance single professional consultant led	2,924	3,553	629	22%	£508	£611	£103	20%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	167	120	-47	-28%	£16	£12	-£4	-24%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	418	928	510	122%	£10	£22	£12	122%
OPFUPSCL - Outpatient follow up single professional consultant led	7,623	7,720	97	1%	£633	£614	-£19	-3%
Outpatient Procedure	2,705	3,835	1,130	42%	£400	£540	£140	35%
Unbundled Diagnostics	1,786	2,169	383	21%	£125	£175	£50	40%
Wet AMD	988	1,000	12	1%	£748	£763	£15	2%
<b>Grand Total</b>	<b>18,314</b>	<b>21,059</b>	<b>2,745</b>	<b>15%</b>	<b>£3,945</b>	<b>£4,185</b>	<b>£240</b>	<b>6%</b>

Aintree performance is showing a £240k/6% variance against plan at month 12. Day cases and outpatient procedures are the highest over performing areas with variances against plan of £273k/58% and £140k/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 speciality.

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 32 – Planned Care – Renacres Hospital by POD**

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,423	1,529	106	7%	£1,428	£1,342	£87	-6%
Elective	287	241	-46	-16%	£1,237	£1,019	£218	-18%
OPFASPCL - Outpatient first attendance single professional consultant led	2,532	2,637	105	4%	£428	£444	£16	4%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,232	3,447	215	7%	£213	£229	£16	7%
Outpatient Procedure	2,673	2,342	-331	-12%	£302	£364	£62	21%
Unbundled Diagnostics	836	1,110	274	33%	£75	£93	£18	25%
Physio	1,913	1,608	-305	-16%	£56	£47	£9	-16%
Outpatient Pre-op	0	1,243	1,243	0%	£0	£73	£73	0%
<b>Grand Total</b>	<b>12,896</b>	<b>14,157</b>	<b>1,261</b>	<b>10%</b>	<b>£3,739</b>	<b>£3,611</b>	<b>£128</b>	<b>-3%</b>

Renacres performance is showing a -£128k/-3% variance against plan at month 12. Day case and Elective activity are the highest underperforming areas with variances of -£218k/-18% and -£87k/-6% against plan respectively. Reduced Trauma & Orthopaedic 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 Criteria Based Clinical Treatments (CBCT) policy currently in place. The CCG monitors this and it is discussed at regular contract meetings with the provider.

Although Trauma & Orthopaedics is the key speciality influencing underperformance at Renacres, it should be noted that this provider is also reporting a £167k/86% over performance within the ENT speciality. Outpatient procedures and day cases account for the majority of this over performance with ‘Diagnostic, Laryngoscopy or Pharyngoscopy, 19 years and over’ currently £86k/245% above plan at month 12. GP referrals to the ENT speciality have increased by 92% in 2018/19 when comparing to the previous year.

### 3.7.5 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 33 – 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	21	34	13	61%	£2	£4	£1	63%
Daycase	172	233	61	35%	£230	£332	£103	45%
Elective	109	207	98	90%	£621	£1,218	£597	96%
Elective Excess BedDays	30	23	-7	-24%	£8	£5	-£2	-28%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	79	129	50	64%	£6	£9	£3	41%
OPFASPCL - Outpatient first attendance single professional consultant led	408	704	296	73%	£55	£99	£44	80%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	115	187	72	63%	£7	£10	£4	56%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	148	492	344	232%	£4	£12	£8	238%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,523	2,047	524	34%	£92	£122	£30	33%
Outpatient Procedure	278	500	222	80%	£38	£67	£29	77%
Unbundled Diagnostics	275	388	113	41%	£33	£37	£4	11%
<b>Grand Total</b>	<b>3,157</b>	<b>4,944</b>	<b>1,787</b>	<b>57%</b>	<b>£1,095</b>	<b>£1,915</b>	<b>£821</b>	<b>75%</b>

Wrightington, Wigan and Leigh performance is showing a £821k/75% variance against plan at month 12 with over performance driven by elective activity, principally in the Trauma & Orthopaedics specialty and very major hip/knee procedures for non-trauma. 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 34 – 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	1,074	1,482	408	38%	£499	£707	£207	42%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	2	2	0	-17%	£0	£0	£0	-17%
OPFASPCL - Outpatient first attendance single professional consultant led	838	1,293	455	54%	£121	£183	£62	52%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	84	0	-84	-100%	£6	£0	-£6	-100%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,584	3,082	498	19%	£142	£169	£27	19%
Outpatient Procedure	1,135	1,263	128	11%	£96	£104	£7	8%
<b>Grand Total</b>	<b>5,717</b>	<b>7,122</b>	<b>1,405</b>	<b>25%</b>	<b>£864</b>	<b>£1,163</b>	<b>£298</b>	<b>35%</b>

iSight performance is showing a £298k/35% variance against plan with over performance predominantly within the day case point of delivery. Day case activity is currently £207k/42% above plan with Cataract Extraction and Lens Implant accounting for a large proportion of this over performance. Outpatient first appointments are also £62k/52% above plan with further analysis

suggesting that referrals have increased to iSight in 2018/19. The majority of this increase is attributed to referrals from an optometrist with GP referrals decreasing in 2018/19 when compared to the previous year.

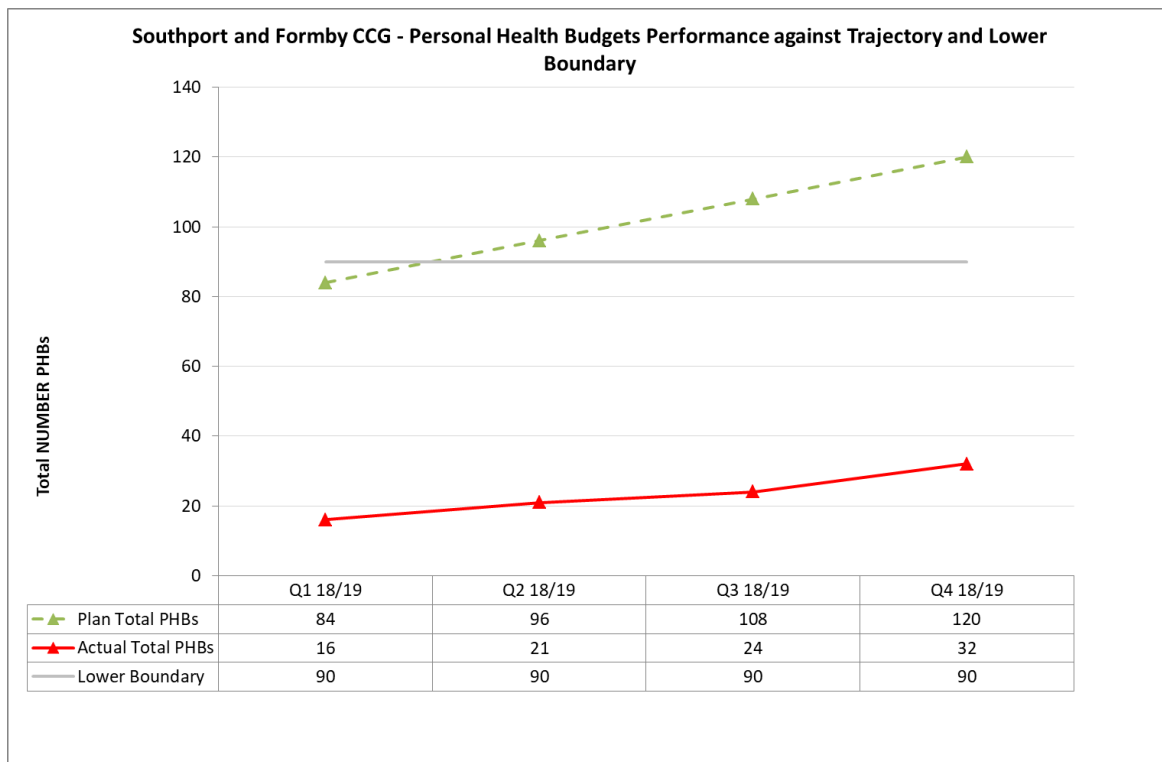
The iSight finance and activity plan for 2018/19 is now in-line with the correct coding for Cataracts and this has been agreed via the Contract Review meetings.

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 2019/20. Progress is to be monitored via a contractual DQIP and during Contract Review meetings.

There is an over performance for Cataract, AMD and YAG lasers at iSight; however market share analysis of Ophthalmology indicates that activity is reducing at other Acute Providers. Referrals for cataract surgery also indicate that the majority of Southport & Formby CCG patients are opting to be treated by iSight.

### 3.8 Personal Health Budgets

**Figure 35 - Southport & Formby CCG – 2018/19 PHB Performance**



#### Performance Overview/Issues

In quarter 4 2018/19 a total of 8 new PHBs were reported, bringing the year to date total to 32 against a plan of 120. This equates to a rate of 25.7 per 100,000 population compared to the plan

of 96.36. This is under the trajectory set by NHS England, who confirmed the lower boundary of 80 would be acceptable in terms of aspirations.

**How are the issues being addressed?**

- Adults and Children CHC: Following on from the initial proposal submitted by Sefton Carers to deliver a pilot delivering a support and advice service an implementation group has been established. The group is currently developing a service specification; SLA; PHB Agreement and other key documents; and is working through processes and issues around implementation, monitoring and evaluation of the pilot. Any challenge around procurement will be highlighted to the Senior Management Team. Additional resource has been allocated (Commissioning Support Officer).
- Wheelchairs: The CCG is looking to progress this with key stakeholders in Q2. Additional resource has been allocated (Commissioning Support Officer).
- Children Complex Care: NHS England is unable to support mentorship at this time. The CCG will look to review this as part of 2019 / 2020 plans. Additional resource has been allocated (Commissioning Support Officer).
- End of Life Fast-track: The CCG looked to pilot a PHCB for EOL Fast Track Patients, as advised by NHSE. We had a potential provider interested, but we were advised this was potentially a conflict of interest and there had been a change in the governance surrounding PHCB.
- Mental Health S117: The CCG will continue consider how PHBs can be provided and achieved as part of 2019 / 2020 plans.

**When is performance expected to recover?**

End of Q3 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 36 - 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

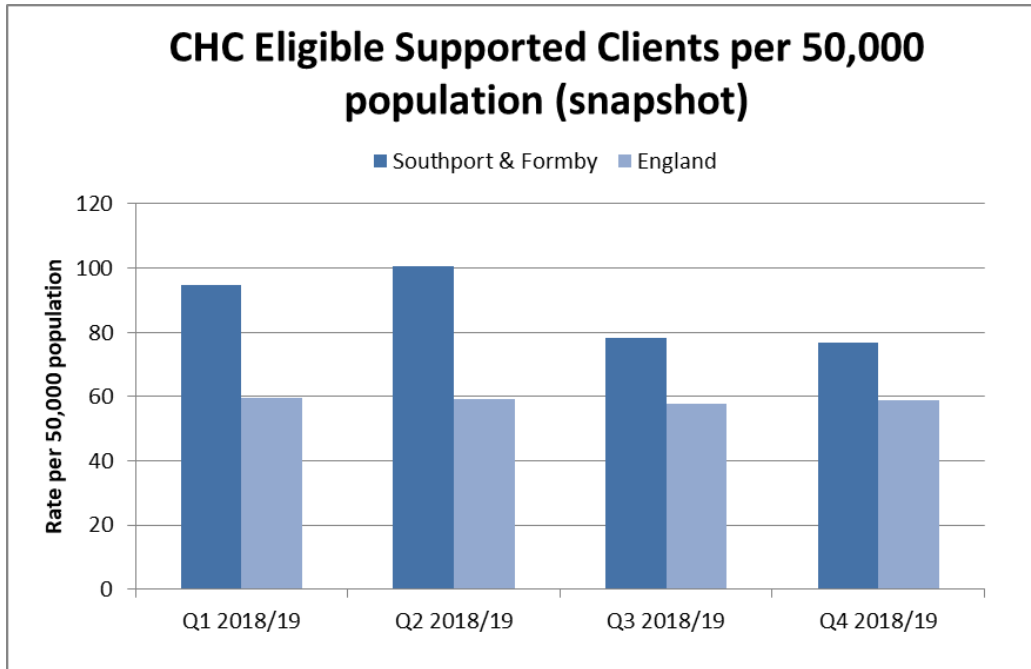
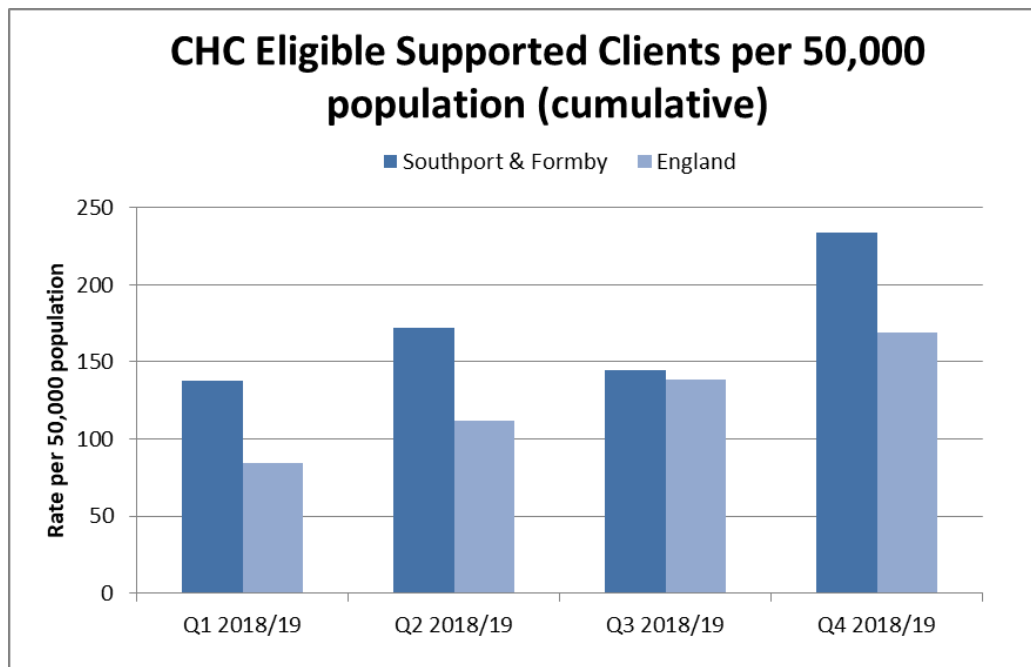
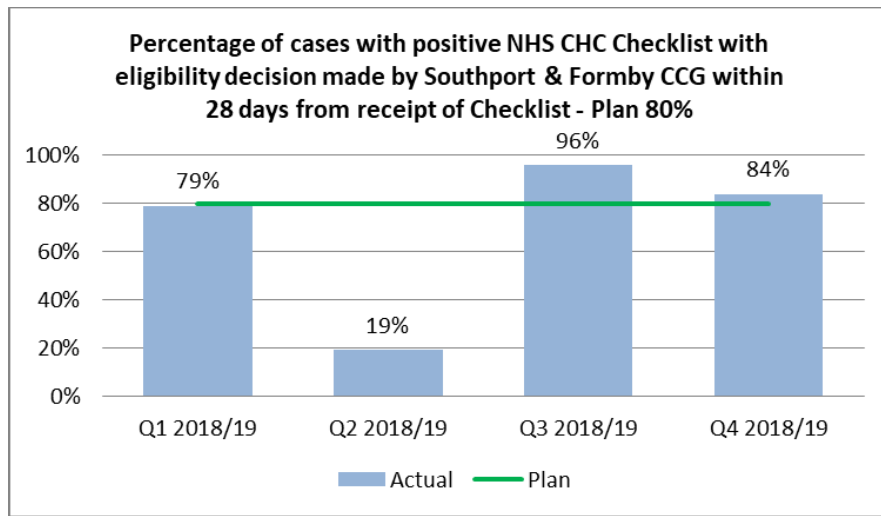


Figure 37 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

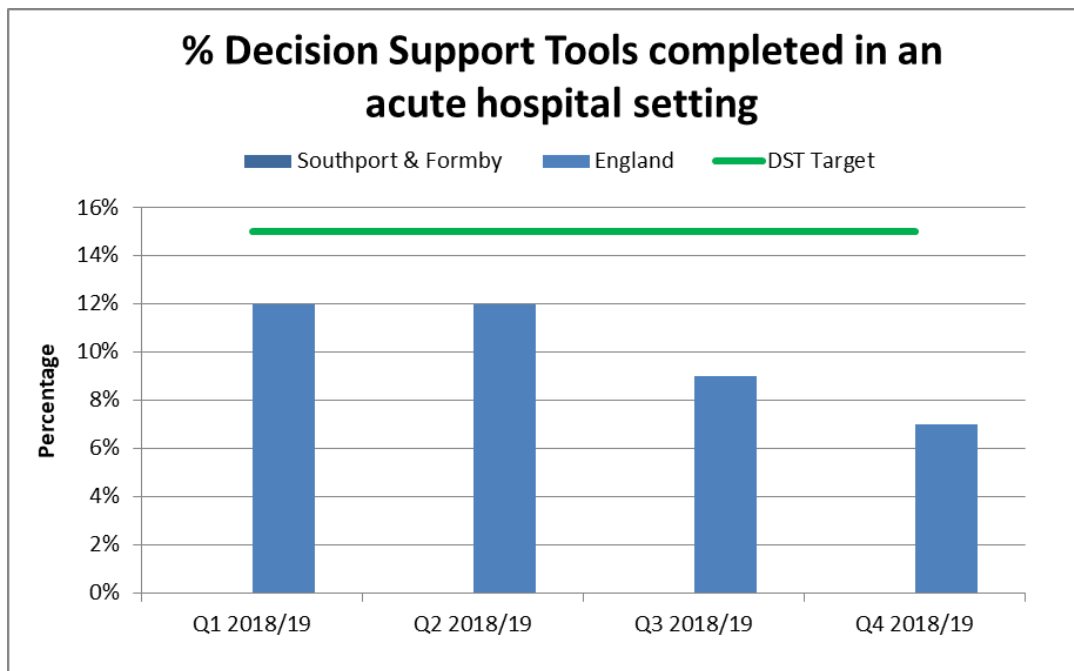




**Figure 38 - Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist**



**Figure 39 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed**



**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 40 - Smoking at Time of Delivery (SATOD)

	Southport & Formby				
	Actual Q1	Actual Q2	Actual Q3	Actual Q4	YTD
Number of maternities	231	232	237	212	912
Number of women known to be smokers at the time of delivery	24	15	29	27	95
Number of women known not to be smokers at the time of delivery	207	217	208	185	817
Number of women whose smoking status was not known at the time of delivery	0	0	0	0	0
Data coverage %	100.0%	100.0%	100.0%	100.0%	100.0%
Percentage of maternities where mother smoked	10.4%	10.4%	12.2%	12.7%	10.4%

The CCG is above the data coverage plan of 95% at Q4, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked the ambition will be 6% by the end of 2022. There is no national target for this measure. Performance against this metric is discussed with Providers at Maternity Commissioning Leads meetings attended by the CCG managerial lead for Children and Maternity Services.

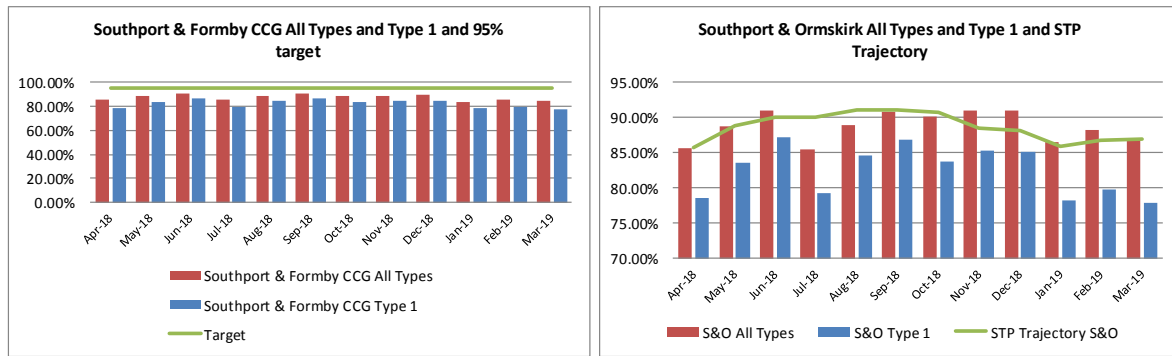
## 4. Unplanned Care

### 4.1 Accident & Emergency Performance

Figure 41 - 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 - Mar	95.00%	87.18%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Mar	95.00%	82.16%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) All Types	18/19 - Mar	STP Trajectory Target for Mar 87%	88.67%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Southport & Ormskirk) Type 1	18/19 - Mar	95.00%	82.95%	↔

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
STP Trajectory S&O	85.80%	88.80%	90.0%	90.0%	91.0%	91%	90.80%	88.50%	88.1%	85.90%	86.80%	87%	%
S&O All Types	85.57%	88.75%	90.91%	85.50%	88.85%	90.76%	90.12%	90.91%	91.05%	86.53%	88.24%	86.77%	88.67%



**Figure 42 - 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 - <b>Southport &amp; Ormskirk (cumulative)</b>	18/19 - Mar	0	59	↑ ↓

**Performance Overview/Issues**

Southport & Ormskirk’s performance against the 4-hour target for March reached 86.77%, which is below the Trust’s revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 87%. Although the year end performance of 88.67% exceeds this plan, the Trust has not achieved for March.

There were 2 12-hour breaches across the month of March, bringing the year to date total to 59. 2 were down to mental health delays with the remainder due to bed pressures. 1 was due to a delay in securing a bed for an orthopaedic bed on a Monday following significant bed pressures from the weekend. The second was a delay awaiting a MerseyCare mental health patient.

With regards to acute bed pressures, there has been a continued reliance on escalation beds on a daily basis to support the shortfall of discharges compared to admissions. Unfortunately, corridor care was maintained across a number of days towards the end of March as demand for beds exceeded capacity, despite continued heightened specialty reviews to consider alternative pathways to admission, and daily discharge huddles taking place 7 days a week. Red to Green continues across the wards, and a further MADE review was held on 28 and 29 March, with some positive feedback from commissioners regarding visible grip on inpatient pathways and next steps required to support discharges. Regarding the mental health breach, extended delays in ED continue for patients awaiting admission to a mental health bed. Timelines have been completed and submitted for both 12-hour breaches

**How are the issues being addressed?**

Trust Actions

On the Southport site, there was a 13.5% improvement in performance (397 fewer patients waited longer than 4-hours compared to March 2018). This was despite an 11.4% increase in attendances (additional 538 patients who were all majors category). Emergency care flow remains a challenge with significant blockages in timely bed release and unprecedented peaks in times of attendance. Specialty reviews routinely take place down in A&E to consider alternative pathways to admission as there is little capacity in the assessment areas, which contributes to delays in release of ED cubicle capacity. Pressures continue to be experienced for patients requiring admission to mental

health beds, with patients routinely in the department in excess of 12 hours (from arrival time) whilst awaiting a bed. CDU and ACU continue to support ED in streaming appropriate patients, and there is further work to do to maximise opportunities to replicate this in SAU. The ED workforce model has little flex and remains vulnerable to deal with peaks in attendances, although the department has successfully recruited 4 new Physicians Associates who commenced at the end of March to support a longer term staffing model, and looks forward to welcoming 2 new substantive consultants in summer 2019.

**CCG Actions**

The CCG have worked consistently with system partners across Southport and Ormskirk to improve system flow and support the improvement of the 4 hour target. There has been an improvement noted however we are not meeting the agreed NHSI improvement trajectory. As a system we continue to work together to improve admission avoidance, improve LOS and timely discharge pathways. The area's for greater work include trusted assessment process, discharge to assess and the reconfiguration of step up and step down beds. To assist with capacity and demand modelling a programme of work has been commissioned from Venn group to give a robust service gap analysis.

There has been a significant improvement in the number of 12 hour breaches within ED however due to significant pressures this has meant that the 0% target has not been met. There are issues with the mental health pathway mostly from a Lancashire care perspective and ECIST support has provided a mental health report on how this can be improved. Work is on-going within the mental health team.

The CCG are working with NHSE and the trust to tighten the reporting of 12 hour breaches to enable adequate RCA analysis and lessons learned. This includes more robust validation processes within the CCG and the trust which has resulted in reporting delays; we continue to work on this so that the 60 day reporting period is met. The reports to date demonstrate that patient care, safety and dignity were not compromised.

**When is performance expected to recover?**

Trusts have agreed a new trajectory for 2019/20 with improvements but not recovering against the 95% target.

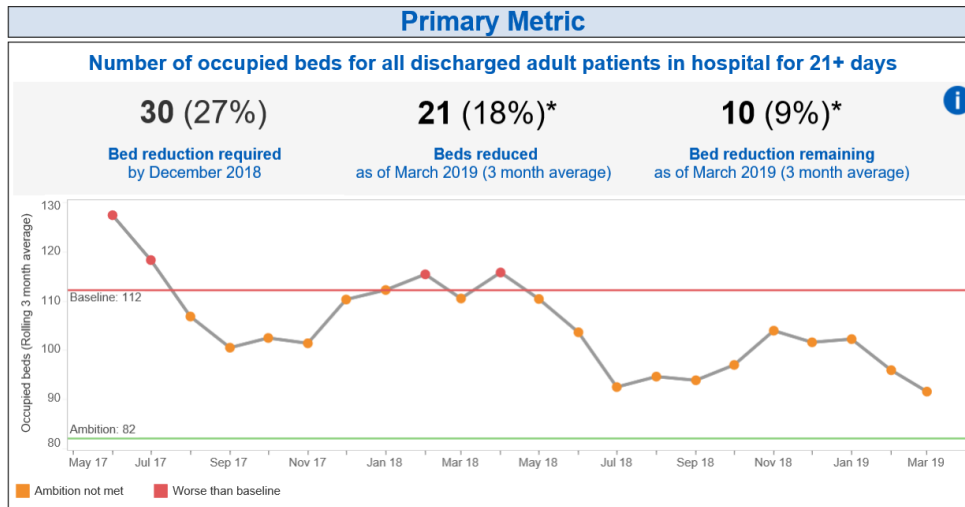
**Who is responsible for this indicator?**

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

**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 43 – 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 March 2019 (rolling 3 months) shows 91 occupied beds (a reduction of 21 beds). This shows a decrease of 5 occupied beds compared to last month.

Actions to support improvement are identified within Newton work with a focus on initiatives which will support complex discharges with longer lengths of stay. There are a range of developments underway in regard to placement processes; discharge to assess pathways, the patient choice policy to facilitate flow, development of care home trusted assessor roles assessment model and community pathways to facilitate earlier discharge. Patient Flow Telecoms reviews and focussed individual patient case work continue where stranded and super stranded patients reviewed with MDT involvement. Support provided where required with opportunity to identify specific themes requiring further action.

### 4.3 Ambulance Service Performance

In March 2019 there was an average response time in Southport and Formby of 8 minutes 48 seconds against a target of 7 minutes for Category 1 incidents, the slowest response time in Merseyside. For Category 2 incidents the average response time was 25 minutes against a target of 18 minutes. The CCG also failed the category 3 and category 4 90th percentile response. 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.

Category 1 and 2 will remain an area of major focus with performance 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. There are further aspects of the Ambulance Response Programme where benefits have not yet been realised and are expected to provide significant step change in terms of performance. These include review of rosters and call pick up times within Emergency Operations Centre (EOC). Collaborative CCG work is planned across North Mersey to

share best practice and support further developments in alternatives to transfer for Category 3 and 4 calls.

**Figure 44 - 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) - <b>Southport &amp; Ormskirk</b>	18/19 - Mar	0	163	↑
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Southport &amp; Ormskirk</b>	18/19 - Mar	0	38	↓

**Performance Overview/Issues**

In March, Southport and Ormskirk reported 163 handovers between 30 and 60 minutes, an increase on last month when 143 were reported. Handovers longer than 60 minutes also saw a decrease of 1 with 38 in March compared to 39 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?**

Trust Actions

March saw a challenging month against the 4-hour standard with an increase of 11.4% in attendances (538 patients). Although the percentage of ambulances handed over within 15 minutes for March was 49.4%, this is a huge improvement compared to March 2018 performance when just 27.82% were handed over within 15 minutes. There has also been an improvement in ambulances handed over between 15 and 30 minutes - 1200 ambulances were handed over in March 2019 compared to just 700 in March 2018. Collectively, these improvements are enabling NWS crews to attend to patients in the community faster. ED and NWS continue to work together to reduce avoidable delays to handover.

CCG Actions

The NWS Ambulance Response Programme (ARP) made progress during 2018/19 but failed to achieve the range of standards required. The 2019/20 contract has been negotiated and agreed with recurrent investment to deliver additional capacity and transformation of the service delivery model. Additional non recurrent capacity investment of £1m is conditional upon NWS delivering the ARP standards in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards and if these are not met as per the trajectory, the payment will not be made. A Service Development Improvement Plan (SDIP) is being developed which links into other elements of the final agreement reached with the Trust, such as the roster review, continuing transformation, and delivery of new service models and implementation of the Lord Carter recommendations. Work has started on the detailed plans need to support the SDIP, with a final plan needing to be agreed by end of June 2019.

The CCG in conjunction with all system partners are working to improve system wide patient flow which in turn should improve hand over times. There has been a significant improvement due to the schemes and initiatives already implemented i.e. ambulance holding bay, increase in assessment areas and changes to patient pathways within ED. There is a higher level strategic work stream to commence at North Mersey and Mid Mersey level which should enhance these improvements further looking at greater utilisation and efficiency within PTS and C3/4 ambulance dispositions.

Hand overs more than 60 minutes have reduced significantly within Southport & Ormskirk Trust. The call from Regional NWS teams and CCGs is that they should be reported and treated as a never event and an RCA completed.

**When is performance expected to recover?**

The 2019/20 contract agreement with NWS identifies that the ARP standards must be met in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards.

**Who is responsible for this indicator?**

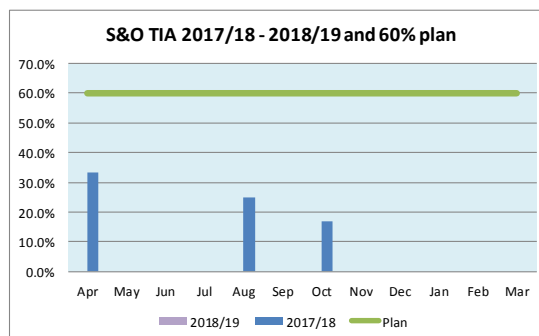
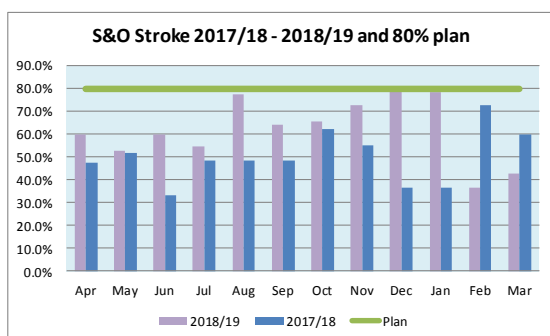
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Tim Quinlan	Sharon Forrester

**4.4 Unplanned Care Quality Indicators**

**4.4.1 Stroke and TIA Performance**

**Figure 45 - 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 ( <b>Southport &amp; Ormskirk</b> )	18/19 - Mar	80%	42.9%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours ( <b>Southport &amp; Ormskirk</b> )	18/19 - Oct	60%	0.00%	↔



**Performance Overview/Issues**

Southport & Ormskirk's performance for stroke has fallen again under the 80% target, with 42.9% in March; just 12 out of 28 patients spent at least 90% of their time on a stroke unit. Unfortunately bed pressures were high throughout March which have continued to have an impact on available stroke beds.

In relation to the TIAs the CCG has been informed that Southport & Ormskirk Trust is on track to provide TIA for April 2019. The latest data reported was 0% compliance in October with 6 reportable patients breaching the target.

#### How are the issues being addressed?

The Trust have been unable to submit TIA figures recently due to problems collecting key information on the referral and clinic outcome forms for TIA and problems with the data collection spread sheet in being used to collate the figures. However the Trust would like to provide the following re-assurances regarding the service:

- 3 designated TIA Consultant led clinics per week minimum of 4 slots per clinic
- Flexible/ad hoc clinics set up to accommodate time critical patients if necessary
- TIA referrals are triaged by Consultant to assess clinical urgency of patient and appointments made in-line with this assessment

A task & finish group has been set up to review the current process for recording the outcomes of TIA referrals and the following immediate actions have been agreed:

- Existing clinic outcome form to be revised to ensure all necessary information is recorded
- Working with EPR team for the form to become electronic on Medway
- Redeveloping the data collection spread sheet used to collate the figures in the interim to make it more robust to incomplete data and better at highlighting problems
- Audit to be undertaken on sample of patients over period while Trust has not been reporting performance

The Trust has provided an early indication performance of 8.7% for April as a worst case scenario. The Trust is currently working on splitting out follow up activity which is partly to blame for the low percentage figure.

#### When is performance expected to recover?

Quarter 1 2019/20

#### 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 46 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches	Period	Target	Actual	Trend
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	18/19 - Mar	0.00	4.00	↓
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Southport & Ormskirk)	18/19 - Mar	0.00	7.20	↓

#### Performance Overview/Issues

The CCG has reported an MSA rate of 4, which equates to a total of 15 breaches in March. All 15 breaches were at Southport & Ormskirk NHS Trust.



In March the Trust had 37 mixed sex accommodation breaches (a rate of 7.20) and has therefore breached the zero tolerance threshold. Of the 37 breaches, 15 were for Southport & Formby CCG, 14 for West Lancashire CCG and 8 for St Helens CCG.

**How are the issues being addressed?**

The Trust had a reduction in March compared to the past few months. All single sex breaches were from Critical care and were recorded on Datix. The Trust has undertaken a review of all patients to step down from critical care and put plans in place dependant on overall trust capacity. The safety of patients throughout the trust is reviewed; manager from critical care unit now attends 12:30 bed meeting to provide update and identify suitable plans. CCG assured of privacy and dignity, breaches mainly relate to delayed discharges from critical care/capacity and flow. The Trust is working collaboratively with system partners to address flow.

**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 47 - Healthcare associated infections (HCAI)**

HCAI	Period	Target	Actual	Trend
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) <b>(CCG)</b>	18/19 - Mar	37	28	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Mar	35	12	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) <b>(CCG)</b>	18/19 - Mar	0	2	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Mar	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) <b>(CCG)</b>	18/19 - Mar	109	142	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) <b>(Southport &amp; Ormskirk)</b>	18/19 - Mar	No Plan	228	↑

**Performance Overview/Issues**

There was 1 new cases of Clostridium Difficile attributed to the CCG in March, bringing the year to date figure to 28 against a plan of 37. (8 cases were apportioned to an acute trust and 20 to the community). The CCG has achieved their end of year plan. Southport & Ormskirk had 1 new cases

in March, bringing the total for the year to 12 against a plan of 35 and have also achieved their year to date plan.

The CCG had no new cases of MRSA in March, therefore the total year to date remains at 2 against the zero tolerance threshold. Two breaches have been reported so far in 2018/19, one in July 2018 and the other in December 2018. Both breaches were community acquired identified by Southport & Ormskirk.

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 has been exceeded. In March, 10 new cases were reported (142 YTD), against a YTD target of 109. Southport & Ormskirk reported 17 cases in March (228 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. North West Mersey GNBSI Steering Group is leading on a piece of work regarding E. Coli reduction and working with Local Authority colleagues to strengthen public health messages.

The CCG and Trust achieved the C.Difficile for 2018/19 and as a result, they have a lower target of 30 for 2019/20. The target for E.coli remains the same for 2019/20 as it did in 2018/19 (109 cases).

#### 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 48 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	18/19 - Mar	100	110.80	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	113.20	↓

In March the Trust reported a steady improvement towards target. The HSMR continues to reduce and currently stands at 110.8. The likely drivers are similar to the SHMI, although as HSMR excludes patients receiving specialist palliative care input and palliative care coding has seen an increase in the past few months; it is likely that this is also an important element. As this is a 12 month rolling figure and the monthly HSMRs have been acceptable it is likely that this rolling figure will continue to improve.

For SHMI the Trust reports an improved position on same period previous 12 months. SHMI, by its construction changes very slowly and will alter after crude mortality and HSMR. The current figure represents an improved position on the comparator period of 2017.

#### 4.5 CCG Serious Incident Management

The SI Improvement action plan was reviewed at the Joint Quality Committee (JQC). The three remaining actions had been completed and the action plan was closed. The risk on the Corporate Risk Register in relation to Serious Incident Process Management was also closed. The Quality Team will continue to report on SIs quarterly to JQC and monthly to Governing Body.

There are 55 incidents open on StEIS (down from 71 last month) where Southport and Formby CCG are the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or the SI involves a Southport and Formby CCG patient. Those where the CCG is not the RASCI responsible commissioner are highlighted in green below.

**Figure 49 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients**

Trust	SIs Reported (M11)	SIs Reported (YTD)	Closed SIs (M11)	Closed SIs (YTD)	Open SIs (M11)	SIs Open >100 Days (M11)
Southport and Ormskirk Hospital	3	61	12	79	35	19
Lancashire Care	1	10	7	9	4	1
Southport & Formby CCG	0	3	1	2	2	0
Mersey Care Trust	2	17	2	17	7	2
The Walton Centre	0	0	0	0	2	2
Royal Liverpool & Broadgreen Hospital	0	2	0	2	0	0
Cheshire and Wirral Partnership	0	0	1	1	1	1
Liverpool Women's	0	0	0	0	1	1
North West Boroughs	1	2	0	1	2	0
North West Ambulance Service	0	0	0	0	1	1
5 Boroughs Partnership	0	0	0	1	0	0
Spire Healthcare	0	1	0	1	0	0
<b>Total</b>	<b>5</b>	<b>95</b>	<b>23</b>	<b>113</b>	<b>55</b>	<b>27</b>

**Figure 50 - 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	29	33	35	27	66	5	8	7	45

\*N.B. The trust performance against this target continues to improve following an increased emphasis on submission of 72 hour reports. The CCG continue to monitor this requirement and work with the providers to ensure reports are submitted on time or rationales are provided where a 72 hour report is not submitted.

The CCG continue to meet with the trust in relation to their on-going SI improvement work in response to the Contract Performance Notice that was issued in January 2019. The CCG note a reduction of the number of outstanding breached RCA's.

As part of the improvement work being undertaken, the trust is reviewing the SI process with an options paper being composed and presented to the Hospital Management Board. Additionally RCA training is being rolled out across the organisation for staff (approximately 100 staff) who will be expected to undertake investigations. This will range from Ward Managers, Matrons, Medics and Directorate and Operational Managers. A database of trained RCA staff will be maintained and utilised when assigning investigations officers to undertake an RCA.

**Figure 51 - 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	N/A	Total RCAs due	Received within 60 days	Ext granted	SI Downgraded	RCA 60+
Lancashire Care	8	2	4	6	-	8	1	6	0	1

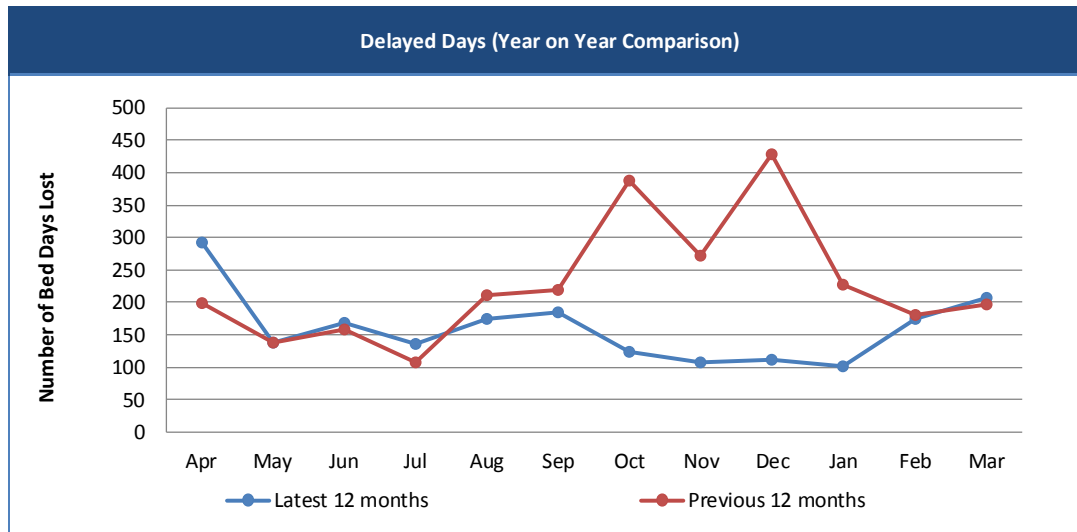
*N.B. The CCG continue to monitor this requirement and work with the providers to ensure reports are submitted on time or rationales are provided where a 72 hour report is not submitted.*

The CCG will continue to monitor the trusts overarching Pressure Ulcer Reduction Programme Action via CCQRM.

#### 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 52 – Southport & Ormskirk DTOC Monitoring**



<b>DTOC Key Stats</b>			
	<b>This month</b>	<b>Last month</b>	<b>Last year</b>
<b>Delayed Days</b>	<b>Mar-19</b>	<b>Feb-19</b>	<b>Mar-18</b>
Total	206	175	196
NHS	100.0%	100.0%	100.0%
Social Care	0.0%	0.0%	0.0%
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 (Mar-19)**

<b>SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST</b>	
Care Package in Home	8.3%
Community Equipment Adapt	10.2%
Completion Assessment	0.0%
Disputes	0.5%
Further Non-Acute NHS	3.9%
Housing	0.0%
Nursing Home	12.6%
Patient Family Choice	64.6%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%

Total delayed transfers of care (DTOC) reported in March 2019 was 206, an increase compared to March 2018 with 196.




Delays due to NHS have remained static at 100%, with those due to social care remaining at 0%. The majority of delay reasons in March 2019 were due to patient family choice, community equipment, nursing home and care package in own home.

It important to note that the definitions used to capture DTOCs are restrictive and are not considered to be an accurate reflection of the split between health and social care issues.

**4.7 Patient Experience of Unplanned Care**

**Figure 53 - Southport A&E Friends and Family Test performance**

Friends and Family Response Rates and Scores  
 Southport & Ormskirk Hospitals NHS Trust  
 Latest Month: Mar-19

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%		86%	90%		8%	7%	

Southport & Ormskirk Hospital NHS Trust continues to experience difficulties in relation to A&E response rates reporting 1.2% in March, a decline on last month and remaining significantly below the England average of 12.2%. The percentage of people who would recommend the service has fallen to 90% in March lower than the previous month (94%), but above the England average of 86%. The percentage not recommended has increased from 5% in February to 7% in March but again, better than 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 12 of financial year 2018/19, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £8.9m/27.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results a reduced overspend of approximately £8m/24.3%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £7.6m/26% against plan at month 12. Aintree Hospital are also seeing an over performance of £834k/87%, although the Acting as One block contract arrangement results in there being no financial impact of this to the CCG.

**Figure 54 - Month 12 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	1,579	2,964	1,385	88%	£958	£1,792	£834	87%	£-834	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	899	912	13	1%	£377	£356	£-21	-6%	£21	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	149	139	-10	-7%	£519	£588	£70	13%	£-70	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	291	275	-16	-5%	£417	£413	£-4	-1%	£4	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,654	1,198	-456	-28%	£858	£930	£72	8%	£-72	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	4	8	4	97%	£41	£61	£20	49%	£-20	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	4,576	5,496	920	20%	£3,170	£4,142	£971	31%	£-971	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	118	129	11	9%	£44	£63	£20	45%	£0	£20	-
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	40	40	0%	£0	£18	£18	0%	£0	£18	-
LANCASHIRE TEACHING HOSPITAL	0	198	198	0%	£0	£86	£86	0%	£0	£86	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	49	49	0%	£0	£34	£34	0%	£0	£34	-
*SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	57,834	62,888	5,054	9%	£29,343	£37,039	£7,696	26%	£0	£7,696	26%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	519	602	83	16%	£258	£273	£15	6%	£0	£15	6%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	73	52	-21	-29%	£82	£148	£66	80%	£0	£66	80%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	37	37	0%	£0	£14	£14	0%	£0	£14	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	76	76	0%	£0	£36	£36	0%	£0	£36	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	82	80	-2	-2%	£46	£74	£28	59%	£0	£28	59%
ALL REMAINING PROVIDERS TOTAL	58,626	64,151	5,525	9%	£29,774	£37,785	£8,011	27%	£4	£8,011	27%
<b>GRAND TOTAL</b>	<b>63,202</b>	<b>69,647</b>	<b>6,445</b>	<b>10%</b>	<b>£32,944</b>	<b>£41,927</b>	<b>£8,982</b>	<b>27.3%</b>	<b>£-971</b>	<b>£8,011</b>	<b>24.3%</b>

\*PbR only

## 4.8.2 Southport and Ormskirk Hospital NHS Trust

Figure 55 - Month 12 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	38,715	41,790	3,075	8%	£5,567	£6,007	£441	8%
NEL/NELSD - Non Elective/Non Elective IP Same Day	10,357	13,665	3,308	32%	£18,797	£26,117	£7,320	39%
NELNE - Non Elective Non-Emergency	1,209	1,037	-172	-14%	£2,695	£2,395	£-299	-11%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	121	34	-87	-72%	£34	£12	£-22	-65%
NELST - Non Elective Short Stay	1,093	2,221	1,128	103%	£767	£1,538	£770	100%
NELXBD - Non Elective Excess Bed Day	6,340	4,141	-2,199	-35%	£1,484	£971	£-513	-35%
<b>Grand Total</b>	<b>57,834</b>	<b>62,888</b>	<b>5,054</b>	<b>9%</b>	<b>£29,343</b>	<b>£37,039</b>	<b>£7,696</b>	<b>26%</b>

\*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.

Over performance related to emergency admissions continues to be seen within month 12 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

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disputed with the Trust due to the lack of notice given and an impact assessment of the activity and costing changes.

#### 4.9 Aintree and University Hospital NHS Foundation Trust

**Figure 56 - Month 12 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	924	1,545	621	67%	£126	£221	£95	76%
NEL - <i>Non Elective</i>	388	813	425	110%	£685	£1,303	£618	90%
NELNE - <i>Non Elective Non-Emergency</i>	22	26	4	16%	£66	£77	£11	16%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	0	38	38	0%	£0	£9	£9	0%
NELST - <i>Non Elective Short Stay</i>	49	117	68	138%	£34	£79	£45	132%
NELXBD - <i>Non Elective Excess Bed Day</i>	196	425	229	116%	£47	£102	£56	119%
<b>Grand Total</b>	<b>1,579</b>	<b>2,964</b>	<b>1,385</b>	<b>88%</b>	<b>£958</b>	<b>£1,792</b>	<b>£834</b>	<b>87%</b>

#### 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. Growth has mainly been focussed within the Non-Elective Points of Delivery.

Although over performance is evident across all unplanned care PODs at Aintree, the total over spend of £834k/87% is mainly driven by a £618k/93% 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

#### 5.1.1 Key Mental Health Performance Indicators

**Figure 57 - 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	Dec-18	Jan-19	Feb-19	Mar-19
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Cumulative Quarter				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

**Figure 58 - 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	Dec-18	Jan-19	Feb-19	Mar-19
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%	100%	No Patients	80.0%	100%
Cumulative Quarter				100%	100%	100%	100%	100%	85.7%	90.0%	N/A	80.0%	85.7%

**Figure 59 - Figure 16 EIP 2 week waits**

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
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%	66.7%	80.0%	100%	50.0%
Cumulative Quarter				80%	80%	71%	73.3%	100%	100%	77.8%	80.0%	88.9%	81.8%

#### Performance Overview/Issues

For people with a first episode of psychosis starting treatment, a performance of 50% was reported in March against the 53% target. This equated to 1 breach out of 2 patients. The breach came about due to the way that the referral was sent to the Early Intervention Team.

#### How are the issues being addressed?

The CCG is in discussion with our provider to develop a business case and associated investment to ensure that achievement of the standard is maintained along with the provision of NICE recommended packages of care.

The provider is taking step to ensure that referrals that are received by its Single Point of Access are appropriately directed to Early Intervention so as ensure compliance with the standard.

#### When is the performance expected to recover by?

Quarter 1 2019/20

## 5.2 Out of Area Placements (OAP's)

Figure 60 - 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
	Sep 18 to Nov 18	0
	Oct 18 to Dec 18	0
	Nov 18 to Jan 19	0

The government has set a national ambition to eliminate inappropriate out of area placements (OAPs) in mental health services for adults in acute inpatient care by 2020 to 2021. This definition of OAPs has been developed following significant stakeholder engagement to enable progress against the ambition to be monitored. It is aimed at providers, commissioners and users of local adult inpatient acute mental health services in England.

An out of area placement happens when a person with assessed acute mental health needs who requires adult mental health acute inpatient care, is admitted to a unit that does not form part of the usual local network of services. Patients should be treated in a location which helps them to retain the contact they want to maintain with family, carers and friends, and to feel as familiar as possible with the local environment.

Southport & Formby CCG are achieving this ambition having had 0 OAPs this financial year.

### 5.2.1 Mental Health Contract Quality Overview

#### 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 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 May 2020 onwards. Commissioners and the Trust will be working with the Trust to agree reportable KPIs and outcomes early in June 2019.

### KPI 125: Eating Disorder Service Treatment commencing within 18 weeks of referrals – Target 95%

- Southport & Formby CCG – 11.76% (2/17)

Eating Disorder Service			April	May	June	July	August	Sept	October	November	December	January	February	March
KPI_125	Eating Disorder Service. Treatment commencing within 18 weeks of referrals.	95%	85.71%	75.00%	42.86%	42.86%	60.00%		55.56%	40.00%	22.22%	30.77%	15.38%	11.76%

#### Performance Overview/Issues

Throughout 2018/19 Eating Disorder waits to commencing within 18 weeks of referral have been sub-optimal and in Month 12 the following performance was reported which has deteriorated significantly from Month 11.

#### How are the issues being addressed?

Demand for the service continues to increase and to exceed capacity. The Trust will undertake a detailed review of capacity and demand with the aim of stabilising the service. The CCGs have discussed the need for investment in the Eating Disorders Service and commissioners are meeting the Trust on 17<sup>th</sup> May 2019 to develop a business case in 2019/20 for consideration.

#### When is the performance expected to recover by?

Performance is linked to current service capacity which mitigates against significant recovery.

### KPI 19: Patients identified as at risk of falling to have a care plan in place across the trust – Target 98%

- Southport & Formby CCG – 58.33% (7/12)

Falls Management and Prevention			Quarter 1 2018/19	Quarter 2 2018/19	Quarter 3 2018/19	Quarter 4 2018/19
KPI_19	Of the patients identified as at risk of falling to have a care plan in place across the trust.	98%			91.67%	58.33%

#### Performance Overview/Issues

The Trust reported performance well below the 98% target in Q4, with the above performance reported.

#### How are the issues being addressed?

Ward staff have been emailed and reminded to ensure that all patients identifying as a falls risk have an appropriate care plan in place.

#### When is the performance expected to recover by?

The above actions will continue with an ambition to improve performance during 2019/20.

### KPI 25 (Keeping nourished) Patients with a score of 2 or more to receive an appropriate care plan – Target 100%

- Southport & Formby CCG – 75% (3/4)

Keeping Nourished			Quarter 1 2018/19	Quarter 2 2018/19	Quarter 3 2018/19	Quarter 4 2018/19
KPI_25	Patients with a score of 2 or more to receive an appropriate care plan	100%	50.00%	0.00%	50.00%	75.00%

#### Performance Overview/Issues

The Trust reported performance well below the 98% target in Q4, with the above performance reported. Transition to Rio has impacted on MUST KPI's as templates in Rio are different to Epex forms therefore ward teams needed additional support.

### How are the issues being addressed?

The indicator is number sensitive however to improve KPIs the Dietetic team and Physical Health Performance Nurse are offering a range of support and training to ward staff. MUST training will continue for staff induction.

### When is the performance expected to recover by?

Quarter 1

### KPI 147: Adults on Care Programme Approach receive a review within 12 months – Target 97%

- Southport & Formby CCG – 93.5% (187/200)

CPA			Quarter 1 2018/19	Quarter 2 2018/19	Quarter 3 2018/19	Quarter 4 2018/19
KPI_147	Adults on Care Programme Approach receive a review within 12 months.	97%	97.84%	96.77%	94.42%	93.50%

### Performance Overview/Issues

The Trust reported performance well below the 98% target in Q4, with the above performance reported.

### How are the issues being addressed?

Some recording issues have been found. The Trust will ensure these are up to date for the next quarter.

### When is the performance expected to recover by?

Quarter 1

### Mersey Care NHS RiO M12 update




As part of the implementation of the RiO system in June 2018 a plan was agreed between the Trust and CCGs; whereby some KPIs were suspended until RiO was able to provide KPI data. A plan of shadow reporting was set up, and then reporting of all KPIs was implemented and back dated information was supplied. There remain gaps for some measures which will be implemented going forward in 2019/20 KPI reporting.

## 5.3 Patient Experience of Mental Health Services

### Figure 61 - Merseycare Friends and Family Test performance

Friends and Family Response Rates and Scores  
Mersey Care NHS Foundation Trust

Latest Month: Mar-19

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%	3.2%		90%	91%		3%	2%	

The Trust has fallen below the 3.4% England average for response rates, percentage recommended has gone up from 89 to 91% in March and percentage not recommended has fallen to 2%, 1% drop from February.

## 5.4 Improving Access to Psychological Therapies

Figure 62 - Monthly Provider Summary including National KPIs (Recovery and Prevalence)

Southport & Formby IAPT KPIs Summary		1.48%	1.48%	1.48%	1.48%	1.48%	1.48%	1.48%	1.48%	1.48%	1.48%	1.48%	1.48%	1.48%
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	208	207	238	268	165	240	196	207	2,530
	2018/19	218	220	197	225	184	186	247	204	130	217	212	243	2,483
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%	0.68%	1.14%	1.11%	1.27%	13.0%
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%	45.9%	45.5%	53.4%	60.0%	62.1%	55.1%	59.8%	60.7%	56.2%	54.1%
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%	100%	100.0%	100.0%	96.0%	99.1%
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%	100.0%	100.0%	100.0%	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	162	100	118	112	147	80	101	87	73	1,450
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	7	2	4	3		46
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	43	58	51	41	759
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%	85.1%	86.1%	76.6%	81.7%	86.7%	88.0%

### Performance Overview/Issues

Cheshire & Wirral Partnership NHS FT reported 243 Southport & Formby patients entering treatment in Month 12. This is an increase compared to previous month when 212 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 4 at 4.75% which equates to approximately 1.59% per month. The access rate for Month 12 was 1.27% and therefore failed to achieve the standard. The year-end Access rate was 13.0%. Accommodation has limited availability.

The percentage of people moved to recovery decreased slightly with 56.2% compared to 60.7% in the previous month. This satisfies the monthly target of 50% for the seventh consecutive month. The year-end Recovery rate was 54.2% and the target was achieved for the year which is an improvement on last years' performance.

### 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. In addition IAPT services aimed at diabetes and cardiac groups are planned with IAPT well-being assessments will be delivered as part of the routine standard pathway for these conditions. In addition those GP practices that have the largest number of elderly patients are being engaged with the aim of providing IAPT services to this cohort. Additional High Intensity Training staff are in training (with investment agreed by the CCG) and they will contribute to access rates whilst they are in training prior to qualifying in October 2019 when they will be able to offer more sessions within the service. Three staff returning from maternity leave and long term sickness will have a positive impact on the service capacity.

Accommodation in Gordon House in Southport now allows the provision of evening groups to be run and a full schedule is now in place.

Three staff returning from maternity leave and long term sickness will also have a positive impact on the service capacity.

### When is the performance expected to recover by?

The above actions will continue with an ambition to improve performance during 2019/20.

### Who is responsible for this indicator?

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

## 5.5 Dementia

Figure 63 - Dementia casefinding

NHS Southport & Formby CCG

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
People Diagnosed with Dementia (Age 65+)	1540	1528	1537	1543	1534	1539	1532	1535	1540	1687	1691	1693
Estimated Prevalence (Age 65+)	2177.9	2181.3	2187.2	2190	2198.9	2200.6	2202.4	2202.7	2206.8	2208.8	2211.8	2220.8
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%	69.8%	76.4%	76.5%	76.2%
Target	66.7%	66.7%	66.7%	66.7%	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 64 - 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	348	150	124	150	128	151		450	600
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%	18.5%	8.0%	6.6%	8.0%	6.8%	8.0%		24.0%	32.0%

**Performance Overview/Issues**

The CCG has now received data from a third sector organisation Venus. This Provider has not yet submitted data to the MHSDS although this is a work in progress. These additional figures have been included in the table above thus increasing the CYP Access performance and creating variation on historical data.

Quarter 3 performance shows the CCG not achieving the 8% target, with 128 patients receiving treatment compared to a plan of 150, against 1,877 patients with a mental health condition; a performance of just 6.8%. Despite this performance the year to date access rate is already meeting the 32% target with another quarter to go in the year.

**How are the issues being addressed?**

VENUS has been submitting data directly to the CCG which in turn will be uploaded to MHSDS via the national SDCS collection process. The CCG has supported VENUS in obtaining and implementing a new clinical system which supports the delivery of the services they are commissioned to deliver. This system will enable the organisation to flow data to MHSDS for 19/20 as well as providing additional functionality to support quality improvements and outcome measurement.

**When is the performance expected to recover by?**

The predicted access rate for 18/19 is circa 38%, which exceeds the national target of 32%.

**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Hilal Mulla	Peter Wong

**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 65 - 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	23	3	21
Number of CYP with a suspected ED (routine cases) that start treatment	2	22	2	25	5	27	3	25
%	100.00%	81.82%	100.00%	84.00%	100.00%	85.19%	100.00%	84.00%

**Performance Overview/Issues**

In quarter 4, 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 66 - 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	2	2
Number of CYP with a suspected ED (urgent cases) that start treatment	1	2	1	3	2	3	2	4
%	100.00%	50.00%	100.00%	66.67%	100.00%	66.67%	100.00%	50.00%

In quarter 4, the CCG had 4 patients under the urgent referral category, 2 of which met the target bringing the total performance to 50% against the 100% target. The 2 patients who breached waited between 1 and 4 weeks.

Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area. Service works with small numbers and a single case can cause the KPI to be breached, this is understood nationally.

**How are the issues being addressed?**

Work is being under taken by the Provider to reduce DNAs.

Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. AHCH submitted business case for extra capacity which will be considered by SMT in June.

**When is the performance expected to recover by?**

Improvement is dependent upon extra capacity being considered and agreed by the CCG in June.

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Hilal Mulla	Peter Wong

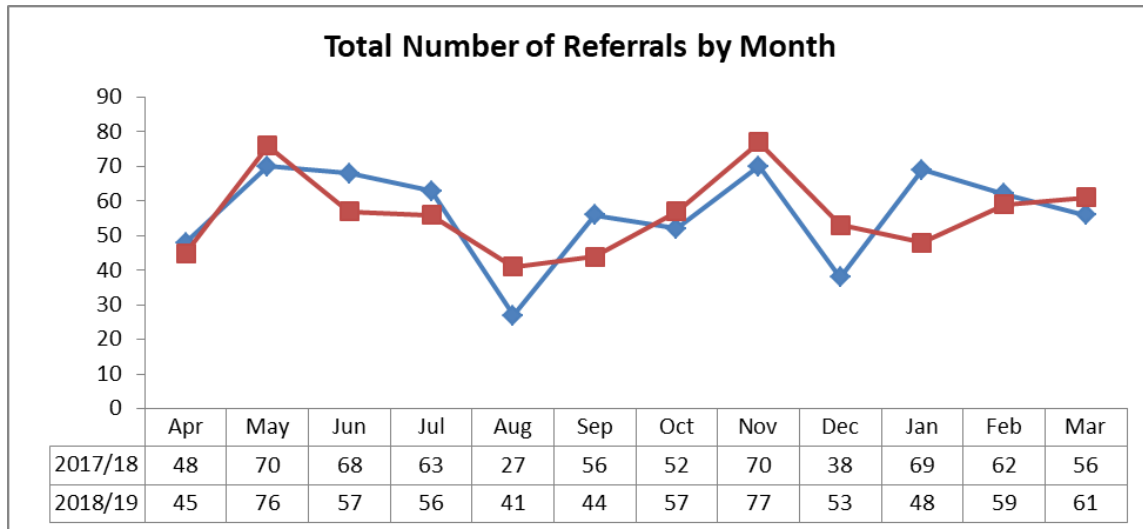
**5.8 Child and Adolescent Mental Health Services (CAMHS)**

The following analysis derives from local data received on a quarterly basis from Alder Hey. The data source is cumulative and the time period is to Quarter 4 2018/19. The date period is based on the date of Referral so focuses on referrals made to the service during January to March 2018/19. Data includes both South Sefton CCG and Southport and Formby CCGs.

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 67 – CAMHS Referrals**



Throughout quarter 4 2018/19 there were a total of 168 referrals made to CAMHS from Southport and Formby CCG patients. There has been a slight upward trend from January onwards.

The remaining tables within this section will focus on only those 40 Referrals that have been accepted and allocated.

**Figure 68 – CAMHS Waiting Times Referral to Assessment**

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	15	37.5%
2-4 Weeks	16	40.0%
4- 6 Weeks	4	10.0%
6-8 weeks	1	2.5%
8-10 Weeks	2	5.0%
Over 10 Weeks	2	5.0%
<b>Total</b>	<b>40</b>	<b>100%</b>

Of those Referrals during January to March 2018/19 that have been allocated and an assessment taken place, 37.5% (15) waited between 0 and 2 weeks for the assessment. 95% of allocated referrals waited 10 weeks or less from point of referral to an assessment being made.

Of the two referrals that waited over 10 weeks from referral to intervention, 1 waited 87 days (12.4 weeks) and the other waited 90 days (12.8 weeks) which was the maximum wait in the given time period.

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 69 – CAMHS Waiting Times Referral to Intervention**

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	6	15.0%	30.0%
2-4 Weeks	6	15.0%	30.0%
4- 6 Weeks	3	7.5%	15.0%
6-8 weeks	4	10.0%	20.0%
8- 10 weeks	0	0.0%	0.0%
10-12 Weeks	1	2.5%	5.0%
(blank)	20	50.0%	
<b>Total</b>	<b>40</b>	<b>100%</b>	

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.

50.0% (20) of all allocated referrals did not have a date of intervention. Of these, 5 have already been discharged without having had an intervention so are therefore not waiting for said intervention.

The assumption can be made that of the remaining 15 referrals where an assessment has taken place and no date of intervention reported, these are waiting for their intervention. Of the 15 waiting for an intervention, 5 were referred to the service within the month of March 2019 so have been waiting a maximum of four weeks from their referral date to their first intervention.

If these 20 referrals were discounted, that would mean 60.0% (12) of referrals waited 4 weeks or less from referral to intervention. All of referrals where an intervention took place had their first intervention within 12 weeks. This is an improved performance to the previous quarter when 4 referrals waited over 12 weeks from referral to intervention.

**Performance Overview/Issues**

Specialist CAMHS has had long waits up to 20 weeks.

**How are the issues being addressed?**

NHSE non-recurrent funding secured and waits are reducing. CCG has jointly commissioned online counselling for 19/20 which will increase accessible support for those with needs but don't meet CAMHS threshold, reducing necessity to refer to CAMHS. AHCH submitted business case for extending crisis and out of hours support. Additional activity targeted at South Sefton to be brought online in 19/20 releasing capacity across the whole service.

**When is the performance expected to recover by?**

Impact of NHSE funding will be seen in the first quarter of 19/20 and the impact of online counselling and additional South Sefton activity will be seen in quarters 2 and 3 of 19/20.

**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Vicky Killen	Peter Wong

## 5.9 Learning Disability Health Checks

**Figure 70 – Learning Disability Health Checks**

2018/19			
CCG Name	Total Registered	Total Checked	Total % Checked
<b>Plan</b>	<b>754</b>	<b>118</b>	<b>15.6%</b>
Q1	98	64	65.3%
Q2	76	43	56.6%
Q3	119	83	69.7%

### Performance Overview/Issues

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 in 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 3 the total performance for the CCG was 69.7%, above the planned 15.6%. However just 119 are registered compared to the plan of 754, with just 83 being checked against a plan of 118.

### How are the issues being addressed?

The CCG Primary Care Leads are working with the Council to identify the cohort of patients with Learning Disabilities who are identified on the GP registers as part of the DES (Direct Enhanced Service). The CCG has also identified additional clinical leadership time to support the DES, along with looking at an initiative to work with People First (an advocacy organisation for people with learning disabilities) to raise the importance of people accessing their annual health check.

### When is performance expected to recover?

Quarter 2 2019/20

**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Hilal Mulla	Geraldine O'Carroll

## 5.10 Improving Physical Health for people with Severe Mental Illness (SMI)

As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention.

To support this objective CCG's are to offer NICE-recommended screening and access to physical care interventions to cover 60% of the population with SMI on the GP register in 2018/19. This is to be delivered across primary and secondary care, which will be monitored separately due to different data collection methods. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.

**Figure 71 – SMI Health Checks in Primary Care Setting**

Data Period	The number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission'	Number of Patients who had all six elements of the Physical Health Checks	% of Patients who had all six elements of the Physical Health Checks
Q2 2018/19	1,480	217	14.7%
Q3 2018/19	1,416	265	18.7%
Q4 2018/19	1,418	364	25.7%

### Performance Overview/Issues

The most recent data period is January to March 2018/19. In the 12 month period to the end of quarter 4 2018/19, 25.7% of the number of people on the GP SMI register in Southport and Formby CCG received a comprehensive health check. Despite not yet achieving the 50% ambition this is an improvement from the previous quarter (18.7%).

### How are the issues being addressed?

A Local Quality Contract (LQC) scheme for primary care to undertake SMI health checks has been developed and agreed by Sefton Local Medical Committee (LMC). EMIS screens to enable data capture are being validated on 3<sup>rd</sup> June 2019.

### When is performance expected to recover?

Performance should improve from Quarter 2 2019/20 onwards.

### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Hilal Mulla	Gordon Jones

## 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 has begun to impact on activity levels for Therapies, CERT, Community Matrons and Chronic Care. Activity has shifted out of these services and into an 'ICRAS/Frailty' pathway. Discussions are being had around revising the activity baselines and potentially building new reports for the new ICRAS and Frailty pathways.

#### 6.1.2 Quality

The CCG Quality Team and Lancashire Care NHS Foundation Trust (LCFT) are in the process of discussing possible new indicators for inclusion in 2019/20 quality schedule. 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.

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. The CCG has commissioned an external review of the current provision.

#### 6.1.3 Waiting Times

**Figure 72 – Outpatient Clinic Waiting Lists (RTT Applicable)**

Service	0-6 weeks	7-12 weeks	13-18 weeks	19-24 weeks	Grand Total	Comments
Adult Therapies - Neurology	37	7			44	
Adult Therapies - Non Neuro	39	17			56	
Adult Therapies - SALT	11	11	4	1	27	Patient has now been seen.
Adult Therapies - Vestibular	11	6	1		18	
Dietetics	138	37	2	1	178	Patient choice. Patient has now been seen.
Falls Service	92	2			94	
Pain Management			1		1	Data cleansing undertaken with regard to the existing caseload. Training for staff and RTT arranged to assist data quality
Podiatry	382	314	170	44	910	x38 Future appt made, x6 Patient Choice rebooked. All patients on the current waiting list have been issued with an appointment before the end of May.
<b>Grand Total</b>	<b>710</b>	<b>394</b>	<b>178</b>	<b>46</b>	<b>1328</b>	

The information above shows Southport & Formby CCG patients who are waiting on an incomplete pathway for RTT applicable services. All patients waiting between 19-24 weeks have either now been seen or have an appointment booked.

**Figure 73 – Outpatient Clinic Waiting Lists (Non RTT)**

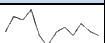
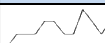

Service	0-6 weeks	7-12 weeks	13-18 weeks	19-24 weeks	25+ weeks	Grand Total	Comments
Community Matrons Total						0	
Continence Total	110	37	3			150	
Diabetes Total	37	7				44	
ICRAS/Frailty	22	2	1	1		26	Patient for continuing healthcare
Psychology Total	2	1			1	4	Data Quality and has now been amended.
Stoma Total	9	2				11	
Treatment Room	51	3	1		3	58	x 3 Data Quality
Grand Total	231	52	5	1	4	293	

The information above shows Southport & Formby CCG patients who are waiting on an incomplete pathway for non RTT services. The Trust has stated that the 4 patients waiting at 25+ weeks were data quality issues. The Trust has informed the CCG at monthly information sub group meetings that regular validation of waiting lists continues.

## 6.2 Patient Experience of Community Services

**Figure 74 - Lancashire Care Friends and Family Test Performance**

Latest Month: Mar-19

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%	0.6%		94%	99%		2%	1%	

Lancashire Care is reporting a response rate of 0.6% in March against an England average of 3.3%.

## 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.

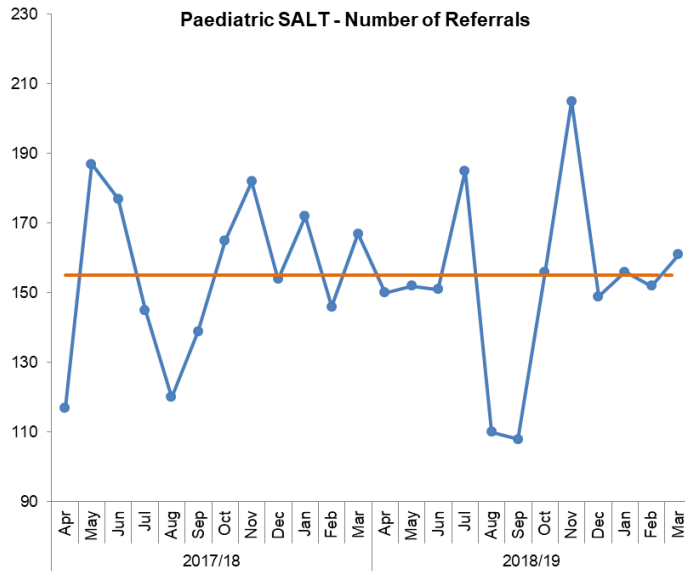
## 6.4 Alder Hey Community Services

### 6.4.1 Services

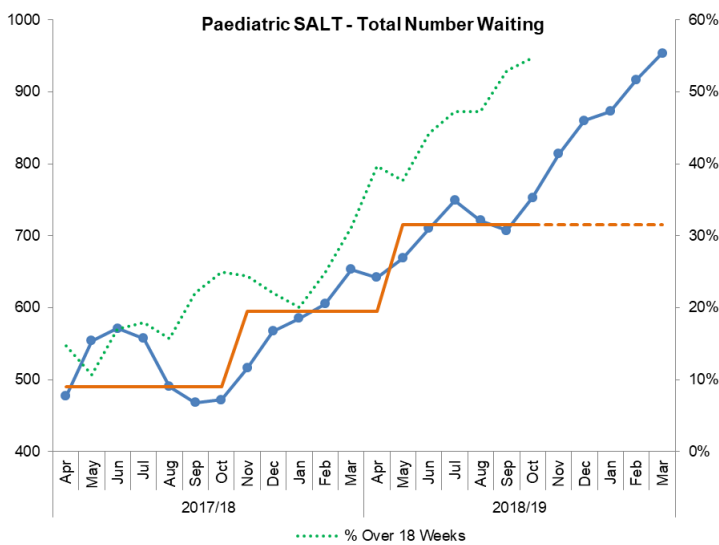
An initial meeting has been held with Alder Hey, Liverpool CCG and South Sefton CCG regarding current reporting and gaps in information. This specific group is to develop a plan for 2019/20 to create a robust reporting framework which provides assurance for both community and mental health provision for Children's services. Please see Appendix A for further details Paediatric activity and performance information.

## 6.4.2 Waiting Times

**Figure 75 – Numbers of Referrals for Paediatric SALT**



**Figure 76 – Total Numbers Waiting for Paediatric SALT**



### Performance Issues/Overview

The following issues arose in March 2019. This information is currently Sefton wide and a request has been made to the Trust for a breakdown by CCG.

Paediatric SALT: In March the Trust reported a 92<sup>nd</sup> percentile of 45 weeks for Sefton patients waiting on an incomplete pathway. The longest waiting patient was two patients waiting at 54

**weeks.** Performance has steadily declined over the past two financial years, with referrals remaining static.

**How are the issues being addressed?**

The issue of Sefton long waiters for SALT has been previously raised and discussed at a number of contract review meetings. Alder Hey submitted a recovery plan and options appraisal to the CCG for review. Additional funding of £50k has been provided by the Sefton CCGs as part of additional Neuro development investment. Recruitment has now taken place and the CCGs have asked to see the impact of this on reducing waiting times.

### 6.4.3 Patient DNA's and Cancellations

**Figure 77 – Outpatient Clinic DNA Rates: Paediatric Dietetics**

	12/13 Total	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Total
Appointments	331	327	532	429	647	528	91	68	59	63	0	53	61	64	43	45	55	96	668
DNA	73	66	53	41	147	68	13	8	7	11	0	15	5	21	5	5	8	20	116
DNA Rate	18.1%	16.8%	9.1%	8.7%	18.5%	11.4%	12.5%	10.5%	10.8%	14.9%	0.0%	22.1%	7.6%	24.7%	10.4%	10.0%	9.8%	17.2%	14.3%

**Performance Issues/Overview**

The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In March 2019 this increased further with a rate of 17.2%.

**How are the issues being addressed?**

The CCG has invested in extra capacity into the service. The CCG is working with AHCH to understand the nature of the DNAs for this service. AHCH has implemented a text appointment reminder system. The CCG will also raise this at the next contract review meeting in June 2019.

### 6.5 Percentage of children waiting less than 18 weeks for a wheelchair

**Figure 78 - 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	8	10	12
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	14	10	14
%	100.00%	100.00%	100.00%	40.00%	100.00%	57.14%	100.00%	85.71%

**Performance Overview/Issues**

Lancashire Care has reported 12 patients out of 14 receiving equipment within 18 weeks for quarter 4, a performance of 85.71%. This is an improvement on Q3 and local data shows the Trust is now achieving the 100% target in March 2019.

**How are the issues being addressed?**

Trust Actions

- The role of band 3 rehabilitation assistant is due to go out for advert and is a new role to increase capacity
- Administrator now monitoring weekly activity and reporting to service manager and deputy head of operations



- Subcontracts are being reviewed with Ross Care to ensure assurance around delivery of equipment timescales.
- Service reviewing SOP to include more robust timescales and escalation.
- Task and finish group meets weekly to monitor activity and long waits. Deputy Head of operations now supporting service by attendance at the meeting.

## 7. Third Sector Contracts

### Introduction

We commission a range of services from local voluntary, community and faith (VCF) organisations towards improving wellbeing and addressing health inequalities in Sefton. This supports our priority work in Shaping Sefton, our annual operational plan, 'Highway to Health', as well as the Joint Strategic Needs Assessment and Health and Wellbeing Strategy that we work on together with the council.

Below are some of the highlights and outcomes achieved by these VCF groups in 2018-2019 to improve the health and wellbeing of all our residents.

### Age Concern – Liverpool & Sefton

The befriending and reablement service promotes older people's social independence via positive health, support and wellbeing to prevent social isolation. Work has taken place with GP practices to support older patients experiencing bereavement, loneliness and benefit issues.

### Alzheimer's Society

The society continued to deliver dementia support sessions in GP practices during 2018-19. Pre-arranged sessions are booked and delivered on the basis of need in particular GP practices. The service also provides a Side-by-Side service, which has successfully matched a number of service users with volunteers enjoying a range of activities including dancing, theatre trips, coffee shop trips, shopping and walking. Dementia peer support groups during this year included Singing for the Brain, Active & Involved, reading sessions and memory cafes across the borough. Alzheimer's Society also showcased a memory garden at the Southport Flower Show, over 750 people stopped to have a chat, pick up a leaflet or ask for advice or support.

### Citizens Advice Sefton

This service offers various forms of advice to in-patients at Clock View Hospital in Walton. During 2018-19 the majority of support required related to benefits payments (including Universal Credit applications), housing, mobility debt, health and community care, housing, legal, relationships and family, travel and transport issues.

### Crosby Housing and Reablement Team (CHART)

During 2018-19 the service accommodated approximately 150 service users and supported a further 120 people to stay in their current place of residence. The service helped around 40 people avoid admission to hospital and enabled around 80 patients to be discharged. In addition to this, the service prevented around 60 people from becoming homeless.

### Expect Limited

Expect Limited provides an environment where service users can participate in formal and informal centre based and wider community activities. These activities include helping service users in regaining skills lost due to illness, developing new skills and knowledge, improving social inclusion, gaining independence, having access to more choice and increasing fitness, improving health and safety, financial stability and enjoyment. A variety of structured activities were delivered during

2018-19 including drama, music, comedy workshops, weekly cooking activities, summer parties and groups such as Let's Talk Mental Health, together with outreach support.

### **Imagine independence**

This service supports individuals with mental disorder living in the community. It promotes independence and recovery, providing support to maintain health and wellbeing, reducing admissions to residential, nursing care and in-patient settings. During 2018-19 Imagine Independence assisted service users with completing personal profiles and search for paid employment. A number of service users attended job interviews. Around 100 people managed to secure paid work for over 16 hours per week and around 30 managed to secure paid work for less than 16 hours per week. The service supported people in retaining their current employment and liaised with employers on their behalf.

### **Netherton Feelgood Factory**

This 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). Three paid staff were employed together with a small number of volunteers. Examples of work carried out during 2018-19 include issues relating to domestic violence, family issues, unemployment due to mental health related issues, anxiety and depression.

### **Parenting 2000**

The service provides counselling and support to vulnerable children, young people and families most in need – where deprivation, poverty and emotional wellbeing dramatically affect everyday family life promoting and embedding parenting skills, providing a place where all parents, carers, young people and children can access information, advice and support enabling people to meet the diverse challenges that life presents.

### **Sefton Advocacy**

During 2018-19 the service has provided advocacy for a large number of people across the Sefton footprint ranging from housing, benefits, grants, care home advice, safeguarding and wellbeing. During this year, Sefton Advocacy has helped the CCGs to develop an independent service funding model; this involved supporting individuals to identifying their most suitable support agency. The service is also supporting IAPT services across the borough. This enables service users to access advice about to benefit applications and suitable housing.

### **Sefton Carers Centre**

The service provides specialist advocacy, peer support, advice and guidance. This includes advocacy for parent carers to pursue rights to services and to meet needs due to barriers, especially for children with emotional or behavioural issues. The centre has reported an increase in tribunal cases during this year whilst Universal Credit advice and support has been a key issue for those presenting to the service. A number of volunteers have been recruited to the (non-personal care) sitting service, enabling carers to take a short break. Physical and emotional health and wellbeing has also been provided through counselling and holistic therapies (91% of therapy users reporting this had a marked or significant positive impact on them). The service has also been key in working with the CCGs to develop Personal Health Budgets.

### **Sefton Council for Voluntary Service**

*BME community support worker* – this role links with communities in accessing a range of services that impact on health and wellbeing. This helps to improve access and uptake of services including appropriate mental health services such as IAPT. Help is given to service users to access primary care and supporting asylum seekers and refugees with mental health and physical health conditions. The majority of enquiries during 2018-19 were around mental health, legal issues, safeguarding, benefits, finance, debt and general health.

*Children, Young People and Families Lead (Every Child Matters)* - provided representation on various working groups and partnerships enabling participation of voluntary, community and faith (VCF) sector organisations in decision making, helping identify gaps and needs (including under-represented groups) and developing training opportunities. During 2018-19 the service facilitated a number of network and forum meetings. As part of a restructure, the Children, Young People & Families Lead now has responsibility for more focussed management of VCF capacity building, volunteer co-ordination and collaborative working with both Sefton Council and both CCGs in Sefton.

*Health and Wellbeing Trainers* - develop pro-active care programmes to encourage better self-care and behavioural change, to relieve anxiety, prevent unnecessary hospital admissions and signpost to other health and social care services.

### **Sefton Women's And Children's Aid (SWACA)**

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse. This includes advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support, plus multi-agency training and VCF partnership working. The service has seen an increased demand identified during 2018-19. Referrals came from various sources. The top three referrers to the service were from the police (41%), self-referrals (19%) and safeguarding children (15%). Other referral sources included adult social care, children's centres, family and friends, housing and VCF organisations.

*"[Sefton Women's & Children's Aid] service has been invaluable to us and we are truly thankful for your advice, patience and listening ear."*

### **Stroke Association**

The association provides information, advice and support for patients and their families post stroke and is delivered within 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 this year, it was reported that a significant number of service users accessing the service were under the age of 50 and a number of these patients were assisted in going back to work. Other areas of support included welfare benefits, available financial and emotional support and help for young families. 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.

*"H is a 67 year old stroke survivor with balance difficulties, memory problems, right-sided weakness and mobility issues. Prior to the stroke he was independent, with an active social life, living in Spain with his wife. H was anxious about having another stroke. Lacking confidence he felt isolated and had concerns around accommodation, finance and benefits. To address these, the Stroke Association completed several home visits; provided information about stroke, associated balance problems, medication and fatigue. A successful application for Independence at Home grant to purchase a bed was made. H was supported in completing a housing benefits application form, helped to find suitable accommodation and referred to Citizens Advice Bureau for housing assistance. He was also signposted to peer support to reduce isolation, and referred to the physiotherapist for his balance difficulties."*

### **Swan Women's Centre**

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. The centre also provides an outreach service, 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. The emotional wellbeing support group offers support to women, via a qualified counsellor with experience of group therapy.

*“Mrs H had been struggling with depression for as long as she could remember and had taken medication for most of her life. It was the milestone of her 80th birthday that had made her decide that she wanted to make changes. Her GP suggested that she come to talk to someone at the Swan Centre. Following the session, she said:  
“It was so refreshing to finally be listened to. I have spent most of my life feeling like people just assumed that I had nothing worth saying.”*

## 8. Primary Care

### 8.1 Extended Access (evening and weekends) at GP services

**Figure 79 - 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%

A CCG working group 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 went live from 1<sup>st</sup> October 2018 and all GP practices are now offering 7 day access to all registered patients. Therefore the CCG is 100% compliant.

### 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. St Marks Medical Centre was inspected on 24<sup>th</sup> April achieving an overall rating of ‘Good’. All the results are listed below.

**Figure 80 – 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	24 April 2019	Good	Good	Good	Good	Good	Good
N84617	Kew Surgery	11 December 2017	Good	Good	Good	Good	Good	Good
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)	11 March 2019	Good	Good	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

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

## 9. Better Care Fund

A quarter 4 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in May 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided of progress to date.

A summary of the Q4 BCF performance is as follows:

**Figure 81 – BCF Metric Performance**

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements
NEA	Reduction in non-elective admissions	Not on track to meet target	NHS England set an expectation nationally for growth within Non-Elective admissions, specifically of note is the requirement to increase zero length of stay activity by 5.6% and any admission with a longer length of stay by 0.9%. Despite these growth asks, the CCGs in the Sefton HWBB area have planned for 18/19 growth as follows: South Sefton CCG: 5.12% 0 day LOS, 0.82% 1+ day LOS. Southport & Formby CCG: 1.4% 0 day LOS, 0.4% 1 day LOS. Indicative Q3 YTD data shows a slight increase for the Sefton HWBB NEA position from 25% in Q2 to 27% in Q3 with 34,677 NEA compared to a plan of 27,310. However, this is measured against BCF original 18/19 plans that were submitted back in 2017, not the latest CCG Ops Plan submissions for 18/19 which were made Apr 18.	There is a continued focus from our ICRAS services around both the S&O and Aintree systems to provide community interventions that support admission avoidance with activity monitored through A&E Delivery Board. SW posts have now also been implemented within localities as part of our place based developments to support early interventions that may avert emergency admission.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Sefton's aging in ill health demographics continue to place significant additional demand on social care services for older people. Work continues to provide a home first culture and maintain people at home where possible. This is a key aspect of our Newton Decision Making action plan in regard to hospital discharge. Reablement, rehabilitation and ICRAS services all help to support our care closer to home strategy.	Implementation of enabling beds within Chase Heys and James Dixon care homes is an example of model of care designed to increase independence and avoid permanent placements.
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	Review of reablement service ongoing but recruitment of workforce continues to be a challenge. Recruitment events underway to strengthen workforce. Plans to develop reablement 'offer' available to community cases - such as people in crisis and/or who are at risk of Hospital admission.	Agreement to conduct a Pilot Scheme around rapid response - meeting held with Providers, CCG and Lancashire Care to discuss approach and next steps.
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	Following Newton Europe Review of delayed transfers of care across system we have reviewed recommendations of report with action plans developed for the three key areas.	At an operational and strategic level there has been enhanced partnership working around the S&O and Aintree systems to address delayed transfers of care. There are weekly calls between partners, MDT flying squads to target patient areas, increased focus on 7 and 21 day + LOS and actions to progress discharge.

**Figure 82 – BCF High Impact Change Model Assessment**

						Narrative	
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Established		This Chg is in already established for SFCCG area and work continues to progress to move to maturity though implementation of MADE recommendations. Aim to move to one system for S&O across into W.Lancs. For SSCCG area this has been implemented through the ICRAS programme and the discharge lanes/SAFER system within Aintree.
Chg 2	Systems to monitor patient flow	Plans in place	Plans in place	Plans in place	Established		Currently established in Southport and Formby in S&O and system working well to monitor capacity and demand. In Aintree there has been a re-focus in Q4 on use of the Medworxx system in conjunction with the SAFER and discharge lanes approach. Band 4 discharge posts have been introduced attached to wards to support patient flow but also provide additional support to data capture. Ongoing work will aim to develop a mature system with peer support from the Royal Liverpool who also use Medworxx as part of planned merger work.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Plans in place	Plans in place	Established	Mature	Assessment of mature is based on robust implementation of the ICRAS model (Integrated Community Reablement & Assessment Services) within Sefton but also across North Mersey. It is an example of collaboration designed to introduce consistency in approach and pathways across a larger geographical footprint. Further evidenced by linking our ongoing MDT development work to Newton Europe findings to improve Sefton service provision. Again work carried out locally but in conjunction with similar work underway across North Mersey. Shared learning and peer support has been an important part of our development.	Significant progress has been made in regard to multi-disciplinary / multi-agency discharge teams across Sefton. Our ICRAS model (Integrated Community Reablement & Assessment Services) has been key in facilitating joint working arrangements between health and social care and third sector partners with robust pathways in place to support step down from hospital and admission avoidance/step up if required from community. Areas developed in Q4 include our reablement bed based service pathway (Chase Heys & James Dixon Court) developed through collaborative working of all partners. The MDT approach has also been the focus of collaboration with primary care. Examples of this include the pilot work for Integrated Care Communities which is being implemented. During the last quarter activity in the South of the borough has included the identification of resource to support the work this includes two dedicated Primary Care Link Workers who will work across four health localities. This pilot work is being scoped further in terms of monitoring.
Chg 4	Home first/discharge to assess	Established	Plans in place	Plans in place	Established		In Q4 we have achieved our plan to develop short stay enablement beds with model of care and pathway now in place. Work involved inputs from partners across acute, community and primary care (Chase Heys and James Dixon Court pathways referenced in Change 3). The newly introduced enablement bed provision complements our Home First service and our intermediate care beds and has helped to widen the range of support that we can provide for our Sefton population.

		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Milestones met during the quarter / Observed impact
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Established		Nurse led discharge and ICRAS services in place at the weekends to support patient flow. Review ongoing of impact alongside social work activity at weekend to move to more mature assessment.
Chg 6	Trusted assessors	Plans in place	Plans in place	Plans in place	Established		Model has been developed within S&O area in past year. For the Aintree catchment a 12 month pilot is being implemented through Mersey Care community trust with consistent approach being utilised which is in place in Knowsley and Liverpool. Domiciliary Care Trusted assessor established across
Chg 7	Focus on choice	Not yet established	Plans in place	Plans in place	Established		The Choice Policy has been revisited with partners across North Mersey to ensure a consistent approach. In place within S&O and Aintree. The Newton Europe work will focus on strengthening and again ensuring consistency in processes e.g. best interest, capacity assessments. Process is established with opportunity to progress to mature over 19/20 as it is utilised and used positively to support patient flow and decision making.
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Established		Many key components in place such as Care Home Matrons, Acute Visiting Service (South Sefton) Red Bag scheme and work planned to move to mature such as on falls, pro-active management and therapy strategy. Focus for the Provider Alliance and further strategic development across the system. This work will continue to be progressed in 19/20.

## 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 12 performance and narrative detailed in the table below.



**Figure 83 – Southport & Formby CCG’s Month 12 Submission to NHS England**

March Month 12 2019	Month 12 Plan	Month 12 Actual	Month 12 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
<b>Referrals (MAR)</b>				
GP	2,808	2,607	-7.2%	An increase in GP referrals occurred in month 12 as expected due to seasonal trends with the majority of this increase attributed to referrals to the main hospital provider. However, GP referrals in month were below plan and are also slightly below plan year to date at month 12. Other referrals remain high against the plan. 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. Discussions regarding referrals are raised at the information sub group with the provider.
Other	2,445	2,525	3.3%	
<b>Total (in month)</b>	<b>5,253</b>	<b>5,132</b>	<b>-2.3%</b>	
Variance against Plan YTD	56,057	58,004	3.5%	
Year on Year YTD Growth			6.0%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	3,421	3,796	11.0%	An issue has been identified with month 12 outpatient data whereby Alder Hey Hospital data was unavailable. As such a monthly average for this provider was applied to month 12 reporting. Variances against plan year to date are showing total outpatients (first attendances and follow ups) are within the 2% tolerance against planned levels. Local monitoring has established that first and follow up appointments have increased in month 12 from the previous month, which is against plan but activity was within the statistical norm for 1819. Applying a working days calculation also suggests that fewer OPFA were reported per day in month 12 to the previous month with slightly higher OPFUPs reported. CCG planned care leads attend contract review meetings with the lead hospital provider to discuss elements of activity and performance.
Follow Up	7,406	8,947	20.8%	
<b>Total Outpatient attendances (in month)</b>	<b>10,827</b>	<b>12,743</b>	<b>17.7%</b>	
Variance against Plan YTD	143,037	145,083	1.4%	
Year on Year YTD Growth			4.2%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells	1,515	1,584	4.6%	The baseline for total electives has remained flat and day cases continue to follow a similar trend to 1718 activity trends but with higher numbers reported each month as a result of activity at the main hospital provider. Activity in month 12 was within the 2% threshold and the year to date position is only slightly outside of this. The CCG has also seen an increase in day cases at Aintree Hospital in recent months with increased scopes being performed. CCG planned care leads attend contract review meetings with the lead hospital provider to discuss elements of activity and performance.
Elective Ordinary spells	263	227	-13.7%	
<b>Total Elective spells (in month)</b>	<b>1,778</b>	<b>1,811</b>	<b>1.9%</b>	
Variance against Plan YTD	19,840	20,293	2.3%	
Year on Year YTD Growth			3.3%	
<b>Urgent &amp; Emergency Care</b>				
Type 1	3,819	3,964	3.8%	Local A&E monitoring has shown that the CCGs A&E activity has increased to the highest levels of the last three years in month 10 and month 12. In between this, attendances decreased in month 11 to the lowest monthly total since Apr-18. Year to date levels remain high and following the increase in month 12, 4hr performance at the main hospital provider decreased to 86.7%, which is the third month to see performance below 90% (there had previously been five consecutive months of performance exceeding 90%). CCG urgent care leads and the main hospital provider continue to work together to understand and the increase in attendances and address issues with patient flow in the department. UC leads are sighted on remedial actions implemented to improve flow.
Year on Year YTD			11.1%	
<b>All types (in month)</b>	<b>4,260</b>	<b>4,514</b>	<b>6.0%</b>	
Variance against Plan YTD	47,973	52,466	9.4%	
Year on Year YTD Growth			11.5%	
<b>Total Non Elective spells (in month)</b>	<b>1,244</b>	<b>1,752</b>	<b>40.8%</b>	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 the details of the pathway. CDU activity is averaging in excess of 500 admissions a month since May-18. Excluding this newly included CDU activity, the CCG would be more aligned to planned levels YTD.
Variance against Plan YTD	14,577	19,571	34.3%	
Year on Year YTD Growth			37.7%	

## 12. Appendices

### a. Paediatric Activity & Performance Information

#### 12.1 Alder Hey Community Services Contract Statement

CCG	Service	Measure	Prev Yr Outturn	Plan	FOY	Variance (%)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Southport & Formby CCG	Paediatric Continence	CaseLoad at Month End	193	193	212	9.84	236	212	210	203	203	205	230	235	238	236	235	222
		Total Contacts (Domiciliary)	1100	1100	1598	44.19	125	130	84	89	120	214	240	149	100	121	92	118
		Total New Referrals	142	140	132	-7.04	11	10	7	9	9	31	16	11	8	17	7	
	Paediatric Dietetics	CaseLoad at Month End	70	70	90	28.57	92	80	76	84	94	81	94	90	96	100	92	111
		Referrals to 1st Contact (vehicle Ave)	11.8	11.8	8.5	-28.79	9.3	8.1	8.3	6.3	9.7	7.3	5.9	11.1	10.3	7.9	7.6	
		Total Contacts (Domiciliary)	809	387	540	32.03	78	44	49	0	36	47	38	46	46	44	83	
	Paediatric Occupational Therapy	CaseLoad at Month End	321	311	40	26	2	0	7	0	0	0	0	0	0	0	0	0
		Total Contacts (Clinic)	377	398	500	32.63	72	40	42	38	0	30	47	51	41	38	42	60
		Total New Referrals	298	300	291	-2.02	18	28	17	20	25	30	23	24	15	32	27	31
	Paediatric Physiotherapy	CaseLoad at Month End	125	125	150	20	144	181	165	176	148	148	126	130	138	140	148	150
		Referrals to 1st Contact (vehicle Ave)	12.3	12.3	14.3	16.26	14.3	11.8	16	15.9	14.2	14.4	14.3	15.8	13.1	16.6	15.9	11.1
		Total Contacts (Domiciliary)	3607	3495	3299	-8.94	301	348	217	327	221	283	333	298	183	277	270	285
	Paediatric SALT	CaseLoad at Month End	54	54	64	18.52	55	61	60	58	68	70	70	68	50	66	68	74
		Referrals to 1st Contact (vehicle Ave)	5.4	5.4	5.8	7.43	5	5.4	5.1	6.1	5.5	7.9	5.4	5.1	5.8	6.4	5.4	6.3
		Total Contacts (Domiciliary)	6839	6803	6288	-10.88	539	640	578	532	475	521	620	517	343	510	419	410

If Plan is <10,000:

<span style="color: green;">■</span>	FOT is <10% above or below plan
<span style="color: yellow;">■</span>	FOT is 10%-20% above or below plan
<span style="color: orange;">■</span>	FOT is > 20% below plan
<span style="color: red;">■</span>	FOT is > 20% above plan

If Plan is >10,000:

<span style="color: green;">■</span>	FOT is <5% above or below plan
<span style="color: yellow;">■</span>	FOT is 5%-10% above or below plan
<span style="color: orange;">■</span>	FOT is > 10% below plan
<span style="color: red;">■</span>	FOT is > 10% above plan

## 12.2 Alder Hey SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	17/18 Outturn	FOT 18/19	% Variance
Number of Referrals	150	152	151	188	110	108	156	205	140	156	152	101	1,885	1,836	-2.6%
Incomplete Pathways - 92nd Percentile	28	29	31	33	35	35	39	41	44	45	44	45			
Total Number Waiting	642	669	710	750	722	708	754	815	861	874	918	954			
Number waiting over 18 weeks	255	262	314	354	341	374	412	458	491	462	482	501			
Longest weeks waiting - weeks	56	50	54	43	43	45	45	46	50	50	51	54			
Longest weeks waiting - patients	1	1	1	1	1	1	3	1	1	6	5	2			

RAG rating

<span style="color: green;">■</span>	<= 18 weeks
<span style="color: yellow;">■</span>	19 to 22 weeks
<span style="color: red;">■</span>	23 weeks plus

Currently Paediatric speech and language waiting times are reported as Sefton view; the Trust is working to supply CCG level information. This is a legacy issue from when Liverpool Community Health reported the waiting time information.

## 12.3 Alder Hey Dietetic Cancellations and DNA Figures – Sefton

### Outpatient Clinics - DNAs

	12/13 Total	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Total
Appointments	331	327	532	429	647	528	91	68	59	63	0	53	61	64	43	45	55	66	698
DNA	73	66	53	41	147	68	13	8	7	11	0	15	5	21	5	5	6	20	116
DNA Rate	18.1%	18.8%	9.1%	8.7%	18.5%	11.4%	12.5%	10.5%	10.8%	14.9%	0.0%	22.1%	7.6%	24.7%	10.4%	10.0%	9.6%	17.2%	14.3%

### Outpatient Clinics - Cancs by PROVIDER

	12/13 Total	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Total
Appointments	331	327	532	429	647	528	91	68	59	63	0	53	61	64	43	45	55	66	698
Cancellations	8	6	0	5	29	0	0	0	5	0	0	11	3	5	11	9	0	0	44
Rate	2.4%	1.8%	0.0%	1.2%	4.3%	0.0%	0.0%	0.0%	7.8%	0.0%	0.0%	17.2%	4.7%	7.2%	20.4%	16.7%	0.0%	0.0%	5.9%

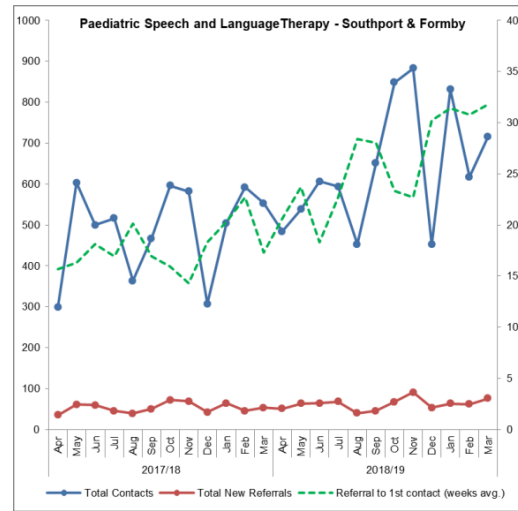
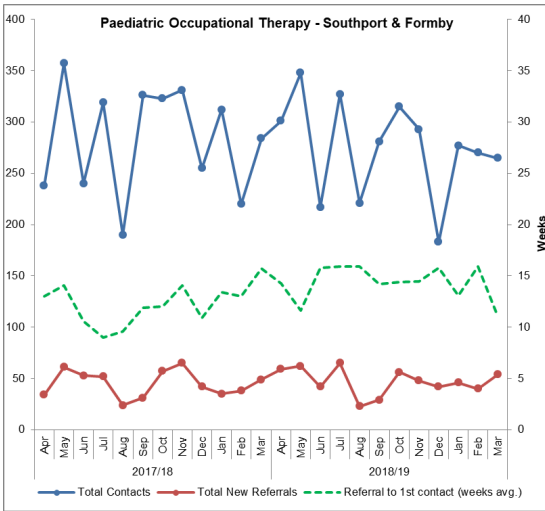
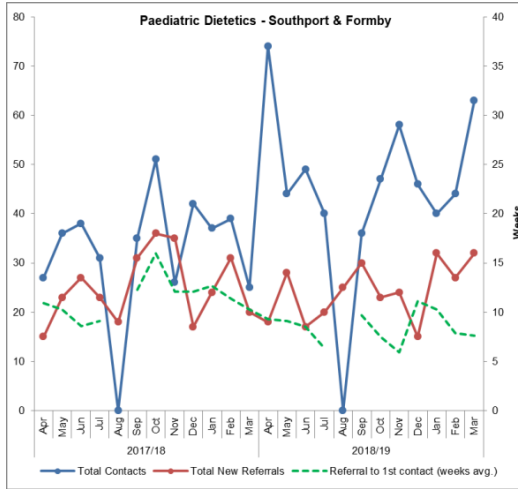
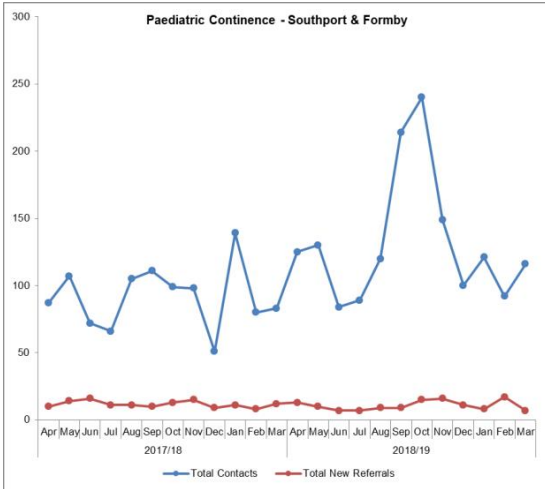
### Outpatient Clinics - Cancs by PATIENT

	12/13 Total	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Total
Appointments	331	327	532	429	647	528	91	68	59	63	0	53	61	64	43	45	55	66	698
Cancellations		27	63	63	207	128	10	17	24	15	0	27	9	22	20	12	16	12	194
Rate		7.3%	10.6%	12.8%	24.2%	19.5%	9.9%	20.0%	28.6%	16.2%	0.0%	33.8%	12.9%	25.6%	31.7%	21.1%	22.5%	11.1%	20.6%

DNAs Outpatients	
<= 8.47%	Green
> 8.47% and <= 10%	Amber
> 10%	Red

CANCs Outpatients - by Provider	
<= 3.5%	Green
> 3.5% and <= 5%	Amber
> 5%	Red

### 12.4 Alder Hey Activity & Performance Charts



## MEETING OF THE GOVERNING BODY June 2019

<b>Agenda Item:</b> 19/71	<b>Author of the Paper:</b> Luke Garner Strategy & Outcomes Officer
<b>Report date:</b> June 2019	Email: <a href="mailto:Luke.Garner@southseftonccg.nhs.uk">Luke.Garner@southseftonccg.nhs.uk</a> Tel: 0151 317 8465
<b>Title:</b> Improvement and Assessment Framework 2018/19 Quarter 3 Exception Report	
<b>Summary/Key Issues:</b> <p>This paper presents an overview of the 2018/19 CCG Improvement and Assessment Framework, and a summary of Q3 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.</p>	
<b>Recommendation</b>  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 2019/20 (*x those that apply*)

	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
	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 and strategic commissioning 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 the Governing Body June 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 Q3 dashboard was released on My NHS in April 2019.

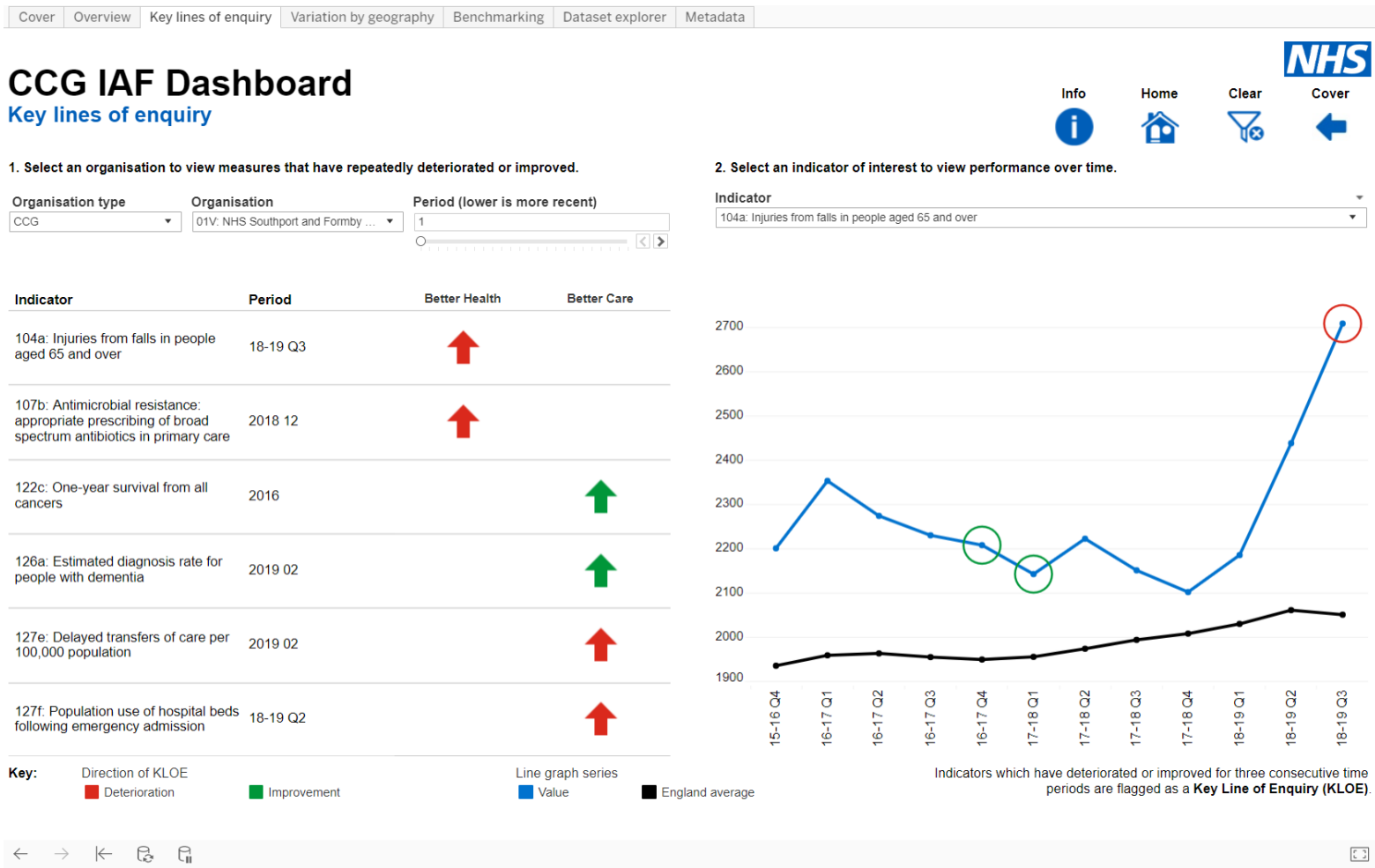
Some areas of performance have been identified as a Key Line of Enquiry (KLOE) by NHS England due to either a significant improving or deteriorating position (identified by three consecutive data points in the same direction). Other indicators have been identified as residing in the best or lowest performing 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 Q3 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**

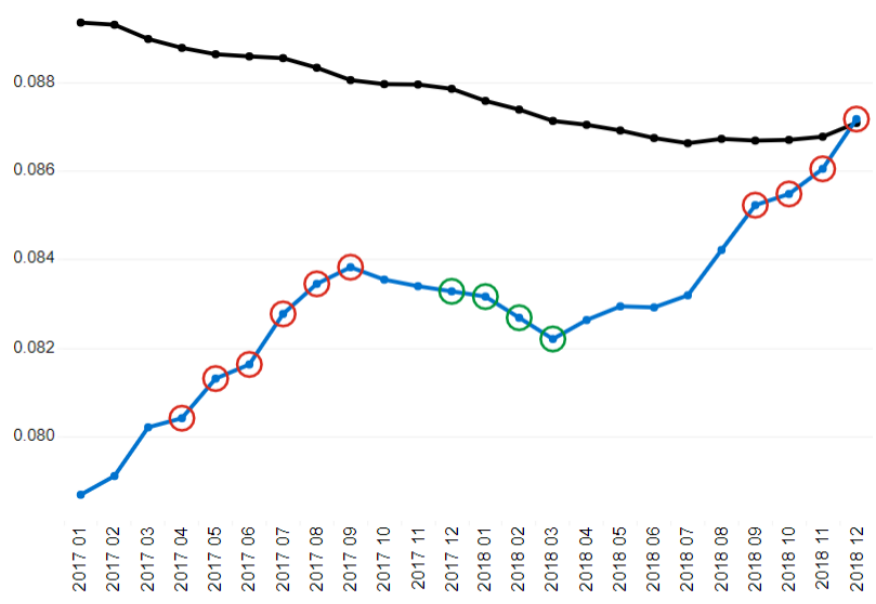
A dashboard is released each quarter by NHS England outlining performance for all performance indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance 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 – Q3 2018/19 IAF Dashboard: Key Lines of Enquiry



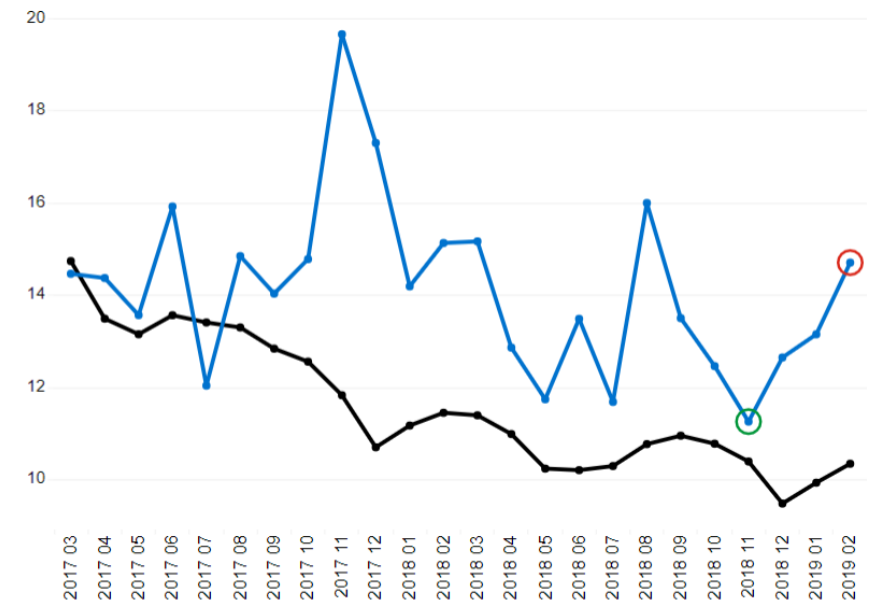
Indicator

107b: Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care



Indicator

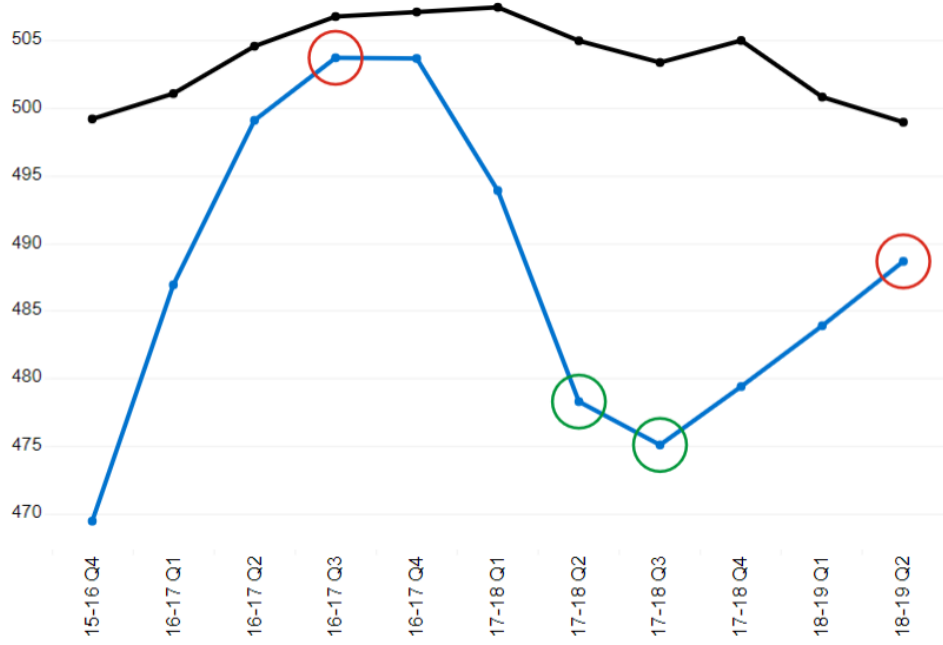
127e: Delayed transfers of care per 100,000 population





Indicator

127f. Population use of hospital beds following emergency admission



### 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:

**122b 62 Day Urgent GP Referral performance has improved in Q3 18/19 with 77.9% and is therefore no longer in the lowest performing quartile.**

**122c One year survival for all cancers. Top quartile performance (the best amongst CCG peers). This is also recognised in the KLOE with an improving position.**

**124a Inpatient care for people with a learning disability and/or autism performance has improved in Q3 18/19 with the CCG no longer ranked in the lowest performing quartile nationally.**

**126a Estimated diagnosis rate for people with dementia. This indicator has been identified in the KLOE for repeatedly improving performance, with 76.5% in February 2019. The CCG is ranked second best amongst CCG peers.**

**133a Percentage of patients waiting 6 weeks or more for a diagnostic test. Performance has improved in February 2019 with a performance of 1.52% and therefore the CCG is no longer in the lowest performing quartile nationally.**

Indicator No.	Indicator Description	Q2 2018/19 Performance	LT/ Clinical/ Managerial Lead	Reasons for underperformance	Actions to address underperformance	Expected Date of Improvement
103b	Diabetes Structured Education	2.24% was reported for 2017-18. This performance ranks the CCG 165 out of 195 CCGs, the lowest performing quartile nationally.	Jan Leonard/ Nigel Taylor/ Tina Ewart	Problems have been identified at a number of points on the referral pathway: <ul style="list-style-type: none"> <li>• High number of patients in care homes.</li> <li>• Possibility of patients being confused by alternative types of education offered in Southport and Formby.</li> <li>• Different approach to the delivery of structured education in Southport and Formby.</li> <li>• Reduction in staff resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Lancashire Care have produced press releases and undertaken practice visit and produced information to encourage referral to and attendance at structured education sessions.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	2019/20

					<ul style="list-style-type: none"> <li>• Lancashire Care has recruited replacement staff and staff who had been on different types of leave have returned to work.</li> <li>• Lancashire Care is willing to explore other delivery methods to try to improve uptake.</li> </ul>	
104a	Injuries from falls in people aged 65 and over	<p>The CCG was ranked in the lowest performing quartile nationally with 2,709 falls in Q3 18/19. Performance has declined significantly during 2018/19.</p> <p><b>This has been recognised in the KLOE for repeatedly deteriorated performance.</b></p>	Jan Leonard/ TBC/ Sharon Forrester	<p>Southport and Formby CCG have a higher than national average of greater than 65 years and over population living with dementia which is a main and significant falls risk. There is also a large proportion of care homes per population due to the area demographics. Falls tend to be more severe in this population often requiring conveyance and admission to secondary care. This population is often more difficult to access opportunistically to perform preventative measures and screening.</p>	<p>Working in collaboration with the Local Authority and public health on a care home strategy, work streams such as delirium pathways and home first link into this piece of work. The CCG have commissioned a comprehensive Frailty pathway across community and secondary care, which links into primary care frailty registers and proactive MDT's. The CCG have commissioned a falls team which together with community therapy has been integrated into our community reablement and assessment service. The CCG commissioned a review of falls services in South and North Sefton from Deloitte, the recommendations will be picked up as part of the frailty programme</p>	2019/20
121a	Provision of high quality care in hospitals	<p>Lowest performing quartile and no improvement with a value of 54 in Q3 2018/19</p>	Debbie Fagan/ Doug Callow/ Brendan Prescott	<p>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.</p>	<p>Hospital quality is monitored through a number of forums including Clinical Quality and Performance Group, and CCG Quality Committee. 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 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.</p>	On-going
123b	IAPT Access rate	<p>The CCG was ranked in the lowest performing quartile nationally with</p>	Jan Leonard/ Hilal Mulla/ Geraldine O'Carroll	<p>The service has had a number of vacancies and long term sick which has impacted on performance. Direct self-referral process was identified as an</p>	<ul style="list-style-type: none"> <li>• Recruitment of additional staff and increased opening times with late evening sessions</li> <li>• Practitioners have undergone NHSE Long Term Condition training and EMDR training (specific therapy for trauma clients) to meet population needs.</li> </ul>	March 2019

		3.19% in Q3 18/19.		impediment to access. One to One model limited access.	<ul style="list-style-type: none"> <li>• Pre-therapy groups offered to waiting list patients waiting for CBT based on feedback that clients are not always prepared for therapy.</li> <li>• Anxiety workshops</li> <li>• Telephone system upgrade.</li> <li>• Online referral has been refreshed to enable quicker access to treatment.</li> <li>• Group work has been developed and the provider has created links with Southport KGV College.</li> </ul>	
123j	Ensuring the quality of mental health data submitted to NHS Digital is robust (DQMI)	The CCG was ranked in the lowest performing quartile nationally with 0.78 in Q2 18/19.	Jan Leonard/ Hilal Mulla/ Geraldine O'Carroll	CCG has multiple providers submitting to MHSDS including 3rd sector providers Issues with 3rd sector flowing NHS number (key data item)	<ul style="list-style-type: none"> <li>• 2019/20 MHSDS DQ CQUIN applied to Mersey Care and Alder Hey (CAMHS) contracts and penalties will be applied. This will also apply to 3rd sector providers (where applicable)</li> <li>• Work on-going to facilitate additional data flows for those not currently submitting.</li> <li>• One provider (3rd Sector) will begin to flow during 19/20 will be gaining access and populating NHS numbers in their submissions</li> <li>• Continued work with CSU/ DSCRO to develop reports to support monitoring and commitment to partake in any additional support provided by NHS Digital / NHS England</li> <li>• National data sets/DQIP's discussed at information sub groups with providers from all sectors with collaboration to improve the data.</li> </ul>	2019/20
125b	Women's experience of maternity services	The CCG was ranked in the lowest performing quartile nationally with 79.7 in 2018.	Debbie Fagan/ Wendy Hewitt/ Peter Wong	System wide pressures in relation to provision of maternity services, shortage in staffing both midwifery and medical.	The CCG is actively working with the main Maternity provider to ensure actions relating to previous CQC recommendations have been completed alongside quality improvement actions for 2019/20.	2019
125c	Women's choices of maternity services	The CCG was ranked in the lowest performing quartile	Debbie Fagan/ Wendy Hewitt/ Peter Wong	In Q3 2017-18, Southport & Ormskirk Trust had issues regarding the staffing on the middle grade medical rota for Obs and Gynae services.	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,	On-going

		nationally with 44.4 in 2018, a significant decline from 2017.		This has now been addressed as the Trust has confirmed they are able to meet their contractual requirements. The service is part of the wider review for maternity services with declining numbers of births at the Trust.	seek evidence of case note audits. Providers engaged within Children & Maternity Vanguard developments re: neonatal and maternity care.	
127e	Delayed transfers of care per 100,000 population	The CCG was ranked in the lowest performing quartile nationally with 14.7 in February 2019.  <b>This has been recognised in the KLOE for repeatedly deteriorated performance</b>	Jan Leonard/ Tim Quinlan/ Sharon Forrester	Southport and Ormskirk trust have seen unprecedented pressure due to increase demand at the front door during the winter months, internal patient flow has suffered due to the demographic nature and acuity of the patients requiring hospitalisation. There has been an increase in specific requirement for higher intensity therapy, specialized community equipment and increase requirement for step down bed based therapy which has impacted on capacity within the commissioned bed base, community services and ensuring patients safety via sufficient medical cover. It is well documented that there is difficulty in sourcing domiciliary care and reablement hours in certain areas of the Southport and Formby area which impacts on timely discharge for patients requiring large care packages.	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 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.	On-going
163a	Staff	The CCG was	Tracy Jeffes	To signal the expectation that	This is a composite measure from NHS Staff Survey	2018/19

	engagement index	ranked in the lowest performing quartile nationally with 3.67 in 2017.		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.	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.	
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## 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**  
**Strategy & Outcomes Officer**  
 June 2019

**MEETING OF THE GOVERNING BODY  
June 2019**

**Agenda Item:** 19/72

**Author of the Paper:**

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**Report date:** June 2019

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**Title:** Final 2019/20 Budgets

**Summary/Key Issues:**

This paper presents the Governing Body with the final budget for 2019/20.

**Recommendation**

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

The Governing Body is asked to receive this report.

- The draft budget was presented to the Governing Body in March 2019 with delegated authority approved for the CCG Senior Leadership Team to approve the final budget in May following final contract agreements.
- The Governing Body are asked to ratify the final budget for 2019/20 which was approved by the CCG Senior Leadership Team in May 2019 following delegation in the April Governing Body Meeting.
- The Governing Body are asked to note the control total set by NHS England for 2019/20 of breakeven and the value of the QIPP requirement of £14.104m which has increased by £2.550m since the draft budget was presented in March.
- The CCG requires a robust deliverable plan if it is to meet its statutory financial obligations in 2019/20. The Governing Body are asked to recognise that the CCG faces a significant financial challenge which will require support for changes from all members, with a key role for Governing Body GP members and Programme Leads to:
  - Provide leadership required to deliver change
  - Be clear on the risk adjusted pressures arising from QIPP

<b>Links to Corporate Objectives 2019/20 (x those that apply)</b>	
	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
	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 and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

**Report to the Governing Body**  
**June 2019**

**1. Executive Summary**

- 1.1 This paper provides details of the CCG's final budget for 2019/20 following agreement of provider contracts.
- 1.2 Changes to the budget since March 2019 are provided in **Table 1** below, the majority of changes relate to provider budgets to reflect final contract agreements and other changes to transfer budgets between headings.

**Table 1 – Changes since March 2019 budget**

Operating Budgets	MARCH BUDGET 2019/20 £m	MAY BUDGET 2019/20 £m	INCREASE/ (DECREASE) £m	Reason for change
Primary Care Delegated Budget	17.734	17.224	(0.510)	Reduction of allocation and expenditure to reflect GP indemnity costs held centrally
Acute Care	107.242	112.111	4.869	Increase to contract budgets following outcome of contract negotiations
Mental Health	17.686	19.553	1.867	Transfer of budgets for Mental Health packages from CHC cost centres
Continuing Care	14.544	12.865	(1.680)	Transfer of Budgets to Mental Health cost centres
Community Services	26.648	22.234	(4.414)	Transfer Better Care Fund Budget to 'Other CCG Budgets'
Primary Care	29.777	29.475	(0.302)	Removal of non-recurrent budget (GPFV) which will be allocated from NHSE in year
Corporate Services	2.600	2.600	0.000	
Other CCG Budgets	1.651	6.314	4.663	Transfer Better Care Fund Budget from Community Services
CCG Reserve Budget	(5.345)	(10.685)	(5.339)	Increase to QIPP target as a result of contract negotiations
<b>Total Operating budgets</b>	<b>212.537</b>	<b>211.691</b>	<b>(0.846)</b>	

- 1.3 The CCG Allocation has reduced by £0.846m since the March budget was presented. The changes can be summarised as follows:

	£000
<b>Allocation - March 2019</b>	<b>212,537</b>
GP indemnity	(510)
IR Changes	(310)
NHSE Flu Vacs	0
STP Contribution	(26)
<b>Allocation - May 2019</b>	<b>211,691</b>
Change in Allocation	(846)

- 1.4 The CCG has a statutory financial duty for expenditure not to exceed the resource in each financial year. The standard business rules set out by NHS England require a 1% surplus in

each financial year. However, NHS England has set the CCG control total for 2019/20 at breakeven.

- 1.5 Based on the current planning assumptions, the QIPP target to achieve the required breakeven position in 2019/20 is £14.104m. The QIPP target will increase if further pressures emerge in year.
- 1.6 The final budget includes contract values agreed with providers. Provider contracts have increased significantly compared to the previous financial year. Access to central funding – the Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF) is dependent on providers achieving control totals set by NHS England / NHS Improvement. The CCG has agreed investment and growth funding to support providers in the delivery of their financial plans to enable access to these funds. This means that the CCG has significant exposure to financial risk in 2019/20.
- 1.7 The North Mersey Acting as One contract agreement ended in March 2019. A revised agreement for 2019/20 is in negotiation, the CCG is committed to an approach which is focussed on supporting all parties in the local health economy, operates in the financial envelope available and places emphasis on delivery of all organisations control totals.

## 2. 2019/20 Final Budget

- 2.1 A summary of the **2019/20 Budget** is presented in Table 2 below.

**Table 2 – 2019/20 Proposed Budget**

Budget Area	2019/20		
	Rec	Non Rec	Total
	£m	£m	£m
<b>Resources</b>			
Base Allocation	183.931	0.000	183.931
Growth	9.449	0.000	9.449
Running Cost Allowance	2.600	0.000	2.600
Other Allocation Adjustments	(0.170)	(0.377)	(0.547)
0.5% STP Contribution	0.000	(0.966)	(0.966)
Primary Care Delegated Budget	17.224	0.000	17.224
<b>Available Resources</b>	<b>213.034</b>	<b>(1.343)</b>	<b>211.691</b>
<b>Commissioning Budgets</b>			
Primary Care Delegated Budget	17.224	0.000	17.224
Acute Care	110.457	1.654	112.111
Mental Health	19.382	0.170	19.553
Continuing Care	12.865	0.000	12.865
Community Services	21.750	0.484	22.234
Primary Care	29.543	(0.068)	29.475
Corporate Services	2.603	(0.003)	2.600
Other CCG Budgets	6.055	0.258	6.314
<b>Sub total Operational budgets</b>	<b>219.880</b>	<b>2.495</b>	<b>222.376</b>
<b>Reserves</b>			
QIPP requirement	(13.004)	(1.100)	(14.104)
Other General reserves	1.118	0.303	1.421
0.5% STP Contribution	0.000	0.940	0.940
Contingency	1.058	0.000	1.058
<b>Sub total Reserves</b>	<b>(10.828)</b>	<b>0.143</b>	<b>(10.685)</b>
<b>Total Anticipated Spend</b>	<b>209.052</b>	<b>2.639</b>	<b>211.691</b>
<b>Forecast Surplus/ (Deficit)</b>	<b>3.982</b>	<b>(3.982)</b>	<b>0.000</b>
<b>Expressed as %</b>			<b>0.0%</b>

The detailed budget is included in **Appendix 1**.

It should be noted that the layout of the budget has changed since the previous financial year, individual cost centres are unchanged but the reporting structure has been amended to reflect the NHS England reporting requirements.

### 3. Key Financial Risks and Pressures

- 3.1 The delivery of QIPP savings and statutory financial duties are the highest risks for the CCG in 2019/20. At present, the CCG does not have sufficient assurance on QIPP schemes to deliver the required financial plan. The QIPP savings requirement is challenging and requires continued support to enable to delivery of financial targets. The CCG's focus will need to be on areas where services can be reduced or redesigned without having an impact on patient safety.
- 3.2 The contract negotiation process for 2019/20 is finalised and risk exists in contract values for provider contracts which operate under a PBR arrangement. The contract with the main provider (Southport & Ormskirk NHS Trust) remains on a PBR basis. Performance will need to be managed during the year.
- 3.3 It should be noted that aspects of prescribing expenditure remain volatile and this area could present risks. This will require continued support from community pharmacist teams and practices to deliver a balanced position.
- 3.4 There is a risk that the cost and volume of Continuing Healthcare and Funded Nursing Care packages will increase during the year. This area requires a robust budget management process in place to identify and address issues if they arise.
- 3.5 The CCG Running Cost budget will be reduced by 12% (£0.306m) from April 2020. The CCG must take action during the financial year to identify recurrent savings in preparation for this reduction.
- 3.6 It is imperative that the CCG manages the budget during the year, and takes quick, effective remedial action where necessary to address any cost pressures which emerge.

### 4. Recommendations

The Governing Body is asked to receive this report.

- The draft budget was presented to the Governing Body in March 2019 with delegated authority approved for the CCG Senior Leadership Team to approve the final budget in May following final contract agreements.
- The Governing Body are asked to ratify the final budget for 2019/20 which was approved by the CCG Senior Leadership Team in May 2019 following delegation in the April Governing Body Meeting.
- The Governing Body are asked to note the control total set by NHS England for 2019/20 of breakeven and the value of the QIPP requirement of £14.104m which has increased by £2.550m since the draft budget was presented in March.
- The CCG requires a robust deliverable plan if it is to meet its statutory financial obligations in 2019/20. The Governing Body are asked to recognise that the CCG faces a significant financial challenge which will require support for changes from all members, with a key role for Governing Body GP members and Programme Leads to:
  - Provide leadership required to deliver change
  - Be clear on the risk adjusted pressures arising from QIPP

## 5. Appendices

Appendix 1 – Detailed Final Budget 2019/20

**Rebecca McCullough**  
**Head of Strategic Financial Planning**  
**June 2019**

Comparison of 2019/20 Draft Budget to 2019/20 Final Budget					
Cost centre Number	Cost Centre Description	Budget Holder	Annual Budget (March) 2019/20	Annual Budget (May) 2019/20	Increase (Decrease)
			£000	£000	£000
<b>Acute</b>					
603571	Acute Commissioning	Jan Leonard	90,465	95,627	5,161
603576	Acute Childrens Services	Jan Leonard	1,173	1,173	0
603586	Ambulance Services	Jan Leonard	5,918	5,814	(104)
603591	Independent Sector	Jan Leonard	6,223	6,036	(188)
603596	Collaborative Commissioning	Jan Leonard	378	378	0
603606	High Cost Drugs	Susanne Lynch	1,443	1,443	0
603616	NCAs/OATs	Jan Leonard	1,641	1,641	0
<b>Total Acute</b>			<b>107,242</b>	<b>112,111</b>	<b>4,869</b>
<b>Mental Health</b>					
603501	Mental Health Contracts	Jan Leonard	206	206	0
603506	Child and Adolescent Mental Health	Jan Leonard	273	258	(15)
603511	Dementia	Jan Leonard	82	82	0
603521	Learning Difficulties	Debbie Fagan	1,559	1,559	0
603531	Mental Health Services – Adults	Debbie Fagan	0	828	828
603551	Mental Health Services - Older People	Debbie Fagan	0	49	49
603556	Mental Health Services - SLA	Jan Leonard	15,566	15,639	74
603557	Mental Health Services - S117 Mental Health	Debbie Fagan	0	931	931
<b>Total Mental Health</b>			<b>17,686</b>	<b>19,553</b>	<b>1,867</b>
<b>Continuing Care</b>					
603682	CHC Adult Fully Funded	Debbie Fagan	7,519	6,325	(1,195)
603683	Chc Ad Full Fund Pers Hlth Bud	Debbie Fagan	853	853	0
603684	Chc Adult Joint Funded	Debbie Fagan	2,274	1,660	(613)
603685	CHC Adult Joint Funded Personal health Budgets	Debbie Fagan	105	105	0
603686	CHC Admin & Support	Debbie Fagan	304	347	43
603687	CHC Children	Debbie Fagan	351	351	0
603691	Funded Nursing Care	Debbie Fagan	3,138	3,223	85
<b>Total Continuing Care</b>			<b>14,544</b>	<b>12,865</b>	<b>(1,680)</b>
<b>Community Services</b>					
603711	Community Services	Jan Leonard	19,837	19,780	(56)
603711	Community Services	Jan Leonard	4,592	0	(4,592)
603721	Hospices	Jan Leonard	930	935	5
603726	Intermediate Care	Jan Leonard	1,290	1,519	229
<b>Total Community Services</b>			<b>26,648</b>	<b>22,234</b>	<b>(4,414)</b>
<b>Primary Care</b>					
603646	Commissioning Schemes	Jan Leonard	537	542	5
603651	Local Enhanced Services and GP Framework	Jan Leonard	3,794	3,432	(362)
603656	Medicines Management - Clinical	Susanne Lynch	800	866	65
603661	Out of Hours	Jan Leonard	977	977	0
603662	Primary Care Transformation Fund	Jan Leonard	0	0	0
603666	Oxygen	Jan Leonard	147	147	0
603671	Prescribing	Jan Leonard	22,256	22,256	0
603676	Primary Care IT	Martin McDowell	1,266	1,255	(11)
603678	PRC Delegated Co-Commissioning	Jan Leonard	17,734	17,224	(510)
<b>Total Primary Care</b>			<b>47,511</b>	<b>46,699</b>	<b>(812)</b>
<b>Corporate Services</b>					
605251	Administration & Business Support	Tracey Jeffes	179	179	0
605266	Business Informatics	Karl McCluskey	311	311	0
605271	Ceo/ Board Office	Fiona Taylor	426	427	1
605276	Chair And Non Execs	Tracey Jeffes	211	211	0
605296	Commissioning	Jan Leonard	549	552	3
605311	Contract Management	Jan Leonard	151	151	0
605316	Corporate Costs & Services	Tracey Jeffes	350	350	0
605346	Estates And Facilities	Martin McDowell	39	40	1
605351	Finance	Martin McDowell	307	302	(5)
605426	Quality Assurance	Debbie Fagan	79	79	0
<b>Total Corporate Services</b>			<b>2,600</b>	<b>2,600</b>	<b>(0)</b>
<b>Other</b>					
603756	Commissioning - Non Acute	Jan Leonard	0	4,506	4,506
603776	Non Recurrent Programmes	Jan Leonard	0	0	0
603791	Programme Projects	Jan Leonard	259	171	(87)
603796	Reablement	Jan Leonard	806	806	0
603801	Recharges NHS Property Services	Jan Leonard	0	155	155
603809	NHS 111	Jan Leonard	332	422	90
603810	Nursing And Quality Programme	Debbie Fagan	254	254	0
<b>Total Other</b>			<b>1,651</b>	<b>6,314</b>	<b>4,663</b>
<b>Sub-Total Operating Budgets pre Reserves</b>			<b>217,882</b>	<b>222,376</b>	<b>4,493</b>
<b>Reserves</b>					
603761	Commissioning Reserve	Martin McDowell	(5,345)	(10,685)	(5,339)
603781	Non Recurrent Reserve	Martin McDowell	0	0	0
<b>Total Reserves</b>			<b>(5,345)</b>	<b>(10,685)</b>	<b>(5,339)</b>
<b>Grand Total I &amp; E</b>			<b>212,537</b>	<b>211,691</b>	<b>(846)</b>



## MEETING OF THE GOVERNING BODY June 2019

**Agenda Item:** 19/73

**Author of the Paper:**

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**Report date:** June 2019

**Title:** Governing body sub-committee terms of reference – 2019/20

### Summary/Key Issues:

The leadership team have recently reviewed the terms of reference of the governing body sub-committees to ensure they remain fit for purpose. It is essential that the sub-committees operate in a way that ensures the CCG is delivering all of its statutory duties.

It is also important to align the work of the committees to that of the work programmes of the Health and Care Partnership for Cheshire and Merseyside, the NHS Long Term plan objectives and the Sefton Transformation Programme.

This report sets out the proposed revised terms of reference for the sub committees. The proposed revisions are underlined for ease of reference.

Once the committees have received their revised terms of reference, the Chair of each committee will be asked to also review and update the terms of reference of any supporting sub-group or work stream.

Further work will also commence to review and update the existing reporting arrangements to further strengthen the performance and assurance processes.

### Recommendations

The Governing Body is asked to approve the following terms of reference

- Joint QIPP and Financial Recovery Committee
- Finance and Resource Committee
- Audit Committee
- Quality and Performance Committee
- Remuneration Committee
- Approvals (Conflicts of Interest) Committee

Receive   
Approve   
Ratify

<b>Links to Corporate Objectives 2019/20 (x those that apply)</b>	
X	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
X	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

<b>Process</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments/Detail (x those that apply)</b>
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	

<b>Links to National Outcomes Framework (x those that apply)</b>	
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

# Joint QIPP and Financial Recovery Committee

## Terms of Reference

### 1. Authority

- 1.1. The Committee shall be authorised by the CCG Governing Body of NHS Southport and Formby CCG and NHS South Sefton CCG to undertake any activity within these terms of reference and act within the powers delegated to it in line with the Scheme of Reservation and Delegation.
- 1.2. The principal functions of the Committee are as follows:
- To oversee the implementation and delivery of the Financial Recovery Plans of the CCGs
  - To oversee and be responsible for, the implementation and delivery of the QIPP schemes as set out in the financial recovery plans
  - To ensure there is an appropriate PMO infrastructure to support delivery of all financial recovery and QIPP schemes
  - To hold individual directors, managers and clinical leads to account for the delivery of the Financial Recovery plan and QIPP schemes
  - To provide assurance to the governing bodies that there are appropriate systems in place which operate in order to enable the Committee to fulfil its requirements
  - The Committee is authorised to approve investment into any service improvement opportunities up to a maximum level of £500K. In doing so the committee is required to demonstrate to the governing body that there is a compelling case for such investment including evidence of benefits realisation both in terms of quality and finance. All such investments must be recommended by the Clinical Advisory Group
  - To ensure that all QIPP schemes are aligned to the Sefton Transformation Programme
  - Oversee commissioning decisions through the review of new clinical care models and/or clinical pathways (not always initiated due to a QIPP scheme)
  - Receive and approve annual commissioning intentions
  - Receive and approve changes to the CCGs' commissioning portfolio including procurements for new services or re-procurements.

### 2. Membership

- 2.1. The following will be members of the Committee:
- Chief Finance Officer (SF/SSCCG) - Chair
  - Lay Member for Governance (S&F CCG) – co - Vice Chair
  - Lay Member for Governance (SSS CCG) – co - Vice Chair
  - Clinical Vice Chair – (S&FCCG)
  - Clinical Vice Chair – (SSCCG)
  - Chief Nurse or Deputy Chief Nurse (SF / SSCCG)
  - Governing Body Secondary Care Doctor (S&F/SS CCG)
  - Director of Strategy & Outcomes (SF / SSCCG)

- Directors of Place x2

#### **In attendance**

- Deputy Chief Financial Officer (SF / SSCCG)
- Deputy Director of Commissioning and Redesign
- Head of Medicines Management
- Strategy and Outcomes Officer

The CCGs' Chief Officer is an ex-officio member

#### **By invitation**

- Other CCG officers, clinical leads, subject matter experts, individuals providing external support or relevant stakeholder will be invited to attend meetings to present items as appropriate.

- 2.2. Members are expected to personally attend a minimum of 60% of meetings held and can send a deputy where appropriate to attend in their absence as required.

### **3. Duties of the Committee**

The Committee is responsible for the following:

#### **Duties in respect of Financial Recovery**

- To oversee the delivery of all financial recovery actions as set out in the financial recovery plans and receive updates from relevant leads to provide assurances that agreed actions are being undertaken.
- To receive updates on agreement arising from the CEP-lite discussions and incorporate into the financial recovery programme as necessary.

#### **Duties in respect of QIPP**

- 3.1. To review and scrutinise all QIPP scheme proposals as recommended by the Clinical Advisory Group
- 3.2. To review all schemes, bids and projects arising from the Sefton Transformation Programme
- 3.3. To reject any scheme that does **not** meet the following requirements
- 3.3.1. Is recommended by the Clinical Advisory Group
  - 3.3.2. Is aligned to the Sefton Transformation Programme i.e. acute sustainability and "place base" developments (*NB: it is expected that during 2018/19 decisions relating to acute sustainability will be delegated to a joint committee of S&F CCG, West Lancs CCG and NHSE - specialised commissioning. Until that is formally established the Joint QIPP and Financial Recovery Committee will retain its responsibilities as describe within this terms of reference*)
  - 3.3.3. Is able to demonstrate benefit realisation in terms of quality and finance
  - 3.3.4. Has been subject to a Quality Impact Assessment and Equality Impact Assessment
  - 3.3.5. Has sufficient resource and capacity to support the scheme
  - 3.3.6. Has clear milestones and indicators that track to delivery
- 3.4. To ensure all QIPP and Sefton Transformation Programme schemes have been subject to an Equality Impact Assessment, assuring the Governing Body that there are no adverse

consequences or breaches of the CCGs PSED statutory duties arising from the implementation of any scheme.

- 3.5. To ensure that all QIPP and Sefton Transformation Programme schemes have been subject to a Quality Impact Assessment, assuring the Governing Body that there are no adverse consequences arising from the implementation of any scheme.
- 3.6. To ensure that all QIPP and Sefton Transformation Programme schemes, where appropriate and particularly in respect of any significant service change or de-commissioning proposal, have been subject to the required level of consultation with the public, stakeholder and OSC and that those views are reflected in proposals.
- 3.7. To ensure all QIPP and Sefton Transformation Programme schemes have been subject to a robust benefits realisation assessment
- 3.8. To make recommendations to the Governing Body on those schemes to be approved for which funding exceeds the committees delegated limit of £500K
- 3.9. To ensure that all approved schemes are incorporated into the CCG's overarching QIPP plans
- 3.10. To monitor and review progress on all QIPP schemes detailed in the CCG's overarching QIPP plan by reviewing the QIPP dash board produced by the CCGs PMO.
- 3.11. To review and scrutinise in detail individual schemes or wider programmes (i.e. urgent care, elective care, medicines management, CHC/FNC) using a "check and challenge approach".
- 3.12. To provide updates and assurances to the Governing Bodies on progress in respect of overall financial recovery and QIPP.
- 3.13. To ensure that the financial recovery plan, the QIPP plan and the supporting PMO function are adequately resourced to secure delivery of plans.
- 3.14. To instruct the CCGs appointed internal auditor to review processes from time to time, and in accordance with the CCGs approved internal audit programme.

#### **Duties in respect of service improvement and redesign**

- 3.15. To review and scrutinise business cases arising from the QIPP and Sefton Transformation Programme or other commissioned service change as required and approve or reject such cases as appropriate.
- 3.16. To monitor and evaluate all service improvement and re-design programmes
- 3.17. To monitor the progress of all service reviews and ensure there are robust project management arrangements to assure successful delivery of service review programmes.
- 3.18. To monitor and measure impact of improvements and ensure delivery of the anticipated clinical and financial benefits
- 3.19. To monitor programmes in line with the CCGs' contribution to the Sefton Transformation Programme.
- 3.20. Ensure that work of the Cheshire and Merseyside Commissioning Support Unit is aligned to support successful delivery of programmes
- 3.21. Ensure there are appropriate arrangements for measuring and monitoring change.

- 3.22. The committee will have the full authority to commission any reports or surveys as deemed necessary to help it fulfil its obligations
- 3.23. *The annual process of collating commissioning intentions should be overseen by the Committee so it aligns with CCGs' priorities.*
- 3.24. *To oversee procurements of clinical services and any change in the CCGs' commissioning portfolio.*

#### **4. Voting**

- 4.1 Each substantive member shall have one vote on all general business items of the committee.
- 4.2 For decisions relating to business cases requiring approval the Lay Member for Governance of the respective CCG shall have the casting vote.

#### **5. Establishment of Sub-Groups of the Committee**

- 5.1. The Committee will undertake regular review of its workload and will from time to time establish sub-groups to ensure that it conducts its business in an effective and appropriate manner. These sub groups will be required to provide key update reports as stipulated by the Committee and submit ratified notes of meetings to the Committee.

#### **6. Administration**

- 6.1. The Committee will be supported by an appropriate Secretary that will be responsible for supporting the Chair in the management of the Committee's business.
- 6.2. The agenda for the meetings will be agreed by the Chair of the Committee and papers will be distributed one week in advance of the meeting.
- 6.3. The Secretary will take minutes and produce action plans as required to be circulated to the members within 10 working days of the meeting.

#### **7. Quorum**

- 7.1. Meetings with at least 50% of the Committee membership, at least one Clinical Governing Body Member from each CCG, at least one Lay Person and either the Chief Finance Officer or Deputy Chief Finance Officer (only when acting as the nominated deputy for the CFO) in attendance shall be quorate for the purposes of the Committee's business.
- 7.2. The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

#### **8. Frequency and notice of meetings**

- 8.1 The Committee shall meet at least 8 times a year. Members shall be notified at least 10 days in advance that a meeting is due to take place.

## 9. Reporting

- 10.1 The ratified minutes of the Committee will be submitted to the respective Governing Body meeting. Exception reports will also be submitted at the request of the Governing Body.
- 10.2 The Committee will submit key issues to the Finance and Resource Committee.

## 10. Conduct and Conflicts of Interest

- 10.1. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting.
- 10.2. In the event that there is a Conflict of Interest declared before or during a meeting the procedure for dealing with Conflicts of Interest as set out in the NHS Southport and Formby CCG Constitution and NHS South Sefton Constitution shall apply.
- 10.3. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

## 11. Review

Date of production: May 2019

Version No: 5

Review date: May 2020

## Finance and Resource Committee

### Terms of Reference

#### 1. Authority

- 1.1. The Finance and Resource Committee shall be established as a committee of the Governing Body to perform the following functions on behalf of the CCG Governing Body.
- 1.2. The principal functions of the Committee are as follows:
  - The Committee shall be authorised by the CCG Governing Body to undertake any activity within these terms of reference and act within the powers delegated to it in line with the Scheme of Reservation and Delegation.
  - To provide assurance to the Governing Body that there are appropriate systems in place which operate in order to enable the Committee to fulfil its monitoring requirements.
  - To provide regular reports to the Governing Body on a timely basis and to provide an annual report on the work carried out by the Committee including a self-assessment of how it has discharged its functions and responsibilities.

#### 2. Membership

- 2.1. The following will be members of the Committee:
  - Lay Member (Governance) (Chair)
  - Lay Member (Patient Experience and Engagement) (Vice Chair)
  - Clinical Governing Body Member
  - Clinical Governing Body Member
  - Practice Manager Governing Body Member
  - Chief Finance Officer
  - Deputy Chief Finance Officer
  - Director of place
  - Chief Nurse
  - Head of Medicines Management

The Chief Officer shall be an ex-officio member of the Committee

- 2.2. The Chair of the Governing Body will not be a member of the Committee although they will be invited to attend one meeting each year in order to form a view on, and understanding of, the Committee's operations.
- 2.3. Members are expected to personally attend a minimum of 60% of meetings held and can send a deputy to attend in their absence as required.
- 2.4. Relevant Officers from the CCG will be invited to attend in line with agenda items. Officers from other organisations including the Commissioning Support Unit (CSU) and from the Local Authority Public Health team will also be invited to attend in line with agenda items.
- 2.5. All Members are required to nominate a deputy to attend in their absence (when practical do so, nominations are not required in the event of sickness absence). Deputies will count towards the quorum but shall be of sufficient seniority to enable decision making.

#### 3. Responsibilities of the Committee

The Finance and Resource Committee is responsible for the following.



- 3.1. Advising the Governing Body on all financial matters and to provide assurance in relation to the discharge of statutory functions in line with the Prime Financial Policies
- 3.2. Reviewing the overall financial position of the CCG to ensure that the organisation meets its statutory financial duties.
- 3.3. Overall financial management of the organisation including the delivery of investment plans, monitoring of reserves, and delivery of QIPP and financial recovery plans and cost improvement plans.
- 3.4. Ensuring that the performance of commissioned services is monitored in line with CCG expectations.
- 3.5. Monitoring key performance indicators (e.g. any outlined in the NHS Operating Framework).
- 3.6. Advising the Governing Body on the approval of annual financial plans.
- 3.7. Monitoring and advising appropriate courses of action with regard to other key areas of CCG business (notably procurement, contracting and monitoring performance of local providers).
- 3.8. Supporting the work of the Audit Committee through review of financial arrangements as required.
- 3.9. Determining banking arrangements
- 3.10. Approving arrangements for exceptional/novel treatments which shall include arrangements for review and consideration of Individual Funding Requests (IFRs)
- 3.11. To receive recommendations from the local Individual patient review (IFR) panel and approve as appropriate.
- 3.12. Reviewing and approving requests for Ex-Gratia payments

#### **4. Duties of the Committee**

The Committee is delegated by the Governing Body to undertake the following duties and any others appropriate to fulfilling the purpose of the Committee (other than duties which are reserved to the Governing Body or Membership alone).

- 4.1. Oversee the development of the short and medium-term strategies for the CCG including assessment of the assumptions underpinning the financial models.
- 4.2. To ensure the delivery of financial balance and that the organisation meets its statutory financial targets.
- 4.3. Ensure that the Finance and Performance Plans are consistent with and complementary to the CCGs Annual Budget, Shaping Sefton Strategy and QIPP plans
- 4.4. To monitor implementation of the annual financial plan to ensure that the total resource available to CCG is invested in high quality services that support the achievement and delivery of specified priorities.
- 4.5. Approving any variations to planned investment within the limits set out in the detailed financial policies of the CCG, ensuring that any amended plans remain within the overall CCG budget and do not adversely affect the strategic performance of the CCG.

- 4.6. Monitoring Financial and Operational Performance across all commissioned services on an exception basis, assessing potential shortfalls and risk and recommending actions to address them.
- 4.7. Monitoring Key Performance Indicators (KPIs) relating to CCG performance, for example as outlined in the NHS Operating Framework.
- 4.8. Monitoring delivery of any QIPP programmes and agreeing corrective action if required.
- 4.9. Monitor key risks facing the CCG, understand the financial consequences and make recommendations for inclusion on the CCG risk register accordingly.
- 4.10. Oversee the approval development and delivery of capital investment plans including any schemes progressed through the LIFT or 3PD initiatives.
- 4.11. Oversee the approval, development and implementation of the Estates strategy.
- 4.12. Oversee the approval, development and implementation of Human Resource strategies, plans and policies
- 4.13. Maintain an overview of recruitment, retention, turnover and sickness trends.
- 4.14. To ensure that services provided by other organisations, notably the CSU, are being delivered as per the CCG's expectations and to advise on remedial action where necessary.
- 4.15. To review, monitor and agree corrective action for all agreed financial performance indicators (KPIs to be determined based on CCG finance regime when published).
- 4.16. To review the CCG procurement strategy and advise on an appropriate course of action regarding commissioning of new services / re-tendering arrangements for existing services.
- 4.17. To review and monitor progress regarding contracting arrangements with healthcare providers.
- 4.18. To monitor progress of local provider plans to advise the Governing Body in terms of key issues and any recommend decisions as appropriate.
- 4.19. The Committee will review monthly reports detailing performance of commissioned services against core standards, national and local targets and the CCGs Strategic Plans, review may be on an exception basis.
- 4.20. To review and approve plans for Emergency Planning and Business Continuity
- 4.21. To produce an Annual Report of the key work programmes of the Committee to the Governing Body on an annual basis.

## **5. Establishment of Sub-Groups of the Committee**

- 5.1. The Committee will undertake regular review of its workload and will from time to time establish sub-groups to ensure that it conducts its business in an effective and appropriate manner. These sub groups will be required to provide key update reports as stipulated by the Finance and Resource Committee and submit ratified notes of meetings to the Finance and Resource Committee.

## 6. Administration

- 6.1. The Committee will be supported by an appropriate Secretary that will be responsible for supporting the Chair in the management of the Committee's business.
- 6.2. The agenda for the meetings will be agreed by the Chair of the Committee and papers will be distributed one week in advance of the meeting.
- 6.3. The Secretary will take minutes and produce action plans as required to be circulated to the members within 10 working days of the meeting.

## 7. Quorum

- 7.1. Meetings with at least 50% of the Committee membership, at least one Clinical Governing Body Member, at least one Lay Person and either the Chief Finance Officer or Deputy Finance Officer in attendance shall be quorate for the purposes of the CCG's business.
- 7.2. The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

## 8. Frequency and notice of meetings

The Committee shall meet at least 8 times a year. Members shall be notified at least 10 days in advance that a meeting is due to take place.

## 9. Reporting

The ratified minutes of the Finance and Resource Committee will be submitted to the Governing Body private meeting. Exception reports will also be submitted at the request of the Governing Body. The minutes and key issues arising from this meeting will be submitted to the Audit Committee.

## 10. Conduct

- 10.1. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting.
- 10.2. In the event that there is a Conflict of Interest declared before or during a meeting the procedure for dealing with Conflicts of Interest as set out in the NHS Southport and Formby CCG Constitution shall apply.
- 10.3. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

## 11. Review

Date: **February and March 2019**

Review date: **February 2020**

## Audit Committee

### Terms of Reference

#### 1. Authority

- 1.1. The Audit Committee shall be established as a Committee of the Governing Body to perform the following functions on behalf of the CCG Governing Body.
- 1.2. The principal functions of the Committee are as follows:
  - a) To support the establishment of an effective system of integrated governance, risk management and internal control, across the whole of the Group's activities to support the delivery of the Group's objectives;
  - b) To review and approve the arrangements for discharging the Group's statutory financial duties;
  - c) To review and approve arrangements for the CCG's standards of Business Conduct including:
    - i. Conflicts of Interest (Col);
    - ii. Register of Interests (Rol);
    - iii. Codes of Conduct, and
  - d) To ensure that the organisation has policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements, and to approve such policies.

#### 2. Membership

- 2.1. The following will be members of the Committee:
  - Lay Member (Governance) (Chair);
  - Lay Member (Patient Experience and Engagement); and
  - Secondary Care Doctor
  -
- 2.2. A Vice Chair will be selected by the Committee from within its membership.
- 2.3. Other officers as required to be in attendance at the Committee are as follows:
  - Internal Audit Representative;
  - External Audit Representative;
  - Anti-Fraud Representative;
  - Chief Finance Officer (CFO);
  - Deputy CFO, and
  - Chief Accountant.
- 2.4. The Chair of the CCG will not be a member of the Committee although he/she will be invited to attend one meeting each year in order to form a view on, and understanding of, the Committee's operations.
- 2.5. Other senior members of the Group may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Officer.
- 2.6. At least once a year the Committee should meet privately with the external and internal auditors. Regardless of attendance, external audit, internal audit, Anti-Fraud Specialist and security management providers will have full and unrestricted rights of access to the Audit Committee.
- 2.7. Members are expected to personally attend a minimum of 75% of meetings held.

- 2.8. Relevant Officers from the CCG may be invited to attend dependent upon agenda items. Officers from other organisations including the Commissioning Support Unit (CSU) and from the Local Authority team may also be invited to attend dependent upon agenda items.

### **3. Responsibilities of the Committee**

The Audit Committee is responsible for:

- 3.1. reviewing the underlying assurance processes that indicate the degree of achievement of the Group's objectives and its effectiveness in terms of the management of its principal risks.
- 3.2. ensuring that there is an effective internal audit function which meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, the Chief Officer and the Group.
- 3.3. reviewing the work and findings of the external auditors and consideration of the implications of management responses to their work.
- 3.4. reviewing policies and procedures for all work relating to fraud, bribery and corruption as set out by the Secretary of State Directions and as required by the NHS Counter Fraud Authority.
- 3.5. reviewing findings of other assurance functions (where appropriate) and consider the implications for governance arrangements of the Group (e.g. NHS Resolution [formerly NHS Litigation Authority], Care Quality Commission etc.).
- 3.6. monitoring the integrity of the financial statements of the Group and to consider the implications of any formal announcements relating to the Group's financial performance.
- 3.7. responding on behalf of the Governing Body, to any formal requirements of the Group in relation to the audit process (e.g. the report from those charged with governance).
- 3.8. monitoring and review of the CCG Governing Body Assurance Framework (GBAF) to support the CCG's integrated governance agenda.

### **4. Duties of the Committee**

The Committee is delegated by the Governing Body to undertake the following duties and any others appropriate to fulfilling the purpose of the Committee (other than duties which are reserved to the Governing Body or Membership alone):

- 4.1. To review and recommend approval of the detailed financial policies that are underpinned by the Prime Financial Policies within the Group's Constitution to the Group's Governing Body.
- 4.2. Approve Risk Management arrangements.
- 4.3. To review and approve the operation of a comprehensive system of internal control, including budgetary control, which underpin the effective, efficient and economic operation of the group.
- 4.4. To review and approve the annual accounts.
- 4.5. To review and approve the Group's annual report on behalf of the Governing Body.
- 4.6. To review and approve the arrangements for the appointment of both internal and external audit and their annual audit plans.

- 4.7. To review and approve the arrangements for discharging the Group's statutory financial duties.
- 4.8. To review and approve the Group's Counter Fraud and Security Management arrangements.
- 4.9. To review the circumstances relating to any suspensions to the Group's constitution (as set out in the Scheme of Delegation and Reservation) and to report to the Governing Body and Wider Membership Council on the appropriateness of such actions.
- 4.10. To undertake annual review of its effectiveness and provide an annual report to the Governing Body to describe how it discharged its functions during the year.

## **5. Administration**

- 5.1. The Committee will be supported by an appropriate Secretary that will be responsible for supporting the Chair in the management of the Committee's business.
- 5.2. The agenda for the meetings will be agreed by the Chair of the Committee and papers will be distributed one week in advance of the meeting.
- 5.3. The Secretary will take minutes and produce action plans as required to be circulated to the members within 10 working days of the meeting.

## **6. Quorum**

- 6.1. The Audit Committee Chair (or Vice Chair) and one other member will be necessary for quorum purposes.
- 6.2. The quorum shall exclude any member affected by a Conflict of Interest under the NHS Southport and Formby CCG Constitution. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

## **7. Frequency and notice of meetings.**

The Audit Committee shall meet on at least four occasions during the financial year. Internal audit and external audit may request an additional meeting if they consider that one is necessary.

## **8. Reporting**

The ratified minutes of Audit Committee will be submitted to the Governing Body. Exception reports will also be submitted at the request of the Governing Body. The ratified minutes will also be sent to the Quality Committee to support its role in monitoring the Group's integrated governance arrangements.

## **9. Conduct**

- 9.1. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members of the committee should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS

Southport and Formby CCG procedure for the management of Conflicts of Interest as set out in the Constitution.

- 9.2. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

## 10. Date and Review

Date: **April 2019**

Future Review dates April 2020  
April 2021

## Joint Quality and Performance Committee

### Terms of Reference

The Committee shall be established as a joint committee of NHS Southport and Formby CCG and NHS South Sefton CCG.

The main functions of the are:

- to monitor standards and provide assurance on the quality of commissioned services, by the CCG to ensure that local and national standards are met
- to promote a culture of continuous improvement and innovation with respect to safety, clinical effectiveness and patient experience

The Committee's key responsibilities are to:

- Ensure all decision making is consistent with the CCGs financial recovery and QIPP priorities
- To support the Sefton Transformation Programme by providing advice and guidance in respect of the quality and safety of services ensuring that the CCG continues to discharge its statutory responsibilities
- Ensure that all new schemes, service specifications, investments or disinvestments are subject to appropriate Quality Impact Assessments (QIA).
- approve arrangements including supporting policies to minimise clinical risk, maximise patient safety and secure continuous improvement in quality and patient outcomes
- approve the arrangements for handling complaints
- approve the CCG's arrangements for engaging patients and their carers in decisions concerning their healthcare
- approve arrangements for supporting NHS England in discharging its responsibilities to secure continuous improvement in the quality of general medical services in conjunction with the CCG's Primary Care Commissioning Committee
- Approve and monitor the arrangements in respect of Safeguarding (children and adults)

#### 1. Principal Duties

The principal duties of the Committee are as follows:

- 1.1. to ensure effective management of clinical governance areas (clinical governance, information governance, research governance and health and safety) and corporate performance in relation to all commissioned services
- 1.2. To receive exception reports from the Integrated Performance Group highlighting any areas of performance concern
- 1.3. to receive copies of all completed and signed QIA and EIA
- 1.4. to ensure appropriate arrangements are in place, in respect of medicines management including safety, effectiveness and cost.
- 1.5. to work in conjunction with the Sefton Transformation Programme and associated sub structures and relevant CCG committees in ensuring that quality and safety are an integral feature of the strategic planning process
- 1.6. to receive, scrutinise and monitor progress against reports from external agencies,
- 1.7. receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans



- 1.8. to ensure that patient experience informs the business of the committee through the establishment of appropriate sub groups and associated reporting arrangements
- 1.9. to have oversight of the process and compliance issues concerning serious incidents requiring investigation (SIRIs); being informed of Never Events and informing the CCG Governing Body of any escalation or sensitive issues in good time.
- 1.10. to work collaboratively to identify and promote “best practice”, the sharing of experience, expertise and success across the CCG and with key stakeholders
- 1.11. to monitor the CCG Quality Performance Dashboard and drive year-on-year improvement in performance. The Committee will agree what information, reports, notes or minutes from other committees or CSU colleagues that it needs to see on a regular or ad hoc basis and ensure they are scrutinised
- 1.12. to establish sub-groups or task and finish groups as and when appropriate to assist the Committee discharge its duties effectively. These groups will be required to report to the Quality Committee by submission of key issues reports as stipulated by the Quality Committee.
- 1.13. support the Governing Body to meet its Public Sector Equality Duty
- 1.14. promote research and the use of research across the organisation
- 1.15. promote education and training across the organisation
- 1.16. support the improvement of primary medical services and primary care quality in liaison with the CCG and NHSE Joint Commissioning Committees
- 1.17. to review and approve arrangements for the proper safekeeping of records.
- 1.18. the Quality Committee shall monitor the effectiveness of meeting the above duties by:
  - reviewing progress against its own programme of business agreed by the Governing Body

## 2. Membership

2.1. The following will be members of the Committee:

- CCG Clinician (Chairing to be rotated on a basis to be agreed by the committee, between a South Sefton CCG clinician and a Southport and Formby CCG Clinician)
- Clinical Governing Body Member (S&F)
- Clinical Governing Body Member (SS)
- Practice Manager Governing Body Member (S&F)
- Practice Manager Governing Body Member (SS)
- Chief Finance Officer or nominated deputy
- Chief Nurse or nominated deputy
- Clinical Director Lead for Quality (S&F)
- Clinical Director Lead for Quality (SS)
- Lay member for patient and public involvement (S&F)
- Lay member for patient and public involvement (SS)
- CCG Deputy Director of Commissioning

The Chief Officer shall be an ex-officio member

The following leads have an open invitation for each meeting of the Quality Committee:

- Designated Professional Safeguarding Children and Head of Adult Safeguarding.
- Programme Lead for Quality and Safety
- Commissioning Support Unit Quality Leads
- Locality Managers

- 2.2. All Members are required to nominate a deputy to attend in their absence. Deputies must be of sufficient seniority to support decision making and therefore must only be permitted if they are a member of the Leadership Team or the Senior Management Team. Deputies will count towards the quorum.
- 2.3. All members are expected to attend a minimum of 60% of meetings held.
- 2.4. Minutes and papers shall also be sent for information to CCG Chair who shall have a standing invitation to attend committee meetings.

### 3. Chair

- 3.1. The Committee has a joint Chair that shall Chair the committee on a rotational basis. A vice chair shall be selected from within the membership.

### 4. Quorum

- 4.1. The quorum shall consist of the
- Chair of the Quality Committee or Vice Chair.
  - 1 x lay member (S&F)
  - 1 x lay member (SS)
  - 1 x CCG Officer (SS)
  - 1 x CCG Officer (S&F)
  - 1 x governing body clinician (SF)
  - 1 x governing body clinician (SS)
- 4.2. As per the NHS Southport and Formby CCG Constitution and NHS South Sefton Constitution, the quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

### 5. Voting

- 5.1. Each substantive member shall have one vote on all general business items of the committee.
- 5.2. For decisions requiring a vote on a proposal the Lay Member for the respective CCG shall have the casting vote.

### 6. Frequency of Meetings and Reporting Arrangements

- 6.1. The Committee will meet at least 10 times per year and submit the ratified minutes of its meeting to the next available CCG Governing Bodies, copies of minutes shall also be made available to the Audit Committee upon request.

### 7. Conduct

- 7.1. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members should notify the committee chair of any actual, potential or

perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS Southport and Formby CCG and NHS South Sefton procedure for the management of Conflicts of Interest as set out in the Constitution and in set out in the guidance issued by NHSE in June 2016.

- 7.2. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

## **8. Secretarial Arrangements**

- 8.1. PA to the Chief Nurse shall provide secretarial support to the Committee.
- 8.2. The agenda for the meetings will be drawn up with the Chair of the Committee.
- 8.3. The agenda and papers for meetings will be distributed one week in advance of the meeting.
- 8.4. The minutes of the meeting will be produced in 10 working days.

## **9. Establishing supporting work streams**

- 9.1 The committee is able to establish supporting work streams and sub groups to support it in the discharge its duties and responsibilities.
- 9.2 The committee can only delegate to the supporting work streams or sub groups the responsibilities that are set out within its own terms of reference as approved by the Governing Body.
- 9.3 The committee shall at all times remain accountable to the Governing Body for all duties and responsibilities set out in its terms of reference

## **10. Date and Review**

Date: June 2019

Version Number: 11

Future Review dates June 2020

## Remuneration Committee

### Terms of Reference

#### 1. Authority

The Committee is established as a committee of NHS Southport and Formby CCG.

The principal function of the Committee is to make determinations about pay and remuneration for employees of the CCG and people who provide services to the CCG and allowances under any pension scheme it might establish as an alternative to the NHS pensions scheme.

The committee will make recommendations in respect of remuneration packages for the Chief Officer and Chief Finance Officer to the Governing Body for approval.

Only members of the Governing Body can be members of the Remuneration Committee.

The committee meets in common with the Remuneration Committee of NHS South Sefton CCG

#### 2. Principal Duties

The principal duties of the Committee are as follows:

- To make recommendations to the Governing Body about the conditions of service, fees and other allowances for CCG employees and clinicians and for people who provide services to the CCG, including determinations about allowances under any pension scheme that the CCG may establish as an alternative to the NHS pension scheme.
- To make recommendations in respect of remuneration packages for the Chief Officer and Chief Finance Officers to the Governing Body.
- To make recommendations in respect of remuneration of all staff to the governing body.
- To approve compromise agreements and severance arrangements, non-contractual payments, secondments and ad hoc pension arrangements; taking into account relevant national pay frameworks or any other guidance as appropriate, so as to ensure that each individual is fairly rewarded for their individual contribution to the CCG, while having proper regard to the CCG's circumstances and performance, affordability and the public interest
- To include in determinations all aspects of salary (including any performance related elements/bonuses), provision for other benefits and any other contractual terms.
- To oversee appropriate contractual arrangements for such staff and clinicians, including the proper calculation and scrutiny of termination payments, excluding ill health and normal retirement, taking into account such national guidance as appropriate.
- To approve the design of, and determine targets for, any performance related pay schemes operated by the CCG; and to approve the total annual payments made under any such schemes.

- To review plans prepared by the Chief Officer and /or the Chair of the Governing Body for team and individual managerial development of the senior team, taking into account the challenges and opportunities facing the CCG.
- To review plans produced by the Chief Officer and/or Chair relating to talent management and succession planning of posts within the senior team, taking into account the challenges and opportunities facing the CCG, and what skills and expertise are therefore needed on the Governing Body in the future.
- To ensure that all provisions regarding disclosure of remuneration, including pensions, are fulfilled.
- To ensure that remuneration and terms and conditions of engagement of all staff are set out in writing in a contract of employment.
- The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- The Committee is further authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, within its terms of reference within a limit determined by the Chief Finance Officer.

### 3. Membership

The committee shall be appointed by the CCG from amongst its Governing Body members as follows:-

Lay Member (governance) – Chair

Lay Member (PPI)

Secondary Care Doctor

GP Governing Body Member

Only members of the CCG Governing Body may be members of the remuneration committee.

The Chair of the CCG's Governing Body shall not be a member of the Committee.

Only members of the committee have the right to attend the Committee meetings.

Other individuals such as the Chief Officer, the HR lead and external advisers may be invited to attend for all or part of any meeting as and when appropriate. They should however not be in attendance for discussions about their own remuneration and terms of service.

### 4. Quorum

The quorum will be the Remuneration Committee Chair or Vice Chair plus 1 other member of the Remuneration Committee membership

The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

## 5. Frequency of Meetings and Reporting Arrangements

The Committee will meet at least once a year with clear arrangements for calling meetings at additional times, as and when required, with seven working days' notice. The Committee will submit its minutes to the next available CCG Governing Body. In addition the Committee will report annually to the Governing Body.

## 6. Secretarial arrangements

The Corporate Business Manager shall provide secretarial support to the Committee and support the Chair in the management of remuneration business, drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.

The agenda for the meetings will be drawn up with the Chair of the Committee.

The agenda and papers for meetings will be distributed one week in advance of the meeting.

The minutes of the meeting will be produced within 10 working days

## 7. Policy and Best Practice

The Committee will apply best practice in the decision making process. When considering individual remuneration, the committee will comply with current disclosure requirements for remuneration on occasion seek independent advice about remuneration for individuals ensure that decisions are based on clear and transparent criteria.

The Committee will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

## 8. Conduct of the Committee

The committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, such as Nolan's seven principles of public life.

The Committee will review its own performance, membership and terms of reference on an annual basis and any resulting changes to the terms of reference will be approved by the Governing Body.

All members are required to maintain accurate statements of their register of interest with the Governing Body. Members of the committee should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS South Sefton CCG procedure for the management of Conflicts of Interest as set out in the Constitution.

## 9. Review

Date:	<u>May 2019</u>
Version	<u>10</u>
Future Review:	<u>May 2020</u>

## Approvals (Conflicts of Interest) Committee

### Terms of Reference

#### 1. Authority

The Approvals Committee (the Committee) is established in accordance with NHS Southport and Formby Clinical Commissioning Group's (the CCG) Constitution, Standing Orders and Scheme of Delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

#### 2. Membership

- Deputy Chair (Lay member)
- Chief Officer
- Chief Finance Officer
- Chief Nurse and Quality Officer
- Secondary Care Clinician
- Lay member patient and public involvement

Other representatives will be invited to attend, to provide clinical, procurement or other specialist advice as necessary, at the discretion of the Chief Officer.

#### 3. Responsibilities of the Committee

The role of the Committee will be to provide neutrality in the evaluation and decision making processes relating to the awarding of contracts for commissioned clinical services. It will be made up of non-conflicted members of the Governing Body and its decisions will be noted by the Governing Body.

The Approvals Committee is responsible for ensuring that the CCG applies conflict of interest principles and policies rigorously and provides the CCG with independent advice and judgement where there is any doubt about how to apply them to individual or group cases involving commissioning clinical services.

The Approval Committee's responsibilities are to:

- judge whether or not there is a risk of a conflict of interest existing or arising
- confirm the appropriateness or otherwise of their handling of the matter as the best way to manage the risks.
- to approve the commissioning of clinical services
- provide advice to the CCG governing body as to any other course of action which may be desirable or more appropriate on the matter under consideration

The Committee will operate:

- reactively, when the Chair of a meeting, individual Governing Body member, or Southport and Formby CCG as a whole seeks advice on a specific issue involving the commissioning of any clinical services,
- proactively, when such a potential Conflict of Interest risk is identified and acts on it.

In either mode, the Approvals Committee will discuss the issue with those involved (and any other relevant party) and issue its written decision, advice or judgement for the Governing Body. The members of the Governing Body, its committees and sub-committees will agree that they will accept the decision advice or judgement of the Committee in such cases.

The existence of the Committee does not preclude the Governing Body / or committee from discussing the appropriateness of certain clinical services or the desirability of significant investment in clinical services. The Committee would assume such informed discussion had taken place prior to items being submitted to it. The Committee does not replace the Governing Body and its committees but works with appropriate information to take the formal decision.

It should be noted that other conflicts of interest may arise that are not around the commissioning of clinical services and such conflicts are not currently proposed to be managed by this Committee.

#### **4. Administration**

The Committee Chair and members will be provided with appropriate support in the management of the Committee's business and will have dedicated administrative support.

#### **5. Quorum**

The Committee Chair or Vice Chair and at least 3 voting members. If exceptionally, any of the members are conflicted, an additional member will be substituted.

#### **6. Frequency and notice of meetings.**

The Committee will meet monthly or as necessary (virtually via teleconference or other means where applicable).

Members shall be notified at least 10 days in advance that a meeting is due to take place. Agendas and reports shall be distributed to members at least 5 working days in advance of the meeting date.

#### **7. Reporting**

The Governing Body will receive and note the committee's conclusions and ratified minutes of the Approvals Committee.

#### **8. Conduct**

All members are required to maintain accurate statements of their register of interest with the Governing Body. Members of the committee should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS Southport and Formby CCG procedure for the management of Conflicts of Interest as set out in the Constitution.

All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

Date: June 2019

Version Number: 3

Review dates June 2020



## MEETING OF THE GOVERNING BODY June 2019

<b>Agenda Item:</b> 19/74	<b>Author of the Paper:</b>						
<b>Report date:</b> June 2019	Helen Nichols Lay Member <a href="mailto:Helen.nichols3@nhs.net">Helen.nichols3@nhs.net</a> 0151 317 8454 (PA to CFO)						
<b>Title:</b> Audit Committee Annual Report 2018/19							
<b>Summary/Key Issues:</b>  The report sets out the work of the Audit Committee throughout 2018/19.							
<b>Recommendation</b>  The Governing Body is asked to receive this report.	<table border="1"> <tr><td>Receive</td><td style="text-align: center;">X</td></tr> <tr><td>Approve</td><td style="text-align: center;"> </td></tr> <tr><td>Ratify</td><td style="text-align: center;"> </td></tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

Links to Corporate Objectives 2019/20 (x those that apply)	
	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
	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 and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			Audit Committee – 18 <sup>th</sup> April 2019

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

# Audit Committee Annual Report 2019

## 1. Role of the Audit Committee

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

The principal functions of the Committee, set out in the terms of reference, are as follows:

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

The Audit Committee met five times during 2018/19 in April, May (to sign off the accounts), July, October and January.

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

- Lay Member (Governance) (Chair)
- Lay Member (Patient Experience & Engagement)
- Secondary Care Doctor

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

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

- Audit Manager MIAA
- Anti Fraud Specialist MIAA
- Audit Director Grant Thornton
- Manager Grant Thornton

Attendance at the meetings during 2018/19 was as follows in respect of the above mentioned key members/attendees:

Name	Membership	April 18	May 18	July 18	Oct 18	Jan 19
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓
Gill Brown	Lay Member	✓	✓	A	✓	✓
Jeff Simmonds	Secondary Care Doctor	A	✓	✓	A	✓
<b><i>In attendance:</i></b>						
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	A	✓	A	✓	A
Leah Robinson	Chief Accountant (On maternity leave for part of the year)				✓	✓
Phil Rule	Interim Chief Accountant	✓	✓	✓		
Michelle Moss	Anti Fraud Specialist, MIAA	✓		✓	✓	
Adrian Poll	Audit Manager, MIAA	✓		✓	✓	✓
Robin Baker	Audit Director, Grant Thornton	✓	N	✓	✓	A
Georgia Jones	Manager, Grant Thornton	✓	✓	A	A	✓

✓ Present    A Apologies    N Non-attendance

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

## 2. Internal Audit

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

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

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

During 2018/19 Mersey Internal Audit Agency (MIAA) have reviewed the operations of the CCG, have found no major issues and concluded that overall it has met their requirements. They have reported back on a number of areas. In all cases action plans have been implemented and are being monitored. In all areas reviewed to date '**Substantial Assurance**' or '**High Assurance**' has been reported.

At the meetings in both April 2018 and April 2019 the Director of Audit gave his opinion that Substantial Assurance could be given in respect of the CCG's system of internal control. A copy of his reports for both years are attached.

### **3. External Audit**

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

In April 2019 (at the time that this report was presented to the Audit Committee), the External Auditors (Grant Thornton) were in the early stages of their audit of the CCG's annual accounts. The ISA260 Report will be reported to the May Audit Committee meeting as part of the Annual Accounts approval process. This will be followed by the publication of the Annual Audit Letter to the Governing Body later in the year.

### **4. Anti Fraud Specialist**

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

The Anti Fraud Specialist, together with CCG management, prepared a plan of work that was approved by the Audit Committee and progress against that plan has been monitored throughout the year.

### **5 Regular Items for Review**

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

- Losses and special payments;
- Outstanding debts;
- Financial policies and procedures;
- Tender waivers;
- Declarations of interest;
- Data Security and Protection Toolkit;
- Risk Registers;
- Revisions to the Scheme of Delegation

A Self-assessment of the Committee's effectiveness was undertaken during the year and actions arising agreed.

## 6 Additional Key Items in the Year for Noting

- The Annual Governance Statement was approved;
- The Annual Accounts were approved;
- The Annual Report was approved;
- Grant Thornton issued an unqualified audit report on the Annual Accounts for 2017/18;
- Grant Thornton also issued a qualified 'except for' Value for Money conclusion, reporting that the CCG delivered Value for Money in 2017/18 except for its financial performance and sustainability;
- As required by the 2013 Local Audit and Accountability Act, Grant Thornton had also made a Section 30 referral to the Secretary of State due to the CCG having missed its statutory financial duty for 2017/18;
- The Data Security and Protection Toolkit was approved;
- The CCG Risk Register and GBAF were reviewed and approved regularly throughout the year;
- The Register of Interests was reviewed regularly throughout the year;
- The Committee oversaw the implementation of the GDPR;
- The Committee received the annual reports of the Approvals and Remuneration Committees;
- The Committee oversaw progress in resolving locally an issue that has arisen nationally in respect of CCG GP pension payments and an issue that had arisen in respect of a retrospective CHC claim (for which advice was sought from Anti-Fraud);
- The Committee oversaw compliance with requirements in respect of Brexit preparations.

## 7 Conclusions

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

- an effective system of integrated governance, risk management and internal control is in place to support the delivery of the CCG's objectives and that arrangements for discharging the CCG's statutory financial duties are established;
- there were no areas reported by MIAA where weaknesses in control, or consistent non-compliance with key controls, could have resulted in failure to achieve the review objective. This applies to both 2017/18 and 2018/19; and
- In 2017/18, the Annual Audit Letter (ISA 260 Report) was reported by Grant Thornton to the May Audit Committee Meeting as part of the Annual Accounts approval process. This was followed by the publication of the Annual Audit Letter to the Governing Body in its September meeting. In 2018/19, the same process will be followed.

## **8 Recommendation**

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

### **Helen Nichols**

Lay Member - Governance  
NHS Southport and Formby CCG

**Appendix 1: Director of Audit's Opinion 2017/18**

**Appendix 2: Director of Audit's Opinion 2018/19**

## 2. Director of Internal Audit Opinion – Executive Summary

My opinion is set out as follows:

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

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

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





## 2.2 Overall Opinion

My overall opinion for the period 1 April 2017 to 31 March 2018 is:

High Assurance, can be given that there is a strong system of internal control which has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed.	
<b>Substantial Assurance</b> , can be given that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.	✓
Moderate Assurance, can be given that there is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some of the organisation's objectives at risk.	
Limited Assurance, can be given that there is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls impacts on the overall system of internal control and puts the achievement of the organisation's objectives at risk.	
No Assurance, can be given that there is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the organisation's objectives.	

## 2.3 Commentary

The overall opinion is underpinned by the work conducted through the risk based internal audit plan, including core financial systems, risk assessed quality and safety reviews and governance processes.

This opinion is provided in the context that the Clinical Commissioning Group like other organisations across the NHS is facing a number of challenging issues and wider organisational factors.



<b>Financial Position</b>	The CCG is facing challenging issues in respect of financial performance and is expecting to report a deficit position for 2017/18. The Governing Body has taken action to continually review the financial position of the Trust and regular updates are provided at Governing Body meetings
<b>QIPP</b>	The savings target for 2017/18 was £10.137m and the CCG is anticipating that this will not be fully achieved. The successful delivery of cost saving plans will be a key focus for the Governing Body throughout 2018/19. Going forward the CCG is likely to face stronger financial challenges.
<b>CCG Annual Assessment</b>	The CCG has been rated as Requires Improvement by NHS England in its annual assessment of performance against key performance indicators.
<b>Senior Management Changes</b>	Senior management within the CCG has remained stable during 2017/18
<b>Provider Performance</b>	The CCG has continued to regularly report providers' performance against a range of targets. The CCG's primary provider: Southport & Ormskirk Hospital NHS Trust has generally met cancer and referral to treatment targets but has been challenged in year A&E waiting times. Primary Care performance is also regularly reported. The CCG needs to continue to work with providers to ensure required performance improvements are achieved.
<b>Partnership</b>	The CCG is part of the Cheshire and Merseyside Health and Care Partnership, working to deliver transformation across the health and social care system.

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

*Tim Crowley*  
**Director of Audit, MIAA**  
**March 2018**



## 1. Introduction

The purpose of this Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Governing Body which underpin the Governing Body's own assessment of the effectiveness of the organisation's system of internal control. This Opinion will assist the Governing Body in the completion of its Annual Governance Statement (AGS), along with considerations of organisational performance, regulatory compliance, the wider operating environment and health and social care transformation.

This opinion is provided in the context that the CCG like other organisations across the NHS is facing a number of challenging issues and wider organisational factors.

## 2. Executive Summary

This annual report provides the 2018/19 Head of Internal Audit Opinion for Southport & Formby CCG, together with the planned internal audit coverage and output during 2018/19 and MIAA Quality of Service Indicators.

Key Area	Summary
<b>Head of Internal Audit Opinion</b>	The overall opinion for the period 1 <sup>st</sup> April 2018 to 31 <sup>st</sup> March 2019 provides <b>Substantial Assurance</b> , that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
<b>Planned Audit Coverage and Outputs</b>	<p>The 2018/19 Internal Audit Plan has been delivered in accordance with the schedule agreed with the Audit Committee at the start of the financial year, including approved plan variations. This position has been reported within the progress reports across the financial year.</p> <p>Review coverage has been across governance and leadership, financial performance and financial sustainability, quality, workforce and information and technology.</p> <p>We have raised 7 recommendations as part of the reviews undertaken during 2018/19. All recommendations raised by MIAA have been accepted by management. MIAA has continued to undertake follow up reviews during the course of year.</p>
<b>MIAA Quality of Service Indicators</b>	MIAA operate systems to ISO Quality Standards. The External Quality Assessment, undertaken by CIPFA, provides assurance of MIAA's compliance with the Public Sector Internal Audit Standards.

### 3. Head of Internal Audit Opinion

#### 3.1 Roles and responsibilities

The whole Governing Body is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement (AGS) is an annual statement by the Accountable Officer, on behalf of the Governing Body, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievements of policies, aims and objectives;
- the purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process; and
- the conduct and results of the review of the effectiveness of the system of internal control, including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The organisation's Assurance Framework should bring together all of the evidence required to support the AGS requirements.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit (HoIA) is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee, which can provide assurance, subject to the inherent limitations described below. The outcomes and delivery of the internal audit plan are provided in Section 4.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led Assurance Framework. As such, it is one component that the Governing Body takes into account in making its AGS.

#### 3.2 Opinion

Our opinion is set out as follows:

- *Basis for the opinion*
- *Overall opinion*
- *Commentary*

### 3.2.1 Basis

The basis for forming our opinion is as follows:

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

### 3.2.2 Overall Opinion

Our overall opinion for the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019 is:

High Assurance, can be given that there is a strong system of internal control which has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed.	
<b>Substantial Assurance</b> , can be given that that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.	✓
Moderate Assurance, can be given that there is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some of the organisation's objectives at risk.	
Limited Assurance, can be given that there is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls impacts on the overall system of internal control and puts the achievement of the organisation's objectives at risk.	
No Assurance, can be given that there is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the organisation's objectives.	

### 3.3.3 Commentary

The commentary below provides the context for our opinion and together with the opinion should be read in its entirety.

Our opinion covers the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019 inclusive, and is underpinned by the work conducted through the risk based internal audit plan.

## Assurance Framework

**The organisation's Assurance Framework to meet the NHS requirements, is visibly used by the Governing Body and clearly reflects the risks discussed by the Governing Body.**

## Conflicts of Interest

As required by NHS England's Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (June 2017), an audit of conflicts of interest was completed following the prescribed framework issued by NHS England. The following compliance levels were assigned to each scope area:

Scope Area	Compliance Level	RAG rating
1. Governance Arrangements	Fully Compliant	●
2. Declarations of interests and gifts and hospitality	Fully Compliant	●
3. Register of interests, gifts and hospitality and procurement decisions	Fully Compliant	●
4. Decision making processes and contract monitoring	Fully Compliant	●
5. Reporting concerns and identifying and managing breaches / non compliance	Fully Compliant	●

## Risk Based Reviews

We issued

3 <b>high</b> assurance opinions:	<ul style="list-style-type: none"> <li>Provider Contract Management</li> <li>Key Financial Controls</li> <li>Budgetary Control</li> </ul>
3 <b>substantial</b> assurance opinions:	<ul style="list-style-type: none"> <li>Serious Incidents</li> <li>Risk Management</li> <li>Data Security &amp; Protection</li> </ul>
0 <b>moderate</b> assurance opinions:	N/A
0 <b>limited</b> assurance opinions:	N/A
0 <b>no</b> assurance opinions:	N/A

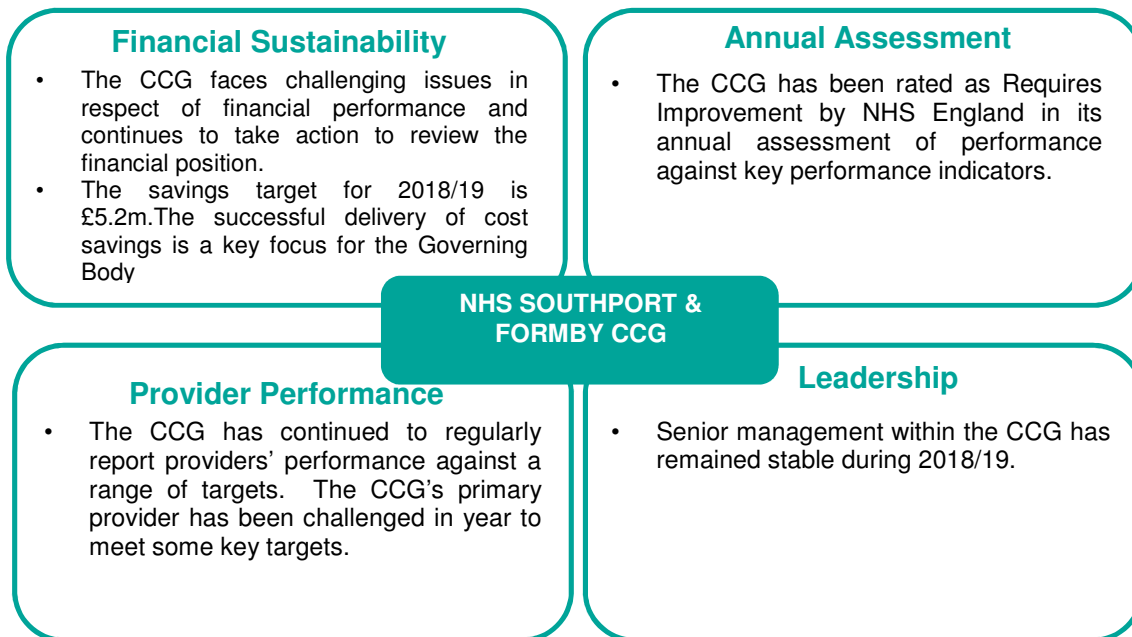
We raised no critical or high risk recommendations in respect of the above assignments.

## Follow Up

During the course of the year we have undertaken follow up reviews and can conclude that the organisation has made **good progress** with regards to the implementation of recommendations. We will continue to track and follow up outstanding actions.

## Wider organisation context

This opinion is provided in the context that the Governing Body like other organisations across the NHS is facing a number of challenging issues and wider organisational factors.



The CCG is part of the Cheshire & Mersey Health and Care Partnership, working in partnership to deliver transformation across the region.

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

*Tim Crowley*

**Head of Internal Audit, MIAA**  
**March 2019**

## MEETING OF THE GOVERNING BODY June 2019

**Agenda Item:** 19/75

**Author of the Paper:**

Andy Woods

Senior Governance Manger

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**Report date:** June 2019

**Title:** Equality and Diversity CCG Annual Report including Equality Delivery Systems 2 and Equality Objective plan

**Summary/Key Issues:**

The CCG has produced an annual Equality & Diversity Report 2018 (Appendix A) which sets out how the CCG has been demonstrating 'due regard' to their Public Sector Equality Duty (PSED) and will provide evidence for meeting the Equality Acts 2010 Specific Duties, to: publish Equality Information annually; set Equality Objectives and implement the Equality Delivery Systems 2 (EDS2), which forms part of the NHS England assurance requirements for CCGs.

The report highlights progress and completion against the Equality Objective Plan for 2016-2019 (Annual report section three, appendix two) the new revised Equality Objectives 2019 to 2021 (Appendix B) and outlines the CCG's approach to implementing the Equality Delivery Systems 2 (EDS2) toolkit in close collaboration with other Merseyside CCGs and all NHS Providers who operate within Merseyside, in line with the vision outlined in the Five Year Forward View and NHS Long term Plan.

**Recommendation**

Receive	X
Approve	X
Ratify	

The Governing Body is asked to:

- a) **Receive** the Equality and Diversity Annual Report (Appendix A)
- b) **Receive** CCGs approach to Equality Delivery Systems 2 assessment, (Annual Report section 2, and Appendix 1)
- c) **Receive** progress and completion of 2016 to 2019 Objectives Plan (Annual Report section 3 –and Appendix 2).
- d) **Receive** the Workforce Equality Plan (which was monitored and considered by the Finance & Resource Committee including CCG's work around the workforce Race Equality Standard (Annual Report section 5 and Appendix 4)
- e) **Approve** the refreshed Equality Objective Plan 2019- 2021(Appendix B)



<b>Links to Corporate Objectives 2019/20 (x those that apply)</b>	
x	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
x	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

<b>Process</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments/Detail (x those that apply)</b>
Patient and Public Engagement	x			EDS 2 implementation involved engagement with a range of national and local stakeholders.
Clinical Engagement				
Equality Impact Assessment	x			The report outline how the CCG has paid due regard to the Public Sector Equality Duty.
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees				

<b>Links to National Outcomes Framework (x those that apply)</b>	
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 the Governing Body June 2019

### 1. Executive Summary

The CCG has produced an annual Equality & Diversity Report 2018/19 (Appendix A) which sets out how the CCG has been demonstrating 'due regard' to their Public Sector Equality Duty (PSED) and will provide evidence for meeting the Equality Acts 2010 Specific Duties, to: publish Equality Information annually; set Equality Objectives and implement the Equality Delivery Systems 2 (EDS2) toolkit (Appendix C), which forms part of the NHS England assurance requirements for CCGs.

The report highlights progress and completion against the Equality Objective Plan for 2016-2019 (Annual report section three, appendix two) the new revised Equality Objectives 2019 to 2021 (Appendix B) and outlines the CCG's approach to implementing the Equality Delivery Systems 2 (EDS2) toolkit in close collaboration with other Merseyside CCGs and all NHS Providers who operate within Merseyside, in line with the vision outlined in the Five Year Forward View and NHS Long term Plan.

This report introduces the NHS Southport and Formby CCG's (SFCCG) Equality and Diversity (E&D) Annual Report (Appendix A) and the governing body are asked to pay particular attention to:

- The CCGs approach to and feedback in relation to, the Equality Delivery System2 (EDS2), (Annual report, section two).
- Progress and completion against the three years Equality Objectives Plan (Annual Report, section three)
- Approve the refreshed Equality Objective Plan (Appendix B)

### 2. Introduction and Background

#### 2.1 ANNUAL EQUALITY & DIVERSITY REPORT 201819 (Appendix A)

The CCG has produced an annual Equality & Diversity Report which sets out how the CCG has been demonstrating 'due regard' to their Public Sector Equality Duty's (PSED) three aims to eliminate discrimination, advance equality of opportunity and foster good community relations and will provide evidence for meeting the specific equality duty, which requires all public sector organisations to publish their equality information annually.

### 3. Key Issues

#### 3.1 EQUALITY DELIVERY SYSTEMS 2

The CCG adopted the Equality Delivery System (EDS2) toolkit as its performance toolkit to support the NHS England Assurance process on equality and diversity. The CCG's grades can be viewed in *Appendix A section two*. The CCGs performance and grades have progressed incrementally over the last six years to 'achieving' status across twelve outcome areas and

'developing' status across all other outcomes. Caution should always be applied to performance managing equality performance as health inequalities across the north of England are poor and PSED is an anticipatory duty and always applies to SFCCG as and when it makes commissioning decisions that impact on patients.

The CCG has led on implementing EDS 2 across Merseyside. All Merseyside Clinical Commissioning Groups and all the main NHS providers (The Merseyside Equality Collaborative) who operate within the sub region have worked collaboratively to implement the toolkit in an innovative and integrated way across the area. Over the last 19 months all partners have worked closely with a range of stakeholders who represent the interests of people who share protected characteristics at a national, regional and local level to ensure that Merseyside identifies 'barriers' that impact on access and unequal outcomes and is able to address and mitigate these collectively across the area via the development of revised and integrated equality objectives (Appendix B).

### 3.2 EQUALITY OBJECTIVE PLAN

The CCG developed and agreed equality objective plan in 2016. These actions have now been completed and for assurance purposes can be viewed in the Annual report section 3, Appendix 2. As a direct result of the EDS2 collaborative outlined above, SFCCG has significantly revised their equality Objectives plan 2019 to 2021 (Appendix B). Outstanding actions from the previous plan have been incorporated into the new plan. This revised plan will enable the CCG and the services they commission to mitigate poor access and health inequalities in an integrated way.

Key progress and highlights against our Equality Objectives over the past year include:

- 1) Continuing to monitor Equality and Diversity compliance across all key NHS providers through the quality contract schedule.
- 2) The duty to carry out Reasonable Adjustments (Equality Act 2010) to support better access and outcomes for disabled people and frail elderly is often misunderstood and is also being addressed via contract monitoring and collaborative work between providers of secondary and community services and primary care. A task and finish group across the collaborative is developing a Merseyside wide standard operating procedure and action plan for implementation.
- 3) The development of local Translation and Interpretation Quality Standards to remove variation and poor outcomes for people whose first language is not English or people who communicate via British Sign Language etc. These standards will be incorporated into NHS secondary and community care provider contracts during 2019. The standards are currently being consulted on by key community stakeholders and other key parties including NHSE.
- 4) An equality information and communication strategy has been drafted to specifically support Southport & Formby GPs to implement Translation and Interpretation best practice standards, Accessible Information Standards and Reasonable Adjustments. The strategy has been welcomed and agreed in a number of committees and forums including the joint primary care committee with NHS England. The CCG has full delegated responsibility from April 2019.
- 5) Merseyside CCGs are working closely with NHS providers on improving transparency and decision-making during the unprecedented financial and demographic challenges faced by the NHS. There has never been more pressure on the system to change and adapt and it's important that 'due regard' is given to the Public Sector Equality Duty (PSED) and the duty to reduce health inequalities is met; The CCG has supported key NHS Providers to improve performance over the last year, but there is still work to do.

- 6) The development of a Transgender pathway via the Cheshire Merseyside Gender Identify Collaborative (CMAGIC). CMAGIC is a multifaceted collaboration between clinicians and patients involved in the support and care of Transgender individuals within the Cheshire and Mersey area, established by Southport & Formby CCG and Southport and Formby CCG. The pathway is currently being considered as a national pilot by NHS England and a bid to extend the pathway across the Cheshire & Merseyside Health and Care Partnership is supported by Chief Executive Officers from all Merseyside CCGs and from Mersey Care NHS Foundation Trust and Wirral University Teaching Hospital NHS Foundation Trust.
- 7) A Deaf access engagement event organised by the Liverpool CCG engagement team highlighted a range of issues and poor outcomes for people not being able to move smoothly from one service to another across physical health and mental health services. Liverpool CCG has developed a strategic plan to improve access to health services for D/deaf people across Merseyside and all CCGs and providers are reporting progress regularly.
- 8) The link between the lack of cultural sensitivity/understanding diversity and the impact this has on patient safety and experience has been explored over the year and a range of work streams have been developed to improve outcomes.
- 9) The CCG's Equality and Inclusion specialist continues to work closely with Black Asian and Minority Ethnic (BAME) communities via the Merseyside wide meeting to ensure the service is supporting access and outcomes for the BAME population.

## 4 Conclusions

### 4.1 CONCLUSION RISK AND NEXT STEPS

Despite progress being made by SFCCG in terms of meeting PSED there is still key work that needs to be progressed and these are outlined in the annual report and revised Equality Objective Plan. Unprecedented pressures facing the NHS coupled with increasing health inequalities across the North West mean it is essential that SFCCG pays 'due regard' to its legal duties prior to making commissioning decisions. Furthermore it is of paramount importance that NHS providers and emerging decision making structures across the NHS system are cognisant of their legal obligations to eliminate discrimination, advance equality of opportunity (Equality Act 2010) and reduce health inequalities (Health and Social Care Act 2012).

By receiving the Annual Report and Equality Objective Plan the CCG will continue to meet its specific duties to publish equality information and develop equality objectives.

The SFCCG's Annual Report, Equality Objectives Plan and EDS 2 summary report will be published on the CCG website where it can be accessed by external stakeholders, patients and communities.

## 5 Recommendations

The Governing Body is asked to:

- a) **Receive** the Equality and Diversity Annual Report (Appendix A)
- b) **Receive** CCGs approach to Equality Delivery Systems 2 assessment, (Annual Report section 2, and Appendix 1)
- c) **Receive** progress and completion of 2016 to 2019 Objectives Plan (Annual Report section 3 – and Appendix 2).
- d) **Receive** the Workforce Equality Plan (which was monitored and considered by the Finance &

- Resource Committee including CCG's work around the workforce Race Equality Standard (Annual Report section 5 and Appendix 4)
- e) **Approve** the refreshed Equality Objective Plan 2019- 2021(Appendix B)

## 6 Appendices

Appendix A: Equality & Diversity Annual Report 2018/19  
Appendix B: Equality Objective Plan 2019-2021 (refreshed 2020)

**Andy Woods**  
**Senior Governance manager**  
**June 2019**

# **NHS Southport & Formby CCG EQUALITY & DIVERSITY ANNUAL REPORT 2018-2019**

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## Foreword

There is clear evidence that people's health, their access to health services and experiences of health services are affected by their age, gender, race, sex, sexual orientation, religion/belief, transgender, marital/civil partnership status and pregnancy/maternity status.

NHS Southport & Formby Clinical Commissioning Group (SFCCG) strives to commission services that meet the needs of our communities in relation to access and outcomes for patients and we understand that this is more important than ever given the unprecedented financial pressures that the NHS currently faces and the challenges outlined in the 5 year forward view.

***Gill Brown, Southport & Formby's CCG's Lay Member for Patient and Public Engagement***

## 1.0 Introduction

This document is the CCG's annual Equality & Diversity Report which sets out how the CCG is working with the Equality Act 2010 and in particular paying 'due regard' to the Public Sector Equality Duty's (PSED) three objectives to:-

1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Protected characteristics include; age disability, gender reassignment status, religion or belief, sex, sexual orientation, marriage and civil partnership status.

This document outlines the CCG's approach to embedding Equality & Diversity within the organisations via the Equality Delivery Systems 2 (EDS 2) toolkit, setting Equality Objectives, monitoring the equality performance of our key NHS providers, ensuring our workforce are supported and engaged and that we have robust processes in place to consider our Public Sector Equality Duty (PSED)<sup>1</sup> when we are making commissioning decisions.

### 1. 'Due regard' and equality analysis reports

"Due regard" is a legal requirement and means that the Governing Body of the CCG has to

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<sup>1</sup> Equality Act 2010- section 149



give *advanced* consideration (consider the equality implications of a proposal before a decision has been made) to issues of 'equality and discrimination' before making any commissioning decision or policy that may affect or impact on people who share protected characteristics. It is vitally important to consider equality implications as an integral part of the work and activities that the CCG does.

'Due regard' can only be paid by the Governing Body or by SFCCG decision makers, officers can only support this process by developing information and presenting views to the Governing Body. The reports that go to the Governing Body are Equality Analysis reports – commonly known as Equality Impact Assessments (EIAs)

The reports will test the proposal and say whether it meets PSED and ultimately complies with the Equality Act 2010. SFCCG is under a statutory duty to comply with the Equality Act 2010. Recommendations will be part of the reporting process, the Governing Body in making decisions have to consciously take into consideration the content of the reports as part of their deliberations and decision making process.

Equality Analysis reports cannot be done after a decision is made as this is unlawful and could be grounds for Judicial Review.

SFCCG is becoming stronger at developing and delivering Equality Analysis reports and linking them to the current change programmes but more work is required as NHS nationally and locally is facing unprecedented financial and demographic challenges and widening health inequalities outlined in the Five year Forward View and NHS Long Term Plan.

Equality Analysis reports have to consider the effect or impact of any change to policy , practice or procedure against all the protected characteristics this means that there has to be a strong link to the consultation and engagement process in order to identify different peoples perspectives and concerns.

Training has been given to all staff making them aware of the process and there are strong support mechanisms in place to help staff and the organisation to develop and deliver timely and accurate reports

## 2.0 Equality Delivery Systems (EDS2)

We have adopted the Equality Delivery System (EDS2) as our performance toolkit to support us in demonstrating our compliance with the Public Sector Equality Duty. The Equality Delivery System (EDS2) is a tool-kit that can support the CCG improve the services we provide for our local communities, consider health inequalities in our area and provide better working environments, free of discrimination, for those who work with us in the NHS.

The EDS 2 has four key goals (with 18 specific outcomes); **achieving better outcomes, improving patient access and experience, developing a representative and supported**

**workforce and finally, demonstration of inclusive leadership.** Each of these goals can be assessed and a grading applied to illustrate progress in achieving the outcomes and the involvement of the communities and organisations which represent the views of people with protected characteristics. The grading's available are as follows:

**Undeveloped** if there is no evidence one way or another for any protected group of how people fare or Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well

**Developing:** the organisation has evidence and plans that it is addressing and mitigating poor access and /or outcomes against 3 to 5 protected characteristics.

**Achieving:** the organisation has evidence and plans that it is addressing and mitigating poor access and /or outcomes against 6 to 8 protected characteristics.

**Excelling** if evidence shows that the majority of people in all nine protected groups fare well

## 2.1 The local approach to EDS 2

All Merseyside Clinical Commissioning Groups and all the main NHS providers from across Merseyside (Merseyside Equality Collaborative) have worked collaboratively to implement the toolkit in an innovative and integrated way across the area. Over the last 19 months all partners have worked closely with a range of stakeholders who represent the interests of people who share protected characteristics at a national, regional and local level to ensure that this system for NHS organisations in Merseyside identifies 'barriers' that impact on access and unequal outcomes and is able to address and mitigate these collectively across the area.

The Merseyside collaborative engaged with stakeholders in a number of ways via one-to-one meetings, workshops, interviews, briefings and research with a range organisations and stakeholders including but not exclusively: Healthwatch Sefton, Young Ambassadors YPAS, The Race Equality Foundation, Merseyside Society for Deaf, Savere UK, Deafness Resource Centre, Mind, Scope, RNIB, In Trust Merseyside, Age UK, Black Minority Ethnic Community Development Service. The aim of the engagement exercise was to ensure the organisations understood the 'barriers' communities across protected characteristics face to enable the CCG to improve access and outcomes during these unprecedented challenging times. NHS Providers who operate within the sub region and neighbouring CCGs will also be working towards progressing work against the same issues and barriers across the system.

All NHS organisations within Merseyside recognises that patients and staff who share certain protected characteristics are less likely to complain, complete NHS surveys or access community networks to provide their feedback. The work of the collaborative and the level of engagement with stakeholders will ensure that the entrenched barriers communities face in relation to accessing healthcare services are understood and mitigated overtime. Meeting and understanding the needs of people is essential to remove disadvantage and advance equality of opportunity, so we will continue to endeavour to address these issues through mainstream plans, changing service specifications, the way we monitor our NHS providers, business plans and strategies, procurement activity, contract monitoring and

discussions with key partners including NHS England, and community, voluntary and faith sectors.

The EDS2 findings identified a range of actions for CCG's new Equality Objective Plan (2019 to 2023).

The EDS2 assessment for the CCG can be viewed at **Appendix 1**. The CCGs performance and grades have progressed incrementally over the last six years to 'achieving' status across fourteen outcome areas and 'developing' status across all other outcomes. However, caution should always applied to performance managing equality performance as health inequalities across the north west of England are widening and PSED is an anticipatory duty and always applies to SFCCG as and when it makes commissioning decisions that impact on patients.

The CCG will be continue working closely on implementing EDS2 over 2019/20 with other Merseyside CCGs and key providers including: Southport & Ormskirk NHS Trust, Lancashire Care NHS Foundation Trust, Mersey Care NHS Foundation Trust, Alder Hey NHS Foundation Trust, Aintree University Hospital NHS Foundation Trust, Royal Liverpool and Broadgreen University Hospital NHS Trust, Liverpool Heart and Chest Hospital NHS Foundation Trust, The Walton Centre NHS Foundation Trust, Clatterbridge Cancer Care NHS Foundation Trust, St Helens and Knowsley Teaching Hospitals NHS Trust, Bridgewater Community Health NHS Foundation Trust. This innovative approach will ensure that all organisations are addressing the needs of the population in an integrated and sustainable way.

*Please note: Caution should always be applied to EDS2 performance managing and grading equality, as PSED is an anticipatory duty and always applies to SFCCG as and when it makes commissioning decisions.*

### **3.0 NHS Southport & Formby CCG Equality Objective Plan 2016/2019 (Appendix Two)**

The CCG developed and agreed equality objective plan in 2016. These actions have now been completed and for assurance purposes can be viewed in **Appendix 2**. As a direct result of the EDS2 collaborative, SFCCG has significantly refreshed a new Equality Objective plan (2019-2023). This revised plan will enable the CCG to address barriers through mainstream plans including - changes to specifications, business plans and strategies, improving procurement activity and processes, changing quality contract monitoring and enabling improved information and intelligence exchange with key partners including NHS England, the Local Authority and Community, Voluntary and Faith Sector.

The CCG's current equality objectives are:-

- To make fair and transparent commissioning decisions
- To improve access and outcomes for patients and communities who experience disadvantage
- To improve the equality performance of our providers through collaboration and contract monitoring
- To empower and engage our workforce

Key progress and highlights against our Equality Objectives over the past year include:

- 1) Continuing to monitor Equality and Diversity compliance across all key NHS providers through the quality contract schedule.
- 2) The duty to carry out Reasonable Adjustments (Equality Act 2010) to support better access and outcomes for disabled people and frail elderly is often misunderstood and is also being addressed via contract monitoring and collaborative work between providers of secondary and community services and primary care. A task and finish group across the collaborative is developing a Merseyside wide standard operating procedure and action plan for implementation.
- 3) The development of local Translation and Interpretation Quality Standards to remove variation and poor outcomes for people whose first language is not English or people who communicate via British Sign Language etc. These standards will be incorporated into NHS secondary and community care provider contracts during 2019. The standards are currently being consulted on by key community stakeholders and other key parties including NHSE.
- 4) An equality information and communication strategy has been drafted to specifically support Southport & Formby GPs to implement Translation and Interpretation best practice standards, Accessible Information Standards and Reasonable Adjustments. The strategy has been welcomed and agreed in a number of committees and forums including the joint primary care committee with NHS England. The CCG has full delegated responsibility from April 2019.
- 5) Merseyside CCGs are working closely with NHS providers on improving transparency and decision-making during the unprecedented financial and demographic challenges faced by the NHS. There has never been more pressure on the system to change and adapt and it's important that 'due regard' is given to the Public Sector Equality Duty (PSED) and the duty to reduce health inequalities is met;
- 6) The development of a Transgender pathway via the Cheshire Merseyside Gender Identify Collaborative (CMAGIC). CMAGIC is a multifaceted collaboration between clinicians and patients involved in the support and care of Transgender individuals within the Cheshire and Mersey area, established by Southport & Formby CCG and Southport and Formby CCG. The pathway is currently being considered as a national pilot by NHS England and a bid to extend the pathway across the Cheshire & Merseyside Health and Care Partnership is supported by Chief Executive Officers from all Merseyside CCGs and from Mersey Care NHS Foundation Trust and Wirral University Teaching Hospital NHS Foundation Trust.
- 7) A Deaf access engagement event organised by the Liverpool CCG engagement team highlighted a range of issues and poor outcomes for

people not being able to move smoothly from one service to another across physical health and mental health services. Liverpool CCG has developed a strategic plan to improve access to health services for D/deaf people across Merseyside and all CCGs and providers are reporting progress regularly.

- 8) The link between the lack of cultural sensitivity/understanding diversity and the impact this has on patient safety and experience has been explored over the year and a range of work streams have been developed to improve outcomes.
- 9) The CCG's Equality and Inclusion specialist continues to work closely with Black Asian and Minority Ethnic (BAME) communities via the Merseyside wide meeting to ensure the service is supporting access and outcomes for the BAME population.

#### 4.0 Monitoring the Equality & Diversity performance of our key NHS providers

During the year SFCCG collaborated with neighbouring CCGs to ensure that contracts with key local NHS providers include requirements to achieve and improve equality and diversity standards.

Providers over 2018/19 were expected to:

- Show evidence that they have implemented the Accessible Information Standard
- Show and demonstrate progress against their Smart Equality Objectives Plan
- Complete an EDS assessment and worked as part of the collaborative
- Provide evidence of compliance with Equality Act 2010 specific duties (including the Workforce Race Equality Standard)
- Only take decisions about service redesign after an equality analysis or equality impact assessment has been carried out to demonstrate due regard of the PSED
- Provide data on the use of translation and interpretation services
- Improve and develop awareness of how to provide reasonable adjustments

EDS2 grades can be viewed in **Appendix 3**. It is expected as a direct result of implementing EDS 2 across the collaborative that Southport & Ormskirk NHS Trust, Aintree University Hospital NHS Foundation Trust,, Liverpool Heart and Chest Hospital NHS Foundation Trust and Alder Hey NHS Foundation Trust will improve their EDS grade and performance over the next few months. Overall provider compliance from quarter one to three, which is

monitored as part of the quality contract process can be viewed in **Appendix 4**. The CCG has developed a provider collaborative across all Merseyside providers and this group intends to work collectively on a number of key areas including making reasonable adjustments and improving decision making and governance arrangements around meeting its legal duties. Please note Southport and Ormskirk Hospital has not appeared on **Appendix 4** as the trust was subject to an intermediate action plan (outside of the contract process) to ensure significant improvements were made to compliance. Over the last year the trust has significantly improved performance as a result of this and it has provided a range of assurances against the KPI's.

## 5.0 Equality & Diversity and the Workforce

The CCG is committed to developing a representative and supported workforce and we specifically consider equality and diversity for our staff. We are supported by our CSU human resource team to ensure our policies are equality impact assessed. We aim to ensure that we have fair and equitable employment and recruitment practices as well as holding up to date information about the CCG's workforce. Our Finance and Resource Committee will receive our Workforce Equality and diversity plan in **Appendix 5** below and this will ensure we are cognisant of Equality Duties and our Workforce Race Equality Standard and that our relevant committees scrutinise the data available to them and ensure we value diversity and advance equality of opportunity for our staff.

The CCG is working closely with all NHS providers across Merseyside and has already begun to undertake positive action initiatives in response to Workforce Race Equality Standard (WRES) and poor outcomes for staff associated with sexual orientation, transgender and disability. The group intend to share staff support network opportunities and work with local communities to support increases in representation in the workforce.

### 5.1 Workforce and EDS 2

A key part of our EDS 2 (Goal 3) assessment focuses on our workforce. These grades can be viewed in **Appendix 1**, below. Information and evidence that feeds into our performance are measured on staff survey results, WRES findings and work against our E&D workforce plan.

### 5.2 Staff Training

Staff working within the CCGs undertakes annual equality and diversity training. The training is designed not only as an introduction to diversity and cultural awareness, but also as a practical guide to making our organisational culture an inclusive one. It combines a focus on personal and organisational beliefs, values and behaviours and the impact they have in our interactions at workplace, internally and externally. Furthermore all our staff within the CCG including commissioning programme leads, contract and procurement staff, finance,

governing body members within the CCG has received specific training and or support on Equality Acts 2010, Public Sector Equality Duty compliance, specifically during these unprecedented financial challenging times. Governing Body training and supporting commissioning staff to meet their legal obligations is a key equality objective for 2019/2020

## 6.0 Governance and accountability

The Interim Programme Lead - Corporate Services will be directly responsible to the Senior Management Team and Governing Body of the CCG for providing the necessary information on progress and compliance to the PSED as part of their update on equality and diversity, which is planned into the Governing Body reporting and meeting cycle. The Finance & resource Committee and the The Engagement and Patient Experience **Group (EPEG)** Committee will receive annual updates and assurance reports on equality and diversity. The Corporate Governance meeting receives quarterly updates against the equality Objective plan.

## 7.0 Conclusion

The CCG will continue to strive to ensure that the services the CCG commission are accessible to all. During the last twelve months we have made good progress around equality & diversity, developing new and building on existing relationships with groups and individuals who share and represent the interests of protected characteristics. This year's EDS2 exercise has allowed us to fully improve our understanding of what barriers certain communities face and enabled us tackle the issues collaboratively across the system through mainstream processes and plans in a truly integrated way. We have developed a refreshed Equality Objective Plan that focuses' on the internal processes we need to improve and the actions we need to undertake to tackle barriers and disadvantages certain communities face. The CCG has developed a Workforce Equality & Diversity Plan which aims to build on the solid foundations that are already in place. The CCG will continue to engage with the population and staff as a whole and continue to develop strong links with members of the population and groups who represent the interests of people who share protected characteristics and ensure that their views are built into the services we commission or the policies we develop.

However despite progress being made by SFCCG in terms of meeting PSED there is still key work that needs to be done and these are outlined in the annual report (section one) and revised Equality Objective Plan. Unprecedented pressures facing the NHS coupled with increasing health inequalities across the North West mean it is essential that SFCCG pays 'due regard' to its legal duties prior to making commissioning decisions. Furthermore it is of paramount importance that NHS providers and emerging decision making structures across the NHS system are cognisant of their legal obligations to eliminates discrimination, advance equality of opportunity (Equality Act 2010) and reduce health inequalities (Health and Social Care Act 2012).

The CCG will continue to monitor its progress against the action plan and report annually and openly on the development of this work and activity.

**APPENDIX 1 SOUTHPORT & FORMBY CCG EDS 2 GRADES AND OUTCOMES**

NHS Southport & Formby CCG EDS2: The Goals and Outcomes			Current Grade Status 2017/18	Grade status 2018-2019
Goal	Num ber	Description of outcome		



Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Achieving	Achieving
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Achieving	Achieving
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing	Achieving
	1.4	When people use NHS services their safety is prioritised, and they are free from mistakes, mistreatment and abuse	Developing	Achieving
	1.5	Local health information and communications reach communities	Achieving	Achieving
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing	Achieving
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Developing	Achieving
	2.3	People report positive experiences of the NHS	Developing	Developing
	2.4	People's complaints about services are handled respectfully and efficiently	Developing	Achieving
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving	Achieving
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Achieving	Achieving
	3.3	Training and development opportunities are taken up and positively evaluated by all staff	Developing	Developing
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing	Achieving
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing	Achieving
	3.6	Staff report positive experiences of their membership of the workforce	Developing	Achieving
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing	Developing
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Developing	Developing
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing	Achieving



**APPENDIX 2 NHS Southport & Formby CCG Equality Objective Plan 2016-2019**

**The CCGs current equality objectives are:-**

1. To make fair and transparent commissioning decisions;
2. To improve access and outcomes for patients and communities who experience disadvantage
3. To improve the equality performance of our providers through robust procurement and monitoring practice
4. To empower and engage our workforce

In the last column each Objective plan action has been mapped to the SFCCG Equality Objectives (above), EDS 2 18 outcomes and Public Sector Equality Duties

Protected Characteristic	Key Issue and Barrier Identified	Action and Activity	Responsible Officer	Date	EDS Outcome PSED CCG Equality Objective
Race	Language and cultural barriers	Consider implementation of the new NHS England Translation and Interpretation (T&I) Framework for primary care when it is launched in 2016/17	Chief Delivery and Integration Officer	Closed. NHSE have not produced the standard. Local interpretation guidance developed	1.1, 1.2,1.3, 1.4, 1.5, 2.1, 2.2, 2.3, 2.4  Eliminate Discrimination Advance Equality Of Opportunity
		Develop a local T&I Policy and awareness raising programme for the CCG and Primary Care (and cross-reference with the NHS England guidance when received).	Senior Governance manager & Chief Delivery and Integration Officer & Head of communications and engagement	March 2018  Completed  Next stage of implementation is included revised equality objective	Equality Objectives 1,2,3

				plan	
		Identify relevant data that can support the CCG to measure T&I usage in Primary Care	<b>Senior Governance manager &amp; Primary care lead</b>	July 2017 completed	
		Ensure key secondary care providers continue to report on T&I usage as set out in the Quality Contract Schedule 2016/17	<b>Chief Nurse</b>	Completed – on going	
		CCG to consider developing a Bilingual Volunteer project to provide non- clinical T&I support to the CCG and partners	<b>Senior Governance manager &amp; Chief Delivery and Integration Officer</b>	December 2019 In Progress And reviewed	

				and included into new equality Objective plan	
<b>Race</b>	Lack of understanding of which services to access and inappropriate A&E attendance	Work collaboratively with relevant community groups and health services to develop local communications to support appropriate access - including registration with GPs	<b>Senior Governance manager &amp; VCF representatives</b>	<b>March 2018 Completed</b> <b>Next stage of implementation is included in revised equality objective plan</b>	2.1, 1.1  Advance Equality of Opportunity  Equality Objectives 1,2

		Ensure Specification for CCG funded Community Development (CD) BME related project reflects actions within the Equality Objective Plan and EDS2 exercise  Intelligence barriers feeds into CCG	<b>Chief Delivery and Integration Officer</b>	<b>March 2018</b>  <b>Completed</b>	
<b>Race</b>	Lack of Cultural understanding within commissioning and primary and secondary care services	Promote CD BME organisation's offer and promote cultural competency training across CCGs, primary and secondary care	<b>Senior Governance manager</b>	<b>December 2017</b>  <b>Completed</b>	1.1, 1.5, 2.1  Advance Equality Of Opportunity  Foster Good Community Relations  Equality Objectives  1, 2,3

<b>Disability / age / frail elderly</b>	Lack of understanding of reasonable adjustments by health professionals across health services	Accessible information Standard is embedded across the CCG and promoted across GP Practices	<b>Senior Governance manager &amp; Chief Delivery and Integration Officer</b>	<b>March 2018</b> <b>Completed</b>	1.1,1.2,1.3,2.1 Advance Equality of Opportunity
	Implement Accessible Information Standard	Develop a local T&I policy and awareness raising programme for the CCG and Primary Care. (Future NHS England guidance will be cross referenced into the local policy and programme)	<b>Senior Governance manager &amp; Head of communications and engagement</b>	<b>March 2018</b> <b>Completed</b> <b>Next stage of implementation is included in revised equality objective plan</b>	Equality Objectives 1,2,3
	Duty to make Reasonable Adjustments	Develop comprehensive reasonable adjustment guidance to support improvements in standards in Primary, Community and Secondary Care and share with the Local Authority to consider for their services	<b>Senior Governance manager &amp; Chief Delivery and Integration Officer</b>	<b>December 2017</b> <b>Completed</b>	



		Ensure Accessible Information Standard and the need to make reasonable adjustments is monitored with the providers via the Quality Contract Schedule	<b>CCG E&amp;D Lead and Chief Nurse</b>	<b>Completed</b>	
		Develop and distribute Reasonable Adjustment Guidance  Develop communication brief on the Standard to be issued to primary care (GPs)	<b>Senior Governance manager &amp; primary care lead</b>	<b>Completed</b>	
		Produce brief 'Consider Reasonable Adjustments' CQUIN proposal' and address in Quality schedule	<b>Senior Governance manager</b>	<b>Completed</b>	
<b>Age - young people and working age older citizens</b>	Further explore potential for vulnerable Young People to face	Issue will be addressed in the Merseyside Quality Surveillance thematic work stream for mental health and Crisis Care (co-ordinated by Halton CCG's Head of Quality and Chief Nurse )	<b>Senior governance Manager &amp; Chief Nurse</b>	<b>December 2018</b> <b>Completed</b>	1.1, 1.2, 1.4, 1.3  Advance Equality of

	disadvantages				Opportunity  Equality Objectives 2,3
		Voice of the Child activity – feeds into commissioning activity	<b>Chief nurse</b>	<b>March 2018</b>  <b>Completed</b>	

<b>Age - older citizens</b>	Waiting times and timescales of referrals and appointments for frail elderly and older citizens living alone	Address concerns raised by age organisations in the community specifically on inappropriate appointment times in Primary and Secondary Care (in conjunction with Halton CCG's Head of Quality and Chief Nurse )	<b>Senior Governance manager &amp; Chief Delivery and Integration Officer</b>	<b>December 2016</b>	1.1,1.2,1.3, 1.4, 2.1, 2.3,  Advance Equality of Opportunity
		Implement Accessible Information Standard into provider contracts and monitor	<b>Senior Governance Manager</b>  <b>Primary care lead</b>	<b>Completed</b>	Equality Objectives 2,3

		Ensure Serious Incidents Policy and activity consider PSED and needs associated with protected characteristics via the Quality Surveillance Group in conjunction with Halton CCG's Head of Quality and Chief Nurse	<b>Senior Governance manger &amp; Chief nurse</b>	<b>March 2017</b>  <b>Completed</b>  <b>Next stage of implementation is included in revised equality objective plan</b>	
<b>Transgender</b>	Lack of understanding of trans issues and variation in service standards	Explore options to improve knowledge and understanding of the Transgender community across health services (issues raised are stored in EDS Engagement Excel spreadsheet)  Continue to develop local responses to Trans needs across Primary Care and links with In Trust Merseyside	<b>Senior Governance Manager &amp; Chief Nurse</b>  <b>Transgender lead</b>	<b>March 2018</b>	1.1, 1.2, 1.3, 1.4, 2.1, 2.2, 2.3  Eliminate discrimination, Advance Equality of Opportunity

				<b>Completed via development of CMAGIC</b>	Equality Objectives 1,2,3,4
<b>Sexual Orientation &amp; Transgender</b>	Poorer patient experience and lack of understanding of needs across health services	Develop a proposal to support and improve awareness raising of LBGT issues across the CCG, primary care and secondary care to improve access and outcomes  Please note barriers are listed in the EDS2 engagement document	<b>Senior Governance Manager &amp; Head of Communication &amp; Engagement</b>	<b>March 2019</b> <b>Completed</b> <b>Next stage of implementation is included in revised equality objective plan</b>	1.1, 1.2, 1.4 Eliminate Discrimination Advance Equality of Opportunity  Foster Good Community relations  Equality Objectives 1,2,3,4
<b>Pregnancy &amp; Maternity</b>	Barriers will be identified via the maternity services review pre and post Equality Assessment	Barriers will be identified via the maternity services review pre and post Equality Assessment process –in line with Improving Me timescales	<b>Co-ordinating CCG lead</b>	<b>March 2018</b> <b>Completed</b>	1.1,2.1,1.21.3  Eliminate Discrimination Advance Equality of Opportunity

	process				Foster Good Community Relations  Equality Objectives 1,2,3,4
<b>All Protected Groups</b>	Human resources and workforce	Develop an Equality Workforce Plan in conjunction with CSU HR Business Partners to be ratified and approved at CCG HR Committee	<b>CSU Business Partner</b>	<b>Completed</b>	3.1,3.2,3.3,3.4,3.5,3.6  Eliminate Discrimination  Advance Equality of Opportunity  Foster Good Community relations  Equality Objective 4
		Embed and implement the Workforce Race Equality Standard	<b>Governance manager &amp; Chief Delivery</b>	<b>April 2016 and repeated in</b>	Equality Objective 4  Advance equality of

			and Integration Officer  CSU HR Business Partner	line with NHSE guidance  Completed	Opportunity
<b>All Protected Groups</b>		Ensure EDS2 approach and plans are embedded into the refreshed Communications and Engagement Plans & activity	Communication and Engagement Manager  & Chief Delivery and Integration Officer	November 2017  Completed	Equality Objectives 1,2,3,4  All PSED  1.1,1.2,2.1,4.2

	Ensure that Governing Body, and other key decision- making panels (including Individual Funding Requests) and programme leads receive the appropriate level of E&D training	<b>Senior Governance Manager &amp; Governance manager &amp; Chief Delivery and Integration Officer</b>	<b>March 2018</b> <b>Completed</b> <b>Next stage of implementation is included in revised equality objective plan</b>	
	Develop guidance to support the CCG to pay due regard to PSED for difficult commissioning decisions, including reductions in service and cessations	<b>Senior Governance Manager &amp; Governance manager &amp; Chief Delivery and Integration Officer</b>  <b>Chief Operating Officer</b>	<b>June 2016</b> <b>Completed</b>	



		Continue to monitor and improve the equality performance of providers	<b>Senior Governance Manager &amp; Chief Nurse</b>	<b>Completed</b>  <b>Next stage of implementation is included in revised equality objective plan</b>	

	Continue to work closely with NHS provider's Equality Leads through the NHS Equality Leads Provider Forum to improve access and outcomes for protected groups	<b>Senior Governance Manager</b>	<b>March 2018</b>  <b>Completed</b>  Next stage of implementation is included in revised equality objective plan
	Ensure governance and decision-making committee templates are reviewed to meet Equality Act 2010 requirements	<b>Senior Governance Manager &amp;</b>	<b>March 2019</b>  <b>Completed</b>  Next stage of implementation is included in revised equality objective plan

		Develop guidance and support embedding the Equality Act requirements and Fair Consultation principles into consultation and engagement activity	<b>Senior Governance Manager &amp;</b>  <b>Head of Communication &amp; Engagement</b>	<b>March 2019</b>  <b>Completed</b>  <b>Next stage of implementation is included in revised equality objective plan</b>	

		Embed comprehensive Equality Analysis into the CCG's key Projects and redesign Programme Management Process and Quipp	<b>Senior Governance Manager &amp; Chief Operating Officer</b>	<b>March 2017</b> <b>Completed</b>	
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**APPENDIX 3 Key NHS Provider EDS 2 grades**

Goal	Number	Liverpool Womens	Aintree	Southport & Ormskirk	Mersey Care	Liverpool Heart & Chest	Wirral and Cheshire Partnership (Access Sefton IAPT)	Lancashire Care
Better health outcomes	1.1	Achieving	Developing	Developing	Achieving	Developing	Developing	Developing
	1.2	Achieving	Developing	Developing	Achieving	Developing	Developing	Developing
	1.3	Developing	Developing	Developing	Achieving	Developing	Developing	Developing
	1.4	Achieving	Developing	Developing	Achieving	Developing	Developing	Developing
	1.5	Achieving	Developing	Developing	Achieving	Developing	Developing	Developing
Improved patient access and experience	2.1	Achieving	Developing	Developing	Achieving	Developing	Developing	Developing
	2.2	Achieving	Developing	Developing	Achieving	Developing	Developing	Developing
	2.3	Achieving	Developing	Developing	Achieving	Achieving	Developing	Developing
	2.4	Achieving	Developing	Developing	Achieving	Achieving	Developing	Achieving
A representative and supported workforce	3.1	Achieving	Developing	Developing	Achieving	Developing	Developing	Achieving
	3.2	Achieving	Developing	Developing	Achieving	Achieving	Achieving	Developing
	3.3	Developing	Developing	Developing	Achieving	Developing	Achieving	Achieving

	3.4	Developing	Developing	Developing	Achieving	Developing	Achieving	Developing
	3.5	Achieving	Developing	Developing	Achieving	Developing	Achieving	Developing
	3.6	Achieving	Developing	Developing	Achieving	Developing	Achieving	Developing
Inclusive leadership	4.1	Developing	Developing	Developing	Achieving	Developing	Achieving	Developing
	4.2	Developing	Developing	Developing	Achieving	Developing	Achieving	Excelling
	4.3	Developing	Developing	Developing	Achieving	Developing	Achieving	Achieving

#### APPENDIX 4 Provider performance Q1 to Q3

Southport and Ormskirk Hospital has not appeared on Appendix 4 as the trust was subject to an intermediate action plan (outside of the contract process) to ensure significant improvements were made to compliance. Over the last year the trust has significantly improved performance as a result of this and it has provided a range of assurances against the KPI's.

Key

No evidence submitted- validation not complete.	
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Provider	RA_01 Service Changes and Redesign PART A The Provider will submit 3 service redesign proposals between Q1 and Q3				RA_01 Service Changes and Redesign PART B The Provider will submit 3 high risk CIP proposals between Q1 and Q3				RA_02 Information Standards Compliance PART A The Provider will submit an Accessible Information Standard Implementation/ Action Plan and updates against the plan at the end of Quarter 3.				RA_02 Information Standards Compliance PART A The Provider will submit a Reasonable Adjustments Implementation/ Action Plan and updates against the plan at the end of Quarter 3.				RA_03 Equality Specific Duties The Provider will submit a website link to the Annual Equality and Diversity Report at the end of Quarter 4.			
Aintree University Hospital	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Alder Hey	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Clatterbridge	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Liverpool Heart and Chest	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Liverpool Women's Hospital	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Mersey Care Mental Health Contract	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Mersey Care Community Contract	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
The Royal Liverpool University Hospital	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Walton Centre	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

Not Compliant	
Compliant	
Not Applicable/ No evidence Required	
Subject to Immediate Action Plan	

**APPENDIX 5**

**Southport & Formby CCGs Workforce Equality and Diversity Plan 2018 2019** (updated March 2019).

Task	Associated Actions	Outcomes	Owner(s)	Completion Date	EDS Comparator
Annual completion of NHS Workforce Race Equality Standard (WRES)	1. Implement and embed the 9 national Workforce Race Equality Standard indicators as per NHS England guidance.	Eliminate Discrimination Advance equality of opportunity	HRBP and Merseyside Equality and Inclusion Lead	WRES report to Finance and resource Committee in July 2019	3.1
					3.3
	2. Establish conditions for Positive Action.				3.4
					3.6
					4.1
					4.3
Development of a pan Mersey approach to	1. Monitor performance of HR policies	Challenge barriers if data/evidence identifies them	HRBP and Merseyside Equality and Inclusion Lead	Plan to be ready by March 2020	3.2
					3.5
					3.1



Positive Action initiatives allowed under the Equality Act 2010 by the Equality Leads Collaborative Forum	against the Public Sector Equality Duty to establish baseline.	Advance equality of opportunity.			3.3
	2. Identify trends from CCG data.				3.5
	3. Establish conditions for Positive Action.				4.1
	4. Utilise WRES and staff results and feedback.				4.3
	5. Work on WRES data across all NHS Merseyside providers and develop initiatives, including staff support and research.				
6. Work closely with Cheshire and Merseyside EDI Steering Group to promote Positive					

	<p>Action initiatives across the Cheshire &amp; Merseyside Health and Care Partnership System.</p> <p>7. Development of staff support offer for CCG staff across Merseyside</p>				
<p>Implementation of the Workforce Disability Equality Standard (WDES) as per NHS England guidance.</p>	<p>Prepare for the implementation of the WDES, to include familiarisation with proposed national KPIs.</p> <p>Inclusion of KPI in quality contract schedule to monitor and support providers organisations</p>	<p>Eliminate Discrimination</p> <p>Advance equality of opportunity</p>	<p>HRBP and Merseyside Equality and Inclusion Lead</p>	<p>Dependent on national timescale (provisional WDES launch date expected to be Autumn 2019)</p>	<p>3.1</p> <p>3.3</p> <p>3.4</p> <p>3.6</p> <p>4.1</p> <p>4.3</p>



## APPENDIX B

### EQUALITY OBJECTIVE PLAN 2019 – 2021 (refreshed 2020)

The CCGs current equality objectives are:-

1. To make fair and transparent commissioning decisions
2. To improve access and outcomes for patients and communities who experience disadvantage
3. To improve the equality performance of our providers through collaboration and partnership working
4. To empower and engage our workforce

Protected characteristic	The barriers and issue at play (as identified by EDS2 collaborative engagement)	Action	Responsible officer	Time and date of completion	EDS Outcome PSED CCG Equality Objective
Disability	Poor access to services and poor outcomes	Ensure the CCG works closely with providers and General practice to progress the D/deaf access action plan.	Interim Programme lead- corporate Services	December 2021	1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3  Advance Equality of opportunity and eliminate discrimination
		Accessible Information Standard and reasonable adjustment strategy base	Equality Lead	September 2019	Equality Objectives 2,3

		line questionnaire returned and analysed			
		Implement 2 year strategy in in line for general practice with action plan strategy	Equality lead and Primary care team	September 2021	
<b>Disability/ Age</b>	Poor access to services (secondary and primary Care) and poor outcomes	Support Providers of NHS services to implement Reasonable adjustments (including The Accessible Information Accessible Standard) and monitored via Quality contract schedule  Reasonable adjustment S.O.P for all Merseyside providers developed via Merseyside equality Collaborative and implemented as sub contract in all trust NHS	Chief Nurse  Equality lead & contract team	December 2021  Developed August 2019  Agreed CCG via quality committee November 2019	1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3  Advance Equality of opportunity and eliminate discrimination  Equality Objectives 2,3

		contracts.		Implemented Contract variation January 2020	
<b>Race/ Disability</b>	Poor access to services (secondary and primary Care) and poor outcomes	Approve Translation and Interpretation Quality Standards and support providers to implement standards across St Helens  Develop standards via collaborative and implement as contract variation	Director of Strategy and Outcomes  Equality lead	During contract year 2019/20  Agreed at Quality November 2019 committee  Implemented Contract variation January 2020	1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3  Advance Equality of opportunity and eliminate discrimination  Equality Objectives 2,3

<b>Race</b>	Poor access and outcomes	<p>Work in close collaboration with CDW service to ensure access and outcome are improved and aligned to NHS pathways across all Black, Asian, minority and ethnic communities.</p> <p>Continue to provide leadership and Chair BAME CDW Steering Group and ensure barriers and discrimination acted upon by commissioners and collaborative.</p> <p>Link into wider CDW services across Merseyside</p>	<p>Interim Programme lead- corporate Services</p> <p>Equality Lead</p> <p>Equality Lead</p>	<p>December 2019</p> <p>On going</p> <p>September 2019</p>	<p>1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3</p> <p>Advance Equality of opportunity and eliminate discrimination</p> <p>Equality Objectives 2,3</p>
<b>Age children and young people</b>	Poor access and outcomes	<p>Ensure service change considers PSED and health inequalities and the appropriate level of engagement</p> <p>Ensure Equality analysis and support is available for</p>	<p>Director of Strategy and Outcomes</p> <p>Equality lead and</p>	<p>December 2021</p>	<p>1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3</p> <p>Advance Equality of opportunity and eliminate discrimination</p> <p>Equality Objectives</p>

		review SALT services for children and young people	Commissioning managers		2,3
<b>Age</b> <b>Working age and older citizens</b>	Poor access and outcomes	Ensure service change considers PSED and health inequalities and the appropriate level of engagement for commissioning priorities and QIPP Plan	Interim Programme lead- corporate Services & Director of Strategy and Outcomes	December 2021	1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3  Advance Equality of opportunity and eliminate discrimination  Equality Objectives 2,3
		Operational plan to be RAG rated for risk  Process plans to be developed	Equality lead and Commissioning managers	August 2019	
<b>Sex</b>	Access to service and poor outcomes linked to sex	Ensure service change considers PSED and health inequalities and the appropriate level of engagement.	Interim Programme lead- corporate Services and Equality lead and engagement	December 2021	1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3  Advance Equality of opportunity and



		Ensure equality analysis support key priorities as highlighted in the operational plan including Cancer, Mental health and prevention	Manager	March 2020  March 2020	eliminate discrimination  Equality Objectives 2,3
<b>Sexual orientation</b>	Access to service, poor outcomes and poor patient experience	Work with key departments across the CCG to ensure sexual orientation is considered and appropriate levels of engagement are in place.  SMT to consider the Navajo charter mark  Promote charter mark to key organisations across primary care	Interim Programme lead- corporate Services & Director of Strategy and Outcomes  Equality lead	December 2021  March 2020  November 2019	1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3  Advance Equality of opportunity and eliminate discrimination  Equality Objectives 2,3
<b>Transgender</b>	Access to service, poor outcomes and poor patient experience	Ensure the CCG is aligned to the CMAGIC service and transgender pathway via both STP project and national NHSE pilot.	Director of Strategy and Outcomes	March 2021	1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3  Advance Equality of opportunity and

		<p>ELT to consider the Navajo charter mark.</p> <p>Work with CMAGIC on developing bid for STP roll out</p> <p>Support the development of the NHS England specialised commissioning transgender pathway pilot bid.</p>	<p>Interim Programme lead- corporate Services</p> <p>Commissioning Manager / transformation</p> <p>Equality lead and Commissioning Manager / transformation</p>	<p>March 2020</p> <p>September 2019</p> <p>December 2019</p>	<p>eliminate discrimination</p> <p>Equality Objectives 2,3</p>
<b>Religion and belief</b>	Poor patients experience and outcomes	Ensure collaborative action plan around meeting religious and spiritual needs of patients is developed by the provider Collaborative forum and the CCG support implementation across the all NHS providers.	Interim Programme lead- corporate Services	December 2021	<p>1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3</p> <p>Advance Equality of opportunity</p> <p>Equality Objectives 2,3</p>

		Equality Collaborative to set up task and finish group in November 2019 to develop Merseyside wide response.	Equality lead	March 2020	
<b>ALL</b>	Workforce and Human resources	CCG works closely with the EDS2 providers and CSU on progressing the CCG workforce Equality plan (Appendix 6)  Collaborative task and Finish group established looking at developing a number of positive action initiative including development of BAME staff support for the CCG.	Interim Programme lead- corporate Services  Equality Lead & Interim Programme lead- corporate Services	December 2019  April 2020	
<b>ALL</b>	Cultural sensitivity and patient safety	Support providers to meet the cultural needs of All protected groups and improve patient safety  Develop comprehensive	Chief Nurse & Equality lead	December 2021  September	

		<p>guidance on investigation of serious incidents and links to cultural sensitivity, unconscious bias and discrimination.</p> <p>Deliver training/ briefing to investigators across the CCG</p> <p>Roll out training and guidance to all equality leads across the collaborative to replicate the work at each trust</p> <p>Monitor uptake via the quality contract schedule or via collaborative / partnership approach</p>	<p>Equality lead and Collaborative</p> <p>Equality lead and Chief Nurse</p>	<p>2019</p> <p>February 2020</p> <p>April 2020</p> <p>December 2021</p>	
<b>ALL</b>	Ensure CCG pays 'due regard' to PSED and health inequalities	Ensure Governing Body and executive leads are trained and briefed on lawful	Interim Programme lead- corporate Services &	April 2020	4.1,4.2, 4.3 Equality Objective 1,1

	<p>during unprecedented challenge facing NHS</p>	<p>decision making and consideration of public law duties.</p> <p>Deliver training to executives and Governing Body of PSED and lawful decision making</p> <p>Deliver EIA lawful decision making training to integrated Commissioning team</p>	<p>Director of Strategy and Outcomes</p> <p>Equality lead &amp; Interim Programme lead- corporate Services</p> <p>Equality lead &amp; Interim Programme lead- corporate Services</p>	<p>December 2019</p> <p>July 2019</p> <p>July 2019</p>	<p>Eliminate discrimination Advance equality of opportunity</p>
<p><b>Socio economic (poverty)</b></p>	<p>Widening health inequalities</p>	<p>Ensure the CCG embeds consideration of health inequalities in decision making and PMO</p> <p>Deliver training to executives and Governing Body of PSED and lawful decision making</p>	<p>Interim Programme lead- corporate Services &amp; Delivery &amp; Equality lead</p>	<p>March 2020</p> <p>December 2019</p>	

		<p>Review PMO and EIA documentation to improve governance process and decision making</p>		July 2019	
		<p>Deliver EIA lawful decision making training to integrated Commissioning team</p>		July 2019	
		<p>Support dissemination of NHSE Right care health Inequalities packs to key providers and incorporate and monitor outcomes</p>		MARCH 2020	
		<p>Work with NHS providers equality leads and senior leaders via the equality collaborative on prevention agenda (Operational plan)</p>		December 2020	



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## MEETING OF THE GOVERNING BODY June 2019

<b>Agenda Item:</b> 19/76	<b>Author of the Paper:</b> Judy Graves Corporate Business Manager <a href="mailto:judy.graves@southseftonccg.nhs.uk">judy.graves@southseftonccg.nhs.uk</a> 0151 317 8352						
<b>Report date:</b> May 2019							
<b>Title:</b> Governing Body Assurance Framework, Corporate Risk Register and Heat Map - Q4 2018/19							
<p><b>Summary/Key Issues:</b></p> <p>The paper presents the Governing Body Assurance Framework (GBAF), Corporate Risk Register and Heat Map for Q4 2018/19 as at 29<sup>th</sup> March 2019.</p> <p>The GBAF has been updated by the respective leads and presented for review to the Corporate Governance Support Group and Leadership Team.</p> <p>The CRR has been updated by the risk leads, reviewed by the respective committees, the Corporate Governance Support Group and the Leadership Team throughout March. The Heat Map charts these risks in a concise format.</p> <p>The documents were presented to the Audit Committee in April 2019 for review, scrutiny and approval, the discussion from which is contained within this report.</p>							
<p><b>Recommendation</b></p> <p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> <li>- receive the report</li> <li>- note the review, scrutiny and approval by the Audit Committee in April 2019</li> <li>- make recommendation for any further actions</li> </ul>	<table style="width: 100%;"> <tr> <td style="width: 80%;">Receive</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

### Links to Corporate Objectives 2019/20 (*x those that apply*)

x	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.



X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
X	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (x those that apply)
Patient and Public Engagement				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	X			<p>GBAF: Leadership Team and the Corporate Governance Support Group.</p> <p>CRR: Corporate Governance Support Group, respective committees and Leadership Team.</p> <p>Full reports presented to the Audit Committee in April 2019.</p>

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

## Report to the Governing Body June 2019

### 1. Executive Summary

The paper presents the updated Governing Body Assurance Framework (GBAF), Corporate Risk Register and Heat Map for Q4 2018/19 as at 29<sup>th</sup> March 2019.

The GBAF has been updated by the respective leads and presented for review to the Corporate Governance Support Group and Leadership Team.

The CRR has been updated by the risk leads, reviewed by the respective committees, the Corporate Governance Support Group and the Leadership Team throughout March. The Heat Map charts these risks in a concise format.

The documents were presented to the Audit Committee in April 2019 for review, scrutiny and approval, the discussion from which is contained within this report.

### 2. Governing Body Assurance Framework: Q4 2018/19 position as at 29 March 2019

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

#### GBAF Risk Positions (*appendix A1*)

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"> <li>• Check and challenge sessions have been revised to focus on overall QIPP delivery and individual scheme support</li> <li>• Review of other CCGs' recovery plans for additional scheme ideas</li> <li>• Preparation of QIPP schemes for 2019/20</li> </ul>

### 3. Corporate Risk Register and Heat Map: Q4 2018/19 position as at 29 March 2019

Of the 48 Southport & Formby CCG operational risks on the CRR as at the end of Quarter 4 2018/19, there are 25 presented rated high (score of 12) or above:

- Finance: 1
- Quality: 22
- Joint Commissioning: 2

Changes during this quarter include:

- 1 new risk: QUA067. This is in relation to the system and resource requirements for MCA/DoLS.
- 24 risks have remained the same
- 0 risks have increased
- 5 risks have been reduced to below the reporting threshold of 12 and above:
  - The Joint Commissioning Committee have removed the following risks from its register which were already below the reporting threshold of 12 and above:
    - JC17: the risk is in relation to a reduction in registration boundary at a practice and the impact on surrounding practices. It has since been agreed that the boundary can reduce. This has resulted in the practice being able to cope with the patient pressures within the boundary area including new registrations. This has removed the risk to other practices.
    - JC18: the risk is in relation to formal list closure and the potential for increased risks at other practices. The locality are now monitoring the churn of patients to ease the pressure and reduce the need for a closed list.
  - Following further review of the finance and resource risks by the F&R Committee in March, the following adjustments have been made and can be seen on the heat map (*appendix B*):
    - FR006: the risk is in relation to the non-delivery of the NHSE required control total of £1m surplus for 2018/19 caused by potential and emerging expenditure pressures. The committee reduced the risk from 20 (4x5) to 9 (3x3) as the CCG is now on target to deliver its control total of £1m surplus subject to external audit opinion.
    - FR006b: the risk is in relation to the CCG failing to contain expenditure against its opening budgets and reserves in 2018/19 caused by potential expenditure pressures. The risk has been reduced from 20 (4x5) to 9 (3x3) as the CCG is now on target to deliver its control total of £1m surplus subject to external audit opinion.
    - FR009: the risk is in relation to the non-delivery of the Sefton Transformation Programme as a result of insufficient appropriate resources. The committee reduced the risk from 16 (4x4) to 6 (2x3) due to the plan sign off and funding allocation for the Project Management Office by the STP Board.

Furthermore, three risks already below the reporting threshold are now being recommended for removal:

- QUA041: risk is in relation to safeguarding concerns not being notified to the appropriate practitioner caused by staffing changes. Reasonable assurance has been provided against this risk with an upward trajectory in performance.
- QUA050: risk is in relation to maternity care provision at Ormskirk Maternity Unit and has been reduced as a result of assurance received on staffing numbers which has been monitored satisfactorily with no further concerns raised.
- QUA057: risk is in relation to the SI process and has been reduced following substantial assurance received from MIAA on CCG processes, these of which will continue to be monitored by the Joint Quality Committee.

## CRR Risk Positions

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

## CRR Details and Highlights

The risks are charted in the risk heat map (*appendix B*) the themes for which have also been identified (*appendix C*), with the risk detail contained in the corporate risk register (*appendix D*).

### 4. Audit Committee Discussion: April 2019

Following review of the documentation the committee noted that a review of the GBAF and CRR risks will be carried out for Q1 2019/20. It was further noted that a number of the risks on the CRR and heat map seem to be scored highly when compared to the level of consequence for the CCG, and noted that this would need to be considered when the risks are reviewed.

The committee approved the updates presented and the removal of the risks QUA041, QUA050 and QUA051.

### 5. Next Steps

A full review of the GBAF and CRR risks is currently underway for Q1 2019/20.

### 6. Recommendation

The Governing Body is asked to:

- receive the report
- note the review, scrutiny and approval by the Audit Committee in April 2019
- make recommendation for any further actions

### 7. Appendices

- A: Governing Body Assurance Framework
- B: Corporate Risk Heat Map
- C: Risk Themes
- D: Corporate Risk Register 12+
- E: Risk Matrix

**Judy Graves**  
**Corporate Business Manager**  
**June 2019**

Southport and Formby CCG  
Governing Body Assurance Framework  
2018/19  
Update: 12 March 2019 (Q4 2018/19)

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?
<p>1. To focus on the identification of QIPP (Quality, Improvement, Productivity &amp; Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.</p>	<p>1.1 Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position</p>	<p>Debbie Fairclough</p>	20	20	<ul style="list-style-type: none"> <li>• At the end of Month 10 this risk is likely to materialise</li> <li>• Alternative financial measures will be required to achieve financial balance</li> <li>• The CCG has developed a new QIPP plan for 2019/20</li> <li>• QIPP and financial recovery remain a key risk for the CCG</li> <li>• Recovery Programme Lead appointed</li> <li>• Governing Body development sessions undertaken to raise awareness and support financial planning for 2019/20</li> <li>• Review of NHS England's Menu of Opportunities, RightCare and NHS England/Improvement's Efficiency Map to produce and long list of schemes for 2019/20</li> <li>• Reviewing contracting approach for 2019/20</li> <li>• <span style="color: blue;">Check and challenge sessions have been revised to focus on overall QIPP delivery and individual scheme support</span></li> <li>• <span style="color: blue;">Review of other CCGs' recovery plans for additional scheme ideas</span></li> <li>• <span style="color: blue;">Preparation of QIPP schemes for 2019/20</span></li> </ul>
<p>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</p>	<p>2.1 N/A</p>		9	9	<ul style="list-style-type: none"> <li>• Risk being assured through Strategic Objective 1 and QIPP.</li> <li>• Consolidated "plans on a page" have been shared with the Provider Alliance</li> <li>• OPS Plan "plans on a page" completed with outcomes and KPIs.</li> </ul>

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.					<ul style="list-style-type: none"> <li>OPS Plan signed off by NHSE</li> <li>Transformation Programme in place</li> <li>Shaping Sefton Strategy currently under review to ensure alignment of all programmes between acute sustainability, place based development and QIPP.</li> </ul>
3. To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.	3.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified	Karl McCluskey	16	8	<ul style="list-style-type: none"> <li>Monthly performance calls with NHSE to review all constitutional targets continue</li> <li>CCG Improvement and Assessment Framework performance reported to Governing Body quarterly</li> <li>Continued monthly performance meetings internally</li> <li>On-going review of all standards by governing body</li> </ul>
	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"> <li>Business Continuity plans approved and exercised, with an action plan being progressed as a result of the plan being implemented</li> <li>Composite plan and strategy approved</li> <li>Training and awareness raising continues</li> <li>Development Plan in place</li> <li>NHSE Self-Assessment Assurance process completed.</li> </ul>
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"> <li>International recruitment application submitted by NHSE on behalf of the CCGs. Application successful and engagement session held with practices. NHSE process on-going.</li> <li>Primary Care Strategy to be presented to the governing body in February 2019.</li> <li>Programme of LQC planning meetings in conjunction with the LMC in place. LQC live and no issues arising.</li> <li>Recruitment is now underway on the successful Clinical pharmacist</li> </ul>

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
					<p>application.</p> <ul style="list-style-type: none"> <li>• 7 day extended access now live. Service is being monitored for utilisation and impact.</li> <li>• 4 localities have successfully bid for Network Development funding from NHSE. Programme manager recruited. CCG will continue to support as requested. Working through implications of new GP contract.</li> <li>• Primary Care Strategy final draft being shared for comments. Working with NHSE on the C&amp;M primary care strategy.</li> <li>• Application has been approved, delegated status from 1<sup>st</sup> April 2019. Training on going from NHSE and recruitment underway for additional posts.</li> </ul>
<p>5. To advance integration of in-hospital and community services in support of the CCG locality model of care.</p>	<p>5.1 Risk removed: notification provided in last update: July 2018</p>	<p>Jan Leonard</p>	<p>9</p>	<p>6</p>	
<p>6. To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.</p>	<p>6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans</p>	<p>Tracy Jeffes</p>	<p>9</p>	<p>9</p>	<ul style="list-style-type: none"> <li>• Priority areas agreed for joint working within the integrated commissioning group.</li> <li>• S75 signed and completed.</li> <li>• Health and Well Being Board Executive Workshop completed with agreed approach to partnership planning around the five year plan.</li> </ul>



<b>Strategic Objective 1</b>	<b>To focus on the identification of QIPP (Quality, Improvement, Productivity &amp; Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.</b>			
<b>Risk 1.1</b>	<b>Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position</b>			
<b>Risk Rating</b> Initial Score Current Score	4 x 5 =20 4 x 5 =20		<b>Lead Director</b> Martin McDowell <b>Date Last Reviewed</b> 11 March 2019	
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Constant review by the Joint QIPP Committee and the Governing Body</li> <li>QIPP update provided regularly at leadership team</li> <li>Governing Body development sessions have taken place and will continue to be undertaken to review the organisation's financial strategy</li> <li>Monitoring and evaluating the impact of the Acting as One arrangements for consideration in 2019/20</li> <li>Commissioning subjects re-aligned with commissioning leads</li> <li>Review of RightCare data to identify QIPP opportunities</li> <li>Check and challenge sessions have been revised to focus on overall QIPP delivery and individual scheme support</li> <li>Review of other CCGs' recovery plans for additional scheme ideas</li> <li>Continued focus on delivery of finance delivery overseen by the Finance Committee</li> <li>Appointed recovery programme lead</li> <li>Review of the menu of opportunities</li> <li>Review of nationally produced reference comparison documents (NHS Efficiency Map)</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		<ul style="list-style-type: none"> <li>Recruitment of additional commissioning staff to support QIPP scheme development and implementation</li> </ul>	Debbie Fairclough	29 March 2019
		<ul style="list-style-type: none"> <li>Alignment of QIPP to Sefton's Transformation Programme</li> </ul>	Cameron Ward	29 March 2019
		<ul style="list-style-type: none"> <li>Engagement in 2019/20 contract negotiations</li> </ul>	Martin McDowell	29 March 2019
		<ul style="list-style-type: none"> <li>Continued focus on preparing schemes for 2019/20 delivery</li> </ul>	Cameron Ward	29 March 2019
		<ul style="list-style-type: none"> <li>Phasing of 2019/20 QIPP schemes</li> </ul>	Karl McCluskey	29 March 2019
		<ul style="list-style-type: none"> <li>Continued check and challenge sessions with commissioning leads</li> </ul>	Cameron Ward	On-going
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Preparation of QIPP schemes for 2019/20</li> <li>Delivery of QIPP targets – monitored month on month</li> <li>Contracts agreed for 2019/20 which do not risk CCG financial balance</li> </ul>				
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		
The CCG will not deliver the QIPP plan which without alternative financial measures will adversely impact the CCG's overall financial position.		SF006		

<b>Strategic Objective 2</b>	<b>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.</b>		
<b>Risk 2.1</b>			
<b>Risk Rating</b>	<b>Lead Director</b> Karl McCluskey		
Initial Score	<b>5 x 3 = 15</b>	<b>Date Last Reviewed</b> 13 March 2019	
Current Score	<b>3 x 3 = 9</b>		
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Joint QIPP and transformation scheme methodology in place.</li> <li>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.</li> <li>Shaping Sefton Strategy currently under review to ensure alignment of all programmes between acute sustainability, placed based development and QIPP</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		Debbie Fairclough and Fiona Doherty	On-going
		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.	
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>.</li> </ul>	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.		
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		
<ul style="list-style-type: none"> <li>.</li> </ul>			

<b>Strategic Objective 3</b>		<b>To ensure that the CCG maintains and manages performance &amp; quality across the mandated constitutional measures.</b>		
<b>Risk 3.1</b>		<b>There is a risk that identified areas of adverse performance are not managed effectively or initially identified</b>		
<b>Risk Rating</b> Initial Score <span style="background-color: red; color: white;">4x4 = 16</span> Current Score <span style="background-color: yellow;">2x4 = 8</span>		<b>Lead Director</b> Karl McCluskey <b>Date Last Reviewed</b> 13 March 2019		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Aristotle Business Intelligence portal in place and training provided to localities, practices, locality managers and commissioning leads.</li> <li>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</li> <li>Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week.</li> <li>New management structure put in place with clear lines of accountability and responsibility</li> <li>Identified individuals update monthly through integrated performance meetings</li> <li>Links between contracting teams and CPQG to ensure adverse quality performance is triangulated</li> <li>New nationally set performance metrics for ambulance performance and CAMHS introduced. Session on metrics delivered to the Governing Body.</li> <li>CCG Improvement and Assessment Framework performance reported to Governing Body quarterly</li> <li>Continued monthly performance meetings internally</li> <li>On-going review of all standards by governing body</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		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"> <li>- A&amp;E performance</li> <li>- Diagnostic test waits performance</li> <li>- Cancer wait times performance</li> <li>- RTT performance</li> </ul>	All	On-going
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked</li> <li>Integrated Performance Report shows CCG understanding of issues and oversight of actions</li> <li>Integrated Performance Reports may show improved performance as a result of robust management by CCG</li> <li>Assurance from MIAA review of performance reporting</li> <li>Performance continues to be maintained</li> <li>Monthly check and challenge meetings with planned/unplanned care leads</li> </ul>				
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		
		QUA002, QUA005, QUA008, QUA009, QUA020, QUA022.		

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

<b>Strategic Objective 4</b>	<b>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.</b>			
<b>Risk 4.1</b>	<b>Current work pressures reduce ability to engage on GP Five Year Forward View implementation.</b>			
<b>Risk Rating</b> Initial Score Current Score	3x3=9 3x3=9	<b>Lead Director</b> Jan Leonard <b>Date Last Reviewed</b> 12 March 2019		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Joint Commissioning Committee with NHSE established, <a href="#">readiness for delegated commissioning underway</a>.</li> <li>LQC for 19/20 ready for approval.</li> <li>GPFV plan</li> <li>GPFV international recruitment programme in place, with participation by the CCG</li> <li>4 localities now have <a href="#">Primary Care Networks</a>.</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		4 localities have successfully bid for Network Development funding from NHSE. Programme manager recruited. CCG will continue to support as requested. Working through implications of new GP contract.	Jan Leonard	February 19
		International recruitment process ongoing. Engagement event held.		March 2019
		Clinical pharmacist application successful. Recruitment underway		February 2019
		<a href="#">Primary Care Strategy final draft being shared for comments. Working with NHSE on the C&amp;M primary care strategy.</a>		April 19
		7 day extended access service live. Continue to monitor utilisation and impact.		February 2019
		<a href="#">Application has been approved, delegated status from 1<sup>st</sup> April 2019. Training on going from NHSE and recruitment underway for additional posts.</a>		April 2019
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Aristotle primary care dashboard in development</li> <li><a href="#">GPFV plan monitoring</a></li> <li><a href="#">LQC monitoring</a></li> </ul>				
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		
		SF042		

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

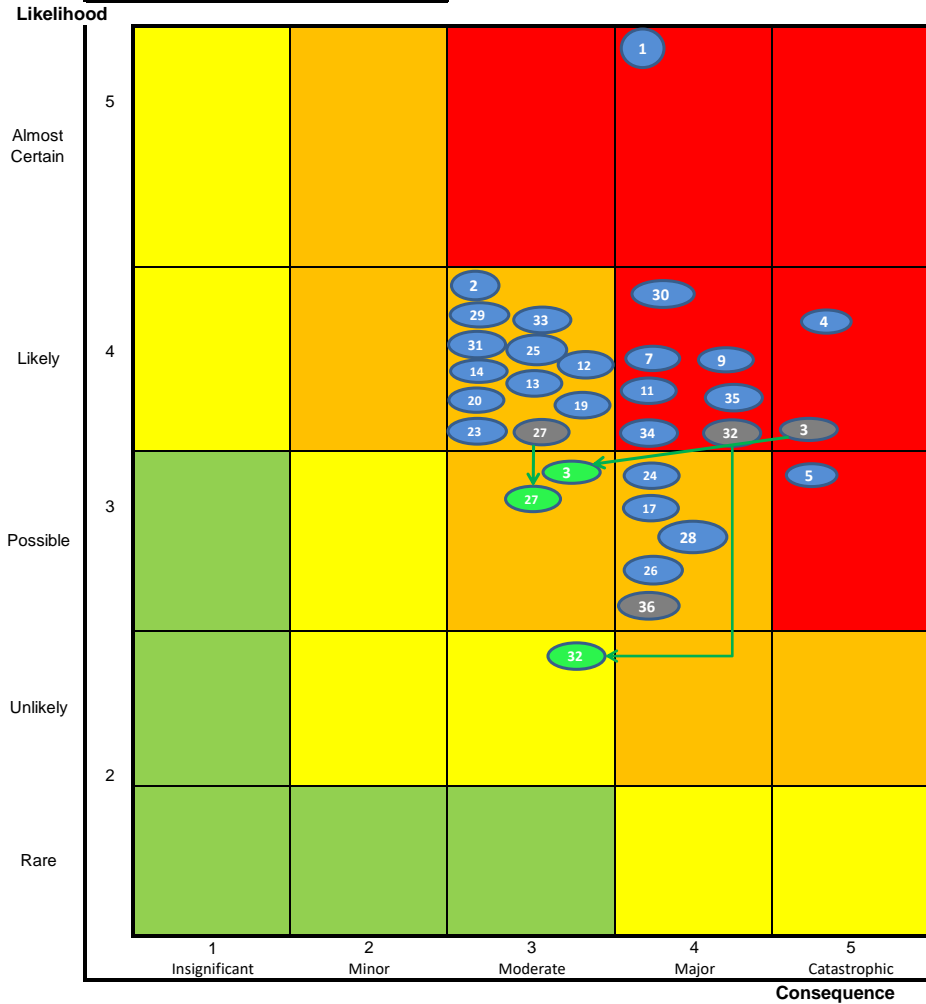
<b>Strategic Objective 6</b>	<b>To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.</b>			
<b>Risk 6.1</b>	<b>There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans</b>			
<b>Risk Rating</b>	<b>Lead Director</b>			
<b>Initial Score</b>	Tracy Jeffes			
<b>Current Score</b>	<b>Date Last Reviewed</b>			
	12 March 2019			
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Health and wellbeing board executive in place</li> <li>Review of current BCF and Section 75 arrangements</li> <li>Integrated Commissioning Group established</li> <li>Making It Happen – joint approach to integration approved, with implementation agreed.</li> <li>Implementation of MIAA recommendations in development of new BCF, iBCF and Section 75</li> <li>Pooled budget arrangements within BCF agreed.</li> <li>Finalised iBCF and BCF and aligned to “Making it Happen”</li> <li>Integrated Commissioning Workshop held and focus agreed for 2018/19.</li> <li><a href="#">Agreement on approach to further develop pooled budgets in key areas</a></li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	
		New Section 75 agreed by all parties. <a href="#">Now signed and completed March 2019.</a>	Tracy Jeffes	<a href="#">Completed</a>
		Priority areas agreed for joint working within the Integrated Commissioning Group. Implementation Plan being developed. Health and Well Being Board Executive Workshop <a href="#">completed with agreed approach to partnership planning around the five year plan.</a>	Tracy Jeffes	<a href="#">On-going</a>
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
1. MIAA review of BCF for 16/17 provided significant assurance. Action plan agreed		Capacity to deliver on all priority areas.		
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		
		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			
4 Delivery of QIPP target 18/1and 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			
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			
33 Non delivery of CQC recommendations	QUA066	12 (3x4)	HC
34 Non delivery of GP medical services	JC03	16 (4x4)	JL
35 Records transfer issues.	JC05	16 (4x4)	JL
36 System and resource MCA/DoLs requirements	QUA067	12 (3x4)	DCF

**Movement**

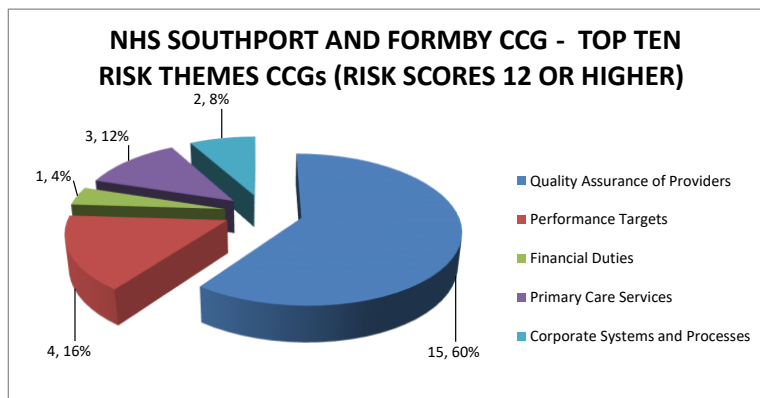
3 and 27 - **Reduced and removed:** FR006 (3) and FR006b (27) - risks reduced below the reporting threshold as a resultof the CCG now being on target to deliver its control total of £1m surplus subject to External Audit opinion

32 - **Reduced and removed:** FR009 risk reduced below the reporting treshold. STP plan signed off and funding prioritised for the revised Project Management Office



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			
4 Delivery of QIPP target 18/1 and impact on financial position 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 equipt	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 Performance/Quality - Mersey Care system change impacting KPI's	QUA060	GJ	Corporate Systems and Processes
27			
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			
33 Non delivery of CQC recommendations	QUA066	HC	Performance Targets
34 Non delivery of GP medical services	JC03	JL	Primary Care Services
35 Records transfer issues.	JC05	JL	Corporate Systems and Processes
36 System and resource MCA/DoLs requirements	QUA067	DCF	Quality Assurance of Providers

Governing Body Meeting	Responsible Committee/Team ID	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/condition/z effect)	Key controls and assurances in place (What controls/systems are already in place to prevent the risk from being realized)	Likelihood	Consequence	Initial Score	Mitigating Action (What additional controls/systems need to be put in place to reduce the risk 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	Q3 Score	Trend to prior Q	Q4 Score	Overall Trend
PTI	Quality Committee	QUA002	SF011	Jan 15: Q4 2014/15	QUA011	Kat McCluskey (Jan Leonard & Geraldine O'Carroll)	Redesign & Commissioning	There is a risk of patients being named or reporting in process in place (warranted open access provision for patients to self refer including easier on line referral. Business case pending Sept 16 to increase capacity in service.	<ul style="list-style-type: none"> <li>Monthly performance and contractual meetings and reporting process in place</li> <li>Warranted open access provision for patients to self refer including easier on line referral.</li> <li>Business case pending Sept 16 to increase capacity in service</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>Additional focus on reducing Internal Waits and Do Not Attend</li> <li>Increased IAPT group work.</li> </ul>	<ul style="list-style-type: none"> <li>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 11.8% (target 12.5% by end of September 2018).</li> <li>Self referrals have increased within the Access Self-referral service in August 17.</li> <li>The numbers of internal waiters have reduced from 1,500 in Oct 2016 to 850 in May 2018 and progress made in reducing excessive internal wait times. Internal waiters are monitored on weekly basis by the sentinel on contract meetings.</li> <li>Further initiatives in place focusing on specific GP practices, community groups and local employers. Group sessions are also in place.</li> <li>Draft business case has been submitted by the provider to ensure to achieve a 4.70% in last quarter (equivalent of 19%) in 2018/19.</li> <li>Access target increases to 19% in 2018/19. 2/3 of the increase are by LTC/IAPT as part of the MH5YV commitment to integrated Long Term Conditions.</li> <li>Business case has been approved, recruitment of additional staff will be commencing.</li> </ul>	4	3	12	Jan-19	Feb-19	12	12	12	12	--	12	--
PTI	Quality Committee	QUA003	SF021	Apr 2015: Q1 2015/16	QUA033	Kat 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 the potential decrease in the quality of patient care.	<ul style="list-style-type: none"> <li>Care for You programme launched July 2017. Led by Southport &amp; Formby CCG in conjunction with West Lancs and S&amp;O. Programme also has input from NHSE and NHSI with support from the Northern Clinical Senate.</li> <li>External support from NHSI and NHSE formally in place.</li> </ul>	5	4	20	<ul style="list-style-type: none"> <li>Further work required to cement and agree governance structure, reporting lines and accountability.</li> </ul>	<ul style="list-style-type: none"> <li>CCG now formally part of North Mersey LDS</li> <li>CCG expects to conclude work on development of in-hospital model with recommendations through to GB by end of Sept 16. Reports presented to GB in September 2016.</li> <li>Model shared with GB in September. Engaging with local clinicians to develop a collaborative view of in-hospital services.</li> <li>Case for change developed jointly with S&amp;O and West Lancs CCG, considered and endorsed with the NH LDS in April 17, further agreed at Tr Board with West Lancs CCG, SFCOG and S&amp;O in May 17.</li> <li>Launch Clinical event scheduled for 24th May.</li> <li>Strategic Meeting with NHSI scheduled end of May.</li> <li>KMIC: 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.</li> <li>Outline plan to be developed by the end of September for NHSI and NHSE.</li> <li>Transition Board established along with Clinical Leaders group, Provider Group and Activity and Finance Group. Draft timetable outlined with NHSI and STP reviewing resource support for overall programme.</li> <li>Further revised governance structure established with the Chester 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.</li> <li>Service change proposal in development to complete 20/07/2018.</li> <li>PMO resources to be progressed by new Programme Director in conjunction with Trust CEO.</li> <li>Substantive CEO of S&amp;O in place from April 2018.</li> <li>Leaving confirmation of who will be owning this risk</li> </ul>	5	4	20	Jul-18	Feb-19	20	20	20	20	--	20	--
PTI	Quality Committee	QUA005	SF026	Q1 2016/17	QUA043	Kat 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"> <li>Monthly review of stroke performance incl. SSNAIP</li> <li>Monthly review of constitutional targets and monthly</li> <li>Completion of external review</li> </ul>	4	4	16	<ul style="list-style-type: none"> <li>Awaiting Stroke Network Case for Change for North Mersey to be considered at the STP and North Mersey LDS in November 2017.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>S&amp;O CEO attended GB Part 2 to outline intended actions following reviews. Further progress up-date provided by S&amp;O CEO in April 17.</li> <li>Re-installed paper developed by GB in May 17 to provide assurance on CCG measures taken to date. CCG agreed clear commissioning position for Stroke services at S&amp;O.</li> <li>Meeting with NHSE and Stroke network to agree way forward at the end of May. Clinical leads across NM agreed options for H&amp;B provision at weekend, currently being developed operationally for November/December 2017. Review of current service position for stroke treatment presented to 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 2017.</li> <li>The North Mersey Stroke Board have progressed work on operational arrangements for "day and shift" of hyper-acute patients at weekends. Plan remains to pilot this in the calendar year.</li> <li>Chester and Merseyside Strategy for stroke including North Mersey to be considered at STP level in December 2017 and at North Mersey Leadership Group in January 2018. Fiona Taylor meeting confirmed with CEOs at Southport and Ormskirk and Antrre alongside clinical teams for March 2018.</li> </ul>	4	4	16	Jul-18	Feb-19	16	16	16	16	--	16	--
PTI	Quality Committee	QUA006	SF016	Apr 2015: Q1 2015/16	QUA024	Kat McCluskey (Shaun Forrester)	Redesign & Commissioning	There is a risk of poor quality patient care caused by increased demand on the service and decreased staffing and increased patient flow resulting in non delivery of A&E target (SF)	<ul style="list-style-type: none"> <li>A&amp;E Executive Delivery Board in place since Dec</li> <li>Clinical meetings with Cancer Leads and Manager Cancer Improvement Group Actions from meetings</li> <li>Performance of providers against constitutional target is monitored monthly GB RFR contact perform with individual executives being addresses in turn</li> <li>RCA for any 62 day breaches, harm review over 101 days</li> <li>Patients that are 10+ days are subject to clinical harm review. If harm has been identified, this must be reported as a serious incident.</li> <li>NHSE, NHSI, Cancer alliance are running 62 day delivery meetings with failing Providers and CCGs with dates for next meetings to be set in Sept 2018</li> <li>North Mersey Cancer Operational and Performance Group actions from meetings</li> <li>Proposal agreed regarding the escalation process and timescales for issuing performance notices for review by CEO/CO</li> </ul>	3	3	9	<ul style="list-style-type: none"> <li>Recovery plan agreed</li> <li>STP trajectory met Sept. 18</li> </ul>	<ul style="list-style-type: none"> <li>12 hour breaches greatly improved attributable to Mental Health. Overall performance being reviewed by A&amp;E Delivery Board.</li> <li>Further progress to undertaking a quality risk profile tool assessment and have started the Trust accreditation</li> <li>The Trust have implemented an internal improvement programme to improve patient flow. Retain SAFER, recruitment in place, integrated inpatient discharges as a consequence there is a reduced number of stranded patients and improve performance and discharge lounge in place Sept 18</li> <li>Feb 19 - Changes to estates have improved patient flow at A&amp;E and 4 hour waits, work still ongoing in terms of response to 12 hour waits.</li> </ul>	4	3	12	Feb-19	Feb-19	20	20	12	12	--	12	↑
PTI	Quality Committee	QUA007	SF001	Apr 2015: Q1 2015/16	BL0001 SS	Kat McCluskey (Sarah McGrath)	Redesign & Commissioning	There is a risk the CCG will not meet the any constitutional target (hobby 14 day and 62 day for cancer standards caused primarily by lack of responsiveness resulting in a decrease in the quality of services. (SS)	<ul style="list-style-type: none"> <li>Clinical Quality and performance meetings with</li> <li>Clinical meetings with Cancer Leads and Manager Cancer Improvement Group Actions from meetings</li> <li>Performance of providers against constitutional target is monitored monthly GB RFR contact perform with individual executives being addresses in turn</li> <li>RCA for any 62 day breaches, harm review over 101 days</li> <li>Patients that are 10+ days are subject to clinical harm review. If harm has been identified, this must be reported as a serious incident.</li> <li>NHSE, NHSI, Cancer alliance are running 62 day delivery meetings with failing Providers and CCGs with dates for next meetings to be set in Sept 2018</li> <li>North Mersey Cancer Operational and Performance Group actions from meetings</li> <li>Proposal agreed regarding the escalation process and timescales for issuing performance notices for review by CEO/CO</li> </ul>	3	3	9	<ul style="list-style-type: none"> <li>North Mersey system-wide cancer performance view has highlighted priority areas for recovery in quarter 1 18/19 focusing on diagnosis</li> <li>101 day requirements from providers could be improved with NHSE developing template to address Sept 18</li> </ul>	<ul style="list-style-type: none"> <li>Jan 19 - All providers - Work on optimal timed pathways for lung, colorectal and prostate cancers.</li> <li>Antrre: Reinforce leadership and workforce capacity within the Cancer and Performance Teams</li> <li>Antrre: Established RCA review and learning group</li> <li>EMK awarded to Antrre by NHSE to support additional diagnostic capacity to improve cancer performance November 18 - March 19, focusing on endo, colorectal and MRI capacity.</li> <li>Patient choice factors in pathway delays. This remains a complex and challenging area to address: Healthwatch being involved</li> <li>Work is ongoing to develop a local cancer dashboard to help us focus on themes and trends and identify areas for improvement</li> <li>Work for CCG SMT to better understand and quantify increases in demand</li> </ul>	4	3	12	Feb-19	Feb-19	12	12	12	12	--	12	↑
PTI	Quality Committee	QUA011	SF028	Sep 2016: Q2 2016/17	QUA045	Jenny Owen	Quality	Risk of infection/hospital admission caused by poorly maintained/reduced equipment resulting in harm to patients.	<ul style="list-style-type: none"> <li>Plan Mersey Sub Group informed</li> <li>Identifying short term solution for patients currently prescribed a nebuliser to be reviewed, be given advice on cleaning equipment and have access to replacement filters with respiratory teams.</li> <li>Long term lasting with respiratory teams, consultants, LCN and GP teams to ensure basics are right for the future.</li> <li>Patient information leaflet produced.</li> </ul>	4	5	20	<ul style="list-style-type: none"> <li>All organisations to follow guidance from governance leads within their organisations</li> <li>Regarding primary care prescribing - JO requested practice information facilitators to run a search on all patients practice nebulisers. This will identify the size of the problem and enable patients to receive a review &amp; education.</li> <li>Update presented at the August 17 Quality Committee Meeting</li> <li>A meeting will be held with all providers to work up a longer term solution.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>July 2018, the process went into the LMC in Feb 18 and was approved. Nurses in CRT given deadline for referral in for Sept 2018.</li> <li>Audit process put in place to review activity and effectiveness will report Nov 19.</li> <li>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.</li> <li>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 small end of August 2018</li> <li>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 facilitators.</li> <li>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 Kall Scholtz and the adviser to show the remaining patients could be reviewed over the summer months next year (2019), all patients however will have received a leaflet to show how to clean the nebulisers and a name of a company they can get replacement tubing from.</li> <li>Report received from the provider. The service only received one third of the number that were identified. The reasons behind this are inconclusive. The service have agreed to extend the referral process out so there is no time limit to sending referrals to try to capture as many patients as possible. JO to resend communications out to practices.</li> </ul>	4	3	12	Feb-19	Feb-19	12	12	12	12	--	12	↓
PTI	Quality Committee	QUA025	SF033	Jun 2015: Q1 2015/16	STA038	Debbie Fagan	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"> <li>KPIs in contract for Looked After Children and monitored through Quality Committee and contract</li> <li>if assessed, at what stage</li> <li>whether assessments have been carried out but information not forwarded.</li> <li>Lessons Learnt event to be held - by July 15</li> <li>NWB restructure now complete</li> </ul>	4	4	16	<ul style="list-style-type: none"> <li>Data quality exercise to be carried out. Areas of assessment is on data to 31st March 2015 and will include:</li> <li>whether assessments have been carried out but information not forwarded.</li> <li>Lessons Learnt event to be held - by July 15</li> <li>NWB restructure now complete</li> </ul>	<ul style="list-style-type: none"> <li>Action plan aligned to Business Continuity Plan - December 2017</li> <li>Commissioner concerns regarding pace 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 on commissioner concerns and pace of improvements. Timeline of 12 months post contract agreed.</li> <li>Nov 18 - NWB remodelled LAC team now partially staffed and should be at full complement of staff by Dec. CCG remain concerned regarding KPI performance LAC team. Quality of KPI data now more accurate and unlikely to see improvement in performance until remodelled team at full complement. CCG draft report now received and comments returned to CCG regarding factual accuracy. Final report still awaited.</li> <li>CCG report received and action plan being managed through task and finish group (please see risk HC). Ongoing meetings with NWB with in-site support continuing to be delivered by LAC designated nurse.</li> </ul>	4	4	16	Feb-19	Feb-19	16	16	16	16	--	16	--
PTI	Quality Committee	QUA025	SF002	Apr 2015: Q1 2015/16	BL0017	Tracy Jeffes	Corporate	Result of a disengaged membership cause by ineffective locally working resulting in less influence over clinical priorities.	<ul style="list-style-type: none"> <li>Locality Roles and Functions to be reviewed context of primary care networks due in November 18</li> <li>Locality Profiles being refreshed and compared to Local Authority Profiles December 18</li> <li>Key issues continue to be reported to Governing Body on a quarterly basis</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Development of localities and primary care networks to support collaborative work in General Practice</li> </ul>	<ul style="list-style-type: none"> <li>Nov 18 - development of localities and primary care networks to support collaborative work in General Practice</li> <li>Continuing work regarding development of localities and primary care networks to support collaborative work in General Practice. Increased coverage of PCNs likely in Q4 2018/19.</li> </ul>	3	4	12	Feb-19	Feb-19	12	12	12	12	--	12	--

Governing Body/Member	Responsible Committee/Team	Committee ID	CRR ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk	Key controls and assurances in place	Likelihood	Consequence	Initial Score	Mitigating Action	Update on Mitigating Action	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	Q3 Score	Trend to prior Q	Q4 Score	Overall Trend
PTI	Quality Committee	QUA028	SF035	Jun 2016: 01.20.16:17	N/A	Tracy Ayles	Corporate	There is a risk that key gaps in workforce across the healthcare system caused by insufficient national workforce planning and funding pressures resulting in additional pressures on services.	• Link into C&M Healthcare Partnership Workforce Development work stream. • Continue to work with Setlon Council on wider strategies to promote Setlon as a 'great place to work'. • Development of workforce element in Setlon Transformation Programme	4	3	12	• Continue to work with LMC and NHSE schemes to attract more GPs to Setlon	• New 18 - Continue to work with LMC and NHSE schemes to attract more GPs to Setlon • Work above ongoing	4	3	12	Feb-19	Feb-19	12	12	12	12	↔	12	↔
PTI	Quality Committee	QUA037	SF042	Jan 2017: 04.20.16:17	N/A	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	• LDC for 18-19 now in place. • GP FV Plan being delivered. • Primary Care Network funding secured for S&P 4 out of 4 localities. SS 3 out of 4	• GP FV - developing plans for 7 day access to primary care services for implementation due to 'go live' October 18 (on track). • C&M side for interventional recruitment to include both CCGs November 2017. As part of the bid workforce at practice level is being mapped waiting for candidates to be applied, care navigator training started for practices (September 2018) • The CCG has been successful in the application for clinical pharmacist posts from GP FV and are on with agreeing an implementation plan. • Sept 18 - All localities have been successful in their applications for Network bids, over the next month we will work with them to develop plans. • Work ongoing progress reported to JOC	4	3	12	Feb-19	Feb-19	12	12	12	12	↔	12	↔
PTI	Quality Committee	QUA038	SF065	Jun 2017: 01.20.17:18	N/A	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 • DASH is now Deputy LAC following completion of training	4	3	12	• LeDeR Local Area Contact liaising across with NHS E G&M LeDeR lead • Request made for CCG Local Area Contact to attend the NHS E G&M LeDeR steering Group • Contact made with CCG LeDeR reviewers to provide oversight and support • Letter template developed to support information from Setlon MBC • Information requested to send out to Directors of Nursing across CCG lead providers to increase the number of local area reviewers • Briefing and updates to be included within the Chief Nurse report to Quality Committee	• Chief Nurse to discuss with Director of Nursing increasing reviews across NHS providers. Letter sent to Setlon NBC, Head of ASC to support multi agency LeDeR review • LCOG local area contact to attend NHSE GEM LeDeR Steering Group • LeDeR reviews started and completed, number of LeDeR reviewers 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. Completion of the reviews will be monitored by Local Area Contact. • Information requested to send out to Directors of Nursing across CCG lead providers to increase the number of local area reviewers. • Draft KP data set developed and out for consultation with NHS providers for expedited 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. • Reviewed reviews being piloted by S&O and Antree, Mersley Care have provided reviewers to carry out the additional 5 cases as part of the NHSE backlog moves.	4	3	12	Feb-19	Feb-19	12	12	12	12	↔	12	↔
PTI	Quality Committee	QUA039	SF051	Jan 2017: 01.20.17:18	N/A	Geraldine O'Connell	Quality	There is a risk for patients in receipt of joint packages of care or section 117 care caused by a lack of timely reviews which provide assurance on the care being appropriate resulting in decreased quality of care and non compliance with the Mental Health Act.	• Review of packages of care in an MHA and in receipt of section 117 care is being undertaken by PA Programme Board is also in place which is reviewed by M&SU • Contract framework in place (inc CGPG). • 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'	4	4	16	• Issue has been raised at Contract meetings and CGPG, but there is still no assurance that reviews have been undertaken by Mersley 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 Mersley Care 38 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 RIO 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. Audits shows they are being reviewed but not yet fully assured. • Sept 18 - MCT agreed to provide activity reports on CPA/Non-CPA reviews. First draft expected end of September 2018. • Dec 18 - Non-CPA/CPA review update list expected end of December 18. • Feb 19 - Still awaiting update list	4	3	12	Feb-19	Feb-19	12	12	12	12	↔	12	↓
PTI	Quality Committee	QUA047	SF046	Sep 2017: 02.20.17:18	N/A	Debbie Fagan	Quality	There is a risk in relation to performance at Antree University 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 QRP completed with NHSE, NHSE concerns and associated commissioners (April 2018) - action plan progress being monitored via CGPG meetings with CCG AO as Chair • Exception reporting highlighted concerns is escalated to monthly to C&M G&G • AUIH CCF in place	4	5	20	• Regular one to ones established with new provider DoN • Issue level of concern against the NHSE QRP • Main working between CCG Ops and Quality teams	• March 2018 CCG inspection report demonstrates reduction to previous inspection and is supported now "Requires Improvement" • Single item G&G - April 2018 subsequent quality improvement action plan to incorporate both commissioner and regulator assurance sent May 2018. NHSE to coordinate response back to Trust on actions and potential changes. To be followed through at Antree CGPG • July 18 - follow up SIGSG outcome is for AUIH to remain on enhanced surveillance, trust has presented action plan to provide assurance on compliance with enhanced surveillance. CCG AO to coordinate a chair of CGPG from July 2018 to focus on areas of concern and subsequent trust action • Sept 18 - Working on CGPG form and function now taking place AD chairing. Input from other Commissioning colleagues to promote assurance being considered as part of new CGPG process. Next CGPG scheduled September 2018. Enhanced surveillance is now in place. • Nov 18 - CCG working with other commissioners to agree on assurance relating to the reduction in surveillance level for the trust, to be discussed with the provider in November 2018 CGPG, with NHSE input. • Surveillance issues reviewed at January 19 CCG meeting. Trust remains on enhanced surveillance for theatres but has been de-escalated to routine surveillance on other commissioner concerns. Action plan regarding theatre improvement submitted with evidence on change to be presented in April 19 CGPG.	3	5	16	Feb-19	Feb-19	20	20	16	16	↔	16	↓
PTI	Quality Committee	QUA051	SF063	Dec 17: 03.17:18	N/A	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 CCGRM • 10 extra transition beds commissioned to improve flow • MA&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. • E-CIP action plan now in place • Integrated Discharge Planning Team now in place • CCG now appointed	3	4	12	• Regular meetings with Trust on plans in place to ensure quality is maintained via CCGRM • 10 extra transition beds commissioned to improve flow • MA&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. • E-CIP action plan now in place • Integrated Discharge Planning Team now in place • CCG now appointed	• Nov 18 - The Trust met the target for 12 hour+ trolley waits improvement work remains on-going to avoid breaches. Significant reduction noted in extended ambulance waits in ED but 15 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 increase in attendances across the month compared to the same period in 2017 (10.7% +499 additional patients) • A&E performance improving despite system pressures. NHSE support continues with focus on A&E and flow. • Transition beds continue to be utilised with oversight from commissioning and redesign. A number of 12 hour breaches noted in November 18 and January 19.	3	4	12	Feb-19	Feb-19	12	12	12	12	↔	12	↔
PTI	Quality Committee	QUA054	SF054	Dec 17: 03.17:18	N/A	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 specialities 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 situations reports being fed up to the weekly group to identify actions and review progress across the specialities. • 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 access policy being reviewed by the Trust.	• Sept 18 - Trust CEO has reported lack of assurance on safety of patients and unable to provide full assurance until all 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 S&O CCF. Discussed at July CCGRM and update to July 2018 JOC. • Nov 18 - CCG awaiting final confirmation on recent C&M being linked to lost to follow up • Nov 18 - CCG awaiting final confirmation on recent C&M being linked to lost to follow up. Trust continues to review backlog in terms of potential harm to patients. Reported through to CCGRM. Trust exploring other providers to pick up activity - no decision made yet.	4	4	16	Feb-19	Feb-19	16	16	16	16	↔	16	↔
PTI	Quality Committee	QUA058	SF058	Mar 18: 04.17:18	N/A	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 CCGRM on monthly basis with one to one meetings with CCG CR and Trust DoN to ensure delivery of care to patients at the Trust. • Review S&O workforce strategy.	4	3	12	• CCG will maintain established surveillance systems/processes to quality review services. (incidents, safe staffing, SL complaints, addresses) • Review S&O workforce strategy.	• July 2018 - staffing levels subject to review at both S&O CF and S&O CCGRM. Trust working on HR modelling regarding registered and non-registered staff, review at SIRG with provider presence at SIRG meetings. Triangulation of staffing pressures, RCAs and complaints reports discussed at CCGRM. • Sept 18 - Concerns in staffing levels highlighted monthly at CCGRM. Trust confirmed international recruitment has been used to address certain areas e.g. an A&E paediatric. CCG are 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 CCGRM and number of staffing incidents reported may link to current staffing levels. Trust requested to triangulate staffing levels and location of SL. • Trust recruitment event provided some recruitment to HCA roles. Further recruitment events planned in Q4 18/19.	4	3	12	Feb-19	Feb-19	12	12	12	12	↔	12	↔
PTI	Quality Committee	QUA060	SF060	Mar 18: 04.17:18	N/A	Gordon Jones	Redesign & Commissioning	The risk that KPIs may be not able to be captured from June 2018 at Mersley care caused by the RIO 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 CCGRM and CGPG • RIO patient information system now implemented	3	4	12	• On going contract monitoring via CRM and CGPG	• The Trust implemented its new RIO 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 flows and reporting. With the exception of nationally mandated KPIs and those not generated by RIO (e.g. admissions and absence) KPI reporting will be suspended M& and M, in M& a shadow report will be generated. In M& a full report will be generated with backdated performance. • On-going monitoring by CRM/CGPG. • 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. • Working with the Trust to agree trajectory of KPI performance. Meeting in February 2019 to agree revised KPIs so they align with Trust board and CCG requirements - awaiting feedback from Feb 19 meeting.	3	4	12	Feb-19	Feb-19	12	12	12	12	↔	12	↔
PTI	Quality Committee	QUA063	SF061	Jun 2018: 01.20.18:19	N/A	Janet Spallen	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 improvement in Q1 call response times but will still not have met standards at end of Q1. • Target for NWAAS is to improve by end of Q2 (18/19). • Information shared with all CCGs on monthly basis • NWAAS/NHSI meeting with M&M commissioners present. • Collaboration with other Providers who contribute to the Pathway e.g. acute trusts and ambulance handovers times, introduction of alternatives to transfer with community trust.	3	4	12	• Target for NWAAS is to improve by end of Q2 (18/19). • Information shared with all CCGs on monthly basis • NWAAS/NHSI meeting with M&M commissioners present. • Collaboration with other Providers who contribute to the Pathway e.g. acute trusts and ambulance handovers times, introduction of alternatives to transfer with community trust.	• Ian Davies (CCG) is the commissioning lead for this. Work continues with expected improvements in Q2 due to increased staffing (call handlers) and the additional emergency fleet required coming into system. Workshop held last week to examine hospital handover times with view that from A&E perspective all necessary action being identified and actioned. Continued focus on overall hospital flow in relation to hospital A&E to support front handovers. There is a national focus on this and particularly NWAAS who are one of the poorer performers. On-going work with community trusts to develop alternatives to transfers for patients seen by NWAAS who do not require conveyance to alternative support within the community. • Aug 18 - NWAAS 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 NWAAS working with a number of trusts to facilitate implementation of their ARP. A number of these trusts have issues being raised by the Executive level (NWAAS to Antree) to enable engagement in priority work over September 18. • Performance issues on November 2018 data continues to be addressed through the ARP action plan which includes a range of actions e.g. 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. Performance within Setlon continues to be variable with improvements in hospital handover times which are now being reflected in improved ambulance activity. The target remains a shared focus of the Acute Trusts and NWAAS with the community providers working in partnership on alternative pathways to support people in the community (inc. used to be discussed)	3	4	12	Feb-19	Feb-19	12	12	12	12	↔	12	↔

Governing Body Meeting	Responsible Committee/ Team	Committee at 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 a risk caused by Y would result in Z effect) There is a risk that the CCG will not fully deliver its planned QIPP pages in 2018/19 caused by non delivery of high risk QIPP schemes resulting in a failure to achieve required levels of savings.	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 risk being raised)	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	Q3 Score	Trend to prior Q	Q4 Score	Overall Trend		
PTI	Finance and Resource	FR006A	SF	01/2018/19	N/A	Marin McDowell	Finance	There is a risk that the CCG will not fully deliver its planned QIPP pages in 2018/19 caused by non delivery of high risk QIPP schemes resulting in a failure to achieve required levels of savings.	<ul style="list-style-type: none"> <li>Monthly review and monitoring of all QIPP schemes to assess delivery in year and highlight risks and issues affecting delivery of planned QIPP savings.</li> <li>Monthly RAG rated QIPP reporting and challenge at Joint QIPP and Financial Recovery Committee.</li> <li>Rapid mobilisation of QIPP projects and on-going review of timing of delivery. Development of two year QIPP plan.</li> <li>Joint QIPP Committee Reports</li> <li>Monthly PPR to GB</li> </ul>	<ul style="list-style-type: none"> <li>Multi-disciplinary teams to work on development / progression of QIPP schemes.</li> <li>Progression and on-going development of future QIPP plans through to 2020/21.</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>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.</li> <li>On-going development of assurance processes to ensure alignment and accuracy of QIPP reporting through monthly financial reports.</li> </ul>	4	5	20	Mar-19	Mar-19	New for Q1	16	16	20	↔	20	↑		
PTI	Quality Committee	QUA064	SF062	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 (PHB) caused by a lack of awareness of PHBs resulting in patients not receiving PHB and a lack in the quality of the service provided by the CCG	<ul style="list-style-type: none"> <li>The CCG has a PHB lead in place. PHBs are a standing agenda item at the CHC Programme Board as a sub group of the Joint Quality Committee.</li> <li>Quarterly reporting via the Integrated Performance Report</li> <li>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.</li> <li>CHC / PHB Default Task and Fish Group in place</li> </ul>	<ul style="list-style-type: none"> <li>The PHB policy is under review to support the expansion of PHBs outside of adults CHC and Children CC</li> <li>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 risk of redundancy. The children's commissioner is working with Children complex care nurse in MLCSSU to support the PHB for 1 client.</li> <li>Chief Accountable Officer has requested the CCG QIPP lead to support prioritisation of PHBs and to consider if this can be delivered differently.</li> <li>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</li> <li>A meeting to be arranged with Sefton Carers Centre, to review the coding's as part of the PHBs</li> </ul>	<ul style="list-style-type: none"> <li>PHB policy and procedures reviewed by MLCSSU, awaiting feedback on the final version before ratification.</li> <li>Consultant and engagement events taken place with CCG commissioned providers, CCG Big Chats, 3rd sector to support the awareness and access of PHBs</li> <li>CCG has obtained mentorship for the expansion of PHBs outside of NHS CHC and Children CC for wheelchair CHC and children complex care (BIC). Hull CCG have provided teleconference events and supported stakeholder event co-ordinated by the CCG PHB lead 21st September 2018.</li> <li>Wheelchair PHBs were tabled at the Integrated Commissioning Group with confirmation of engagement from Sefton MBC on 30/08/18 (Sefton CCG only)</li> <li>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 SPCOG and GP clinical lead as part of the CCG QIPP agenda.</li> <li>The CCG is exploring the possibility of PHBs for mental health and learning disabilities for S117 outside of NHS CHC, with attendance to NHS E session on 17/10/18.</li> <li>Delays in the PHB process have been reviewed by CCG and MLCSSU with MLCSSU scheme of delegation now in place.</li> <li>The CCG has identified an alternative independent provider from the 3rd sector due to delays/issues with current CCG independent support provider.</li> <li>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 CCGPG, CCGPM and CHC steering group for commissioned providers and MLCSSU for clarification on how this will be delivered. A meeting to be arranged with Mersey Care contracts and commissioning leads to review the contract and service specification.</li> <li>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.</li> <li>Reports have been submitted to SMT in relation to under performance and recovery plans</li> <li>Nov 18 - CHC / PHB Default Task and Fish Group in progress with process mapping being completed. Discussions are taking place in parallel via contractual arrangements with the community providers.</li> <li>The CCG is exploring the possibility of using Sefton Carers Centre as a PHB provider. A paper has gone to LT for 15th January 2019 to consider signing a letter signalling the CCGs intention and to work up a contract. The CCG has supported a Band 5 PHB commissioner - the link is to be developed in conjunction with Bites Foods</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>Nov 18 - CCG work priorities identified by Children's Commissioning Manager and focus on undertaking actions where benefit will be greatest.</li> <li>Actions within existing resources continue to be enacted.</li> </ul>	4	3	12	Feb-19	Feb-19	x	N/A	12	12	↔	12	↔	
PTI	Quality Committee	QUA066	SF063	Aug 2018: Q2 2018/19	N/A	Brendan Prescott	Quality	There is a risk the CCG will be unable to commit to the SEND recommendation caused by the CCG financial position resulting in non-compliance and reputational damage.	<ul style="list-style-type: none"> <li>Financial position reported through to SMT, SLT and governing body.</li> <li>Commitment made for up to £100k recurrent for NDP / ASD / ADHD and up to £50k recurrent to support SALT reducing waiting lists / input into the NDP diagnostic pathway.</li> </ul>	<ul style="list-style-type: none"> <li>Regular reporting on the Improvement Plan once agreed by CCG and DR to JCC, SLT and Governing body</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>Nov 18 - CCG work priorities identified by Children's Commissioning Manager and focus on undertaking actions where benefit will be greatest.</li> </ul>	4	4	16	Feb-19	Feb-19	x	N/A	12	16	↔	16	↑		
PTI	Quality Committee	QUA068	SF064	Dec 18: Q3 2018/19	N/A	Hein Case	Quality	There is risk that recommendations from the CQC review are not successfully implemented caused by delay or lack of ineffective 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"> <li>Task and Fish meetings have been undertaken chaired by the Accountable Officer and will be ongoing until the CQC recommendations have been implemented.</li> <li>Key stakeholders are members of the Task and Fish Group</li> </ul>	<ul style="list-style-type: none"> <li>Key stakeholders have commenced actions against the recommendations and have provided the CCG with their action plans against the recommendations.</li> <li>CQC action plan was submitted to CCG on 04/01/2019 and a response received from CQC on 11/01/19. The next submission of the action plan is due 04/07/2019. No further updates.</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Key stakeholders have commenced actions against the recommendations and have provided the CCG with their action plans against the recommendations.</li> <li>CQC action plan was submitted to CCG on 04/01/2019 and a response received from CQC on 11/01/19. The next submission of the action plan is due 04/07/2019. No further updates.</li> </ul>	3	4	12	Feb-19	Feb-19	x	N/A	N/A	12	↔	12	↔		
PTB	SS & SF Joint Commissioning	JC03	SF	Mar 2017: Q4 2016/17	N/A	Jan Leonard	Commissioning	Pressure in primary medical care services resulting from workload, workforce and funding. Risk that GP Practices will be unable to continue to provide medical services.	<ul style="list-style-type: none"> <li>Strategic priority of the CCG. Discussed at Joint Commissioning Committee. GPVYV plans, LOC funding to support transformation.</li> </ul>	<ul style="list-style-type: none"> <li>Continued roll out of GPVYV/workstreams. Resubmission of GPVYV plan. Reduced capacity in SF due to transformational post finishing. Identifying support to practices for 1718 resilience funding</li> </ul>	4	4	16	<ul style="list-style-type: none"> <li>Attendance at meeting by CCG reps - JL has written to T Knight at NHSE regarding on-going situation and lack of progress. Awaiting formal response. Issues raised at Regional Meeting, similar issues in other areas. Awaiting formal response. Issues continue with concerns over performers lists - meeting with NHSE Jan 18 to discuss actions. Issues continue to be raised and forwarded to NHSE / PCSE - JL to escalate to PT. No further update although PCSE staff now based within Regatta Place with NHSE which may help with resolving issues. Issues continue. committee felt risk of likelihood has increased. Further incidents have been identified around children not being invited for screening. A subgroup has been set up to reduce further incidents</li> </ul>	4	4	16	Feb-19	Dec-18	16	16	16	16	↔	16	↔		
PTB	SS & SF Joint Commissioning	JC05	SF	Apr 2017: Q1 2017/18	N/A	Jan Leonard	Commissioning	Primary Care Services England. On-going issues over transfer of records, DBS checks, salaries and pensions. Despite lagging and reporting little resolution. Risk to service delivery if practices unable to function effectively due to financial risks. Risk to continuity of patient care due to impact of delays in records transfers.	<ul style="list-style-type: none"> <li>PCSE working groups, regular updates to practices. Discussed at Joint Committee and LAC session meetings.</li> </ul>	<ul style="list-style-type: none"> <li>LMCs have been invited. It was noted that Rob Barnett (Liverpool LMC) attends on behalf of Liverpool and Sefton</li> </ul>	5	4	20	<ul style="list-style-type: none"> <li>Attendance at meeting by CCG reps - JL has written to T Knight at NHSE regarding on-going situation and lack of progress. Awaiting formal response. Issues raised at Regional Meeting, similar issues in other areas. Awaiting formal response. Issues continue with concerns over performers lists - meeting with NHSE Jan 18 to discuss actions. Issues continue to be raised and forwarded to NHSE / PCSE - JL to escalate to PT. No further update although PCSE staff now based within Regatta Place with NHSE which may help with resolving issues. Issues continue. committee felt risk of likelihood has increased. Further incidents have been identified around children not being invited for screening. A subgroup has been set up to reduce further incidents</li> </ul>	4	4	16	Feb-19	Dec-18	16	16	20	16	↔	16	↓		
PTI	Quality Committee	QUA067	SF065	01 - Feb 19	N/A	Debbie Fagan Rae Hendry	Quality	There is risk that the CCG will not have systems and resources to support the MCA/DA process caused by amended legislation due to come into force in April 2019 resulting in risk to quality and safety of care for vulnerable patients	<ul style="list-style-type: none"> <li>Implementation plan in place - progress reviewed monthly at JCC</li> </ul>	<ul style="list-style-type: none"> <li>New risk added February 2019</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>New risk added February 2019</li> </ul>	3	4	12	Feb-19	N/A	x	N/A	N/A	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	<b>Negligible</b>	<ul style="list-style-type: none"> <li>• None or very minor injury.</li> <li>• No financial loss or very minor loss up to £100,000.</li> <li>• Minimal or no service disruption.</li> <li>• No impact but current systems could be improved.</li> <li>• So close to achieving target that no impact or loss of external reputation.</li> </ul>
2	<b>Minor</b>	<ul style="list-style-type: none"> <li>• Minor injury or illness requiring first aid treatment e.g. cuts,bruises due to fault of CCG.</li> <li>• A financial pressure of £100,001 to £500,000.</li> <li>• Some delay in provision of services.</li> <li>• Some possibility of complaint or litigation.</li> <li>• <b>CCG criticised, but minimum impact on organisation.</b></li> </ul>
3	<b>Moderate</b>	<ul style="list-style-type: none"> <li>• Moderate injury or illness, requiring medical treatment (e.g. fractures) due to CCG's fault.</li> <li>• Moderate financial pressure of £500,001 to £1m.</li> <li>• Some delay in provision of services.</li> <li>• Could result in legal action or prosecution.</li> <li>• Event leads to adverse local external attention e.g. HSE, media.</li> </ul>
4	<b>Major</b>	<ul style="list-style-type: none"> <li>• Individual death / permanent injury/disability due to fault of CCG.</li> <li>• Major financial pressure of £1m to £2m.</li> <li>• Major service disruption/closure in commissioned healthcare services CCG accountable for.</li> <li>• Potential litigation or negligence costs over £100,000 not covered by NHSLA.</li> <li>• Risk to CCG reputation in the short term with key stakeholders, public &amp; media.</li> </ul>

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

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

## MEETING OF THE GOVERNING BODY June 2019

<b>Agenda Item:</b> 19/78	<b>Author of the Paper:</b> Mel Wright Programme Manager <a href="mailto:Melanie.wright@southseftonccg.nhs.uk">Melanie.wright@southseftonccg.nhs.uk</a> 0151 317 8456						
<b>Report date:</b> May 2019							
<b>Title:</b> Sefton Transformation Programme Update							
<b>Summary/Key Issues:</b>  This paper presents the Governing Body with an update as to progress on the Sefton Health and Social Care Transformation Programme.							
<b>Recommendation</b>  The Governing Body is asked to receive this report.	<table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center;">X</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

### Links to Corporate Objectives 2019/20 (*x those that apply*)

X	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
X	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

Links to National Outcomes Framework ( <i>x those that apply</i> )	
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



## Sefton Health and Care Transformation Programme

<b>Lead</b>	Fiona Taylor, SRO	<b>Overall RAG:</b>	TBC
<b>Scope</b>	Transformation of health and care services across Sefton	<b>Stage:</b>	Define
<b>Deliverables</b>	<ul style="list-style-type: none"> <li>Starting Well, Living Well, Aging Well</li> <li>Locality Development</li> <li>Optimised Acute Care</li> </ul>		Initiate/Define/Delivery/Close
		<b>Est. imp date:</b>	April 2020
		<b>Current date:</b>	21 May 2019

### Report this month

- Following agreement of the appropriate workstreams necessary to deliver whole system transformation across Sefton, work is now under way to formally define and agree the specifics. SROs have been agreed for a number of workstreams, however, work is ongoing in relation to the gaps in relation to Primary Care Networks, Digital, Workforce, OD and Culture and Business Intelligence, which constitutes a significant risk to programme delivery.
- The programme governance process continues and the STB will be further considering governance generally in June, with a formal paper to be presented in July 2019.
- The first engagement event was held on 10 April with a view to preparing a five-year health and wellbeing strategy and was well-attended and received; Early Intervention and Prevention was a key theme with the 'EIP3' approach which aims to enable communities, the workforce and the voluntary, care and faith sector within themes of developing resilient communities, taking a 'hands off' approach and bringing the common purpose across partners to the forefront. A further event is planned for 10 July to maintain pace in progressing.
- The terms of reference to deliver a draft pre consultation business case in relation to the Acute Sustainability workstream for Southport and Ormskirk NHST for October 2019 are now being developed.

### Key tasks to be completed next month

- Further engagement event scheduled for 10 July.
- Agreement of remaining SROs.
- Event to be held on 27 June to launch Estates, Digital and Workforce enabling workstreams and consider connection to wider programme context.

### Key risks, issues for resolution / escalation and any mitigating actions

- Risks are escalated to the Sefton Health and Care Transformation Board.

### Key Milestones

Baseline Date	Forecast Date	Description	RAG
To follow			

**MEETING OF THE GOVERNING BODY  
June 2019**

<b>Agenda Item:</b> 19/78	<b>Author of the Paper:</b> Luke Garner Head of Business Intelligence, Strategic Planning & Performance Email: <a href="mailto:luke.garner@southseftonccg.nhs.uk">luke.garner@southseftonccg.nhs.uk</a> Tel: 0151 317 8467						
<b>Report date:</b> June 2019							
<b>Title:</b> Operation Plan 2019/20							
<b>Summary/Key Issues:</b>  This paper outlines the rigorous process undertaken to produce the CCGs 2019/20 Operational Plan to provide assurance to the Governing Body. It details the requirements nationally, the standards to be met and the key issues encountered during the planning process.							
<b>Recommendation</b>  The Governing Body is asked to receive the report.	<table border="1"> <tr> <td>Receive</td> <td align="center"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td align="center"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

**Links to Corporate Objectives 2019/20 (x those that apply)**

	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
	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 and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.
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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 the Governing Body June 2019

### 1. Executive Summary

Each year CCGs are required to build, test, and approve Operational Plans based on a number prescribed activity and performance metrics. The metrics cover secondary care activity levels, constitutional measures, and other indicators related to Mental Health, Learning Disability, Personal Health Budgets, and aspects of community services.

Activity requirements follow a national set of definitions based on 'Specific Acute' specialties and exclude activity related to such things as Maternity and Diagnostics.

Activity and Performance plans are developed in conjunction with our main providers and tested nationally via NHS England's alignment process. Throughout the year the CCGs plans are monitored at a regional level via NHS England and NHS Improvement with any variation beyond prescribed limits require detailed information regarding the issues. The CCG is also asked for narrative on specific issues and what actions are in place to ensure recovery of plans.

### 2. Introduction and Background

The latest operational guidance required CCG's to produce a one year plan for 2019/20 against national definitions and in line with historic trend based on activity and performance over the past three years. Performance plans required robust yet realistic levels to take into account both the national deliverables but also current / historic trends.

The planning round for 2019/20, more so than other years, required close collaboration with our main acute providers to ensure alignment of activity figures and performance trajectories. 'Appendix A' details all measures requiring plans and any national deliverables which are linked to such metrics.

The planning of activity and performance for 2019/20 goes through a number of iterations both via internal triangulation with finance, contracts and commissioning colleagues, as well as external via contractual discussions with our main providers.

Post each submitted draft operational plan NHS England & NHS Improvement test the resilience of the plans and produce an alignment tool to identify variation between provider / commissioner assumptions. This is then worked through collaboratively to iron out remaining differences.

#### Activity

NHS England provided detailed methodology to follow in producing activity figures and a template with a pre-populated forecast position for each CCG. This was to form a basis of planning activity levels with the expectation on CCGs to attempt to reconcile with local activity levels.

No specific growth aspirations provided nationally as NHSE England had in previous years, instead an average growth rate taken from the past three years was to be used as a basis for growth assumptions. Reductions in activity linked to transformation work to be included only where service are imbedded and producing reduced levels of acute activity flows.

### Performance

Similar to activity requirements, performance metrics were planned on the basis of growth levels over the past three years at an average rate. Performance against the national standards historically and a view on the 19/20 deliverables were requirements to be factor into operational plans.

## 3. Key Issues

Detailed below are specific issues relating to the planning process.

### Data Source, Forecast Outturn and Seasonal Profile

Nationally the data provided in the template detailing CCGs forecast position came from the National Commissioning Data Repository (NCDR), which is a variation of the CCG accessible Secondary Uses Services (SUS) data. CCGs and Providers nationally do not have access to the NCDR and are unable to replicate using the SUS data flows with the main reason linked to the Commissioner Assignment Method (CAM) used within NCDR which reassigns activity to the relevant commissioner (CCG or NHSE).

Both the CCG and the main Acute Trusts have used SUS to base their plans on with this being the common data source between Providers and Commissioners.

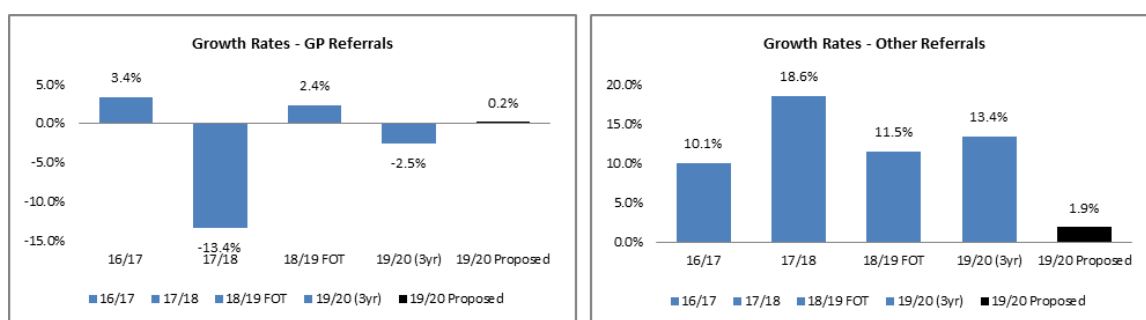
Linked to the issues above forecast outturn reconciliation could not be reached and as such CCG used a period of April to November 2018/19 (latest position) instead of the months April to October as in the operational plan template. A seasonally projected year end position based on the SUS dataset as per the national guidance was achieved. (See 'Appendix B' for forecast variation table). A slight variation was used when forecasting a Non-Elective position as a number of coding and recording changes had been enacted in the months after April affecting activity levels. A revised view of August to November was used to capture the majority of changes.

A seasonal profile for the forecast position and monthly planning for 2019/20 was based upon the average monthly seasonal variation with the exclusion of months which showed a variation beyond the statistical norm.

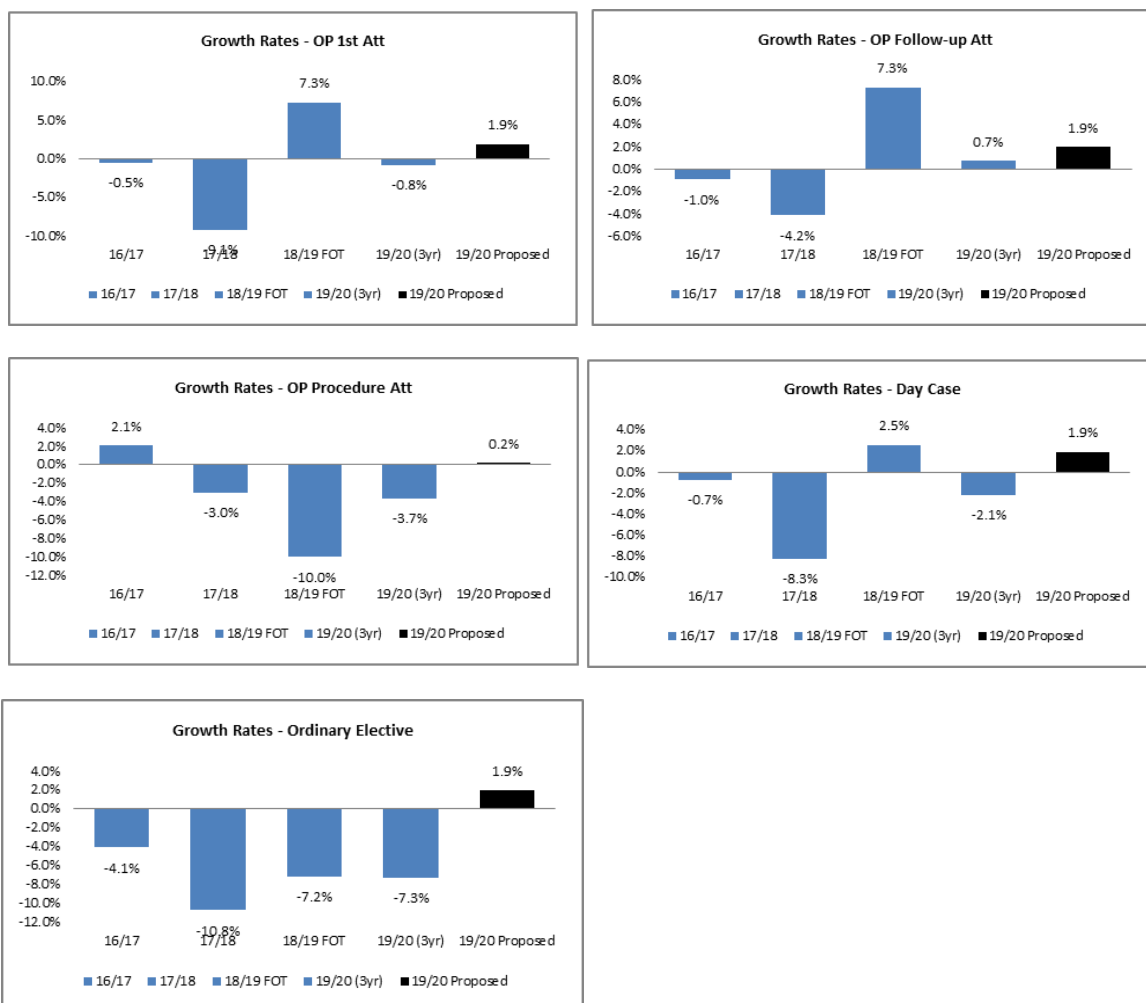
### Activity Growth Assumptions and Plans

#### Planned Care

Planned care average growth rates indicate a reduction across most measures with the exception of a slight increase in follow-up levels and a larger rate in 'other' referrals, see charts below;



Demographic growth levels have been applied to GP referrals of 0.2% instead of using negative growth levels. Due to increases in 'other' referrals linked mainly to consultant to consultant a revised growth rate of 1.94% has been used, this growth rate is in line with financial allocation increases for activity levels. Changes within coding of consultant generated referrals have occurred over the past few years and do not always specially map to activity increases as noted by the activity growth rates below.



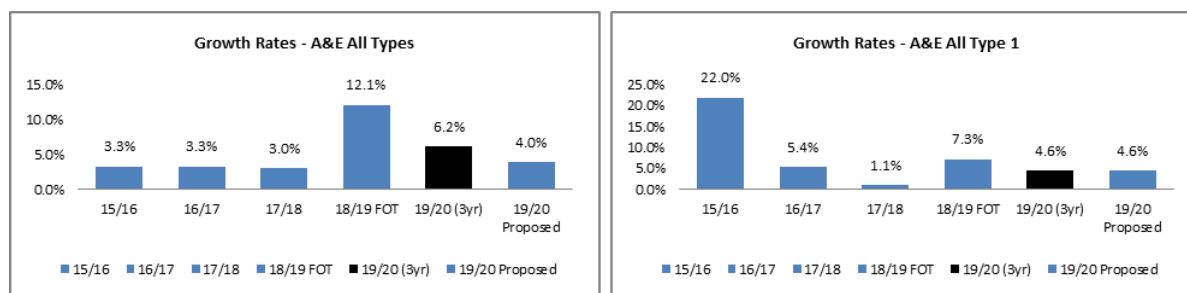
A standard growth rate of 1.94% has been used across the majority of planned care points of delivery at a CCG catchment level which is linked to the financial allocation increases. Only Outpatient Procedures have a lower rate linked to demographic growth which is due to changes in coding at the main provider. Detailed plans at Trust levels have varying growth assumptions linked to the contractual agreements.

Negative growth rates not applied for a number of reasons:

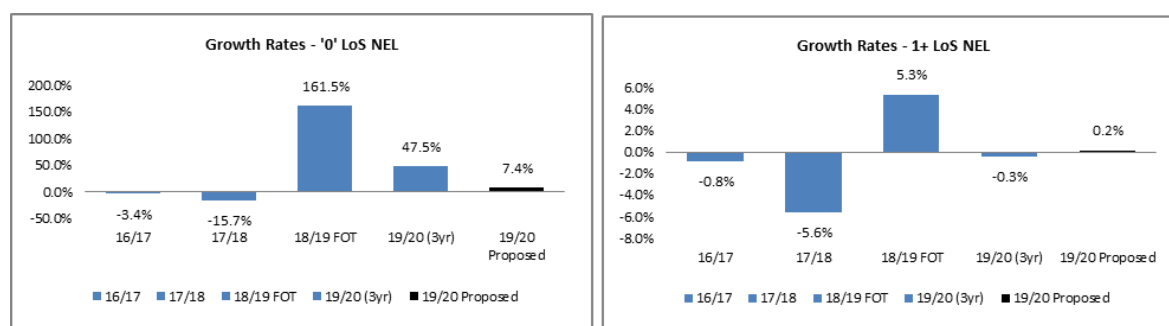
- Alignment of CCG activity and financial plans
- Alignment and agreement between commissioners and providers
- Specific work at the CCGs main provider around efficiency of services and greater planned care utilisation
- Transformation figures reducing activity levels not applied

## Urgent Care

Urgent care levels differ from that of planned care with increased activity noted across most areas, some genuine growth and others linked to coding changes.



Steady growth rates in A&E linked to type-1 activity with a coding shift in 2015/16 but a larger genuine increase forecast for 2018/19. CCG plans are aligned with provider plans and take into consideration further increases in the latter part of 2018/19.



Growth rates for Non-elective admissions have been affected, specifically in '0' length of stay activity, by coding and recording changes at the main acute provider. These changes do not represent true growth in actual patients but rather changes linked to ambulatory care pathways. As such three year average growth rates cannot be used due to accuracy. As with the A&E activity plans Non-elective levels have been aligned to the CCGs main acute provider for the 2019/20 contract.

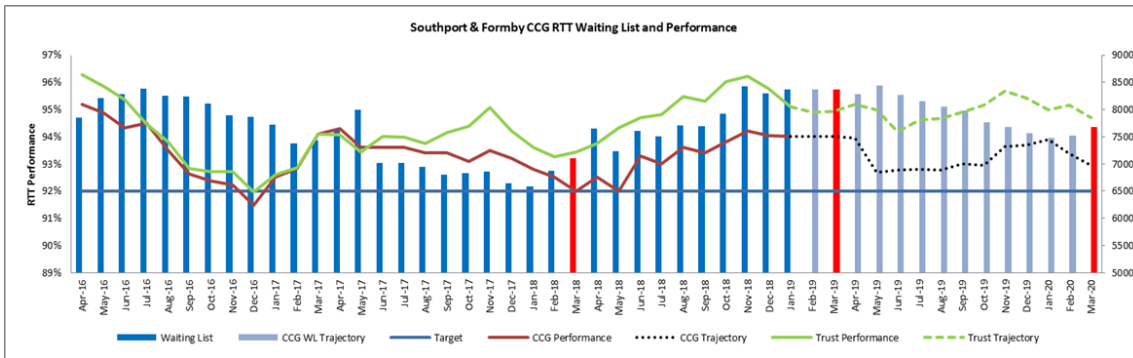
## Performance Plans

### Constitution

Constitution plans have been established via the NHS England performance planning tool and in line with activity planning principles utilising an average growth rate over the past three years. As with activity, CCG and provider constitution plans were asked to align and show a realistic view of performance over 2019/20.

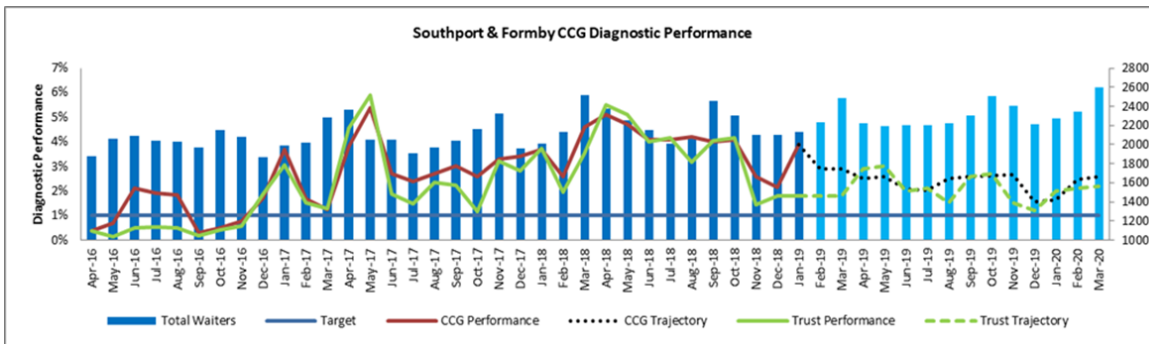
Differing from previous years NHS England direction to CCGs asked for robust, realistic plans taking into consideration the national deliverables but in cases where standards are not being achieved and providers planned non-recovery from April, CCGs were to mirror such plans. (Please see 'Appendix A' for details of national deliverables)

Referral to Treatment



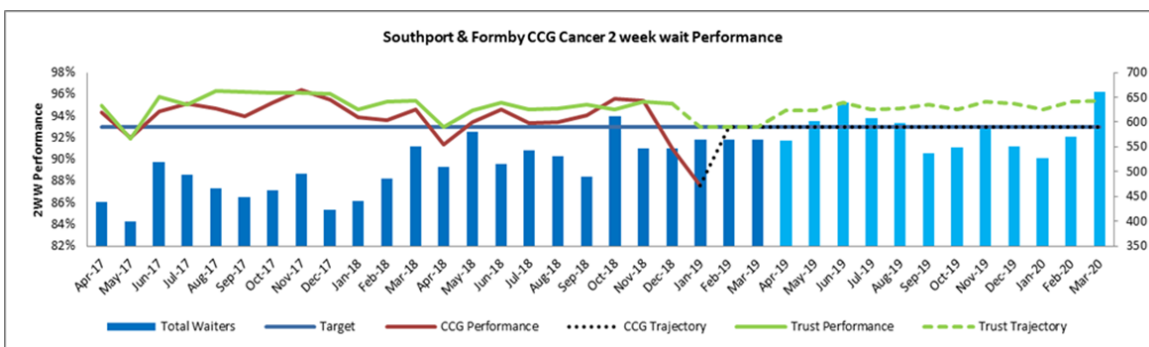
CCG plans indicate achievement of the 18 week target throughout the year. Based on information from providers the CCG has planned for 1 breach of the 52 week wait target linked to Bariatric provision. The CCG plans also indicate a reduction of waiting list numbers based on 2018/19 levels but not to reach national target of below the March 2018 position. A revised waiting list position has been agreed with NHS England.

Diagnostics



Realistic plans for diagnostics linked to provider assumptions have been submitted and agreed with NHS England. Plans indicate the Diagnostic target will not be achieved in 2019/20 – this is based on current levels of demand and performance as well as historic trends. Significant improvements have been planned in conjunction with the CCGs main provider.

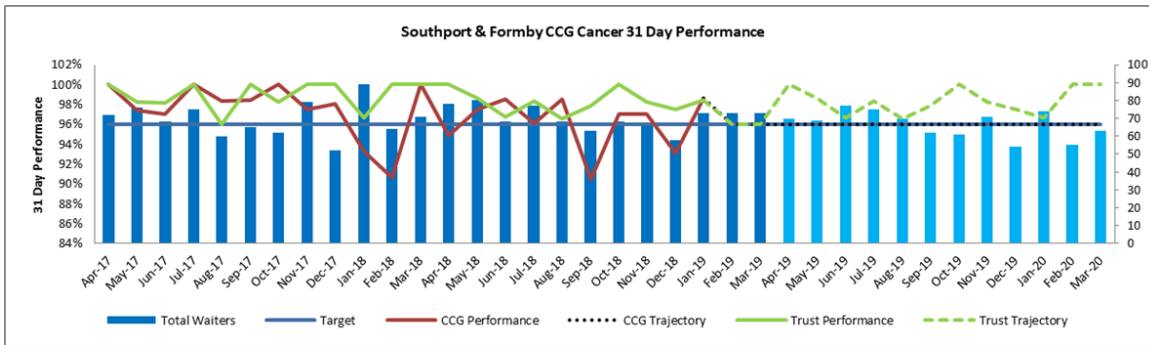
Cancer – 2 week wait



The CCG plans indicate achievement of the 2 week wait targets for total patients and those referred for breast symptoms.

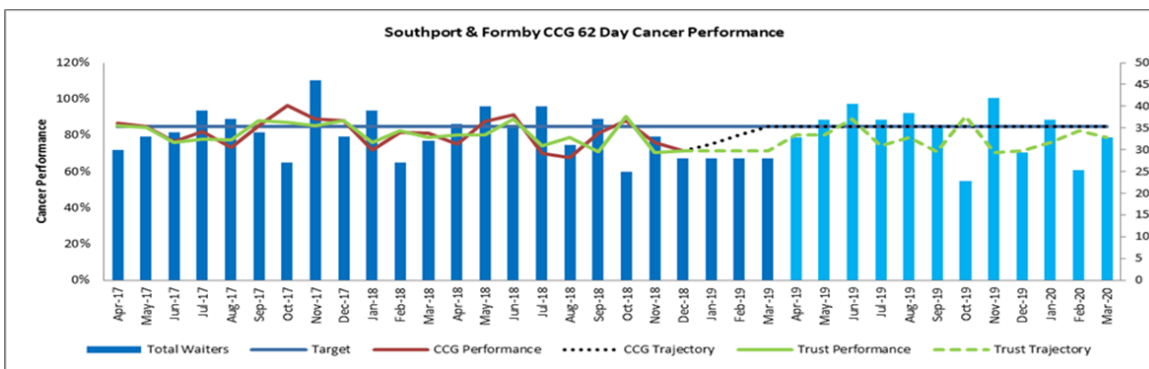


Cancer – 31 Day



The CCG plans indicate achievement of the 31-day week wait targets for total patients and each of the subset areas linked to the 31-day target.

Cancer – 62 Day



The CCG has planned to achieve all the 62 day targets for 2019/20 and each of the quarters but, linked to provider plans, some months indicate below standard achievement. Small numbers of patients and complex pathways contribute to the fluctuation of historic and planned performance.

Other Performance Plans

Further plans detailed in the planning template relating to Mental Health, LD, Primary Care and ‘Other’ have been set in line with the stated targets and ambitions which are linked to the commissioned levels of performance. The CCGs understand the difficulty in achieving some of the national targets due to multiple factors outside of funding and resource but remains committed to attaining the national standards.

Work carried out through 2018/19 and further planned developments to target patients flowing to such services as IAPT are in place with improvements expected throughout the year.

**4. Conclusions**

Operational plans for 2019/20 have been developed in collaboration with financial, contracting, commissioning and other CCG leads and rigorously tested in detailed discussions with our local providers.

NHS England have challenged aspects of CCG plans throughout the process and, in some instances, have requested specific changes to align with regional and national direction.

The CCGs operational plans have been reviewed discussed and signed of at executive level within the CCG prior to submission of each of the planning iterations.

The plans are monitored on a regular basis via key lines of enquiry (KLOEs) required by NHS England and NHS Improvement on a monthly basis where variation against activity or under performance against national standards is noted. Monthly monitoring internally is provided through the Integrated Performance Report which is presented to the CCG Governing Body.

## **5. Recommendations**

The Governing Body is asked to receive the report.

## **6. Appendices**

Appendix A – List of national measures and standards required for Operational Plans

Appendix B – Variation between NHS England and CCG forecast position

**Luke Garner**  
**Head of Business Intelligence, Strategic Planning & Performance**  
**June 2019**

## Appendix A

Area	Measure Code	Measure Name	National Deliverable (if applicable)	
Activity	E.M.7	Total Referrals (General and Acute)	N/A	
	E.M.7a	GP Referrals (General and Acute)	N/A	
	E.M.7b	Other Referrals (General and Acute)	N/A	
	E.M.8+9	Total Consultant Led Outpatient Attendances	N/A	
	E.M.8	Consultant Led First Outpatient Attendances	N/A	
	E.M.9	Consultant Led Follow-Up Outpatient Attendances	N/A	
	E.M.21	Total Outpatient Appointments with Procedures*	N/A	
	E.M.10	Total Elective Admissions	N/A	
	E.M.10a	Total Elective Admissions - Day Case	N/A	
	E.M.10b	Total Elective Admissions - Ordinary	N/A	
	E.M.11	Total Non-Elective Admissions	N/A	
	E.M.11a	Total Non-Elective Admissions - 0 LoS	N/A	
	E.M.11b	Total Non-Elective Admissions - +1 LoS	N/A	
	E.M.12	Total A&E Attendances excluding Planned Follow Ups	N/A	
	E.M.12a	Type 1 A&E Attendances excluding Planned Follow Ups	N/A	
	E.M.12b	Other A&E Attendances excluding Planned Follow Ups	N/A	
	E.M.18	Number of Completed Admitted RTT Pathways	N/A	
	E.M.19	Number of Completed Non-Admitted RTT Pathways	N/A	
	E.M.20	Number of New RTT Pathways (Clockstarts)	N/A	
	Constitution	E.B.3	RTT Incomplete Pathway	Reduction in Waiting list from March 2018 position, 92% 18 week target
E.B.18		RTT 52 Week Waits	No patient waiting over 52 weeks	
E.B.4		Diagnostic Tests waiting Times	No more than 1% waiting over 6 weeks	
E.B.6		Cancer Waiting Times - 2 Week Wait	93% seen within 2 weeks of referral	
E.B.7		Cancer Waiting Times - 2 Week Wait (Breast Symptoms)	93% seen within 2 weeks of referral	
E.B.8		Cancer Waiting Times - 31 Day First Treatment	96% first treatment from decision to treat within 31 days	
E.B.9		Cancer Waiting Times - 31 Day Surgery	94% first treatment from decision to treat within 31 days	
E.B.10		Cancer Waiting Times - 31 Day Drugs	98% first treatment from decision to treat within 31 days	
E.B.11		Cancer Waiting Times - 31 Day Radiotherapy	94% first treatment from decision to treat within 31 days	
E.B.12		Cancer Waiting Times - 62 Day GP Referral	85% first treatment within 62 days	
E.B.13		Cancer Waiting Times - 62 Day Screening	90% first treatment within 62 days	
E.B.14		Cancer Waiting Times - 62 Day Upgrade	85% local target	
Mental Health		E.A.S.1	Estimated Diagnosis rate for people with dementia	66.7% of people with Dementia, 65yrs +, to have formal diagnosis
		E.A.3	IAPT Roll-out	Timely access to treatment at least 22% of people with anxiety and depression

			disorders.
	E.A.S.2	IAPT Recovery Rate	50% recovery rate
	E.H.1_A1	IAPT Waiting Times - 6 weeks	75% referral to treatment within 6 weeks
	E.H.1_A2	IAPT Waiting Times - 18 weeks	95% referral to treatment within 18 weeks
	E.H.4	Psychosis treated with a NICE approved care package within two weeks of referral	56% 14-65yrs old start treatment within 2 weeks after experiencing their first episode of pschosis
	E.H.9	Improve access rate to Children and Young People's Mental health Services (CYPMH)	At least 34% of CYP with diagnosable mental health condition to receive NHS funded treatment
	E.H.10	The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (rolling 12 months)	95% routine witin 4 weeks (March 2021)
	E.H.11	The proportion of CYP with ED (urgent cases) that wait one week or less from referral to start of NICE-approved treatment. (rolling 12 months)	95% routine witin 1 week (March 2021)
	E.H.13	People with a severe mental illness receiving a full annual physical health check and follow-up interventions	60% of people with SMI to receive annual health check
	E.H.14a	IAPT Trainees	National - 4,500 additional therapists trained by 2020/21
	E.H.14b	Therapists co-located in primary Care	National - 3,000 therapists co-located in primary care by 2020/21
Primary Care	E.D.16	Proportion of the population with access to online consultations	75% of population with access to online consultation
	E.D.17	Extended Access Appointment Utilisation	75% Utilisation
	E.D.18	Proportion of population that the urgent care system (NHS 111) can directly book appointments for in contracted extended access	100% Extended access available
LD Projections	E.K.1a	Reliance on Inpatient Care for People with LD or Autism - Care commissioned by CCGs	Reduction to 18.5 per 1m adult population by Mar-20
	E.K.1b	Reliance on Inpatient Care for People with LD or Autism - Care commissioned by NHS England	Reduction to 18.5 per 1m adult population by Mar-20
Other Commitments	E.N.1	Personal Health Budgets	National - 50,000-100,000 people to have a PHB
	E.O.1	Children Waiting more than 18 Weeks for a Wheelchair	92% waiting less than 18 weeks
	E.K.3	AHCs delivered by GPs for patients on the Learning Disability Register	75% on LD register to have an annual health check

## Appendix B

Ref	Measure	Forecast			
		NHSE	CCG	Var	% Var
E.M.7	Total Referrals (General and Acute)	57,742	57,849	107	0.2%
E.M.7a	GP Referrals (General and Acute)	29,865	30,004	139	0.5%
E.M.7b	Other Referrals (General and Acute)	27,877	27,845	- 32	-0.1%
E.M.8+9	Total Consultant Led Outpatient Attendances	145,023	152,548	7,525	5.2%
E.M.8	Consultant Led First Outpatient Attendances	44,123	45,574	1,451	3.3%
E.M.9	Consultant Led Follow-Up Outpatient Attendances	100,900	106,974	6,074	6.0%
E.M.21	Total Outpatient Appointments with Procedures	32,987	35,775	2,788	8.5%
E.M.10	Total Elective Admissions	19,854	19,551	- 303	-1.5%
E.M.10a	Total Elective Admissions - Day Case	17,153	16,922	- 231	-1.3%
E.M.10b	Total Elective Admissions - Ordinary	2,701	2,629	- 72	-2.7%
E.M.11	Total Non-Elective Admissions	19,236	20,248	1,012	5.3%
E.M.11a	Total Non-Elective Admissions - 0 LoS	7,966	8,948	982	12.3%
E.M.11b	Total Non-Elective Admissions - +1 LoS	11,270	11,300	30	0.3%
E.M.12	Total A&E Attendances excluding Planned Follow Ups	51,537	50,763	- 774	-1.5%
E.M.12a	Type 1 A&E Attendances excluding Planned Follow Ups	44,599	43,806	- 793	-1.8%
E.M.12b	Other A&E Attendances excluding Planned Follow Ups	6,938	6,957	19	0.3%

# Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on 20<sup>th</sup> March 2019

Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>The CCG is on target to deliver its control total of £1m surplus subject to External Audit opinion.</li> </ul>	<ul style="list-style-type: none"> <li>The CCG is reliant upon other non-recurrent sources to deliver this position. It is still carrying a substantial underlying deficit position.</li> </ul>	<ul style="list-style-type: none"> <li>All members of the CCG should continue to review expenditure at all levels / accelerate the Transformation programme to enable more cost effective delivery of services.</li> </ul>

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

- The CSU service update report was received.
  - Review format – focus only on S&F CCG in next report.
- The committee received an update on Brexit - noting assurance sought from partner organisations regarding continuity of care.
- An update on 19/20 contract negotiations was received, noting that significant financial risks still exist.
- The CCG will be required to lead the development of a system wide recovery plan for submission by the end of April / final draft to be agreed at the end of June.
- The committee received the CCG proposed GPIT / ETTTF expenditure plan, noting that the ETTTF element may need to be presented back to the committee for prioritisation. The committee requested that the CCG Chair be involved in future discussions / decision making.
- Prescribing – significant underspend compared with budgets.
- Renewal of prescribing rebate scheme agreed - GlucoRx Products.
- F&R Committee Terms of Reference agreed.
- F&R Committee 19/20 Attendance Tracker agreed.

# Key Issues Report to Governing Body



Joint Quality Committee held on 28<sup>th</sup> February 2019

Chair:  
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
•	•	•

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

- External CHC Clinical Review – the review was received by the Committee
- Quality Risk Profile Tool – to be reviewed at a meeting on 28th February 2019 as part of the quality surveillance process
- De-escalation of System Pressures – work is being undertaken across the local system to de-escalate current pressures within Southport and Formby health economy. The de-escalation plan was received and the external commissioned review of Community Services by Chief Officer was noted
- Quality Team Portfolio - the Quality Team portfolio and lead areas were presented. Members highlighted concerns about the impact of staffing movement on the team
- CCG Serious Incident Improvement Plan – this was received by the Committee. Three actions are rated as amber remain which are on track to close by April 2019
- CCG Research Strategy - the revised Research Strategy was approved by the Committee
- CCG Professional Registration Policy this was approved by the Committee
- CCG Safeguarding Policy – amendments noted and approved

# Key Issues Report to Governing Body



**Audit Committees in Common: Wednesday 16<sup>th</sup> January 2019  
NHS Southport & Formby CCG**

**Chair:  
Helen Nichols**

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>Members of the committee requested an update on progress relating to the Sefton Transformation Board and Health and Care Partnership at the next Governing Body meeting.</li> </ul>	<ul style="list-style-type: none"> <li>Potential for GB members to be unaware of current issues / progress.</li> </ul>	<ul style="list-style-type: none"> <li>Updates to be arranged at the next Governing Body meeting (February – Public meeting) and issues to be reflected in the GBAF.</li> </ul>

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

- Full Governing Body Assurance Framework (GBAF) review by Governing Body (to be arranged for March Development session).
- The committee asked for a response to current cyber security issues.
- The committee noted the update to the Register of Interests and suggested a letter of thanks be sent to Judy Graves for her diligence in the matter.
- The committee requested an update on the CCG's arrangements in relation to Brexit.
- The committee requested further assurance in relation to performance and management controls relating to the PMO.
- An update on GP pensions was received, noting that further information was requested and that CCG officers had met with some financial advisors to GPs to look to resolve issues.
- The committee noted a reduction in debt for the CCG as Southport & Ormskirk NHS Trust have settled outstanding issues relating to expert determination.
- NHSE CCG Financial Planning, Control and Governance Self Assurance Template was received by the committee.



- CCG Serious Incidents review was presented to the committee, noting Substantial Assurance was evident from the review.
- CCG Financial Systems Controls review concluded a High Assurance level - an improvement from previous year.
- Meeting scheduled between committee members and Auditors for April – can GB members please raise any issues with Audit Committee Chairs.
- The committee approved the GBAF, Corporate Risk Register and Heat Map, subject to confirmation that the Leadership Team have reviewed and moderated the risks.
- The committee asked for an update on Primary Care Delegation at the next Governing Body Development Session.

# Key Issues Report to Governing Body



SF NHSE Joint Commissioning Committee Part 1, Thursday 21<sup>st</sup> March 2019

Chair:  
Gill Brown

Key Issue	Risk Identified	Mitigating Actions
Patients potentially being charged excessive fees when being held in telephone queuing systems when ringing their GP practice.	Some patients may be unable to contact practices due to affordability.	Clarify position with NHSE / National position on telephone lines for patient use and share with practices.

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

The committee noted the changes to the GP contract and are awaiting further guidance due to be published at the end of March 2019. The committee will review this at the next meeting.

# Key Issues Report to Governing Body



<b>Primary Care Commissioning Committee in Common Part 1, Thursday 18th April 2019</b>	<b>Chair: Gill Brown</b>
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<b>Key Issue</b>	<b>Risk Identified</b>	<b>Mitigating Actions</b>

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

Terms of Reference for the Primary Care Commissioning Committee were noted.

The Delegation Agreement between the CCG and NHSE was received.

The committee noted the review of the Terms of Reference for the Operational Group.

The committee delegated responsibility for sign off of Primary Care Network agreements to the Leadership Team due to the timescales involved in the process.

# Key Issues Report

## Southport & Formby Localities

### February 2019 to May 2019



AINSDALE & BIRKDALE LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Ongoing key issue lack of visibility from community nursing teams	<ul style="list-style-type: none"> <li>Risk that patient care could be affected</li> </ul>	<ul style="list-style-type: none"> <li>Escalated to CCG Chair / LCFT – commitment agreed to improve DN attendance at MDT meetings and contact details to be shared.</li> <li>LCFT Frailty team engaging with locality. Escalated with LCFT and action plan agreed to increase presence / improve relationships between nursing teams and general practice.</li> <li>GP query email inbox established by LCFT to deal with issues as they arise.</li> </ul>
2. Midwives not using EMIS; practices are not informed when ladies self-refer for pregnancy.	<ul style="list-style-type: none"> <li>Risk of information not passing to practices regarding pregnant ladies.</li> <li>Increased workload for practices;</li> <li>GDPR issues – pt would have to be contacted before records could be shared.</li> </ul>	<ul style="list-style-type: none"> <li>Interoperability meeting has now been held and outcomes are awaited.</li> <li>CCG Chair has approached S&amp;O to discuss how pathway could support sharing of this information to practices. Trust are now looking into this.</li> <li>Jan 2019 Letter to be escalated to Trust. To be further escalated through Contract meetings.</li> </ul>
3. PCNs	<ul style="list-style-type: none"> <li>Practices needing to focus on creating PCNs and working together collaboratively – challenges associated with developing new ways of working.</li> </ul>	<ul style="list-style-type: none"> <li>CCG support provided.</li> <li>Network Manager recruited to support PCN development.</li> </ul>

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	<ul style="list-style-type: none"> <li>Risk of information not passing to practices regarding pregnant ladies.</li> <li>Increased workload for practices;</li> <li>GDPR issues – pt would have to be contacted</li> </ul>	<ul style="list-style-type: none"> <li>Interoperability meeting has now been held and outcomes are awaited.</li> <li>CCG Chair has approached S&amp;O to discuss</li> </ul>

# Key Issues Report Southport & Formby Localities February 2019 to May 2019



pregnant but also asking for PMH/Meds.	before records could be shared.	<p>how pathway could support sharing of this information to practices. Trust are now looking into this.</p> <ul style="list-style-type: none"> <li>Jan 2019 Letter to be escalated to Trust. To be further escalated through Contract meetings.</li> </ul>
2. Lack of visibility from community nursing teams	<ul style="list-style-type: none"> <li>Risk that patient care could be affected</li> </ul>	<ul style="list-style-type: none"> <li>Escalated to CCG Chair / LCFT – commitment agreed to improve DN attendance at MDT meetings and contact details to be shared.</li> <li>LCFT Frailty team engaging with locality. Escalated with LCFT and action plan agreed to increase presence / improve relationships between nursing teams and general practice.</li> <li>GP query email inbox established by LCFT to deal with issues as they arise.</li> </ul>
3. PCNs	<ul style="list-style-type: none"> <li>Practices needing to focus on creating PCNs and working together collaboratively – challenges associated with developing new ways of working.</li> </ul>	<ul style="list-style-type: none"> <li>CCG support provided.</li> <li>Network Manager recruited to support PCN development.</li> </ul>

FORMBY LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Lack of visibility from community nursing teams 2. Various issues raised with clinical care within community teams	<ul style="list-style-type: none"> <li>Risk that patient care could be affected</li> </ul>	<ul style="list-style-type: none"> <li>Escalated to CCG Chair / LCFT – commitment agreed to improve DN attendance at MDT meetings and contact details to be shared.</li> <li>LCFT Frailty team engaging with locality. Escalated with LCFT and action plan agreed to increase presence / improve relationships between nursing teams and general practice.</li> <li>GP query email inbox established by LCFT to deal with issues as they arise.</li> <li>More staff have been recruited by LCFT to</li> </ul>

# Key Issues Report Southport & Formby Localities February 2019 to May 2019



		<p>address capacity issues with Treatment rooms.</p> <ul style="list-style-type: none"> <li>Health Visiting team have met with locality group with view to improve relationships/communications.</li> </ul>
3. PCNs	<ul style="list-style-type: none"> <li>Practices needing to focus on creating PCNs and working together collaboratively – challenges associated with developing new ways of working.</li> </ul>	<ul style="list-style-type: none"> <li>CCG support provided.</li> <li>Network Manager recruited to support PCN development.</li> </ul>

NORTH LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. 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"> <li>Risk that patient care could be affected</li> </ul>	<ul style="list-style-type: none"> <li>Escalated to CCG Chair / LCFT – commitment agreed to improve DN attendance at MDT meetings and contact details to be shared.</li> <li>LCFT Frailty team engaging with locality. Escalated with LCFT and action plan agreed to increase presence / improve relationships between nursing teams and general practice.</li> <li>GP query email inbox established by LCFT to deal with issues as they arise.</li> <li>Assurance received no caseload being discharged; no services have been decommissioned. These pts will be picked up through frailty services.</li> </ul>
2. Problems experienced by practice when transferring patient records via GP2GP system. Further issues reported at May's meeting.	<ul style="list-style-type: none"> <li>Delays to patient care</li> </ul>	<ul style="list-style-type: none"> <li>Further investigations to be done via Informatics Merseyside with the practices and with EMIS.</li> </ul>
3. Midwives not using EMIS; practices are not	<ul style="list-style-type: none"> <li>Risk of information not passing to practices regarding pregnant ladies.</li> </ul>	<ul style="list-style-type: none"> <li>Interoperability meeting has now been held</li> </ul>

# Key Issues Report Southport & Formby Localities February 2019 to May 2019



<p>informed when ladies self-refer for pregnancy</p>		<p>and outcomes are awaited.</p> <ul style="list-style-type: none"> <li>• CCG Chair has approached S&amp;O to discuss how pathway could support sharing of this information to practices. Trust are now looking into this.</li> <li>• Jan 2019 Letter to be escalated to Trust. To be further escalated through Contract meetings.</li> </ul>
<p>4. PCNs</p>	<ul style="list-style-type: none"> <li>• Practices needing to focus on creating PCNs and working together collaboratively – challenges associated with developing new ways of working.</li> </ul>	<ul style="list-style-type: none"> <li>• CCG support provided.</li> <li>• Network Manager recruited to support PCN development.</li> </ul>

# Finance and Resource Committee Minutes

Wednesday 20th March 2019, 10.30am to 12.30pm  
 Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

<b>Attendees (Membership)</b>		
Helen Nichols	Lay Member (F&R Committee Chair), S&F CCG	HN
Gill Brown	Lay Member, S&F CCG	GB
Jan Leonard	Director of Commissioning and Redesign, S&F CCG	JL
Susanne Lynch	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
<b>Ex-officio Member*</b>		
Fiona Taylor (FR19/37 – FR19/48)	Chief Officer, S&F CCG	FLT
<b>In attendance</b>		
Joyer Gibson	Head of Financial Management & Planning, S&F CCG	JG
<b>Apologies</b>		
Debbie Fagan	Chief Nurse, S&F CCG	DF
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
<b>Minutes</b>		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

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

Name	Membership	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 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	✓	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
<b>General business</b>		
FR19/37	<p><b>Apologies for absence</b> Apologies for absence were received from Debbie Fagan and Alison Ormrod.</p> <p>Joyer Gibson, who has recently joined the CCG as Head of Financial Management and Planning whilst Jenny White is on secondment, was in attendance as an observer.</p>	
FR19/38	<p><b>Declarations of interest regarding agenda items</b> 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 &amp; Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport &amp; Formby Finance &amp; Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: <a href="http://www.southportandformbyccg.nhs.uk/about-us/our-constitution">www.southportandformbyccg.nhs.uk/about-us/our-constitution</a></p> <p><b>Declarations of interest from today's meeting</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• <i>FR19/47: GPIT and ETTF Bids for 2019/20</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. HM declared that he is a partner GP at a practice in Southport and Formby which could potentially benefit from GPIT and ETTF bids. CR and HM had indirect pecuniary conflicts of interest in relation to this item. It was noted that the information in the report for this item was to be received and that a decision / resolution was not required. The Chair reviewed the declarations and decided that CR and HM could be present during this item and participate in discussion, as the item did not require a committee decision.</li> </ul>	
FR19/39	<p><b>Minutes of the previous meeting and key issues</b> The minutes of the previous meeting held on 20<sup>th</sup> February 2019 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>	
FR19/40	<p><b>Action points from the previous meeting</b></p> <p><b>FR19/06 Finance Report - Month 9</b> The action regarding a deep dive review to understand the substantial decrease in FNC spend is still open.</p> <p><b>FR19/08 CHC Update Report</b> It was noted that the completion date for the action regarding the CHC Programme Board and an update report is May 2019. Action still open.</p>	

No	Item	Action
	<p><b>FR19/12 Prescribing Spend Report – Month 7 2018/19</b>            JL reported that work is ongoing to understand the increasing cost pressure in relation to continence. SL noted that the CCG has asked the Spinal Unit for information in relation to this. She confirmed that further to ongoing work, the prescribing report will include more detail on this issue at the committee meeting in June 2019. This action is to supersede the current action on the tracker.</p> <p><b>FR19/13 Pan Mersey APC Recommendations</b>  <u>Rheumatology high cost drug pathways – sequential options</u>            SL has contacted Midlands &amp; Lancashire CSU regarding the use of Blueteq to further gain assurance relating to sequential use. She is awaiting information from the CSU as to whether the software will allow this. Action still open.</p> <p><b>FR19/23 Action points from the previous meeting (FR18/118 - Finance Report - Month 4)</b>            FLT has raised the health infrastructure issues and potential risks of extra costs relating to new housing developments with the council. Action closed.</p> <p><b>FR19/23 Action points from the previous meeting (FR19/09 Finance &amp; Resource Committee Risk Register)</b>            The post mitigation score for risk FR009 (related to the delivery of the Sefton Transformation Programme) will be discussed under item FR19/44. Action closed.</p> <p><b>FR19/24 HR Policies</b>            MMcD reported that the Attendance Management policy was discussed at the Leadership Team meeting on 19<sup>th</sup> March 2019 and it has been agreed that the clause regarding routine medical appointments should be a decision reserved to the line manager's discretion. The policy is to be brought back to the next F&amp;R Committee meeting for formal approval, as agreed at the committee meeting on 20<sup>th</sup> February 2019.</p> <p><b>FR19/25 Brexit Considerations</b>            MMcD reported that Debbie Fairclough (the CCG's primary contact for Brexit) has written to Sefton Council to seek assurance regarding the local situation with care home staffing – further to national figures showing there is a high reliance upon non-UK employees for care home staffing. A response is awaited and an update will be provided at the next committee meeting. This action is to supersede the current action on the tracker.</p> <p><b>FR19/27 CHC Fee Rates 2019/20</b>            The action regarding Table 3 in the report for CHC Fee Rates 2019/20 (presented to the F&amp;R Committee at the last meeting on 20<sup>th</sup> February 2019) is still open.</p> <p><b>FR19/28 Finance &amp; Resource Committee Risk Register</b>            The post mitigation score for risk FR006 will be discussed under item FR19/44. Action closed.</p> <p><b>FR19/29 Individual Funding Request Service Q3 2018/19</b>            MMcD is yet to request a review of CSU performance in terms of KPI. Action still open.</p>	<p>SL</p> <p>MMcD</p>

No	Item	Action
	<p><b>FR19/29 Individual Funding Request Service Q3 2018/19</b> In reference to the action regarding Continuous Glucose Monitoring (CGM) – JL reported that due to changes in the market the current CGM policy is no longer fit for purpose and has been reviewed as part of the suite 3 commissioning policy review being undertaken. Due to the patient risk that this presented, the CCG Governing Body approved a recommendation (at the Development Session in March 2019) to adopt an updated Continuous Glucose Monitoring Policy, which is more inclusive, as an interim policy until engagement and ratification of the final policies is completed. Action closed.</p> <p><b>FR19/33 F&amp;R Committee Terms of Reference</b> The F&amp;R Terms of Reference have been updated following discussion at the last committee meeting and will be presented under item FR19/50. Action closed.</p> <p><b>FR19/33 F&amp;R Committee Terms of Reference</b> No further comments on the F&amp;R Terms of Reference were sent to MMcD and TK following discussion at the last committee meeting. Action closed.</p>	
<i>Service contracts</i>		
FR19/41	<p><b>Midlands &amp; Lancashire CSU: Summary Service Report</b> MMcD provided a brief overview of the CSU Service Report as at January 2019. He noted a teleconference has been arranged for 26<sup>th</sup> March to sign off the Data Security and Protection Toolkit.</p> <p>Members commented on the format of the report and requested that future reports are to be on Southport &amp; Formby CCG only due to information governance concerns. This feedback is to be provided to Debbie Fairclough, the CCG's Interim Programme Lead – Corporate Services.</p> <p><b><i>The committee received this report.</i></b></p>	FLT / MMcD
<i>Brexit</i>		
FR19/42	<p><b>Brexit Considerations</b> The committee discussed Brexit considerations. FLT reported that she and a number of CCG staff - including Debbie Fairclough (the CCG's primary contact for EU Brexit planning arrangements), SL and members of the Business Intelligence team - have been involved in work relating to assurance regarding Brexit and the risk of a potential 'no deal' arrangement. She noted the CCG has responded to all requests from NHSE to date regarding Brexit.</p> <p>Members discussed a risk relating to assets / data maintained by 3rd parties on behalf of the CCG, which may be held outside the UK. HN noted the Audit Committee had accepted this risk and that the CCG is non-compliant in this area, as absolute assurance cannot be obtained that CCG data is not held outside the UK.</p> <p>The F&amp;R Committee agreed to continue overseeing Brexit considerations, given the Audit Committee meets less frequently, and noted that this will continue to be a standing item on meeting agendas.</p>	

No	Item	Action
	<p><b><i>The committee received this verbal update and noted the work being carried out by the CCG in relation to Brexit.</i></b></p>	
<i>Finance</i>		
FR19/43	<p><b>Finance Report - Month 11</b></p> <p>MMcD provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 28<sup>th</sup> February 2019. The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• The CCG is on target to deliver its control total of £1m surplus following implementation of Governing Body agreed mitigations and an adjustment to the allocation. This is subject to External Audit opinion.</li> <li>• QIPP delivery is £2.445m to date, which is £3.561m below the planned delivery at month 11.</li> <li>• The CCG is on target to meet the year end cash target of 1.75% of cash drawdown for month 12 (£0.288m).</li> <li>• The CCG has now agreed its position with Southport &amp; Ormskirk NHS Trust for 2018/19.</li> <li>• The year to date performance for the Acting as One providers shows an over performance spend against plan; this would represent an overspend of £0.897m under usual contract arrangements.</li> </ul> <p>MMcD updated members on discussions with the CCG's External Auditors regarding the 2018/19 financial position.</p> <p>The committee had a detailed discussion about the CCG's financial position. Discussion included Acting as One, the Quality Premium, Southport &amp; Ormskirk NHS Trust and the CCG's underlying financial position. FLT noted she would look into the CCG's position in relation to Quality Premium.</p> <p>FLT thanked MMcD and the finance team on the work carried out to date.</p> <p><b><i>The committee received the finance report and noted the summary points as detailed in the recommendations section of the report.</i></b></p>	FLT
FR19/44	<p><b>Finance &amp; Resource Committee Risk Register</b></p> <p>MMcD presented the F&amp;R risk register and proposed the following:</p> <p><i>Risk FR006: 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 either a failure to deliver the required control total or its Statutory Financial Duty (SFD).</i></p> <p>As the CCG is now on target to deliver its control total of £1m surplus subject to External Audit opinion, MMcD proposed that the likelihood post mitigation score and consequence post mitigation score be reduced from 4X5 to 3X3, which would reduce the total post mitigation score to 9.</p> <p><i>Risk FR006a: 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</i></p>	

No	Item	Action
	<p><i>a failure to deliver required levels of savings.</i></p> <p>MMcD proposed no changes to the post mitigation score for this risk as the CCG is not on target to fully deliver its QIPP target in 2018/19.</p> <p><i>Risk FR006b: 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.</i></p> <p>MMcD proposed that the risk description be expanded to read 'opening budgets and reserves.' As the CCG is now on target to deliver its control total of £1m surplus subject to External Audit opinion, MMcD proposed that the likelihood post mitigation score be reduced from 4 to 3, which would reduce the total post mitigation score from 12 to 9.</p> <p><i>Risk FR009: There is a risk of non-delivery of the Sefton Transformation Programme caused by insufficient appropriate resources resulting in non-resolution of the system wide deficit with potential reputational damage.</i></p> <p>MMcD reported that the Sefton Transformation Board has signed off a plan, prioritising funding for the revised Project Management Office. He therefore proposed the likelihood post mitigation score and consequence post mitigation score be reduced from 4X4 to 2X3, which would reduce the total post mitigation score to 6.</p> <p>The committee agreed with the proposed changes to the risk register, which are to be actioned. Concerns were raised, however, that the CCG's current financial position and performance does not address underlying issues; it was noted that the CCG is still carrying a substantial underlying deficit position which would be documented as a risk in the F&amp;R key issues report that will be presented to the Governing Body.</p> <p><b><i>The committee approved the proposed changes to the risk register discussed during the meeting.</i></b></p>	MMcD / TK
FR19/45	<p><b>Finance Strategy Update</b></p> <p>MMcD provided an update on the CCG's financial strategy, noting that it will be updated once contract arrangements have been finalised. He provided an update on 2019/20 contract negotiations, noting that significant financial risks still exist.</p> <p>MMcD referred to the local health economy and noted that the consolidated deficit is estimated at £13m for Southport &amp; Formby CCG, West Lancashire CCG and Southport &amp; Ormskirk NHS Trust.</p> <p>FLT referred to a meeting between the CCG and the Trust earlier today to discuss the 2019/20 contract and noted that further work is to be done regarding outstanding issues relating to non-elective activity. She reported that the meeting included discussions to agree a system wide control total and system wide support.</p> <p>MMcD reported that the CCG will be required to lead the development of a system wide recovery plan for submission by the end of April; a final draft is to be agreed at the end of June.</p>	

No	Item	Action
	<p>MMcD reported on the likelihood of system wide cost improvement plans being implemented in 2019/20. Members noted the risks associated with implementing appropriate reporting and governance arrangements. FLT noted the need for ongoing work and development of systems to support this process.</p> <p>HN stressed the need for a clear action plan regarding QIPP for 2019/20. MMcD noted that a QIPP report from the CCG's recovery consultant will be presented to the Governing Body Part II meeting in April 2019.</p> <p><b><i>The committee received this verbal update.</i></b></p>	
FR19/46	<p><b>Benchmarking and VFM</b></p> <p>MMcD reported that the system wide recovery plan referred to under item FR19/45 will have a strong focus on benchmarking and Value for Money.</p> <p><b><i>The committee received this verbal update.</i></b></p>	
<i>IT</i>		
FR19/47	<p><b>GPIT and ETTF Bids for 2019/20</b></p> <p>CR and HM had declared an interest in relation to this item (details of this together with the decision made are under item <i>FR19/38: Declarations of interest regarding agenda items</i>).</p> <p>MMcD presented a paper outlining bids that have been submitted to NHSE for the GPIT and Estates and Technology Transformation (ETTF) schemes (which were required to be submitted by 15<sup>th</sup> March 2019). He noted that the ETTF element may need to be presented back to the committee for prioritisation. Members noted that discussions will continue via the IM&amp;T Steering Group and requested that the CCG Chair be involved in future discussions and decision making.</p> <p>MMcD referred to the list of projects funded from 2018/19 bids, which are currently in progress. MMcD noted that some of these projects will take up to 12 months to complete.</p> <p><b><i>The committee received this report.</i></b></p>	
<i>Prescribing</i>		
FR19/48	<p><b>Prescribing Spend Report – Month 9 2018/19</b></p> <p>SL provided an overview of the prescribing report for month 9. It was noted that at month 9, the CCG is forecast to be underspent by £1.73m or 7.7%.</p> <p>SL referred to cost pressures as detailed in the report and noted that FreeStyle Libre will be a significant cost pressure for the next financial year.</p> <p><b><i>The committee received this report.</i></b></p> <p><b><i>FLT left the meeting.</i></b></p>	

No	Item	Action
FR19/49	<p><b>Prescribing Rebate Scheme - GlucoRx Products</b></p> <p>SL presented a paper with a recommendation to approve the renewal of the following rebate scheme, which is already in place.</p> <p><i>GlucoRx Products - GlucoRx Nexus Test Strips, GlucoRx Lancets, GlucoRx Finepoint insulin pen needles. The products are listed as part of the APC Pan Mersey Formulary.</i></p> <p><b><i>The committee approved the renewal of the above rebate scheme.</i></b></p>	
<i>Committee Governance</i>		
FR19/50	<p><b>F&amp;R Committee Terms of Reference</b></p> <p>MMcD presented the F&amp;R Committee Terms of Reference, which have been updated following discussion at the last F&amp;R Committee meeting on 20<sup>th</sup> February 2019. He noted that the terminology has been updated in the Terms of Reference.</p> <p>JL noted that there may be changes to the membership of the committee in the future with potential job / portfolio changes.</p> <p><b><i>The committee approved the updated committee Terms of Reference.</i></b></p>	
FR19/51	<p><b>F&amp;R Committee 2018/19 Attendance Tracker (For Annual Report)</b></p> <p>Members noted that the F&amp;R Committee meeting attendance record for the Governing Body members of the committee will be included in the CCG's annual report for 2018/19. In preparation for this, members have been asked to approve the F&amp;R Committee attendance tracker to date for 2018/19. It was noted that the CCG's Interim Programme Lead - Corporate Services had asked for this approval process to be carried out by all the relevant committees which will be included in the annual report.</p> <p><b><i>The committee approved the F&amp;R Committee 2018/19 Attendance Tracker to date.</i></b></p>	
<b>Closing business</b>		
FR19/52	<p><b>Any Other Business</b></p> <p>HM enquired about a CCG policy regarding CHC applications and process. JL noted she would ask Jo Ryder (Head of Service IPA - Sefton, Midlands and Lancashire CSU) to contact HM about this.</p>	JL
FR19/53	<p><b>Key Issues Review</b></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><b>Date of next meeting</b></p> <p>Wednesday 15<sup>th</sup> May 2019, 10.30am to 12.30pm</p> <p>Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

## Joint Quality Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

**Date:** Thursday 28<sup>th</sup> February 2019 at 09.00 – 12.00

**Venue:** Library, 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

Debbie Fagan	Chief Nurse & Quality Officer (SFCCG/SSCCG)	DF
Tracey Forshaw	Assistant Chief Nurse	TF
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Helen Roberts	Lead Pharmacist	HR
Graham Bayliss	Lay Member (SSCCG)	GBa
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Gill Brown	Lay Member (SFCCG)	GBr

### Apologies

Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DF
Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Billie Dodd	Head of Commissioning (SFCCG/SSCCG)	BD

### Minutes

Michelle Diable	PA to Chief Nurse & Deputy Chief Nurse (SFCCG / SSCCG)	MD
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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 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19
Dr Rob Caudwell	GP Governing Body Member	✓	✓									
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	✓									
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓									
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A	A									
Billie Dodd	Head of CCG Development	✓	A									
Debbie Fagan	Chief Nurse & Quality Officer	A	✓									
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓									
Martin McDowell	Chief Finance Officer	✓	A									
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A									
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A									

- ✓ Present
- A Apologies
- L Late or left early
- N No meeting held

No	Item	Actions
19/25	<p><b>Welcome, Introductions &amp; Apologies</b></p> <p>Dr Robert Caudwell welcomed everyone to the meeting. Apologies were noted from Fiona Taylor, Dr Andy Mimmagh, Billie Dodd, Dr Jeffrey Simmonds and Dr Doug Callow.</p> <p>The meeting was deemed quorate.</p>	
19/26	<p><b>Declarations of Interest</b></p> <p>No declarations were noted.</p>	
19/27	<p><b>Minutes &amp; Key issues log of the previous meeting</b></p> <p>With the following amendments, the minutes and key issues log were deemed to be an accurate reflection of the previous meeting held on 31<sup>st</sup> January 2019;</p> <ul style="list-style-type: none"> <li>• <b>Agenda Item 19/6 Provider Quality and Performance Report/Dashboard.</b> Second and third paragraphs should read; <i>Dr Gina Halstead questioned whether 2 week wait dermatology referrals are being seen at Aintree University Hospitals NHS Trust and will raise this with Dr Harvey. Dr Halstead also highlighted an issue in relation to a liver patient recall system breakdown. The Trust has raised this as a serious incident and a review is being undertaken.</i></li> <li>• <b>Agenda Item 19/2 Declarations of Interest.</b> Paragraph should read <i>Initially no declarations were reported, however under agenda item 19/21, Dr Rob Caudwell wished to note a declaration of interest as the Coloplast Service rents one of the rooms at his Practice.</i></li> </ul>	



No	Item	Actions
	<p><b>Action: Tracey Forshaw to ask Amanda Gordon to contact Gill Brown.</b></p> <ul style="list-style-type: none"> <li>• 19/6 (iii) Dr Rob Caudwell to raise the poor performance for TIA patients with the Medical Director at S&amp;O.</li> </ul> <p><b>Action: Dr Caudwell to meet with the Medical Director and will raise the poor performance for TIA patients (meeting date set).</b></p> <ul style="list-style-type: none"> <li>• 19/6 (iv) Amanda Gordon to highlight the lack of provider comments in relation to key areas of concern at Mersey Care NHS Foundation Trust (Mental Health) to Gordon Jones and Sue Gough.</li> </ul> <p>Action not completed and to remain open on the tracker.</p> <ul style="list-style-type: none"> <li>• 19/14 Learning from a Multi-Agency Learning Disability Mortality Review. The presentation slides to be circulated to the Committee.</li> </ul> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> <li>• 19/16 Clinical Supervision Policy</li> </ul> <p><b>Action: Tracey Forshaw to present the amended policy at the Joint Quality Committee in March 2019 on behalf of Colette Page.</b></p> <ul style="list-style-type: none"> <li>• 19/18 Safeguarding Children and Adults at Risk Policy – Dr Rob Caudwell and Dr Gina Halstead to liaise with Natalie Hendry and Dr Wendy Hewitt to produce a clear narrative in relation to the meaning of what is lawful with the Information Sharing Guidance document.</li> </ul> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> <li>• 19/19 Corporate Risk Register – Quality Update.</li> </ul> <p>Action completed and to be removed from the tracker.</p> <p>Debbie Fagan advised that the recent Quality Contract Review meeting at S&amp;O was cancelled due to availability of staff from SFCCG and WLCCG but she had met with the Trust Medical Director (Dr Terry Hankin) and Executive Nurse (Juliette Cosgrove) to discuss how the CCQRM will operate in 19/20. Debbie also advised the Committee that she had invited Dr Terry Hankin and Juliette Cosgrove to the Joint Quality Committee, but they were unable to attend this month or the March meeting but would attend a future meeting.</p> <p>The Committee discussed the lack of assurance in relation to coding being correctly recorded. Dr Gina Halstead advised that she would take forward this action.</p> <p><b>Action: Dr Gina Halstead to liaise with Dr Doug Callow regarding potential coding differences.</b></p>	<p>TF</p> <p>RC</p> <p>AG</p> <p>TF</p> <p>GH</p>

No	Item	Actions
19/29	<p><b>External Clinical Review of Continuing Healthcare (CHC) for NHS South Sefton and Southport and Formby CCGs</b></p> <p>Debbie Fagan presented the External Clinical Review of CHC which was commissioned by the CCGs. The review was undertaken in Q3 2018/19. The initial draft report was received by the CCGs at the end of November 2018 and the final report received at the end of January 2019. Debbie Fagan advised that she presented the review at the CHC Programme Board recently. There were six recommendations noted and a number of next steps to be taken.</p> <p>Dr Gina Halstead raised a concern in relation to the recommendation for an end to end service and the impact on patients when having their initial assessments, as the patients won't see their district nurse and so may not be familiar with the person providing the initial assessment.</p> <p>Brendan Prescott advised that it might be that the patient knows the person providing the assessment but they might not be familiar with the decision support tool or the process. Gill Brown suggested exploring what other providers are operating in this market. Brendan advised that there are alternative providers in the market and procurement rules would be followed when commissioning the end to end service.</p> <p>It was noted that there is a backlog of reviews highlighted within the review report. Brendan Prescott advised that the number of patients dating back over 12 months are reducing. Debbie Fagan advised that the backlog of reviews had increased recently as the workload of CSU had been re-prioritised to undertake the Discharge to Assess assessments to support safe discharge from acute trust providers and system safety. Debbie Fagan stated that this had previously been reported to the Governing Bodies.</p> <p>Debbie Fagan advised that the full report would be circulated.</p> <p><b>Action: Michelle Diable to circulate the full external clinical review report to the Committee.</b></p>	MD
19/30	<p><b>Chief Nurse Report</b></p> <p>Debbie Fagan presented the Chief Nurse report which seeks to update the Committee with any key issues that have occurred since the last report presented on 31<sup>st</sup> January 2019.</p> <p>It was highlighted that following the receipt of NHSE serious incident assurance report and the outcome of the MIAA serious incident review for the CCGs which gave a 'substantial' assurance rating, the Chief Officer had formally thanked the Quality Team at the February 2019 Governing Body Meeting for the quality improvement work they had undertaken.</p> <p><b>Outcome:</b> The Committee received the report.</p>	

No	Item	Actions
19/31	<p><b>Southport and Ormskirk Hospitals NHS Trust / NHS Southport and Formby CCG System De-escalation Briefing</b></p> <p>Debbie Fagan presented the System De-escalation briefing and plan which seeks to provide the Committee with the actions undertaken to support the de-escalation of the current system pressure within Southport and Formby/Southport &amp; Ormskirk Hospitals NHS Trust health economy in order to maintain patient safety across the local system.</p> <p>Debbie Fagan noted that ward 1 was still open as an escalation area but needed to be closed as soon as possible. Gill Brown highlighted that keeping the system safe and patients safe are two separate issues. Mutual aid from Mersey Care NHS Foundation Trust has been secured due to workforce resilience issues in the community during times of significant pressure. ICRAS pathway support has commenced by Mersey Care NHS Foundation Trust. Work is in progress within the provider teams to further improve the Trusted Assessment documentation. Debbie Fagan stated that the CCG Chief Officer has commissioned an external review of community services and the community provider are willing to work with the CCG on this.</p> <p><b>Outcome:</b> The Committee received the report.</p>	
19/32	<p><b>NHS England (North) Cheshire and Merseyside Quality Surveillance Group Report</b></p> <p>Brendan Prescott presented the report which states the updates that had been provided to NHSE North Cheshire and Merseyside Quality Surveillance Group in February 2019. The group is currently consulting with CCGs on a proposed change to the reporting template.</p> <p><u>Paediatric Lost to Follow up</u></p> <p>It was noted that Southport and Ormskirk NHS Hospitals NHS Trust had recorded a further serious incident relating to paediatric follow ups. A meeting took place to review the extent of the issues. Tracey Forshaw advised that the cohort relates back to November 2018 and following a delay in follow up after intervention, there was no initial harm noted.</p> <p>Dr Gina Halstead highlighted that in the absence of a robust system and using multiple IT Systems it would fail. Tracey Forshaw advised that the data would go on Medway which adds a level of scrutiny and she also advised that a plan was in place.</p> <p><b>Outcome:</b> The Committee received the report.</p>	

No	Item	Actions
19/33	<p><b>NHS South Sefton CCG and NHS Southport and Formby CCG Quarter 3 Serious Incident Reports</b></p> <p><u>NHS South Sefton CCG</u></p> <p>Tracey Forshaw presented the Q3 serious incidents report and it was noted that there continues to be an improvement in the number of incidents closed on StEIS which have been reviewed at the SIRG panel.</p> <p>It was noted that an incident has been reported at AHCH following the switch off from paper referrals to the E Referral System, investigation showed that all children were seen and there was no harm as a result of paper referrals received after the switch off. Internal processes including Standard Operating Procedures are being monitored at Aintree University Hospitals NHS Trust and Southport and Ormskirk Hospitals NHS Trust also.</p> <p><u>NHS Southport and Formby CCG</u></p> <p>Tracey Forshaw presented the Q3 serious incidents report and it was noted that the CCG will continue to work with the provider and support them through their serious incident improvement plan as a result of the contract performance notice. An additional SIRG meeting is to be convened in March 2019 and a further 2 meetings to take place in April 2019.</p> <p>Gill Brown queried that in Q3 Mersey Care NHS Foundation Trust (South Sefton Community Services) had reported 9 serious incidents and Lancashire Care NHS Foundation Trust had reported 1 serious incident. Tracey Forshaw suggested that the CCG will look at the National Reporting and Learning System (NRLS) for these specific Trusts.</p> <p><b>Action: The CCG to look at the NRLS reporting to compare MCFT and LCFT.</b></p>	TF
19/34	<p><b>Month 11 CCG Serious Incident Management Improvement Programme</b></p> <p>Tracey Forshaw presented the report which seeks to provide an update on the CCG Serious Incident Improvement Programme. It was noted that 3 areas remain open and are rated as amber. The action plan was also noted by the Committee with progress reported against each element. Completion for each action is anticipated by April 2019.</p> <p><b>Outcome:</b> The Committee received the report.</p>	
19/35	<p><b>Merseyside Safeguarding Adult Board (MSAB) Annual Report 2018/19</b></p> <p>Debbie Fagan presented the report which seeks to provide the Committee with the first annual report which has been approved by the MSAB, highlighting the work undertaken in 2017/2018. The following five priorities for the MSAB were noted :-</p> <ul style="list-style-type: none"> <li>• Voice of the Service User and Front Line Staff</li> <li>• Assurance and Challenge;</li> <li>• Safeguarding Adult Reviews;</li> <li>• Effective Communication;</li> <li>• Effectiveness of the Board.</li> </ul> <p><b>Outcome:</b> The Committee received the report and recommended presentation to the Governing Bodies.</p>	

No	Item	Actions
19/36	<p><b>GP Quality Lead Update</b></p> <p>Dr Gina Halstead raised a concern on the impact following the Heath Visiting Team being disbanded and having a centralised booking office. Debbie Fagan advised that she would raise the concerns with Margaret Jones and Kerrie France.</p> <p><b>Action: Debbie Fagan to raise the concerns of the impact of the Health Visiting Team being disbanded and the introduction of a centralised booking office.</b></p> <p>Dr Gina Halstead advised that two F2 doctors had undertaken a social prescriber audit focusing on all patient initiated contacts before and after the intervention which highlighted a significant reduction in GP appointments. The audit and its presentation had been well received.</p> <p>Gill Brown requested that the two F2 doctors attend and present their audit findings to the EPEG.</p> <p><b>Outcome:</b> The Committee received the verbal update.</p>	DF
19/37	<p><b>Locality Updates</b></p> <p>There were no updates received.</p>	
19/38	<p><b>Joint South Sefton and Southport and Formby CCG Medicines Operation Group (JMOG) Meeting Key Issues Log</b></p> <p>The Committee noted the key issues from the JMOG meeting held on 1<sup>st</sup> February 2019.</p> <p><b>Outcome:</b> The Committee received the report.</p>	
19/39	<p><b>Extraordinary Engagement and Patient Experience Group (EPEG) Meeting – Key Issues Log</b></p> <p>The Committee noted the key issues log from an Extraordinary EPEG meeting held on 14<sup>th</sup> February 2019 at Mersey Care NHS Foundation Trust Headquarters where an overview of a trust wide patient experience data performance and an update on the processes for this year's assessment were presented.</p> <p><b>Outcome:</b> The Committee received the report.</p>	
19/40	<p><b>Serious Incident Review Group (SIRG) Minutes</b></p> <p>The Committee noted the NHS South Sefton CCG SIRG minutes from the meeting held on 10<sup>th</sup> January 2019 and the minutes from the NHS Southport and Formby CCG SIRG meeting held on 9<sup>th</sup> January 2019.</p> <p><b>Outcome:</b> The Committee received the SIRG minutes.</p>	
19/41	<p><b>Corporate Governance Support Group Key Issues</b></p> <p>The Committee noted the key issues from the Corporate Governance Support Group Meeting held on 23<sup>rd</sup> January 2019.</p> <p><b>Outcome:</b> The Committee received the report.</p>	

No	Item	Actions
19/42	<p><b>NHSE – Cheshire and Merseyside Complaints Annual Report for South Sefton CCG and Southport and Formby CCG 1/4/2017 – 31/3/2018</b></p> <p>The Committee noted the NHSE – Cheshire and Merseyside Complaints Annual Report for South Sefton CCG and Southport and Formby CCG 1/4/2017 – 31/3/2018 which had been presented for information purposes.</p> <p><b>Outcome:</b> The Committee received the reports.</p>	
19/43	<p><b>Research Strategy</b></p> <p>Brendan Prescott presented the Research Strategy which seeks to present the Committee with the revised research strategy which was last approved in 2017.</p> <p><b>Outcome:</b> The Committee approved the Strategy.</p>	
19/44	<p><b>Safeguarding Children and Adults at Risk Policy</b></p> <p>The Committee noted that the Safeguarding Children and Adults Risk Policy had been approved by Governing Body subject to the suggested amendments which had been made.</p> <p><b>Outcome:</b> The Committee received the report and noted the amendments.</p>	
19/45	<p><b>Professional Registration Policy for NHS South Sefton CCG and Southport and Formby CCG</b></p> <p>The Committee were received the Professional Registration Policy for NHS South Sefton CCG and Southport and Formby CCG.</p> <p><b>Outcome:</b> The Committee approved the policies.</p>	
19/46	<p><b>Any Other Business</b></p> <p>Dr Rob Caudwell advised that he had attended an Orthopaedic (Getting It Right First Time (GIRFT) Meeting at Southport and Ormskirk Hospital NHS Trust the previous day which was chaired by Professor Tim Briggs.</p>	



No	Item	Actions
19/47	<p><b>Key Issue Log</b> (issues identified at this meeting)</p> <p>SFCCG:</p> <ul style="list-style-type: none"> <li>• External CHC Clinical Review – the review was received by the Committee;</li> <li>• Quality Risk Profile Tool – to be reviewed at a meeting on 28<sup>th</sup> February 2019 as part of the quality surveillance process;</li> <li>• De-escalation of System Pressures – work is being undertaken across the local system to de-escalate current pressures within Southport and Formby health economy. The de-escalation plan was received and the external commissioned review of Community Services by Chief Officer was noted;</li> <li>• Quality Team Portfolio - the Quality Team portfolio and lead areas were presented. Members highlighted concerns about the impact of staffing movement on the team;</li> <li>• CCG Serious Incident Improvement Plan – this was received by the Committee. Three actions are rated as amber remain which are on track to close by April 2019;</li> <li>• CCG Research Strategy - the revised Research Strategy was approved by the Committee;</li> <li>• CCG Professional Registration Policy this was approved by the Committee;</li> <li>• CCG Safeguarding Policy – amendments noted and approved.</li> </ul> <p>SSCCG:</p> <ul style="list-style-type: none"> <li>• External CHC Clinical Review – the review was received by the Committee;</li> <li>• Quality Risk Profile Tool – to be reviewed at a meeting on 28<sup>th</sup> February 2019 as part of the quality surveillance process;</li> <li>• Quality Team Portfolio - the Quality Team portfolio and lead areas were presented. Members highlighted concerns about the impact of staffing movement on the team;</li> <li>• CCG Serious Incident Improvement Plan – this was received by the Committee. Three actions are rated as amber remain which are on track to close by April 2019;</li> <li>• CCG Research Strategy - the revised Research Strategy was approved by the Committee;</li> <li>• CCG Professional Registration Policy this was approved by the Committee;</li> <li>• CCG Safeguarding Policy – amendments noted and approved.</li> </ul>	
19/48	<p><b>Date of Next Meeting and Notice of Apologies</b></p> <p>Thursday 28<sup>th</sup> March 2019 at 9am – 12noon at Merton House.</p> <p>Apologies noted for the next meeting: Debbie Fagan.</p>	

# Audit Committees in Common Southport and Formby CCG Minutes

Wednesday 16<sup>th</sup> January 2019, 1.30pm to 4pm  
3rd Floor Board Room, Merton House

<b>Southport and Formby CCG Members present</b>		
Helen Nichols	Lay Member (Chair)	HN
Gill Brown	Lay Member (Vice Chair)	GBr
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
<b>South Sefton CCG Members present</b>		
Graham Morris	Lay Member (Chair)	GM
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
<b>In attendance</b>		
Martin McDowell	Chief Finance Officer, SFCCG and SSCCG	MMcD
Leah Robinson	Chief Accountant, SFCCG and SSCCG	LR
Adrian Poll	Audit Manager, MIAA	AP
Georgia Jones	Manager, Grant Thornton	GJ
<b>Apologies (South Sefton CCG Members)</b>		
Graham Bayliss	Lay Member (Vice Chair)	GBa
<b>Apologies (In attendance)</b>		
Alison Ormrod	Deputy Chief Finance Officer, SFCCG and SSCCG	AOR
Claire Smallman	Anti-Fraud Manager, MIAA	CS
Robin Baker	Audit Director, Grant Thornton	RB
<b>Minutes</b>		
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
<b>Southport and Formby Audit Committee Membership</b>						
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	✓
<b>In attendance</b>						
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	A	✓	A	✓	A
Leah Robinson	Chief Accountant [On maternity leave from October 2017]				✓	✓
Phil Rule	Interim Chief Accountant	✓	✓	✓		
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓		✓	✓	
Adrian Poll	Audit Manager, MIAA	✓		✓	✓	✓

Name	Position	April 18	May 18	July 18	Oct 18	Jan 19
Robin Baker	Audit Director, Grant Thornton	✓	N	✓	✓	A
Georgia Jones	Manager, Grant Thornton	✓	✓	A	A	✓

No	Item	Action
<b>General Business</b>		
<b>A19/01</b>	<p><b>Introductions and apologies for absence</b> Apologies for absence were received from Graham Bayliss (South Sefton Audit Committee member), Alison Ormrod, Claire Smallman and Robin Baker.</p> <p>The committee noted that Helen Nichols, Chair of the Southport and Formby Audit Committee, would chair this CiC meeting.</p>	
<b>A19/02</b>	<p><b>Declarations of interest</b> 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 &amp; Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport &amp; Formby Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: <a href="http://www.southportandformbyccg.nhs.uk/about-us/our-constitution">www.southportandformbyccg.nhs.uk/about-us/our-constitution</a>.</p> <p><b>Declarations of interest from today's meeting</b></p> <ul style="list-style-type: none"> <li>• JS declared he is a member of both of the respective Governing Bodies and Audit Committees of 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.</li> <li>• 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.</li> </ul>	
<b>A19/03</b>	<p><b>Minutes of the previous meeting and key issues</b> The Southport and Formby minutes of the Audit Committees in Common meeting on 17<sup>th</sup> October 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>	
<b>A19/04</b>	<p><b>Action points from previous meetings</b></p> <p><b>A18/130 (S&amp;F and SS) Governing Body Assurance Framework, Corporate Risk Register and Heat Map</b> The committee discussed the action related to capturing the wider Cheshire &amp; Merseyside work and the impact on the CCG within the GBAF. Members stressed the need for the GBAF to be reviewed in light of the changing environment in which the CCG is operating. It was agreed for this to be actioned when the GBAF is reviewed as a whole for the next financial year. The finance risks will also be reviewed to ensure they are captured more clearly within the GBAF. It was agreed to close this action.</p> <p>Members raised concerns about the flow of information sharing with</p>	

	<p>Governing Body members in relation to the additional work of the CCG, outside the scope of usual CCG business, and identified this as a risk. Members referred specifically to information sharing in relation to the Sefton Transformation Programme (STP) and the Project Management Office (PMO). It was agreed that this risk needs to be captured in the Corporate Risk Register; MMcD to action.</p> <p>Members requested clarity around the objectives, outcomes and achievements of the STP and PMO, and asked for an update on progress relating to the Sefton Transformation Board and Health and Care Partnership at the next Governing Body meeting.</p> <p>MMcD confirmed he would liaise with Debbie Fairclough, the CCG's Interim Programme Lead (Corporate Services), regarding increasing the frequency of Governing Body meetings, to help address the concerns about information sharing in relation to the CCG's external environment.</p> <p><b>A18/137 (S&amp;F and SS) Action points from previous meetings (A18/115 NHSE CCG Financial Planning, Control and Governance Self-Assessment Template)</b> In reference to a financial training needs assessment to be carried out for the Governing Body – LR confirmed that a SurveyMonkey questionnaire will be circulated to Governing Body members to assess training needs in relation to carrying out their role. Action to stay on the tracker until completed.</p> <p><b>A18/138 (S&amp;F and SS) GDPR Implementation Update</b> MMcD confirmed that Claire Smallman (Anti-Fraud Manager, MIAA) has sent the necessary information related to information on the Fraud and National Fraud Initiative to be included in the CCG's Privacy Notice. The CCG's Corporate Governance Manager is arranging for this to be included in the CCG's Privacy Notice on the CCG website. Action closed.</p> <p><b>A18/142 (S&amp;F and SS) Scheme of Delegation</b> Members noted that a review of the Scheme of Delegation would be discussed under item A19/10. Action closed.</p> <p><b>A18/154 (S&amp;F and SS) Governing Body Assurance Framework, Corporate Risk Register and Heat Map</b> It was noted that the GBAF strategic objectives would be reviewed by the Governing Body when the GBAF as a whole is reviewed for the next financial year. The review is to be arranged for the Governing Body Development Session in March 2019.</p> <p><i>Members noted that all other actions from the Audit Committees in Common meeting in October 2018 have been completed, with updates provided on the action tracker which were taken as read. No queries were raised on the updates provided.</i></p>	<p>MMcD</p> <p>MMcD</p> <p>MMcD</p> <p>MMcD</p>
<b>Governance</b>		
<b>A19/05</b>	<p><b>Deloitte: CCG Conflicts of Interest – Internal Audit Report</b> MMcD provided an overview of the Deloitte report evaluating the arrangements for the management of conflicts of interest and gifts and hospitality in place across 10 unidentified CCGs in England.</p> <p>AP reported MIAA will be auditing the CCG's management of conflicts of interest in February / March 2019. HN asked for assurance that the CCG is compliant on the points highlighted in the Deloitte report, and confirmation of what actions need to be taken if the CCG is not compliant in any area. HN</p>	<p>MMcD</p>

	<p>requested this be done before the MIAA audit on the CCG's management of conflicts of interest. MMcD to ask Debbie Fairclough to action.</p> <p><b><i>The committee received this report.</i></b></p>	
<b>A19/06</b>	<p><b>GP Pensions – Update</b></p> <p>LR presented a report providing an update relating to a national issue concerning GP Governing Body and Clinical Lead pension payments. She noted the actions taken to date and the next steps, as detailed in the report. She confirmed that the issue is being managed by the Leadership Team and Remuneration Committee. Members noted that actions to resolve this issue are on-going and stressed the importance of achieving a resolution as soon as possible.</p> <p>GJ confirmed she has been in discussions with LR, MMcD and AOR regarding how the GP pensions issue may potentially impact on the Remuneration Report section of the annual report, which is subject to audit.</p> <p><b><i>The committee received this report.</i></b></p>	
<b>A19/07</b>	<p><b>NHSE CCG Financial Planning, Control and Governance Self Assurance Template</b></p> <p>LR presented an updated self-assessment template on financial planning, control and governance for Q3. She noted the updates that have been made as detailed under the <i>Completed Actions</i> section of the Action Tracker, which was received under item A19/04.</p> <p><b><i>The committee received this report.</i></b></p>	
<b>A19/08</b>	<p><b>Losses, Special Payments and Aged Debt</b></p> <p>LR provided an update on losses, special payments and aged debt for Southport &amp; Formby CCG since the last report was presented to the Audit Committee on 17<sup>th</sup> October 2018. No losses have been identified for write-off and no special payments have been made in this period.</p> <p>LR reported on the outstanding debt as at 31<sup>st</sup> December 2018. Of the total debt outstanding (£975,027), there are two invoices totalling £59,426 above the £5k threshold which are greater than 6 months old. These relate to Southport &amp; Ormskirk NHS Trust and Dovehaven Nursing Home.</p> <p>LR provided an update on the two invoices as detailed in the report. It was noted that the Southport &amp; Ormskirk invoice (value of £37,000) relates to MRET recharges for 2016/17. The Trust has settled all other outstanding debts, which has reduced the total outstanding debt for Southport and Formby CCG, and anticipate that payment will be made for this balance before March 2019. In relation to the debt associated with Dovehaven Nursing Home, LR reported a repayment plan has been agreed with the supplier and that the balance is expected to be fully settled by the end of March 2019.</p> <p><b><i>The committee received the Losses, Special Payments and Aged Debt report.</i></b></p>	
<b>A19/09</b>	<p><b>Liaison Accounts Payable Review 2018</b></p> <p>LR presented a report notifying the committee of recoveries made as part of the Liaison Accounts Payable Review 2018. She noted the Liaison Accounts Payable Review investigated all items of expenditure that the CCG has incurred since April 2016 with a total of £13,297 identified. She confirmed a summary of the overpayments recovered have been detailed in Appendix 2 of the report and that a progress update will be provided at the next Audit</p>	

	<p>Committee meeting in April 2019.</p> <p><b><i>The committee received this report.</i></b></p>	
<b>A19/10</b>	<p><b>Scheme of Delegation Review</b>  LR reported that the CCG's Interim Programme Lead (Corporate Services) has confirmed the Scheme of Delegation, including the schedule of financial limits, is being reviewed to take account of changes including the Sefton Transformation Programme. The CCG has also submitted an application to become fully delegated for commissioning GP services; the full extent of responsibilities cannot be established until the application has been formally approved. As a result of these changes, it will be necessary to update the relevant schemes and schedules to align with roles, responsibilities and delegations.</p> <p>A revised scheme of delegation will be presented to the Audit Committee at the next meeting in April 2019.</p> <p><b><i>The committee received this verbal update.</i></b></p>	
<b>A19/11</b>	<p><b>Single Tender Action Forms – Southport &amp; Formby CCG</b>  MMcD reported on two Single Tender Action (STA) forms for Southport &amp; Formby CCG, related to the Sefton Transformation Programme - Project Management Office. He noted 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> <ol style="list-style-type: none"> <li>1) STA related to funding a short-term post to establish an elective care programme within the Acute Sustainability Programme. It was noted that the provider has been sourced by Southport &amp; Ormskirk NHS Trust, has the required expertise and a competitive day rate. MMcD confirmed the Trust would be recharged for the work.</li> </ol> <p>Members discussed this and agreed to ratify approval of the STA, noting that Southport &amp; Ormskirk NHS Trust will be recharged for the work.</p> <ol style="list-style-type: none"> <li>2) STA related to extension of contract (up to 31<sup>st</sup> March 2019) for a consultant who has expertise in the legal framework associated with major service change and reconfiguration. MMcD confirmed the consultant had been recommended to the CCG further to transformation work carried out in other parts of the country.</li> </ol> <p>Members discussed this STA and raised the following issues:</p> <ul style="list-style-type: none"> <li>• It was noted that a part of the total cost is applicable to South Sefton CCG. Therefore the STA needs to be revised to show the total spend that is applicable to Southport and Formby CCG only, and a separate STA form needs to be completed for South Sefton CCG.</li> <li>• The total spend on the STA submitted for Southport and Formby does not seem to be correct given the day rate and number of days specified. The total spend needs to be reviewed and split as appropriate between the Southport &amp; Formby STA and South Sefton STA.</li> <li>• The answer given in the section entitled 'What do you propose to do after the end of the contract term?' requires clarity and further explanation.</li> </ul> <p>The committee asked for the above issues to be addressed and for a revised STA to be submitted to the Southport and Formby Audit Committee and a separate STA to be submitted to the South Sefton Audit Committee for when they next meet in April 2019. MMcD to ask Mel Wright (Programme</p>	MMcD

	<p>Manager, Sefton Transformation Programme) to action.</p> <p>Members also asked for assurance regarding the outputs of this role.</p> <p>In reference to the general STA template, members asked for a <i>Declaration of Interests</i> section to be added to ensure any conflicts of interest are noted.</p> <p><b><i>The Southport &amp; Formby Audit Committee ratified the approval of the first STA discussed. Further work is required on the second STA and is to be resubmitted for the next committee meeting in April 2019.</i></b></p>	<p>MMcD</p> <p>TK</p>
<b>A19/12</b>	<p><b>Register of Interests</b></p> <p>MMcD presented an updated Register of Interests, as at 19<sup>th</sup> December 2018. Both the unpublished and published versions of the register had been included in the meeting pack.</p> <p>Members commented that the presentation and accuracy of the register had improved significantly. It was agreed for MMcD to write a formal letter of thanks on behalf of the committee to Judy Graves, the CCG's Corporate Business Manager, who maintains the register.</p> <p><b><i>The committee received the Register of Interests.</i></b></p>	<p>MMcD</p>
<b>A19/13</b>	<p><b>Policy Tracker</b></p> <p>MMcD presented the policy tracker. The committee received updates on the policies that are out of their review dates as detailed in the report. A status update on each policy is included in the report.</p> <p>HN noted that the status update for the Safeguarding Children and Adults at Risk Policy states that an update will be presented to the Governing Body in January 2019. As a Governing Body meeting will not take place in January, it was noted that an update will be provided to the next Governing Body meeting in February 2019.</p> <p><b><i>The committee received the policy tracker.</i></b></p>	
<b>A19/14</b>	<p><b>Cyber Security – CCG Audit Chairs Update</b></p> <p>HN and GM presented an update on the role of cyber security readiness in handling patient data safely and securely, for information for Audit Committee members.</p> <p>HN referred to the section entitled <i>Takeaways for CCG Audit Chairs - Questions to ask</i>. She asked for assurance that the questions raised in this section are being addressed. It was agreed for MMcD to ask iMerseyside to provide a brief response that the issues raised in this section are being addressed.</p> <p><b><i>The committee received this report.</i></b></p>	<p>MMcD</p>
<b>A19/15</b>	<p><b>Brexit Considerations</b></p> <p>The committee discussed planning arrangements for Brexit and in particular, a potential 'no deal' Brexit.</p> <p>MMcD reported that NHS bodies have been asked to nominate a senior responsible officer to be the primary contact for EU Brexit planning arrangements. He confirmed Debbie Fairclough is the lead for the CCG. Members requested an update on Brexit planning arrangements for the CCG be provided to the Senior Leadership Team. MMcD to ask Debbie Fairclough to action.</p>	<p>MMcD</p>

	<p>Members agreed to delegate the overseeing of Brexit considerations to the Finance &amp; Resource Committee, as the Audit Committee would not be meeting again until April, which is after the date the UK is scheduled to leave the EU.</p> <p><b><i>The committee discussed Brexit Considerations and delegated the overseeing of this issue to the Finance &amp; Resource Committee.</i></b></p>	
<b><i>Audit and Anti-Fraud Specialist</i></b>		
<b>A19/16</b>	<p><b>Audit Committee Recommendations Tracker</b> LR presented the Audit Committee Recommendations Tracker. LR referred to the recommendation related to Better Care Fund review (April 2017). She confirmed this has now been completed; the section 75 agreement has been signed and will be presented to the Governing Body in February for formal adoption. This recommendation will therefore be removed from the tracker prior to the next committee meeting.</p> <p>HN queried the number of items on the tracker. It was agreed for LR and GJ to check that all relevant controls have been captured on the tracker.</p> <p><b><i>The committee received the Audit Committee Recommendations Tracker.</i></b></p>	LR / GJ
<b>A19/17</b>	<p><b>MIAA Internal Audit Progress Report</b> AP presented the MIAA Internal Audit Progress Report.</p> <p>Since the last Audit CiC meeting in October 2018, an audit report has been finalised on Serious Incidents. The audit reported a substantial assurance level on the effectiveness of the CCG's arrangements in place to ensure Serious Incidents are effectively managed, reported and lessons learned. An audit report has also been finalised on Financial Systems Controls, which concluded a high assurance level on the effectiveness of the key controls in place across each of the key financial systems. AP reported that a low risk action was raised in relation to the CCG ensuring that all budgets receive the appropriate approval of the budget holder and a member of the finance team before the budget deadline.</p> <p><b><i>The committee received the MIAA Internal Audit Progress Report.</i></b></p>	
<b>A19/18</b>	<p><b>Review of NFI Matches</b> LR provided an update on review of NFI matches, noting that NFI matches have not been released yet. Claire Smallman (Anti-Fraud Manager, MIAA) has confirmed that the NFI matches will be released at the end of January 2019 so a paper will be brought to the next Audit Committee meeting scheduled for 18<sup>th</sup> April 2019.</p> <p><b><i>The committee received this verbal update.</i></b></p>	
<b>A19/19</b>	<p><b>Bribery Compliance Strategy 2018</b> LR presented an update on actions taken by the CCG to improve on compliance in the areas where 'No' and 'Partial' responses were provided in relation to 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. It was noted that four of the questions still require actions to be taken to ensure compliancy. The actions relate to updates to CCG policies, which LR will be raising with the CCG's Corporate Governance Manager.</p>	



	<b><i>The committee received this update report.</i></b>	
<b>A19/20</b>	<p><b>External Audit Plan</b> GJ presented the External Audit Plan for the year ending 31<sup>st</sup> March 2019, providing an overview of the planned scope and timing of the statutory audit of Southport and Formby CCG. She presented the headlines in the report and explained how the planning materiality has been determined.</p> <p><b><i>The committee approved the External Audit Plan for the year ending 31<sup>st</sup> March 2019.</i></b></p>	
<b>A19/21</b>	<p><b>External Audit Progress Report</b> GJ presented the progress report for external audit, highlighting the progress to date. She reported Grant Thornton have started planning for the 2018/19 financial statements audit and are due to commence an interim audit in January 2019. She also reported Grant Thornton's annual accounts workshop will be taking place in February 2019.</p> <p>It was agreed for a private meeting to be arranged between Southport &amp; Formby and South Sefton Audit Committee members, the External Auditors and Internal Auditors in April 2019. It was agreed for the invitation to be open to Counter Fraud and for the meeting to take place in between the two Audit Committee meetings scheduled for 18<sup>th</sup> April. TK to arrange.</p> <p>MMcD referred to the Mental Health Investment Standard and asked LR for an update on an NHSE event she had attended in November 2018. LR reported that at this event, NHSE confirmed that the Mental Health Investment Standard will be subject to audit in 2018/19 for both the 2018/19 and 2017/18 financial years. It had been reported that this will form part of a separate audit engagement. There has been no guidance issued as yet on how this will be undertaken and reported. The National Audit Office are still in discussions with NHSE on this matter.</p> <p><b><i>The committee received the External Audit Progress Report.</i></b></p>	TK
<b>Risk</b>		
<b>A19/22</b>	<p><b>Governing Body Assurance Framework, Corporate Risk Register and Heat Map</b> MMcD presented the Governing Body Assurance Framework (GBAF), the Corporate Risk Register (CRR) and the Heat Map; the latter summarises all the mitigated risks for the CCG with a score of 12 and above.</p> <p>It was noted that the documents would usually have been reviewed and moderated by the Leadership Team but that due to the Christmas break this has not been possible. Members discussed the documents and noted that a full review of the GBAF will be carried out for the next financial year, as discussed under item A19/04.</p> <p><b><i>The committee reviewed the CRR, GBAF and Heat Map and approved the updates subject to moderation by the Leadership Team.</i></b></p>	
<b>Other</b>		
<b>A19/23</b>	<p><b>Self-assessment of committee's effectiveness</b> HN and GM reported that all members of the respective Audit Committees of the Sefton CCGs have completed a self-assessment questionnaire related to the committee's effectiveness, which had been taken from the latest Audit Committee Handbook in October 2018. HN and GM have also completed a</p>	

	<p>separate questionnaire designed for Audit Committee Chairs, related to committee processes.</p> <p>HN and GM confirmed they have reviewed all submissions. Regarding the self-assessment of the committee's effectiveness, HN and GM raised a couple of queries they had on areas where there was a difference of opinion. Members discussed these queries and reached agreement.</p> <p>HN and GM discussed queries in relation to the self-assessment of committee processes. Further to discussion, members agreed the following:</p> <ul style="list-style-type: none"> <li>• The Internal Audit Charter is to be presented to the next Audit Committee meetings scheduled for 18<sup>th</sup> April 2019.</li> <li>• An External Quality Assessment of MIAA is to be presented at a future Audit Committee meeting, as there is an update expected this calendar year.</li> </ul> <p><b><i>The committee received this verbal update.</i></b></p>	<p>AP</p> <p>AP</p>
<b>A19/24</b>	<p><b>Committee Work Plan 2019/20</b> MMcD presented the committee work plan for 2019/20.</p> <p>The committee discussed factoring in the impact (on the CCG) of primary care delegated commissioning from 1st April 2019. AP reported that MIAA will be auditing four new elements of the internal audit framework for delegated commissioning arrangements. The audits will be reported to future Audit Committee meetings when complete and added to the work plan prior to this.</p> <p>HN requested a report be presented to the Governing Body Development Sessions in March 2019 regarding how the Sefton CCGs are fulfilling the requirements of primary care delegated commissioning and how capacity issues are being addressed. MMcD to ask the CCG's Interim Programme Lead (Corporate Services) to action.</p> <p>Members discussed the work plan and agreed to remove the Remuneration Committee and Approvals Committee Annual Reports, as these will be presented directly to the respective Governing Bodies of the Sefton CCGs at their meetings in July 2019. TK to update the work plan.</p> <p><b><i>The committee received the committee work plan for 2019/20.</i></b></p>	<p>MMcD</p> <p>TK</p>
<b>A19/25</b>	<p><b>Committee Meeting Dates 2019/20</b> MMcD presented a paper listing the Audit CiC and Audit Committee meetings scheduled for 2019/20.</p> <p><b><i>The committee received the committee meeting dates for 2019/20.</i></b></p>	
<b>Key Issues of other committees to be formally received</b>		
<b>A19/26</b>	<p><b>Key Issues reports of other committees</b></p> <ul style="list-style-type: none"> <li>• Finance and Resource Committees September and October 2018</li> <li>• Joint Quality Committee September and October 2018</li> <li>• Joint Commissioning Committee August 2018 (Part 2, South Sefton only)</li> </ul>	

	<p>October 2018</p> <p><b><i>The committee received the key issues of the Finance and Resource Committee, Joint Quality Committee and Joint Commissioning Committee meetings for the months detailed above.</i></b></p>	
<b>Closing business</b>		
<b>A19/27</b>	<p><b>Any other business</b></p> <p><u>Data Security and Protection Toolkit Submission / Delegated Approval for Sign-off</u> MMcD reported that the sign-off of the Data Security and Protection Toolkit (previously known as IG Toolkit) will need to be actioned prior to the next Audit Committee meeting scheduled for 18<sup>th</sup> April 2019. The committee agreed to provide delegated authority to HN and MMcD to review and sign the Data Security and Protection Toolkit for Southport and Formby CCG. TK to arrange a teleconference between MMcD and HN to review and sign-off the toolkit.</p> <p><u>Joint Auditor Panel – 18<sup>th</sup> January 2019</u> Members discussed representation of the Sefton CCGs at the Joint Auditor Panel meeting scheduled for 18<sup>th</sup> January 2019. It was agreed that HN and MMcD would attend.</p> <p><u>ME Update / CHC Retrospective Claims Report – S&amp;F CCG Only</u> This item was discussed without the presence of South Sefton Audit Committee members (GM) and Grant Thornton (GJ).</p> <p>MMcD provided an update on actions taken to date regarding a CHC retrospective claim. A letter from the CCG was issued to the client in November 2018, inviting them to meet with the CCG. The CCG has received correspondence from a specialist firm who are acting on behalf of the client. A response is being drafted by the CCG’s Corporate Governance Manager. HN requested that this letter be issued this week which MMcD confirmed would be actioned.</p>	HN / MMcD / TK
<b>A19/28</b>	<p><b>Key Issues Review</b></p> <p>MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues report to Governing Body.</p>	
	<p><b>Date and time of next meeting</b></p> <p>South Sefton Audit Committee Thursday 18<sup>th</sup> April, 1pm-2.30pm Room 5A, Merton House</p> <p>Southport and Formby Audit Committee Thursday 18<sup>th</sup> April, 3pm-4.30pm Room 5A, Merton House</p>	

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

Date: Thursday 21st March 2019. 10.00am – 11.00am  
Venue: 3A Merton House, Stanley Road, Bootle, L20 3DL

<b>Members</b>		
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
<b>Attendees:</b>		
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
<b>Minutes</b>		
Jane Elliott	S&F CCG Senior Administrator	JE

### Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19
<b>Members:</b>							
Gill Brown	S&F CCG Lay Member	✓	✓				
Jan Leonard	S&F CCG Chief Redesign and Commissioning	✓	✓				
Dr Rob Caudwell	S&F CCG Clinical Chair	N	N				
Dr Kati Scholtz	S&F CCG Clinical Vice Chair	✓	✓				
Susanne Lynch	S&F CCG Head of Medicines Management	✓	✓				
Brendan Prescott	Deputy Chief Nurse and Quality Officer	N	N				
Alan Cummings	NHSE Senior Commissioning Manager	A	A				
<b>Attendees:</b>							
Jan Hughes	NHSE Assistant Contract Manager	N	✓				
Sharon Howard	Programme Manager General Practice Forward View	✓	✓				
Angela Price	Primary Care Programme Lead	✓	✓				
Maureen Kelly	Healthwatch Sefton	✓	A				
Diane Blair	Health watch Sefton		✓				
Dwayne Johnson	Sefton MBC Director of Social Services and Health	N	N				
Joe Chattin	Sefton LMC	N	N				
Anne Downey	NHSE Finance	N	N				
Colette Page	SS and S&F CCG Practice Nurse Lead	A	A				

No	Item	Action
JCCiC 19/21.	<p><b>Introductions and apologies</b></p> <p>Apologies were received as noted above.</p> <p>It was noted that the meeting was not Quorate. No decisions were made.</p>	
JCCiC 19/22.	<p><b>Declarations of interest</b></p> <p>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><i>KS declared an interest as a local GP.</i></p>	
JCCiC 19/23.	<p><b>Minutes of the previous meeting</b></p> <p>The minutes of the previous meeting held on 7<sup>th</sup> February 2019 were agreed.</p>	
JCCiC 19/24.	<p><b>Action points from the previous meeting</b></p> <p>The action tracker was discussed and updated.</p>	
JCCiC 19/25.	<p><b>Report from Operational Group and Decisions made</b></p> <p>AP reported that the group had discussed:</p> <ul style="list-style-type: none"> <li>• Churchtown Medical Centre list is now open</li> <li>• Discussions took place around plans and procedures now in place take on delegated commissioning</li> <li>• LQC phase 5 is progressing and on track for publication in April 2019</li> <li>• North Locality has concerns around patient movement between practices and is considering a managed list process. The CCG and NHSE will be kept informed of further decisions.</li> </ul>	

<p>JCCiC 19/26.</p>	<p><b>GPFV Operational Plan/ Primary Care Programme Report</b></p> <ul style="list-style-type: none"> <li>• Resilience funding has been received to address the issues relating to Docman documents when patients transfer to another practice.</li> <li>• Training will be planned over the next 12 months with regards to signposting and document management. First Practice Management and Talking Life will provide training</li> <li>• International recruitment team have recruited further staff. Numbers of potential GP recruits are low.</li> <li>• ETTF – David Scallen (NHSE) is scheduled to attend the April JOG meeting.</li> <li>• e-consultations is being promoted and rolled out to all practices. There are some discussions taking place regarding 7 day access services utilising this facility</li> <li>• 7 day access services. Further funding has been secured to advertise this service further. Digital champion posts will support practice utilisation of the service. There is still some underutilisation of HCA and PN but this is being addressed. NHSE praised the CCG for their promotion of the service so far.</li> <li>• Clinical pharmacist – the HUB has exceeded all expectations and there have been some good outcomes in patient safety. Practices are keen for the HUB to be rolled out to all practices. This can only be done when all the posts are recruited for.</li> <li>• PCN – there are 4 Networks in Southport and Formby. Networks are awaiting publication of further guidance around the new DES which requires practice sign up by May 2019. Sefton on track to meet this deadline. NHSE noted how well Sefton had done to have so many bids approved as not all bids were successful as they didn't meet the criteria.</li> <li>• LQC is business as usual LQC 5 on track</li> <li>• Apex Insight is a tool that enables practices to monitor workload and staffing levels. Software was presented to practices at the Wider Group Meeting. Expressions of interest are now being taken</li> <li>• Learning Disability health checks have increased this year with the introduction of the new procedure. 2019/20 will continue in the current format allowing practices to choose between delivering the DES themselves or handing this over the Federation.</li> <li>• SMI health checks are mandated for practices. This has been included in the LQC phase 5. Practices will offer patients a Health check.</li> <li>• Delegation goes live on 1<sup>st</sup> April 2019. NHSE have been working with the CCG to map across policies and procedures to ensure a smooth transition. A guide has been put together for practices to ensure they know who to contact and for what. Diane Lewis from NHSE has been instrumental in this process and training staff. CCG wish to extend their thanks to Diane for all her hard work.</li> </ul>	
<p>JCCiC 19/27.</p>	<p><b>Delegation</b> As discussed in item JCCiC 19.26</p>	

JCCiC 19/28.	<p><b>Healthwatch Feedback</b></p> <p>Health Watch carried out an assessment at Trinity surgery. Only a small number of patients were canvased. Practice did not feel this was a true reflection of the overall picture.</p> <p>There had been some feedback from a patient who had reported high telephone charges because it took so long to answer the call. It was agreed to ask the practice for information regarding their call waiting time between 8am and 11am. JL will monitor this situation</p>	JL
JCCiC 19/29.	<p><b>Key Issues Log</b></p> <ul style="list-style-type: none"> <li>Charges for patients who are in telephone queuing systems when contacting GP practices.</li> </ul>	
JCCiC 19/30.	<p><b>Any Other Business</b></p> <p>None</p>	
JCCiC 19/31.	<p><b>Date of Next Meeting:</b></p> <p>Thursday 18th April 2019. 10.00am – 11.00am <b>Family Life Centre, Almond Room, Ash Street Southport PR8 6JH</b></p>	
<p><b>Meeting Concluded.</b></p> <p><b>Motion to Exclude the Public:</b> 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>		

## NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common

### Approved Minutes – Part I

Date: Thursday 18<sup>th</sup> April 2019. 10.00am – 11.00am

Venue: **Family Life Centre, Almond Room, Ash Street Southport PR8 6JH**

<b>Members</b>		
Gill Brown	S&F CCG Lay Member (Chair)	GBr
Graham Bayliss	SS CCG Lay Member (Vice Chair)	GBa
Graham Morris	SS CCG Lay Member	GM
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Debbie Fagan	S&F CCG Chief Nurse and Quality Lead	DF
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager & Improvement	AC
<b>Non Voting Attendees:</b>		
LMC Representative		
Healthwatch Representative		
Health & Well Being Representative		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
<b>Minutes</b>		
Debbie Fairclough	Interim Programme Lead – Corporate Services	DFair

**Attendance Tracker**      ✓ = Present      A = Apologies      N = Non-attendance      C = Cancelled

Name	Membership	April 19	May 19	June 19	July 19	August 19
<b>Members:</b>						
Gill Brown	S&F CCG Lay Member (Chair)	✓				
Graham Bayliss	SS CCG Lay Member (Vice Chair)	✓				
Graham Morris	SS CCG Lay Member	A				
Helen Nichols	S&F CCG Lay Member	✓				
Fiona Taylor	S&F SS CCG Chief Officer	A				
Martin McDowell	S&F SS CCG Chief Finance Officer	✓				
Jan Leonard	S&F CCG Director of Place (North)	✓				
Debbie Fagan	S&F CCG Chief Nurse and Quality Lead	A				
Angela Price	S&F SS CCG Programme Lead Primary Care	✓				
Alan Cummings	NHSE Senior Commissioning Manager	✓				
<b>Non Voting Attendees:</b>						
LMC Representative		✓				
Health Watch Representative		A				
Health & Well Being Representative		A				
Dr Craig Gillespie	GP Clinical Representative	✓				
Dr Kati Scholtz	GP Clinical Representative	✓				



No	Item	Action
PCCiC19/01	<p><b>Apologies for absence</b> Apologies were received from Graham Morris, Fiona Taylor Debbie Fagan and Health Watch Debbie Fairclough attended on behalf of FT Susanne Lynch attended on behalf of DF Martin McDowell via dial in facility</p> <p><b>Welcome and Introductions</b> GBr welcomed all to the inaugural meeting of the NHS Southport and Formby CCG and NHS South Sefton CCG Primary Care Commissioning Committees (PCCC) in Common. This was the first meeting under the newly established arrangements that had been created to ensure there was a robust governance framework in place to preside of the CCG's newly acquired responsibilities in respect of the commissioning of primary medical services.</p> <p>GBr advised members that this is a meeting to be held in public and the dates, time and venue of this and all future meetings had been published. No members of the public were in attendance at the meeting.</p>	
PCCiC19/02	<p><b>Declarations of interest regarding agenda items</b> There were no declarations of interest declared that had a direct impact on the meeting's proceedings. It was noted that Martin McDowell, Susanne Lynch, Angela Price, Jan Leonard and Debbie Fairclough all held joint appointments with both Southport and Formby and with South Sefton CCG however, it was agreed that those arrangements did not constitute any conflict of interest that would give rise to concern or prejudice in respect of the business items for discussion</p>	
PCCiC19/03	<p><b>Minutes of the previous meeting</b> The minutes of the NHS South Sefton CCG NHSE Joint Commissioning Committee meeting held on Thursday 21<sup>st</sup> March 2019 were approved as an accurate record of proceedings.</p> <p>The minutes of the NHS Southport and Formby CCG NHSE Joint Commissioning Committee meeting held on Thursday 21<sup>st</sup> March 2019 were approved as an accurate record of proceedings. It was however noted that attendance register was inaccurate in showing Helen Nichols as a member and this should be removed from the record. Helen Nichols tenure on the newly established S&amp;F Primary Care Commissioning Committee did not commence until 1<sup>st</sup> April 2019</p> <p><b>ACTION:</b> Helen Nichols name to be removed from the attendance register of the meeting held on 21<sup>st</sup> March 2019.</p>	

<p>PCCiC19/04</p>	<p><b>Action points from the previous meeting</b></p> <p>Members reviewed the action log and the following was agreed:</p> <p>Members reviewed the action log and the following was agreed:</p> <p>SSNHSE18/42 – <b>ACTION OPEN</b> - Louise Hallaron to be invited to PCCC to provide and update on ETTF – JL</p> <p>SSNHSE 18/65 – <b>ACTION CLOSED</b> - Workforce Steering Group meeting had not taken place but it was noted that the CCG did not have any influence over when that might take place and members agreed this action should now be closed.</p> <p>SFNHSE 19/06 – <b>ACTION CLOSED</b> – 7 day access is now on PCCC work plan for review in July 2019 (this was on the plan for June where we moving this to July to focus on June being a workshop?. Action to be closed.</p> <p>SFSSNHSE 19/06 – <b>ACTION CLOSED</b> – GP5YFV now on PCCC work plan</p>	
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PCCiC19/05	<p><b>Terms of Reference of the NHS Southport and Formby CCG and NHS South Sefton CCG Primary Care Commissioning Committees (PCCC) in Common</b></p> <p>DFair presented the terms of reference that had been developed in accordance with national guidelines, in consultation with members of the Joint Commissioning Committee, governing bodies and the wider group membership of the respective CCGs. The committee was asked to receive and adopt the terms of reference as approved by the respective memberships.</p> <p>It was noted there was a typographical error relating to the number of days that papers should be circulated to members and that it should refer to seven days and not five. DFair agreed to update and asked the PCCC to receive and adopt the terms of reference subject to that amendment.</p> <p>JC did query the guidance available from NHSE relating to the membership of the committee as it was felt that there should be more GP input. It was also noted that there were examples of PCCCs elsewhere that had significantly more GP members. DFair agreed to share the relevant guidance with all committee members.</p> <p>HN queried if there was single simple document that set out role and responsibilities of primary care commissioning committees to greater assist in understanding of these new duties for committee members. DFair agreed to circulate a briefing note.</p> <p>Members were asked to note that the terms of reference of the Joint Commissioning Committee Operational Group will need to be updated to reflect the new governance arrangements. Proposed terms of reference will be presented to the next PCCC for approval.</p> <p><b>ACTION:</b> DFair to prepare terms of reference for a PCCC operational sub group for approval at the next PCCC.</p> <p><b>ACTION:</b> DFair to circulate NHSE guidance relating to the membership of primary care commissioning committees.</p> <p><b>ACTION:</b> DFair to circulate a briefing note setting out the roles and responsibilities of PCCCs.</p> <p><b>RESOLUTION:</b> The PCCC received and adopted the Terms of Reference.</p>	
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<p>PCCiC19/06</p>	<p><b>Delegation Agreement</b>  <u>NHS Southport and Formby CCG – Delegation Agreement</u></p> <p>DFair presented the delegation agreement that had been signed off by the Wider Group members. It was noted that although NHSE had sent through email authorisation, a final signature was awaited. It was agreed that this should not in any way prevent the PCCC and CCG staff from discharging the newly acquired primary medical services commissioning responsibilities.</p> <p>Following receipt of the final signed document DFair will produce a Scheme of Reservation and Delegation (SORD) setting out the</p> <p><b>RESOLUTION:</b> The PCCC received the Delegation Agreement</p> <p><u>NHS South Sefton CCG – Delegation Agreement</u></p> <p>DFair presented the delegation agreement that had been signed off by the Wider Group members. It was noted that although NHSE had sent through email authorisation, a final signature was awaited. It was agreed that this should not in any way prevent the PCCC and CCG staff from discharging the newly acquired primary medical services commissioning responsibilities</p> <p><b>RESOLUTION:</b> The PCCC received the Delegation Agreement</p>	
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PCCiC19/07	<p><b>Transition plan to Delegation</b></p> <p>AP presented the primary medical services commissioning transition plan that set out the responsibilities and tasks that would now transition to the CCG. Members of the primary care team of the CCG and NHSE had been implementing and monitoring the plan and were able to positively report on progress. A practice guide had been produced to clarify the different roles of organisations following transition to delegation. JC advised that the LMC had acknowledged that this was an excellent guide and report. AP advised that the guide would be updated further as new policy and guidance is introduced. The transition plan will be updated to clearly show which tasks had been completed, were in progress or had not yet commenced.</p> <p>GBr sought assurances from JL that there was sufficient staffing resource in the CCG to manage the new responsibilities in terms of contracting management, performance, quality and core contract payments. AP confirmed that the leadership team had identified funding for new posts some of which had now been appointed to and others were due to be appointed to soon. The committee was also asked to note that NHSE primary care staff have continued to provide support and have agreed to continue to do so until the transition is fully complete. JL reported that CCG leads are currently designing a new post that will be focussed on quality matters and individual patient support, not just for primary care but to support the wider commissioning portfolio.</p> <p>In respect of Directed Enhanced Service (DES) payments; payments will remain to be processed through NHSE. However, a process had been agreed to enable the CCG to validate those payments before final authorisation to pay.</p> <p>In recognition that the CCG was now managing new responsibilities and there will inevitably some learning from month 1, an update on the first 30 days of operation will be reported to the next meeting of the PCCC.</p> <p><b>ACTION:</b> AP to provide a summary verbal report on the first 30 days</p> <p><b>RESOLUTION:</b> The PCCC received the transition plan and noted progress to date.</p>	
PCCiC19/08	<p><b>Report from Operational Group and Decisions made</b></p> <p>AP provided an update on matters that were being addressed by the Operational Group. Members were advised that NWAS were developing a new “rotational scheme” so that staff could rotate into primary care. The proposed staff development model would require staff to spend four months with NWAS, four months in primary care and then four months within the network. The employment arrangements are yet to be agreed.</p> <p>CG provided a view from a GP perspective. It was felt that there was an opportunity to direct those skills were they would have the greatest impact, e.g. in care homes or to deal with incidents of falls. More work is required to agree the optimum delivery model.</p> <p>JC reported that there was an excellent model that was currently operating in Southport, linked to nursing homes.</p> <p><b>RESOLUTION:</b> Members received the update.</p>	

PCCiC19/09	<p><b>Update on GPFV Operational Plan/ Primary Care Programme Report</b></p> <p>AP presented <i>the Primary Care Programme Report</i>. This set out the primary care work programme that had been established to support the GP Forward View transformation programme, delegation responsibilities including the GP contract reform agenda, and CCG business as usual work programmes. Members reviewed the report in detail and in particular commented positively on the improvements in respect of learning disability patients that were beginning to take place.</p> <p>It was agreed however, that since the CCG have been operating a different way of delivering the LD DES, anomalies had been identified which had not previously been understood and were being worked through and validated.</p> <p>An update will be brought to the meeting in May.</p>	
PCCiC19/10	<p><b>Primary Care Network (PCN) update</b></p> <p>CG provided the committees in common with an update on the establishment and evolution of the local PCNs. The networks are still forming and there is an expectation that this will be completed by 15<sup>th</sup> May 2019. There are four PCNS in South Sefton.</p> <p>There are four PCNs for South Sefton however, 1 practice has advised that they do not wish to sign up to the PCN DES. JL and CG had offered to speak with the practice but this offer has been declined to date. The committee noted that this will pose a risk and it is likely that the Maghull PCN will need some support.</p> <p>JL reported that the deadline for the sign off of all PCN agreements is the 15<sup>th</sup> May and is required before the next meeting of the PCCC. JL sought approval from the PCCC to delegate authority for the signing of the PCN applications to the leadership team with a verbal report on outcomes then being submitted to the next meeting of the PCCC.</p> <p><b>RESOLUTION:</b> The PCCC delegated authority to the CCGs' leadership to sign off the PCN applications.</p> <p>Members considered the potential risks to the success of the PCNs. CG reported that the CCG had been positively and constructively providing support that was very much welcomed, however, this support may prove to be insufficient given the size of the task the PCN were facing. DFair advised the committee that the leadership team had received and approved a resourcing model that had been prepared by Tracy Jeffes, Director of Place – South. The model drew upon existing CCG staff and skill set resources.</p> <p>There is an expectation from NHSE that there would be 100% population coverage with PCNs by 1<sup>st</sup> July 2019, CG reported that it is unlikely that target would be achieved. Even if other practices agreed to cover those practices that do not wish to participate, the differences and complexities between practices would make engagement difficult.</p> <p><b>ACTION:</b> Primary Care Network update to be a standing item agenda for PCCC.</p>	

PCCiC19/11	<p><b>Overview of GP Contract Changes</b></p> <p>AP advised members that the summary of changes had been dealt with under item PCCiC 19/09.</p>	
PCCiC19/12	<p><b>Healthwatch Feedback</b></p> <p>There were no issues raised in respect of Health Watch</p>	
PCCiC19/13	<p><b>Key Issues Log</b></p> <p>GBr and JL summarised the key issues of the meeting that are to be reported to the governing body.</p>	
PCCiC19/14	<p><b>Any Other Business</b></p> <p><b>Sepsis</b> – Dfair and SL discussed the Sepsis return for NHSE which formed part of the Improvement and Assessment Framework (IAF) indicator report. The CCG is asked each year to confirm that sepsis awareness raising and education on the use of National Early Warning Score (NEWS2) is included in the commissioning priorities of the CCG and is included (or there is evidence of a planned commitment to include) in service specifications and in any local incentive schemes funded by the CCG.</p> <p><b>RESOLUTION:</b> The PCCC confirmed its commitment to ensuring that these would be reflected in the service specifications of incentive schemes.</p> <p>The CCG is also asked to confirm that Health Education England resources relating to sepsis are referenced and used.</p> <p>For this year's return, and out with of the IAF sepsis parameters, the CCG was asked to provide information on the number of practices that had an identified sepsis link. This is not something that practices are mandated to have in place, however it was agreed that the CCG would seek to establish how many. CG, KS and JC all advised that it is more important that practices have a sepsis protocol in place.</p>	
PCCiC19/15	<p><b>Date of Next Meeting:</b></p> <p>Date of Next Meeting: 16<sup>th</sup> May 2019  <b>Room 3A, Merton House, Stanley Road, Bootle L20 3DL</b></p>	
<p><b>Meeting Concluded.</b></p> <p><b>Motion to Exclude the Public:</b>  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>		