

Governing Body Meeting in Public Agenda

Date: Wednesday 4th September 2019, 13:00hrs to 15:45hrs

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
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director	HM
Colette Page	Additional Nurse	CP
Brendan Prescott	Deputy Chief Nurse	BP
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
Maureen Kelly	Chair, Healthwatch (<i>co-opted Member</i>)	MK

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

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
General					13:15hrs
GB19/95	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB19/96	Declarations of Interest	Chair	Verbal	Receive	
GB19/97	Minutes of previous meeting	Chair	Report	Approve	
GB19/98	Action Points from previous meeting	Chair	Report	Approve	
GB19/99	Business Update	Chair	Verbal	Receive	
GB19/100	Chief Officer Report	FLT	Report	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
Finance and Quality Performance					13:35hrs
GB19/101	Integrated Performance Report 101.1: - NHS Constitution: Director of Strategy & Outcomes - Quality: Chief Nurse 101.2: - Finance: Chief Finance Officer	Karl McCluskey BP MMcD	Report	Receive	45 mins
GB19/102	Improvement and Assessment Framework: Q4 2018/19 Exception Report	Karl McCluskey	Report	Receive	
Governance					14:20hrs
GB19/103	Annual Audit Letter	HN/MMcD	Report	Receive	15 mins
GB19/104	Governing Body Assurance Framework, Heat Map and Corporate Risk Register	DFair	Report	Approve	
Quality					14:35hrs
GB19/105	SEND: Update	MMcD	Report	Receive	10 mins
Service Improvement/Strategic Delivery					14:45hrs
GB19/106	Sefton NHS Five Year Place Plan	Karl McCluskey	Report	Receive	45 mins
GB19/107	Primary Care Work Programme	Jan Leonard	Report	Receive	
GB19/108	Sefton Transformation Programme Update	FLT	Report	Receive	
GB19/109	Transforming Care for people with Learning Disabilities: Update	Geraldine O'Carroll	Report	Approve	
For Information					15:30hrs
GB19/110	Public Health Annual Report 2018/19	Helen Armitage	Report	Receive	10 mins
GB19/111	Key Issues Reports: a) Finance & Resource Committee b) Quality Committee / Quality & Performance Committee: c) Audit Committee d) Primary Care Commissioning Committee PTI	Chair	Report	Receive	
GB19/112	Approved Minutes: a) Finance & Resource Committee b) Joint Quality Committee / Quality & Performance Committee c) Audit Committee: None d) Primary Care Commissioning Committee PTI e) North Mersey Committees in Common f) TCP Strategic Board	Chair	Report	Receive	
Closing Business					15:40hrs
GB19/113	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB19/114	<p>Date of Next Meeting</p> <p>Wednesday 6th November 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 2019/20 are as follows:</p> <p>5th February 2020 1st April 2020 3rd June 2020</p> <p>All PT1 public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.</p>				
Estimated meeting close					15:45hrs

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 5 June 2019, 13:05hrs to 15:45hrs
Venue: Family Life Centre, Southport, PR8 6JH

The Governing Body Members in attendance

Dr Rob Caudwell	Chair & Clinical Director	RC
Helen Nichols	Deputy Chair & Lay Member for Governance	HN
Dr Kati Scholtz	Clinical Vice Chair & Clinical Director	KS
Dr Emily Ball	GP Clinical Director	EB
Gill Brown	Lay Member for Patient & Public Engagement	GB
Dr Doug Callow	GP Clinical Director	DC
Martin McDowell	Chief Finance Officer	MMcD
Dr Hilal Mulla	GP Clinical Director	HM
Colette Page	Additional Nurse	CP
Brendan Prescott	Deputy Chief Nurse	BP
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 Member (or deputy) In Attendance

Maureen Kelly	Chair, Health watch (<i>co-opted Member</i>)	
Charlotte Smith	Consultant in Public Health	CS

In Attendance

Jan Leonard	Director of Commissioning and Redesign	JL
Karl McCluskey	Director of Strategy and Outcomes	KMcC
Peter Moore	Head of Highways and Public Protection (<i>presentation</i>)	
Judy Graves	<i>Minute taker</i>	

Apologies

None

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Governing Body Membership	May 18	July 18	Sept 18	Nov 18	Feb 19	Apr 19	June 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 <i>or deputy</i>	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	
Maureen Kelly	Chair, Health watch (<i>co-opted Member</i>)	A	✓	A	✓	✓	A	✓

Name	Governing Body Membership	May 18	July 18	Sept 18	Nov 18	Feb 19	Apr 19	June 19
Susan Lowe	Practice Manager	✓	A					
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓
Dr Hilal Mulla	GP Clinical Director	✓	A	✓	✓	✓	✓	✓
Colette Page	Additional Nurse Member							✓
Brendan Prescott	Deputy Chief Nurse							✓
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	✓	✓	✓

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No	Item	Action
Questions from the public	<p>1. In light of the new contract for GPs can you explain how this will impact services provided?</p> <p>KS clarified that the new GP contract, in the main, referred to the formation of the Primary Care Networks (PCNs). Further, the contract reported on the obligation of GPs to provide an extension to hours from 1st July 2019 and to have a plan in place to deliver this. Previously this had been optional.</p> <p>In relation to how the new contract would affect what the GPs are able to provide, FLT advised that the new and old contracts were similar in terms of service provision.</p> <p>The intention of the PCN being to provide a forum for the GPs to work together and share resources including shared Practice Nurses and skill mix, linking policies and governance across the system. As a network it will be possible for additional funding to be gained to help support the back office role. It was noted that neither the funding nor network was about consolidating the practices or capital monies, but about sharing expertise.</p> <p>Further reference was made to Estates and an update was given on the Estates Strategy and the prior considerations in relation to how to better utilise and build in a better way. However, the CCG had been told that there were now no more capital monies available until the next funding round which commences 2020.</p> <p>JL referred to the Primary Care Strategy previously presented to the governing body and offered to forward to the member of the public.</p> <p>2. In the light of both the CCG and the Hospital Trust being in deficit is there a plan to reorganise any of the services currently provided by either hospital.</p> <p>FLT referred to Shaping Sefton and the work being done to transform services so that they are delivered more efficiently to meet the needs of the residents and the work being done with providers to achieve this. Furthermore, any changes to services requires due process and consultation with the public. This forms part of the 'pre-consultation' business case. An update on this is due to the governing body later in the year.</p>	JL

No	Item	Action
	<p>3. A lay member position was recently advertised for the CCG governing body. Is it correct that only two days were permitted for application?</p> <p>FLT clarified that the position was advertised by South Sefton specifically for a Lay Member for Governance. The position had become vacant due to the retirement of Graham Morris in June 2019. FLT referred to the CCG constitution and the specific membership roles that are required to be filled and that form the CCG governing body.</p> <p>The role had required a quick turnaround both for application and interview however, FLT was unable to confirm how much notice was given between advertising and closing date and would need to clarify.</p> <p>HN, as Lay Member for Governance for Southport & Formby CCG, explained that the position has a prescribed list in what expertise and skill set is required for the role.</p> <p>A discussion was had on the CCGs statutory requirement to advertise the role and the processes in place for such include the timeframe for applicants to respond. It was suggested that the member of the public might have received the notification from another source other than the CCG.</p> <p>4. Why have mobile screening units been outsourced and located in car parks when hospitals are equipped and have the places for screening units. Is it also the case that such outsourcing further undermines funding within the NHS?</p> <p>FLT clarified that the service is not commissioned by the CCG but by NHSE Public Health.</p> <p>CS, Consultant in Public Health, expanded on the service delivered by Royal Liverpool and Broadgreen Hospital. Currently there are over ten accessible mobile sites and three mobile trucks.</p> <p>It was explained that there were a number of factors when locating the mobile units including space for parking. The size of the mobile units restricts the locations that can be used, hence the use of car parks. One challenge of screening is getting people to attend. This is why mobile units are used and placed in what is regarded as high 'footfall' areas, intention being to increase accessibility and use.</p> <p>Further discussion was had on whether or not the service is outsourced to other providers. It was understood that sometimes, during any period of backlog, the provider might outsource to a private provider but as a CCG, the CCG doesn't. It was explained that the provider backlog could be the result of a number of factors including staff capacity and equipment.</p> <p>FLT offered to forward the question to Julie Kelly, Head of Public Health for NHS England and NHS Improvement.</p>	<p>FLT</p> <p>FLT</p>
Presentation	<p>Sefton Crowd <i>Presentation by Peter Moore, Head of Highways and Public Protection, Sefton Council, and acting lead for Social Investment.</i></p> <p>Sefton Crowd was developed as a result of work undertaken in 2018 to look at how to encourage and develop social investment within the area,</p> <p>The scheme supports initiatives that feed into the commissioning mind-set, concept being to use the resources and assets available within the community; ideas by the community to be funded and supported by the community.</p>	

No	Item	Action
	<p>Research has shown that local projects have an increased success rate if supported through a platform. The aim of Sefton Crowd is to provide that platform, both with funding and corporate support.</p> <p>The members were briefed on the process and support offered to the projects including the vetting and the controls in relation to the project remit to join i.e. non political, business support and assistance to development their ideas.</p> <p>The presentation took members through the current listed projects as well as those that had achieved target, some within three weeks.</p> <p>PM referred to the next steps and consideration to be given on how the CCG could get involved, including promotion and support, in-kind or finance.</p> <p>The members discussed in relation to project verification and controls including the projects being a constituted body and the monitoring of each project in relation to costs, post evaluation and follow-ups i.e. barriers and lessons to be learned. Further discussion was had regarding the responsibility for the delivery of the projects being that of the community projects and the capability to do this being part of the verification process.</p> <p>Resolution: The members received the presentation.</p>	
GB19/64	<p>Apologies for Absence and Update on Membership</p> <p>An update was given on the changes to the governing body membership:</p> <ul style="list-style-type: none"> - Brendan Prescott was now taking the role of (Deputy) Chief Nurse following Debbie Fagan taking a secondment role with immediate effect - Dwayne Johnson has stood down from his co-opted position on the governing body, effective May 2019. - Colette Page has been appointed as Additional Nurse <p>Charlotte Smith attended on behalf of the Director of Public health.</p>	
GB19/65	<p>Declarations of Interest</p> <p>The members were reminded of their obligation to declare any interests they may have in relation to any items on the agenda and any issues arising at governing body meetings which might conflict with the business of NHS Southport & Formby CCG.</p> <p>Those holding dual roles across both Southport & Formby CCG and South Sefton CCG declared their interest; Dr Jeff Simmonds, Fiona Taylor, Martin McDowell and Debbie Fagan.</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 19/80 Primary Care Commissioning Committee in Common. It was noted that given the regular presentation of the minutes as an information item, these declarations would be made at each meeting.</p> <p>It was noted that the interests raised did not constitute any material conflict of interest with items on the agenda.</p> <p>Declarations made are listed in the CCG's Register of Interests which is available on the website http://www.southportandformbyccg.nhs.uk/about-us/our-constitution/</p>	

No	Item	Action
GB19/66	<p>Minutes of Previous Meeting 3 April 2019</p> <p>The members were informed that some minor changes had been e-mailed but did not constitute any major change to the minutes or subsequent actions.</p> <p>Resolution: The members approved the minutes with the minor changes.</p>	
GB19/67	<p>Action Points from Previous Meeting 3 April 2019</p> <p><u>19/8: Integrated Performance Report (IPR)</u></p> <p>Mental Health</p> <ul style="list-style-type: none"> CS confirmed that there were some possible slight increases in some areas within the Southport and Formby CCG area footprint. Adding that fluctuations in small numbers are expected, particularly for rare events, and are not necessarily statistically significant. <p>Update: CS confirmed the public health consultant for mental wellbeing is now Margaret Jones, and Steve Gowland who is a public health lead working on this, has made contact with Dr Mulla directly regarding details of some of the suicide prevention work currently being undertaken.</p> <ul style="list-style-type: none"> 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 the service 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>Update: Following a meeting with Mersey Care 23/5/19 HN provided an update on the service.</p> <p>The CRHT is fully up and running and provides a 24/7 service. There is 1 consultant and 53 staff across Merseyside with an additional consultant post being advertised.</p> <p>It's not possible for GPs to access the service, nor is it available to A+E staff. However if a patient presents to A&E, then the A&E Mental Health Liaison Worker (part of core 24 service) can refer into the CRHT service.</p> <p>The services Associate Medical Director has confirmed that if a GP wishes to ring the CRHT team for advice then this is possible. HM advised that confirmation on the process for this was needed. HM to enquire.</p> <p><u>Questions from the Public 3/4/2019, Q3:</u></p> <p>FLT referred to the discussion at the last meeting regarding the transition of care of learning disabled patients. FLT provided an update and confirmed that the transition of all patients had occurred 31st May 2019 and FLT has been assured that all residents are now settled.</p>	<p>Closed</p> <p>Closed</p> <p>HM</p> <p>N/A</p>

No	Item	Action
	<p><u>19/43: Integrated Performance Report:</u></p> <p><u>Planned Care</u> Discussion was had on the latest information available for e-Referral utilisation being 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>Update: KMcC informed members that NHSE have advised that they will be using a new data source which should assist in providing more accurate data. Following this, other source information will be looked at to see how others are achieving, including linking in with providers. It was expected that this would prove difficult given the variable input.</p> <p><u>Cancer</u> Discussion was had regarding performance and the on-going challenges particularly the 62 day performance. A presentation was requested on the complex pathway issues and an overview of the cancer alliance action plan at the next development session.</p> <p>Update: Presentation delivered to the May development session.</p> <p><u>Community Health</u> 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 & 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>Update: Presentation delivered to the May development session covering existing service spec and performance.</p> <p><u>CQC Inspections</u> 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.</p> <p>Update: Corrected on M11 report.</p> <p><u>19/45: Primary Care (General Practice) Development Strategy</u></p> <p>Strategy approved subject to the required changes in relation to the new GP contract. Updated version to be presented to the September governing body.</p> <p>Update: Added to agenda planner for September 2019.</p>	<p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Closed</p>
GB19/68	<p>Business Update</p> <p>The Chair highlighted the following areas, In addition to that already covered within the Chief Officer Report, QIPP and Finance:</p> <p>RC confirmed that all practices within the Southport & Formby boundary had confirmed agreement to engage with the Primary Care Networks. The PCN's</p>	

No	Item	Action
	<p>continue to provide support and are working towards the requirements of the new national contracts.</p> <p>RC commended the CCG on the successful negotiation of new contracts with providers.</p> <p>FLT referred to the earlier discussion regarding PCNs within the public questions section and requested a Q and A brief be compiled that could be circulated or added to the websites.</p> <p>Resolution: The governing body received the update.</p>	JL
GB19/69	<p>Chief Officer Report</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. SEND Re-inspection</u> The CCG were now awaiting the formal response from Ofsted and the CQC following the revisit 15th to 17th April 2019.</p> <p><u>2. EPRR:</u> Following assessment, the CCG has achieved substantial assurance on its level of compliance for EPRR.</p> <p><u>4. Transformation Update</u> An engagement event has taken place on 10th April 2019 covering the Health and Wellbeing Strategy and NHS 5 year planning process incorporating the 10 year long term plan. There have been a number of actions from the event and these will be looked at further at the next event due to be held 10 July 2019.</p> <p>Project plans are being developed and will work alongside the groups already established.</p> <p>Work is continuing on the refreshed Shaping Sefton II, as are plans to ensure such aligns to the refreshed Health and Wellbeing Strategy.</p> <p>The transformation PMO have been active with the Cheshire and Merseyside Place & Programme Forum which has developed a self-assessment matrix to facilitate place based integration.</p> <p>The voluntary, community and faith sector continues to have an influential role across the programme.</p> <p><u>6 Sefton transformation programme</u> The Acute Sustainability Joint Committee has now received approval from West Lancs CCG and can begin to undertake its delegated responsibilities. Representation from Southport & Formby CCG now needs to be agreed by its governing body in readiness for the committees' inaugural meeting.</p> <p>Resolution: The governing body received the report.</p>	
GB19/70	<p>Integrated Performance Report (IPR)</p> <p>The governing body were presented with a report which provided summary information on the performance, quality and finance for Southport & Formby and highlighted the Executive Summary on pages 39 to 41, with the summary</p>	

No	Item	Action
	<p>performance dashboard from page 34 of the meeting pack.</p> <p>The members were informed that this was the last time that the report would be presented in this format. The presentation of the document was currently under review and would take into account the exception work being undertaken at committee.</p> <p>The members were taken through the report with the following extracts discussed:</p> <p>Planned Care</p> <p>Year to date referrals at month 12 have increased by 4.6% when comparing to the equivalent period in the previous year.</p> <p>There has been a shift in referrals with Southport & Ormskirk higher than compared to the equivalent period in 2017/18 which in part co-insides with the shift in services.</p> <p>Consultant-to-Consultant referral increases continue at Southport and Ormskirk Hospital and Liverpool Women's Hospital. These increases occur within a number of specialities including General Medicine, T&O and Cardiology. Liverpool Women's increases are within Gynaecology.</p> <p>There has been slight decrease to the e-referral utilisation rate for January 2019 compared to December 2018. It is understood to be due to some of the data issues.</p> <p>The CCG failed the less than 1% target for Diagnostics in March recording 2.93%, a decline on the previous month. Southport & Ormskirk NHS Trust also failed the target recording 2.67%. This was also a decline on the previous position.</p> <p>The waiting list missed by 578 patients and has failed the year end plan. This is being looked at in order to understand why. It was noted that there is a revised target and trajectory for incomplete pathways for 2019/20. This is based on the initial baseline being artificially low.</p> <p>Reference was made to planned care patient experience and the difficulties being experienced, the same of which had previously been raised by Health Watch. Issues have included the appointment system, patients receiving letters for missed appointments when no appointment has been made, difficulties being experienced by Joint Health in using the appointment system. FLT offered to look into.</p> <p>Cancer</p> <p>The CCG and Trust are failing 4 of the 9 cancer measures in month 12. The majority of Southport and Formby breast patients are referred to the Aintree service which has suffered capacity issues. The Aintree service has now increased capacity and this should result in an improvement. This will be monitored.</p> <p>Reference was made to the failure of the 62 day target. Clarification was requested on the response from the Trust where they consider they will not meet the standard within the coming months (as stated on page 63 of the meeting report). It was explained that this was due to capacity and although there had been some additional funding to support the work, sometimes the system is reliant on other services. It was understood that this had been as a result of diagnostic and radiology constraints. The Trust are working with NHSE on making improvements however the difficulty is recruitment which is a national issue.</p>	<p>FLT</p>

No	Item	Action
	<p>Unplanned Care</p> <p>Southport and Ormskirk marginally failed the 4-hour revised STP target for March. However, although failed, the members noted the remarkable improvement made.</p> <p>NWAS Ambulance response times made progress during 2018/19 however failed to achieve the range of standards required. Reference was made to page 40 of the meeting pack which detailed the agreements made for the 2019/20 contract in relation to conditional investment, performance and delivery. It was noted that the investment detailed is across the North West area.</p> <p>Mental Health</p> <p>IAPT recovery achieved target for M12. Although an improvement was seen to access in March, it was not enough to achieve the access target.</p> <p>Reference was made to prior discussions in relation to E-referral data (see GB19/67 Action Points: 19/43 Planned Care) and the use of '100%'. The same applies for the figures presented for waiting times and the psychological therapies. It was considered that the figures did not resemble that which was being seen. FLT offered to review.</p> <p>The members discussed the information presented on page 96 for urgent referrals to CYP eating disorder services. It was noted that this target was measured in 'weeks'. 2 of the 4 patients had met target for performance. The 2 patients who breached waited between 1 to 4 weeks. It was noted that Alder Hey have submitted a business case for additional resourcing for this service. The members requested clarification on the reason for the breaches and failed target, especially given the small numbers.</p> <p>Reference was made to the known falls and nourishment risks associated with individuals on a care plan and the data presented on page 71 of the meeting report. The members were informed of the work that is being done to understand the data presented and why seemingly only small numbers are being reported. It was known that some of the issues would be in relation to CPA and RIO, the latter of which had been ongoing for some time. The intention of the exercise was to identify any other issues. The members would be updated accordingly on the progress and outcome.</p> <p>CAMHS</p> <p>The members noted the data presented on page 97 and 98 of the meeting report. Following ongoing discussions and review of the service, a further detailed presentation has been scheduled for the PTII private meeting.</p> <p>The members discussed the work currently underway on looking at a specialist children's dashboard with the aim of making the data clearer. This would include the data for speech and language as well as other areas.</p> <p>Third Sector Contracts</p> <p>The members were highlighted to page 105 of the meeting report which provided information on the achievements of the VCF groups and how they have impacted the health and wellbeing of the population. The members agreed a useful section to the report.</p> <p>Quality</p> <p>The patient experience response remains low. However the response on that which has been received states high satisfaction. The Trust are trying different</p>	<p>FLT</p> <p>JL</p>

No	Item	Action
	<p>methods in order to collate more data.</p> <p>There was 1 new case of Clostridium Difficile attributed to the CCG in March, bringing the year to date figure to 28 against a plan of 37, with 8 cases apportioned to an acute trust and 20 to the community. Both the CCG and the Trust have achieved the year to date plan.</p> <p>The CCG had no new cases of MRSA in March making the year to date figure of 2 against the zero tolerance threshold. The two breaches reported in 2018/19 were July 2018 and December 2018. Both breaches were community acquired identified by Southport & Ormskirk.</p> <p>E.coli is currently above acceptable level with the annual target having been exceeded. 10 new cases were reported in March 2019, totalling 142 cases year to date. These cases would be looked at in more detail in order to ascertain reasons with the aim of reducing.</p> <p>Following the improvements to the SI process and the completion of the action plan to address the issues, both the risk on the corporate risk register and the action plan have been closed. The quality team will continue to monitor process and report to Joint Quality Committee and Governing Body. Work will also continue with the Trust in ensuring the appropriate reporting of incidents with an agreed timescale for delivery. GB highlighted the work carried out by the team and the improvements made to the process both at the CCG and with the Trust.</p> <p>Finance</p> <p>The members were provided an overview of the CCG financial position as detailed on pages 43 to 49 of the meeting report.</p> <p>The financial data provided an update on performance as at 31st March 2019 with the full year financial position being a surplus of £1m, the agreed NHS control total. This reflects implementation of mitigating actions during the year to address pressures previously reported to the governing body.</p> <p>Figure 3, page 44 of the meeting report updated on the performance indicators and provides the final QIPP position for 2018/19 of £2.745m which is behind plan.</p> <p>Further reference was made to QIPP and the data provided on page 47. It was noted that the CCG had achieved £16.3m over three years. This was recognised as a considerable achievement. HN added that both internal and external audit had been positive of the CCG across the organisation but in particular the finance team and how they had conducted themselves. The members thanks MMcD and his team.</p> <p>Resolution:</p> <p>The governing body received the report and noted:</p> <ul style="list-style-type: none"> • The full year financial position for the CCG being a surplus of £1m which is in line with the agreed financial plan. • QIPP delivery for 2018/19 being £2.745m against a target of £5.210m and that the remaining efficiency requirement of £2.465m will be included in the efficiency target for 2019/20. • That 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 	

No	Item	Action
	<p>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.</p>	
GB19/71	<p>Improvement and Assessment Framework: Q3 2018/19</p> <p>The report presented an overview of the 2018/19 CCG Improvement and Assessment Framework and a summary of Q3 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>The members were highlighted to the clinical priority areas detailed on page 127 and 128 of the meeting pack. The CCG was noted as being in the top quarter of 18 of the indicators. This, on balance, showed good performance. Specific reference was made to Elective Care which showed strong performance, Primary Care with the CCG being the 6th highest in the country and the CCG achieving best across the country for IAPT recovery.</p> <p>Reference was made to indicator 104a which related to falls in people aged 65+. It was recognised that the population demographic and large proportion of care homes impacted on this indicator. Further recognised was the substantial work that was known to be happening. The members discussed the prior reporting format for this indicator and requested the something along similar lines which was more comprehensive and that detailed the work being done. The members raised concern on the capacity issues being experienced by the falls clinic, the impact that such is having on the service and service users and the increased risk. EB briefed members on an impending meeting with Ella Sykes, Geriatrician, to look at this area in more detail and would report back to the governing body.</p> <p>The members were updated on the recent review in relation to antimicrobial resistance, indicator 107b, and the prescribing of a broad spectrum antibiotic due to the multiplicity of potential for infection by the elder population. The review of which had confirmed appropriate prescribing by the GP's. Further discussion was had on this indicator, specifically in relation to the figures quoted within the report given the outcome of the review. It was understood that the figures quoted were based on population numbers and not population type and would be impacted by the CCG's demographic of a higher than average population percentage of those that are 65+. Further update on this to be included within the next report to governing body.</p> <p>Resolution: The governing body received the report and noted the progress.</p>	<p>KMcC (with Public Health)</p> <p>EB</p> <p>KMcC</p>
GB19/72	<p>Final Budgets 2019/20</p> <p>The paper provided members with a final report on the budget for 2019/20. Updated from the paper previously presented following the conclusion of contract negotiations and agreements.</p> <p>The members were highlighted to the changes to the budget since last presented in March 2019 and as identified in table 1, page 132 of the meeting pack. Specifically the reduction in CCG allocation of £0.846m and shift in budget. Based on current planning assumptions, the QIPP target to achieve the required breakeven position in 2019/20 has increased by circa £2.55m to £14.104m, with a current risk adjusted position of £10m for 2019/20. It was noted that this target will increase if further pressures emerge in year.</p>	

No	Item	Action
	<p>The members recognised the challenges to achieve breakeven position and the need for system change across the system and working with partners to achieve such.</p> <p>Resolution:</p> <p>The Governing Body received the report and:</p> <ul style="list-style-type: none"> • Noted that 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 ratified 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 noted 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. • Noted that the CCG requires a robust deliverable plan if it is to meet its statutory financial obligations in 2019/20. The Governing Body recognised 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: <ul style="list-style-type: none"> ○ Provide leadership required to deliver change ○ Be clear on the risk adjusted pressures arising from QIPP 	
GB19/73	<p>CCG Governing Body Sub-Committee Terms of Reference</p> <p>The members were presented with a report which set out the proposed revised terms of reference for each of the governing body sub-committees. Reviewed in light of the changing work programmes and to ensure they continue to be aligned so that they operate in a way that ensures the CCG is delivering all of its statutory duties.</p> <p>The members went through each item committee paper and noted were changes had been made, as underlined. BP referred the members to page 152 of the meeting pack, in relation to the Joint Quality and Performance Committee. The members were informed that the committee had now been agreed as Joint Quality and Safety Committee. The terms of reference to be amended accordingly.</p> <p>Resolution: The members approved the terms of reference presented subject to the agreed change to the Joint Quality and Safety Committee:</p> <ul style="list-style-type: none"> • Joint QIPP and Financial Recovery Committee • Finance and Resource Committee • Audit Committee • Joint Quality and Safety Committee • Remuneration Committee • Approvals (Conflicts of Interest) Committee 	DFair
GB19/74	<p>Audit Committee Annual Report 2018/19</p> <p>The members were taken through the report which presented an overview of the Audit Committees role, its membership and the work undertaken in 2018/19.</p> <p>Reference was made to the MIAA opinion on the operations of the CCG. It was noted that in all areas reviewed to date the CCG has been assessed as either 'Substantial Assurance' or 'High Assurance'. This was considered a good achievement and thanks were relayed to all involved, specifically Tahreen Kutub for co-ordinating.</p> <p>Resolution: The members received the report.</p>	

No	Item	Action
GB19/75	<p>Annual Equality Reporting including Equality Delivery Systems 2 and Equality Objective Plan</p> <p>The members were presented with the CCG's 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 which forms part of the NHS England assurance requirements.</p> <p>The report highlighted the progress and completion against the Equality Objective Plan for 2016-2019, the new revised Equality Objectives 2019 to 2021 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.</p> <p>The members discussed the work of the CCG in leading the implementation of EDS2 and the work being done to develop similar plans so as to enable barriers to be tackled collectively.</p> <p>It was noted that good progress had been made but recognised that there was a lot of work to be done. Further noted was the recognition that nationally health inequalities were widening.</p> <p>Resolution:</p> <p>The governing body:</p> <ol style="list-style-type: none"> Received the Equality and Diversity Annual Report (Appendix A) Received CCGs approach to Equality Delivery Systems 2 assessment, (Annual Report section 2, and Appendix 1) Received progress and completion of 2016 to 2019 Objectives Plan (Annual Report section 3 –and Appendix 2). Received 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) Approved the refreshed Equality Objective Plan 2019- 2021(Appendix B) 	
GB19/76	<p>Governing Body Assurance Framework and Corporate Risk Register: Q4 2018/19</p> <p>The paper presented the Governing Body Assurance Framework (GBAF), Corporate Risk Register and Heat Map for Q4 2018/19 as at 29th March 2019 and as presented to the Audit Committee April 2019 for review and scrutiny.</p> <p>The members were advised of the process followed and the discussion and outcome from Audit, as described on page 236 (section 4.) of the meeting report.</p> <p>Further discussed and noted was the current review of risks for Q1 2019/20 which is taking into account the outcome from Audit Committee and a review of process so as to ensure fit for purpose.</p> <p>RC referred to the strategic risk relating to QIPP detailed on page 241 of the meeting report and highlighted this as an example of remaining high even with everything that the CCG is doing or can do within its power.</p> <p>Resolution: The Governing Body:</p> <ul style="list-style-type: none"> received the report noted the review, scrutiny and approval by the Audit Committee in April 2019 agreed no further recommendation for action in addition to that which has 	

No	Item	Action
	either been suggested by the Audit Committee or is being carried out as part of the normal process	
GB19/77	<p>Sefton Transformation Programme Update</p> <p>The members were presented with an update on the Sefton Health and Social Care Transformation Programme which provided a consolidated report on the prior discussions and was in addition to that provided within the Chief Officer report (GB19/69).</p> <p>Resolution: The members received the report.</p>	
GB19/78	<p>Operational Plan 2019/20</p> <p>The paper outlined the rigorous process undertaken to produce the CCGs 2019/20 Operational Plan to provide assurance to the Governing Body. It detailed the requirements nationally, the standards to be met and the key issues encountered during the planning process.</p> <p>The members were informed that the report provided an update to that previously presented and as per delegated authority to the leadership team.</p> <p>There has been an increased requirement to work in closer collaboration with the main acute providers in the planning round for 2019/20. Historically Southport & Ormskirk NHS Trust have compiled their plan along the NHSI route and the CCG along the NHSE route. The joining of NHSE and NHSI has facilitated the collaborative approach.</p> <p>A discussion was had on the report presented, specifically in relation to the SUS dataset, the revised growth rate of 1.94% being applied to GP referrals and the challenges and changes in relation to urgent care coding.</p> <p>Resolution: The governing body received the report.</p>	
GB19/79	<p>Key Issues Reports:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee (F&R): March 2019 b) Quality Committee: February 2019 c) Audit Committee in Common: January 2019 d) Joint Commissioning Committee PTI: March 2019 e) Primary Care Commissioning Committee in Common: April 2019 f) Locality Key Issues: February to May 2019 <p>It was recognised that similar issues were being highlighted as that which were raised at the Primary Care Networks.</p> <p>Resolution: The governing body received the key issues reports</p>	
GB19/80	<p>Approved Minutes:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee (F&R): March 2019 b) Joint Quality Committee (JQC): February 2019 c) Audit Committee in Common: January 2019 d) Joint Commissioning Committee PTI: March 2019 e) Primary Care Commissioning Committee in Common: April 2019 <p>Was noted as the first meeting of the committee. The members were highlighted to a discussion regarding the community services provider and the concerns relating to the lack of visibility and quality issues. TQ informed members that the provider has assured him that increased representation will be seen at respective meetings and that nurses will be more visible within the</p>	

No	Item	Action
	community. f) North Mersey Committees in Common: None. RESOLUTION: The governing body received the approved minutes.	
GB19/81	Any Other Business None.	
GB19/82	Date and Time of Next Meeting Wednesday 4 th September 2019, 13:00hrs at the Family Life Centre, Southport, PR8 6JH <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 th November 2019 5 th February 2020 1 st April 2020 3 rd June 2020 2 nd September 2020 All PTI public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.	
Meeting concluded		15:45hrs
<p style="text-align: center;">Meeting concluded with a motion to exclude the public:</p> <p style="text-align: center;">Motion to Exclude the Public:</p> <p style="text-align: center;">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 5 June 2019

No	Item	Action
Questions from the public	<p>1. In light of the new contract for GPs can you explain how this will impact services provided?</p> <p>Following discussion on the new GP contract and the Primary Care Networks JL offered to forward the Primary Care Strategy to the member of the public.</p>	JL
	<p>3. A lay member position was recently advertised for the CCG governing body. Is it correct that only two days were permitted for application?</p> <p>Reference was made to the South Sefton CCG Lay Member for Governance position recently advertised and FLT offered to clarify the timeframe between the post being advertised and the closing date.</p>	FLT
	<p>4. Why have mobile screening units been outsourced and located in car parks when hospitals are equipped and have the places for screening units. Is IV also the case that such outsourcing further undermines funding within the NHS?</p> <p>A discussion was had on the mobile screening units including the service, the number of units, site accessibility and capacity. FLT offered to forward the question to Julie Kelly, Head of Public Health for NHS England and NHS Improvement.</p>	FLT
GB19/67	<p>Action Points from Previous Meeting 3 April 2019</p> <p><u>19/8: Integrated Performance Report (IPR)</u></p> <p>Mental Health</p> <p>A discussion was had on the Crisis Team in relation to service, capacity and GP access. It was confirmed that the service was not accessible for GPs however, the services Associate Medical Director had confirmed that it was possible for GPs to contact the service for advise. HM stated that confirmation on the process for this was needed and offered to make enquiries.</p>	HM
GB19/68	<p>Business Update</p> <p>FLT referred to the earlier discussion regarding PCNs within the public questions section and requested a Q and A brief be compiled that could be circulated or added to the websites.</p>	JL
GB19/70	<p>Integrated Performance Report (IPR)</p> <p>Planned Care</p> <p>Reference was made to planned care patient experience and the difficulties being experienced, the same of which had previously been raised by Health Watch. Issues have included the appointment system, patients receiving letters for</p>	

No	Item	Action
	<p>missed appointments when no appointment has been made, difficulties being experienced by Joint Health in using the appointment system. FLT offered to look into.</p> <p>Mental Health</p> <p>Reference was made to prior discussions in relation to E-referral data (see GB19/67 Action Points: 19/43 Planned Care) and the use of '100%'. The same applies for the figures presented for waiting times and the psychological therapies. It was considered that the figures did not resemble that which was being seen. FLT offered to review.</p> <p>The members discussed the information presented on page 96 for urgent referrals to CYP eating disorder services. It was noted that this target was measured in 'weeks'. 2 of the 4 patients had met target for performance. The 2 patients who breached waited between 1 to 4 weeks. It was noted that Alder Hey have submitted a business case for additional resourcing for this service. The members requested clarification on the reason for the breaches and failed target, especially given the small numbers.</p>	<p>FLT</p> <p>FLT</p> <p>JL/KMcC</p>
GB19/71	<p>Improvement and Assessment Framework: Q3 2018/19</p> <p>Reference was made to indicator 104a which related to falls in people aged 65+. It was recognised that the population demographic and large proportion of care homes impacted on this indicator. Further recognised was the substantial work that was known to be happening. The members discussed the prior reporting format for this indicator and requested the something along similar lines which was more comprehensive and that detailed the work being done. The members raised concern on the capacity issues being experienced by the falls clinic, the impact that such is having on the service and service users and the increased risk. EB briefed members on an impending meeting with Ella Sykes, Geriatrician, to look at this area in more detail and would report back to the governing body.</p> <p>The members were updated on the recent review in relation to antimicrobial resistance, indicator 107b, and the prescribing of a broad spectrum antibiotic due to the multiplicity of potential for infection by the elder population. The review of which had confirmed appropriate prescribing by the GP's. Further discussion was had on this indicator, specifically in relation to the figures quoted within the report given the outcome of the review. It was understood that the figures quoted were based on population numbers and not population type and would be impacted by the CCG's demographic of a higher than average population percentage of those that are 65+. Further update on this to be included within the next report to governing body.</p>	<p>KMcC (with Public Health) EB</p> <p>KMcC</p>
GB19/73	<p>CCG Governing Body Sub-Committee Terms of Reference</p> <p>The members were presented with a report which set out the proposed revised terms of reference for each of the governing body sub-committees. BP referred the members to page 152 of the meeting pack, in relation to the Joint Quality and Performance Committee and informed members that the committee had now been agreed as Joint Quality and Safety Committee. The terms of reference to be amended accordingly.</p>	DFair

MEETING OF THE GOVERNING BODY SEPTEMBER 2019							
Agenda Item: 19/100	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 3456						
Report date: September 2019							
Title: Chief Officer Report							
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's update.							
Recommendation The Governing Body is asked: <table style="float: right; margin-top: 10px;"> <tr><td>Receive</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Approve</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Ratify</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> <ul style="list-style-type: none"> - To formally receive this report. - To approve the addition of Stroke services to the work plan of the North Mersey Joint Committee. - To approve the extension of the CSU contract for a further 12 months during which time a review of the procurement options available for commissioning support requirements for 2021/22 will be explored. - To note the interim assessed level of compliance against the core standards for EPRR and approve delegated authority to the Senior Leadership Team to oversee the final schedule of work and submission of the final statement of compliance to NHSE by 30th September 2019. - To approve delegated sign off of the BCF submission to the CCG Chair and Chief Officer. 		Receive	<input checked="" type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input checked="" type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives 2019/20	
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 September 2019

General

1. SEND

The CCG is continuing to work with providers and local authority partners to ensure that we are able to secure improvements in our SEND services within Sefton. A combined improvement plan has been shared with the Department for Education and feedback on that plan is now awaited. In the meantime there is a sustained focus on the performance of our services.

A new performance dashboard is being developed for all of our children's services so that the governing body is able to review and scrutinise performance in detail.

The CCG has also commissioned an external review of the arrangements in place for the commissioning and provision of children's services the outcomes of which will be shared with the leadership team with recommendations.

2. EU Exit Planning

The CCG continues to participate in planning events arranged by NHS England. The CCG participated in a regional teleconference on 19th July when updates in terms of national planning were provided. There are further events planned for EU leads during September and a communication leads event was held on 23rd August which was attended by CCG leads.

The CCGs Head of Medicines Management has been working at a national level in terms of medicines supply and the risks associated with that. Recently a "medicines hub" model has been introduced into primary care medical practices which will provide resilience in the event of a no-deal exit.

The Information Commissioners Officer (ICO) has also issued a Six Step Guide to ensure continued compliance with GDPR

1. Continue to comply: Continue to apply GDPR standards and follow current ICO guidance.
2. Transfers to the UK: Review your data flows and identify where you receive data into the UK from the EEA. Think about what GDPR safeguards you can put in place to ensure that data can continue to flow once we are outside the EU.
3. Transfers from the UK: Review your data flows and identify where you transfer data from the UK to any country outside the UK, as these will fall under new UK transfer and documentation provisions.
4. European operations: If you operate across Europe, review your structure, processing operations and data flows to assess how the UK's exit from the EU will affect the data protection regimes that apply to you.
5. Documentation: Review your privacy information and your internal documentation to identify any details that will need updating when the UK leaves the EU.
6. Organisational awareness: Make sure key people in your organisation are aware of these key issues. Include these steps in any planning for leaving the EU and keep up to date with the latest information and guidance.

The Midlands and Lancs CSU are providing support to the CCG to ensure compliance.

3. Stroke and North Mersey Joint Committee

The Governing Body approved the North Mersey Joint Committee work plan. At a meeting in April the Committees in Common proposed that they now support the addition of stroke services to the Joint Committee work programme. **The governing body is asked to approve the addition of Stroke services to the joint committee work plan.**

4. Midlands and Lancs Commissioning Support Unit contract 2020/21

The current contract for commissioning support services is due to expire on 31st March 2020. Under the existing arrangements there is the option to extend the existing arrangements for a further 12 months, until March 2021.

This was a matter that was discussed with our co-commissioning colleagues for this contract in Halton, Liverpool, St Helens and Knowsley and reported to the Finance and Resources Committee in July this year.

The governing body is asked to approve the extension of the contract for a further 12 months during which time a review of the procurement options available for commissioning support requirements for 2021/22 will be explored.

5. National appointments

On 5th June 2019 NHSE/I wrote to CCGs and providers advised that Amanda Pritchard appointed NHS' Chief Operating Officer and Chief Executive of NHS Improvement. Amanda was previously Chief Executive of Guy's and St Thomas' NHS Foundation Trust in London. The appointment follows an open competitive selection process and Amanda took up the new post full time with effect from 3rd July this year.

The new NHS chief operating officer post is directly accountable to the NHS chief executive Simon Stevens, and serves as a member of the combined NHS England /NHS Improvement national leadership team. The COO oversees NHS operational performance and delivery, as well as implementation of the service transformation and patient care improvements set out in the NHS Long Term Plan. The COO is also accountable to the NHSI Board as NHS Improvement's designated accountable officer with regulatory responsibility for Monitor.

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.

6. Healthwatch views on the NHS Long Term Plan

On 11th July Healthwatch organisations across Merseyside and Cheshire published their report on local people's views about the long term plan. The findings from the report are designed to feed into the work on producing a health and care strategy within the Cheshire and Merseyside Health and Care partnership (HCP) and more specifically to inform the development of the Shaping Sefton Strategy. For Sefton, the key highlights are listed below:

- Having access to the **help and treatment needed when it is wanted** was the most important factor people told us was needed in living a healthy life. For example, people said they wanted more education about how to pursue a healthy lifestyle, and to access support resources.
- To help **keep independence and stay healthy whilst getting older**, people indicated that being able to stay in their own home for as long as possible was most important to them. People mentioned that they would like more **support in the local community** and in their home, as well as financial support for adaptations to their home.

- **Choosing the right treatment being a joint decision** between the person and the relevant health or care professional is most important to people in Sefton in managing and choosing support and treatment. **Being offered care and support in other areas** if people cannot be seen in a timely way in their local area was deemed as the second most important option. People believed that the NHS requires more funding for staff and online services, as well as better communication and signposting to services.
- People in Sefton told us that being able **to talk to their doctor or other health professional wherever they are** and having absolute confidence that their personal data is managed well and kept secure, were both deemed as the most important when interacting with the NHS
- A number of people talked about not only the continued **use of technology** for a more accessible service, but also an awareness that not everybody is able to use technology.
- Better **access to GP appointments**, for example through weekend appointments, was a common theme of comments.
- People with specific conditions felt that they would rather **see someone they had seen before** even if it meant having to wait for a diagnosis or support. Those with dementia, or looking after someone with dementia, told us that the wait for their initial assessment and diagnosis was slow, but that the wait between being diagnosed and receiving treatment was fast.
- People in Sefton commented that they would like to see **more accessible services in the community**, for example through the creation of health and wellbeing centres and 'one-stop shops' where various services can be accessed.

The full report is available on the Healthwatch Sefton website at <https://healthwatchsefton.co.uk/reports/>

7. Trans Health Sefton wins national award

Trans Health Sefton has been named as a winner in this year's Healthcare Transformation Awards 2019, which recognise the very best in innovation and improvement across the NHS. The joint Sefton CCG service was nominated in the Innovation in Primary Care category for their trans service in Sefton, which launched in November 2017.

Across the country, trans people generally experience poorer healthcare than the wider population, which can mean significant risks to their health and wellbeing. Many health professionals don't have the relevant skills or understanding to achieve the best access and outcomes for transgender patients. To address this, the CCGs in Sefton worked with patients and health professionals to design an innovative primary care based service.

The service now provides timely and holistic support for transgender patients and their families to improve their experience and health outcomes. Now in its second year, the 'Trans Health Sefton – a unified approach to gender care' service has gone from strength to strength. The clinic is the first of its kind and a true grass roots initiative. Patients say it is better and have reported higher levels of wellbeing.

As the service has been so successful in Sefton, a new collaborative called 'Cheshire and Merseyside Area Gender Identity Collaborative' (CMAGIC) has applied for funding to roll out this approach across Cheshire and Merseyside. Trans Health Sefton is available for anyone registered with a GP in Sefton and patients can be referred by a healthcare professional such as their GP, or can refer themselves to the service.

8. Transformation Programme

The main focus of the Programme to date has been to develop rigour around clarity of purpose, programme structure, staffing, roles and responsibilities. This has progressed to establishing all the various project groups; supporting the development of the Provider Alliance; assisting in supporting the development of strategic commissioning; supporting Southport & Ormskirk Hospitals on the

preparations towards a pre consultation business case; considering a future state position; contributing to the development of Sefton's NHS five year place plan; as well as supporting the sharing of learning from other parts of the NHS.

The next phase is to progress the project groups through the preparation of baseline positions; the production of plans to describe the required actions over the next 12 months; compiling any strategies; and getting the local system ready for transition in 2020/21.

A more detailed report is included within the main agenda.

9. Clinical Senate report – Southport & Ormskirk Hospitals

As discussed in previous Governing Body meetings discussions have been underway for some time on how services at Southport & Ormskirk hospitals can be clinically and financially sustained to meet the required quality standards for the people of Southport, Formby, West Lancashire and the surrounding area. To assist in this process a second independent clinical review has been undertaken by the Yorkshire & Humber Clinical Senate which follows a similar document published by the Northern England Clinical Senate in 2017.

Clinical Senate Reviews are designed to ensure that proposals for large scale change and reconfiguration are sound and evidence-based, in the best interest of patients and will improve the quality, safety and sustainability of care. Clinical Senates are independent non statutory advisory bodies hosted by NHS England. Implementation of the guidance is the responsibility of local commissioners, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of access.

The key findings of the report include:

- The Case for Change provides a comprehensive review of the issues.
- Reconfiguring the services across the two sites is a necessity.
- Partners do not present a single view of care for the whole population and there is no well-developed Cheshire and Mersey view.
- The best option is a new build located between the two existing sites, however, in the interim, a move to a hot/cold site configuration should be pursued.
- The Trust Executive need to do more to present a compelling clinical vision.

This work sits within the overall approach across Sefton of building a sustainable health and care system, reducing health inequalities and improving health where there is more emphasis on prevention and self-care supported by integrated community and primary care based services where acute services are available when required.

It should be emphasised there are no immediate service changes resulting from receiving the report. It is a very helpful document to add to the evidence base and to assist in the work currently underway looking at future service provision to ensure the provision of high quality acute services.

A joint Committee involving governing body members from Southport & Formby and West Lancashire CCGs is being established and will meet in public during September. The committee has been set up to consider acute services provided to the local people using Southport & Ormskirk Hospitals. They will be looking at the report too along with receiving the other work underway and to consider the next steps in the process which will involve wider public engagement later in the year.

A copy of the report is available on the CCG's website at:
<https://www.southportandformbyccg.nhs.uk/get-informed/publications/>

10. Health and wellbeing marketplace at 'Big Chat meets Annual Review' event

Sefton residents will be able to pick up a range of useful information about local services and speak directly with health and care professionals at a 'marketplace' style event that kicks off the CCGs' next Big Chat events.

The CCGs' Big Chats are again combined with their annual general meetings (AGM). As well as reviewing performance over the past year, the events provide attendees with the chance to give their views about the CCGs latest work.

Ahead of the main programme getting underway, people will be able to browse a range of stalls from organisations such as the Stroke Association and Macmillan Cancer Support. In addition, there will be advice from the CCGs medicines management team, whilst IMerseyside will be showcasing some of the latest technological advances coming to GP practices in Sefton. The events take place as follows:

- NHS Southport and Formby CCG - Tuesday 10 September 2019, 1pm to 4.30pm, The Bliss Hotel (formerly the Ramada), Southport
- NHS South Sefton CCG - Thursday 12 September 2019, 1pm to 4.30pm, Bootle Cricket Club

People are asked to notify the CCGs of their attendance in advance by calling 0151 317 8456.

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

11. Improvement and Assessment Framework (IAF) assessment outcome

On the 9th July 2019, Graham Urwin, Regional Director of Performance & Improvement NHSE/I wrote to the CCG confirming the outcome of the 2018/19 IAF assessment. The CCG annual assessment provides each CCG with a headline assessment against the indicators in the CCG Improvement and Assessment Framework (CCG IAF). The headline assessments have been confirmed by NHS England's Statutory Committee.

The categorisation of the headline rating is either Outstanding, Good, Requires Improvement or Inadequate. The 2018/19 headline rating for South Sefton CCG is Requires Improvement.

Members of the leadership team have been reviewing the assessment in detail so that efforts can be prioritised on those areas that may need improvement.

12. EPRR Standards – Annual Compliance Self-Assessment

The Accountable Officer for the Clinical Commissioning Group has a statutory responsibility for the Emergency Preparedness, Resilience and Response arrangements as a category 2 responder under The Civil Contingencies Act 2004 (CCA 2004), the Health and Social Care Act 2012, NHS England Emergency Planning Framework and other central government guidance. The CCG must be aware of its responsibilities in preparing for and for responding to emergencies and is required to undertake a self-assessment and issue a statement of compliance on an annual basis, which this year needs to be returned by 30th September 2019.

The CCG is supported in its EPRR responsibilities by Midlands and Lancashire Commissioning Support Unit (MLCSU) who are commissioned to offer expertise, strategic advice and practical delivery in relation to this area of work. They have assisted with this assessment and are commissioned to lead on aspects of work related to the core standards.

The CCG has carried out an interim assessment and is currently demonstrating substantial compliance against NHSE's levels for compliance. Following further work scheduled for September

the CCG is expected to be able to demonstrate full compliance by the submission date of 30th September 2019.

The governing body is asked to note the interim assessed level of compliance against the core standards. Furthermore approve delegated authority to the Senior Leadership Team to oversee the final schedule of work and submission of the final statement of compliance to NHSE by 30th September 2019 with final documentation to be ratified by governing body at its next meeting.

13. One to One (North West Limited)

On 29 July 2019 One to One (North West) Limited informed NHS commissioners, including the CCGs in Sefton that it was unable to continue to operate. The independent midwifery provider notified CCGs that it would therefore cease trading on 31 July 2019. In response, CCGs who collectively commissioned services from One to One, took immediate action working with NHS trusts to ensure the safe and quick transfer of women to alternative providers. This included putting a helpline in place based at Wirral University Teaching Hospital NHS Foundation Trust run by experienced midwives to support women who were booked with One to One.

On the date the company notified CCGs of its decision to cease operating, it had over 1,600 women booked for either ante-natal or post-natal care - 41 of these were from south Sefton and 20 were from Southport and Formby. By 12 August, the helpline was closed and nearly all Sefton women booked with One to One had been safely transferred to new providers. Maternity services have now contacted all remaining Sefton women.

The contract with One to One was due to expire on 31 March 2020 and commissioners had already begun to tender for a provider. There was an expectation that One to One would continue to deliver services until the end of the contract. A decision has now been taken to pause this procurement and commissioners will shortly begin a review to determine any lessons learned.

14. Criteria based clinical treatments

The CCG, along with a number of other Mersey CCGs have been reviewing the Policy for Assisted Conception Treatment. A final draft is being prepared which aims to improve clarity, ensure equity of access and maintain alignment with NICE Guidance CG156 as much as possible. This version will then be made available for a period of engagement with patients and the public. The following policies were subject to engagement during July 2019 and the feedback from this is being reviewed before the final policies being drawn up.

1. Cough assist devices policy
2. Continuous Glucose Monitoring Systems
3. Insulin pumps policy
4. Prostatism or lower urinary tract infection policy
5. Secondary care joint injections policy
6. Trans-anal irrigation policy

15. Winter planning

The local system is working in partnership with Midlands and Lancashire CSU to support the development of the Winter Plan. A meeting was held on 20th August 2019 to examine further the data in order to ensure the system schemes are evidenced based and are focused on areas of greatest risk and greatest volume.

High level plans / schemes have been identified in addition to those that will need to be considered when the Venn Capacity & Demand Report is received by the system on 29th August 2019. A further meeting is scheduled for week commencing 26th August 2019 with the intention to augment the plan further, assess and identify any risk to delivery.

16. Patient and public participation IAF Patient and Community Engagement Indicator

CCGs have a statutory duty to involve the public in commissioning (section 14Z2). In addition to meeting statutory responsibilities, effective patient and public participation helps CCGs to commission services that meet the needs of local communities and tackle health inequalities. NHS England has a legal duty (section 14Z16) to assess how well each CCG has discharged its public involvement duty (section 14Z2), as well as a commitment to supporting continuous improvement in public participation.

A robust, and improvement focused, process of national assessment has been now been carried out for 2018/19 to reach final RAGG ratings and scores for individual CCGs.

Members are asked to note that the CCG achieved a GREEN STAR rating in the 2018/19 assessment which is a great reflection of the positive work undertaken by the communications and engagement team as well as being reflective of our commitment to engaging and working with our local populations.

17. Sefton Local Safeguarding Children Board – MASA publication

Sefton Local Safeguarding Children Board (LSCB) published their Multi-Agency Safeguarding Arrangements (MASA) on 25th June 2019) which were then implemented on 1st July 2019.

Access to the Sefton LSCB website where the published document can be accessed is provided here. <https://seftonlscb.org.uk/lscb/about-us/sefton-local-safeguarding-children-board-lscb>

18. Child Death Overview Panel (CDOP) arrangements

Working Together 2018 and the accompanying transition document requires Child Death Review partners (LA and CCG) to publish their Child Death Review arrangements by 29 June 2019.

The local plans Merseyside Child Death Arrangements were submitted to NHS England on Tuesday 25th June and they have been published on Liverpool's Children's Safeguarding Partnership website, with a link provided to the other areas. The plan can be accessed at the following link <https://liverpoolscp.org.uk/scp/news/merseyside-child-death-overview-panel-cdop-1>

19. Sefton Transformation Board – Information Sharing Agreement

Further to the Sefton Transformation Programme Board (STB) meeting on 10 July and information Sharing Agreement and Programme Governance Framework has now been approved and signed off by the CCG, the CCG's Deputy Chief Officer (who is also the Senior Information Risk Owner – SIRO) has delegated authority to sign such agreements.

This is a positive example of how partners are beginning to collaborate within the transformation programme and work collectively to improve the services for our patients

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

20. QIPP

The CCG continues to develop its QIPP Level 2 plans and stretch its Level 1 savings. The current forecast suggests that the CCG will deliver circa £6.2 million of plans against a forecast of £14.3 million. This currently leaves the CCG with a gap of £8.1 million. This is an improvement of £0.9 million compared to the initial recovery plan.

The CCG's position is further exacerbated by budget overspend which if remains unmitigated, would further deteriorate the overall position by up to £1.1 million.

The CCG continues to progress its plans via the "QIPP week" challenge and started joint work with NHS Southport and Ormskirk NHS Hospitals Trust on several areas such as gastroenterology and dermatology which should deliver both Level 1 and Level 2 savings. The Aintree University Hospitals NHS Foundation Trust Turnaround Director will be supporting the "QIPP week" programme to help to progress and further stretch some of the Level 2 savings.

Following the system meeting with the regulator, the CCG has engaged with various parties to provide additional resources to the CCG PMO and to the system PMO. A meeting to finalise this support is currently scheduled with the CSU on 3rd September 2019.

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

21. 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.

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

22. Aintree and Royal hospitals coming together

Work to bring together Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust in a formal merger is on track, with the recent appointments of a chair and chief executive for the proposed new organisation's shadow interim board. From 1 September Sue Musson will become the chair of the interim board of the proposed Liverpool University Hospitals NHS Foundation Trust, the name of the merged organisation, whilst Steve Warburton has been appointed as its chief executive. From 1 September until the merger takes place, Steve will also take up the role of chief executive of both trusts, while Sue will become chair of the Royal Liverpool and Broadgreen University Hospitals NHS Trust.

The merger proposal is clinically led and grounded in meeting the health needs of local people. By coming together doctors, nurses and health professionals at the trusts want to improve the quality of services and ensure all patients have access to the very best care, wherever they live or are treated. By coming together they believe they can:

- Improve clinical quality so patients have the best results from their care
- Deliver consistently good care, seven days a week
- Ensure excellent patient experience
- Enable patients to access more clinical trials
- Reduce duplication of healthcare services
- Attract the best staff

Throughout May and June this year, staff at the trusts were given the opportunity to share their views on the merger proposal and how the trusts come together to improve care. At the same time, a series of public engagement events were held at locations across Liverpool, Sefton and Knowsley, together with promotion of an online survey for those who preferred to share their views

electronically. A full report of the findings from this engagement work is expected to be published shortly.

The Competition and Markets Authority (CMA), which is responsible for assessing the impact of the merger on patient choice, has cleared the proposal having concluded that it would not result in a loss of choice for patients. The decision follows the completion of a Phase 1 inquiry by the CMA, which saw it review a detailed proposal that was submitted by the trusts in June 2019. Clearing the CMA process is a significant step towards merger. The merger proposal will now be considered by NHS Improvement (NHSI), who will assign the merger with a risk rating that will be considered by the boards and councils of governors at both trusts in September, who will take it into consideration in advance of a final decision to apply for merger. Subject to the above, and subject to obtaining approval from the Secretary of State, the trusts are expected to merge formally in October 2019.

Running alongside the merger proposal is the reconfiguration of trauma, orthopaedics and ENT services, which was considered and approved by the Joint Health Scrutiny Committee for Cheshire & Merseyside in March 2019. The trusts have confirmed the new models will be implemented during November 2019 and a separate briefing will be issued with further details for the Overview and Scrutiny Committee in due course.

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

23. Integration

Following a successful extended Integrated Commissioning Group Workshop held on the 25th July, the CCGs in Sefton and Sefton Council have identified a range of actions to further the development of integrated commissioning including the intent to publish joint commissioning intentions for 2020/21.

In line with the publication of new Better Care Fund (BCF) guidance, work on the refreshed CCG and Council BCF plan is underway to meet the submission deadline of September 27th 2019. Due to the tight timescales from the publication of the guidance to submission **the Governing Body is asked to delegate approval for signing of the BCF submission to the CCG Chair and Chief Officer pending ratification by the Governing Body at its next meeting.** The associated Section 75 will also be updated to reflect any changes to be BCF for which GB approve will be subsequently sought.

24. NHS Health Checks

Following the successful pilot of the new Sefton NHS Checks Health Service, we will begin a roll-out of the programme in July. As well as the existing pre-bookable clinic appointments, in community venues, there will be a workplace based NHS Health Check offer within the Council and other local employers. Further community elements of the programme are being developed and will roll-out over the coming months.

Information about the programme, including how to book an appointment can be found on the website <http://www.activelifestyles-sefton.co.uk/what-is-the-nhs-health-check/>

To support efficient flow of information from the Service into General Practice, and in line with national guidance, all practices in Sefton will receive an information sharing agreement to be signed; this will enable an electronic transfer of Health Check results information to General Practice. Pending sign-up to this information sharing agreement, results will be sent via letter to General Practice.

25. Recommendation

The Governing Body is asked:

- To formally receive this report.
- To approve the addition of Stroke services to the work plan of the North Mersey Joint Committee.
- To approve the extension of the CSU contract for a further 12 months during which time a review of the procurement options available for commissioning support requirements for 2021/22 will be explored.
- To note the interim assessed level of compliance against the core standards for EPRR and approve delegated authority to the Senior Leadership Team to oversee the final schedule of work and submission of the final statement of compliance to NHSE by 30th September 2019.
- To approve delegated sign off of the BCF submission to the CCG Chair and Chief Officer.

Fiona Taylor
Chief Officer
September 2019

**MEETING OF THE GOVERNING BODY
SEPTEMBER 2019**

Agenda Item: 19/101.1	Author of the Paper: Karl McCluskey Director of Strategy & Outcomes Email: Karl.Mccluskey@southportandformbyccg.nhs.uk Tel: 0151 317 8468						
Report date: September 2019							
Title: Integrated Performance Report							
Summary/Key Issues: This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group (note time periods of data are different for each source).							
Recommendation	<table border="0"> <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"/>						
The Governing Body is asked to receive this report.							

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



Southport and Formby
Clinical Commissioning Group

Southport & Formby Clinical Commissioning Group

Integrated Performance Report

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Summary Performance Dashboard

Metric	Reporting Level	2019-20												YTD
		Q1			Q2			Q3			Q4			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

E-Referrals

NHS e-Referral Service (e-RS) Utilisation Coverage	Southport And Formby CCG	RAG	R	R	R										R	
Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.		Actual	80%	81.9%	92.6%											
Target		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	

Diagnostics & Referral to Treatment (RTT)

% of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R											
The % of patients waiting 6 weeks or more for a diagnostic test		Actual	3%	3.71%	5.2%											
Target		1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	
% of all Incomplete RTT pathways within 18 weeks	Southport And Formby CCG	RAG	G	G	G											
Percentage of Incomplete RTT pathways within 18 weeks of referral		Actual	92.998%	93.52%	92.79%											
Target		92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%		
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks	Southport And Formby CCG	RAG	G	G	G										G	
The number of patients waiting at period end for incomplete pathways >52 weeks		Actual	0	0	0										0	
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Cancelled Operations

Number of Cancellations for non-clinical reasons who are treated within 28 days	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R										R	
Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.		Actual	6	7	7											20
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Metric	Reporting Level		2019-20												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	G	G	G											G
		Actual	0	0	0											0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Preventing People from Dying Prematurely

Cancer Waiting Times

% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport And Formby CCG	RAG	R	G	G											R	
		Actual	86.52%	93.34%	94.12%												91.31%
		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%	93.00%	93.00%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport And Formby CCG	RAG	R	R	R											R	
		Actual	51.61%	87.23%	96.67%												79.63%
		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%	93.00%	93.00%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport And Formby CCG	RAG	G	G	G											G	
		Actual	98.70%	97.18%	98.61%												98.18%
		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%	96.00%	96.00%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport And Formby CCG	RAG	G	G	G											G	
		Actual	100.00%	100%	100%												100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport And Formby CCG	RAG	G	R	G											R	
		Actual	100.00%	95%	100%												98.33%
		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%	98.00%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G											G	
		Actual	100.00%	100%	95.45%												98.21%
		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%	94.00%	94.00%

Metric	Reporting Level		2019-20												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport And Formby CCG	RAG	R	R	G										R	
		Actual	72.22%	80.56%	85.29%											79.25%
		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%	85.00%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport And Formby CCG	RAG	G	R	G										G	
		Actual	-	85.71%	100%											91.67%
		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%
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	-										-	
		Actual	86.36%	93.75%	60%											81.13%
		Target	85%	85%	85%											85%

Accident & Emergency

4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio) % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES Data File)	Southport And Formby CCG	RAG	R	R	R										R	
		Actual	84.26%	85.15%	85.73%											85.03%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Ensuring that People Have a Positive Experience of Care

EMSA

Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport And Formby CCG	RAG	R	R	R										R	
		Actual	14	13	4											31
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport And Formby CCG	RAG	R	R	R										R	
		Actual	3.7	3.1	1.0											
		Target	0	0	0											0

Metric	Reporting Level		2019-20											YTD
			Q1			Q2			Q3			Q4		
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	

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

HCAI

Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	Southport And Formby CCG	RAG	R	R	R										R	
		YTD	1	1	1											1
		Target	0	0	0											0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	R										G	
		YTD	2	4	8											8
		Target	3	5	7	9	11	14	16	19	22	25	28	30		30
Number of E Coli infections Incidence of E Coli (Commissioner)	Southport And Formby CCG	RAG	R	R	R										R	
		YTD	14	25	39											39
		Target	9	18	27	39	48	57	66	75	83	91	100	109		109

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport And Formby CCG	RAG	G	G	G										G	
		Actual	100%	100%	100%											100%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Episode of Psychosis

First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	Southport And Formby CCG	RAG	G	G	G										G	
		Actual	100.00%	100.00%	75%											92%
		Target	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%

Metric	Reporting Level	2019-20													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		

IAPT (Improving Access to Psychological Therapies)

<u>IAPT Recovery Rate (Improving Access to Psychological Therapies)</u> 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	R										G	
		Actual	56.3%	48.9%	46.3%											50.5%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
<u>IAPT Access</u> 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	
		Actual	1.06%	1.06%	0.90%											1.02%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.83%	1.83%	1.83%		
<u>IAPT Waiting Times - 6 Week Waiters</u> 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	
		Actual	96.30%	100%	99%											98.4%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	
<u>IAPT Waiting Times - 18 Week Waiters</u> 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	
		Actual	100%	100%	100%											100%
		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%	

Dementia

<u>Estimated diagnosis rate for people with dementia</u> Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G										G	
		Actual	75.39%	75.60%	68.3%											73.1%
		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%	

Metric	Reporting Level	2019-20												
		Q1			Q2			Q3			Q4			YTD
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

Children and Young People with Eating Disorders

The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	Southport And Formby CCG	RAG	R							R
		Actual	95.24%							95.24%
		Target	95.00%			95.00%	95.00%	95.00%	95.00%	95.00%
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	Southport And Formby CCG	RAG	R							R
		Actual	75%							75%
		Target	95%			95%	95%	95%	95%	95%

Wheelchairs

Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	Southport And Formby CCG	RAG	G							G
		Actual	100%							100%
		Target	92%			92%	92%	92%	92%	92%

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 3 (note: time periods of data are different for each source).

Planned Care

Year to date referrals are 6.8% higher than 2018/19 due to a 9.1% increase in consultant-to-consultant referrals. The majority of this increase is credited to clinical physiology at Southport Hospital.

Overall, referrals to Southport Hospital have increased by 8% year to date at month 3. Increases have been evident across a number of specialities including General Medicine, Paediatrics, Ophthalmology and Trauma & Orthopaedics.

The CCG failed the less than 1% target for Diagnostics in June recording 5.2%, a further decline on last month (3.71%). This is also above the CCGs improvement trajectory of 2.1% for June 2019. Southport and Ormskirk also failed the less than 1% target for Diagnostics in June recording 5.3%, also a further decline on last month (4.14%). Therefore the Trust has also failed their improvement trajectory of 2% for June 2019.

For referral to treatment, Southport & Formby CCG had a total 9,331 patients waiting on an incomplete pathway in June 2019; 1,071 patients over plan but 36 patients less than in May 2019.

Southport & Ormskirk reported 7 cancelled operations in June 2019, showing no improvement on May.

For month 3 year to date, Southport & Formby CCG are failing 4 of the cancer indicators and Southport & Ormskirk Trust is failing 2 of the 9 cancer measures.

Southport & Ormskirk Trust has reported a response rate for inpatients of 11.8% in June 2019. This is significantly below the England average of 24.9%. The percentage of patients who would recommend the service decreased slightly to 95% below the England average and the percentage who would not recommend remained at 2% in line with the England average.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for June 2019 reached 87.88% for all types (87.33% YTD), which is below the Trust's revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 90.1%. For type 1 A&E attendances, a performance of 80.81% was reported in June (79.78% YTD).

Southport & Ormskirk Trust reported 4, 12-hour breaches in June, breaching the zero tolerance threshold. This shows an improvement on last month when 12 breaches were reported.

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 continues to report under the 80% target, with 52.9% in June; just 9 out of 17 patients spent at least 90% of their time on a stroke unit. In relation to the TIAs the Trust has begun to report again for 2019/20, with a performance of 27.3% in June. Out of 22 patients just 6 achieved the target.

The CCG reported a total of 4 breaches of Mixed Sex Accommodation in June and has therefore breached the zero tolerance threshold. All 4 breaches were at Southport & Ormskirk NHS Trust.

The CCG had 1 case of MRSA in April 2019 and is therefore breaching the zero tolerance threshold year to date for 2019/20. 8 cases of C Difficile have been reported for the CCG year to date, just above the year to date target of 7.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20. NHS Southport & Formby CCG's year-end target is 109 the same as last year when the CCG failed reporting 142 cases. In June there were 14 cases against a plan of 9, bringing the year to date figure to 39 against a target of 27. Southport & Ormskirk Trust reported 26 cases in June. There are no targets set for Trusts at present.

Southport & Ormskirk Trust has reported a response rate for A&E of 3% in June 2019. This is significantly below the England average of 12.2%. The percentage of patients who would recommend the service increased to 93% above the England average of 86% and the percentage who would not recommend increased to 6% but remains below the England average of 9%.

Mental Health

In relation to eating disorders service, out of a potential 16 service users, 5 started treatment within 18 weeks; a performance of 31.3% compared to a 95% target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported an access rate of 0.9% in month 3, therefore failing to achieve the target. The recovery target was also failed with 46.3% against a 50% target.

For quarter 1 2019/20 the CCG failed the 100% target for referrals to children and young people's eating disorder service, with a performance of 95.24% (20/21) for routine and 75% (3/4) for urgent referrals.

Community Health Services

The Trust has undertaken transformation work which has resulted in a change to the way in which activity is recorded for Therapies, CERT, Community Matrons and Chronic Care. The Trust is now operating a single point of contact for these services under the umbrella of 'ICRAS'. The Trust has reconfigured EMIS in line with this, resulting in a visible shift of activity into the 'ICRAS' pathway. A new ICRAS service specification is being developed collaboratively with the Trust which includes new key performance indicators and activity reporting requirements.

Children's Services

Children's services have experienced a reduction in performance across a number of metrics linked to mental health and community services. Long waits in Paediatric speech and language remains an issue however discussions are progressing with Alder Hey regarding improvements in provision across SALT and other services.

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

The 2018/19 annual assessment has been published for all CCGs, ranking Southport & Formby CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and dementia was rated 'Outstanding'. 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,

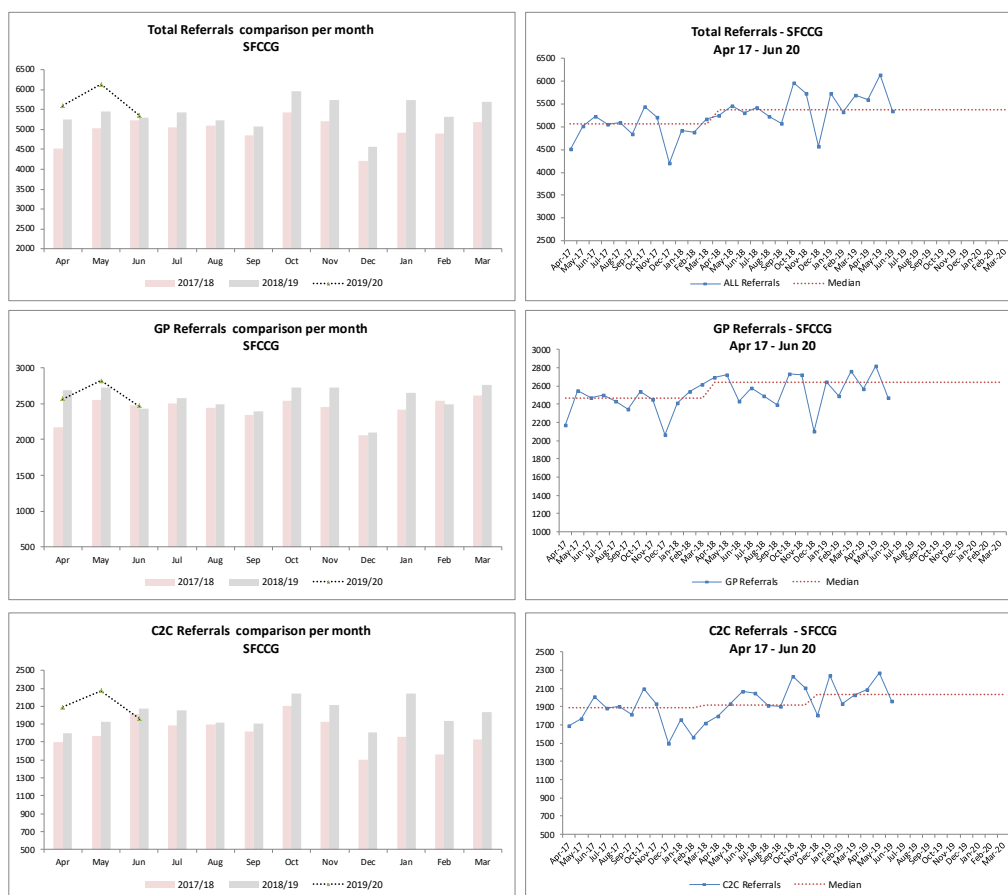
more recent data where held locally, the clinical, managerial and SLT leads responsible and expected date of improvement for the indicators.

2. Planned Care

2.1 Referrals by Source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%
April	2694	2568	-126	-4.7%	1799	2089	290	16.1%	5247	5603	356	6.8%
May	2727	2823	96	3.5%	1929	2274	345	17.9%	5456	6138	682	12.5%
June	2429	2470	41	1.7%	2069	1964	-105	-5.1%	5305	5354	49	0.9%
July	2580				2054				5433			
August	2495				1914				5230			
September	2391				1907				5085			
October	2729				2237				5965			
November	2722				2111				5735			
December	2102				1811				4571			
January	2646				2246				5738			
February	2489				1937				5319			
March	2759				2033				5697			
Monthly Average	2564	2620	57	2.2%	2004	2109	105	5.2%	5398	5698	300	5.6%
YTD Total Month 3	7850	7861	11	0.1%	5797	6327	530	9.1%	16008	17095	1087	6.8%
Annual/FOT	30763	31444	681	2.2%	24047	25308	1261	5.2%	64781	68380	3599	5.6%

Figure 1 - Referrals by Source across all providers for 2017/18, 2018/19 & 2019/20





Data quality notes:

Royal Liverpool Hospital data for month 2 of 2019/20 is currently unavailable. As a result, monthly averages have been applied to totals.



Month 3 summary:

- Trends show that the baseline median for total Southport & Formby CCG referrals has remained flat since April 2018. However, a recent increase is apparent.
- Year to date referrals are 6.8% higher than 2018/19 due to a 9.1% increase in consultant-to-consultant referrals. The majority of this increase is credited to clinical physiology at Southport Hospital.
- Consultant-to-consultant referrals at Southport Hospital are 11.3% higher than in the equivalent period of 2018/19. This is partly due to referrals recorded as from the A&E department to the General Medicine speciality. These referrals were not previously recorded in 2018/19. Clinical Physiology referrals are also above 2018/19 levels by 16.6%.
- Overall, referrals to Southport Hospital have increased by 8% year to date at month 3. Increases have been evident across a number of specialities including General Medicine, Paediatrics, Ophthalmology and Trauma & Orthopaedics.
- Averages for GP referrals remained flat throughout 2018/19 into 2019/20. Year to date, GP referrals are currently comparable to the previous year. However, May-19 saw an historical peak for Southport & Formby CCG GP referrals.
- Ophthalmology was the highest referred to specialty for Southport & Formby CCG in 2018/19. Year to date referrals to this speciality in 2019/20 are approximately 9.6% higher when compared to the previous year with Southport & Ormskirk and ISight making up the majority of this increase.

2.1.1 E-Referral Utilisation Rates

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
NHS e-Referral Service (e-RS): Utilisation Coverage		Previous 3 months and latest				144a	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
RED	TREND	Mar-19	Apr-19	May-19	Jun-19		
		84.0%	80.0%	81.9%	92.6%		
		Plan: 100%					
Performance Overview/Issues:							
<p>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. Southport & Formby CCG is showing a performance of 92.6% for June a significant improvement on 81.9% reported the previous month.</p> <p>The above data 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.</p> <p>In light of the issues in the national reporting of E-Rs utilisation, a local referrals flow submitted by the CCGs main hospital providers has been used locally to enable a GP practice breakdown. June data shows an overall performance of 97.7% for Southport & Formby CCG, a further improvement on the previous month (88.2%). A meeting to validate inclusion criteria will be arranged imminently following escalation via Planned Care and Information Sub Group Meetings.</p>							
Actions to Address/Assurances:							
<p>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 e-RS data at trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance.</p> <p>The reporting of ERS was escalated to NHSE as part of an SI investigation relating to ERS standard operating procedures (now resolved), however, it was acknowledged that the National reporting of ERS is not consistent with no suggestion of a fix imminently. Initial escalation to NHSE was on 21st May, with subsequent requests for update on NHSE performance calls in July and August. No resolution identified, however, NHSE stated that they will provide an update as soon as it is available.</p>							
When is performance expected to recover:							
A recovery trajectory will be formulated after discussions with providers.							
Quality:							
<p>An incident has been reviewed relating to Alder Hey with subsequent actions agreed with NHSE and Liverpool CCG relating to mitigating risks of non e-RS patients being missed, the following actions were agreed:</p> <ul style="list-style-type: none"> - A review of Trust SOPs to be fit for 'business as usual' (requests for updated SOPs to be made via Planned Care Group and Contract Review Meetings with a view to present a paper to the relevant Quality Committee). - NHSE to escalate to NHSI concerns regarding e-RS National Reporting (response requested from NHSE on the 22nd July, however due to leave a response has yet to be received). 							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Rob Caudwell			Terry Hill		

2.2 Diagnostic Test Waiting Times

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Diagnostics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	TREND	Mar-19	Apr-19	May-19	Jun-19		
		CCG 2.93%	3.00%	3.71%	5.20%		
		S&O 2.67%	2.80%	4.14%	5.30%		
		National Target < 1% June's improvement plans CCG: 2.1% S&O: 2% Yellow denotes achieving 2019/20 improvement plan but not national standard.					
Performance Overview/Issues:							
<p>The CCG failed the less than 1% target for Diagnostics in June recording 5.2%, a further decline on last month (3.71%). This is also above the CCGs improvement trajectory of 2.1% for June 2019. Out of 2,562 patients, 137 patients were waiting over 6 weeks, and 4 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in Non-Obstetric Ultrasound (52), Colonoscopy (25), CT (23) and MRI (18).</p> <p>Southport and Ormskirk also failed the less than 1% target for Diagnostics in June recording 5.3%, also a further decline on last month (4.14%). Therefore the Trust has also failed their improvement trajectory of 2% for June 2019. Out of 3,532 patients, 199 patients waited over 6 weeks, and 11 of these were waiting over 13 weeks, for their diagnostic test. Majority of breaches were waiting for Non obstetric ultrasound (81), Colonoscopy (44), MRI (22) and Urodynamics (22).</p> <p>The Trust has significant workforce constraints within radiology and Endoscopy. The recent changes to the tax rebate has further impacted on the Trust, as it has up and down the country. The trust has improvement plans in place to address the issues however the fundamental issue is a necessary over-reliance on temporary workforce solutions.</p> <p>There are also diagnostic issues emanating from Liverpool Heart & Chest which affect the CCG performance. In June, 7 Southport & Formby CCG patients were waiting over 6 weeks for an MRI and 17 for a CT scan. 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.</p>							
Actions to Address/Assurances:							
<p>The CCG has received action plans from S&O trust detailing issues and mitigating actions for both endoscopy and radiology diagnostic services. These have been reviewed at the CCF with commissioners and have been escalated to the contract meeting with providers due to a lack of recovery plan detailed no assurance of improvement from the provider. However, S&O indicated whilst recruitment and internal process redesign is being implemented (see below), the Trust will insource additional capacity for the next 6 weeks. The Trust has informed the CCG that they will be outsourcing to Renacres. The CCG are seeking to clarify the diagnostic procedures to be delivered, the numbers to be commissioned by the Trust, and a detailed plan for recovery based on this for a sustainable service. The CCG has also requested a detailed view of where the demand is coming from, internal v external, which will enable the CCG and Trust to work collaboratively on a sustainable service.</p> <p>Radiology - Recruitment to a number of posts linked to consultant radiology vacancy as well as admin managers post to ensure performance management of the service. Consultant rota review with 6 week advance view to ensure timely booking of patients. Internal management meetings held weekly to review rota and booking process. Reinstatement of weekly PTL meetings.</p> <p>Endoscopy - Workforce review to identify staffing requirements, review of staff allocations, rota's to ensure productivity. Training review of current staff to ensure competencies. Review of productivity and estates to ensure efficiency of service, reduction of cancellations and reduced WL.</p> <p>The Trust had indicated that performance would be back on track by August 2019. However, the CCG are yet to receive assurance that the outsourcing arrangements are in place to support this recovery. Escalation discussions were had in the CCG integrated performance group with an action for the Director of Strategy & Outcomes to have a conversation with the Trust Chief Operating Officer, in order to provide clarity on the Trusts recovery trajectory.</p>							
When is performance expected to recover:							
<p>Recovery not forecast for 2019/20 as set out in the operational plans trajectory. Due to the issues outlined above an improved position in line with trajectory not assured by the provider in the coming months.</p> <p>The Trust has a month on month improvement trajectory for 2019/20. CCG requesting a revised plan to ensure performance is brought back in line with agreed trajectory.</p> <p>No recovery plan provided as yet by the provider. No assurance of recovery to trajectory over the coming months by provider. No assurance from the provider regarding improvement.</p> <p>Following Director level discussions, if a recovery plan alongside an improving trajectory is not received, or is not agreeable, the escalation policy will be adhered to and the issue will be escalated to CCF to consider a contract performance notice.</p>							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Terry Hill			

2.3 Referral to Treatment Performance



Indicator		Performance Summary				Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
GREEN	TREND	Mar-19	Apr-19	May-19	Jun-19	
 	CCG	0	0	0	0	
	S&O	0	0	0	0	
Plan: Zero						
Performance Overview/Issues:						
The CCG has received confirmation that a Southport & Formby patient currently waiting for treatment in Gynaecology at Liverpool Women's will breach 52 weeks in July 2019. The patient cancelled 2 appointments and did not attend GP for diagnostic bloods. Subsequently the Trust sent 14-day letter on 3rd June. Patient was seen on 11th July but hadn't had required bloods. Consultant requested this be done before treatment is planned. GP unable to contact patient for bloods and reminder letter sent. Consultant follow up scheduled for 18th September.						
Actions to Address/Assurances:						
The Trust are looking to review their access policy to ensure a more robust adherence which will mitigate against further breaches. It was acknowledged on the NHS England performance call that this breach was not isolated. However, it was understood that there was a valid clinical explanation for the delay as the patient was on a specific clinical pathway. CCG planned care lead will liaise with lead commissioner, Liverpool CCG, to understand mitigating actions to reduce the likelihood of additional breaches.						
When is performance expected to recover:						
Performance is expected to recover in September provided that the patient receives treatment.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Rob Caudwell		Terry Hill		

Figure 2 – RTT Performance & Activity Trend

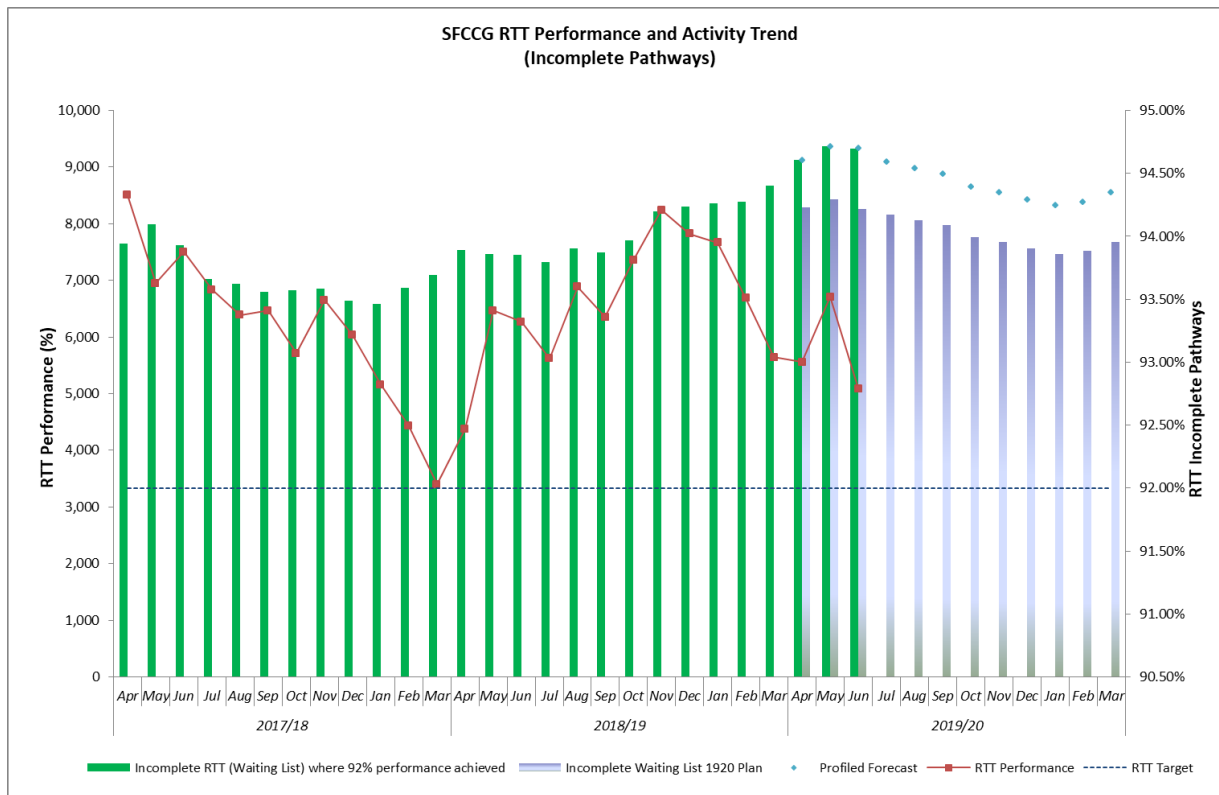


Figure 3 – Southport & Formby CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan	8,288	8,434	8,260	8,158	8,058	7,974	7,768	7,675	7,569	7,472	7,520	7,678	7,678
2019/20	9,126	9,367	9,331										9,331
Difference	838	933	1,071										1,653

Southport & Formby CCG had a total 9,331 patients waiting on an incomplete pathway in June 2019; 1,071 patients over plan but 36 patients less than in May 2019. The CCG has seen a 2380/24% increase in June 2019 compared to the same period in 2018/19 for incomplete pathways. S&O make up 18% of the increase with a provider increase of 2608/18%. In terms of the NHSE submitted plans, 2019/20 incomplete pathways is currently 2842/11% above plan.

The CCG met with Bill McCarthy (NHSE) with agreement that the CCG would provide a report that will provide detail as to why the target is artificially low and requires realignment.

2.3.1 Provider assurance for long waiters

Figure 4 – Southport & Formby CCG Provider Assurance for Long Waiters

CCG	Trust	Speciality	Wait band (weeks)	Detailed reason for the delay
Southport & Formby	Alder Hey	All Other	36 to 39	13 patients; community - capacity issues. Sent to service for dates.
Southport & Formby	ISIGHT	Ophthalmology	44	The provider has completed an Individual Funding Request (IFR) for this patient. The patient will now be called into clinic for discussion.
Southport & Formby	Liverpool Womens	Gynaecology	38 & 41	2 patients; No Trust Comments
Southport & Formby	Liverpool Womens	Gynaecology	49	This patient will breach 52+ weeks in July 2019. The patient cancelled 2 appointments and did not attend GP for diagnostic bloods. Subsequently the Trust sent 14-day letter on 3rd June. Patient was seen on 11th July but hadn't had required bloods. Consultant requested this be done before treatment is planned. GP unable to contact patient for bloods and reminder letter sent. Consultant follow up scheduled for 18th September.
Southport & Formby	Manchester University	Plastic Surgery	38	1 patient; No Trust Comments
Southport & Formby	Royal Liverpool & Broadgreen Hospital	General Surgery	38	Long Wait on Waiting List. No TCI Date
Southport & Formby	Southport & Ormskirk	Ophthalmology	37	Patient has DNA'd on 3 occasions. Provider has also cancelled 1 appointment. Patients outcome is unknown.
Southport & Formby	Wirral	Gynaecology	38	1 patient; No Trust Comments

The CCG had a total of 48 patients waiting over 36 weeks of which there were no patients waiting over 52 weeks. Of the 48 patients, 12 patients have been treated, 8 have TCI dates, 2 no longer required appointments and 21 unknown outcomes.

Alder Hey Trust has provided the following information in relation to their capacity issues:

- The Trust has recruited prescribing pharmacist who has been in post since beginning of May and has commenced their own clinics from July.
- Two additional nurse prescribers have completed their course through Edge Hill University and are awaiting results from this. They continue to spend a number of hours/clinics prescribing under direct supervision and it is hoped that they will be able to work independently from September/October 2019. A further two more are expected to start their training in September with Liverpool University and they will follow the same path, with course finishing January 2020.
- Due to 4 members of staff being on long term sick leave and two on staff training the Trust has been hampered in ability to provide additional capacity since December. Two members of staff have now returned from long term sick leave which should see an increase in capacity.



Liverpool Women's Hospital has provided the following assurance in relation to long waiters:

Focus continues on managing long waiting patients and ASI lists, however, unprecedented levels of Consultant sickness in February & March have affected the position. This was further impacted upon by one locum being on leave for all of April. Long-term capacity issues persist in Uro-Gynaecology with 2 Consultants successfully recruited in March 2019 to address this shortfall. This is anticipated to

improve as new Consultants started in post in May with a phased increase in activity as they become familiar with Trust pathways/processes.



2.4 Cancelled Operations

2.4.1 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



Indicator		Performance Summary				Potential organisational or patient risk factors
Cancelled Operations		Previous 3 months and latest				
RED	TREND	Mar-19	Apr-19	May-19	Jun-19	
		13	6	7	7	
		Plan: Zero				
Performance Overview/Issues:						
Southport & Ormskirk reported 7 cancelled operations in June 2019, showing no improvement on May. 3 were cancelled due to lack of beds, 2 were due to a list overrun, 2 were due to gynaecology emergencies. In 2018/19 the Trust reported a total of 100 breaches. Primary issues relate to anaesthetic rotas with an expectation that a business case will go to Trust Exec for additional resource.						
Actions to Address/Assurances:						
The CCG requested a recovery plan via the CCQRM.						
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.						
The Trust has informed the CCG that data from a 6 week review of on the day cancellations is currently being analysed for trends as part of the Theatre Utilisation Improvement Programme						
When is performance expected to recover:						
This performance indicator was discussed at the CCG integrated performance group and it was decided that this issue requires further escalation to both the CCQRM and the information sub group meetings for clarity on the reporting of cancelled operations which are not rebooked within 28 days, and an improvement plan/trajectory to mitigate against further cancellations. The CCG have yet to receive a recovery plan as previously requested.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Rob Caudwell		Terry Hill		

2.5 Cancer Indicators Performance



2.5.1 - Two Week Urgent GP Referral for Suspected Cancer

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
2 week urgent GP Referral for suspected cancer		Previous 3 months, latest and YTD					Linked to 122a	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Mar-19	Apr-19	May-19	Jun-19	YTD		
		CCG	93.13%	86.52%	93.34%	94.12%		
		S&O	97.55%	94.30%	95.03%	94.80%	94.74%	
		Plan: 93%						
Performance Overview/Issues:								
The CCG achieved the two week standard in June 2019 but failed year to date with 91.31%. In June 2019, 32 patients breached the target out of a total 544 treated.								
Actions to Address/Assurances:								
Breast services dominate the underperformance against this standard. Improvements at Aintree have resulted in achievement of the 2ww standard this month. Skin services at Southport and Ormskirk received the highest number of 2 week referrals ever this month. All 431 patients were accommodated								
When is performance expected to recover:								
July 2019.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allen			Sarah McGrath			



2.5.2 - Two Week Wait for Breast Symptoms

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
2 week wait for breast symptoms (where cancer was not initially suspected)		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Mar-19	Apr-19	May-19	Jun-19	YTD		
		65.85%	51.61%	87.23%	96.67%	79.63%		
		Plan: 93%						
		Southport & Ormskirk Trust no longer provide this service. The majority of Southport & Formby CCG patients receive treatment at Aintree Hospital.						
Performance Overview/Issues:								
The CCG achieved the two week wait target for patients with breast symptoms in June 2019 with 96.67% but failed year to date with 79.63%. Year to date there have been 22 breaches from a total of 108 patients treated. All breaches were at Aintree.								
Actions to Address/Assurances:								
As a health economy, we have developed some revised referral forms and educational resources for primary care aimed at better risk stratification of referrals into suspected cancer and symptomatic pathways and increased management of benign breast disease in primary care. There has been a significant improvement at Aintree from month 2 onwards brought about by workforce re-design and waiting list initiatives. However there are pressures within other local services, specifically St Helens and Knowsley NHS Trust breast services which may result in increased demand at Aintree.								
When is performance expected to recover:								
July 2019.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allen			Sarah McGrath			



2.5.3 - 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
All cancer two month urgent referral to treatment wait		Previous 3 months, latest and YTD					122b	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Mar-19	Apr-19	May-19	Jun-19	YTD		
		CCG	85.71%	72.22%	80.56%	85.29%	79.25%	
		S&O	81.16%	69.62%	75.29%	78.02%	74.51%	
		Plan: 85% Trust's June improvement plan: 89.16%						
Performance Overview/Issues:								
The CCG achieved the 85% target with 85.29% in June 2019 but is still failing year to date with 79.25%. Year to date, 22 breaches have been reported from a total of 106 patients seen.								
Southport & Ormskirk Trust failed the target in June with a performance of 78.02% (although this is an improvement) and YTD with 74.51%. This is also below the Trust's agreed improvement plan for May of 89.16%. In June, there were the equivalent of 10 breaches from a total of 45.5 apportioned patients. Reasons for delays were due to inadequate elective capacity (1), patient choice (2), health care provider initiated delay (3) and other (5). Tumour groups which failed the operational standard were colorectal and urology. Lung achieved 100% compliance.								
Actions to Address/Assurances:								
The CCG raised performance issues at the recent Information sub group with the provider and have asked for further information on the reasons for variable performance and a lack of an improvement trajectory.								
The Trust have noted that all patients are proactively tracked and drift from plan that there should never be more than 7 days between interventions is escalated at weekly performance meetings.								
<u>Trust Actions</u>								
<ul style="list-style-type: none"> - Trust have appointed a project lead for cancer performance improvement from Cancer Alliance monies. - There has also been recruitment to some radiology posts with 3 further posts having job plans approved by Mersey Deanery - a RAS has been established for gastro enterology which will ensure better use of capacity for straight to test and clinic appointments - better tracking from day zero on the pathways is now possible through better links between Medway and Somerset Cancer Registry - The Trust has contracted an external provider- "Your World" to undertake 35 additional endoscopy lists 								
When is performance expected to recover:								
Southport and Formby CCG will be seeking assurance through contact meetings with Southport and Ormskirk that the Trust will deliver to trajectory								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			



2.5.4 - 62 Day NHS Screening Service

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
62 day wait for first treatment following referral from an NHS Cancer Screening Service		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
GREEN	TREND	Mar-19	Apr-19	May-19	Jun-19	YTD		
		CCG 0 Patients	0 Patients	85.71%	100%	91.67%		
		S&O 0 Patients	0%	50%	0 Patients	16.67%		
		Target: 90%						
Performance Overview/Issues:								
Southport & Ormskirk Trust did not treat any patients under this pathway in June 2019. However they are failing year to date with 16.67% due to the equivalent of 2 breaches reported in April 2019 and 0.5 in May 2019.								
Actions to Address/Assurances:								
Cancer Screening programmes are commissioned by Public Health England but CCGs are accountable for performance against the 62 day standard for any patients who receive a positive cancer diagnosis from screening and require treatment. There are some concerns around patient engagement which exhibits as higher numbers of DNAs and patient -initiated cancellation in the pre-diagnostic phase of the pathway compared with a GP 2 week wait referral pathway.								
NHSE will be attending the Bowel Cancer Screening Programme Board in September to discuss these issues and impact on performance.								
When is performance expected to recover:								
Small numbers (typically fewer than 3 patients per month) in the target cohort means that there can be volatile performance against this standard which makes prediction difficult.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			



2.5.5 - 62 Day Consultant Decision to Upgrade Patients Priority

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors
62 day wait for first treatment following consultants decision to upgrade patients priority		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Mar-19	Apr-19	May-19	Jun-19	YTD		
		CCG 66.67%	86.36%	93.75%	60%	81.13%		
		S&O 80.65%	91.49%	90.32%	73.17%	84.87%		
		Local Target: 85%						
Performance Overview/Issues:								
The CCG failed to achieve the 85% target in June 2019 reporting 60%; 6 patients breached the target out of a total 15. Two patients were for admitted care and 4 for non admitted care. Reasons for delays were 'other' (5) and complex diagnostic pathway (1). Year to date performance is currently at 81.13%.								
Southport & Ormskirk also failed the 85% target in June 2019 with a performance of 73.17%; the equivalent of 5.5 breaches out of a total 20.5 seen. The majority of breaches were due to an 'other' reason, and 1 was due to a complex diagnostic pathway. Year to date performance is currently 84.87%.								
Actions to Address/Assurances:								
When is performance expected to recover:								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			

2.5.5 104+ Day Breaches

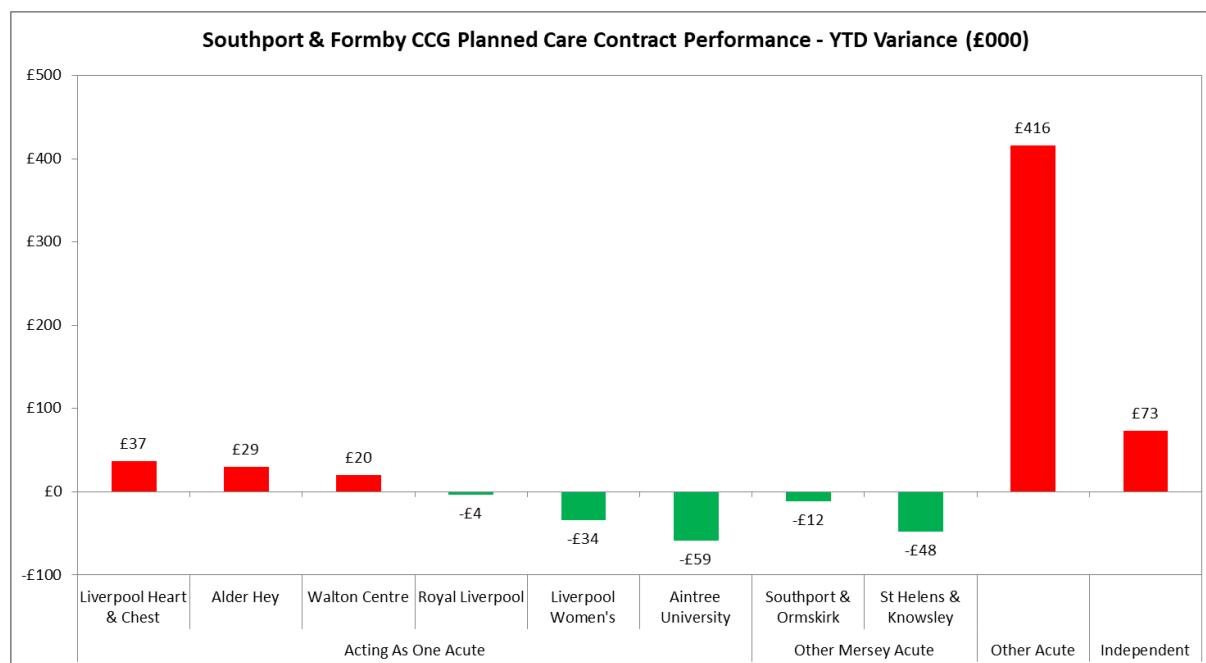
Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days		Previous 3 months and latest				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Mar-19	Apr-19	May-19	Jun-19	
		5	1	2	2	
Plan: No plan						
Performance Overview/Issues:						
Southport & Ormskirk Trust had 2 patients waiting over 104 days in June 2019. Both patients were Urological patients, with reasons due to health care provider initiated delay and 'other'. The longest waiting patient was at 114 days with their first treatment being at the Royal Liverpool Hospital.						
Actions to Address/Assurances:						
Southport and Formby CCG expects to receive Root Cause analyses for these pathways.						
When is performance expected to recover:						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Graeme Allan		Sarah McGrath		

2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors
Southport & Ormskirk Friends and Family Test Results: Inpatients		Previous 3 months and latest				
RED	TREND	Mar-19	Apr-19	May-19	Jun-19	
		RR	15.0%	12.3%	13.6%	
		% Rec	96.0%	95.0%	96%	95%
		% Not Rec	1.0%	3.0%	2%	2%
June 2019 England Averages Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%						
Performance Overview/Issues:						
Southport & Ormskirk Trust has reported a response rate for inpatients of 11.8% in June 2019. This is significantly below the England average of 24.9%. The percentage of patients who would recommend the service decreased slightly to 95% below the England average and the percentage who would not recommend remained at 2% in line with the England average.						
Actions to Address/Assurances:						
On an annual basis the provider will submit a report to the CCG and present at the CQPG the outcome of their aggregated review of patient and carer experience. As a minimum this will include the following: the outcomes of the FFT responses and actions planned/taken as a result of these, how the provider listens to patients and carers and respond to their feedback, how the provider provides a safe environment for patients, how the provider meets the physical and comfort needs of patients, how the provider supports carers, how the provider recognises patients and carers individuality and involves them in decisions about their care, how the provider communicates effectively patients throughout their journey, how the provider used E&D data to drive patient and carer experience and service improvement.						
When is performance expected to recover:						
The above actions will continue with an ambition to improve performance during 2019/20.						
Quality:						
See actions.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Brendan Prescott		N/A		Jennifer Piet		

2.7 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Performance at Month 3 of financial year 2019/20, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £419k/4.4%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a slightly increased over spend of approximately £429k/4.5%.

At individual providers, Wrightington, Wigan and Leigh are showing the largest over performance at month 3 with a variance of £274k/105%. This is followed by Renacres Hospital with an over performance of £88k/9%.

At speciality level, Trauma & Orthopaedics represents the highest over performance for Southport & Formby CCG at month 3. The majority of this over performance is related to activity at Wrightington, Wigan and Leigh. Activity market share for this particular provider has increased from 14% to 16% when comparing 2019/20 to the equivalent period of 2018/19. Wrightington, Wigan and Leigh also represent 26% of all Trauma & Orthopaedic costs within planned care, which is an increase of 8% when comparing to the previous year.

NB. There is no financial impact to Southport & Formby CCG for contract performance at any Providers within the Acting as One block contract arrangement. Acting as One Providers are identified within the above chart.

2.7.1 Southport & Ormskirk Hospital NHS Trust

Figure 6 - Planned Care – Southport & Ormskirk Hospital

S&O Hospital Planned Care*	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	2,765	2,695	-70	-3%	£1,435	£1,419	£-16	-1%
Elective	329	258	-71	-22%	£924	£748	£-177	-19%
Elective Excess BedDays	60	112	52	87%	£16	£30	£14	86%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	321	224	-97	-30%	£63	£47	£-15	-24%
OPFASPCL - Outpatient first attendance single professional consultant led	3,553	3,905	352	10%	£624	£682	£58	9%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	713	225	-488	-68%	£72	£26	£-46	-63%
OPFUPSPCL - Outpatient follow up single professional consultant led	9,930	11,043	1,113	11%	£849	£975	£126	15%
Outpatient Procedure	5,799	6,712	913	16%	£789	£911	£122	15%
Unbundled Diagnostics	4,990	2,546	-2,444	-49%	£326	£249	£-77	-24%
Grand Total	28,460	27,720	-740	-3%	£5,098	£5,087	£-12	0%

*PbR only

Over performance at Southport & Ormskirk Hospital is focussed predominantly within the outpatient points of delivery. Southport & Formby CCG referrals to Southport Hospital are currently 8% higher than 2018/19 levels and analysis has established that notable increases have been evident for Trauma & Orthopaedics and Gynaecology. Each of these specialities are currently seeing an over performance for outpatient first attendances.

Outpatient follow up over performance is driven by clinical haematology appointments with an over performance of £68k/40% evident at month 3. Minor skin procedures within Dermatology are responsible for the majority of over performance reported within the outpatient procedure point of delivery.

Initial Trust feedback regarding planned care performance suggests that vacancies within T&O have been filled allowing for greater outpatient capacity but due to theatre staff shortages and bed pressures, the provider hasn't yet been able to convert this into increased day case and elective work.

2.7.2 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 7 - Planned Care – Wrightington, Wigan and Leigh Hospital

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	5	7	2	32%	£1	£1	£0	33%
Daycase	41	62	21	50%	£55	£54	-£1	-2%
Elective	26	63	37	142%	£149	£389	£241	162%
Elective Excess BedDays	7	8	1	10%	£2	£2	£0	16%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	19	28	9	51%	£1	£2	£1	57%
OPFASPCL - Outpatient first attendance single professional consultant led	97	165	68	71%	£13	£24	£11	82%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	27	48	21	77%	£2	£4	£2	131%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	37	132	95	257%	£1	£3	£3	291%
OPFUPSCL - Outpatient follow up single professional consultant led	360	509	149	41%	£22	£32	£11	49%
Outpatient Procedure	66	109	43	66%	£9	£16	£7	80%
Unbundled Diagnostics	69	95	26	38%	£8	£9	£0	4%
Grand Total	754	1,226	472	63%	£262	£537	£274	105%

Wrightington, Wigan and Leigh over performance is evident across the majority of planned care points of delivery. Over performance is focussed largely within the Trauma & Orthopaedics speciality and elective procedures. 'Very Major Knee Procedures for Non-Trauma with CC Score 2-3' currently accounts for £90k of the over performance reported within the elective point of delivery.

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 Wrightington, Wigan and Leigh to the Choice Team reports which detail onward secondary referral from MCAS.

2.7.3 Renacres Hospital



Figure 8 - Planned Care – Renacres Hospital

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	366	461	96	26%	£355	£436	£82	23%
Elective	60	62	2	4%	£288	£266	-£22	-8%
OPFASPCL - Outpatient first attendance single professional consultant led	633	714	81	13%	£109	£122	£13	12%
OPFUPNFTF - Outpatient follow up non face to face	2	0	-2	-100%	£0	£0	£0	-100%
OPFUPSCL - Outpatient follow up single professional consultant led	833	960	127	15%	£61	£70	£9	15%
Outpatient Procedure	883	552	-331	-38%	£113	£94	-£19	-17%
Unbundled Diagnostics	278	329	51	18%	£24	£32	£8	34%
Physio	415	419	4	1%	£13	£13	£0	1%
Outpatient Pre-op	0	292	292	0%	£0	£18	£18	0%
Grand Total	3,469	3,789	320	9%	£962	£1,050	£88	9%

Renacres over performance is evident across the majority of planned care points of delivery. Day case procedures account for the majority of the overall variance against plan. Over performance is also apparent against a number of specialities within this point of delivery.

Outpatient first appointments are showing a 13% increase against plan in 2019/20 to date. An analysis of GP referrals suggests an increase of 4% for Southport & Formby CCG to Renacres in 2019/20 when comparing to 2018/19. Increases have been evident for specialities such as ENT, Pain Management and Trauma & Orthopaedics.



2.8 Personal Health Budgets (PHBs)

Indicator		Performance Summary				IAF	Potential organisational or patient risk factors
Personal Health Budgets (PHBs)		Latest and previous 3 quarters				105b	
RED	TREND	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20		
		21	24	32	78		
Performance Overview/Issues:							
In quarter 1 2019/20 a total of 47 new PHBs were reported, bringing the cumulative total to 78 against a plan of 84. This equates to a rate of 62.63 per 100,000 population compared to the plan of 67.45. This is under the trajectory set by NHS England, who confirmed the lower boundary of 80 would be acceptable in terms of aspirations.							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • Adults: Target missed by 8. CCG have commissioned Sefton Carers Centre to provide 3rd party support services to potential PHB clients as a 12 month pilot, which was initiated in Q1 19/20. Implementation group has been set up with all stakeholders to support development. Sefton Carers Centre as planning to support publicity in relation to PHBs via article in local paper to promote the public understanding and uptake of PHBs. There are a number of events planned in Q3 to support engagement with the 3rd sector, and engagement and training offer to community NHS providers with the support of CHC and Sefton Carers Centre. PHBs is a standing agenda at the CCG CHC and operational programme board. • Children Continuing Care: Currently the CCG is unable to progress the offer. There are small numbers of children who meet CC funding which in the majority of cases receive tripartite funding. There is additional complexity with the CCG commissioning Alder Hey Children's Hospital to provide domiciliary care services as part of this offer. Currently a lack of capacity and resource across the CCG Quality and Commissioning to develop this offer at this stage. • Wheelchairs: There is currently a lack of capacity and resource across the CCG Quality and Commissioning Teams to develop the offer at this stage. The CCG will continue to consider how PHBs can be provided and achieved as part of 2020 / 2021 plans. • Mental Health S117: There is currently a lack of capacity and resource across the CCG Quality and Commissioning Teams to develop the offer at this stage. The CCG will continue to consider how PHBs can be provided and achieved as part of 2019 / 2020 plans. 							
When is performance expected to recover:							
End of Quarter 1 of 2020/21.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Debbie Fagan		Tracey Forshaw		Tracy Forshaw			



3. Unplanned Care

3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance: Southport & Formby CCG

Indicator		Performance Summary					IAF	Potential organisational or patient risk factors	
CCG A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.	
RED	TREND	Mar-19	Apr-19	May-19	Jun-19	YTD			
		All Types	84.09%	84.23%	85.15%	85.73%			85.03%
		Type 1	77.72%	69.10%	79.49%	80.52%			79.40%
		National Standard: 95%							
Performance Overview/Issues:									
Southport & Formby CCG's performance against the 4-hour target for June 2019 reached 85.73% for all types (85.03% YTD), and 80.52% for type 1 (79.4% YTD), both of which are significantly below the national standard of 95%.									
Actions to Address/Assurances:									
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 the Trust is 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.									
When is performance expected to recover:									
Trusts have agreed a new trajectory for 2019/20 with improvements but not recovering against the 95% target. The revised trajectory for June 2019 is 90.1%.									
Quality:									
The trust have reported a significant reduction in reportable 12 hour breaches in comparison with previous years performance. There has also been a reduction in the number of patients who have received corridor care within the AED department. Unintended consequences include utilisation of escalation areas and the boarding of patients at times of severe escalation									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Jan Leonard		Tim Quinlan			Sharon Forrester				

3.1.2 A&E 4 Hour Performance: Southport & Ormskirk Hospital

Indicator		Performance Summary					Potential organisational or patient risk factors	
S&O A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.	
RED	TREND	Mar-19	Apr-19	May-19	Jun-19	YTD		
		All Types	86.77%	86.93%	87.20%	87.88%		87.33%
		Type 1	77.90%	78.59%	79.95%	80.81%		79.78%
National Standard: 95% June's improvement plan: 90.1% Yellow denotes achieving improvement plan but not national standard of 95%								

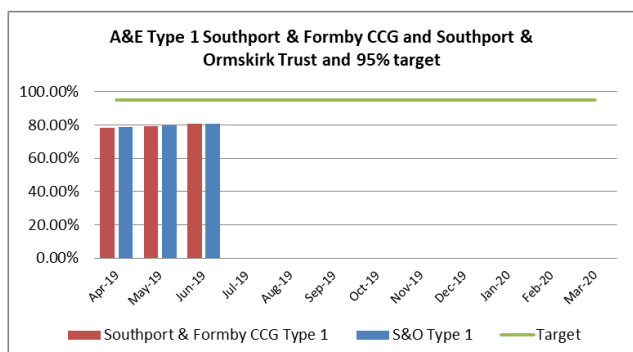
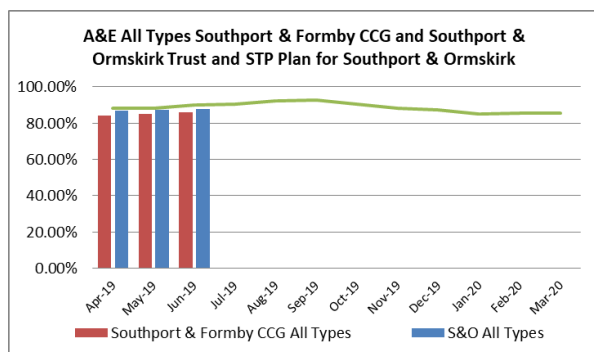
Performance Overview/Issues:
 Southport & Ormskirk's performance against the 4-hour target for June 2019 reached 87.88% for all types (87.33% YTD), which is below the Trust's revised Cheshire & Merseyside 5 Year Forward View (STP) plan of 90.1%. For type 1 a performance of 80.81% was reported in June (79.78% YTD).

Actions to Address/Assurances:
 The Trust has reported that performance against the 4-hour target for June remains relatively stable. The Southport site saw a 7.6% increase in attendances (365 patients) compared to last June, with an 11.4% increase in patients classed as majors category (410 patients). There were an additional 113 admissions via ED, and a 7% drop in performance on the Southport site. Medical Staffing pressures in ED remain a challenge with gaps at Tier 1 and Tier 2 level, and 15% of 4-hour breaches in June were attributed to ED delays. Late and night shifts remain vulnerable to surges in attendance and minimal opportunity to flex staffing levels to respond.



When is performance expected to recover:
 Trusts have agreed a new trajectory for 2019/20 with improvements but not recovering against the 95% target. The revised trajectory for June 2019 is 90.1%. Performance is expected to improve during quarter 2.

Quality:
 The trust have reported a significant reduction in reportable 12 hour breaches in comparison with previous years performance. There has also been a reduction in the number of patients who have received corridor care within the AED department. Unintended consequences include utilisation of escalation areas and the boarding of patients at times of severe escalation.

Indicator responsibility:		
Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Tim Quinlan	Sharon Forrester



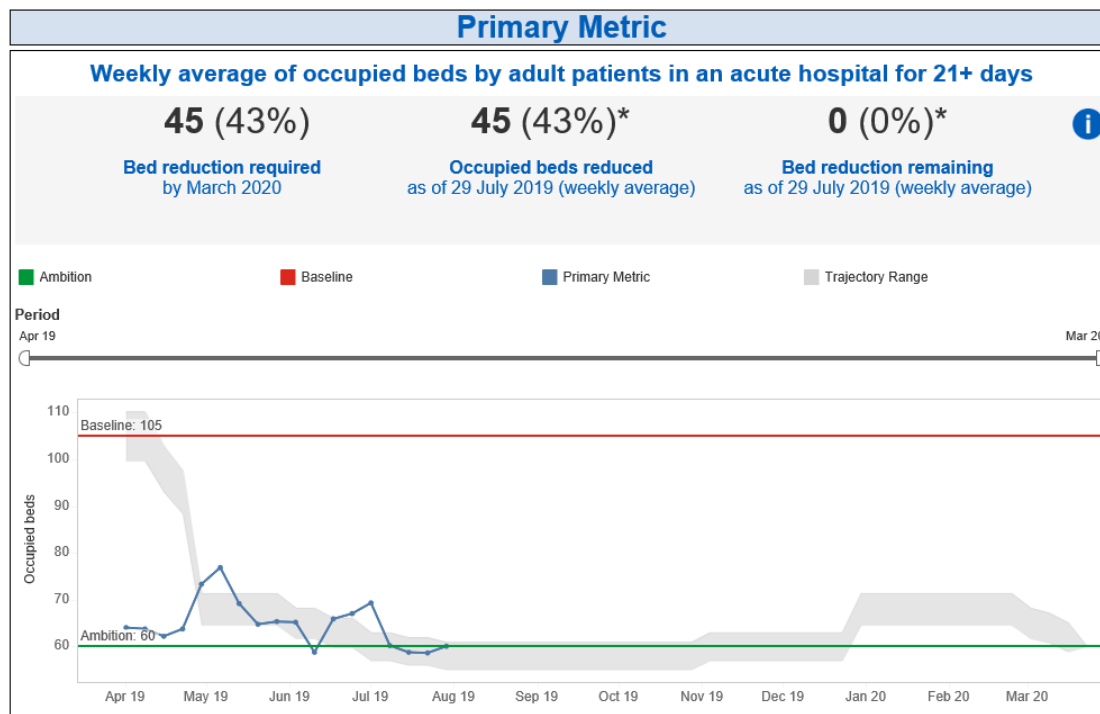
3.1.3 A&E 12 Hour Breaches: Southport & Ormskirk Trust

Indicator		Performance Summary					Potential organisational or patient risk factors
A&E Performance 12 hour breaches		Previous 3 months and latest				12 hour breaches measure carries a zero tolerance and is therefore not benchmarked.	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Mar-19	Apr-19	May-19	Jun-19		
		2	10	12	4		
		Plan: Zero					
Performance Overview/Issues:							
Southport & Ormskirk Trust reported 4, 12-hour breaches in June, breaching the zero tolerance threshold. This shows an improvement on last month when 12 breaches were reported.							
Actions to Address/Assurances:							
There were 4 reportable 12 hour breaches in June, a significantly lower number than the last two months. However the trajectory has not been met. All 4 occurred on the same morning following an extremely challenging weekend with a high volume of majors category attendances and below average discharges. All escalation areas were opened, in addition to boarding across a number of wards, but there were still 13 patients who were bedded overnight Sunday into Monday, with 2 requiring side rooms. Workstream 2 of the patient flow improvement programme is key to driving early discharges.							
When is performance expected to recover:							
As expected, 12 hour breaches have reduced in June, and the trust have initiated an internal improvement plan concentrating on internal flow and processes as part of the ongoing internal quality improvement work. The CCG continue to review all 48 hour timelines and RCA's with NHSE and feedback to the trust any areas of concern with patient quality and safety, as per policy.							
Quality:							
The CCG have receipt of 48 hr timelines and 60 day RCA's which are reviewed as part of PQIRP meeting internally, this will be completed jointly with NHSE as part of revised process. Despite the prolonged waits in ED the CCG are assured that respect and dignity has been maintained at times of severe pressure. Breaches are mostly reported due to lack of bed capacity.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Tim Quinlan		Sharon Forrester			

3.2 Occupied Bed Days

The NHS has a new national ambition to lower bed occupancy by reducing the number of long stay patients (and long stay beds) in acute hospitals by 40% (25% being the 2018/19 ambition with an addition of 15% for 2019/20). Providers are being asked to work with their system partners to deliver this ambition.

Figure 9 – Occupied Bed Days, Southport & Ormskirk Hospitals





Data Source: NHS Improvement – Long Stays Dashboard



The long stays dashboard has been updated for 2019 to report on a weekly basis. The Trust’s revised target is a total bed reduction of 41 (39%) by March 2020; therefore the target is 64 or less. The Trust is currently achieving this target as the latest reporting as at 29th July 2019 (weekly average) shows 60 occupied beds. This shows a reduction of 45 beds in line with the ambition for March 2020.

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.

3.3 Ambulance Service Performance



Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1, 2, 3 & 4 performance		Previous 2 months and latest					Category 1 -Time critical and life threatening events requiring immediate intervention Category 2 -Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly	Longer than acceptable response times for emergency ambulances are impacting on timely and effective treatment and risk of preventable harm to patients. Likelihood of undue stress, anxiety and poor care experience for patients as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Category	Target	Apr-19	May-19	Jun-19		
		Cat 1 mean	<=7 mins	00:08:31	00:07:04	00:06:53		
		Cat 1 90th Percentile	<=15 mins	00:18:45	00:13:34	00:12:41		
		Cat 2 mean	<=18 mins	00:25:16	00:21:44	00:26:59		
		Cat 2 90th Percentile	<=40 mins	01:00:34	00:49:13	01:00:18		
		Cat 3 90th Percentile	<=120 mins	02:33:10	01:55:09	02:19:42		
Cat 4 90th Percentile	<=180 mins	03:49:34	03:27:03	03:07:51				
Performance Overview/Issues:								
<p>In June 2019 there was an average response time in Southport and Formby of 6 minutes 53 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 26 minutes and 59 seconds against a target of 18 minutes. The CCG also failed the category 3 & 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.</p> <p>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.</p>								
Actions to Address/Assurances:								
<p><u>Trust Actions</u> Whilst ambulance handovers within 15 minutes remain a challenge, there was a significant improvement compared to June 2018. June was a challenging month with high attendances, particularly majors category, which impacted on flow across the department. NWAS Management team attended the site on 2 July 2019 to review handover processes, however attendances were lower than expected, so the exercise is to be repeated. Considerable efforts remain ongoing to keep handovers completed over 30 minutes to an absolute minimum.</p> <p><u>CCG Actions</u> Throughout 2018/19 and into 2019/20, NWAS has made good and sustained progress in improving delivery against the national ARP standards. Significant progress has been made in re-profiling the fleet, improving call pick up in the EOCs, use of the Manchester Triage tool to support both hear & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards, critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced however due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21. To support the service to both maintain and continue to improve performance, the contract settlement from commissioners for 2019/20 provided the necessary funding to support additional response staffing and resources, including where required the use of VAS and overtime to provide interim additional capacity, prior to full implementation of the roster review.</p>								
When is performance expected to recover:								
The 2019/20 contract agreement with NWAS 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.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Tim Quinlan			Sharon Forrester			

3.4 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Indicator	Apr-19	May-19	Jun-19		
		(a) 30-60 mins	231	138	104		
		(b) 60+ mins	69	18	28		
Performance Overview/Issues:							
Southport & Ormskirk reported an improvement in ambulance handover times in June 2019. Handovers between 30 and 60 minutes decreased from 138 to 104. However those over 60 minutes increased from 18 to 28.							
Actions to Address/Assurances:							
Trust Actions Whilst ambulance handovers within 15 minutes remain a challenge, there was a significant improvement compared to June 2018. June was a challenging month with high attendances, particularly majors category, which impacted on flow across the department. NWAS Management team attended the site on 2 July 2019 to review handover processes, however attendances were lower than expected, so the exercise is to be repeated. Considerable efforts remain ongoing to keep handovers completed over 30 minutes to an absolute minimum.							
When is performance expected to recover:							
As identified above, work is ongoing between the provider and NWAS to keep handovers over 30 minutes to a minimum.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Tim Quinlan		Sharon Forrester			

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Southport & Ormskirk: Stroke & TIA		Previous 3 months and latest				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Mar-19	Apr-19	May-19	Jun-19		
		a) 42.90%	65.70%	64.90%	52.90%		
		b) -	8.70%	25%	27.30%		
		Stroke Plan: 80% TIA Plan: 60% There have been issues with the reporting of TIA					
Performance Overview/Issues:							
Southport & Ormskirk's performance for stroke continues to report under the 80% target, with 52.9% in June; just 9 out of 17 patients spent at least 90% of their time on a stroke unit. In relation to the TIAs the Trust has begun to report again for 2019/20, with a performance of 27.3% in June. Out of 22 patients just 6 achieved the target.							
Actions to Address/Assurances:							
<u>Stroke - Trust Actions</u>							
1. Clinical and Operational Teams have enhanced focus in ensuring Stroke Beds (2) protected at all times to ensure a timely transfer from AED and patients not admitted to outlier ward to await ASU bed - monitored with daily breach report by Stroke Nurses and bed/site meetings, which take place 3 x day. If protected Stroke Bed required to be used by non-Stroke patient agreement required by 1st on-call. 2. Non-stroke patients admitted to ASU should be patients with an expected short inpatient stay and non-infective patients - to ensure patient flow maintained on ASU 3. Patients appropriate for transfer to Rehab Ward (Stroke and non-stroke) identified daily on board round and bed manager updated - to improve patient flow on ASU 4. Non-stroke outliers on ASU, fit to be transferred to appropriate Medical/Surgical ward identified daily on ASU and bed manager updated - to improve patient flow on ASU 5. Recruitment underway for ESD service for Sefton patients and aiming to commence a 5/7 service by mid-August - to improve patient flow on ASU 6. Substantive Stroke Consultant returned to full-time working and long-term Locum Stroke Consultant in post							
<u>TIA</u>							
Work has been continuing on improving data collection and processing. The Trust has informed that they've made further improvements to the way they separate out Follow Up activity. This has been included within a set of identified fragile services and the CCG is working with the Trust around an interim solution.							
When is performance expected to recover:							
Quarter 2 2019/20							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Tim Quinlan		Sharon Forrester			



3.5.2 Mixed Sex Accommodation

Indicator		Performance Summary				Potential organisational or patient risk factors	
Mixed Sex Accommodation (MSA)		Previous 3 months and latest					
RED	TREND	Mar-19	Apr-19	May-19	Jun-19		
		CCG	15	14	13		4
		S&O	37	32	37		14
		Plan: Zero					
Performance Overview/Issues:							
The CCG has reported a total of 4 breaches in June and has therefore breached the zero tolerance threshold. All 4 breaches were at Southport & Ormskirk NHS Trust.							
In June the Trust had 14 mixed sex accommodation breaches and has therefore breached the zero tolerance threshold. Of the 14 breaches, 4 were for Southport & Formby CCG, 7 for West Lancashire CCG and 3 for Wigan Borough CCG.							
Actions to Address/Assurances:							
Southport & Ormskirk Trust has seen significant improvement in month likely to be due to the reduction of patients fit to step down from critical care. All delays are datixed by critical care. There is a review of all patients for stepdown from critical care at all bed meetings and the plan is dependant on the overall Trust position. The Critical Care Manager now attends the 13:30 bed meeting daily.							
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. Sustained recovery not expected within the year.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Debbie Fagan		Brendan Prescott		Brendan Prescott			



3.5.3 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: MRSA		Latest and previous 3 months (cumulative position)				Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	
RED	TREND	Mar-19	Apr-19	May-19	Jun-19		
		CCG	2	1	1		1
		Trust	0	0	0		0
		Plan: Zero					
Performance Overview/Issues:							
The CCG had one case of MSRA in April 2019 and has therefore breached the zero tolerance threshold for 2019/20.							
Actions to Address/Assurances:							
No further cases of MRSA bacteraemia							
When is performance expected to recover:							
Quality:							
Final report through the quality schedule with the IPC rep to attend and report to CQPG annually							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.5.4 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: C Difficile		Latest and previous 3 months (cumulative position)					
RED	TREND		Mar-19	Apr-19	May-19		Jun-19
		CCG	28	2	4		8
		Trust	12	4	6		10
		CCG YTD Threshold: 7 (30 year-end) Trust YTD Threshold: 6 (16 year-end)					
Performance Overview/Issues:							
The CCG has reported above the year to date threshold of 7 in June 2019, with a total of 8 cases of C.Difficile. Southport & Ormskirk Trust has also breached the YTD target of 6, with a cumulative position of 10 at month 3. In month 3, a total of 4 cases were reported by the Trust; 1 community onset and 3 hospital onset.							
Actions to Address/Assurances:							
Trust Comments In June the Trust had 3 hospital onset cases. One case on ward 14B where patient had 1 Bristol stool type 6 stool followed the next day by a type 4 stool. 2 cases on ward 7A; 1st patient Tx'd for urosepsis and also constipation and therefore had aperients. Minor diarrhoea symptoms, however sample obtained and tested C diff pos. 2nd case on 7A was in the same bay as the 1st and had risk factors for C diff (Tx'd with Abx for biliary sepsis, also had CA bowel and on long term PPI).							
When is performance expected to recover:							
Quality: Final report through the quality schedule with the Infection Prevention Control (IPC) rep to attend and report to CQPG annually							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.5.5 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				Right Care Peer Group	Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: E Coli		Latest and previous 3 months (cumulative position)						
RED	TREND		Mar-19	Apr-19	May-19			Jun-19
		CCG	142	14	25			39
		Trust	228	22	40			66
		Plan: 109 Year-End for the CCG No Trust plan						
Performance Overview/Issues:								
NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20. NHS Southport & Formby CCG's year-end target is 109 the same as last year when the CCG failed reporting 142 cases. In June there were 14 new cases against a plan of 9, bringing the year to date figure to 39 against a YTD target of 27. Southport & Ormskirk Trust reported 26 new cases in June but zero acquired through the hospital (66 YTD). There are no targets set for Trusts at present.								
Actions to Address/Assurances:								
Gram-negative Blood Stream Infection Steering group (GNBSI) doing collaborative work with further work with Public Health England around E.coli who have asked the sustainability and transformation partnership (STP) for nominated responsible officer to implement, oversee and deliver a system wide Antimicrobial Resistance (AMR) strategy. A Single Issue Quality Surveillance Group (SIQSG) is also taking place on the 3rd September with CCG and AMR leads invited. At the next GNBSI meeting further discussion on the potential to visit Leeds CCG as they have brought the numbers of those with E.coli down.								
When is performance expected to recover:								
Quality: North Mersey Gram Negative have oversight and progress against action plan will be reported through to Joint Quality Performance Committee								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Brendan Prescott		Doug Callow		Jennifer Piet				

3.5.6 Hospital Mortality

Figure 10 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	February 2019	100	101.5	↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	111.10	↓

The steady improvement towards target continues for another month, with another significant reduction to 101.5 in February. This is again the lowest recorded in recent history. This figure is expected to improve in line with the monthly HSMR as the figures average out over time. This is being driven by improved flow (as HSMR includes in-hospital death only) and improved recognition of comorbidity. The key to this metric is the rate of change as opposed to the absolute value. Whilst the target on the graph is 100, performance is assessed more on confidence limits of 99.8% rather than an absolute value. Trust performance has consistently compared favourably with our peers, hence the 'green' status, as monthly HSMR continue to improve.

Continued gradual improvement again for SHMI as Trust predicted. As the SHMI is released quarterly, the narrative for this aspect is similar to the previous month. The general trend is one of improvement. The drivers for this are improvements to patient flow and improved depth of coding of comorbidity (accurate representation of the health of the population treated). The persistently lower than average crude death rate in this context also suggests either an improvement in care or earlier discharge with death occurring in the community, or both. As SHMI includes deaths within 30 days of discharge this aspect should be controlled for in subsequent releases.

Whilst the target is 100, performance is assessed more on confidence limits of 99.8% rather than an absolute value. Trust performance has consistently compared favourably with our peers, hence the 'green' status, as performance continues to improve.

3.6 CCG Serious Incident Management

CCG SI Improvement Action Plan 2019/10

The Quality Team have developed a CCG SI Improvement Plan for 2019/20 to further enhance the SI process and obtain the necessary assurances from our Providers. This was presented at Joint Quality and Performance Committee in July 2019 and will continue to be monitored on a monthly basis. The plan includes the following key areas of improvement:

- Enhance the current CCG systems and processes to ensure appropriate assurances are gained from providers following the reporting and investigation of serious incidents
- Utilise Datix module to capture trends and themes following CCG assurance review of SI RCAs.
- Establish effective methods for capturing and distributing lessons learnt following SI investigations.
- Ensure all SIRG panel members and other appropriate CCG staff undertake RCA training.
- Enhance current CCG systems and processes to ensure provider compliance is maintained in relation to reporting an SI within the 48 hour timescale.
- Revise the current Terms of Reference for the CCGs Serious Incident Review Group (SIRG), to ensure appropriate quoracy is maintained and supported.

There are 53 incidents open on StEIS (an increase from 50 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 11 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients

Trust	SIs Reported (M3)	SIs Reported (YTD)	Closed SIs (M3)	Closed SIs (YTD)	Open SIs (M3)	SIs Open >100 Days
Southport and Ormskirk Hospital NHS Trust	5	14	5	20	30	11
Lancashire Care NHS Foundation Trust	3	5	0	1	8	1
NHS Southport & Formby CCG	0	1	0	0	2	1
Mersey Care NHS Foundation Trust (Mental Health)	0	5	2	5	7	1
Aintree University Hospital NHS Foundation Trust	0	0	0	0	1	0
The Walton Centre NHS Foundation Trust	0	0	0	0	2	2
Cheshire and Wirral Partnership NHS Foundation Trust	0	0	0	0	1	1
Bridgewater Community Trust	0	0	0	0	1	0
North West Ambulance Service NHS Foundation Trust	0	0	0	0	1	1
Total	8	25	7	26	53	18

There are 11 SIs open > 100 days for Southport and Ormskirk Hospital (S&O), down from 12 SIs open >100 days for Month 1. The following applies at the time of writing this report:

- 4 have been reviewed and are now closed
- 2 have been reviewed and closure agreed at Southport and Formby SIRG, however awaiting confirmation of closure from patients CCG.
- 1 has been reviewed and closure agreed at Southport and Formby SIRG, however awaiting confirmation of closure from CCG Safeguarding Team
- 3 RCA has been reviewed at SIRG in August 2019 and further assurances were requested.
- 1 has been granted an extension due to the involvement of multi-agencies.

The open SI open > 100 days for Southport and Formby CCG, is being completed in collaboration with the CCG and will be submitted by 31 August 2019.

For the remaining 6 SIs open > 100 days the following applies:

- Lancashire Care NHS Foundation Trust – This is a legacy SI that transitioned over from Southport and Formby Community Services. It remains open until the assurance has been provided in relation to the overarching pressure ulcer action plan.
- Mersey Care NHS Foundation Trust (Mental Health) – This SI was reviewed at SIRG in June 2019 and closed. Currently awaiting confirmation of closure from Liverpool CCG.
- The Walton Centre NHS Foundation Trust – The CCG are awaiting confirmation of closure from NHSE Specialised Commissioning for both ongoing SIs.
- North West Ambulance Service NHS Foundation Trust – The CCG are awaiting confirmation of closure from Blackpool CCG.
- Cheshire Wirral Partnership NHS Foundation Trust – The CCG are awaiting information from another provider before closure can be actioned.

Figure 12 - 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 60-70 days	RCA not received
S&O	14	0	13	*1	14	2	0	0	5	7

*This SI was downgraded therefore the 72 hour report was not required.

The Provider is still subject to a Contract Performance Notice which is being managed by the CCG. Although compliance against the 60 day timescale remains a concern, the CCG note the continual improvements made by the trust, in relation to submitting reports closer to the 60 day deadline and 100% compliance with the 48 hour timescales and 72 hour report submissions. Concerns in relation to the 60 day compliance are being escalated via Provider SI assurance meetings and CCQRM.

Figure 13 - 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	3	2	3	2	-	1	0	0	0	1

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 or SIs are reported outside of the 48 hour timescale. This will form part of the CCG SI Improvement plan for 2019/20.

The CCG Quality Team has also reviewed the providers Pressure Ulcer Improvement Plan and have requested some further information in order to obtain the necessary assurances. This will be monitored on a monthly basis via the SIRG panel and feedback provided via the Joint Quality and Performance Committee.



3.7 CCG 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.

Total delayed transfers of care (DTC) reported in June 2019 was 181, an increase compared to June 2018 with 169. Delays due to NHS have remained static at 100%, with those due to social care remaining at 0%. The majority of delay reasons in June 2019 were due to patient family choice and Nursing Home. See appendices for more information.

Further guidance has been provided regarding appropriate recording of DTCs at the DTC masterclass. The CCG have met with the local authority to agree a process regarding verification of health vs Social attributable DTC which should result in an adjustment to performance going forward for Southport and Formby CCG. Previously the LA has been offering an alternative placement when a package of care has not been identified and on refusal this has been recorded as a family choice delay which is health attributable. The guidance has now confirmed that this delay should be LA attributable and recorded as such. Work is ongoing between the LA, CCG and Acute provider to refine and embed the correct recording of DTCs.

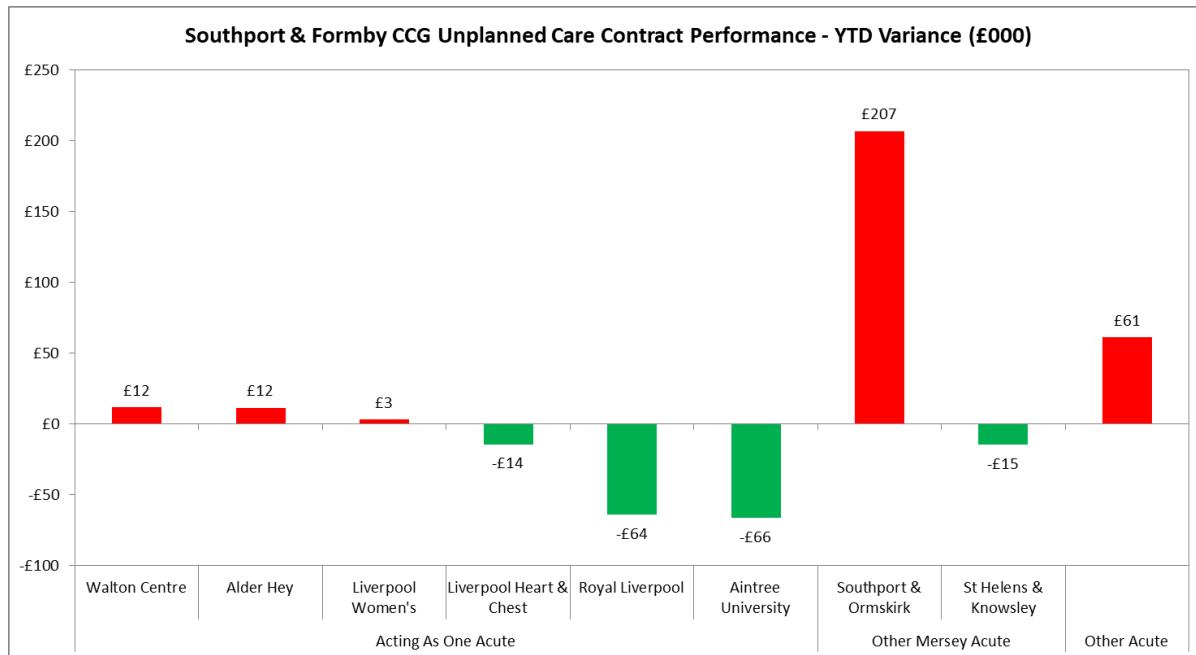
3.8 Patient Experience of Unplanned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family Test Results: A&E		Previous 3 months and latest					
RED	TREND	Mar-19	Apr-19	May-19	Jun-19		
		RR	1.0%	0.9%	1.50%		3%
		% Rec	90.0%	76.0%	92%		93%
		% Not Rec	7.0%	16.0%	5%		6%
		June 2019 England Averages Response Rates: 12.2% % Recommended: 86% % Not Recommended: 9%					
Performance Overview/Issues:							
Southport & Ormskirk Trust has reported a response rate for A&E of 3% in June 2019. This is significantly below the England average of 12.2%. The percentage of patients who would recommend the service increased to 93% above the England average of 86% and the percentage who would not recommend increased to 6% but remains below the England average of 9%.							
Actions to Address/Assurances:							
On an annual basis the provider will submit a report to the CCG and present at the CQPG the outcome of their aggregated review of patient and carer experience. As a minimum this will include the following: the outcomes of the FFT responses and actions planned/taken as a result of these, how the provider listens to patients and carers and respond to their feedback, how the provider provides a safe environment for patients, how the provider meets the physical and comfort needs of patients, how the provider supports carers, how the provider recognises patients and carers individuality and involves them in decisions about their care, how the provider communicates effectively patients throughout their journey, how the provider used E&D data to drive patient and carer experience and service improvement.							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2019/20.							
Quality:							
See actions.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		N/A		Jennifer Piet			

3.9 Unplanned Care Activity & Finance, All Providers

3.9.1 All Providers

Figure 14 - Month 3 Unplanned Care – All Providers



Performance at month 3 of financial year 2019/20, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £135k/1.2%. Applying a cost neutral variance for those Trusts in the Acting as One block contract arrangement results in an increased over performance of approximately £253k/2.3%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £207k/2% against plan at month 3.

NB. There is no financial impact to Southport & Formby CCG for contract performance at any Providers within the Acting as One block contract arrangement. Acting as One Providers are identified in the above chart.

3.9.2 Southport & Ormskirk Hospital NHS Trust

Figure 15 - Month 3 Unplanned Care – Southport & Ormskirk Hospital NHS Trust.

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	10,057	10,669	612	6%	£1,675	£1,721	£46	3%
NEL - Non Elective	3,469	3,225	-244	-7%	£6,807	£7,293	£486	7%
NELNE - Non Elective Non-Emergency	157	77	-80	-51%	£182	£76	-£105	-58%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	2	0	-2	-100%	£1	£0	-£1	-100%
NELST - Non Elective Short Stay	847	744	-103	-12%	£590	£533	-£57	-10%
NELXBD - Non Elective Excess Bed Day	1,546	917	-629	-41%	£396	£234	-£162	-41%
Grand Total	16,079	15,632	-447	-3%	£9,651	£9,858	£207	2%

*PbR only

Year to date A&E attendances are currently 6% above plan for Southport & Formby CCG at Southport & Ormskirk Hospital. However, non-elective admissions account for the majority of the over performance reported. This is despite a trend of decreasing admissions in recent months with the non-elective point of delivery currently showing a reduction of -244/-7% against planned activity. Analysis suggests a potential change in the case mix of patients presenting as a number of high cost HRG tariffs have seen an increase in numbers reported in early 2019/20. This includes admissions related to Sepsis, Heart Failure, Pneumonia and Stroke.

NB. 2019/20 plans have been rebased to take into account the increased admission rates as a result of the introduction of a CDU/ACU at the Trust.

4. Mental Health

4.1 Mersey Care NHS Trust Contract (Adult)

4.1.1 Mental Health Contract Quality Overview

Transformation Update

Commissioners and the Trust have agreed a reporting format that ensures that the quality contract schedule KPIs are reflected in the Trust's board reports. Performance which is dependent on the Trust's RiO system will be expected to be fully reported from Quarter 2 with performance backdated, however commissioners are expecting some improvements to take place in Quarter 1.



Any KPI that is rag rated Red the Trust will be submitting a narrative to how they expect to improve performance with a clear trajectory for expected time they will achieve the KPI.

The Commissioners at the next CQPG in August 2019 are seeking assurance that RiO will be fully able to capture data and KPIs. Communication and Eating Disorder KPIs will also be subject to further scrutiny at the August CQPG and contract performance notice(s) cannot be ruled out at this stage as a contractual lever to improve performance.



Safeguarding

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



4.1.2 Eating Disorder Service Waiting Times

Indicator		Performance Summary				Right Care Peer Group	Potential organisational or patient risk factors
Eating Disorder Service Treatment commencing within 18 weeks of referrals		Previous 3 months and latest					
RED	TREND	Mar-19	Apr-19	May-19	Latest		
		11.8%	26.7%	18.8%	31.3%		
		Plan: 95%					
Performance Overview/Issues:							
Out of a potential 16 Service Users, 5 started treatment within the 18 week target. Issues contributing to this poor performance are the high number of referrals to the service (123 waiting for treatment in June 2019) and there is also a vacant post that the provider is planning on recruiting for; in the meantime the possibility of internal or bank staff carrying out additional duties is being explored. In addition to this, two part time staff will be returning from maternity leave which will increase the therapy capacity. Staff are being offered overtime to increase capacity in the meantime.							
Actions to Address/Assurances:							
Demand for the service continues to increase and to exceed capacity. Commissioners have asked for the trust to present an action plan as part of a Deep Dive at August CQPG to include service transformation/ eligibility/primary care/capacity& modelling and managing risk of long waiters. The Trust is developing a business case for commissioners to consider for funding by October 2019. Any additional investment would be made in 2020/21 subject to approval.							
The provider has also developed a psychological skill/psycho- education group consisting of 4 two hour sessions a week. The first cohort of clients have completed this programme and the intervention is being evaluated; the intention being to deliver 4 to 5 groups in the coming months to assess how effective it is.							
When is performance expected to recover:							
Performance is linked to current service capacity which mitigates against significant recovery. The Deep Dive at August CQPG will better inform commissioner as to when performance is expected to recover.							
Quality:							
Linked to the above comments re: August CQPG Deep Dive.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		



4.1.3 Patients at Risk of Falling to have Care Plans in Place

Indicator		Performance Summary				Right Care Peer Group	Potential organisational or patient risk factors
Of the patients identified as at risk of falling to have a care plan in place		Previous 3 quarters and latest					
RED	TREND	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20		
		57.1%	91.7%	58.3%	92.3%		
		Plan: 98%					
Performance Overview/Issues:							
The Trust reported performance below the 98% target in quarter 1, with 92.3% of patients at risk of falling having a care plan. This was an improvement on Quarter 4 when 58.3% of patients had a care plan in place							
Actions to Address/Assurances:							
Ward staff have been emailed and reminded to ensure that all patients identifying as a falls risk have an appropriate care plan in place. Modern Matrons are working with staff to ensure that care plans are now in place for those who require one.							
When is performance expected to recover:							
From Q2 The Trust will submit a narrative to how they expect to improve performance with a clear trajectory for expected time they will achieve the KPIs.							
Quality:							
Narrative will include an impact of not achieving a KPI has on quality of care for the patient.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		



4.1.4 Learning Disability Health Checks

Indicator		Performance Summary				Potential organisational or patient risk factors
Learning Disabilities Health Checks		Previous 3 quarters and latest				<p>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.</p>
RED	TREND	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	
		9.1%	5.7%	13.2%	27.2%	
		Plan: 18.7% 2018/19				
Performance Overview/Issues:						
<p>People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2018/19 (target is 472 for the year). Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly. Therefore the information has been manually adjusted to include registered patients provided directly from GP practices. This has resulted in more realistic figures for quarter 4 and these amendments have also been done retrospectively. In quarter 4 the total performance for the CCG was 27.2%, above the planned 18.7%. 667 patients are registered compared to the plan of 754, with 184 being checked against a plan of 126. On average for 2018/19, 54% of patients had a physical health check.</p>						
Actions to Address/Assurances:						
<p>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. To review reporting to mitigate data quality issues.</p>						
When is performance expected to recover:						
Quarter 2 2019/20						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

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



Indicator		Performance Summary				Potential organisational or patient risk factors
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check		Previous 3 quarters and latest				Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Q1	Q2	Q3	Latest	
		14.7%	18.7%	25.7%	26.4%	
		Plan: 50% - Quarter 1 2019/20 reported 26.4% and failed				
Performance Overview/Issues:						
<p>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.</p> <p>To support this objective CCGs 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 2019/20. 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.</p> <p>Despite failing to achieve the 50% target in quarter 1 2019/20 with just 26.4%, the expectation is that performance will increase over the remaining 3 quarters. The percentage of people on the SMI register who had a comprehensive physical health check has increased quarter on quarter since this information was first reported in quarter 2. Of the 1,522 of people on the GP SMI register in Southport & Formby CCG 379 received a comprehensive health check.</p>						
Actions to Address/Assurances:						
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 have been developed, however the initial version is being refreshed in Q2 (meeting on 14/08/2019) so as to be more user friendly.						
When is performance expected to recover:						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

4.1.6 Patient Experience of Mental Health Services



Indicator		Performance Summary				Potential organisational or patient risk factors	
Mersey Care Friends and Family Test Results: Mental Health		Previous 3 months and latest					
RED	TREND	Mar-19	Apr-19	May-19	Jun-19		
		RR	3.2%	3.5%	3.7%		3.2%
		% Rec	91%	93%	89%		88%
		% Not Rec	2%	2%	2%		2%
June 2019 England Averages Response Rates: 3.4% % Recommended: 90% % Not Recommended: 3%							
Performance Overview/Issues:							
Mersey Care have reported a decline in the percentage patients responding to friends and family test surveys in June with 3.2%, falling below the England average. The percentage of patients who would recommend the service has also fallen to 88%, below the England average of 90%. However the percentage who would not recommend the service remained static at 2%.							
Actions to Address/Assurances:							
On an annual basis the provider will submit a report to the CCG and present at the CQPG the outcome of their aggregated review of patient and carer experience. As a minimum this will include the following: the outcomes of the FFT responses and actions planned/taken as a result of these, how the provider listens to patients and carers and respond to their feedback, how the provider provides a safe environment for patients, how the provider meets the physical and comfort needs of patients, how the provider supports carers, how the provider recognises patients and carers individuality and involves them in decisions about their care, how the provider communicates effectively patients throughout their journey, how the provider used E&D data to drive patient and carer experience and service improvement							
When is performance expected to recover:							
Quality:							
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.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		N/A		Jennifer Piet			

4.2 Cheshire & Wirral Partnership (Adult)

4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Previous 3 months and latest				Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Mar-19	Apr-19	May-19	Latest	
		1.27%	1.06%	1.11%	0.90%	
		Access Plan: 1.59%				
Performance Overview/Issues:						
<p>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) target for 2019/20 is to achieve 19% (4.75% per quarter). The monthly target for M3 19/20 is therefore approximately 1.59%. Month 3 performance was 0.90% and failing to achieve the target standard. Achieving the access KPI has been an ongoing issue for the provider but it should be acknowledged that other organisations in Sefton provide non IAPT interventions which people may take up as an alternative to IAPT. Waiting times from referral continue to be within national timescales.</p>						
Actions to Address/Assurances:						
<p>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. The service has undertaken marketing exercises aimed at targeted groups(e.g. Colleges) to encourage uptake of the service. 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. Fortnightly teleconference is taking place monitor performance.</p>						
When is performance expected to recover:						
The above actions will continue with an ambition to improve performance during 2019/20.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Previous 3 months and latest				Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Mar-19	Apr-19	May-19	Latest	
		56.2%	56.3%	48.9%	46.3%	
		Recovery Plan: 50%				
Performance Overview/Issues:						
The percentage of people moved to recovery was 46.3% in Month 3 2019/20 and did not achieve the target. The increase in group work as opposed to one on one interaction has resulted in some people dropping out throughout the treatment which has had a detrimental effect on Recovery performance.						
Actions to Address/Assurances:						
Recovery – The newly appointed clinical lead for the service will be reviewing non- recovered cases and work with practitioners to improve recovery rates. Bi-monthly teleconferences/meetings have been set up with the provider to understand the progress around the recovery rate.						
When is performance expected to recover:						
The above actions will continue with an ambition to improve performance during 2019/20.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

5. Community Health

5.1 Adult Community Services (Lancashire Care)



The Trust has undertaken transformation work which has resulted in a change to the way in which activity is recorded for Therapies, CERT, Community Matrons and Chronic Care. The Trust is now operating a single point of contact for these services under the umbrella of 'ICRAS'. The Trust has reconfigured EMIS in line with this, resulting in a visible shift of activity into the 'ICRAS' pathway. A new ICRAS service specification is being developed collaboratively with the Trust which includes new key performance indicators and activity reporting requirements.

5.1.1 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.

5.1.2 Podiatry Long Waiters



Indicator		Performance Summary				Potential organisational or patient risk factors
Lancashire Care Adult Community Services: Podiatry		Previous 3 months and latest				
AMBER	TREND	RTT Long Waiters 19 to 24 weeks				
		Mar-19	Apr-19	May-19	Jun-19	
		44	24	27	59	
Performance Overview/Issues:						
<p>In June the Trust reported 59 long waiters on an RTT incomplete pathway waiting between 19 and 24 weeks for treatment in Podiatry. The Trust advised that 8 of these were patient choice, 1 data quality issue, 48 due to service capacity (9 with future appointments). The longest wait was 20 weeks. All patients over 19 weeks have been reviewed and have future appointments booked.</p> <p>Lancashire Care has informed the CCG of the following issues contributing to the rising number of long waiters:</p> <ul style="list-style-type: none"> - Administrative error has contributed to breaches - back log of referrals not logged for 4 months - need to move to Single Point of Contact due to risk of continuing to manage in the hub. - Hotspot is general pathway. 						
Actions to Address/Assurances:						
<p>This performance is discussed and monitored at monthly contract and quality review meetings and information sub group meetings. The Trust has advised that a task and finish group is established to review data quality and the patient pathway. A weekly report is presented to the Trust's internal senior management team and shared with the CCG on a monthly basis. The following actions have been reported:</p> <ul style="list-style-type: none"> - Rapid assessment clinic employed - Network transformation lead progressing podiatry capacity and demand work and job planning. - Service manager authority required to cancel any new assessment clinics - Service to review capacity for domiciliary and maximise efficiencies and skill mix - Business admin manager and team leader to review processes in south admin hub - Reviewing all patients in 17-18 week bracket and ensuring appointments are booked - Undertaking follow up caseload cleanse to review non-attenders. <p>The Trust has been recruiting into the team and has appointed a total 3 WTE band 5's, 0.55 WTE band 6 and a band 3. The service has two band 6 vacancies (1 WTE and 0.6 WTE) which are being recruited to. The Trust is utilising 0.6 WTE agency staff.</p>						
When is performance expected to recover:						
Quality:						
All patients are triaged before their appointment.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Rob Caudwell		Sharon Forrester		

5.2 Any Qualified Provider – Audiology



Merseyside AQP audiology contracts expired on the 30th September 2018. 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. Children's Services

6.1.1 Waiting times for Routine Referrals to Children and Young People's Eating Disorder Services

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters				
RED	TREND	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	
		84.0%	85.2%	84.0%	95.24%	
Plan: 100%						
Performance Overview/Issues:						
In quarter 1 the Trust reported under the 100% plan, out of 21 routine referrals to children and young people's eating disorder service, 20 were seen within 4 weeks recording 95.24% against the 100% target. The patient who breached waited between 4 and 12 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.						
Actions to Address/Assurances:						
Work is being undertaken by the Provider to reduce the number of DNAs. The Service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. 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 - not approved yet, further discussions required to establish national uplifts included in CCG baseline.						
When is performance expected to recover:						
Improvement is dependent upon extra capacity, discussions ongoing (re: National uplift in CCG baseline).						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

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

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters				
RED	TREND	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	
		66.7%	66.7%	50.0%	75%	
Plan: 100%						
Performance Overview/Issues:						
In quarter 1, the CCG had 4 patients under the urgent referral category, 3 of which met the target bringing the total performance to 75% against the 100% target. The patient 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.						
Actions to Address/Assurances:						
Work is being under taken by the Provider to reduce the number of DNAs. The Service works with small numbers and a single case can create a breach for this KPI, which is understood nationally. 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 - not approved yet, further discussions required to establish national uplifts included in CCG baseline.						
When is performance expected to recover:						
Improvement is dependent upon extra capacity, discussions ongoing (re: National uplift in CCG baseline).						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		

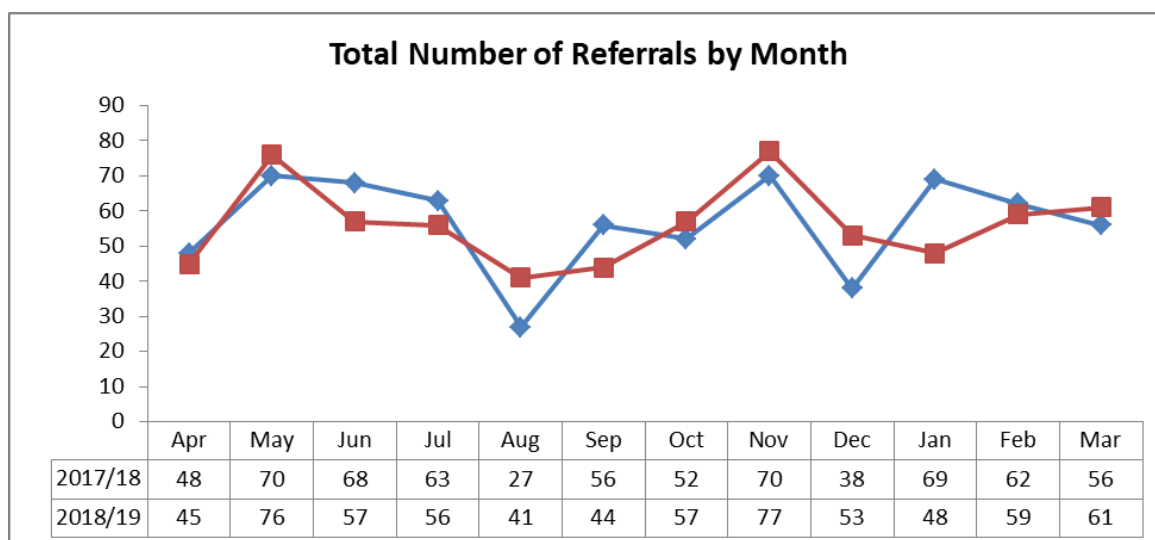
6.2 Child and Adolescent Mental Health Services (CAMHS)

The Trust is undertaking validation work on the data for 2019/20. Therefore, quarter 4 2018/19 remains the most up to date information the CCG has received from the Trust.

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 16 – 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 17 – 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%
Total	40	100%

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 18 – 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%	
Total	40	100%	

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

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

6.3 Alder Hey Children's Mental Health Services

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



Indicator		Performance Summary				Potential organisational or patient risk factors	
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Latest and previous 3 quarters					
RED	TREND	Q1	Q2	Q3	Latest		
		18.5%	6.6%	6.8%	6.1%		
		Access Plan: 32% 2018/19 performance was 38.1% and achieved.					
Performance Overview/Issues:							
The CCG reported a performance of 6.1% in quarter 4, a decline on quarter 3 when 6.8% was reported, compared to a monthly target of 8%. The target for 2018/19 is 32%. The year end Access rate was 38.1% and therefore achieved the annual target of 32%.							
Actions to Address/Assurances:							
Additional activity has been commissioned and mainstreamed from the VCF in 19/20 which is South Sefton targeted. Figures for 18/19 are big improvement from previous years.							
When is performance expected to recover:							
Additional activity to be implemented for 19/20. Online counselling for Sefton is being jointly commissioned and will come online in 19/20. AHCH has submitted business cases to increase CYP Eating Disorder activity and Crisis/Out of Hours support during 19/20. These will make notable improvements to access rates in South Sefton.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Hilal Mulla		Peter Wong			

6.4 Children's Community Services (Alder Hey)



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 appendices for further details.



6.4.2 Paediatric SALT

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Latest and previous 3 months					Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required.
RED	TREND	Incomplete Pathways (92nd Percentile)				<=18 weeks: Green > 18 weeks: Red	
		Mar-19	Apr-19	May-19	Jun-19		
		45 wks	45 wks	43 wks	37 wks		
		Average waiting times <= 18 weeks					
Performance Overview/Issues:							
<p>In June the Trust reported a 92nd percentile of 37 weeks for Sefton patients waiting on an incomplete pathway. This is an improvement on May when 43 weeks was reported. In June the longest waiting patient was 1 patients waiting at 58 weeks. Performance has steadily declined over the past two financial years, with referrals remaining static.</p> <p>At the end of June there were 28 children with an appointment and 6 children without an appointment who have waited over 40 weeks. Out of those without an appointment, 2 had appointments in June but had cancelled and have an appointment in July, 2 have been sent letters out but not yet responded and 2 have out of date information on the spine which we are investigating with GP/referrer.</p>							
Actions to Address/Assurances:							
<p>Sefton SALT waiting times have been raised and discussed at contract review meetings. Alder Hey has developed a formal recovery plan to bring average waiting times to 18 weeks by 28th February 2020. As part of this the CCGs have provided additional funding. Discussions are on-going at a senior and also operational level on the reporting, including narrative on long waiters. A wider piece of work with Alder Hey and the CCG is taking place to review and improve current data flows across all community and mental health services.</p> <p>June 2019: Business case approved for some non-recurrent and recurrent therapists.</p> <p>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/ Mersey Care reported the waiting time information.</p> <p>The CCG are working with provider to develop an improvement trajectory from Q2 onwards.</p>							
When is performance expected to recover:							
Following investment, target is for reduction to 18 weeks by February 2020 and sustained thereafter.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Peter Wong			

6.4.3 Paediatric Dietetics

Indicator		Performance Summary				Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Latest and previous 3 months				DNAs <= 8.5%: Green > 8.5% and <= 10%: Amber > 10%: Red Provider Cancellations <= 3.5%: Green > 3.5% and <= 5%: Amber > 5%: Red
RED	TREND	Outpatient Clinic DNA Rates				
		Mar-19	Apr-19	May-19	Jun-19	
		17.2%	20.0%	22.6%	14.5%	
		Outpatient Clinic Provider Cancellations				
		Mar-19	Apr-19	May-19	Jun-19	
		0.0%	7.1%	9.7%	3.1%	
		DNA threshold <= 8.5% Provider cancellation threshold <=3.5%				
Performance Overview/Issues:						
The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In June 2019 this decreased but was still significant with a rate of 14.5%. Provider cancellations also decreased in June with 3.1%.						
Actions to Address/Assurances:						
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.						
In the contract review meeting in June it was agreed that operational issues relating to dietetics would be raised advance of the next contract meeting, so as to arrange attendance of the service or commissioning leads at the next contract review meeting.						
When is performance expected to recover:						
To be confirmed following the next contract review meeting and meeting with the leads.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Rob Caudwell		Peter Wong		

6.5 Percentage of children waiting less than 18 weeks for a wheelchair (Lancashire Care)

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children waiting less than 18 weeks for a wheelchair		Latest and previous 3 quarters				
GREEN	TREND	Waiting Times				
		Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	
		40.0%	57.1%	85.7%	100%	
		For 2019/20, 92% of children should receive equipment within 18 weeks				
Performance Overview/Issues:						
Lancashire Care has reported 16 children out of 16 receiving equipment within 18 weeks for quarter 1 2019/20, a performance of 100%, exceeding the 92% target. This is an improvement on Q4 2018/19.						
Actions to Address/Assurances:						
When is performance expected to recover:						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Rob Caudwell		Sharon Forrester		

7. Third Sector Overview

Introduction

Quarterly reports from CCG-funded Third Sector providers detailing activities and outcomes achieved have been collated and analysed. A copy of this report has been circulated amongst relevant commissioning leads. Referrals to most services have increased during Q1, Individual service user issues (and their accompanying needs) continue to increase in complexity, causing pressure on services provided.

Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people's social independence via positive health, support and well-being to prevent social isolation. During Q1 397 service users engaged with the service, 46 cases were closed and 60 new referrals received. All referred clients were assessed within 14 days of initial referral, all received plans detailing Reablement outcomes, and 112 care plan reviews took place within 6 weeks of service commencement. The majority of new cases were via self-referral or family & friends. GP referrals have increase during Q1 but still remain low. During this quarter a further 11 volunteers were recruited to the service, the number of active volunteers has now increased to 87, this is an increase of 61%.

Alzheimer's Society

The Alzheimer's Society continued to deliver Dementia Support sessions in GP practices during Q1; 9 in total (8 in the South and 1 in the North). Pre-arranged sessions are booked and run on an as-needed basis. 7 practices were actively engaged with during the period. The service plan to meet with PCN's shortly to scope further need working with practices across Sefton.

The Society received 66 new referrals; 42% of referrals during Q1 were from a mixture of memory clinics, GP's and other health providers. Referrals from health have doubled since Q4.

The Side-by-Side service presently has 20 service users matched with volunteers, 4 additional volunteers have signed up to the service during this period. A total of 210 visits were made during Q1. Dementia Community Support conducted 56 Individual Needs Assessments. The Dementia Peer Support Group ran 9 Singing for the Brain, 6 Active & Involved and 12 Reading sessions, plus 12 Memory Cafes.

Citizens Advice Sefton

Advice sessions to in-patients at Clock View Hospital, Walton continue. During Q1 34 new referrals were received. 57% were self-referrals and 43% from Mental Health Professionals on the ward. The type of advice required was mainly in regard to benefits (94%). Other types of advice included debt management and housing. Of these new referrals 76% were recorded as being permanently sick or disabled. New award or increases following a revision or intervention from the service totalled £299,478 during this period.

Crosby Housing and Reablement Team (CHART)

During Q1 the service received 46 new referrals, with half coming from Mersey Care NHS Foundation Trust. Other referral sources included Sefton Metropolitan Borough Council (MBC) Adult Social Care, housing offices and self-referrals. Case outcomes during the period included accommodating 28 service users and supporting a further 22 people to stay in their current residence. The service helped 7 people avoid hospital admission (and enabled 13 patients to be discharged). It prevented 13 people

from becoming homeless. The majority of new referrals were recorded as female (61%) with the remainder recorded as male.

Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. 67% of new referrals were received via self/carers whilst the remaining 33% were received via GP recommendation. All of Expect Limited's existing clients are in receipt of benefits with a diagnosis e.g. anxiety, depression, personality disorder, Post-Traumatic Stress Disorder etc. During Q1 there were 1,516 drop-in contacts (Monday to Friday). A total of 2,502 contacts were made to attend structured activities e.g. drama, music, comedy workshops, weekly cooking activities, summer parties and health information talks and groups.

Imagine independence

During Q1 Imagine Independence carried forward 109 existing cases. A further 93 were referred to the service via IAPT and 30 cases were closed during the period. Of the new referrals 61% were female and 39% male. All completed personal profiles and commenced job searches. A total of 12 service users attended job interviews; all managed to secure paid work for 16+ hours per week. The service supported 55 people in retaining their current employment, and liaised with employers on behalf of clients. Activities included completed job profiles (27%), employment courses attended (7%), commenced job search (27%), job interviews attended (25%), employment engagement meetings attended by service (2%) and service contact with employers (15%).

Netherton Feelgood Factory

The service provides a safe space for people with complex mental and social care needs (Upstairs @ 83 offers open access drop-in, one-to-one counselling, group interventions, welfare advice and support). Three paid staff are employed to deliver this service together with a small number of volunteers.

Monitoring information has not yet been received for Q1 reporting, this will be updated for Q2.

Parenting 2000

During Q1 the service received 15 adult and 81 child referrals. A total of 128 service users accessed counselling for the first time. Of the 271 appointments available during this period a total of 252 were booked and 203 were actually used. There were 27 cancellations whilst 22 did not attend their scheduled appointment. The top five referral sources during Q1 were GPs (27%), Self/Carer/Parent (24%), Hospital 16% (CAMHS & Alder Hey), Other VCF (9%) and Children's Centres. The referring GP surgeries were recorded as Cumberland House, Village Surgery, Family Surgery, Norwood Surgery, Ainsdale Medical Centre, Corner Surgery, St Marks MC, Chapel Lane Surgery, Grange Surgery and Elbow Lane Surgery.

Sefton Advocacy

During Q1, 215 existing cases were brought forward. A total of 138 new referrals were received and of these 23% were signposted to more appropriate support, whilst 7% comprised general enquiry /information-only queries. 71 cases were closed. During Q1 there were a total of 2,259 contacts comprising of office visits, other case contacts; medical appointments, assessments, court and tribunal attendances; home visits, research preparation work and housing bids (PPP). Case outcomes included options explained to service user, representations made, information given, client empowerment, signposting and support. During Q1 these case outputs resulted in financial outcomes worth a total of £365,407 being achieved.

Sefton Carers Centre

The number of carers supported during Q1 remained steady; there were 40 new referrals to the service along with 306 existing cases. The Carers Support Team continue to work to reduce the backlog of 50 referrals (longer than 28 days) that remain outstanding, whilst also successfully completing more than 24% above the quarterly target for Carers Needs Assessments and Reviews. In addition to the above, the Carers Centre received 176 new referrals for other types of carers along with 1,606 existing carers registered with the service. The majority of which were self-referrals (59%), followed by Sefton MBC (21%) and other health services (13%). During this period, the service provided the following support for carers; listening ear support, advocacy plans developed, assessments of needs completed, and various training courses. The service has an average of 66 volunteers helping to deliver services to carers across Sefton, during Q1 a total of 2,009 hours were worked by volunteers this equates to approximately £26k in salaries. There are 305 Young Carers registered for additional support with their school or college (in Tier 1) and 168 Young Carers registered with Sefton Carers Centre (in Tier 2).

Sefton Council for Voluntary Service

Sefton CVS provide the following services on behalf of both CCGs.

4 x Health & Wellbeing Trainers that develop 6-12 week pro-active care programme encouraging better self-care, behavioural change, increased confidence & lifestyle changes; to prevent unnecessary hospital admissions & reduce dependency hospital resources; relieve anxiety & link with preventative resources; & signpost to other health/social care services.

Health & Wellbeing Development Officer and Support Officer facilitate meetings Health & Social Care Forum, election of sector representatives to partnership /planning groups; evaluate CCG/LA funded VCFSE sector health & wellbeing performance; & support Sefton Partnership Older Citizens. Community Development Worker (BME) tackles health & social care service inequalities.

Reablement & Care For You Service Coordinator and Signposting Worker promote reablement reducing dependency statutory services; work in partnership with other healthcare providers; manage interface between social work teams, OT's, GPs, home care & residential/nursing care providers; take responsibility safeguarding; and contribute policy & development work.

Children, Young People & Family Lead (Every Child Matters) provides representation on working groups & partnerships; enabling VCFSE participation in decision-making; identify gaps and needs; develop training for & promote VCFSE groups working with children; and identify under-represented groups. Outcomes include development & extension of partnership working.

Monitoring information has not been submitted for Q1, this will be updated for Q2 reporting.

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCF partnership working. During Q1 there were 527 new referrals, 210 assessments completed and 78 are pending further action; 138 were closed due to support being refused. There are currently 406 women and 190 children in receipt of support. During the period the refuge accommodated 6 women along with 5 children for 23 weeks. Referrals came from various sources, with the top three being the police 31%, self-referrals 21% and CYPS Safeguarding Children 14%. Other sources included Adult Social Care, Children's Centres, family and friends.

Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway. During Q1 there were 79 referrals in South Sefton and 120 in Southport & Formby. The number of working age stroke survivors and carers in South Sefton accessing the service under the age of 65 years old equates to 35%. This is higher than the current national average of 25%. These service users were given post-stroke information on going back-to-work, advice around welfare benefits, financial and emotional support, and help for young families. The top 5 outcome indicators were better understanding of stroke 19% (and stroke risk 8%), feeling reassured 17%, enabled to self-manage stroke and its effects 7% and improved physical health and wellbeing 7%. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team. Group meetings held during the period included the Communication Group, Peer Support Group and Merseyside Life After Stroke Voluntary Group. During this quarter there were 74 (2 South Sefton and 72 Southport and Formby) volunteering hours to support service delivery, which equates to an added value of £966 (£33 South Sefton and £934 Southport and Formby).

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During Q1 there were 66 new referrals for counselling services, 17 to the support group and a further 4 for the outreach service.

The majority of women accessing the service self-referred but the number of GP referrals has increased significantly, this category is now the second largest referral group to the centre closely followed by Mersey Care NHS Trust.

Of the counselling sessions available during this period 72% were booked and used, 24% were cancelled by the client and 4% were recorded as DNA. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support, there were 4 referrals made to the Outreach Service (with 51 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. There were 17 new referrals received during the period with 77 attendances in total.

Macmillan Cancer Support Centre – Southport

During 2018, Macmillan Cancer support were awarded funding by Southport & Formby CCGs to deliver a service offering support and advice to people in Southport affected by cancer. A further award has been agreed to fund the centre up until 31st December 2021. An NHS Standard Contract is to be implemented shortly.



Macmillan cancer support offers advice, information and support to people affected by cancer, their carers, families and friends; signposting to local services and support groups. During 2018 the centre received 1356 contacts. Support is mainly given to service users suffering Breast, Prostate, Colorectal, lung and head and neck cancers.

During Q1 the centre received 100 new referrals; 67% were self-referrals, 12% Aintree UHT, Southport & Ormskirk Hospital NHS Trust and 9% GPs. There were 162 contacts at the centre and a further 62 active service users.

The main reasons for advice and support during the period were emotional support, benefits/welfare advice, financial support, information, carers issues, social isolation, work related issues, grants, travel and onward signposting/referrals.

8. Primary Care

8.1 Extended Access Appointment Utilisation

Indicator		Performance Summary				Potential organisational or patient risk factors
Extended Access Appointment Utilisation		Latest and previous 3 months				Extended access is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday.
GREEN	TREND	Mar-19	Apr-19	May-19	Jun-19	
		62.81%	57.46%	65%	61.96%	
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). May target 58.6%				
Performance Overview/Issues:						
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 on the 1st October 2018 and now all GP practices are offering 7 day access to all registered patients. Therefore the CCG is 100% compliant.						
In June, Southport & Formby CCG practices reported a combined utilisation rate of 61.96%, exceeding the CCG's 58.6% target for June. Total available appointments was 999, with 687 being booked (68.77%) and 68 DNA's (9.9%). This shows a slight decrease in utilisation compared to May.						
Actions to Address/Assurances:						
When is performance expected to recover:						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Jan Leonard		Kati Scholtz		Angela Price		

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 24th April achieving an overall rating of 'Good'. All the results are listed below.

Figure 19 – 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. CCG Improvement & Assessment Framework (IAF)

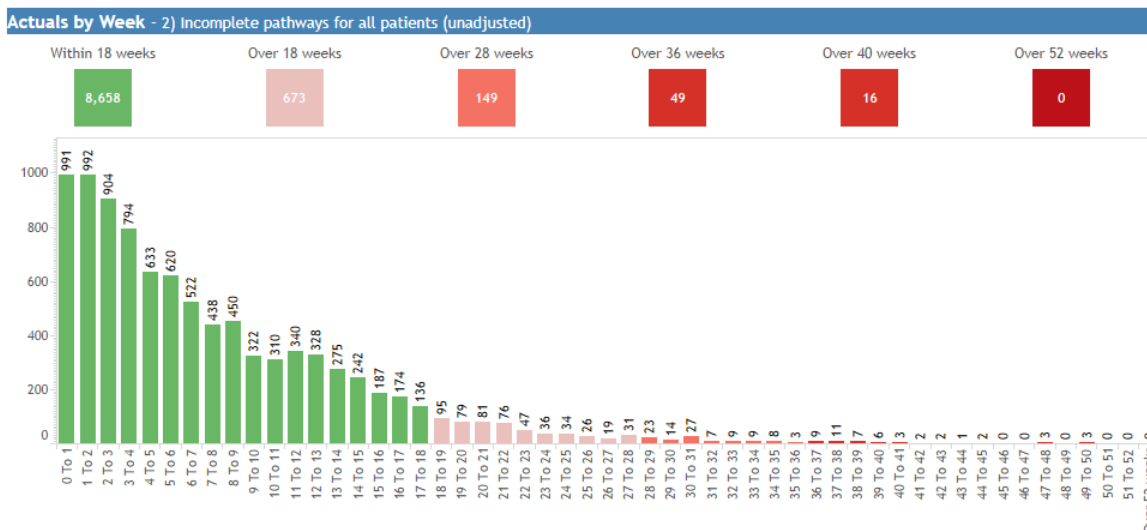
9.1 Background

The 2018/19 annual assessment has been published for all CCGs, ranking Southport & Formby CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and dementia was rated 'Outstanding'. 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.

10. Appendices

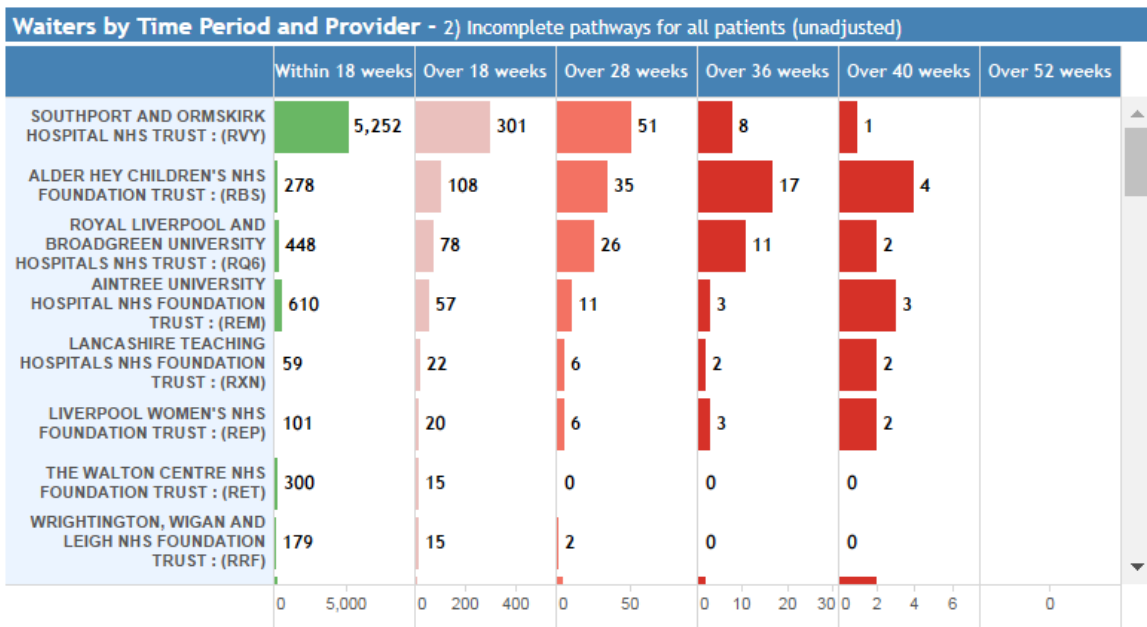
10.1.1 Incomplete Pathway Waiting Times

Figure 20 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



10.1.2 Long Waiters analysis: Top Providers

Figure 21 - Patients waiting (in bands) on incomplete pathway for the top Providers



10.1.3 Long waiters analysis: Top 2 Providers split by Specialty

Figure 22 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

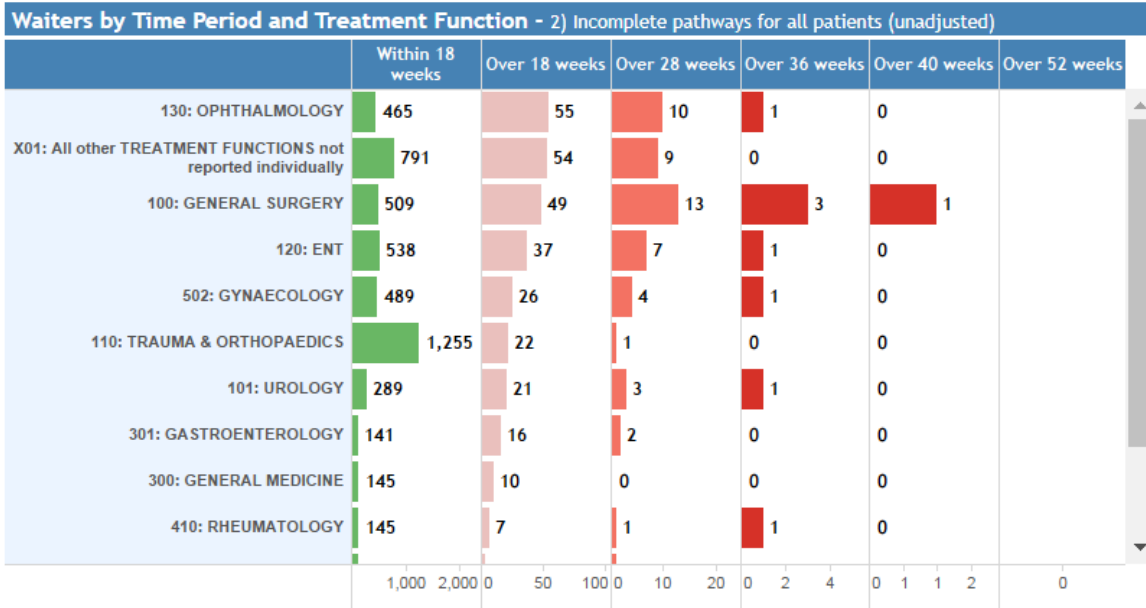
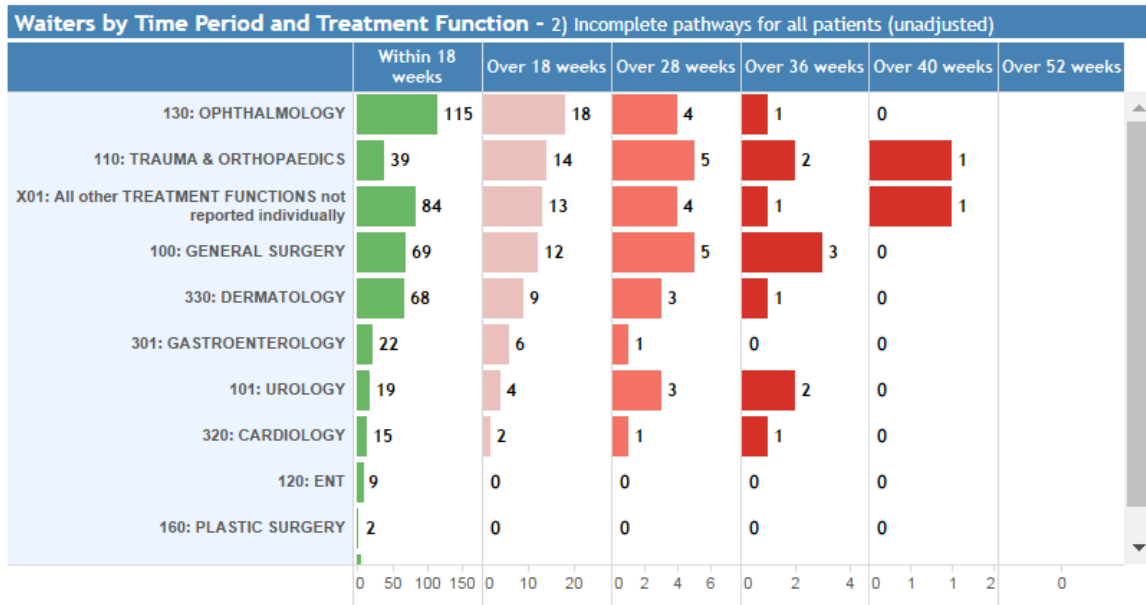
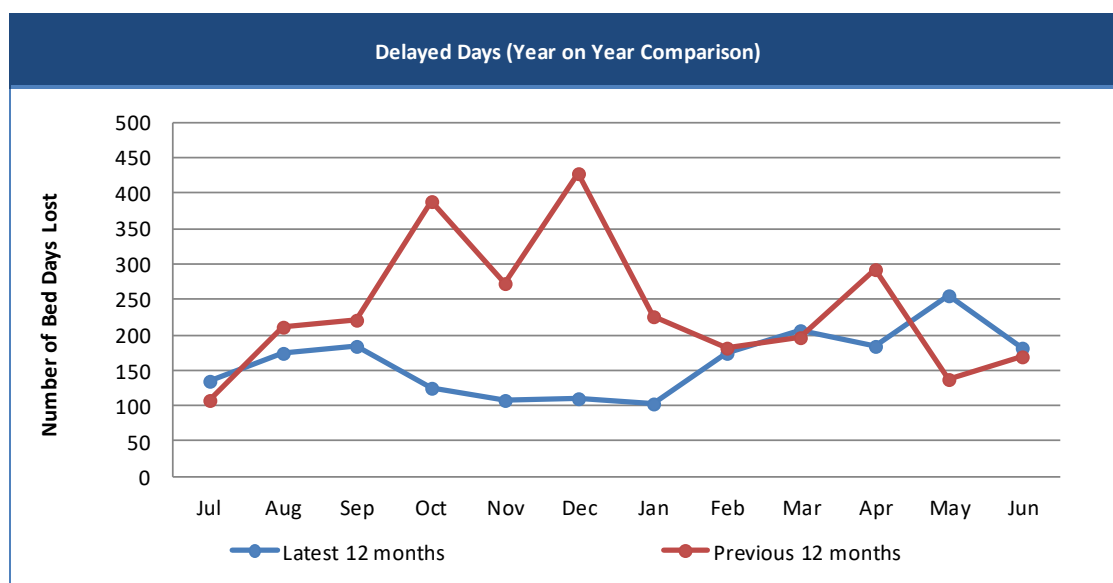


Figure 23 - Patients waiting (in bands) on incomplete pathway for Royal Liverpool and Broadgreen University Hospitals NHS Trust



10.2 Delayed Transfers of Care

Figure 24 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Jun-19	May-19	Jun-18
Total	181	256	169
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 (Jun-19)

SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST

Care Package in Home	4.4%
Community Equipment Adapt	3.9%
Completion Assessment	0.0%
Disputes	0.0%
Further Non-Acute NHS	2.8%
Housing	0.0%
Nursing Home	13.8%
Patient Family Choice	66.9%
Public Funding	8.3%
Residential Home	0.0%
Other	0.0%

10.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	2019/20							
			Previous Year Outturn	Plan	FOT	Variance %	Apr	May	Jun	YTD
NHS Southport and Formby CCG	Paediatric Diabetics	Total Contacts	541	541	748	38.25	42	68	77	187
		Total Contacts (Domiciliary)	40	40	76	90.00	1	13	5	19
		Total Contacts (Outpatients)	501	501	672	34.13	41	55	72	168
		Total New Referrals	291	291	290	-1.72	33	25	16	74
	Paediatric Occupational Therapy	Case-load at Month End	160	160	118	-21.33	113	129	113	121
		Referral to 1st contact (weeks average)	14.3	14.3	13.2	-7.69	16	9.9	13.7	16
		Total Contacts (Domiciliary)	3,334	3,334	3,000	-10.02	280	267	203	750
		Total New Referrals	566	566	564	-0.35	48	61	37	146
	Paediatric Physiotherapy	Case-load at Month End	94	94	59	-37.23	60	62	56	81
		Referral to 1st contact (weeks average)	5.8	5.8	6.5	12.07	6.2	5.8	7.6	6.5
		Total Contacts (Domiciliary)	6,098	6,098	4,884	-19.91	430	391	400	1,221
		Total New Referrals	553	553	569	2.71	48	51	43	142
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	28.1	28.1	34.4	21.89	36.6	35.9	30.7	36.6
		Total Contacts (Domiciliary)	7,792	7,792	9,180	17.81	697	736	862	2,295
		Total New Referrals	746	746	740	-0.80	53	73	59	185
		Case-load at Month End	212	212	220	3.77	227	230	202	229
NHS Southport and Formby CCG	Paediatric Continence	Total Contacts (Domiciliary)	1,578	1,578	1,568	-0.63	150	113	129	392
		Total New Referrals	132	132	194	45.38	17	13	16	46
		Case-load at Month End	90	90	289	217.78	324	271	283	324
	Paediatric Diabetics	Referral to 1st contact (weeks average)	8.5	8.5	8.3	-2.35	7.4	4.2	7.4	7.4

If Plan is <10,000:

- FOT is <10% above or below plan
- FOT is 10%-20% above or below plan
- FOT is > 20% below plan
- FOT is > 20% above plan

If Plan is >10,000:

- FOT is <5% above or below plan
- FOT is 5%-10% above or below plan
- FOT is > 10% below plan
- FOT is > 10% above plan

10.4 Alder Hey SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	18/19 Outturn	FOT 18/20	% Variance
Number of Referrals	145	161	137										1,842	1,465	-19.4%
Incomplete Pathways - 92nd Percentile	45	43	37												
Total Number Waiting	941	916	874										9,382		
Number waiting over 18 weeks	520	462	467										4,688		
Longest weeks waiting - weeks	52	54	58											587	
Longest weeks waiting - patients	2	2	1											25	

RAG rating
■ ≤16 weeks
■ 19 to 22 weeks
■ 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.

10.5 Alder Hey Dietetic Cancellations and DNA Figures – Sefton

Outpatient Clinics - DNAs

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	211
DNA	66	53	41	147	68	116	13	19	16	48
DNA Rate	16.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.6%	14.5%	18.5%

Outpatient Clinics - Cancs by PROVIDER

	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	211
Cancellations	6	0	5	29	0	44	4	7	3	14
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	9.7%	3.1%	6.2%

Outpatient Clinics - Cancs by PATIENT

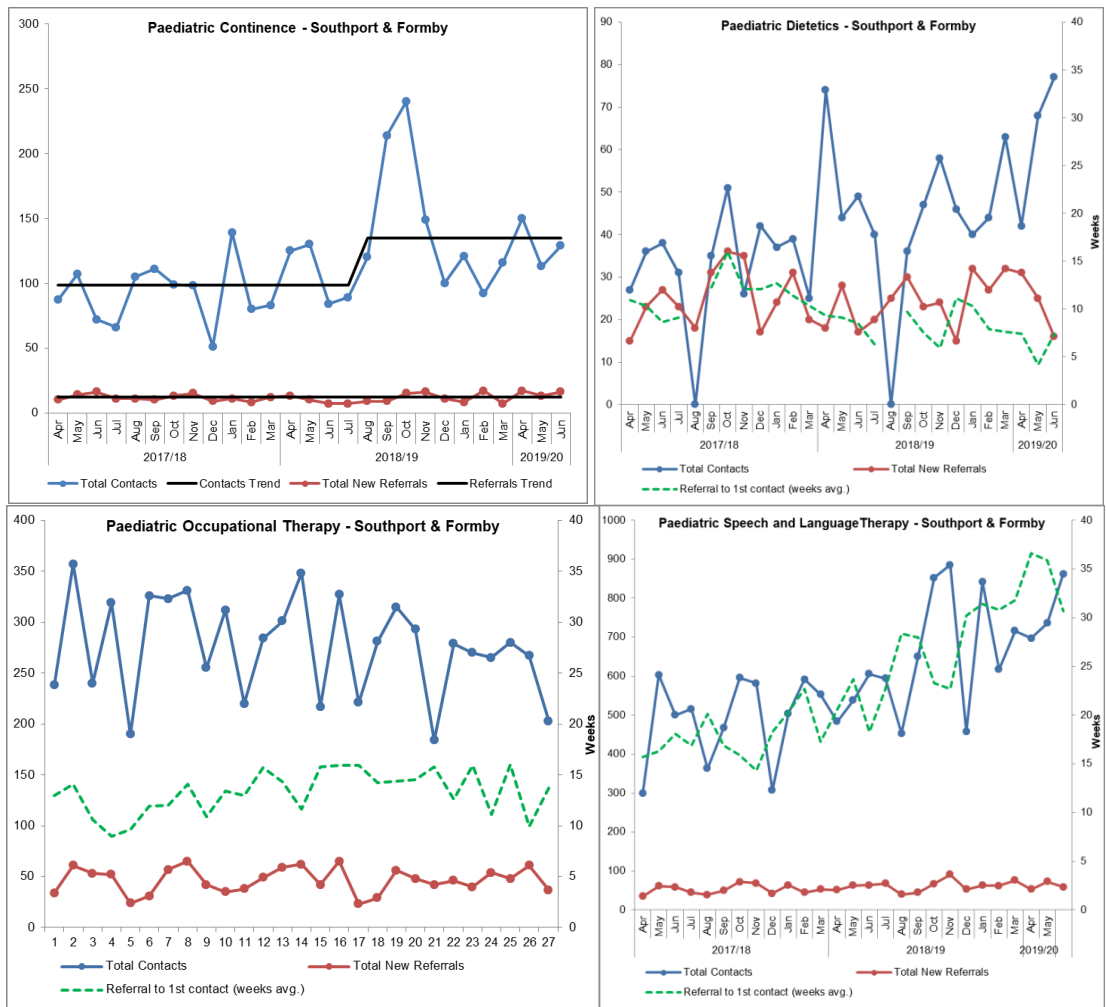
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	19/20 Total
Appointments	327	532	429	647	528	698	52	65	94	211
Cancellations	27	63	63	207	128	184	10	38	18	66
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.9%	16.1%	23.8%

Rag Ratings & Targets 19/20

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

10.6 Alder Hey Activity & Performance Charts



8.7 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 25 – 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 26 – 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 SFCGG 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 S&O footprint.
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.

10.7 NHS England Monthly Activity Monitoring

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 3 performance and narrative detailed in the table below:

Figure 27 – Southport & Formby CCG's Month 3 Submission to NHS England

Month 03 (June)	Month 03 Plan	Month 03 Actual	Month 03 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	2,665	2,353	-11.7%	GP referrals decreased in month 3 against the seasonal plan. However, this was comparable to a trend identified in the previous year and YTD GP referrals are approx. 2% lower than planned levels. Referrals are also within the statistical norm. Local analysis has established a slight reduction in referrals per work day to the previous month and referrals to the main hospital provider have decreased predominantly within Ophthalmology and ENT although reductions have been evident within a number of specialities.
Other	2,421	2,503	3.4%	
Total (in month)	5,086	4,856	-4.5%	An increase in Other referrals has been apparent and these remain high against the plan as in 1819. The referral patterns identified in 1819 were due in large to changes in the CCGs main provider recording ECG related referrals on the clinical system Medway and rebased plans for 1920 attempted to factor in this change. Local monitoring suggests that increases were evident in Clinical Physiology, Gen Med and Cardiology at the main hospital provider. T&O has also reported increases within recent months. Discussions regarding referrals are raised at the information sub group with the provider.
Variance against Plan YTD	14,422	15,528	7.7%	
Year on Year YTD Growth			10.4%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	4,207	3,786	-10.0%	Both OP first attendances and FUP decreased in month 3 against the seasonal plan but in line with reduced referrals. However, each were within statistical thresholds and OP first attendances were comparable to the current average for Southport & Formby CCG. Also, YTD appointments are currently within the 2% threshold against plan. Trends are driven by activity at the main hospital provider and CCG planned care leads attend contract review meetings with the provider to discuss elements of activity and performance.
Follow Up	9,591	8,524	-11.1%	
Total Outpatient attendances (in month)	13,798	12,310	-10.8%	
Variance against Plan YTD	38,174	37,705	-1.2%	
Year on Year YTD Growth			8.6%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,572	1,501	-4.5%	Local monitoring suggests that elective day case admissions are closer to planned levels YTD at month 3 with a small variance of -1%. Electives are showing a greater variance to plan but activity variances are minimal. Initial feedback from the main hospital provider suggests theatre staff shortages and bed pressures have resulted in reduced elective offering. The CCG is working with the provider to understand demand, workforce and theatre capacity issues via contract review meetings.
Elective Ordinary spells	230	204	-11.3%	
Total Elective spells (in month)	1,802	1,705	-5.4%	
Variance against Plan YTD	5,106	5,064	-0.8%	
Year on Year YTD Growth			6.4%	
Urgent & Emergency Care				
Type 1	3,805	3,927	3.2%	Local A&E monitoring has shown that the CCGs A&E activity has decreased slightly in month 3 but attendances remain historically high (focused within the main hospital provider). Despite this, attendances remain within the 2% threshold against plan YTD. 4hr performance at the main hospital provider has improved slightly to the previous month and is now at 87.8%. CCG urgent care leads and the main hospital provider continue to work together to understand 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			7.0%	
All types (in month)	4,397	4,509	2.5%	
Variance against Plan YTD	13,193	13,406	1.6%	
Year on Year YTD Growth			4.6%	
Total Non Elective spells (in month)	1,842	1,541	-16.3%	The CCGs main provider implemented a new pathway (CDU) with activity flowing via SUS inpatients data from May 2018 and plans have been rebased in 1920 to take this into account. The pathway predominantly impacted on zero LOS admissions. However, zero LOS as well total NEL have now been below average for five consecutive months. As a system, the CCG continues to work with partners 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.
Variance against Plan YTD	5,499	4,829	-12.2%	
Year on Year YTD Growth			13.7%	

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/101.2	Author of the Paper:
Report date: September 2019	<p>Martin McDowell Chief Finance Officer Email martin.mcdowell@southportandformbyccg.nhs.uk Telephone: 0151 317 8350</p> <p>Rebecca McCullough Head of Strategic Financial Planning rebecca.mccullough@southportandformbyccg.nhs.uk Tel: 0151 317 8396</p>
Title: Financial Position of NHS Southport & Formby Clinical Commissioning Group – Month 4 2019/20	
<p>Summary/Key Issues:</p> <p>This paper presents the Governing Body with an overview of the Month 4 financial position for NHS Southport and Formby Clinical Commissioning Group as at 31st July 2019.</p> <p>The standard business rules set out by NHS England require a 1% surplus in each financial year. However, the agreed financial plan for 2019/20 requires the CCG to deliver a breakeven position.</p> <p>The cumulative deficit brought forward from previous years is £9.295m, this has reduced from £10.295m following delivery of £1m surplus in 2018/19. The cumulative deficit will need to be addressed as part of the CCG longer term financial recovery plan.</p> <p>The QIPP efficiency requirement to deliver the agreed financial plan of breakeven is £14.104m. The QIPP requirement has increased significantly in 2019/20 due to increased cost pressures in provider contracts agreed to support system financial recovery.</p> <p>The CCG has identified potential QIPP opportunities of £16.381m although the majority are rated high risk at this stage and further work is required to implement these schemes. Prescribing efficiency schemes are expected to be delivered and savings realised in later months when prescribing reports are published and values can be confirmed.</p> <p>The CCG Financial Recovery Plan has been submitted to NHS England. The plan has been prepared as a System Financial Recovery Plan including Southport and Formby CCG, South Sefton CCG, West Lancashire CCG and Southport and Ormskirk NHS Trust. The plan outlines the governance arrangements, priorities, risks, mitigations and transformation schemes required to deliver the system long term financial plan.</p> <p>The CCG deficit at Month 4 has been calculated at £3.538m, the year to date deficit reflects</p>	

the under delivery of QIPP savings and cost pressures which have emerged at this stage in the financial year.

Delivery of the financial strategy requires full commitment from CCG membership and CCG officers to ensure QIPP savings are achieved and mitigation plans are identified and actioned where required.

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

Recommendations;

The Governing Body is asked to receive this report noting that:

- The agreed financial plan for Southport and Formby CCG is breakeven for 2019/20.
- The QIPP efficiency requirement to deliver the agreed financial plan is £14.104m. QIPP schemes of £16.381m have been identified but further work is required to fully implement schemes and realise savings.
- The CCG deficit at Month 4 has been assessed at £3.538m and the risk adjusted most likely position is assessed at £10.614m deficit. The CCG will continue to pursue actions to mitigate this position through QIPP delivery at pace.
- The CCG has reached a critical point in terms of ability to deliver its 2019/20 financial plan. Continued progression of work undertaken during the July QIPP week is essential to deliver against the CCG financial plan. The next stage will focus on the development of clinical leadership in the CCG who can engage with colleagues across the system, influence change and reduction in cost. Governance arrangements to support full system working will also need to be finalised.
- The CCG’s Commissioning team will need to articulate the opportunities available to the CCG and be able to explain our approach so that membership can support implementation of our recovery.

Links to Corporate Objectives 2019/20 (<i>x those that apply</i>)	
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	
Quality Impact Assessment			X	
Resource Implications Considered	X			
Locality Engagement		X		
Presented to other Committees		X		

Report to Governing Body September 2019

1. Executive Summary

This report focuses on the financial performance of Southport and Formby CCG as at 31 July 2019.

Table 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	FOT Variance
	£000	£000	£000	£000	£000	£000
Acute	112,390	37,647	37,742	96	112,744	354
Mental Health	19,661	6,554	6,604	50	19,757	96
Continuing Care	12,865	4,288	4,981	693	14,130	1,265
Community Health	22,356	7,470	7,451	(19)	22,418	61
Primary Care	47,997	16,081	15,912	(169)	48,029	32
Corporate & Support Services	2,600	862	821	(42)	2,551	(49)
Other	6,621	2,435	2,383	(52)	6,658	38
Total Operating budgets	224,490	75,337	75,894	558	226,287	1,798
Reserves	(11,569)	(2,980)	0	2,980	(13,367)	(1,798)
In Year Planned (Surplus)/Deficit	0	0	0	0	0	0
Grand Total (Surplus)/Deficit	212,921	72,357	75,894	3,538	212,921	(0)

The year to date financial position is a deficit of £3.538m and the full year forecast position is breakeven. The forecast position represents the best case scenario and is reliant on delivery of the QIPP plan in full. It should be noted that significant risk exists in terms of delivering the plans in full and at this stage; the risk adjusted financial position is calculated as a £10.614m deficit. Following discussion with NHS England and Improvement an update to the risk adjusted position and QIPP delivery will be incorporated into the next iteration of the System Financial Recovery Plan in September 2019.

Cost pressures have emerged in the first four months of the financial year. However these have been offset by underspends in other areas and the CCG reserve budget due to the 0.5% contingency held.

The main variances from planned expenditure can be analysed as follows:

- Increased costs within the continuing healthcare budget and prior year pressures for funded nursing care. There are also some areas of pressure in mental health packages.
- The Commissioning non-acute budget is forecast to overspend due to a number of charges for property services which are above planned costs.
- The Acute services budget is forecast to underspend by £0.516m, the majority being related to a forecast underspend in the contract with Southport & Ormskirk

NHS Trust and is based on year to date performance against targets agreed with the provider at the start of the year.

CCG Recovery Plan

The CCG's draft financial recovery plan was submitted to NHS England and Improvement at the end of June 2019. Following feedback, the final version of the Financial Recovery Plan was submitted to NHS England and Improvement on 2 August 2019.

The plan describes the CCG financial recovery plan in the context of the local health system including Southport and Formby CCG, South Sefton CCG, West Lancashire CCG and Southport and Ormskirk NHS Trust.

A system recovery meeting was held on 6 August 2019 to discuss the plan. The meeting was attended by the respective organisation's Accountable Officers; Chief Executive; Chief Finance Officers, Director of Finance and the System Turnaround Director. With effect from September 2019 monthly update reports will be provided to NHS England and Improvement along with monthly meetings to review operational and financial performance across the system.

The plan has been co-ordinated by the system wide turnaround director and highlights:

- The 2019/20 financial position as at the year to date including risks and mitigations
- Joint approach - CCG QIPP plans and Trust Cost Improvement Plans (CIP) 2019/20
- The CCG strategic financial plan
- Governance processes in place and in development
- CCG Opportunities – based on RightCare data.

The plan includes key provider metrics (e.g. Model Hospital, GIRFT) for comparison with RightCare data in order to identify joint opportunities to make system wide savings.

The plan acknowledges the CCG's positive performance in the delivery of QIPP efficiencies in prior years and the challenge for the CCG to deliver further efficiencies of £14.104m in 2019/20. In context, the CCG delivered £2.745m savings in 2018/19 which brought the total QIPP saving 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 Leadership Team have agreed that monthly QIPP weeks will be held to allow CCG managers to work at pace on the development of identified QIPP opportunities. In July, a multi-disciplinary approach was employed to facilitate production of working plans for further discussion with stakeholders and implementation. The next QIPP week will be week commencing 19 August 2019. Next steps will be to finalise the governance arrangements to support system delivery.

The cumulative deficit brought forward from previous years is £9.295m, this has reduced from £10.295m following delivery of £1m surplus in 2018/19. The cumulative deficit will be addressed as part of the CCG longer term financial recovery plan.

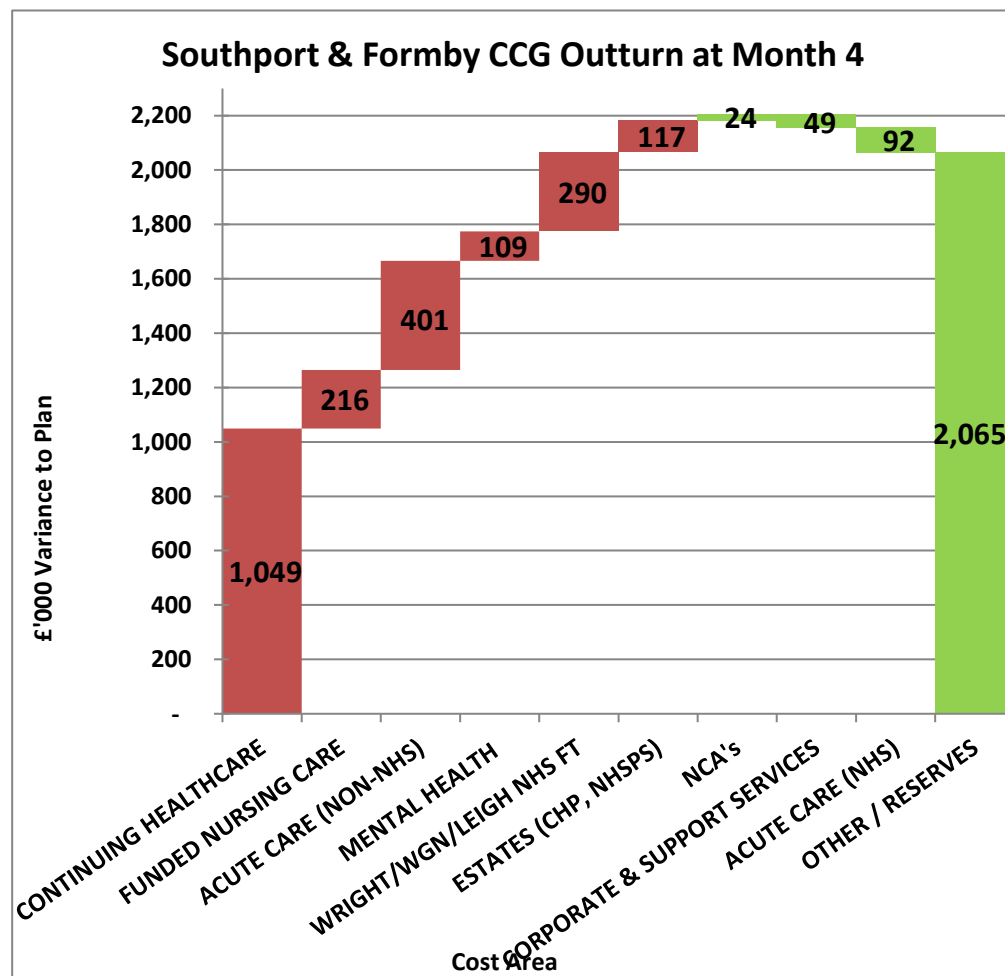
2. Finance Dashboards

1. Finance Key Performance Indicators			
Report			Commentary
Report Section	Key Performance Indicator		This Month
1	Business Rules	1% Surplus	n/a
		0.5% Contingency Reserve	✓
		0.5% Non-Recurrent Reserve	✓
2	Breakeven	Financial Balance	✓
3	QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	x
4	Running Costs	CCG running costs < 2019/20 allocation	✓
5	BPPC	NHS - Value YTD > 95%	96.35%
		NHS - Volume YTD > 95%	98.75%
		Non NHS - Value YTD > 95%	98.60%
		Non NHS - Volume YTD > 95%	95.64%

- The standard business rules set out by NHS England require CCGs to deliver a 1% surplus.
- The CCG agreed financial plan for 2019/20 is **breakeven**.
- The 0.5% Contingency Reserve is held as mitigation against potential cost pressures.
- The QIPP target for 2019/20 is **£14.104m**.
- QIPP schemes of £16.381m have been identified although the majority are rated high risk at this stage.
- The reported risk adjusted position is **£10.614m** deficit.
- BPPC targets have been achieved. This will continue to be monitored monthly to ensure performance is maintained.

2. CCG Financial Position – Month 3 2019-20

Report



Commentary

- The CCG best case scenario is breakeven for the 2019/20 financial year. This position is dependent on delivery of QIPP efficiency savings of £14.104m.
- The main financial pressures relate to:
 - Continuing Healthcare and Funded Nursing Care due to increased cost and volume of packages. With regard to Funded Nursing Care, work is ongoing to jointly review processes with Local Authority colleagues. A full reconciliation is being progressed across the Sefton CCGs. A summary is provided in the Appendices to this report.
 - Cost pressures with the Acute Commissioning budget relating to over performance in the private sector.
 - Overperformance with other NHS providers
 - Property services on the Commissioning non-acute budget.
 - Mental Health packages of care.
- The cost pressures are supported by underspends in other areas of the CCG which include the 0.5% Contingency Reserve held in mitigation and a forecast underspend on acute contracts based on performance reported at Month 3.

3. CCG Reserves Budget
Report
Commentary

Reserves Budget	Opening Budget £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m
QIPP Target	(14.104)				(14.104)
QIPP Achieved	0.000		0.826		0.826
CHC Growth Funding	0.200				0.200
Adulimumab budget	0.445		(0.445)		0.000
Primary care additional allocation	(0.500)				(0.500)
Repatriation income	(0.600)			0.600	0.000
Financial Plan investments	1.100			(0.435)	0.665
S&O ESD investment	0.250			(0.037)	0.213
Intermediate care	0.241				0.241
Other investments / Adjustments	1.275	0.063	(0.058)	(1.092)	0.188
0.5% Contingency Reserve	1.058				1.058
Provider contracts - conditional income	(0.350)				(0.350)
GP Forward View - NHSE income	0.000	0.760		(0.760)	0.000
H&CP 0.2% top slice place based funding	0.000	0.386		(0.386)	0.000
Cheshire & Mersey H&C programme	0.000	0.100			0.100
Total Reserves	(10.985)	1.309	0.323	(2.110)	(11.463)

- 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.
- Additional resource is anticipated from the CCG contract budget reduction in costs due to repatriation of services to local providers.
- Resource is held in the reserve budget to support pressures which emerged in 2018/19.
- The 0.5% contingency reserve is partly committed as mitigation for conditional income agreed in provider contracts for 2019/20.
- Funding has been allocated to I&E budgets to support year to date costs for the Primary Care Extended Access service (GP Forward View).
- Resource was received in Month relating to the STP placed based funding. The Governing Body have approved this resource to be allocated to support the costs of the Sefton Transformation team.
- £0.100m was received in Month 4 relating to the successful bid for the Southport Acute Sustainability project.

4. Provider Expenditure Analysis – Acting as One Providers

Report

Acting as One Contract Performance: (Year to Date at Month 3)

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	(0.127)
Alder Hey Children’s Hospital NHS Foundation Trust	0.035
Liverpool Women’s NHS Foundation Trust	(0.062)
Liverpool Heart & Chest NHS Foundation Trust	0.027
Royal Liverpool and Broadgreen NHS Trust	(0.084)
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	0.005
Grand Total	(0.206)

Commentary

- The CCG is included in the Acting as One contracting arrangement with North Mersey providers. This means that contracts will operate on a block contract basis for the financial year 2019/20.
- 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 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 Month 3 financial performance for the Acting as One providers shows an under performance against plan, this would represent an underspend of £0.206m under usual contract arrangements.

5. QIPP									
Report								Commentary	
RAG Rated QIPP Plan 2019/20								<ul style="list-style-type: none"> The 2019/20 QIPP target is £14.104m. QIPP schemes worth £16.381m have been identified; however many of the schemes have been identified as high risk. The CCG held a 'QIPP Week' in July and August to focus on implementation of schemes and assurance of delivery. The updated QIPP plan and risk assessment has been incorporated into the System Financial Recovery Plan. The CCG Leadership Team has agreed to hold a QIPP week on a monthly basis to continue focus on delivery and assurance. Challenge and scrutiny sessions with QIPP leads will continue during the year in order to maximise efficiency savings for 2019/20. 	
	Rec	Non Rec	Total	Green	Amber	Red	Total		
Prescribing	1,666	0	1,666	1,609	57	0	1,666		
Urgent Care	2,526	0	2,526	0	0	2,526	2,526		
Elective Planned Care	5,793	0	5,793	0	372	5,421	5,793		
Community Services	567	0	567	178	0	389	567		
Continuing Health Care	2,729	0	2,729	0	0	2,729	2,729		
High Risk Proposals	3,100	0	3,100	0	0	3,100	3,100		
Total QIPP Plan	16,381	0	16,381	1,787	429	14,165	16,381		

6. Risk			
Report		Commentary	
CCG Financial Position:			
	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(10.454)	(3.650)	(14.104)
Revised surplus / (deficit)	(10.454)	(3.650)	(14.104)
I&E Impact & Reserves Budget	0.000	0.000	0.000
Management action plan			
QIPP Achieved	0.826	0.000	0.826
Other Mitigations	1.128	12.150	13.278
Total Management Action plan	1.954	12.150	14.104
Year End Surplus / (Deficit)	(8.500)	8.500	0.000
CCG Risk Adjusted Position			
Southport & Formby CCG	Best Case £m	Most Likely £m	Worst Case £m
Underlying Deficit	(14.104)	(14.104)	(14.104)
Predicted QIPP achievement	12.846	4.080	2.158
I&E impact	0.000	0.000	(0.543)
Forecast Surplus / (Deficit)	(1.258)	(10.024)	(12.489)
Further Risk	0.000	(1.848)	(2.474)
Management Action Plan	1.258	1.258	1.058
Risk adjusted Surplus / (Deficit)	0.000	(10.614)	(13.905)
Financial Position <ul style="list-style-type: none"> The CCG financial position for Month 4 is a deficit of £3.538m which reflects under delivery of QIPP savings against plan. The agreed financial plan is breakeven for the financial year. This position represents the best case scenario and is dependent on delivery of QIPP savings of £12.846m. The underlying financial position is a deficit of £8.500m, this has increased in 2019/20 due to increased cost pressures in mainly in provider contracts. The underlying position will improve as further efficiency schemes are identified during the year. The most likely financial position is a deficit of £10.614m and includes the current assessment of expected QIPP delivery for the year, further risks in respect of increased cost pressures and mitigations with the CCG contingency reserve and other reserve budgets. Following discussion with NHS England and Improvement this will be incorporated into the next iteration of the System Financial Recovery Plan in September 2019. The worst case scenario assumes only QIPP schemes rated green are delivered and only the CCG contingency budget is used as mitigation against cost pressures. 			

7. Statement of Financial Position				
Report				Commentary
Summary working capital:				<ul style="list-style-type: none"> The non-current asset (Non CA) balance relates to assets funded by NHS England for capital projects. The movement in balance relates to depreciation charges applied. 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 £0.177m. This balance is predominantly made up of two invoices outstanding with Southport & Ormskirk NHS Trust (£0.174m) which have been formally disputed as part of the NHS month 12 agreement of balances exercise. The provider has indicated that this balance will be settled in October 2019. The Annual Cash Drawdown (ACDR) is the annual cash drawdown is the estimated cash requirement for the financial year. Cash is allocated monthly following notification of cash requirements. The CCG ACDR was set at £212.592m at Month 4. The actual cash utilised at Month 4 was £70.608m which represents 33.21% of the total allocation. The balance of ACDR will be utilised over the remainder of the year.
Working Capital and Aged Debt	Quarter 1	Quarter 2	Prior Year 2018/19	
	M3 £'000	M4 £'000	M12 £'000	
Non-Current Assets	16	14	23	
Receivables	2,576	2,522	3,957	
Cash	1,840	3,288	20	
Payables & Provisions	(16,072)	(16,056)	(12,363)	
Value of Debt > 180 days	177	177	38	

8. Recommendations

The Governing Body is asked to receive this report noting that:

- The agreed financial plan for Southport and Formby CCG is breakeven for 2019/20.
- The QIPP efficiency requirement to deliver the agreed financial plan is £14.104m. QIPP schemes of £16.381m have been identified but further work is required to fully implement schemes and realise savings.
- The CCG deficit at Month 4 has been assessed at £3.538m and the risk adjusted most likely position is assessed at £10.614m deficit. The CCG will continue to pursue actions to mitigate this position through QIPP delivery at pace. Following discussion with NHS England and Improvement an update to the CCG risk adjusted position and QIPP delivery will be incorporated into the next iteration of the System Financial Recovery Plan in September 2019.
- The CCG has reached a critical point in terms of ability to deliver its 2019/20 financial plan. Continued progression of work undertaken during the July QIPP week is essential to deliver against the CCG financial plan. The next stage will focus on the development of clinical leadership in the CCG who can engage with colleagues across the system, influence change and reduction in cost. Governance arrangements to support full system working will also need to be finalised.
- The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain our approach so that membership can support implementation of our recovery.

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/102	Author of the Paper: Luke Garner Head of Business Intelligence, Strategic Planning and Performance Email: Luke.Garner@southseftonccg.nhs.uk Tel: 0151 317 8465						
Report date: September 2019							
Title: Improvement and Assessment Framework 2018/19 Quarter 4 Exception Report							
Summary/Key Issues: This paper presents an overview of the 2018/19 CCG Improvement and Assessment Framework, and a summary of Q4 performance including exception commentary regarding CCG Improvement and Assessment Framework indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.							
Recommendation The Governing Body is asked to receive this report.	<table style="width: 100%;"> <tr> <td>Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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.
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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 September 2019

1. Executive Summary

The Improvement and Assessment framework draws together in one place 58 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 Q4 dashboard was released on My NHS in July 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 Q4 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 – Q4 2018/19 IAF Dashboard: Key Lines of Enquiry

CCG IAF Dashboard

Key Lines of Enquiry

1. Select an organisation to view measures that have repeatedly deteriorated or improved.

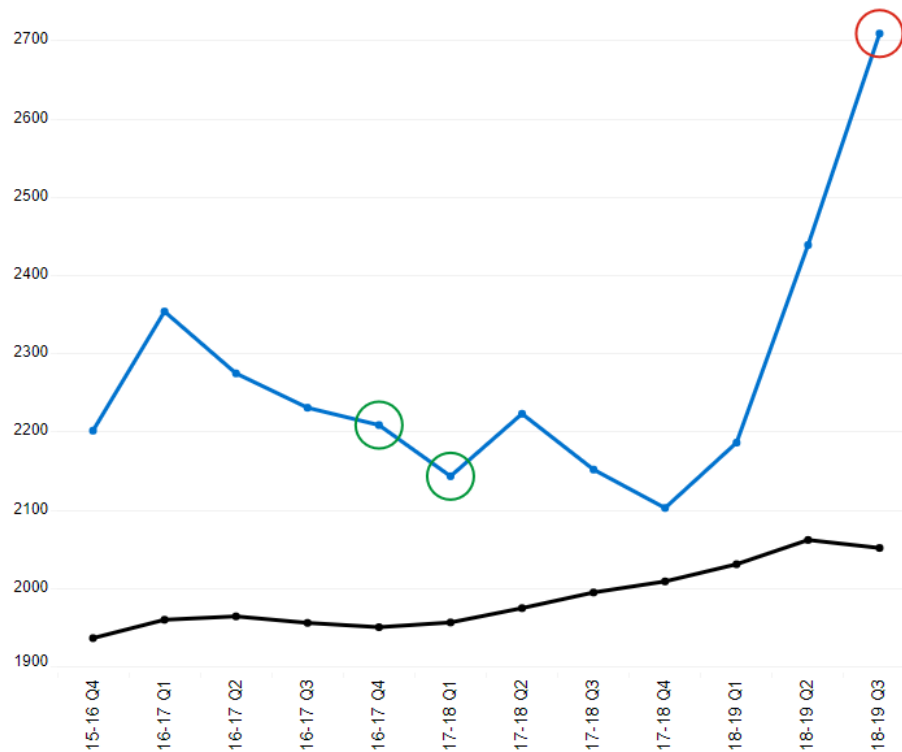
Organisation type: CCG
 Organisation: 01V: NHS Southport and Formby CCG
 Period (1 is most recent): 1

Indicator	Period	Better Health	Better Care
104a: Injuries from falls in people aged 65 and over	18-19 Q3	↑	
107b: Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care	2019 02	↑	
122c: One-year survival from all cancers	2016		↑
127e: Delayed transfers of care per 100,000 population	2019 03		↑
127f: Population use of hospital beds following emergency admission	18-19 Q2		↑

Key: Direction of KLOE: ↑ Deterioration, ↑ Improvement
 Line graph series: ■ Value, ■ England average

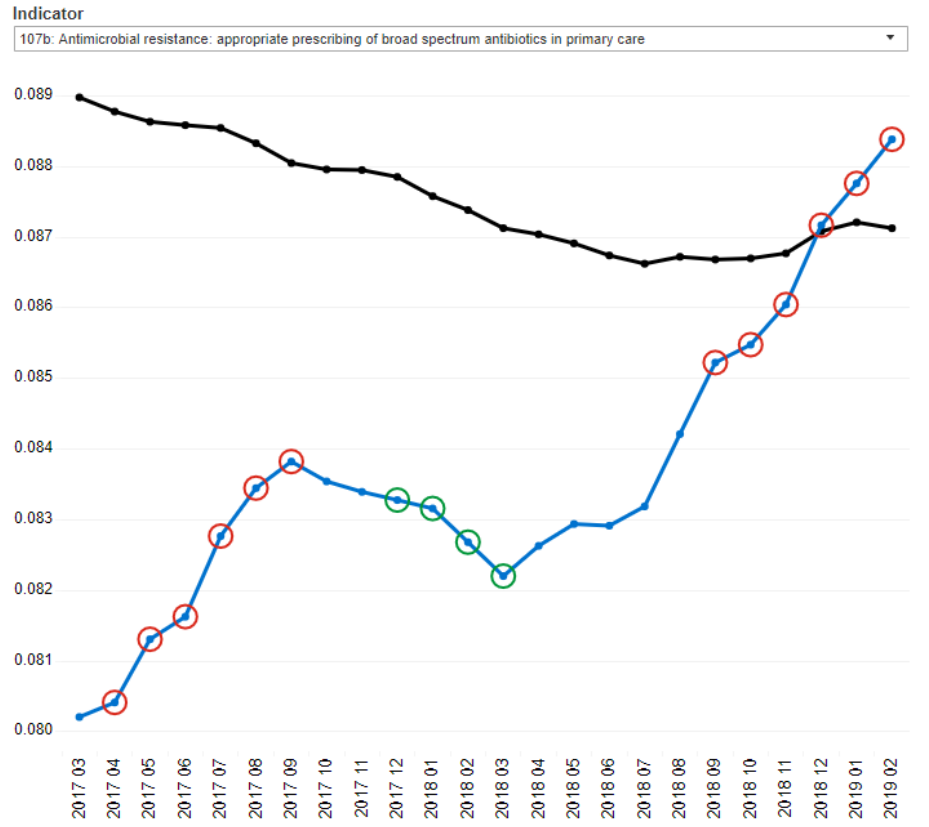
2. Select an indicator of interest to view performance over time.

Indicator: 104a: Injuries from falls in people aged 65 and over

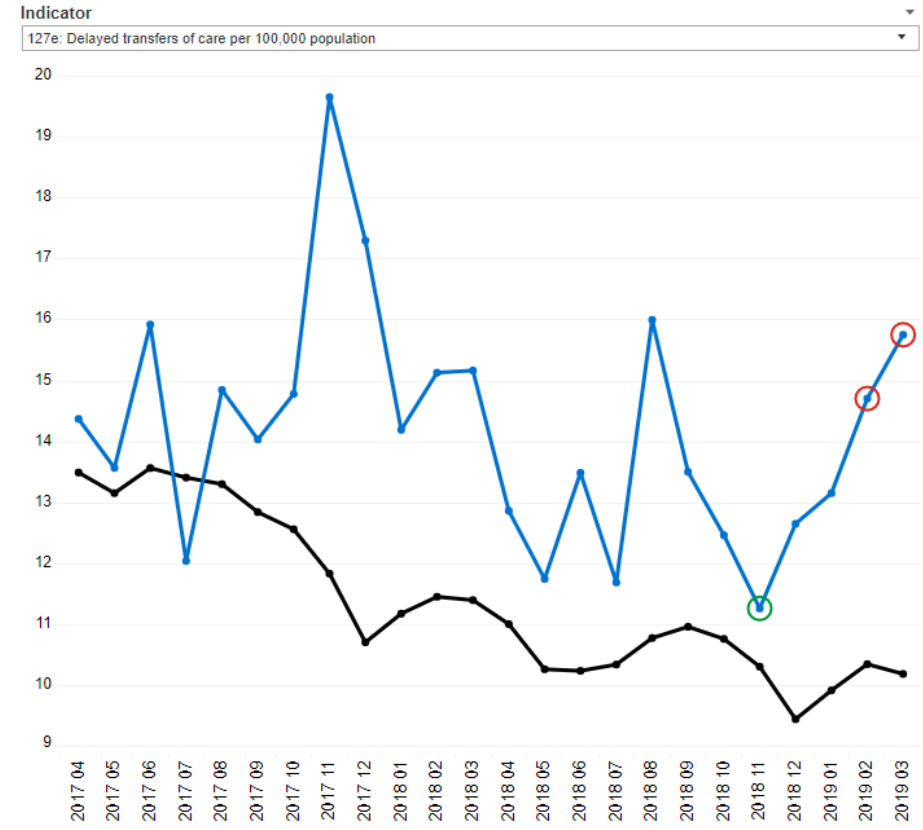


Indicators which have deteriorated or improved for three consecutive time periods are flagged as a **Key Line of Enquiry (KLOE)**.

2. Select an indicator of interest to view performance over time.

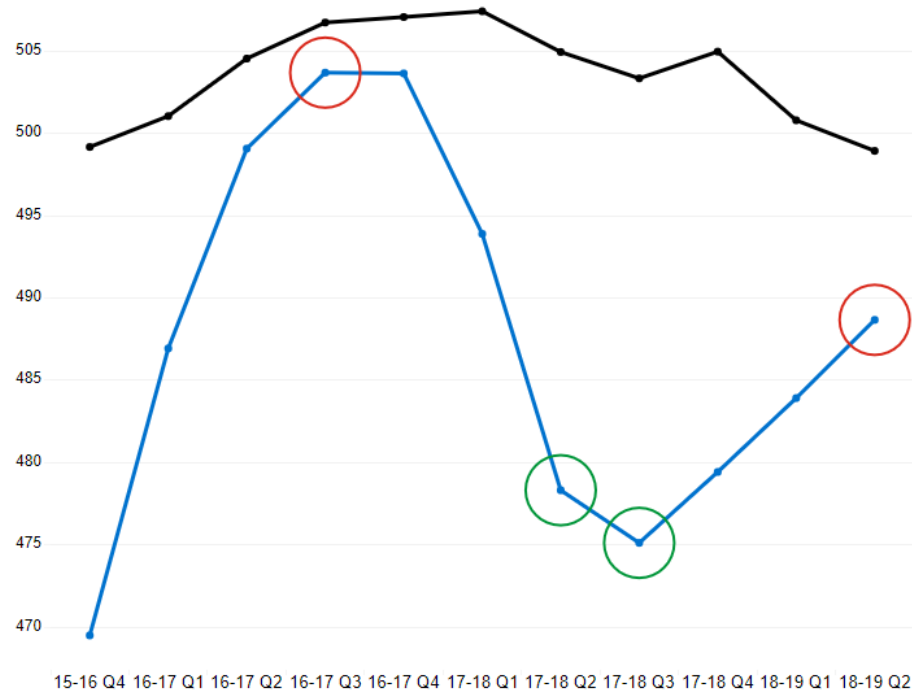


2. Select an indicator of interest to view performance over time.



2. Select an indicator of interest to view performance over time.

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	Problems have been identified at a number of points on the referral pathway: <ul style="list-style-type: none"> • 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. • Possible reduction in the 	<ul style="list-style-type: none"> • 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. • 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 	2019/20

				<p>use of relevant codes to record offer and/or completion of structured education.</p>	<p>education. It is hoped that this will become a permanent facility following evaluation of the trial.</p> <ul style="list-style-type: none"> • 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. • DUK Consultancy has been working with Southport and Formby CCG as part of the Local Quality Contract to investigate ways to improve Diabetes Care. • Lancashire Care has agreed to use the CAP system to capture information about referral to structured education and completion of the course which will be available to the National Audit reporting system. • Patients can now self-refer into the education programmes. • Members of the primary care teams are encouraged to attend sessions to gain first-hand experience and aid promotion of the programmes. 	
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>This has been recognised in the KLOE for repeatedly deteriorated performance.</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</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 and the provider alliance.</p>	2019/20

107b	Antimicrobial Resistance: appropriate prescribing of broad spectrum antibiotics in primary care	The CCG was ranked in the intermediate quartile with 8.84% in February, under the 10% threshold. However the CCG has been recognised in the KLOE for repeatedly deteriorated performance.	Jan Leonard/ Hilal Mulla/ Susanne Lynch	screening. Applying national antimicrobial guidance locally remains a challenge when local resistance patterns/clinician concerns are taken into account Practice level audits have revealed an increasing number of multiple infections e.g. respiratory and UTI which increases the use of broad spectrum antibiotics Local update of online guidance remains a challenge and hence our decision to provide printed booklets	Organisation to increase awareness and delivery of AMR work to increase appropriate prescribing of broad spectrum antibiotics - Printing and dissemination of antimicrobial guidance booklets to all clinicians as well as promotion of the online version via the CCG medicines management team and CCG AMR clinical lead - Active involvement/attendance at the Cheshire & Mersey AMR group. Working directly with the GP and pharmacist supporting the AMR work across Cheshire and Merseyside along with CCG clinical AMR lead and medicines management AMR lead. - CCG working with Public Health team in the Local Authority to raise awareness of AMR via communications - CCG via quality schedules within contracts of commissioned services receive quarterly reports detailing AMR work undertaken by providers. - CCG medicines management team to review antimicrobial prescribing activity and query inappropriate use of broad spectrum antibiotics via the CCG commissioned primary care local quality contract. - Quarterly feedback relating to practice level antimicrobial prescribing to each GP practice by CCG medicines management team supported by CCG clinical AMR lead. - CCG Medicines Management Team to undertake two audits in a 12 month period. - GP practices to peer review audit results at locality meeting and share learning to inform future AMR work. Practice level reports & review of antibiotic indicators using Epact2 data. - % Co-amoxiclav, Cephalosporins & Quinolones Items	December 2019
121a	Provision of high quality care in hospitals	Lowest performing quartile and no improvement with	Debbie Fagan/ Doug Callow/ Brendan	The Care Quality Commission published an inspection report for Southport and Ormskirk	Quality performance continues to be via the collaborative forum, contract quality meeting and sustainability board. There is a focussed meeting in August 2019 to review the governance and	On-going

		a value of 54 in Q3 2018/19	Prescott	Trust in March 2018 with an overall rating of 'Requires Improvement' and "Inadequate" for Well Led.	assurance processes to enable to focus on areas for assurance. The Trusts revised quality plan for 19-20 "Vision 2020" will be monitored at the contract quality meeting. 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 CCG contribute information regarding Quality for consideration at the Executive Improvement Board. Awaiting CQC inspection report, inspected July 2019.	
122a	Cancers diagnosed at an early stage	The CCG was ranked in the lowest performing quartile nationally with 47.4% in 2017.	Jan Leonard/ Graeme Allen/ Sarah McGrath	1 year cancer survival is usually considered to be a proxy measure for speed of diagnosis. Southport and Formby's 1 year survival is 76.2% and ranked fifth nationally. We are not clear on why diagnostic stage does not appear to correlate with this. There is evidence that an older and more co-morbid population present later with cancer symptoms and this may be a critical factor for Southport and Formby. Data is old and there has been considerable work around early diagnosis.	Tumours which are typically diagnosed later include; Lung, Ovarian, NHL, Pancreas, Oesophagus, Stomach and Colorectal. There are new diagnostic models for Ovarian & Lung. The Primary Care Network (PCN) service specification and quality improvement module around cancer will drive earlier detection. <i>"GPs using latest evidence based guidance to identify people at risk of cancer, recognise cancer symptoms and patterns of presentation and make appropriate and timely referrals for those with suspected cancer"</i> . As a CCG we are encouraging practice engagement with the National Cancer Diagnosis audit to serve as a baseline for measurable improvement.	LTP - by 2028 75% of cancers will be diagnosed at stage 1 or 2.
123b	IAPT Access rate	The CCG was ranked in the lowest performing quartile nationally with 3.19% in Q3 18/19.	Jan Leonard/ Hilal Mulla/ Geraldine O'Carroll	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 impediment to access. One to One model limited access.	<ul style="list-style-type: none"> Recruitment of additional staff and increased opening times with late evening sessions Practitioners have undergone NHSE Long Term Condition training and EMDR training (specific therapy for trauma clients) to meet population needs. Pre-therapy groups offered to waiting list patients waiting for CBT based on feedback that clients are not always prepared for therapy. 	March 2020

					<ul style="list-style-type: none"> Anxiety workshops Telephone system upgrade. Online referral has been refreshed to enable quicker access to treatment. Group work has been developed and the provider has created links with Southport KGV College. 	
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 January 2019.	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"> 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) Work on-going to facilitate additional data flows for those not currently submitting. One provider (3rd Sector) will begin to flow during 19/20 will be gaining access and populating NHS numbers in their submissions 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 National data sets/DQIP's discussed at information sub groups with providers from all sectors with collaboration to improve the data. Mersey Care NHS FT has made significant improvement and their February 2019 DQMI score was 92.8%. 	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 nationally with 44.4 in 2018, a significant decline from	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. This has now been addressed as the Trust has	Implementation of Saving Babies Lives Care Bundle. Update at last CCQRM: Picker survey was undertaken as a requirement from the CQC with a further visit expected shortly. However, the Trust was able to demonstrate the processes implemented for continuous	On-going

		2017.		<p>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.</p>	<p>improvement of the service:</p> <ul style="list-style-type: none"> - Positive feedback was mainly received from women; however the following points were some key areas for focus: <ul style="list-style-type: none"> o Choice in relation to where the women want to give birth o Regular check ups o Antenatal and postnatal care o Midwives unaware of the past medical history of the patients o Advice on feeding out of hours/weekends o Concerns raised by women during labour being addressed and feeling they are been listened to - Low response rates in relation to receiving patient responses, the Trust would review how this could be improved. <p>The Trust was 99% compliant in all areas of care; however this somewhat contradicts some of the findings from the survey. Further investigation would be undertaken in particular what women perceive as support during labour.</p> <ul style="list-style-type: none"> - Homebirths for the Trust were at 2.5%, which was the best in the region - Meetings scheduled with Midwives to discuss patient history and medical needs - Dedicated 24/7 telephone line provided to parents in relation to advise and guidance for feeding concerns - Walkabouts arranged on wards to enable staff to speak to women and promote the sharing of information - Information posters visible in all areas - Midwife events undertaken to discuss and share experiences proving positive - Maternity Voices Meetings implemented to include representation from the CCG; midwives; patients and the Trust to share learning and improve services across the Trust. <p>Expectation is that next national survey will show positive improvement.</p>	
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127e	Delayed transfers of care per 100,000 population	<p>The CCG was ranked in the lowest performing quartile nationally with 15.7 in March 2019.</p> <p>This has been recognised in the KLOE for repeatedly deteriorated performance</p>	Jan Leonard/ Tim Quinlan/ Sharon Forrester	<p>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.</p>	<p>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.</p>	On-going
127f	Population use of hospital beds following emergency admission	<p>The CCG was ranked in the intermediate quartile with 489 in Q2 2018/19.</p> <p>However the CCG has been recognised in the KLOE for repeatedly deteriorated performance.</p>	Jan Leonard/ Tim Quinlan/ Sharon Forrester	<p>Reason for underperformance is longer than needed length of in patient stay and non-value bed days spent in an acute hospital bed.</p> <p>This is multi factorial and a system priority in terms of service improvement and commissioning intentions. Also high volume 30 day</p>	<p>The areas that will improve this situation are early discharge planning and expected dates of discharge.</p> <p>Early senior consultant review and care planning followed by daily senior review until discharge. Robust discharge plans in place and a hand over to the appropriate community service/team for those who are at risk of readmission. Better home first community offer with reablement services and domiciliary care and a capacity in step down ICB capacity.</p>	Ongoing

				readmissions to hospital	This is in a joint commissioning intention with the CCG and LA within the winter planning. The hospital is undergoing an internal improvement plan to address workforce constraints to full implementation of SAFER on every ward.	
163a	Staff engagement index	The CCG was ranked in the lowest performing quartile nationally with 3.69 in 2018.	Tracy Jeffes	To signal the expectation that CCGs demonstrate leadership across the organisations in their part of the NHS. Measured as the level of engagement reported by staff in the NHS staff survey for providers in the NHS footprint of the CCG weighted according to the financial flows.	<p>This is a composite measure from NHS Staff Survey results for the main Providers the CCG commission from. The variation nationally is small; the CCG composite score (last reported 2016) is flagged as being in the lowest quartile with a staff engagement index of 3.7 whilst the peer group average and indeed national average is 3.8. CCG results are consistently higher than those of our Providers with the latest at 4.01 demonstrating good engagement with CCG staff setting an example to our Providers.</p> <p>Current overview of staff survey</p> <ol style="list-style-type: none"> 1. Experienced discrimination <ol style="list-style-type: none"> a) (from patients, relatives or members of the public) 0% (average 6%) b) (from manager/team leader or colleagues) 1.2% (average 23.1%) 2. Opportunity for flexible working – 89.3% (average 74%) 3. Feel trusted to job – 96.3% (top ranked) (average 86.3%) <p>Respect from colleagues – 90.2% (top ranked) (average 75.7%)</p>	2018/19

Clinical Priority Areas

Independent panels have now completed assessments for 2018/19 for all CCG's nationally. The outcomes of these assessments were made available on the MyNHS website in July 2019. The CCGs overall rating for 2018/19 is 'Requires Improvement'. The Sefton CCGs were the only two in Merseyside to receive a Green Star for patient and public engagement. Ratings for each of the clinical priority areas are detailed below, along with actions being taken by commissioning leads to improve certain areas. The clinical priority areas are cancer, maternity, mental health, dementia, learning disabilities and diabetes.

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 2018/19 Performance

Indicator	Value	Definition
2018-19 Assessment - Cancer		Good
Cancers diagnosed at early stage	47.36%	<i>of all newly diagnosed cases of cancer are diagnosed at an early stage</i>
People with urgent GP referral having 1st definitive treatment for cancer within 62 days of referral	77.77%	<i>of people treated within 62 days</i>
One-year survival from all cancers	76.20%	<i>one year survival</i>
Cancer patient experience	9.1	<i>is the average score given by patients asked to rate their care on a scale from 1 to 10 (10 being best)</i>

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 2018/19 Performance

Indicator	Value	Definition
2018-19 Assessment - Maternity		Requires Improvement
Maternal smoking at delivery	12.23%	<i>of 237 mothers smoked at delivery</i>
Neonatal mortality and stillbirths	44.45	<i>is the score out of 100 based on six survey questions</i>
Women's experience of maternity services	79.74	<i>is the score out of 100 based on six survey questions</i>
Choices in maternity services	44.45	<i>is the score out of 100 based on six survey questions</i>

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
- Delivery of the mental health investment standard
- Mental health crisis team provision
- Ensuring the quality of mental health data submitted to NHS digital is robust (DQMI)
- Proportion of people on GP severe mental illness register receiving physical health checks

NHS Southport & Formby CCG 2018/19 Performance

Indicator	Value	Definition
2018-19 Assessment - Mental Health		Good
Improving Access to Psychological Therapies - recovery	64.10%	<i>of people who finished treatment moving to recovery</i>
Improving Access to Psychological Therapies - access	3.19%	<i>of people who have depression and/or anxiety disorders who have started treatment</i>
People with 1st episode of psychosis starting NICE-recommended treatment within 2 weeks of referral	77.08%	<i>of 48 people with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral</i>
Delivery of the mental health investment standard	Green	
Mental health crisis team provision	0%	<i>Proportion of crisis resolution and home treatment (CRHT) services in the STP area able to meet selected core functions</i>
Ensuring the quality of mental health data submitted to NHS digital is robust (DQMI)	78.48	<i>78.48 average score against the Mental Health Services Dataset component of the DQMI for providers commissioned by the CCG</i>
Proportion of people on GP severe mental illness register receiving physical health checks	25.66%	<i>25.66% of people on general practice SMI registers received a comprehensive physical health check in a primary care setting in the last 12 months</i>

Dementia

The CCGs overall rating for Dementia is '**Outstanding**'. The 2018/19 rating for dementia considers two indicators: dementia diagnosis rates, care plan reviews and post-diagnostic support for people with dementia.

NHS Southport & Formby CCG 2018/19 Performance

Indicator	Value	Definition
2018-19 Assessment - Dementia	★	Outstanding
Estimated diagnosis rate for people with dementia	76.23%	<i>of the estimated number of people with dementia have a recorded diagnosis</i>
Dementia care planning and post-diagnostic support	80.17%	<i>of patients with dementia whose care plan has been reviewed in the preceding 12 months</i>

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.
- Completeness of the GP learning disability register

NHS Southport & Formby CCG 2018/19 Performance

Indicator	Value	Definition
2018-19 Assessment - Learning Disability		Requires Improvement
Reliance on specialist inpatient care for people with a learning disability and/or autism	61	<i>per million registered population</i>
Proportion of people with a learning disability on the GP register receiving an annual health check	49.30%	<i>of people on a GP learning disability register received an annual health check</i>
Completeness of the GP learning disability register	0.60%	<i>of the population (all ages) are included on a GP learning disability register</i>

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 2018/19 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.

NHS Southport & Formby CCG 2018/19 Performance

Indicator	Value	Definition
2018-19 Assessment - Diabetes		Requires Improvement
Diabetes patients that have achieved all the NICE recommended treatment targets	42.22%	<i>100.00% participation in the NDA</i>
People with diabetes diagnosed less than a year who attend a structured education course	2.20%	<i>100.00% participation in the NDA</i>

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.

See actions above under indicator 103b.

4. 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	14/11/2018
Q2	24/01/2019
Q3	18/04/2019
Q4	09/07/2019

5. Recommendations

The Governing Body is asked to note the contents of the exception report.

Luke Garner
Head of Business Intelligence, Strategic Planning and Performance
September 2019

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/103	Author of the Paper:						
Report date: September 2019	Document produced by Grant Thornton. To be presented by: Martin McDowell Chief Finance Officer martin.mcdowell@southportandformbyccg.nhs.uk Tel: 0151 317 8350						
Title: Annual Audit Letter							
Summary/Key Issues: The Annual Audit Letter summarises the key findings from the external audit work for NHS Southport and Formby CCG for 2018/19. As this is a public document, the Annual Audit Letter has been displayed on the CCG website.							
Recommendation	<table style="float: right;"> <tr><td>Receive</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Approve</td><td><input type="checkbox"/></td></tr> <tr><td>Ratify</td><td><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"/>						
The Governing Body is asked to receive the Annual Audit Letter.							

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	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			Received by the Audit Committee on 10 th July 2019.



The Annual Audit Letter for NHS Southport and Formby CCG

Year ended 31 March 2019

June 2019



Contents



Your key Grant Thornton
team members are:

Robin Baker
Director

T: 0161 214 7232
E: robin.j.bakerh@uk.gt.com

Georgia Jones
Senior Manager

T: 0161 214 6383
E: georgia.s.jones@uk..gt.com

Lucinda Highfield
Assistant Manager

T: 0151 224 7238
E: Lucinda.m.highfield@uk.gt.com

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Executive Summary

Purpose

Our Annual Audit Letter (Letter) summarises the key findings arising from the work that we have carried out at NHS Southport and Formby Clinical Commissioning Group (the CCG) for the year ended 31 March 2019.

The Letter is intended to provide a commentary on the results of our work to the CCG and external stakeholders, and to highlight issues that we wish to draw to the attention of the public. In preparing this Letter we have followed the National Audit Office (NAO)'s Code of Audit Practice and Auditor Guidance Note (AGN) 07 – 'Auditor Reporting'. We reported the detailed findings from our audit work to the CCG's Audit Committee as those charged with governance in our Audit Findings Report on 23 May 2019.

Respective responsibilities

We have carried out our audit in accordance with the NAO's Code of Audit Practice, which reflects the requirements of the Local Audit and Accountability Act 2014 (the Act). Our key responsibilities are to:

- give an opinion on the CCG's financial statements and regularity assertion (section two)
- assess the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion) (section three).

In our audit of the CCG's financial statements, we comply with International Standards on Auditing (UK) (ISAs) and other guidance issued by the NAO.

Our work

Materiality

We determined materiality for the audit of the CCG's financial statements to be £3,739,000, which is 2% of the CCG's 2017/18 gross revenue expenditure.

Financial Statements opinion

We gave an unqualified opinion on the CCG's financial statements on 28 May 2019.

As well as an opinion on the financial statements, we are required to give a regularity opinion on whether expenditure has been incurred 'as intended by Parliament'. Failure to meet statutory financial targets automatically results in a qualified regularity opinion. Based on our review of the CCG's expenditure we gave an unqualified regularity opinion.

NHS Group consolidation template (WGA)

We also reported on the consistency of the financial statements consolidation template provided to NHS England with the audited financial statements. We concluded that these were consistent.

Use of statutory powers

We did not identify any matters which required us to exercise our statutory powers.

Executive Summary

Value for Money arrangements We were satisfied that the CCG put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources. We reflected this in our audit report to the members of the Governing Body on 28 May 2019.

The CCG achieved approximately half of its planned efficiencies in the year but was able to meet its financial targets through other mitigating actions. For 2019/20 the CCG's target is to breakeven although that requires the delivery of £11m of savings. It will be important the CCG continues to monitor and assess the delivery of these planned savings.

Certificate We certified that we have completed the audit of the financial statements of NHS Southport and Formby CCG in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice on 28 May 2019.

Working with the CCG

During the year we have delivered a number of successful outcomes with you:

- An efficient audit – we delivered an efficient audit with you in May.
- Understanding your operational health – through the value for money conclusion we provided you with assurance on your operational effectiveness.
- Sharing our insight – we provided regular audit committee updates covering best practice. We also shared our thought leadership reports

We would like to record our appreciation for the assistance and co-operation provided to us during our audit by the CCG's staff.

Grant Thornton UK LLP
June 2019

Audit of the Financial Statements

Our audit approach

Materiality

In our audit of the CCG's financial statements, we use the concept of materiality to determine the nature, timing and extent of our work, and in evaluating the results of our work. We define materiality as the size of the misstatement in the financial statements that would lead a reasonably knowledgeable person to change or influence their economic decisions.

We determined materiality for the audit of the CCG's financial statements to be £3,739,000 which is 2% of the CCG's 2017/18 gross revenue expenditure. We used this benchmark as, in our view, users of the CCG's financial statements are most interested in where the CCG has spent its allocation in the year.

We also set a lower level of specific materiality for senior officer remuneration and related party transactions.

We set a lower threshold of £186,000 above which we reported errors to the Audit Committee in our Audit Findings Report.

The scope of our audit

Our audit involves obtaining enough evidence about the amounts and disclosures in the financial statements to give sufficient assurance that they are free from material misstatement, whether caused by fraud or error. This includes assessing whether:

- the accounting policies are appropriate, have been consistently applied and are adequately disclosed;
- the significant accounting estimates made by management are reasonable; and
- the overall presentation of the financial statements gives a true and fair view.

We also read the remainder of the Annual Report to check it is consistent with our understanding of the CCG and with the financial statements included in the Annual Report on which we gave our opinion.

We carry out our audit in accordance with ISAs (UK) and the NAO Code of Audit Practice. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our audit approach was based on a thorough understanding of the CCG's business and is risk based. We identified key risks and set out overleaf the work we performed in response to these risks and the results of this work.

Audit of the Financial Statements

Significant Audit Risks

These are the significant risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Operating expenses – purchase of secondary healthcare</p> <p>A significant percentage of the CCG's expenditure is on contracts for healthcare with NHS providers and non-NHS providers, such as operations and hospital care. This expenditure is primarily derived through block contracts that are agreed up front for a predetermined cost or level of activity. Contract variations are agreed with the supplier throughout the year to recognise demand and price adjustments against the agreed contracts. Costs related to contract variations are recognised when the adjustment has been agreed with the provider, with accruals raised at the year-end for completed activity for which an invoice has not been issued.</p> <p>We identified the accuracy and occurrence of secondary healthcare expenditure – contract variations, and the existence of associated payables and accruals, as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>We performed the following procedures:</p> <ul style="list-style-type: none"> ▪ gain an understanding of the financial reporting processes used for the purchase of secondary healthcare and evaluate the design of the associated controls ▪ agree, on a sample basis, invoices for variations to secondary healthcare contracts to supporting evidence ▪ using the DHSC mismatch report, we will investigate unmatched expenditure and payable balances with NHS bodies over the NAO £0.3m threshold, corroborating the unmatched balances included in the CCG's financial statements to supporting evidence, and ▪ agree, on a sample basis, payable and accrual balances relating to secondary healthcare to supporting evidence. 	<p>Our audit work did not identify any issues in respect of secondary healthcare expenditure – contract variations.</p>

Audit of the Financial Statements

Significant Audit Risks

These are the significant risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Management override of internal controls</p> <p>Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management override of controls is present in all entities. . The CCG faces external pressures to meet agreed targets, and this could potentially place management under undue pressure in terms of how they report performance.</p> <p>We therefore identified management override of control, in particular journals, management estimates and transactions outside the course of business as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>We performed the following procedures:</p> <ul style="list-style-type: none"> • evaluated the design effectiveness of management controls over journals • analysed the journals listing and determine the criteria for selecting high risk unusual journals • tested unusual journals made during the year and after the draft accounts stage for appropriateness and corroboration • gained an understanding of the accounting estimates and critical judgements applied made by management and consider their reasonableness • evaluated the rationale for any changes in accounting policies, estimates or significant unusual transactions. 	<p>Our audit work did not identify any issues in respect of management override of controls</p>

Audit of the Financial Statements

Audit opinion

We gave an unqualified opinion on the CCG's financial statements on 28 May 2019.

As well as an opinion on the financial statements, we are required to give a regularity opinion on whether expenditure has been incurred 'as intended by Parliament'. Failure to meet statutory financial targets automatically results in a qualified regularity opinion.

Based on our review of the CCG's expenditure we gave an unqualified regularity opinion.

Preparation of the financial statements

The CCG presented us with draft financial statements in accordance with the national deadline, and provided a good set of working papers to support them. The finance team responded promptly and efficiently to our queries during the course of the audit.

Issues arising from the audit of the financial statements

We reported the key issues from our audit to the CCG's Audit Committee on 23 May 2019.

Annual Report, including the Governance Statement

We are also required to review the CCG's Annual Report and the Governance Statement included within the Annual Report. It provided these on a timely basis with the draft financial statements with supporting evidence.

Certificate of closure of the audit

We certified that we have completed the audit of the financial statements of NHS Southport and Formby CCG in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice on 28 May 2019.

Value for Money arrangements

Background

We carried out our review in accordance with the NAO Code of Audit Practice, following the guidance issued by the NAO in November 2017 which specified the criterion for auditors to evaluate:

In all significant respects, the audited body takes properly informed decisions and deploys resources to achieve planned and sustainable outcomes for taxpayers and local people.

Key findings

Our first step in carrying out our work was to perform a risk assessment and identify the risks where we concentrated our work.

The risks we identified and the work we performed are set out overleaf.

Overall Value for Money conclusion

We are satisfied that in all significant respects the CCG put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2019.

Value for Money arrangements

Value for Money Risks

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Financial Sustainability</p> <p>The CCG has a brought forward cumulative deficit of £10.295m and has agreed a target outturn of a £1m surplus in 2018/19. In order to achieve this the CCG will need to deliver QIPP savings of £5.210m. The month 8 figures showed a year to date deficit of £900k with a best case scenario of a year end £1m surplus. The likely year end position being forecast at that time is a deficit of £3.221m.</p>	<p>We reviewed the CCG's arrangements for updating, agreeing and monitoring its financial plans, and for communicating key findings and actions to be taken as reported to the Governing Body.</p> <p>We assessed the progress of the CCG against the agreed control total of £1m surplus in year reviewed the reasonableness of its financial plans for 2019/20.</p>	<p>The CCG, along with the wider Cheshire and Merseyside Health economy, continued to face an increasingly significant financial challenge in 2018/19. The 2018/19 control total was a £1m surplus for the year and the CCG achieved this total. During 2018/19 the Governing Body received regular finance reports that set out key financial forecasts and risks alongside analysis of progress toward the required QIPP target</p> <p>The QIPP requirement for 2018/19 was £5.210m. As at 31st March 2018 the CCG reported that £2.745m of the QIPP requirement had been delivered and this represented 53% of the requirement.</p> <p>For 2019/20 the CCG target is breakeven. The CCG has set an ambitious target of £11m QIPP savings in 2019/20 and has identified potential opportunities for the required savings. However, the majority are rated as 'red' so will need careful monitoring through the year. The CCG also held a Governing Body development session in order to take account of members views and to reinforce key messages around QIPP.</p> <p>Although in 2018/19 the CCG did not achieve all the savings it had originally planned, through identifying mitigating actions and agreeing these with the Governing Body, the CCG was able to achieve it's control total of £1m surplus in the year. Overall the CCG remains in deficit with a cumulative deficit of £9.295m</p> <p>Based on the above, we have concluded appropriate arrangements are in place. Looking ahead it is important that the delivery of the QIPP programme is closely monitored and the CCG needs to continue to work effectively with partners to seek to address the underlying issues in the local health economy.</p>

A. Reports issued and fees

We confirm below our final reports issued and fees charged for the audit

Reports issued

Report	Date issued
Audit Plan	January 2019
Audit Findings Report	23 May 2019
Annual Audit Letter	June 2019

Fees

	Planned Actual fees 2017/18 fees		
	£	£	£
Statutory audit	42,000	42,000	42,000
Mental Health Investment Standard	TBC	TBC	N/A
Total fees	TBC	TBC	42,000

Audit related services:

Mental Health Investment Standard Compliance Statement - we anticipate that this work will be completed by the end of September and that the estimated fees will be £10k. A formal letter of engagement has not yet been agreed



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MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/104	Author of the Paper: Judy Graves Corporate Business Manager Judy.Graves@southseftonccg.nhs.uk 0151 317 8352						
Report date: August 2019							
Title: Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map							
Summary/Key Issues: The report presents the Corporate Risk Register (CRR) as at 27 June 2019 (Q1 2019/20) and corresponding Heat Map which summarises all the mitigated risks of the CCG with a score of 12 and above and as scrutinised by the Audit Committee in July 2019. Further presented is an interim Q2 GBAF report as at 15 th August 2019 which is being presented for scrutiny.							
Recommendation	<table style="float: right; border-collapse: collapse;"> <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;">X</td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table> <p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Fully review, scrutinise and if satisfied, approve the CRR and Heat Map as recommended by the Audit Committee • Fully review, scrutinise and if satisfied approve the interim Q2 2019/20 GBAF • Note the update on the review carried out to date and the further considerations. • Make recommendation for any further updates and actions 	Receive	X	Approve	X	Ratify	
Receive	X						
Approve	X						
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			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			Risk reports reviewed by the respective leads and committees and presented to the leadership team for review on 2 nd July 2019. With further review of the interim Q2 GBAF as submitted to leadership team on 20 August 2019

Report to the Governing Body September 2019

1. Executive Summary

The paper provides the Governing Body with an updated Corporate Risk Register (CRR) and Risk Heat Map as at 27 June 2019 and presents a quarter 1 2019/20 position, as presented for review and scrutiny by the Audit Committee in July 2019.

Also included is an interim Q2 GBAF being presented for review and scrutiny following discussion at Audit Committee.

The CRR has been presented to the risk leads for update and is reviewed by the respective committees and leadership team as part of the risk process.

The GBAF has been further reviewed by the risk leads and presented to leadership team for review in August 2019.

2. Position Statement 27th June 2019 (Q1 2019/20)

2.1. Corporate Risk Register and Risk Heat Map

Of the 45 Southport & Formby CCG operational risks on the CRR (Appendix A) as at the end of Quarter 1 2019/20, there are 24 rated high (score of 12) or above:

- Finance and Resource: 2
- Quality: 20
- Primary Care Commissioning: 2

During this period:

- The CRR has been refreshed for 2019/20. Risks have been reviewed to ensure appropriate and in some cases split or merged including:
 - The risks for SEND have been merged: QUA033 has been updated to include QUA065
 - QUA008: cancer target risk has been split to include 14 day and 62 day. See QUA071 and note that the 14 day target risk QUA074 currently sits below the reporting threshold.
- Joint Commissioning Committee risks are now the Primary Care Commissioning Committee in Common risks
- 18 risks have remained the same score to that reported for the last quarter. This also includes those risks that have had the descriptions refreshed.
- 0 risks have improved
- 2 risks have increased
 - QUA033: Risk to non-delivery of the SEND recommendations: Actions are being implemented and additional controls put in place to ensure the regular reporting and close monitoring of requirements. Score will remain as is until improvements evidenced.

- QUA044: Potential inability to provide the necessary quality assurance to the governing body as a result of decreased capacity within the quality team: A plan is in place and actions undertaken however results from these will not be seen until the next quarter.
- 4 new risks: FR0010, FR0010a, QUA071, QUA074

CRR Risk Positions

Risk	Score	Number of Risks
High	(8-)12	14
Extreme	15 – 25	10

CRR Highlights: Risk Heat Map

The highlights are as shown in the Heat Map, Appendix B. Please note that the map plots the position of the refreshed risks as at Q1 2019/20. Reports through the year will show the movement from that point.

3. Risk Review: Update

An initial review has been carried out on the CRR and has taken into account risk and organisational change. This review will continue through the following quarter and will look at:

- the support needed for those involved in the process, both the risk owners and those responsible for collating the updates and feeding through to the respective committees
- clarity on content and scoring so as to ensure meaningful and appropriate
- process so as to ensure the timely completion of updates for review and scrutiny at each stage of the process.

4. Audit Committee Recommendations 10 July 2019

The committee recommended approval of the updates to the Heat Map and CRR but raised a number of queries on individual risks which is being looked at in the current round of updates.

The committee noted that the GBAF was not presented and required further review by some of the risk leads and as such should be presented to the Governing Body in September 2019.

5. Governing Body Assurance Framework (GBAF)

There are a total of 15 risks against the 6 strategic objectives for Southport & Formby CCG. This is an increase on the 2018/19 GBAF of 5 risks.

GBAF Risk Positions

Risk	Score	Number of Risks
Low	1-3	0
Moderate	4-6	1
High	8-12	10
Extreme	15 - 25	2

GBAF Highlights

A full review has been carried out on the GBAF including an update of the new objectives for 2019/20 and the risks against these which have been either removed, re-written or added.

The highlights to the refreshed GBAF can be seen in the first section of the GBAF report (Appendix D). Reports through the year will show the movement from that point.

6. Recommendation

The Governing Body is asked to:

- Fully review, scrutinise and if satisfied, approve the CRR and Heat Map as recommended by the Audit Committee
- Fully review, scrutinise and if satisfied approve the interim Q2 2019/20 GBAF
- Note the update on the review carried out to date and the further considerations.
- Make recommendation for any further updates and actions

7. Appendices

Appendix A: Corporate Risk Register

Appendix B: Risk Heat Map

Appendix C: Risk Themes

Appendix D: Governing Body Assurance Framework

Appendix E – Risk Matrix

Judy Graves

Corporate Business Manager

August 2019

Governing Body Meeting	Responsible Committee/Team	Committee Team ID	CRR ID: SF	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that the risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Initial Score	Mitigating Action (What additional controls/systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Leadboard (Y/N)	Compendium (Y/N)	Mitigation (Y/N)	Owner Review Date	Comm. Review Date	18/19 Q4 Score	19/20 Q1 Score	Trend to prior Q	Overall Trend
PTI	Quality Committee	QJAO02	SF011	Jan 15: Q4 2014/15	QJAO11	Karl McCuskey (Jan Leonard & Geraldine O. Carroll)	Commissioning and Delivery	There is a risk of patients being harmed or receiving inadequate care caused by failure to deliver against National Key Performance Indicator for IPT (Improving Access to Psychological Therapies) resulting in the potential for reduced levels of patient care.	<ul style="list-style-type: none"> Monthly performance and contractual meetings and reporting process in place Enhanced open access provision for patients to self refer including advice on free referral Business case for IPT pilot in place Group sessions and LTP pilot in place Business case for additional investment approved. 	4	3	12	<ul style="list-style-type: none"> Additional focus on reducing Internal Waits and Did Not Attend Increased IPT group work. 	<ul style="list-style-type: none"> Early indicators of reduced DNAs and significant heightened levels of self referral. New Access Target remain challenging in terms of patient numbers. Reported expert team to support the CCG in improving performance. Year to date performance 18/19 (August) was suboptimal but improved when compared to similar period of 17/18. Self referrals have increased within the Access Self-referral service in August 17. 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 service on contract meetings Further initiatives in place focusing on specific GP practices, community groups and local employers. Group sessions are also in place. Draft business case has been submitted by the provider to enable them to achieve a 40% in-term quarter requirement of 4500 in 2018/19. Access target increases to 19% in 2018/19. 2/3 of the increase are by LTP-IAPT as part of the MHVYV commitment to integrated Long Term Condition working. Business case has been approved, recruitment of additional staff will be commencing. Additional staff have been recruited however there remains a risk that the 25% access target for 2019/20 will not be achieved. 	4	3	12	Jun-19	Mar-19	12	12	++	++
PTI	Quality Committee	QJAO03	SF021	Apr 2015 Q1 2015/16	QJAO33	Karl McCuskey	Commissioning and Delivery	There is a risk to the sustainability of Southport and Ormskirk Hospital Trust caused by financial pressure and shortages in clinical staff resulting the potential decrease in the quality of patient care.	<ul style="list-style-type: none"> Case for You programme launched July 2017. Led by Southport & Ormskirk CCG in conjunction with West Lancs and S&O. Programme also has input from NHSE and NHG with support from the Northern Clinical Commissioning Group. NHSE and NHG formally in place. System Transformation Board established with underpinning acute sustainability work stream. PMO in place with agreed leadership across the system Project plan towards development of PCDC established and agreed Clinical leads from CCG identified and contributing development of clinical models. Clinical models review at wider group (May 2019), clinical QIPF and governing body (Jun June 2019) agreed risk share contractual agreement in place for 2019/20 with S&O Joint Turnovered Director in place across the system 	5	4	20	<ul style="list-style-type: none"> Further work required to cement and agree governance structures, reporting lines and accountability. 	<ul style="list-style-type: none"> CCG now formally part of North Mersey LGS CCG expects to complete work on development of in-hospital model with recommendations through to GB by end of Sept 16. Reports presented to GB in September 2016. Model shared with GB in September - Engaging with local clinicians to develop a collaborative view of hospital services Case for change developed jointly with S&O and West Lancs CCGs considered and endorsed with the NHG LGS in April 17. Further agreed at Tri-Board. West Lancs CCG, SFGCC and S&O in May 17. Length Clinical Event scheduled for July May Developing Meeting with NHG scheduled end of May CCGAC - New governance structure being developed as part of North Mersey Hospitals Review - Terms of Reference drafted to go through the governance process by September - NHG Clinical Lead to be agreed and in place - PMO support agreed - case for change - Outline plan to be developed by the end of September for NHSE and NHSE Trust Board established along with Clinical Leaders group - Provider Group and Activity and Finance Group - Draft timetable outlined with NHSE and NHG - Reviewing resource support for overall programme Further revised governance structure established with the Cheshire and Merseyside Health Care Partnership (CHMP) - Transformation Programme Board - meetings on 24/1/18 - Outline proposal in place for acute services - clinical pathways and case closer to home to be considered Service change proposal in development to complete 2017/2018 PMO resources to be progressed by new Programme Director in conjunction with Trust CEO Substantive CCG to S&O in place from April 2018 Awaiting confirmation of who will be owning this risk Schedule of vulnerable services identified by S&O and exploring network solutions across north Mersey 	5	4	20	Jun-19	Mar-19	20	20	++	++
PTI	Quality Committee	QJAO05	SF026	Q1 2016/17	QJAO43	Karl McCuskey	Commissioning and Delivery	There is a risk that stroke services fall below the required performance and quality standards caused by gaps and unanticipated variation across the stroke pathway resulting in decreased standards of patient care.	<ul style="list-style-type: none"> Monthly review of stroke performance incl. SSNAP Monthly review of operational targets and mortality Completion of external review strategic model of care developed and agreed across north Mersey and the GMH Healthcare Partnership North Mersey Stroke Board established Outline project timetable through to PCDC development in place which is monitored through the stroke board through to committee in common 	4	4	16	<ul style="list-style-type: none"> Awaiting Stroke Network Case for Change for North Mersey to be considered at the QIPF and North Mersey LGS in November 2018. Formally requested a review of rehab provision at Southport and Ormskirk in an effort to enable an Early Supporting Discharge Service to be commissioned in January 2018. Project funding requirements expected and will be addressed as project progresses with respective CCG partners 	<ul style="list-style-type: none"> S&O CCG attended GB Plan 2 to outline intended actions following reviews - further progress update provided by S&O CCG in April 17. Delivered a number of projects in line with the plan - CCG agreed to provide assurance on CCG measures taken to date - CCG agreed clear commissioning position for Stroke services as S&O Meeting with NHSE and Stroke network to agree way forward by the end of May - Clinical leads across NM agreed options for H&G provision at weekends - meetings being developed operationally for November/December 2017 - Review of current service provision 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 August 2017 The North Mersey Stroke Board have progressed work on operational arrangements for 14 day and shift of hyper-acute patients at weekends - Plan reviewed before this in the calendar year Cheshire and Merseyside Strategy for stroke including North Mersey to be considered at QIPF level in December 2017 and at North Mersey Leadership Group in January 2018 - Focus Taylor meeting confirmed with CCGs at Southport and Ormskirk and Aintree alongside clinical teams for March 2018 Formerly written to S&O CEO requesting business continuity plan to maintain existing services while north Mersey programme is progressed. Expected by the end of June 2019. Developing North Mersey programme project support as part of the Aintree-Royal PMO mergers team 	4	4	16	Jun-19	Mar-19	16	16	++	++
PTI	Quality Committee	QJAO06	SF016	Apr 2015 Q1 2015/16	QJAO24	Karl McCuskey (Sharon Forrester)	Commissioning and Delivery	There is a risk of poor quality patient care in A&E caused by increase in demand on the service, decreased staffing and poor patient flow resulting in non delivery of A&E target (SF)	<ul style="list-style-type: none"> A&E Executive Delivery Board in place since Dec 2014 Implement a change performance reporting to NHSE and NHG North Mersey subgroup in place S&O NHSE subgroup in place Monthly contractual performance meetings Monthly Integrated Performance Report reported to Governing Body Monthly Quality meeting reported to Governing Body Revised performance trajectory agreed with monthly/weekly Long stay review meeting implemented. All agency discharge events in place to mitigate escalation NM mutual aid in place to support improvement Revised performance trajectory agreed with NHSE System working collaboratively to maintain system patient flow Spot purchasing of additional beds Super stranded 3 day event Community bed MADE undertaken Cross boundary working and mutual aid considered and in place where possible Additional senior medical staffing and consultant ward rounds Boarding and additional escalation areas opened 	3	3	9	<ul style="list-style-type: none"> Recovery plan agreed QIPF trajectory met Sept 18 Need to assess the impact of the additional measures on flow and performance 	<ul style="list-style-type: none"> 12 hour breaches greatly improved attributable to Mental Health. Overall performance being reviewed by A&E Delivery Board. Have further progressed to undertaking a quality risk profile tool assessment and have alerted the Trust accordingly The Trust have implemented an internal improvement programme to improve patient flow. Re-launch SAFER, recruitment in place, integrated in house discharge as a consequence there is a reduced number of stranded patients and improve performance and discharge lounge in place Sep-18 Feb 19 - Changes to estates have improved patient flow at A&E and 4 hour waits, work still on-going in terms of response to 12 hour breaches 	4	3	12	Jun-19	Mar-19	12	12	++	↑
PTI	Quality Committee	QJAO07	SF001		BUO001 SS	Karl McCuskey (Sarah McGrath)	Commissioning and Delivery	There is a risk the CCG will not meet the any constitutional target notably 14 day and 62 day for cancer standards caused primarily by lack of resources/staff resulting in a decrease in the quality of services. (SS)	<ul style="list-style-type: none"> Clinical Quality and performance Meetings with Cancer Leads and Manager Clinical meetings with Cancer Leads and Manager Cancer Improvement Group Actions from meetings Performance of providers against constitutional target is monitored monthly GB RPA contract perform with individual exceptions being addressed in turn RCA for any 62 day breaches, harm review over 104 days Patients that are 104+ days are subject to clinical harm review. If harm has been identified, this must be reported as a serious incident. 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 North Mersey Cancer Operational and Performance Group actions from meetings Proposal agreed regarding the escalation process and timescales for issuing performance notices for review by CCGCO 	3	3	9	<ul style="list-style-type: none"> North Mersey system-wide cancer performance view has highlighted priority areas for recovery in quarter 1 18/19 focussing on diagnosis 104 day requirements from providers could be improved with NHSE developing template to address Sept 18 	<ul style="list-style-type: none"> Jan 19 - All providers - Work on optimal timed pathways for lung, colorectal and prostate cancers. Aintree - Reinforce leadership and workforce capacity within the Cancer and Performance Teams Aintree - Established RCA review and learning group ES&I awarded to Aintree by NHSE to support additional diagnostic capacity to improve cancer performance November 18 - March 19, focussing on oncology, colorectal and MRI capacity. Patient choice factors in pathway delays. This remains a complex and challenging area to address. Healthcare has been involved Liverpool Women's (LW) hospital has reported increases in 2 week referrals as a probable consequence of increasing waiting times for routine gynaecology appointments. A recovery plan for RTT and cancer pathways is in place LW and Liverpool CCG to manage Work is on-going to develop a local cancer dashboard to help us focus on themes and trends and identify areas for improvement Work for CCG SMT to better understand and quantify increases in demand This risk has been split into two risks; 14 and 62 day targets. See QJAO71 and 073. This risk can now be removed. 	4	3	12	Jun-19	Mar-19	12	N/A		

Governing Body Meeting	Responsible Committee/Team	Committee Team ID	CRR ID: SF	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Initial Score	Mitigating Action (What additional controls/systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood (Post Mitigation)	Consequence (Post Mitigation)	Overall Trend						
PTI	Quality Committee	QUA011	SF028	Sep 2018 02/2018/17	QUA045	Jerry Owen	Quality	Risk of infection/hospital admission caused by poorly maintained nebuliser equipment resulting in harm to patients. <ul style="list-style-type: none"> Plan Mersey Sub Group informed Identifying short term solution for patients currently prescribed a nebuliser to be reviewed, be given advice on cleaning equipment and have access to replacement filters and tubing. Long term lasting with respiratory teams, consultants, LCI and GP teams to ensure basics are right for the future. Patent information leaflet produced. 	<ul style="list-style-type: none"> Action plan aligned to Business Continuity Plan KPPs in contract for Looked After Children and monitored through Quality Committee and contract meetings. CCG concerns raised by Chief Nurse via meetings with Director of Operations and Integration at NWB Chief Nurse concerns reported to both JOC and Governing Body. Designated Doctor for LAC now in post NWB restructure now complete Designated Nurse oversight and support in place for the team. Commissioner/Provider update meetings held every 3 months. 	4	5	20	<ul style="list-style-type: none"> All organisations to follow guidance from governance leads within their organisations Regarding primary care prescribing - JO requested practice information facilities to run a search on all patients prescribed nebulisers. This will identify the size of the problem and enable practice to receive a review & education. Update presented at the August 17 Quality Committee Meeting A meeting will be held with all providers to work up a longer term solution. 	<ul style="list-style-type: none"> Primary Care prescribing - Following the completion of the search it was identified that Medicines Management did not have the capacity to take through. As a result the Nurses in Practice will review the data as part of the practice patient annual review and complete the process. Should a patient be identified as needing a full review they will be referred to the appropriate specialist team. The referral process will be completed by April 2018. Step 18 - Email sent to the LAC in Feb 18 and was approved. Nurses in CRT given deadline for referral in Sept 2018. Audit process put in place to review activity and effectiveness will report Nov 19. Work being undertaken with providers and primary care to identify and put in place safe patient pathways across the system, in line with best practice. Step 18 - Email sent direct to GP and practice Nurses to outline the review process along with referral forms and leaflet 17th April 2018. This was also put in the bulletin. The Community respiratory Team agreed to do the reviews during the summer period therefore the referrals could only be sent in until end of August 2018. Current status - referral process is complete and commissioners are awaiting for a feedback report on numbers identified, referred and reviewed from the respiratory team and practice facilities. Nov 18 - CCG still awaiting the report from Merseycare re numbers of patients received, reviewed and sent back to primary care with a plan. Not all patients have been reviewed to date, this has been discussed with the clinical lead for Southport Dr Kai Scholtz and she advised that the remaining patients could be reviewed over the summer months next year (2019), all patients however will have received a leaflet to show them how to clean the nebulisers and a name of a company they can get replacement tubing from. 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. 	4	3	12	May-19	Mar-19	12	12	++	↓
PTI	Quality Committee	QUA025A	SF033	Jun 2015 01/2015/16	SFA038	Debbie Egan, Brendan Prescott	Quality	Risk that patients could be harmed or receive inadequate care caused by a lack of assurance and capacity within the commissioned Looked After Children's Health Team resulting in potential negative effect on outcome.	<ul style="list-style-type: none"> Action plan aligned to Business Continuity Plan KPPs in contract for Looked After Children and monitored through Quality Committee and contract meetings. CCG concerns raised by Chief Nurse via meetings with Director of Operations and Integration at NWB Chief Nurse concerns reported to both JOC and Governing Body. Designated Doctor for LAC now in post NWB restructure now complete Designated Nurse oversight and support in place for the team. Commissioner/Provider update meetings held every 3 months. 	4	4	16	<ul style="list-style-type: none"> Quality assurance exercise to be carried out - Areas of assessment to include: <ul style="list-style-type: none"> whether or not assessed assessments carried out whether assessments have been carried out but information not reviewed assessments to be held - by July 15 	<ul style="list-style-type: none"> Nov 18 - NWB remodelled LAC team now partially staffed and should be at full complement of staff by Q4. CCG remain concerned regarding KPI performance for LAC however 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 financial accuracy. CCG report received and action plan being managed through task and finish group (please see risk HJ). On-going meetings with NWB with on-site support continuing to be delivered by LAC designated nurses. KPI performance has improved but on-going work still required. LAC team is now at full establishment but does not meet intercollegiate guidance for the numbers of LAC. Designated Nurse for Children in Care escalated to the Chief Nurse who has recommended a business case to be undertaken for additional funding. Also briefing paper for the leadership team to be presented in June 2018. Jun 19 - Briefing paper to LT was deferred due to provider organisation being asked to review their financial position provided to them by the CCG. The CCG have discussed this with the provider and the possibility of recruited additional staff with the available monies. As such the business case has been temporarily put on hold. 	4	4	16	Jun-19	Mar-19	16	16	++	↑
PTI	Quality Committee	QUA025B	SF032	Apr 2015 01/2015/16	BU0017	Tracy Jeffes	Corporate	Result of a disengaged membership cause by ineffective locality working resulting in less influence over clinical priorities.	<ul style="list-style-type: none"> Locality Roles and Functions to be reviewed Contest of primary care networks due in November 18 Locality Profiles being refreshed and compared to Local Authority Profiles December 18 Key issues continue to be reported to Governing Body on a quarterly basis 	3	4	12	<ul style="list-style-type: none"> Development of localities and primary care networks to support collaborative work in General Practice 	<ul style="list-style-type: none"> Nov 18 - development of localities and primary care networks to support collaborative work in General Practice Continuing work regarding development of localities and primary care networks to support collaborative work in General Practice - increased coverage of PCNs in the area of the 2018/19. Significant engagement with PCN and locality leads to assist in their establishment and in supporting new roles. 	3	4	12	Jun-19	Mar-19	12	12	++	↑
PTI	Quality Committee	QUA026	SF035	Jun 2016 01/2016/17	N/A	Tracy Jeffes	Corporate	There is a risk that gaps in workforce across the healthcare system caused by insufficient national workforce planning and funding pressures resulting in additional pressure on services.	<ul style="list-style-type: none"> Link into G4 M Healthcare Partnership Workforce Development work stream Continue to work with Sefton Council on wider strategies to promote Sefton as a 'great place to work' Development of workforce element in Sefton Transformation Programme 	4	3	12	<ul style="list-style-type: none"> Continue to work with LMC and NHSE schemes to attract more GPs to Sefton 	<ul style="list-style-type: none"> Continue to work with LMC and NHSE schemes to attract more GPs to Sefton. South Sefton PCNs successful in securing resources for range of recruitment and retention schemes. Work underway to support PCNs with new additional roles such as social prescribing link workers and medicines hubs 	4	3	12	Jun-19	Mar-19	12	12	++	↑
PTI	Quality Committee	QUA033	SF049	Mar 2017 04/2017/17	Merged with QUA065 (SF063/SS074)	Debbie Egan, Mairin McDowell	Quality	There is a risk of non-delivery of recommendations from the joint SEND CCG/CP/STED inspection caused by a lack of implementation and the CCG financial position resulting in loss of reputation and non-compliance.	<ul style="list-style-type: none"> Monitoring of SEND Action Plan via local and internal governance arrangements including JOC with regular progress updates being reported by Chief Officer. Formal monitoring meetings established with DFE & NHS with outcome reporting to DfK in place. New model for DCO developed across the health system. Funding arranged from existing resource within the CCG and providers. Letter received from the Minister in March 2018 acknowledging the progress to date. ASD Diagnostic element of the pathway approved by CCG Health SEND strategic Group established and meet bi-monthly Financial position reported through to SMT, SLT and governing body. Commitment made for up to £100k recurrent for NDP / ASD / ADHD and up to £20k recurrent to support SALT reducing waiting lists / input into the NDP diagnostic pathway. Included as regular agenda item for governing body meetings, senior leadership team, leadership team and joint quality committees in order to monitor and review action plan and progress. 	3	3	9	<ul style="list-style-type: none"> Identified strategic lead and commissioning manager for SEND. Already in place. Agreed priority areas for the Integrated Commissioning Group. Working Group set up with LA to develop the management plan. Identify support for the issues from NHSE/DfE. Continue to review provider performance e.g. Paediatrics Speech and Language via routine contract meetings. Ensure SEND inspection requirements are contained in any quality handbook to new providers. NHS Radiology - Long standing recruitment problem. There continues to be a vacant post and recruitment to these posts is a national problem. Trust outsourcing where possible. The Director, Manager and Clinical Director will be agreeing an action plan to take these forward as a result of a review carried out by NHS Independent Consultancy Firm. Cardio-Respiratory - Key member of team recently returned from long term sickness. Uroynamics - During the cyber attack, a number of clinics were cancelled. 5 weekly lists lost since April. The plan is to co-ordinate additional lists, these discussions are underway with both consultants and nursing team. Endoscopy - This is due to the last activity from 12/8/17 until 18/5/17 as a result of the cyber attack. Cytoscopy - A number relate to the cyber attack, no clinics available to book to avoid breaches. An action plan with timelines to be reported at the next contract meeting. 	<ul style="list-style-type: none"> Nov 18 - Chief Nurse as current DCO undertaking operational visits to health professionals across local system. New DCO to commence in role December 2018. DCO for Sefton and Liverpool now in post May 19 - SEND re-inspection took place April 19. Jan 19 - SEND inspection report published 13/08/19. SEND action plan reviewed and amended to reflect the inspection report completed by CCG/COO. SEND strategic group now led by CFO to oversee implementation of new action plan. M&D: <ul style="list-style-type: none"> Additional investment secured for key services (SALT) to reduce waiting times. Review of waiting times for other key services underway, expected to report end of July. Initial response being prepared by CCGs/LA for sending to DfE/DH ahead of meeting on 18 July 2019. Focus on performance escalated with all providers involved in delivering SEND services. 	4	4	16	Jun-19	Jun-19	9	16	↑	↑
PTI	Quality Committee	QUA037	SF042	Jan 2017 04/2017/17		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.	<ul style="list-style-type: none"> Joint Commissioning Committee Action Plans Joint Quality Committee Action Plans 	4	3	12	<ul style="list-style-type: none"> LQC for 18-19 now in place. GP FV Plan being delivered Primary Care Network funding secured for S&F 4 out of 4 localities. SS 3 out of 4 	<ul style="list-style-type: none"> GPV - developing plans for 7 day access to primary care services for implementation due to 'go live' October 18 (on track). CMJ wide bid for international recruitment to include both CCGs November 2017. As part of the bid workforce at practice level is being mapped waiting list candidates to be sourced, care navigator training started for practices (September 2018). The CCG has been successful in the application for clinical pharmacist posts from GPFV 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 on-going progress reported to JOC Risk covered under JOC3. This risk can be removed. 	4	3	12	Jun-19	Mar-19	12	12	++	↑
PTI	Quality Committee	QUA039	SF051	Jun 2017 01/2017/18	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.	<ul style="list-style-type: none"> Review of packages of care is an MHA and contractual requirement IPA Programme Board is also in place which is monitored by MLCSU Contract framework in place (inc CQPC). Review of packages of care being recorded and sent to CSU for assurance on a quarterly basis. 	4	4	16	<ul style="list-style-type: none"> Issue has been raised at Contract meetings and CQPC has discussed the issue and the review has been undertaken by Merseycare The issue will be discussed at executive nurse level and then monitored at Contract/Board/Finance Meetings in line with CCG historical Standard NHS Contract will be issued. The CCG Quality team are undertaking analysis of Mersey Care Site reports to ascertain if there is any correlation with reviews 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" 	<ul style="list-style-type: none"> 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. Audit shows they are being reviewed but not yet fully assured. Aug 18 - MCT agreed to provide activity reports on CPA/non-CPA review. 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 Sent through. No further update. 	4	3	12	Jun-19	Mar-19	12	12	++	↓

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PTI	Quality Committee	QJA044	SF043	Sep 2017/02 2017/18		Debbie Egan-Brendan Prescott	Quality	There is a risk that the decreased capacity within the quality team caused by secondment and resignation of team members & growing quality agenda will result in an inability to provide necessary internal and external quality assurance to the GB.	<ul style="list-style-type: none"> Hours have been increased for the current Practice Nurse Lead in order to ensure appropriate cover. Head of Quality and Safety and Deputy Head of Quality and Safety in post - Jan 18 2 x Programme managers in post - June 2018 Temporary support for Serious Incident Management in place until Sept 18 to support SJ portfolio of work. 	2	4	8	<ul style="list-style-type: none"> Regular review of team capacity and re-alignment at leadership team 	<ul style="list-style-type: none"> Business case being submitted by Quality Team for post of Serious Incident Management Administrator Nov 18 - Departure of Deputy Head of Quality and Safety reduces capacity within the team. Seeking authority to commence recruitment to the role. Based on LT discussions, post of Serious Incident Management Administrator, is yet to be confirmed. Post of Serious Incident Management Administrator remains interim. Further recruitment to the team to be discussed and agreed based on CCG function realignment. May 19 - Team running with 1 vacancy and 1 long term sickness. Interviews arranged for vacancy. Diary and function review to prioritise senior representation at external and internal meetings. Discussion with Accountable Officer about reduced function within team and prioritisation of workloads. June 19 - 3 x posts within Quality Team now appointed to and will all be in post by July 2019 and Sept 2019. 1 x staff member remains on sick leave and interviews have been arranged for the Chief Nurse secondment post. Interim support has been arranged to cover the Deputy Head of Quality post over the summer period. Despite the plans and actions in place, the team continue to operate with two senior posts vacant. This increases the risk to deliver against statutory duties until the posts are filled in Q2. 	3	4	12	Jun-19	Mar-19	8	12	1	1
PTI	Quality Committee	QJA047	SF046	Sep 2017/02 2017/18		Debbie Egan-Brendan Prescott	Quality	There is a risk in relation to performance at Aintree University Hospital caused by a number of pressures resulting in reduced quality of care and outcomes for patients.	<ul style="list-style-type: none"> Mitigated 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. Regulators and associated commissioners (April 2018) - action plan progress being monitored via CQPG meetings with CCG AO as Chair Exception reporting highlighted concerns is escalated bi-monthly to CAM QSG AJH CUP in place Regular one to ones established with new provider DoN Main working between CCG Ops and Quality teams 	4	5	20	<ul style="list-style-type: none"> Review level of concern against the NHSE QRP 	<ul style="list-style-type: none"> March 2018 CCG inspection report demonstrates reduction to previous inspection and Trust now "Requires Improvement" Single Item QSG - 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 Aintree CQPG. July 18 - Follow-up SIGSS outcome is for AJH to remain on enhanced surveillance. Trust has presented action plan to provide assurance on quality concerns. CCG AO to commence as chair of CQPG from July 2018 to focus on areas of concern and subsequent trust action Sept 18 - Workshop on CQPG form and function now taking place AG chairing. Input from other Commissioning colleagues to promote assurance being considered as part of new CQPG process. Next CQPG scheduled September 2018. Enhanced monitoring is now in place. Nov 18 - CCG working with other commissioners to agree on enhanced surveillance for the reduction in surveillance level for the trust. To be discussed with the provider at November 2018 CQPG, with NHSE input. Surveillance status reviewed at January 19 CQPG. 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 at April 19 CQPG. May 19 - evidence submitted did not provide assurance for de-escalation of enhanced surveillance at the trust. Trust requested to submit specific evidence at May CQPG. Jun 19 - Assurance provided and recommendation for de-escalation recommended at CAM QSG in June 19 and provider stepped down to routine surveillance. 	3	5	15	Jun-19	Mar-19	15	15	++	1
PTI	Quality Committee	QJA056	SF063	Dec 17/03 17/18	N/A	Debbie Egan-Brendan Prescott and Sharon Forester	Quality	There is a risk of 12 hour trolley waits for patients presenting at A&E at Southport & Ormskirk Hospital caused by system pressures resulting in reduced quality and safety of care.	<ul style="list-style-type: none"> Regular meetings with Trust on plans in place to ensure quality is maintained via CQCRM All 12 hour breaches to be avoided where ever possible Additional 18 community beds commissioned by the CCG and additional transitional beds provided by the LA to support flow MADE event taken place at the trust to continue internal process issuing and promoting safe and appropriate discharge (May 2018) Task and group set up to look at escalation planning including add-time requirements which is being incorporated into winter planning. EOP action plan now in place Integrated Discharge Planning Team now in place COO now appointed 	3	4	12	<ul style="list-style-type: none"> NM 12 hour breach policy to be adhered to including early escalation to system partners All 12 hour breaches to be avoided where ever possible Patients Safety, dignity and quality of care to be maintained at all times No delay of treatment or medication to be delayed as a consequence of the delay/breach It is to be completed followed by a full RCA at 60 days for lessons learned as per policy 	<ul style="list-style-type: none"> Nov 18 - The trust met the target for 12 hour trolley waits improvement work remains on-going to avoid breaches. The trust has failed to meet the 0% target on 12 hour breaches each month so far for 2019 due to continued pressure, however there has been an improvement from the previous year. Southport declared 27 12-hour trolley breaches during Feb 19, the most declared in any one month during the last 13 months Southport has maintained the 0% target for 12-hour trolley breaches since ED but has not met the 4-hour standard but remains below the 65% target. However there was a significant increase in attendances across the month compared to the same period in 2017 (4,696 - 466 additional patients) A&E performance improving despite system pressure and increased attendances. 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. June 19 - continued pressure with S&O with over 50 12-hour breaches since October 2018. CCG requesting RCAs from trust for purposes of assurance in safety of care within A&E. to be reviewed at CCG PQBR and fed through to CQCRM. 	3	4	12	Jun-19	Mar-19	12	12	++	++
PTI	Quality Committee	QJA058	SF068	Mar 18/04 17/18	N/A	Debbie Egan-Brendan Prescott	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.	<ul style="list-style-type: none"> Monitoring of Staffing reports developed by Trust via CQCRM on monthly basis with one to one meetings with CCG On and Trust DoN to ensure delivery of quality of care to patients at the Trust. 	4	3	12	<ul style="list-style-type: none"> CCG will maintain established surveillance systems/processes to quality review services. (incidents, safe staffing, SL, complaints, sickness). Review S&O workforce strategy. 	<ul style="list-style-type: none"> July 2018 - staffing levels subject to review at both S&O CF and S&O CQCRM. Trust working on HR modelling regarding registered and non-registered staff, review at S&O with provider presence at S&O meetings. Triangulation of staffing pressures, RCAs and complaints reports discussed at CQCRM. Sept 18 - Concerns re staffing levels highlighted monthly at CQCRM. 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 CQCRM and number of staffing incidents reported may link to current staffing levels. Trust requested to triangulate staffing levels and location of S&. Trust recruitment event provided some recruitment to HCA roles. Further recruitment events planned in Q4 18/19. May 19 - Number of nursing vacancies has reduced within the trust to monitor trajectory in order to review current risk score. Jun 19 - RCAs updates provided at June 19 CQCRM indicating current deficit of 60 RN posts and 60 HCA posts. Targeted recruitment to be conducted in older peoples care and acute medicine. Trust have re-introduced 3x daily safer staffing reviews across trust to ensure staffing levels promote standards of care. 	4	3	12	Jun-19	Mar-19	12	12	++	++
PTI	Quality Committee	QJA060	SF060	Mar 18/04 17/18	N/A	Gordon Jones	Commissioning and Delivery	This is a risk that KPIs may not be able to be captured from June 2018 at Manxcare caused by the RCO system not being fully implemented resulting in a lack of assurance and in poor performance not being highlighted and addressed by the CCGs.	<ul style="list-style-type: none"> Contract monitored via CQCRM and now implemented RPO patient information system now completed 	3	4	12	<ul style="list-style-type: none"> The Trust implemented its new RPO 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 RPO (e.g. sickness and absence) KPI reporting will be suspended M3 and M4. In M5 a shadow report will be generated. In M6 a full report will be generated with backdated performance. On-going monitoring by CRM/CQPG. 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. June 19 - Work has progressed to sign CCG and Trust KPIs which will simplify reporting requirements from Q2 onwards. 	3	4	12	Jun-19	Mar-19	12	12	++	++	
PTI	Quality Committee	QJA063	SF061	Jun 2018/01 2018/19	N/A	Janet Spallen	Quality	There is a risk of failure to provide emergency ambulance responses that meet the national A&E providers resulting in decreased standards of patient care and safety. There is a risk of failure to provide emergency ambulance responses that meet the national ARP programme. At a local level delays in handover times at providers impacts on ARP and ambulance availability resulting in decreased standards of patient care and safety. There has been a refocus of target deadlines for the ARP programme following difficulty in implementing in 2018/19	<ul style="list-style-type: none"> NHSE/NHS intervention with CCG Lead and NNAS to agree recovery plan detailing how performance will be improved to meet A&E standards. Weekly and daily performance monitoring implemented with review of incidents and delivery in liaison with Lancashire G&G Information shared with all CCGs on monthly basis re: NNAS/NHS 111 meeting with NHM commissioners present. Collaboration with other Providers who contribute to the Pathway e.g. acute trusts and ambulance handover teams. Introduction of alternatives to transfer with community trust. Weekly and daily performance monitoring Information shared with all CCGs on monthly basis at NNAS/NHS 111 meeting with NHM commissioners present. Collaboration with other Providers who contribute to the Pathway e.g. acute trusts and ambulance handover teams. Introduction of alternatives to transfer with community trust. 	3	4	12	<ul style="list-style-type: none"> Target for NNAS is to improve by end of Q2 (18/19). Improvement in 0% call response times but will not have met standards at end of Q4. The ambulance commissioning team will oversee the development and implementation of the SDP with NNAS and feedback to CCGs. 	<ul style="list-style-type: none"> De Devine (CCG) on the commissioning lead for this. Work continues with expected improvements in Q2 due to increased staffing (call handlers) and some of the additional emergency fleet required covering the system. Weekly hold calls to ensure hospital handover times with view that from A&E perspective all necessary actions being identified and achieved. Continued focus on overall hospital flow + discharge processes to release capacity from A&E to support front door handovers. There is a national focus on this and particularly NNAS who are one of the poorer performers. On-going work with community trusts to develop alternatives to transfer for patients seen by NNAS who do not require conveyance but alternative support within the community. The NNAS continue to implement the agreed A&E action plans. There has been improvement in response times in line with requirement to meet target end of Q2. There is a specific focus ambulance handover times with NNAS working with a number of trusts to facilitate improvements. A&E has been identified as one of those trusts with issues being raised at Executive level (NNAS to Aintree) to enable engagement in priority work over-coming delays. Performance based on November 2018 data continues to be addressed through the A&E action plan which included a range of actions e.g. increasing front door response times, ambulance handover times and emergency department waiting times. Handover times have improved since A&E standards were back into operation. Performance with G&G continues to be variable with improvements in handover times which are now being offset by winter pressures and increased ambulance activity. The target remains a shared focus of the Acute Trusts and NNAS with the community providers leading on partnerships to alternative pathways to support people in the community without need for conveyance. Regional work continues with Aintree (due to high activity and trauma centre status) being one of six trusts identified for improvement work in handovers. Focus on ED internal improvements required to reduce handover delays. As part of NNAS contract it has been agreed that work will continue with the first six trusts and that a further group will be identified for improvement work. On-going work with community trusts to develop alternatives to transfers for patients seen by NNAS who do not require conveyance but alternative support within the community. Ambulance commissioning team working with NNAS to develop SDP to deliver performance within ARP standards and trajectories for reducing conveyance, improving handover delays and workloads/resources capacity. Will also link with roster review, continued transformation and delivery of new models of care and implementation of Carter recommendations. 	3	4	12	May-19	Mar-19	12	12	++	++

Governing Body Meeting	Responsible Committee/Team	Committee/Team ID	CRR ID/ SF	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that a key control/assurance is already in place to prevent the risk from being realised)	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 rating)	Update on Mitigating Action (Update on the additional controls and progress)	Likelihood (Post Mitigation)	Consequence (Post Mitigation)	Initial Score (Post Mitigation)	Owner Review Date	Comm. Review Date	18/19 Q4 Score	19/20 Q1 Score	Trend to prior Q	Overall Trend			
PTI	Quality Committee	QUA064	SF02	Aug 2018 02/2019	N/A	Fancy Forshaw	Quality	There is a risk the CCG will not be able to meet the required trajectory for Personal Health Budgets (PHBs) caused by a lack of awareness of PHBs resulting in patients not receiving PHBs and a lack in the quality of the service provided by the CCGs	<ul style="list-style-type: none"> The CCG has a PHB lead in place. PHBs are a standing agenda item as the CHC Programme Board as a sub group of the Joint Quality Committee. Quarterly reporting via the Integrated Performance Report The CCG supported the funding of a complex care case within the CHC team to support the assessment of complex patient and PHBs until the end of March 2019. CHC / PHB Default Task and Finish Group in place 		4	3	12	<ul style="list-style-type: none"> The PHB policy is under review to support the expansion of PHBs outside of adult CHC and Children CC The CCG commissions a home care services from Alder Hey A report has been submitted to SMT in June and July 2019 to confirm the CCGs intention to service notes on the block contract considering the risks of redundancy. The children's commissioner is working with Children complex care nurse in MLCSSU to support the PHB for 1 client. Chief Accountable Officer has requested the CCG QPP lead to support prioritisation of PHBs and to consider if this can be delivered differently. The CCG does not have in place a CHC and to end service; the CCG is considering the model with MLCSSU undertaking a piece of work which will come through the CHC Steering Group A meeting is to be arranged with Selson Carers Centre, to review the costing's as part of the PHBs 	<ul style="list-style-type: none"> PHB policy and procedures reviewed by MLCSSU awaiting feedback on the first version before ratification. Consultant and engagement events taken place with CCG commissioned providers, CCG Big Chats, 3rd sector to support the awareness and access of PHBs. CCG has obtained mentoring for the expansion of PHBs outside of NHS CHC and Children CC for wheelchairs (Hull CCG) and children complex care (TBC). Hull CCG have provided teleconference events and supported stakeholder event co-ordinated by the CCG PHB lead 21st September 2018. Wheelchair PHBs were tabled at the Integrated Commissioning Group with confirmation of engagement from Selson MHC on 30/08/18 (Selson CCG only) The CCG is exploring the possibility of PHBs for CHC end of Life last tracks. Contact has been made with Warrington CCG and learning shared. The programme is being led by the lead commissioner for planned care for SFCOG and GP clinical lead as part of the CCG QPP agenda. The CCG is exploring the possibility of PHBs for mental health and learning disabilities for S117 outside of NHS CHC, with attendance to NHSE E session on 17/10/18. Delays in the PHB process have been reviewed by CCG and MLCSSU with MLCSSU scheme of delegation now in place. The CCG has identified an alternative independent provider from the 3rd sector due to dependencies with current CCG independent support provider 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 in the CCGQ, COGDM 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. Capacity issue identified by the Chief Nurse for the Quality Team to deliver the personalisation agenda - the CCG were unable to support additional resource at that time. Reports have been submitted to SMT in relation to under performance and recovery plans Nov 18 - CHC / PHB Default Task and Finish Group in progress with process mapping being completed. Discussions are taking place in parallel via contractual arrangements with the community providers The CCG is exploring the possibility of piloting Selson Carers Centre as a PHB provider. A paper has gone to LT for 15th January 2019 to consider signing a letter signifying the CCGs intention and to work up a contract. The CCG has supported a Band 5 PHB commissioner - the post is to be developed in conjunction with Billie Dodd May 19 - PHB manager now in post to support new PHBs being developed with Selson Carers Centre of support. Performance of PHB now being fed into CHC programme board for assurance Jun 19 - PHB support manager leaves end of June 2019. Discussion with CCG COO on established and more senior support to project manage PHB workplan. Discussion for LT July 2019. Risk score remains the same. Selson Carers Centre established to commence end of July 2019. 	4	3	12	Jun-19	Mar-19	12	12	12	12	++	++
PTI	Quality Committee	QUA065	SF03	Aug 2018 02/2019	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"> Financial position reported through to SMT, SLT and governing body. 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. 		4	3	12	<ul style="list-style-type: none"> Regular reporting on the Improvement Plan once agreed by CCG and DfE to JCC, SLT and Governing body 	<ul style="list-style-type: none"> Nov 18 - CCG work priorities identified by Children's Commissioning Manager and focus on undertaking actions where benefit will be greatest. Actions with existing resources continue to be enacted. Jun 19 - SEND strategic work to implement plan now led by CFO. Resource to be made available to address provider performance issues. 	4	4	16	Jun-19	Mar-19	16	N/A	++	↑		
PTI	Quality Committee	QUA066	SF04	Dec 18 03/2019	N/A	Helen Case	Quality	There is risk that recommendations from the CCG 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"> Task and Finish meetings have been undertaken chaired by the Accountable Officer and will be on-going until the CCG recommendations have been implemented. Key stakeholders are members of the Task and Finish Group 		3	4	12	<ul style="list-style-type: none"> Key stakeholders have commenced actions against the recommendations and have provided the CCG with their action plans against the recommendations. CCG action plan was submitted to CCG on 04/02/2019 and a response received from CCG on 11/02/19. The next submission of the action plan is due on 04/07/2019. No further update May 19 - CCG task and finish group meetings were held in March 2019 to progress some of the actions in relation to recommendation 16. Further updates on progress were received from provider. Tasks at the end of April 2019 and there is a further task and finish meeting planned for 06/05/19. Jun 19 - the action plan is being prepared for submission to CCG on 04/07/19. Providers have submitted evidence against the action plan which has been reviewed by the Safeguarding Team. The action plan is due for sign off with Fiona Taylor by the end of June 2019. 	3	4	12	Jun-19	Mar-19	12	12	++	++			
PTI	SE-SF-NHSE-Joint-Commissioning-Committee-Primary Care Commissioning Committee in Common	JC03	SF	Mar 2017 04/2018	QUA037 (SSN435 F042)	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.	Strategic priority of the CCG. Discussed at Joint Commissioning Committee, GP/PTV plans, LOC funding to support transformation.		4	4	16	<ul style="list-style-type: none"> Continued roll out of GPSP workstreams. Resubmission of GPSPV plan. Reduced capacity in SF due to transformational post freezing. Identifying support to practices for 17/18 resilience funding. 	<ul style="list-style-type: none"> International recruitment application due at end Nov 17. Primary care workshop planned for mid Nov to review Shaping Selson plans. Views from localities to be gathered to build plan. 2 year LOC to be considered. LOC planning meetings scheduled. Further clinical pharmacist application to be submitted. Specification for Extended Access (7 days services) final finalised, to be presented to GB Feb 18 ahead of procurement. Despite GPSPV roll out no reduction in pressure in practices. Clinical pharmacist application submitted. LOC being finalised. LOC has been approved via approval panel. Clinical Pharmacy pilot bid successful. Plan to mobilise clinical pharmacists progressing. Bids for Primary Care Network funding being progressed. Pilot is being trialled in North locality for 3 months then will be rolled out to all localities. 7 day access live, monitoring appointment usage and impact on core hours. 7 day access Hub is now live and offering appointment between 5pm and 8pm weekdays evenings and 10am to 1pm weekends. Staff include GP, ANP, PN and physio from November 2018. Working through implications of new GP contract and changes regarding PCN formation. LT will review applications on behalf of PCOG. PCNs authorised, plans in place to cover non PCN practice populations. CCG support offer for medicines management and social prescribing made to PCN leads. Awaiting confirmation of plans for extended access provision as part of network DES. Resilience bids for 19/20 being supported where necessary to NHSE. 	4	4	16	Jun-19	Jun-19	16	16	++	++		
PTI	SE-SF-NHSE-Joint-Commissioning-Committee-Primary Care Commissioning Committee in Common	JC05	SF	Apr 2017 01/2018		Jan Leonard	Commissioning	Primary Care Services England. On-going issues over transfer of records, DMS checks, salaries and pensions. Despite logging 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.	PCSE working groups, regular updates to practices. Discussed at Joint Committee and LMC liaison meetings.		5	4	20	<ul style="list-style-type: none"> LMC have been invited. It was noted that Rob Barnett (Liverpool LMC) attends on behalf of Liverpool and Selson 	<ul style="list-style-type: none"> 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 performer lists - meeting with NHSE Jan 18 to discuss actions. Issues continue to be raised and forwarded to NHSE / PCSE. JL to escalate to FT. No further update although PCSE staff now based within Regatta Place with NHSE which may help with resolving issues. Issues continue, committee 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. Practices to be canvassed on current state of issues with service. 	4	4	16	Jun-19	Jun-19	16	16	++	↑		
PTI	Finance and Resource	FR0010	SF	Q1 2019/20	N/A	Marin McDowell	Finance	There is a risk of non delivery of the CCG's central statutory duty (Breakeven) in 2019/20 due to emerging pressures on expenditures or non delivery of its savings plan.	<ul style="list-style-type: none"> Robust review of all CCG expenditure through monthly management accounting routines. Examination of QPP savings and opportunities at beginning of financial year as part of financial planning. On-going monitor throughout the year. Scheme of delegation in place internally to limit authority to commit CCG resources to senior management. Joint QPP Committee and F&R Committee Reports Monthly PR to GB 		4	4	16	<ul style="list-style-type: none"> NM Finance review and challenge Acting as One arrangements regarding delivery of joint reduction in expenditure to deliver system control total and organisational financial balance. QPP Week scheduled for week commencing 17/19. CCG led system wide recovery plan due for submission (June 2019). 	<ul style="list-style-type: none"> CCG Board to Board discussions regarding collaboration and joint working with providers and wider health economy to deliver QPP projects. Ongoing review and monitor of cost behaviours to provide an early warning system regarding emerging financial pressures 19/19 - Agreement at F&R Committee meeting to increase consequence post mitigation score from 4 to 5. Initial Month 2 report indicates CCG behind on delivery of QPP plan. Likely case deficit reported as £10.2m. 	4	5	19	Jun-19	Jun-19	N/A	19	N/A	↑		
PTI	Finance and Resource	FR0010a	SF	Q1 2019/20	N/A	Marin McDowell	Finance	There is a risk that the CCG will not fully deliver its planned QPP target in 2019/20 caused by non delivery of high risk QPP schemes resulting in a failure to deliver required levels of savings.	<ul style="list-style-type: none"> Monthly review and monitoring of all QPP schemes to assess delivery in year and highlight risks and issues affecting delivery of planned QPP savings. Monthly RAG need QPP reporting and challenge at Joint QPP and Financial Recovery Committee. Rapid mobilisation of QPP projects and on-going review of timing of delivery. Joint QPP Committee Reports. Monthly PR to GB 		4	4	16	<ul style="list-style-type: none"> Multi-disciplinary teams to work on development / progression of QPP schemes. Progression and on-going development of future QPP plans through to 2020/21. QPP Week scheduled for week commencing 17/19. 	<ul style="list-style-type: none"> Check and challenge sessions to provide assurance to the Joint QPP and Financial Recovery Committee on the likelihood of delivery of QPP schemes, review of estimated QPP achievement and profiling of saving delivery Ongoing development of assurance processes to ensure alignment and accuracy of QPP reporting through monthly financial reports. 19/19 - Agreement at F&R Committee meeting to increase consequence post mitigation score from 4 to 5. Initial Month 2 report indicates CCG behind on delivery of QPP plan. Likely case deficit reported as £10.2m. 	4	5	19	Jun-19	Jun-19	N/A	19	N/A	↑		
Quality Committee	QUA071	SF	refreshed 10.5.19	SF001/QUA007	Karl McCuskey (Sarah McGrath)	Commissioning and Delivery	There is a risk that the CCG will continue to fail the 62 day constitutional access target for cancer resulting in delays to cancer diagnosis and treatment and associated poorer clinical outcomes.	SAO CRM and COCP (monthly) SAO Cancer performance meetings (monthly) SAO Cancer Locality meetings (quarterly) Strengthened process for chasing pathways (over 104 days breaches with CCG		4	3	12	<ul style="list-style-type: none"> Awaiting NHSE agreement on standard operating procedure for RCA 104 day breaches to be added as contract variation 	<ul style="list-style-type: none"> SOP to be raised at NHSE performance call 24/06/19 	4	3	12	Jun-19	X	N/A	12	N/A	++	++		
Quality Committee	QUA074	SF	NEW 9.5.19	N/A	Karl McCuskey (Sarah McGrath/Terry Hill)	Commissioning and Delivery	There is a risk to continuity of service provision for haematology and haemato-oncology services due to a consultant vacancy at Southport and Ormskirk Hospital resulting in the need to re-direct activity and delays to treatment and follow up for cancer and non cancer patient cohorts leading to potentially poorer clinical outcomes.	Southport and Ormskirk CRM and COGP (monthly) Operational update meetings with CCGs (fortnightly)		4	4	16	<ul style="list-style-type: none"> Strategic approach - paper to Committees in Common June 2019 		4	4	16	Jun-19	X	N/A	16	N/A	++	++		

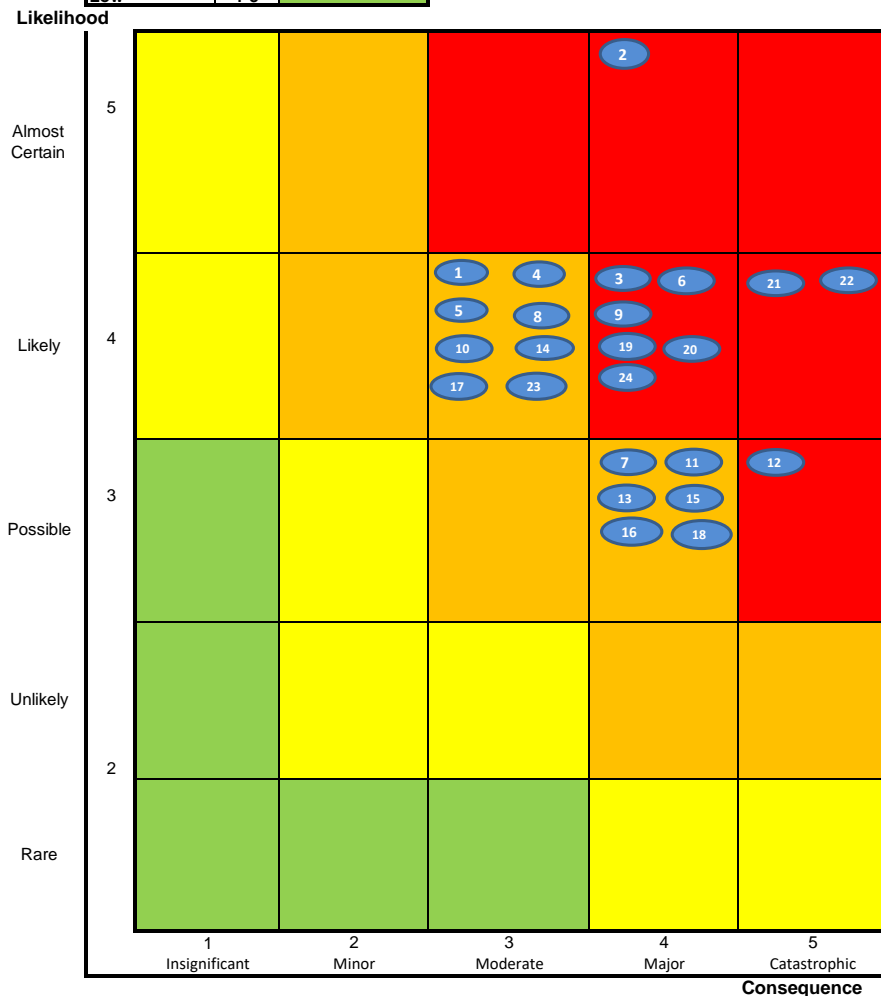
SOUTHPORT AND FORMBY CCG - SUMMARY OF CORPORATE RISKS HEAT MAP Q1 2019/20
(MITIGATED SCORES - 12 AND ABOVE)

Risk	Score	Risk Rating
Extreme	15-25	Red
High	8-12	Orange
Moderate	4-6	Yellow
Low	1-3	Green



Significant

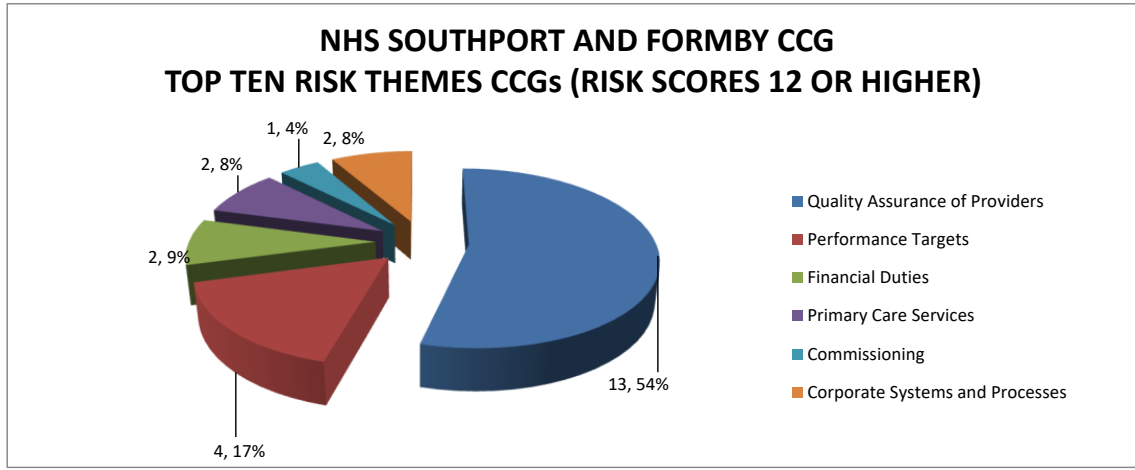
- New to the Heat Map (new risk or an increase in risk score)
- Risk to be removed from heat map as reduced below 12+ threshold or closed
- Change in risk score



Key Risks	ID	Score	Risk Owner
1 Not delivering National KPI Access Psychological Therapies	QUA002	12 (4x3)	KMcC
2 Sustainability of S&O Hosps - fin pressures, clinical staff shortages	QUA003	20 (5x4)	KMcC
3 Quality of care - stroke services below performance & quality	QUA005	16 (4x4)	KMcC
4 Non delivery A&E target - patient flow S&O	QUA006	12 (4x3)	KMcC
5 Infectory hospital admissions - poorly maintained nebuliser equipt	QUA011	12 (4x3)	JO
6 Patient care - lack of assurance and capacity within commissioned LAC Health Team	QUA025a	16 (4x4)	BP
7 Locality working not leading to greater clinical engagement	QUA025b	12 (3x4)	TJ
8 Extra service pressures due to lack of workforce planning and financial pressures	QUA026	12 (4x3)	TJ
9 Non delivery of SEND recommendations	QUA033	16 (4x4)	MMcD
10 Lack of timely reviews joint packages or S117 MH Care	QUA039	12 (4x3)	GO
11 Decreased lack of capacity in quality team impacts of assurance to governing body	QUA044	12 (3x4)	BP
12 Quality of care - AUH challenging performance	QUA047	15 (3x5)	BP
13 Quality and Safety of care at S&O A&E (12 hr trolley waits) at times of system pressure	QUA051b	12 (3x4)	BP
14 Safe and appropriate patient care - nursing capacity at S&O	QUA058	12 (4x3)	BP
15 Perfomance/Quality - Mersey Care system change impacting KPI's	QUA060	12 (3x4)	GJ
16 Failure to meet national emergency ambulance responses - ARP	QUA063	12 (3x4)	JS
17 Failure to meet PHB trajectory	QUA064	12 (4x3)	TF
18 Non delivery of CQC recommendations	QUA066	12 (3x4)	HC
19 Non delivery of GP medical services	JC03	16 (4x4)	JL
20 Records transfer issues.	JC05	16 (4x4)	JL
21 Non delivery of the control total / statutory duty 2019/20 due to emerging pressures	FR0010	20 (4x5)	MMcD
22 Failure to deliver planned QIPP target for 2019/20	FR0010a	20 (4x5)	MMcD
23 Non delivery of 62 day target for cancer impacting diagnosis, treatment and outcomes	QUA071	12 (4x3)	KMcC
24 Service pressures due to capacity issues at S&O haematolgy and haemato-oncology	QUA074	16 (4x4)	KMcC

**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 Not delivering National KPI Access Psychological Therapies	QUA002	KMcC	Quality Assurance of Providers
2 Sustainability of S&O Hosps - fin pressures, clinical staff shortages	QUA003	KMcC	Quality Assurance of Providers
3 Quality of care - stroke services below performance & quality	QUA005	KMcC	Quality Assurance of Providers
4 Non delivery A&E target - patient flow S&O	QUA006	KMcC	Quality Assurance of Providers
5 Infectory hospital admissions - poorly maintained nebuliser equipt	QUA011	JO	Quality Assurance of Providers
6 Patient care - lack of assurance and capacity within commissioned LAC Health Team	QUA025a	BP	Quality Assurance of Providers
7 Locality working not leading to greater clinical engagement	QUA025b	TJ	Primary Care Services
8 Extra service pressures due to lack of workforce planning and financial pressures	QUA026	TJ	Quality Assurance of Providers
9 Non delivery of SEND recommendations	QUA033	MMcD	Performance Targets
10 Lack of timely reviews joint packages or S117 MH Care	QUA039	GO	Quality Assurance of Providers
11 Decreased lack of capacity in quality team impacts of assurance to governing body	QUA044	BP	Commissioning
12 Quality of care - AUH challenging performance	QUA047	BP	Quality Assurance of Providers
13 Quality and Safety of care at S&O A&E (12 hr trolley waits) at times of system pressure	QUA051b	BP	Quality Assurance of Providers
14 Safe and appropriate patient care - nursing capacity at S&O	QUA058	BP	Quality Assurance of Providers
15 Performance/Quality - Mersey Care system change impacting KPI's	QUA060	GJ	Corporate Systems and Processes
16 Failure to meet national emergency ambulance responses - ARP	QUA063	JS	Quality Assurance of Providers
17 Failure to meet PHB trajectory	QUA064	TF	Performance Targets
18 Non delivery of CQC recommendations	QUA066	HC	Performance Targets
19 Non delivery of GP medical services	JC03	JL	Primary Care Services
20 Records transfer issues.	JC05	JL	Corporate Systems and Processes
21 Non delivery of the control total / statutory duty 2019/20 due to emerging pressures	FR0010	MMcD	Financial Duties
22 Failure to deliver planned QIPP target for 2019/20	FR0010a	MMcD	Financial Duties
23 Non delivery of 62 day target for cancer impacting diagnosis, treatment and outcomes	QUA071	KMcC	Performance Targets
24 Service pressures due to capacity issues at S&O haematology and haemato-oncology	QUA074	KMcC	Quality Assurance of Providers

Southport and Formby CCG
Governing Body Assurance Framework
2019/20
Update: 21 August 2019 (Interim Q2 2019/2020)

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

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

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
1. To 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.	1.1 Lack of partnership engagement	Karl McCluskey	9	9	<ul style="list-style-type: none"> •STB with independent chair in place with all partnership engagement •Regular liaison with partners including Board to Board meetings and co-ordination meetings
	1.2 Reconfigurations of organisations detract from transformation agenda	Karl McCluskey	9	9	<ul style="list-style-type: none"> •Focussing on business as usual •Increased focussed on performance levels •Clarity of roles and responsibilities during times of change
	1.3 Lack of partner and public engagement on developing the 5 year plan	Karl McCluskey	6	6	<ul style="list-style-type: none"> •Proactive engagement with partners, patient groups and voluntary sector •Maintaining ongoing comms on progress reports •Sense check meetings to confirm agreement on draft plans
	1.4 Service change at Southport & Ormskirk raising public concern	Karl McCluskey	16	16	<ul style="list-style-type: none"> •Proactive engagement with partners, patient groups and voluntary sector •Maintaining ongoing comms on progress reports to the public, Sefton Council, media •Sense check meetings to confirm agreement on draft plans

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
<p>2. To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.</p>	<p>2.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified</p>	<p>Karl McCluskey</p>	<p>16</p>	<p>8</p>	<ul style="list-style-type: none"> • New Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated • Performance Exceptions formally considered through respective CCFs and Joint Quality and Performance committee • Identified individuals update monthly through integrated performance meetings and SMT • Newly established escalation process has been developed for performance issues
	<p>2.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.</p>	<p>Tracy Jeffes</p>	<p>16</p>	<p>8</p>	

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	2.3 Failure to have in place plans in the event of a no-deal Brexit may result in adverse consequences for patients due to potential medicines supply issues	Jan Leonard	20	8	<p>assuring our assessment and plans with substantial assurance received against the EPRR core standards for 2018/19.</p> <ul style="list-style-type: none"> • Compliance statement, demonstrating “substantial assurance” going to GB and to NHSE in September • CCG continues to participate in NHSE events on planning • CCG MM lead is linked into national programme • MM hub model will provide medicines resilience in primary care • Leadership Team EU exit planning training to take place in September
3. To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan	3.1 Transformation programme requirements exceed funding and staffing in place	Martin McDowell	9	9	<ul style="list-style-type: none"> • STB with independent chair meets monthly to progress the transformation plan • Working groups established to progress key aspects of the programme • Maximising the existing resources and managing workloads • Monitoring performance of transformation programme milestones
4. 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	4.1 Current work pressures reduce ability to engage on the transformation agenda.	Jan Leonard/ Tracy Jeffes	9	9	<ul style="list-style-type: none"> • Delegated Commissioners of Primary Medical Care services • Primary Care Commissioning Committee established • LQC for 19/20 in place

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
robust and resilient primary services in the place of Sefton					<ul style="list-style-type: none"> • Work plan for transformation in place • New GP contract in place
5. To advance integration of in-hospital and community services in support of the CCG locality model of care.	5.1 Lack of engagement of all providers in the development of the Provider Alliance.	Jan Leonard	12	12	<ul style="list-style-type: none"> • Supporting the development of the Provider Alliance • Producing a project initiation document and project plan for the development of the Provider Alliance • Supporting monthly meetings of the Provider Alliance and the Operational Group
	5.2 Ability and capacity of PCNs to develop and to contribute to the integration model.	Jan Leonard	16	16	<ul style="list-style-type: none"> • Phased development of PCNs • PCN progress reviewed by Primary Care Commissioning Committee
6. 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.	6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents the future development of integrated commissioning and the implementation of integration plans.	Tracy Jeffes	9	9	<ul style="list-style-type: none"> • Integrated Commissioning Group established and plan for more ambitious joint working • Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements • Working together on developing the Health & Wellbeing strategy and the 5 year plan

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	6.2 Organisation reconfiguration detracts from strategic commissioning	Tracy Jeffes	9	9	<ul style="list-style-type: none"> • Working together on developing the Health & Wellbeing strategy and the 5 year plan • Ensuring the primacy of “place” within NHS guidance as the key planning and integrated commissioning footprint, regardless of larger commissioning footprints for some other services. • Timescales for possible reorganisation of CCGs allows for the strengthening of place / integrated commissioning arrangements in advance of organisational change.

Strategic Objective 1	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.		
Risk 1.1	Lack of partnership engagement		
Risk Rating Initial Score Current Score	3 x 3 = 9 3 x 3 = 9		Lead Director Karl McCluskey Date Last Reviewed 26 June 2019
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):	
<ul style="list-style-type: none"> STB with independent chair in place with all partnership engagement Regular liaison with partners including Board to Board meetings and co-ordination meetings 		Action	Responsible Officer
			Due By
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):	
<ul style="list-style-type: none"> .Monthly reviews at STB meetings 			
Additional Comments:		Link to Risk Register:	

Strategic Objective 1	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.		
Risk 1.2	Reconfigurations of organisations detract from transformation agenda		
Risk Rating Initial Score Current Score	3 x 3 = 9 3 x 3 = 9	Lead Director Karl McCluskey Date Last Reviewed 15 August 2019	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> • Focussing on business as usual • Increased focussed on performance levels • Clarity of roles and responsibilities during times of change 	Action	Responsible Officer	Due By
Assurances (how do we know if the things we are doing are having an impact?):			
<ul style="list-style-type: none"> • Reviews of performance levels across the system and of individual organisations • Board to board meetings 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 1	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.		
Risk 1.3	Lack of partner and public engagement on developing the 5 year plan		
Risk Rating	Lead Director Karl McCluskey		
Initial Score	2 x 3 = 6	Date Last Reviewed 15 August 2019	
Current Score	2 x 3 = 6		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Proactive engagement with partners, patient groups and voluntary sector Maintaining ongoing comms on progress reports Sense check meetings to confirm agreement on draft plans 	Action	Responsible Officer	Due By
Assurances (how do we know if the things we are doing are having an impact?):			
<ul style="list-style-type: none"> Regular review of progress at Leadership Team meetings 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 1	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.		
Risk 1.4	Service change at Southport & Ormskirk raising public concern		
Risk Rating	Lead Director		
Initial Score	4x4=16	Karl McCluskey	
Current Score	4x4=16	Date Last Reviewed	
		5 August 2019	
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):	
<ul style="list-style-type: none"> Proactive engagement with partners, patient groups and voluntary sector Maintaining ongoing comms on progress reports to the public, Sefton Council, media Sense check meetings to confirm agreement on draft plans 		Action	Responsible Officer
			Due By
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):	
<ul style="list-style-type: none"> Regular review of progress at Governing Body and Leadership Team meetings 			
Additional Comments:		Link to Risk Register:	

Strategic Objective 2		To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 2.1		There is a risk that identified areas of adverse performance are not managed effectively or initially identified		
Risk Rating Initial Score 4x4 = 16 Current Score 2x4 = 8		Lead Director Karl McCluskey Date Last Reviewed 15 August 2019		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Roll out of Aristotle Business Intelligence portal makes performance information available to all CCG staff at all times New Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated Performance Exceptions formally considered through respective CCFs and Joint Quality and Performance committee Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week. New management structure put in place with clear lines of accountability and responsibility Identified individuals update monthly through integrated performance meetings and SMT Links between Contracting team and CQPG to triangulate on quality aspects of performance New nationally set performance metrics for ambulance performance and CAMHS introduced. Session on metrics delivered to the Governing Body. CCG Improvement and Assessment Framework performance reported to Governing Body quarterly Continued monthly performance meetings internally On-going review of all standards by governing body Newly established escalation process has been developed for performance issues 		Action	Responsible Officer	Due By
		Continued monitoring of associated risks	All	on-going
		Monthly performance calls with NHSE to review all constitutional targets. Key areas are highlighted as exceptions: <ul style="list-style-type: none"> A&E performance Diagnostic test waits performance Cancer wait times performance RTT performance 	All	On-going
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked Integrated Performance Report shows CCG understanding of issues and oversight of actions Integrated Performance Reports may show improved performance as a result of robust management by CCG Assurance from MIAA review of performance reporting (complete) Performance continues to be maintained 				

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.	
Risk 2.1	There is a risk that identified areas of adverse performance are not managed effectively or initially identified	
<ul style="list-style-type: none"> Monthly check and challenge meetings with planned/unplanned care leads will become part of the QIUPP and Financial recovery meeting 		
Additional Comments:	Link to Risk Register:	

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.			
Risk 2.2	Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.			
Risk Rating	Lead Director			
Initial Score	4x4=16	Tracy Jeffes		
Current Score	2x4=8	Date Last Reviewed		
		5 August 2019		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> • CCG Commissions EPRR and Business Continuity support from MLCSU • CCG has in place business continuity plans with plans and strategies refreshed September 2018 • Emergency Planning training • CCG Statutory Lead is Chief Delivery and Integration Officer • NHSE Self-Assessment Assurance process completed. Development Plan in place. • Business Continuity Plans exercised, with an action plan being progressed as a result of the plan being implemented. • Mutual aid confirmed with neighbouring CCGs • Fast access laptops now in place to enable working at remote locations at all times 		Action	Responsible Officer	Due By
		Action plan from exercising from Business Continuity Plans being implemented	Lisa Gilbert	Ongoing
		On-going training for key staff – multiagency response training event.	Tracy Jeffes	Ongoing
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> • NHSE assurance through self-assessment and improvement plan • Response received from NHSE assuring our assessment and plans. Substantial assurance received from NHSE against the EPRR core standards for 2018/19. 		<ul style="list-style-type: none"> • System wide Pan Flue planning to be established 		
Additional Comments:		Link to Risk Register:		

Strategic Objective 2		To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 2.3		Failure to have in place plans in the event of a no-deal Brexit may result in adverse consequences for patients due to potential medicines supply issues		
Risk Rating		Lead Director		
Initial Score	4x5=20	Jan Leonard		
Current Score	2x4=8	Date Last Reviewed		
		21 August 2019		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> CCG continues to participate in NHSE events on planning CCG MM lead is linked into national programme MM hub model will provide medicines resilience in primary care 		Action	Responsible Officer	Due By
		Leadership Team EU exit planning training to take place.	Debbie Fairclough	September 2019
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
Additional Comments:		Link to Risk Register:		

Strategic Objective 3	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan		
Risk 3.1	Transformation programme requirements exceed funding and staffing in place		
Risk Rating Initial Score Current Score	3 x 3 = 9 3 x 3 = 9		Lead Director Martin McDowell Date Last Reviewed 15 August 2019
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):	
<ul style="list-style-type: none"> STB with independent chair meets monthly to progress the transformation plan Working groups established to progress key aspects of the programme Maximising the existing resources and managing workloads 		Action	Responsible Officer
		Revised project plans when all complete to reduce duplication	Cameron Ward
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):	
<ul style="list-style-type: none"> Monitoring performance of transformation programme milestones 			
Additional Comments:		Link to Risk Register:	

Strategic Objective 4	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.			
Risk 4.1	Current work pressures reduce ability to engage on the transformation agenda			
Risk Rating Initial Score Current Score	3x3=9 3x3=9	Lead Director Jan Leonard Date Last Reviewed 15 August 2019		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Delegated Commissioners of Primary Medical Care services Primary Care Commissioning Committee established LQC for 19/20 in place Work plan for transformation in place New GP contract in place 		Action	Responsible Officer	Due By
		4 PCNs authorised via DES Network Contract, due to go live on 1/7/19	Jan Leonard	1/7/19
		Support offer for medicines management and social prescribing made to PCNs	Jan Leonard / Tracy Jeffes	31/7/19
		Extended access due to go live via PCNs 1/7/19	Jan Leonard	31/7/19
		LQC for 19/20 operational, monitor impact	Jan Leonard	30/09/19
		7 day extended access service live. Continue to monitor utilisation and impact.	Jan Leonard	30/09/19
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Aristotle primary care dashboard in development Transformation monitoring through Primary Care Commissioning Committee LQC monitoring 				
Additional Comments:		Link to Risk Register:		

Strategic Objective 5	To advance integration of in-hospital and community services in support of the CCG locality model of care.			
Risk 5.1	Lack of engagement of all providers in the development of the Provider Alliance.			
Risk Rating Initial Score Current Score	3 x 4 = 12 3 x 4 = 12	Lead Director Jan Leonard Date Last Reviewed 5 August 2019		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Supporting the development of the Provider Alliance Producing a project initiation document and project plan for the development of the Provider Alliance Supporting monthly meetings of the Provider Alliance and the Operational Group 		Action	Responsible Officer	Due By
		Confirmation of Provider Alliance priorities	TP	Sept 19
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Regular review by the STB of Provider Alliance progress 				
Additional Comments:		Link to Risk Register:		

Strategic Objective 5	To advance integration of in-hospital and community services in support of the CCG locality model of care.						
Risk 5.2	Ability and capacity of PCNs to develop and to contribute to the integration model.						
Risk Rating	<table border="1"> <tr> <td>Initial Score</td> <td>4 x 4 = 16</td> </tr> <tr> <td>Current Score</td> <td>4 x 4 = 16</td> </tr> </table>			Initial Score	4 x 4 = 16	Current Score	4 x 4 = 16
Initial Score				4 x 4 = 16			
Current Score				4 x 4 = 16			
Lead Director	Jan Leonard						
Date Last Reviewed	5 August 2019						
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):						
<ul style="list-style-type: none"> Phased development of PCNs PCN progress reviewed by Primary Care Commissioning Committee 	Action	Responsible Officer	Due By				
	Dedicated support offer for PCNs shared	JL / TJ	August 19				
	PCNs develop plan for delivery (included in CCG offer of support)	JL / TJ	tbc				
	Additional roles offer made to PCNs for social prescriber and medicines management	JL / TJ	August 19				
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):						
<ul style="list-style-type: none"> Review of PCN progress 							
Additional Comments:	Link to Risk Register:						
Links to risk 4.1							

Strategic Objective 6	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.		
Risk 6.1	There is a risk that financial pressures across health and social care impacts negatively on local services and prevents the future development of integrated commissioning and the implementation of integration plans		
Risk Rating Initial Score 3x3=9 Current Score 3x3=9	Lead Director Tracy Jeffes Date Last Reviewed 31 July 2019		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Health and wellbeing board executive in place Review of current BCF and Section 75 arrangements Integrated Commissioning Group established and plan for more ambitious joint working Making It Happen – joint approach to integration approved, with implementation agreed. Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements Finalised iBCF and BCF and aligned to “Making it Happen” Working together on developing the Health & Wellbeing strategy and the 5 year plan 	Action	Responsible Officer	Due By
	Steering Group in place and plan in development for new BCF requirements and to include review of reporting requirements and process with council lead.	Tracy Jeffes	Sept 2019
	Joint planning group established to refresh HWB Strategy and development of underpinning Sefton 5 Year Plan. Including approval of plan by governing body and HWB Board.	Cameron Ward	October 2019
	ICG role and function under review as part of Sefton Health and Care Transformation work to strengthen and widen remit.	Tracy Jeffes	July 2019
	New S75 in development	Tracy Jeffes	September 2019
Assurances (how do we know if the things we are doing are having an impact?): <ul style="list-style-type: none"> Senior leader meetings Health & Wellbeing Executive meetings 	Gaps in assurances (what additional assurances should we seek): <ul style="list-style-type: none"> Capacity to deliver on all priority areas. 		
Additional Comments:	Link to Risk Register:		

Strategic Objective 6	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.			
Risk 6.2	Organisation reconfiguration detracts from strategic commissioning			
Risk Rating Initial Score 3x3=9 Current Score 3x3=9	Lead Director Tracy Jeffes Date Last Reviewed 2 nd August 2019			
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Focussing on business as usual Increased focussed on performance levels Clarity of roles and responsibilities during times of change Working with neighbouring CCGs to design a larger CCG which ensured locally responsive planning / commissioning through clear governance arrangements. Ensuring the primacy of “place” within NHS guidance as the key planning and integrated commissioning footprint, regardless of larger commissioning footprints for some other services. Timescales for possible reorganisation of CCGs allows for the strengthening of place / integrated commissioning arrangements in advance of organisational change. 		Action	Responsible Officer	Due By
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Reviews of performance levels across the system and of individual organisations Board to board meetings 		Capacity to deliver on all priority areas.		
Additional Comments:		Link to Risk Register:		

Risk Matrix

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

Risk Ratings

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

↓ Significant Risks

Significant Risks

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

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

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

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

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/105	Author of the Paper:
Report date: August 2019	Martin McDowell Deputy Chief Officer Martin.mcdowell@southseftonccg.nhs.uk
Title: SEND Update	
Summary/Key Issues: To update the governing body on the work to date.	
Recommendation The Governing Body is asked to receive the update.	
	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives 2019/20	
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 September 2019

1. Executive summary

Between 21st and 25th 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).

In May their findings were shared with the CCG and Local Authority following which immediate actions were taken to respond to those concerns.

2. Progress to date

The CCG is continuing to work with NHS provider and local authority colleagues to improve SEND services commissioning and provision.

A combined remedial action plan was submitted to the DfE in July and is currently being reviewed. The CCG is awaiting a formal response from the DfE but the action plan can be submitted and signed off by the governing body.

3. Recommendations

Recommendation

The Governing Body is to receive the update.

Martin McDowell
Deputy Chief Officer
August 2019

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/106	Author of the Paper:						
Report date: September 2019	Cameron Ward Programme Director Email: cameron.ward1@nhs.net 0151 317 8456						
Title: Sefton NHS Five Year Place Plan							
<p>Summary/Key Issues:</p> <p>Sefton is currently engaging on the compilation of a five year place plan for the local NHS. This is in co-operation with all local partners and contributes to the 5 year plan for the Cheshire & Merseyside Health & Care Partnership.</p> <p>The plan is draft and is subject to ongoing engagement for feedback and comment prior to concluding the document in November 2019.</p> <p>The paper includes the approach and content of the plan and seeks initial feedback. A final version of the plan will be prepared for the November 2019 Governing Body meeting.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to:</p> <ol style="list-style-type: none"> i. note the progress on the development of the NHS Five Year Place Plan ii. note the draft outline plan is subject to further engagement iii. make any initial comments on the draft outline plan iv. note the final version will be submitted to the November Governing Body meeting for approval. 	<table style="border: none;"> <tr><td>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	X			This is ongoing engagement.
Clinical Engagement	X			This has been with general practices (as CCG members).
Equality Impact Assessment		X		No service changes are being proposed and the plan is intended to improve health across the population.
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered	X			There is additional national funding available to support the new NHS LTP related schemes
Locality Engagement	X			The Wider Group has received a presentation
Presented to other Committees	X			The Clinical Advisory Group, QIPP Committee, Engagement & Patient Experience Group (EPEG)

Report to the Governing Body September 2019

1. Executive Summary

- 1.1 Sefton is currently engaging on the compilation of a five year place plan for the local NHS. This is in co-operation with all local partners and contributes to the 5 year plan for the Cheshire & Merseyside Health & Care Partnership.

The plan is draft and is subject to ongoing engagement for feedback and comment prior to concluding the document in November 2019.

The paper includes the approach and content of the plan and seeks initial feedback. A final version of the plan will be prepared for the November 2019 Governing Body meeting.

2. Introduction and Background

- 2.1 As part of the NHS Long Term Plan (LTP), published in January 2019, all systems were asked to produce a five year plan. This is being developed for Sefton as part of the Cheshire & Merseyside Health & Care Partnership (C&MHCP).

The overarching position for Sefton working in a collaborative based system is set within the need to develop a sustainable health and care system; improving wellbeing and health; and there is a reduction in health inequalities. The Plan is expected to deliver the requirements of the NHS Long Term Plan (LTP).

The work on developing the plan is taking into account:

1. Joint Strategic Needs Assessment (JSNA) priorities prepared by Sefton's Public Health Team
2. 4 pillars of public health (prepared by the Kings Fund):
 - i. Wider determinants
 - ii. Our health behaviours and lifestyles
 - iii. Integrated health and care system
 - iv. Places and communities we live in
3. The population life courses of starting well, living well, aging well and dying well
4. The need to meet quality standards in health services
5. Workforce shortfalls
6. Health and care finances not in balance
7. Increasing elderly population
8. Increasing incidence of children, young people and adult mental health issues
9. Children and young people's poverty
10. NHS Long Term Plan requirements

2.2 Approach

The approach undertaken to prepare the plan has intended to incorporate:

- The establishment of an internal CCG planning group including representatives from across the CCG.
- Alignment with the JSNA, the evolving Health & Wellbeing Board Strategy, the NHS LTP, the CCG's Improvement & Assessment Framework, and Cheshire & Merseyside Health & Care Partnership priorities.
- Defining the CCG's ambitions and priorities based on available local and national evidence and information.
- Engagement with the public, partners, other CCGs and Primary Care Networks (PCNs) using existing meeting for a
- Work closely with Sefton Council including Public Health
- Discussions to seek clarity on the NHS contribution to population life course and the 4 pillars of population health management
- Based on feedback to refine the ambitions, priorities and objectives to produce a final plan.

2.3 Expected outcomes and foundations

Through implementing the plan the following are the expected outcomes for the people of Sefton:

- Reduction in health inequalities
- Improvement in health and healthy life expectancy
- Delivery of the Health & Wellbeing Strategy supported by the NHS contribution
- The four pillars of population health are addressed through the NHS contribution
- Maximising the Sefton pound
- Sustainable health and care system

As part of implementing the NHS LTP there are a number of foundations which are expected to be in place during the five year period. These are:

- Integrated community services and primary care, including primary care networks and new community health services
- Delivery of urgent and emergency care standards
- Personalised care
- Digital primary care and outpatients
- Improved cancer outcomes
- Improved access to mental health services
- Doing more planned surgery, cutting long waiters, and reducing the elective waiting list

There is also a requirement for all systems becoming integrated care systems (ICSs) by April 2021, including setting out "how they see the provider and commissioner landscape developing". For Sefton this means being part of an ICS incorporating Cheshire & Merseyside; working as a strategic commissioner with Southport & Formby CCG and Sefton Council; and developing Sefton's Provider Alliance (all health, care and voluntary service providers working together). This is currently being discussed.

2.4. Ambitions

Through delivering on the five year plan as a contribution to the NHS Long term Plan there a number of ambitions as detailed below:

- i. Making a full contribution to Sefton's Health & Wellbeing Strategy eg wider determinants like air pollution
- ii. Reducing health inequalities
- iii. Increasing healthy life expectancy
- iv. Embedding early intervention
- v. NHS majoring on prevention
- vi. Empowering self- care
- vii. Access to high quality services (in health and care)
- viii. Meeting NHS Long Term Plan (LTP) requirements

- ix. Delivering a sustainable health and care system
- x. Maximising social value (eg NHS as anchor institutions)

2.5 Priorities

Based on local and national evidence the following are the Plan's priorities linking in with the Cheshire & Merseyside Health & Care Partnership:

- Child development - ensure all children are ready for school
- Mental health (all age) – ensure timely access to mental health services and support reductions in incidence
- Parenting & early years -
- Prevention and early intervention (all age) including vaccination rates and reduce variation across Sefton
- Looked after children – to assist in reducing the number of looked after children and to ensure the health of looked after children is improved.
- Obesity (all age) – to reduce the level of obesity and to turnaround the current increase at age 11.
- Smoking – to continue to reduce the incidence especially within most deprived areas of Sefton and when pregnant.
- Alcohol – to reduce the impact in all ages
- Cancer – this is addressed through two key aspects. Prevention through a healthier lifestyle and increasing the rate of screening. Earlier intervention when treatment is required.
- Substance misuse – improved access to services and reduce the incidence
- Social isolation – acknowledging this is a significant issue for older people. Working with the VCF for all people who feel isolated to be supported to reduce the impact
- Dementia – supporting patients to reduce the onset and provide support
- Frailty – reducing the incidence of falls

Further work is required on prioritising the ambitions and priorities identified to date.

There are several supporting actions and priorities to be in place to maximise local delivery including:

- Digital – this includes preparing a plan for Sefton – currently underway
- Workforce – identifying issues and considering a plan for Sefton in conjunction with health and care providers
- Estates – preparing a Sefton plan incorporating One Public Estate.
- Finance and demonstrating value for money to the taxpayer

2.6 Reference to future state

A future view of Sefton has been developed to assist in explaining what this could look like and to facilitate engagement with the public and partners (appendix 1). This includes aspects of population health management; Health & Wellbeing priorities, population self-care, integrated community care and hospital care when it is required.

2.7 Expectations and population responsibility

As a key part of the emphasis within the plan is the population taking responsibility to look after themselves as well as having a number of expectations from the NHS. Based on dialogue with Healthwatch Sefton who have been undertaking a survey on the NHS Long Term Plan we are designing a series of “I would like” and “I will” statements. These will provide helpful clarity on patient expectations and the expectations of the NHS of the population.

2.8 Timeline

The following outlines the timing of actions over the next few months:

- June to August – engagement on the ambition and priorities Utilise existing meetings
- April, July and October engagement events
- August 30 – draft plan to C&M HCP
- September – October engagement on the draft outline
- 12 September Big Chat event

- October 30 – C&M HCP 5 year plan agreed
- November 29 – plan refined based on agreed C&M HCP 5 year plan

There are regular meetings with Sefton Council during the above period to align the feedback and development of the Five Year Plan with the evolving Health & Wellbeing Strategy refresh which is also underway concluding January 2020.

2.9 Feedback to date

Arising from discussions underway to date as part of the engagement process with patient groups, NHS organisations and other partners a number of comments have been received as follows which include initial responses:

Feedback, comments	Response
Agreement to the ambitions and priorities.	Subject to ongoing review.
Need to consider the level of improvement (and how measured) for ambitions and priorities.	Under review.
Need to identify a small number of key priorities.	Prioritisation to be undertaken based on feedback.
Dying well occurs through each life course rather than in ageing well.	Accepted and incorporated into the draft outline plan.
In the priorities section include reference to the health & care system.	Accepted and a future state description has now been included.
VCF sector – longer term contracts eg 5 years.	To be considered as part of the draft outline plan.
Transition between children & young people to adults.	Under review.
Locality build up/focus.	Locality (PCN) based JSNA reports being prepared – any specific locality issues to be highlighted in the plan.
One plan – HWB strategy and 5 year plan.	There are significant overlaps within the evolving Health & Wellbeing strategy refresh and the NHS Five Year Place Plan although the timescales for completion do not align. It is intended to ensure the Place Plan will support the delivery of the Health & Wellbeing strategy.
Role of PCNs and how they influence local development.	All practices have been invited to contribute to the plan to ensure clinical leadership and engagement. With the initiation of the PCNs recently underway there is likely to be greater PCN influence in 2020/21.
Include the contribution of schools.	Dialogue with schools to be included as part of the September – October period.
Sustainability of the voluntary sector.	Links to the above on longer contracts plus increased investment the voluntary sector – to be considered by the CCG.
Diversity and inclusion to consider.	This is being reviewed.
How the plan gets stakeholder sign-up.	Through ongoing engagement with partners and the public
Progress on the Shaping Sefton 2014/19 plan.	This is underway.
Comms with the public on self-care.	Links to the “I would like” and “I will” statements.
Increase use of social prescribing.	To be considered by the CCG

How include neighbourliness.	To be considered by the planning group
Increasing investment in prevention.	To be considered as part of CCG consideration pending the financial position in later years of the plan.
The plan needs to be realistic in terms of what it can achieve.	<p>The content of the plan needs to be prioritised against the key issues facing Sefton's residents. In addition the plan will be phased over the period to 2024.</p> <p>The current financial positions of the health and care organisations in Sefton need to be considered when considering the content of the plan as investment over and above that which is targeted to specific schemes will not be available until the latter 3 years of the plan.</p>

2.10 Next steps

1. Ongoing engagement meetings including:
 - Health & Wellbeing Board – 11 September
 - Healthwatch champions – 1 October
 - School Head Teachers – 1 October
 - Overview and Scrutiny Committee - 15 October
 - Patient Groups – meetings being organised eg Older People fora (6 meetings) in September
2. Online survey for the public (September to October) – to collate responses
3. Feedback to be considered in the final version of the plan by 30 October
4. Plan to be submitted to November's Governing Body meeting
5. Submit plan to C&MHCP by 30 November.

3. **Key Issues**

- 3.1 To date the feedback on the content of the plan has been supportive with a number of helpful and additional comments which are all being used to inform the final version of the plan.
- 3.2 The plan is deliberately covering a high number of ambitions and priorities to encourage a debate and the relative key issues that need to be addressed. In addition further work is required to provide further examples of specific schemes and actions to support the ambitions and priorities.
- 3.3 There are several other issues to consider including:
 - i. Ongoing engagement to ensure this is widespread involvement in collating the plan and being able to provide feedback.
 - ii. the number of priorities which can sensibly and realistically be achieved over the period of the plan.
 - iii. the financial positions of the organisation in Sefton which will impact on the timing of all

4. **Conclusions**

- 4.1 The work underway on developing the Five Year Place Plan endeavours to provide the strategic direction for the next 5 years. This is focussed on a collaborative approach to developing the plan and its implementation. This has a greater focus on wellbeing and how the NHS can contribute to the wider determinants of health improvement within the funding it has available.

5. Recommendations

The Governing Body is asked:

- i. to note the progress on the development of the Five Year Place note the progress on the development of the NHS Five Year Place Plan
- ii. note the draft outline plan is subject to further engagement
- iii. make any initial comments on the draft outline plan
- iv. note the final version will be submitted to the November Governing Body meeting for approval.

6. Appendices

Appendix 1: Future state diagram.

Cameron Ward
Programme Director
21 August 2019

DRAFT A confident and connected borough - future health, care and wellbeing in Sefton

Health, care and wellbeing services are joined-up, with many provided in local communities. Empowered people make positive changes to their lives and it is easy to get the right support in the right place first time and they live longer, healthier and happier lives as a result. There has been a reduction in health inequalities and key identified needs have been addressed

Living, working and having fun

On the move

Integrated Care Partnership

Integrated Care System

Strategic commissioning

Primary care networks

Healthy behaviours and lifestyles

Early Intervention, Self-Care and Prevention: coordinated and seamless healthy living. Health, care and wellbeing services offer **prevention and early intervention services** in partnership with **voluntary, community and faith sector services**. **Mobilised communities** are empowered to actively engage in self-care and wellbeing **for all ages**. **Integrated intelligence systems** support self care and prevention; 'make every contact count' is embedded and enables risk stratification for targeted and personalised services.

Integrated health and care

Primary Care Networks are part of a multi-disciplinary and multi-agency **integrated care team** across all **health, care and wellbeing** providers with a **digitally enabled single point of access** and targeted care coordination supporting geographies of 30-50k population, with **GPs as the senior clinical leader** and an overseer of patient care. People know what **local services** are available and will have access to **care navigators** to help them access services. People will experience **seamless care between the hospital, community and primary care** with integrated services making sure they are home and accessing community care as quickly and as safely as possible. Services are available closer to home and outside of the hospital setting wherever possible with **Integrated Specialist Teams**.

Optimised acute care

Urgent & Emergency Care and Planned Care are focussed on whole pathway optimisation for physical and mental health and people only **attend hospital when they need inpatient or specialist outpatient care**. People can access to **acute services** which will provide quality services that meet **national standards**, achieve **best practice** and deliver the **best possible clinical outcomes**. This, in most cases, will be **delivered locally**, but for **some areas this may be further away** to ensure the **best possible expertise, facilities and care** are available.

Starting well... living well... ageing well... dying well...

- 21st Century digital and technological solutions
- An integrated trained flexible workforce supports care delivery; system leadership enables empowered teams to work 'without walls'
- Financially sustainable and working to a capitated budget maximising the Sefton £
- Whole system optimised estates across Sefton
- System level coordinated communication and engagement

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/107	Author of the Paper: Jan Leonard Director of Place Jan.leonard@southportandformbyccg.nhs.uk 01704 395781						
Report date: September 2019							
Title: Primary Care Work Programme							
Summary/Key Issues: The CCG published its strategy for Primary Medical Care earlier this year. Since then The NHS Long Term Plan has been published which has set the direction for primary medical services. One of the key components of the plan (reflected in changes to the GP Contract in April 2019) was the introduction of Primary Care Networks (PCNs). This paper provides the Governing Body with an update on the progress of the implementation of the Primary Care Strategy.							
Recommendation The Governing Body is asked to note the progress and receive the 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.

	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				
Clinical Engagement	x			
Equality Impact Assessment				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered	x			
Locality Engagement	x			Via Locality meetings
Presented to other Committees	x			Primary Care Commissioning Committee

Report to the Governing Body September 2019

Primary Care Work Programme September 2019

1. Introduction and Background

The CCG published its strategy for Primary Medical Care earlier this year. Since then The NHS Long Term Plan has been published which has set the direction for primary medical services. One of the key components of the plan (reflected in changes to the GP Contract in April 2019) was the introduction of Primary Care Networks (PCNs). PCNs will see GP practices working in clusters based on local populations and their needs, with a redesigned primary care workforce to support access and sustainability of Primary Care. New roles of clinical pharmacists, physician associates, first contact physiotherapists, first contact paramedics and social prescribing link workers are to be introduced in a phased approach with increased funding to support new ways of working in Primary Care and enable patients to be seen at the right time in the right place by the right person.

Primary care needs to transform to provide a service that is sustainable, efficient, effective and attractive to work in. It needs to play a central role in primary and community care operating at scale to deliver the commitments set out in the NHS Long Term Plan through the five-year framework for the GP services contract (Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan).

2. Key Issues

Within the CCG strategy six key themes were identified. These are:

2.1 Access

The 2019 GP Survey was published In July 2019, Southport & Formby practices performed well and scored above the national average for a number of indicators including 'overall experience of General Practice', 'ease of getting through on the phone' and 'helpfulness of receptionists'. The CCG also outperforms a number of local CCGs. Whilst the results are recognition of the commitment and hard work from local practices there remains variation between practices. This is a key area of focus to understand the variation and improve the patient experience.

The NHS Plan sets out an ambition to join up the urgent care system. By April 2021 funding for the Extended Hours Access Directed Enhanced Service and the CCG commissioned 7 Day Access Service will be combined and become the responsibility of PCNs. This work will commence in 2019 with a national review of access.

One of the aims of this work will be that every patient who needs a same day intervention will be able to get one. This intervention will not necessarily be face to face and with a GP, with online access and advice, telephone consultations and alternate practitioners increasingly available.

2.2 Quality

Patient involvement, experience and satisfaction will be paramount in supporting future service development and supporting quality improvements. Co-production through patient engagement networks and joint decision making between clinicians and patients will have the potential to enhance outcomes for the patient. The introduction of a range of different consultation types, including group consultations offering patients shared appointments with appropriate clinicians will provide the opportunity to develop peer support networks, build capacity and encourage self-care in patients managing their condition.

A key feature of the Network Contract DES delivered by PCNs is the implementation of seven national service specifications. The aim of the specifications is to

- improve health and save lives
- improve the care for people with multiple morbidities
- help make the NHS more sustainable

During 2019 / 2020 NHSE will work with stakeholders to develop the services specifications these will cover:

- Structured medications reviews and optimisation
- Enhanced Health in Care Homes
- Anticipatory Care
- Supporting early cancer diagnosis
- Personalised Care

These are to be implemented from April 2020. During 2021 / 22 the final 2 specifications covering

- CVD prevention and diagnoses
- Tackling neighbourhood inequalities

We will support PCNs to develop plans to deliver the specifications as details of the specifications are made available.

2.3 Workforce

The Long Term Plan describes how the primary care workforce will expand to include many new roles, some of which will qualify for reimbursement through the national additional role reimbursement scheme which will be implemented from 2019 to 2021.

The scheme includes 5 roles (clinical pharmacists, social prescribing link workers, physician associates, first contact physiotherapists and community paramedics) other new roles will also be in place such as medical assistants and care navigators and all staff will be up-skilled to work at the “top of their licence”.

The 2 roles to be introduced during 19/20 are social prescribing link workers and clinical pharmacists. The CCG has supported PCNs with the introduction of these two roles. Further guidance is expected regarding the roles to be introduced in future years and we will work

with PCNs to facilitate these as far as possible,

2.4 Premises and Estates

Primary care is involved in estates work streams that form part of the Shaping Sefton transformation plans. As integrated services develop shared estates will be key to enable service delivery.

2.5 Transformation & Collaboration

One of the main features of the Long Term Plan is primary care working at scale in Primary Care Networks. The 4 characteristics of Primary Care Networks are: -

- Provision to a defined registered population of approximately 30 – 50,000.
- An integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care
- A combined focus on personalisation of care with improvements in population health outcomes
- Aligned clinical and financial drivers

PCNs have been contracted through the Network Contract Directed Enhanced Service. The CCG has Offered local support to PCNs through a range of functions to enable PCNs to develop and function effectively. A national offer of support through a Primary Care Network Development programme will also be available .

Technology will be a key feature of transformation and through the use of technology Primary Care will support patients to remain independent for as long as possible and support the management of their long term conditions through available aids and equipment. Increased use of digital technology will allow increasing numbers of patients to be empowered to self-manage and play a more active role in their care. Enhanced use of digital technology will also enable clinicians to work flexibly and increase capacity for example from remote consultations and the use of apps.

2.6 Integration of Services in Localities

The Long Term Plan describes how all services that can be delivered safely and according to best practice in the community will be provided within a neighbourhood or network, thereby ensuring that patients can access care closer to where they live, avoiding the need to attend hospital unnecessarily.

The CCG will support PCNs to develop plans aligned to this aim. Initial plans to pilot Integrated Community Teams are progressing with key stakeholders.

3. Recommendations

The Primary Care Commissioning Committee held a development session in July to review the work plan and programme report. These changes will be introduced and reviewed by the committee in the coming months. As the CCG receives local PCN plans these will be incorporated into the plan so that oversight of delivery against CCG priorities is maintained. Local plans are also being fed up into the Cheshire and Merseyside STP Primary Care Strategy.

The Governing Body is asked to note the progress and receive the report.

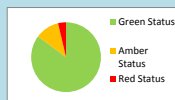
4. Appendices

Primary Care Programme Report

**Jan Leonard
Director of Place
September 2019**

SF/SSCCG Primary Care Programme Report

Last Updated	28/08/2019 15:10
Total Projects	27
Green Status	23
Amber Status	3
Red Status	1
Closed	5



Project	Business As Usual/Transformation/National Mandate etc	Programme	Sub- section of Programme	Start Date	Planned End Date	Status	NHSE Contact	Resource Name	Comments/Updates
Resilience Funding	Transformation	GP Five Year Forward View	GP Resilience Programme	01.04.2017	31.03.2021	G	Gemma Murray	Angela Price/Jane Elliott/ Clare Touhey	All practices and federations have received information from NHSE on the 19/20 process to apply for resilience funding. The deadline to submit bids to NHSE is 12pm 1st July 2019. A panel where all CCGs & LMCs will be able to send a representative to agree those schemes that meet the national criteria is planned for 15th July 2019. The C&M funding available is approx £350K Successful practices will receive an MOU in August.
Clerical and Admin Training (Active Signposting)	Transformation	GP Five Year Forward View	Releasing Time for Care	01.04.2017	31.03.2021	G	Gemma Murray	Jane Elliott/ Claire Touhey	A training post is now operational via iMerseyside to support signposting. There was a presentation at both wider groups re document management, EOLs are being sort from general practice. Numbers of practices interested in training are currently being collated.
International Recruitment	Transformation	GP Five Year Forward View	GP Five Year Forward View	01.04.2017	31.03.2021	G	Sharon Howard	Craig Gillespie/Kati Scholtz	Meeting held on Tuesday 26th June - 5 interested practices attended. Further weekend event being held for potential recruits currently being planned for early 2019. Potentially there are two recruits identified within C&M. Practice readiness forms will need to be completed by GP practices
GP5V - Additional 5000 Doctors	Transformation	GP Five Year Forward View	GP Five Year Forward View	01.04.17	31.03.2021	R	Sharon Howard	Angela Price	5000 is the number of doctors required nationally, this drilled down to C&M is 194 additional doctors. Information is being collected quarterly via the GP5V monitoring returns on the number of hours provided by GPs in alternative settings.
ETTF- Estates Bids	Transformation	GP Five Year Forward View	ETTF	01.04.2017	ongoing	A	David Scannell	Jan Leonard/Sam McCumiskey	3 bids for co-location originally submitted, this has reduced to two bids, one for Maghull and one for Formby. The bids are at PID stage, further discussion required with practices, to establish next steps.
E-Consultations/Online Consulting	Transformation	GP Five Year Forward View	Online Consulting	01.04.2017	31.03.2020	G	Gemma Cullen	Jane Elliot/Paul Shillcock	A roll out plan has been agreed across both CCGs. Discussions are in place regarding how this could work in the 7 day access service and at PCN level. There is an opportunity to establish an e- hub pilot with one PCN in both CCGs. In order to do this all practices within a PCN would need to be utilising e-consult. Currently there are 26 out of 49 practices across Sefton who are either using e-consult or are in a planned stage of roll out. We will be in a position to trial an e-hub in approximately 6 months time should a PCN be identified to trial. Primary care team and iMerseyside to meet to develop an e-consult strategy.
7 Day Access	Transformation	GP Five Year Forward View	Primary Care HUB	01.08.2017	ongoing	G	Jan Hughes	Angela Price /Clinical Leads	Both services went live on Monday 1st October 2018, positive feedback is being received. Monthly reporting data is being received. iMerseyside are working with NHS Digital regarding ERS and ICE, testing took place in March 2019. First contact physiotherapy has started in S&F, and is due to begin in South Sefton. Contract meetings with both providers taking place quarterly. Both services were commissioned via an APMS contract for a 2 year period (September 2020) with the option to extend for a year if needed.
Clinical Pharmacy Pilot	Transformation	GP Five Year Forward View	Workforce	01.04.2017	ongoing	G	Gemma Murray (Cathy Leech for C&M – GM can act as SS/SF link)	Susanne Lynch/Clinical Leads	Pilots ongoing in Crosby and North Southport localities based on hub models, initially dealing with medication queries, discharge review/reconciliations. 4WTE pharmacists under NHSE scheme recruited. NHSE have confirmed CCG can be employer of PCN clinical pharmacists if all parties in agreement. SL liaising with networks which will inform proposal to be considered by CCG.
Apex/Insight	Transformation	GP Five Year Forward View	Workload		ongoing	G	Gemma Murray (Cathy Leech for C&M – GM can act as SS/SF link)	Angela Price	Apex/Insight has been demonstrated at both wider group meetings. Practices have been asked to express an interest in using the tool as part of an NHSE pilot. Awaiting an implementation date, roll out of the tool has been delayed.

Project	Business As Usual/Transformation/National Mandate etc	Programme	Sub- section of Programme	Start Date	Planned End Date	Status	NHSE Contact	Resource Name	Comments/Updates
ETTF- IT	Transformation	GP Five Year Forward View	ETTF	01.04.2017	ongoing	A	David Scannell	Jane Elliot/Paul Shillcock	The amount of money for ETTF IT bids has reduced this year in order to increase ETTF for premises. There is an IM&T group looking at IT requirements, this includes representation from the primary care team, finance team, GP practice and iMerseyside
Practice Nurse 10 Point Plan	Transformation	GP Five Year Forward View	Practice Nurse 10 point plan	23.07.2017	Ongoing	G	Pippa Rose	Colette Page	ETP has employed a p/t mentor to increase numbers of practices accepting student nurses and number of mentors within practices. 8 PNs to become clinical supervisors allowing them to offer clinical supervision to PNs across both CCGs. Progress being made with a preceptorship programme for new PNs. Promoting 'All our Health' learning platform - to embed prevention, health protection and promotion of wellbeing - MECC training delivered previously and training in Anti-Microbial Resistance ongoing. 4 more PNs and 3 pharmacists on the NMP course. 7 PNs on the GPN Leadership for Quality programme. Promoting the 2 year Advanced Care Practitioner course across CCGs. In discussion with NHSE lead to promote Nursing Associate trainees within practices. Recruitment and retention continues to be challenging for many practices nationally. Promoting GPN as a viable career pathway is ongoing.
Workforce Steering Group	Transformation	GP Five Year Forward View	Workforce	01/05/2018	ongoing	A	Alan Cummings/Sharon Howard	Angela Price	A C&M workforce steering group has been developed. This is an extension of the Task and Finish Group for International Recruitment. This group will feed into the LWAB (Local Workforce Action Board).
2019/2020 GP Contract	GP Contract	Delegation		01.04.2019	31.03.2020	G	Alan Cummings/ Jan Hughes	Angela Price	Practice guide and timetable circulated to practices.
Primary Care Networks	GP Contract	Delegation	DES	01.04.2019	31.03.2020	G	Sharon Howard / Gemma Murray	Angela Price	PCN registration documents for 7 PCNs submitted and approved in May 2019. South Sefton PCN exploring using the federation to deliver extended access. A local incentive scheme between the CCG and PCNs who are willing to cover populations where GP practices have not agreed to become part of a PCN is currently in development. 1 practice in S&F is not part of a PCN, 4 practices in South Sefton have declined to be part of the PCN. Awaiting further information from NHSE on national data sharing agreement, and funding per weighted patient for the PCN additional staff from April 2020. There will be a variation to the GP contract in October to include a duty of co-operation to data share.
Minor Surgery		Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angela Price	DES participation is now confirmed. Practices who do not provide this service can refer patients to Joint Health or DMC. A GPSI is in discussion to provide locum session with a small number of practice in southport and Formby.
Out of Area Registrations		Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angela Price	A number of practices across Sefton have signed up to provide this DES, awaiting information from NHSE about how home visits were provided for this cohort of patients pre delegation.
Special Allocation Scheme		Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angela Price	One practice in Sefton operates this scheme, and has signed up to deliver this DES again in 2019/20.
Learning Disabilities	GP Contract	Delegation	DES	01.04.2019	31.03.2020	G	Alan Cummings	Angie Price	All practices in S&F have agreed to do the learning disabilities for their own patients. 2 practices in SS have opted for the federation to deliver scheme to their patients, there are a further 4 practices who have not stated an option to date, further information from these practices is being sought. The CCG will be meeting with South Sefton Federation to review how the health checks are delivered, there may be an option to broaden the scheme to home visits and health checks provided in a community setting.
GP Contract	Business As Usual	Delegation	NHS Digital Finance Data	01.04.2019	31.03.2020	G	N/A	Angela Price	Practice finance visits are being planned using NHS digital data on NHS funding earned in 2017/18. A meeting has taken place with PC24 management where all 7 PC24 practices were reviewed.
Local Quality Contract Phase 4	Business As Usual	Primary Care Operational	Business As Usual	01.04.2018	01.09.2019	G	N/A	Angela Price/ Craig Gillespie/ Kati Scholtz	Phase 4 LQC has been operational 01.04.18 - 31.03.19. Validation panel has met to agree outcomes for both CCGs. Currently working through the validation for medicines management elements of the LQC.
Local Quality Contract Phase 5	Business As Usual	Primary Care Operational	Business As Usual	01.04.2019	01.09.2020	G	N/A	Angela Price/Craig Gillespie/Kati Scholtz	Phase 5 LQC agreed and circulated to GP practices - Practice sign up complete, quarter 1 invoices have been processed.

Project	Business As Usual/Transformation/National Mandate etc	Programme	Sub- section of Programme	Start Date	Planned End Date	Status	NHSE Contact	Resource Name	Comments/Updates
Localities	Business As Usual	CCG	CCG	01.04.2019	ongoing	G	N/A	Jane Elliott/ Claire Touhey	Business as usual, PCNs have formed some discussions at localities. Locality mangers - Clare Touhey for Southport and Formby, and Jane Elliot for South Sefton. There is an option to merge localty and PCN meetings to maximise efficiencies, this is currently being discussed locally.
Influenza Coordination 2019/2020	National Mandate	CCG	CCG	01.04.2019	ongoing	G	Jennie Piet	Colette Page	Member of Flu task & Finish group with NHSE and sub group at Sefton Local authority. Begin developing coordination plans for 2019/20 season
Local Authority Health Protection Forum	National Mandate	CCG	CCG	01.04.19	ongoing	G	Charlotte Smith	Colette Page	Attend bi monthly Health Protection Forum (HPF) chaired by the LA. Flu subgroup reports into the HPF, which then feeds into NHSE.
NHSE/ PHE S&I Programme Boards	National Mandate	CCG	CCG	01.04.2019	Ongoing	G	Hayley Mercer	Colette Page	Attend quarterly Screening & Immunisation Programme Boards. Review targets achieved by CCGs and address concerns. Contact practices not attaining national targets to gain assurance or assist/ provide support where necessary. Liaise with PHE S&I coordinator/ managers.
Practice Nurse/ HCA meetings					ongoing	G	N/A	Colette Page	Arrange and coordinate PN/ HCA meetings and training events. Source speakers/ training providers. Utilise flexible cash funding available from Health Education England to support Non-medical prescribing courses for PNs and clinical pharmacists. Fully fund a clinical supervision course for 8 PNs to offer supervision across the CCG in line with GPFV PN 10 PP. Review priorities across CCG in LTCs/ disease areas and focus training for PNs/ HCAs around these.
Protected Learning Time (PLT)	Business As Usual	CCG	CCG		ongoing	G	N/A	Colette Page	Arrange 4-6 PLT events per year. Source consultants and expert speakers from acute/ community/ voluntary providers. Arrange for pharmaceutical sponsors to support the events. Facilitate the afternoon with 150-200 delegates in attendance. The CCG with the LMC have reviewed the historic PLT scheme which was inequitable across practices, with agreement that the funds will be utilised to support admin and PM training - a training plan to be devised with input from PMs regarding topics to prioritise.
Project Activity Key				Project RAG Key					
↗		Ahead of Schedule		G					
↘		Behind Schedule		A					
→		On target		R					
X		No Activity							

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/108	Author of the Paper:						
Report date: 28 August 2019	Mel Wright Programme Manager Melanie.wright@southseftonccg.nhs.uk						
Title: Sefton Transformation Programme Update							
Summary/Key Issues: This paper presents the Governing Body with an update as to the work of the Sefton Health and Care Transformation Programme.							
Recommendation The Governing Body are requested to receive this update on progress of the Sefton Health and Care Transformation Programme.	<table style="border-collapse: collapse;"> <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.
	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
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	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees			X	

Programme update

1. Background

The Sefton Health and Care Transformation programme (the “programme”) aims to deliver the agreed vision for transformation of health and care services in Sefton:

“We want all of our health, care and wellbeing services to be more joined-up with as many as possible provided in our local communities. We want to empower you to make positive changes to the way that you live and make it easier for you to get the right support in the right place first time so that you can live longer, healthier and happier lives.”

Sefton Health and Care Transformation Board (“STB”), November 2018

The agreed objectives for this programme are:

- To improve our population’s health and wellbeing and reduce health inequalities by working together to enable people in Sefton to start well, live well and age well.
- To ensure that Sefton people get more control over their own health and more personalised care when they need it.
- To improve care outcomes for Sefton people living with long term conditions.
- To dissolve boundaries between primary, secondary, community and mental health services and integrate our health and care systems by 2021.
- To address physical and mental health, including those for children and CAMHS, together.
- To boost ‘out of hospital’ care and digitally enhance care for Sefton people, reducing pressure on emergency hospital services.
- To achieve system financial balance by 2020/21.
- To strengthen quality and reduce clinical variation.

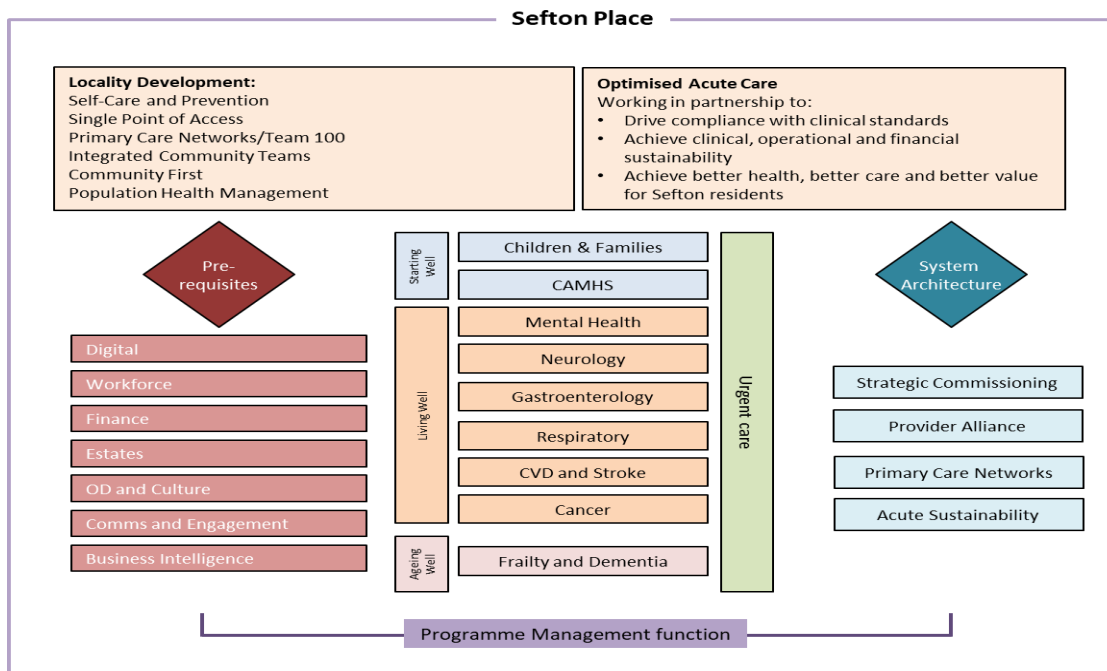
This report provides an update as to progress so far.

2. Scope of transformation work (agreed March 2019)

The Programme is focussed on:

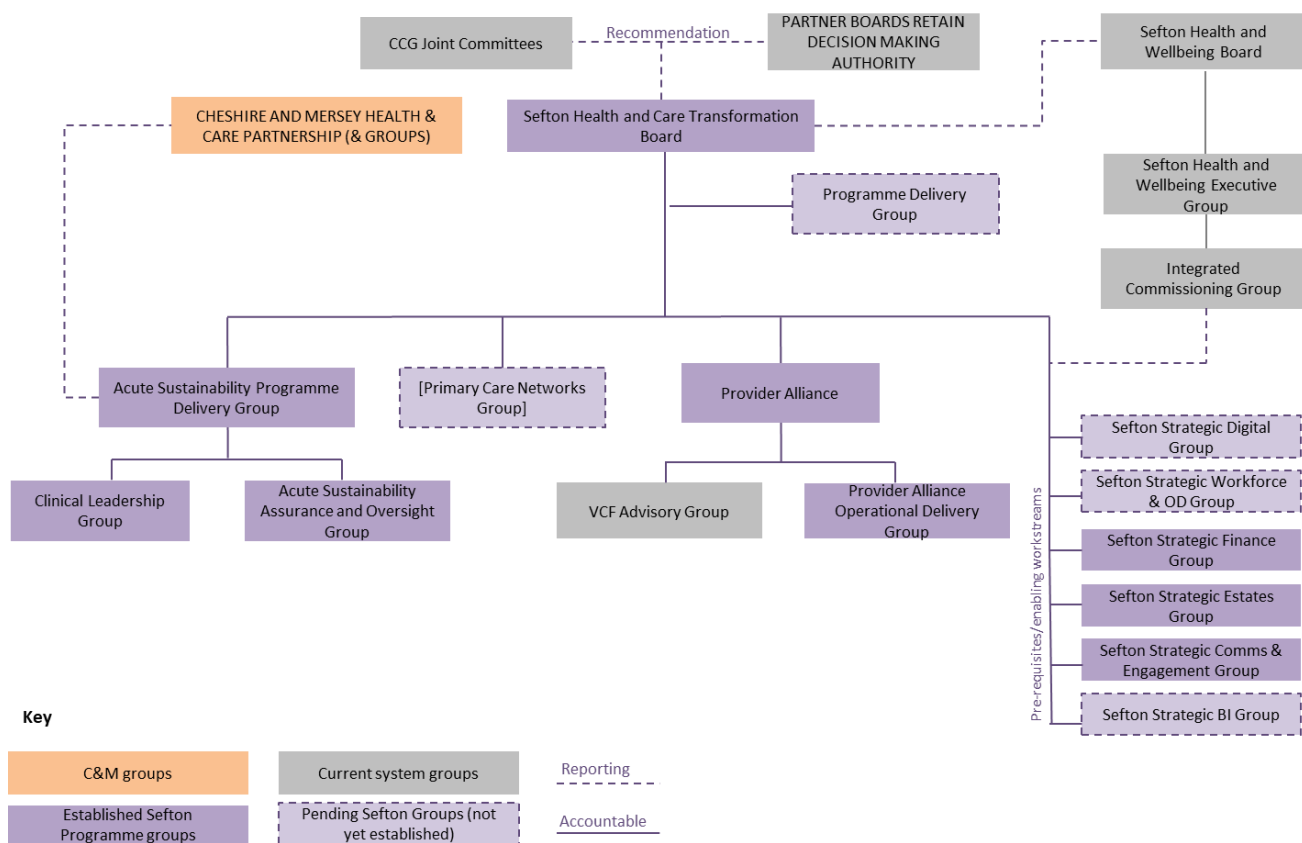
1. developing community or Sefton place based provision and support to the local population;
2. acute care meeting quality standards;
3. developing several key building blocks around how the local system is structured with strategic commissioning (Sefton Council and Sefton CCGs), Primary Care Networks and the Provider Alliance (collaboration between health, care and voluntary sector providers);
4. facilitating a range of key support groups including finance, workforce, estates
5. working within Sefton on a range of key care groups or services.

This is described in the diagram below:



3. Governance framework (agreed 10 July 2019)

The governance arrangements have been reviewed and agreed at the July Sefton Transformation Board meeting and summarised in the diagram below.



4. Progress update

The following is a summary of the work undertaken recently:

- establishing the working groups for Estates, Digital, Finance, Workforce and OD, Comms and Engagement, Business Intelligence;

- workshop on 27 June to co-ordinate Estates, Workforce and digital programmes;
- two engagement events relating to the refreshed Sefton Plan (incorporating the NHS Long Term Plan) with the third and final event on 9 October;
- revised governance (see 3 above);
- Project Briefs agreed for Acute Sustainability (Southport and Ormskirk), Provider Alliance, Digital, Workforce and OD, Finance, Estates and Primary Care Networks;
- Project Initiation Documents and plans delivered in relation to Acute Sustainability (Southport and Ormskirk), Provider Alliance, Digital, Workforce and OD, Finance, Estates and Primary Care Networks for the September Sefton Transformation Board meeting;
- supporting Southport & Ormskirk Hospitals NHS Trust on developing a series of models of care;
- supporting the establishment of the Provider Alliance and a model for integrated community care;
- facilitating the development of strategic commissioning;
- charter developed and agreed by partners (see Appendix 1)
- Communications and Engagement Policy agreed by all partners.

A full progress update in relation to each of the workstreams can be found at Appendix 2.

5. Future state

A draft 'future state of health, care and wellbeing in Sefton' can be seen at Appendix 3 and is currently being reviewed in partnership with the programme's stakeholders. This describes a collaborative Sefton in the future with a far greater emphasis on the wellbeing of the population with integrated community based support including general practice with acute services available when required. This is encapsulated within the health and wellbeing strategy and population health management. How does that read?

6. Recommendation

The Governing Body are requested to receive this update on progress of the Sefton Health and Care Transformation Programme.

Appendices

Appendix 1	Charter
Appendix 2	Workstream Update
Appendix 3	The Future State of Health, Care and Wellbeing in Sefton (draft)

Charter for the Sefton Health & Care Partnership

Our Vision for Sefton

The Sefton Health and Care Partnership seeks to deliver the 2030 Vision for the Sefton Borough:

“A confident and connected borough that has everything we need to start, learn, work and age well, and ensures a fair stake for everyone” (Sefton 2030).

Our Values

Core Value 1 - We will demonstrate an **openness** in all our dealings by:

- Sharing pressures
- Sharing resource constraints
- Sharing delivery issues
- Recognising exceptional restrictions to openness
- Sharing our long-term plans

Core Value 2 - We will share **common goals** by:

- Jointly defining needs
- Jointly developing solutions
- Jointly owning and implementing solutions
- Recognising and agreeing what we can and will do together and what we won't
- Our commitment of energy and resource to deliver our common goals

Core Value 3 - We will work in a way which **demonstrates trust and belief** in each other by:

- Acting in good faith towards each other
- Developing belief in each other
- Demonstrating consistency in what we do and say
- Committing to relationships based on mutual benefit
- Demonstrating honesty and integrity

Our Commitments to Sefton and each other










Together we commit to:











- Work together for the greater good of Sefton citizens;
- Act as ambassadors for the Sefton system and the people that live and work within it;
- Collaborate and co-operate to deliver the 2030 vision;
- Work to improve outcomes and the quality of care in our services;
- Provide the highest standards of health and safety in our services;
- Achieve best value for the Sefton pound (£);
- Create a financially sustainable Sefton system;
- Communicate openly about concerns, risks, issues or opportunities;
- Develop clear, consistent, open and constructive communication at all relationship levels;
- Be clear about our collective strategies, objectives and challenges;
- Work collaboratively to identify solutions, eliminate duplication and mitigate risk across the system;
- Protect and enhance the reputation of partners and the partnership;
- Seek to develop the Sefton system, its people and organisations to achieve their full potential.

Signatories to the Charter:

- | | |
|--|---|
| Aintree University Hospital NHS Foundation Trust | Alder Hey Children's NHS Foundation Trust |
| Lancashire Care NHS Foundation Trust | Liverpool Women's NHS Foundation Trust |
| Mersey Care NHS Foundation Trust | NHS England and NHS Improvement |
| North West Boroughs NHS Foundation Trust | Sefton Local Authority |
| South Sefton CCG | South Sefton Primary Care Networks |
| South Sefton Primary Health Care Ltd (GP Federation) | Southport & Formby CCG |
| Southport & Formby Health Ltd (GP Federation) | Southport & Formby Primary Care Networks |
| Southport & Ormskirk NHS Trust | VCF organisations |
| West Lancashire CCG | |

Appendix 2 - Workstream Update

Workstream	Lead	Strategic Group		Planning process			Progress update
		Established	Terms of Ref	Brief	PID	Plan in place	
Acute Sustainability	Suzy Ning				Due Sept 2019		Models of care developed. Finance and activity modelling commenced. Working towards deadline for outline draft Pre Consultation Business Case of the end of October 2019.
Primary Care Networks (South)	Tracy Jeffes	To be agreed			Due Sept 2019	Due Sept 2019	Three PCNs approved, confirmation of Clinical Directors and key governance arrangements in place. PCNs representation at STB and Provider Alliance. Developing individual PCN-level plans. Social workers in pilot PCNs.
Primary Care Networks (North)	Jan Leonard	To be agreed			Due Sept 2019	Due Sept 2019	Three PCNs approved, confirmation of Clinical Directors and key governance arrangements in place. Formby PCN coverage still under review. PCNs representation at STB and Provider Alliance. Developing individual PCN-level plans.
Provider Alliance	Teresa Clarke				Due Sept 2019	Due Sept 2019	Priorities identified. Planning for development of population segmentation tool, consultation on integrated care team specification. Recruitment of social prescribing link workers under way. Preparing for Integrated Community Care Team pilot in Southport.
Strategic Commissioning	Stephen Williams	Due Sept 2019		Due Sept 2019			Initial workshop held August 2019. Series of next steps including the project plan agreed.
Digital	Mel Wright		Due Sept 2019		Due Sept 2019		Initial meeting took place August 2019, digital baseline for Sefton established. Scoping out programme of work.
Workforce, OD & Culture	Cameron Ward		Due Sept 2019	Due Sept 2019			Initial meeting took place August 2019 as a workshop and group now established. Looking to prepare a baseline assessment

Workstream	Lead	Strategic Group		Planning process			Progress update
		Established	Terms of Ref	Brief	PID	Plan in place	
Finance	Rebecca McCullough				Due Sept 2019		Contract negotiation process finalised, all contracts signed for 2019/20. High level estimate for System Financial deficit - £58m before system funding. Work to understand partner organisations financial headlines for Q1 2019/20. Discussion on key efficiency schemes for focus in 19/20. Working on system financial planning, draft system recovery plan, detailed financial baseline for all partners, finance support to clinical models.
Estates	Louise Halloran						Draft Estates strategy due September 2019
Comms and Engagement	Dan Grice			Due Sept 2019			During Summer/Autumn 2019, there are plans for concurrent engagement for the main elements of the programme; a joined approach with full engagement on the Place Plan and engagement around acute services with public audiences aligned to the overall programme. This will be supported by more targeted activity for the acute sustainability work with staff, select public, clinical and patient groups.
Business Intelligence	Anne Tattersall	Due Sept 2019		Due Sept 2019			Leadership identified, initial meeting being organised for September, mobilisation commencing.



*Four pillars of population health (King's Fund, Nov 2018)

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/109

Author of the Paper:

Geraldine O'Carroll

Senior Manager – Commissioning & Redesign

Email: Geraldine.o'carroll@southseftonccg.nhs.uk

Tel: 0151 317 8457

Report date: September 2019

Title: Transforming Care for people with Learning Disabilities: Update

Summary/Key Issues:

People with a learning disability and/or autism are citizens with rights, who should expect to lead active lives in the community and live in their own homes just as other citizens expect to. To do this people with a learning disability and/or autism and their families/carers should be supported to co-produce transformation plans, and plans should give people more choice as well as control over their own health and care services

The purpose of this paper is to update the Governing Body on the Transforming Care Programme which is aimed at improving the lives of people with a learning disability and or Autism programme for the registered population of NHS Southport & Formby CCG who have a Learning Disability (LD) and/ or Autism, which includes updates on:

- Helping People Live in Homes not Hospitals
- Improving Community Infrastructure
- Improving people's health, quality of care and quality of life
- Learning Disabilities Mortality Review Programme (LeDeR),
- Children and Young People with a of children and young people with learning disabilities and or autism

These aims are to be achieved by collaborative working and this paper aims to update the Governing Body on the work being done by NHS Southport & Formby CCG to deliver the aims of Transforming Care Programme.

Recommendation

Receive	x
Approve	x
Ratify	

The Governing Body is asked to:

- Note progress being made
- Endorse the continuing work on the Merseyside Transforming Care Partnership

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

Report to Governing Body September 2019

1. Executive Summary

NHE England's Transforming Care Programme evolved following the final report of the review of Winterbourne View scandal published by the Government in December 2012.

In response NHS England developed national guidance in the form of *'Building the Right Support'* and 'The New Service Model', which were both published in October 2015. *Building the Right Support* is a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. The New Service Model underpins this plan, bringing together current good practice and principles of care provision; it is intended to support health and social care commissioners for learning disability and beyond. It is anticipated that together, these plans will drive system wide change and enable more people to live in the community, with the right support and close to home.

Locally, commissioners have been working with Cheshire and Merseyside partners to implement the new models of care focusing on:

- Reducing learning inpatient admissions
- Improving community support infrastructure to support people in the community including
- Improving access to mainstream physical health services through annual health checks
- Reducing health inequalities.

Co-production with patients, their families and carers is central to the Transforming Care Programme.

A recent bid to the Transforming Care Programme Board was successful in securing funding for Autism Spectrum Disorder waiting times and a post Diagnostic Support Pilot.

2. Introduction and Background

The Transforming Care Programme evolved following the final report of the review of Winterbourne View published by the Government in December 2012. The Transforming Care Programme (TCP) aims to improve health and care services for those with a learning disability (LD) so that more people can live in the community, with the right support, and close to home. The national plan, *Building the Right Support*, was published in October 2015, alongside publication of national service model which outlines what services need to be in place by March 2019 when the programme is due to finish.

Building the Right Support included the development of Transforming Care Partnerships across England which are each made up of clinical commissioning groups, NHS England's specialized commissioners and local authorities. NHS Southport & Formby CCG forms part of the Cheshire and Merseyside Transforming Care Partnership, which is subdivided into three local hubs; North Mersey, Mid-Mersey and Cheshire/Wirral. The two Sefton CCGs form part of the North Mersey Hub, along with Liverpool CCG to jointly deliver the three programme outcomes in their areas:

1. reduced reliance on inpatient services (closing hospital services and strengthening support in the community)
2. improved quality of life for people in inpatient and community settings
3. improved quality of care for people in inpatient and community settings.

CCGs and councils in their Transforming Care Partnership areas must reduce the number of people with learning disabilities or autism in inpatient units and develop community based support.

3. Key Issues

Transforming Care (improving the lives of people with a Learning Disability and/ or Autism) focuses on improving the lives of people with Learning Disabilities (LD) 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.

Helping People Live in Homes, not Hospitals

The focus of the TCP continues to ensure that access to mainstream mental health units is available and that alternatives to admission are in place.

Building the Right Support suggests the following as expected numbers by the end of the Transforming Care programme.

The planning assumptions within the National Service Model are that no area should need more inpatient capacity than is necessary at any one time to cater for:

- 10-15 inpatients CCG-commissioned beds (such as those in assessment and treatment units) per million population,
- 20-25 inpatients NHS England-commissioned beds (such as those in low medium- or high-secure units) per million population.

For NHS Southport and Formby CCG, based on an estimated registered population of 124,532, this equates to 2 CCG and 3 Specialised Commissioning inpatients (calculated at midpoint), making a total of 5 inpatient beds.

Mersey Care NHS Foundation Trust is commissioned to provide inpatient learning disabilities at its 9 bedded Assessment Treatment Centre on the Rathbone Hospital site in Liverpool. NHS Southport& Formby CCG commission a total of 3 beds at this facility.

Table 1: S&FCCG Inpatient Position

CCG and Spot Purchase	Adults Specialised Commissioning	CAMHS Specialised Commissioning	Total Inpatients	Inpatients with LOS > 4 years
2	2	1	5	2

Currently 2 inpatients are in hospital as at 30th July all of whom are commissioned by NHS Southport and Formby CCG. The length of stay is <6months.

The other 3 patients are commissioned by Specialised Commissioning and the CCGs maintain regular updates to support planned discharges.

Reducing inpatient activity

The Transforming Care Programme is committed to reducing unnecessary admissions and planning safe and sustainable discharges. Local performance is intensively monitored by NHS England. Southport and Formby CCG is required to:

- Regularly update the Assuring Transformation data on individual patients status and new admissions - weekly
- Submit compliance and assurance returns based on NHS Digital data extracts - weekly
- CTR / Blue Light – admission avoidance returns - Bi weekly
- Submit individual patient gantt chart assurance returns – monthly
- Submit ad hoc requests for data / delivery / discharge plans
- CTR reviews in line AT guidance for inpatients
- Desk top reviews – monthly
- New AT guidelines are also recommending that in future all CCGs review out of area placements on a 6 weekly basis.

NHS Southport & Formby CCG bed activity within the Mersey Care FT contract has been under contract plan in recent years for Learning Disability Inpatient beds. There is a proposal with our lead commissioner to discuss with Mersey Care Trust to reduce the number of inpatient beds and possibly shift this resource to support the IST model. Currently the position is that the LD Inpatient beds are part of the total block contract with NHS Mersey Care Trust and this will require further consideration. An initial meeting with commissioners and providers has scheduled for September to begin these discussions.

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.

Community Infrastructure

Intensive Support Function (ISF)

NHS England is required to save £1.7m from discharges from secure inpatient beds and funding has been made available to boost community infrastructure to facilitate patient discharge.

The Specialist Learning Disability Division in Mersey Care NHS Foundation Trust were successful in a bid for £250k of Transforming Care Partnership monies. In line with the National Transforming Care Programme, establishing a community-based model of care reduces the reliance on specialist inpatient care for adults with a learning disability and/or autism who have behaviour that challenges, so that these are only used when absolutely necessary.

At present the original money is non-recurrent and posts have been recruited to on a temporary basis to join the Community Learning Disability Teams in Liverpool and Sefton with evidence of impact being reported through the Contract Review Meeting with Commissioners. The ISF Team went live on 01/02/2019 and the ISF Team mobilisation plan has been completed and the impact of this service will be reviewed monthly between Mersey Care and Commissioners.

Funding for this service will end in 2020, as part of the discussions planned for September meeting (as above) to discuss bed utilisation, the discussion to continue the ISF role will also be considered and reviewed.

Positive Behavioural Support training

The North Mersey hub were successful in securing, £0.200m of funding to provide Positive Behavioural Support training across the North Mersey area, delivered by the British Institute of Learning Disabilities was approved in September 2018.

Positive Behavioural Support is an essential component of delivering high quality support for people with learning disabilities living in the community.

Housing Infrastructure

- The Sefton Housing strategy will include a section around planning for the specific needs of people with complex needs (LD and Autism). A Task and Finish group has been established to develop this further.
- Plans are being considered for a short break unit of up to 20 beds, with provision for people with autism on the same site.

Support

- PBS training 52% of providers have taken part in the training, 70 providers in Sefton and 59 providers in Liverpool have completed training. The next step is to include specialist schools, respite provisions and colleges in the training programme. Funded for more providers so additional training being offered to families.
- Health Action Plan has had an increase in uptake. There are plans to evaluate the delivery of Health Checks in day services.
- Development of a group of preferred providers is being considered with specialist skills and training to work as partners to develop a competency framework.

Training

- Autism Awareness eLearning is available for all staff in the Council and is also offered to all NHS providers.
- Specialist training for assessors has been identified and is being rolled out; establishing future numbers due to pending Autism Strategy refresh in September which will introduce an all age autism pathway and include staff from children's services.

Children and Young People

- Current redevelopment of EHC process and SEN services is underway.

Improving people's health, quality of care and quality of life

Annual Health Checks

In order to be eligible for a Learning Disability Annual Health Check, patients need to be on the GP Learning Disability Register. Progresses in ensuring patients are offered an Annual Health Check is therefore dependent on them being identified and placed on the GP Learning Disability Register.

Nationally, 0.49% of the GP registered population is on the Learning Disability Register. It has been estimated around 2.5% of the population in England has a learning disability.

The confidential inquiry into premature deaths of people with learning disabilities highlighted the importance of Annual Health Checks.

QOF data 2017/18 Prevalence South Sefton - 0.47% 728 patients

QOF data 2017/18 Prevalence Southport and Formby – 0.61% 761 patients

The CCG is currently working with the Local Authority and the LMC to identify a suitable process to identify patients with a learning disability. The process will be shared with practices once agreed.

In 2019/20 all practices will be offered the opportunity to sign up to deliver the LD DES at practice level.

Learning Disabilities Mortality Review (LeDeR)

Recognising the health inequalities, poorer outcomes, higher rates of mortality, institutional discrimination and acceptance of death for people with learning disabilities the LeDeR programme became live in January 2017 across all CCGs in England. The purpose of the programme is to establish support for local areas to review the deaths of people with learning disabilities, identify learning from deaths, and take forward the learning into service improvement initiatives. Reviews are undertaken by a reviewer identified by Mersey Care NHS FT who is supported by Tracey Forshaw from the Quality team who is the identified NHS Southport & Formby CCG Local Area Contact who is a member of the NHS England C&M steering group, provides support and guidance to LeDeR reviewers, quality assures and signs off individual reviews and supports the dissemination of actions and learning across the CCGs and NHS England.

Since January 2017 NHS Southport & Formby CCG has been notified of 23 cases on the LeDeR system of which 3 cases have been completed and signed off, 5 cases have been allocated to a review and are in progress with 15 cases waiting to be allocated.

Recognising the difficulties provider organisation had in releasing staff to undertake reviews, some work has been completed by outside agencies and additional 30 cases will be directed through this route. The Southport and Formby CCG be will notified of their allocation to support the reviews .

STOMP (Stop Overmedicating People with a Learning Disability or Autism)

STOMP is a national initiative to address the over-prescribing of medication for people with Learning Disabilities/ Autism.

The aims of STOMP are to:

- Encourage people to have regular check-ups about their medicines
- Make sure doctors and other health professionals involve people, families and support staff in decisions about medicines
- Inform everyone about non-drug therapies and practical ways of supporting people so they are less likely to need as much medicine, if any.

People First (a group who support people with a learning disability) met with the CCGs medicines management to discuss the use of Easy Read / pictorial information regarding the use of medication.

Children & Young People

Guidance regarding Transforming Care for Children and Young People was published in March 2017. Commissioners are required to maintain a list of children and young people who are at risk of being admitted to hospital. Similar to adult with a with a learning disability and/or autism Care Education and Treatment Reviews (CETR) have been established so to ensure that the needs of children and young people with learning disabilities and or autism are understood so as to ensure they have the right services in place. NHS Southport & Formby CCG has had a CETR process in place since 2017 to ensure that CETR are being undertaken by an independent panel of people.

A Cheshire and Merseyside CETR support network has been established to share best practice and develop a Dynamic Support Database for the patient group who are at risk of admission to Tier 4 Specialist services, or at risk of accommodation due to their challenging behaviour/mental health condition. Liverpool CCG is leading on the development of the Dynamic Support Database.

Transforming Care is part of the SEND agenda. There is strong multi-agency working in supporting the development of the dynamic risk register, and the knowledge and undertaking of CETRs. Strong links exist with Tier 4 specialist NHS commissioning, and 6 weekly multi-agency meetings are held to ensure good communication and planning for children with SEND, including those with a learning disability and or autism.

4. Conclusions

NHS Southport & Formby CCG within the Transforming Care Programme is making progress to ensure that people with a learning disability and/or autism are able to live in their own homes just as other citizens do.

Strong partnership working including co-production with patients, their families and carers is enabling real change to take place locally.

5. Recommendations

The Governing Body is asked to:

- Note progress being made
- Endorse the continuing work on the Cheshire and Merseyside Transforming Care Partnership.

Geraldine O'Carroll
Senior Manager – Commissioning & Redesign
August 2019

MEETING OF THE GOVERNING BODY SEPTEMBER 2019

Agenda Item: 19/110	Author of the Paper:						
Report date: September 2019	Helen Armitage Public Health Consultant Sefton Council helen.armitage@sefton.gov.uk						
Title: Public Health Annual Report 2018/19							
<p>Summary/Key Issues:</p> <p>The purpose of this report is to provide information about the preparation, content and key messages in the 2018/19 Sefton Public Health Annual Report (PHAR) 2018/19 on Air Quality. The PHAR is the independent annual report of the Director of Public Health and is a statutory duty.</p> <p>Animation and a fact-file is available in support of this report and can be found here https://www.sefton.gov.uk/phar</p>							
<p>Recommendation</p> <p>The governing body is asked to receive this report:</p> <ul style="list-style-type: none"> Note the information presented in the PHAR as an animated film and supporting 'fact-file', and Consider how Governing Body members can support relevant recommendations and calls to action from the report 	<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 30px;">X</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; width: 30px;"></td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; width: 30px;"></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.
	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.

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
	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				
Quality Impact Assessment				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees				

Report to:	Southport and Formby CCG Governing Body	Date of Meeting:	4 September 2019
Subject:	Public Health Annual Report 2018/19		
Report of:	Matthew Ashton Director of Public Health/Head of Health and Wellbeing Sefton Council	Wards Affected:	All wards
Is this a Key Decision?	No. This report is for information		
Exempt / Confidential Report?	No		
Contact:	Helen Armitage, Public Health Consultant Sefton Council Matthew Ashton, Director of Public Health/Head of Health and Wellbeing Sefton Council		
Email Address:	helen.armitage@sefton.gov.uk		

Summary:

The purpose of this report is to provide information about the preparation, content and key messages in the 2018/19 Sefton Public Health Annual Report (PHAR) 2018/19 on Air Quality. The PHAR is the independent annual report of the Director of Public Health and is a statutory duty.

Recommendation(s):

Members of Southport and Formby CCG Governing Body are invited to:

- Note the information presented in the PHAR as an animated film and supporting 'fact-file', and
- Consider how Governing Body members can support relevant recommendations and calls to action from the report

Reasons for the Recommendation(s):

The PHAR is the independent report of the Director of Public Health. Improving air quality and protecting people from the harmful effects of air pollution is a population health priority in Sefton.

Appendices:

There are no appendices to this report. The animated PHAR and accompanying fact-file can be viewed here <https://www.sefton.gov.uk/phar>

1. Background

1.1 Requirements and purpose of the Public Health Annual Report

The Public Health Annual Report (PHAR) is a statutory requirement upon Directors of Public Health. It is an independent report on one or several aspects of health in the local population. In recent years, PHARs have increasingly been used to advocate for action on a particular public health priority or under-recognised population health concern, or to highlight the needs of a specific group; and promote the value of public health perspectives.

There is an expectation that a PHAR should include health statistics but be presented in an accessible, public-facing format, typically accompanied by lots of pictures, simple graphics, and brief case studies to illustrate local successes.

A typical structure comprises a foreword by the DPH, with sections setting out: the scale and nature of the issue, positive work already taking place, opportunities presented by public health evidence and local assets, future recommendations and calls to action, with brief reflections on progress made following the previous PHAR.

Many areas have taken the decision to publish primarily online with print copies available on request. Some councils have experimented with films or animations e.g. last year's PHAR on the Emotional Wellbeing and Mental Health of Sefton's Children and Young People, which was short-listed for a national award.

2. Air Quality in Sefton

2.1 Rationale

The Director of Public Health's Annual Report for 2018/19 focuses on the issue of air quality. This topic was selected for several reasons;

- Health problems caused by air pollution have fallen in Sefton as air quality improves, but this remains a significant population health risk
- Improving air quality is a top priority for many residents, particularly those living in or close to air quality management areas in the south of the borough. At the same time, there is recognition of a need for awareness-raising activity elsewhere in Sefton
- Sefton Council has put in place a wide range of measures to improve air quality, often ahead of other local authority areas, but this type of work is not always visible
- Nationally, air quality has become more high profile, both in the media and in national policy following publication of the National Clean Air Strategy in January 2019, and there is now stronger evidence on the harm caused by poor air quality

2.2 Format and presentation

Following positive feedback on the use of a film format for last year's PHAR, a decision was taken to present this report in an animated format, which was produced by the Council's own Graphics Team. The aim is to present complex information on a sensitive subject in an accessible, engaging and transparent format, which is easy to disseminate

and can reach a broad audience. The twelve minute film is hosted on Sefton Council's Youtube channel and will also be released in shorter 'bites'. In this format, the PHAR has an important and continuing role to play as a spur to action in the wider system and as part of an ongoing public communications and engagement strategy. The animation is a valuable tool to raise awareness, present reliable information and advice, and as context to frame other campaigns and engagement, for example on anti-idling and domestic burning. As previously, the YouTube element of the PHAR is accompanied by an online pdf booklet, or 'Fact-file' with clickable links to other resources.

2.3 Content

Whilst, the Public Health Annual Report is the independent report of the Director of Public Health, the intention is to emphasise the essentially collaborative nature of Sefton Council's work to improve air quality. Since air pollution comes from a variety of different sources improvements in air quality require wide-ranging, collective effort and many changes must be led by other sectors.

The content and presentation of information was informed by a public engagement event to develop a Sefton Community Response to the Government's Draft Clean Air Strategy held in August 2018, and a community focus group held in early 2019. These provided valuable insights about what people want to know and how they wish to receive this information.

In addition, evidence-based guidance based on research carried out by the Department of the Farming and Rural Affairs (DEFRA) on how to communicate effectively about environmental risks was used to help select and order information.

The **animation** is narrated by Matthew Ashton ('mini-Matt') and covers:

- *Why Air Pollution and Health?*
- *What do we mean by 'air quality' and what is air pollution?*
- *Where does pollution come from?*
- *It's not just the great outdoors...*
- *What happens when we breathe polluted air?*
- *How big a problem is air pollution for Sefton?*
- *What is air quality like in Sefton?*
- *Protect yourself and your family*
- *So, what is the Council doing to tackle air pollution?*
- *What can you do (walking and cycling)?*
- *What can you do (drivers)?*
- *What's next (our goals)?*
- *Who are the other key people we need to work with?*
- *Calls to action*
- *So, let's make change happen (highlighting additional information and resources in the accompanying pdf)*

The **Fact-file** is written in an accessible style and gives more information about,

- *Air pollution in Sefton* – what are the different types of air pollution? Distribution and sources in Sefton, how the Council monitors and reports on air quality, pollution concentrations compared to national targets and other areas

- *Air quality and health* – how air pollution causes health problems, vulnerable groups, air pollution forecasts and health messages and the contribution of air pollution to major health problems and health inequalities in Sefton, including cardiovascular disease and lung cancer
- *Sefton Council's goals for improving air quality and calls to action* (below), which also explains about the visible and less obvious steps the council has implemented to improve air quality in Sefton and within our four Air Quality Management Areas (AQMAs) in the far South of the borough
- *So, let's make change happen!* – advice and information for everyone, which also includes sections on myth-busting, indoor air quality and a comprehensive list of national and local online information and opportunities to get involved
- *Reflection and recommendations from last year's public health annual report*

2.4 Key health messages

Important health messages in the report are centred on the impact of nitrogen dioxide, which is predominantly from road transport, and particulate matter (PM) which comes from a broader range of sources including domestic and commercial burning and wear and tear from traffic.

Nitrogen dioxide (NO₂) is an irritant. Evidence shows that babies and children who live with sustained high levels of NO₂ are more likely to experience impaired lung development and be at higher risk of chronic respiratory illness as an adult. The risk of developing asthma also with increases with concentration of NO₂ exposure. The evidence linking NO₂ and asthma is strongest, but some studies also implicate this pollutant as a cause of dementia, diabetes, lung cancer and low birthweight.

PM is a recognised carcinogen. There is good evidence to show that PM_{2.5} exposure increases risk of cardiovascular disease, stroke, asthma and lung cancer, with emerging evidence that PM_{2.5} can contribute risk for Chronic Obstructive Pulmonary Disease and low birthweight.

In Sefton, monitoring shows that concentrations of PM are within current target levels and that there are isolated, small exceedances of the annual NO₂ target within areas already being intensively managed as AQMAs. However, epidemiological studies suggest a dose-response relationship, which calls for continuing action to both improve health and reduce health inequality amongst people at-risk (older people, children and people with existing chronic illness) and especially those with pre-existing vulnerability from multi-morbidity or psycho-social risk factors.

It is not possible to discern the specific impact of air pollution on health outcomes in Sefton, however ward level emergency admissions data presented as maps in the fact-file certainly can support an added risk from current and past exposure to air pollution in southernmost wards.

Using local authority level Global Burden of Disease models, PM ranked as the seventh highest modifiable contributor to the four main causes of premature death and disability in Sefton in 2017 (see Fact-file, p14).

A few times a year weather conditions cause air pollution events when concentrations can remain very high for several hours or even days at a time. There are national health messages linked to the Daily Air Quality Index that advise vulnerable groups on specific protective actions to take. It is important to manage the burden of anxiety some people may feel when giving routine or specific clinical advice on air pollution.

Health services can help reduce the health impacts of air pollution in two main ways – by addressing risk awareness and risk management as part of routine clinical care and possibly during air pollution events, and by introducing Clean Air Policies to reduce emissions from transport and other processes required for the day to day running of services. These are summarised in a specific call to action in the PHAR:

‘We are calling on our NHS partners to:

- Use their Sustainable Development Management Plan to highlight actions to deliver on the air quality goals in the NHS Long Term Plan, and
- Share how they are supporting patients and staff to reduce health impacts from air pollution’

There are links to more information on each of these key messages in the Fact-file¹ on the www.sefton.gov.uk/phar webpage and set the scene for continuing work with CCG colleagues on this issue.

2.5 Sefton Council goals

The PHAR explains how Sefton Council is using a range of information on the sources of pollution in hotspot areas plus the latest guidance to look at other potential interventions to improve air quality more quickly. The PHAR also commits the Council to,

- Continue to involve communities and further develop communications, using community feedback to build a better website and look at different ways to keep people informed about air quality
- Start work on a new project enabling residents to reduce their exposure to air pollution at home following a successful funding bid to DEFRA
- Build on existing work with schools, starting with activities on Clean Air Day and the fantastic Clean Air Crew resource for schools developed by the Southport EcoCentre <https://www.southportecocentre.com/cleanaircrew#!>
- Support opportunities for citizen-led science and action to help tackle air pollution, such as community planting and air monitoring projects

In addition, the PHAR also affirms the Council’s continuing input into work taking place at a regional level, e.g. the Liverpool City Region Air Quality Task Force and through partnerships with public and private sector organisations and national agencies, some of which are highlighted in the Calls to Action section (below).

2.6 Calls for action

We are calling on our NHS partners to:

- Use their Sustainable Development Management Plan to highlight actions to deliver on the air quality goals in the NHS Long Term Plan, and

¹ <https://indd.adobe.com/view/2038c29f-1cd5-4dd2-ae66-6f7e4915a88b>

- Share how they are supporting patients and staff to reduce health impacts from air pollution

Our challenge to industry, other businesses and organisations is to:

- Make one big change this year! Whether that's a brand new Clean Air Strategy, an attractive active travel policy or introducing a fleet recognition scheme for drivers.

We're asking Schools across Sefton - our pupils and parents to tell us their ideas to promote cleaner air:

- Will you adopt an air pollution monitor? Host an anti-idling campaign? Develop a fresh approach to the 'school run'? Or do a project on indoor air pollution? The Clean Air Crew website is full of inspiration

And finally, to our community, voluntary and faith sector:

- Please help by bringing your creative energy and ideas to share the messages from this report far and wide.

3.0 Recommendations

Members of Southport and Formby CCG Governing Body are invited to:

- Note the information presented in the PHAR animation and 'fact-file', and
- Consider how Governing Body members can support relevant recommendations and calls to action from the report

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 15th May 2019

Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The delivery of 2018/19 financial plan. 	<ul style="list-style-type: none"> The CCG has delivered its financial plan of £1m surplus subject to final external audit confirmation. However, the CCG's underlying financial position at the end of 2018/19 was circa £3.5m deficit. This position has deteriorated in 2019/20 due to comparatively low allocation growth / unfunded pressures and activity demand. 	<ul style="list-style-type: none"> The CCG must continue to review all expenditure in order to identify opportunities to deliver improvements in efficiency and effectiveness of services. This must be done alongside system partners.

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

- The committee approved the following policies:
 - Mobile Device/ Smartphone Policy (subject to a minor update)
 - Pay Protection Policy
 - Security Management Policy
 - Attendance Management Policy
- The committee reviewed the HR dashboard and asked for further information relating to:
 - Mandatory training performance and potential for improvement.
- The committee remains concerned regarding the apparent increase in actual costs compared with DPS costs (Continuing Healthcare).
- The committee reviewed the risk register, noted changes and agreed the risks for the 2019/20 financial year.
- The committee noted the possible achievement of Quality Premium funding.

- The committee noted that the adjusted prescribing forecast is a £1.86m underspend / (8.3% of opening budget).
- The committee noted the proposed reduction in Running Cost Allowance (RCA) for 2020/21. The CCG's RCA will reduce from £2.600m to £2.294m, a reduction of 12% which takes account of real-term inflation and recent pay awards.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 19th June 2019

Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG's likely case deficit has been forecast at £10.180m, mainly due to lack of assurance that QIPP opportunities available to the CCG / wider system will be delivered during this financial year. 	<ul style="list-style-type: none"> The CCG is not on target to deliver its financial plan or its statutory break-even duty for this financial year. 	<ul style="list-style-type: none"> The CCG must work alongside all system partners to engage and deliver savings identified as part of the financial recovery plan. All expenditure must be reviewed to deliver improvements in both efficiency and effectiveness of services.

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

- After reviewing the month 2 financial position, the committee agreed to raise the post mitigation consequence score of the risk of not delivering the financial plan from 4 to 5. This has raised the overall risk to '20', and the committee were advised that this is now the highest risk facing the CCG subject to moderation.
- The committee noted that the prescribing budget underspend for 2018/19 was confirmed as 8.6% below budget. The committee offered thanks to the Head of Medicines Management, her team and the Clinical Lead for their work and achievements in reducing expenditure during the year.
- The committee received the Individual Funding Request Service Annual Report 2018/19, noting that a Cheshire & Merseyside view had been included to help identify any potential service development trends. There were no issues for the CCG to consider further in relation to emerging service developments.
- The committee noted that GPIT / ETTF bids had been prioritised following a request from NHS England.
- The committee approved a discount price agreement for Omnipod tubeless insulin pumps and consumables.
- The committee noted that the F&R Committee Terms of Reference had been updated with the inclusion of the Director of Strategy & Outcomes in the membership, following recent changes to Leadership Team members' portfolios. The committee approved the change.

Key Issues Report to Governing Body



Joint Quality Committee held on 28th March 2019

Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
•	•	•

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

- Health visiting configuration, locality versus practice model. Discussion to take place with Local Authority Commissioner and Lancashire Care NHS Foundation Trust
- QIA on decommissioning of Telehealth and agree for it to go to QIPP
- Serious Incident Programme Plan closure

Key Issues Report to Governing Body



Joint Quality Committee held on 30 th May 2019	Chair: Dr Rob Caudwell
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Key Issue	Risk Identified	Mitigating Actions
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Information Points for Southport and Formby CCG Governing Body (for noting)

<p>Key Issue Log (issues identified from this meeting)</p> <ul style="list-style-type: none"> • Mental Health Capacity Act/Deprivation of Liberty Safeguards Update Report to be taken to Governing Body as a presentation in future when changes to legislation are understood. • Multi Agency Safeguarding Arrangements Plan was approved. • Quality Accounts Lay members to be invited for an annual review. • Provider Cost Improvement Plans to be picked up with Brendan Prescott. • Centralisation of the Health Visiting Service – North West Boroughs Healthcare NHS Trust and Margaret Jones from Sefton Council to present changes at the next Joint Quality Committee. • Quarter 4 Serious Incident Reporting – need to formally escalate the absence of 72 hour incident reports. • Bowel cap issue, work has been undertaken with Southport and Ormskirk Hospital NHS Trust and the Cancer Lead GP, improvements have been made. A letter to GPs from Dr G. Allen has been prepared. • There was an issue regarding communications to patients/GP which has been raised with the Southport and Ormskirk Hospital NHS Trust Medical Director. • It was queried at a recent CCF meeting if Southport and Ormskirk Hospital NHS Trust could refer ICRAS patients themselves as discharge quality is poor. • CQRM – pregnant women will receive a letter. • Stroke – There are 2 locums in place but they are not on the register. • Safeguarding – Junior doctors can email their concerns.

- Never Event – pain block, received report from MIAA. Kevin is leading on this.
- Digital Software – discharge summaries are poor, do not know the reason why certain drugs are suspended.
- Controlled Drug Report – decommissioned controlled drug report. Escalate discussion regarding cd prescribing to JMOT via Dr Anna Ferguson.
- NWS/NHS 111 – commissioner need further detail for the Joint Quality Committee Report, draft to the next meeting

Key Issues Report to Governing Body



Joint Quality and Performance Committee held on 27th June 2019

Chair:
Brendan Prescott

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> Senior Leadership change within the CCG Quality Team. 	<ul style="list-style-type: none"> There is a risk of senior oversight on quality and safety performance issues across the CCG may be limited due to the changes within the team. 	<ul style="list-style-type: none"> Recruitment to the senior post is underway.

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

- Safeguarding Quarter 4 Update – training is still an issue.
- GP Clinical Lead update meeting with Trust on referral of patients for diagnosis and planning had taken place. There are issues of referrals back to the GP without a plan. The Medical Director has acknowledged that this as being an issue.
- Southport and Ormskirk AED performance is still under pressure.
- Southport and Ormskirk NHS Trust QRPT tool has been completed with NHSE. Acknowledged improvement in performance in a number of areas with significant work to do.
- Improvements made in relation to 2 week cancer waits at Aintree University Hospital NHS Trust and needs to be maintained.
- Terms of Reference approved. Clarity around what is expected from the Committee is required.
- De-escalation from enhanced to routine surveillance at Aintree University Hospital NHS Trust.

- Child Death Overview Panel – CCG and Local Authority are statutory partners.
- Audit of Prescribing for COPD in a GP Practice in South Sefton approved.

Key Issues Report to Governing Body



**Audit Committee: Thursday 18th April 2019
NHS Southport & Formby CCG**

**Chair:
Helen Nichols**

Key Issue	Risk Identified	Mitigating Actions

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

- The committee received the Information Governance Annual Report (published 8th March 2019).
- Data Security and Protection Toolkit signed off on 26th March 2019.
- The committee received the MIAA Data Security and Protection Toolkit Assurance Report 2018/19 – Substantial Assurance level.
- Annual Governance Statement noted that no significant internal control issues have been identified in 2018/19; all CCG internal audit reviews have concluded either high or substantial assurance.
- The committee received the draft un-audited Annual Report and Accounts 2018/19. Members to provide comments / feedback to the team.
- Scheme of Reservation and Delegation reviewed - a number of areas requiring corrections identified. The committee provided delegated authority to the Audit Committee Chair to review and sign off the SORD once it has been updated with the corrections noted at the meeting.
- The committee approved the Whistleblowing policy subject to minor amendments.
- The committee received report on losses, special payments and aged debt.
- The committee received the draft Audit Committee Annual Report – to be presented to the Governing Body at meeting in June 2019.

- The committee approved the Audit Committee Terms of Reference, subject to agreed amendment to membership list (upon checking the CCG constitution).
- The committee was informed of an error identified in the CCG's constitution regarding the membership of the Governing Body, and the actions being undertaken to resolve this.
- The committee approved updates to the Corporate Risk Register, Governing Body Assurance Framework and Heat Map.
- The committee approved the Internal Audit Plan 2019/20.
- The committee received the Internal Audit Progress Report.
- Head of Internal Audit Opinion for 2018/19 has been reported as Substantial Assurance.
- The committee approved the Anti-Fraud Services Work Plan 2019/20.
- The committee received the Anti-Fraud Services Annual Report 2018/19.
- The committee received the External Audit Progress Report – on track with audit deliverables.

Key Issues Report to Governing Body



**Audit Committee: Thursday 23rd May 2019
NHS Southport & Formby CCG**

**Chair:
Helen Nichols**

Key Issue	Risk Identified	Mitigating Actions

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

- Grant Thornton (CCG External Auditors) presented their review of the CCG’s corporate reports for 2018/19 and have issued unqualified opinions for both the CCG annual accounts and reports and also for the Value for Money arrangements.
- Annual report approved subject to minor amendments noted at the meeting.
 - Annual Governance Statement approved.
 - Annual accounts approved subject to minor amendments.
 - The committee reviewed and approved the CCG Letter of Representation.
 - The committee reviewed a disclosure issue relating to Governing Body GP members not being identified as relating to their practices and decided to keep existing reporting arrangements but will review ahead of the 2019/20 audit.

Key Issues Report to Governing Body



Southport & Formby Primary Care Commissioning Committee Part 1, Thursday 16th May 2019	Chair: Gill Brown
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Key Issue	Risk Identified	Mitigating Actions
<p>PCN applications.</p> <p>The CCG has received applications as per the Network Contract Directed Enhanced Service. The CCG has an obligation to ensure that all registered populations are covered by a PCN.</p>	<p>One application is below the 30 000 population limit set by NHSE.</p>	<p>Applications to be considered formally by Leadership Team.</p> <p>The CCG will consider the supporting case for this PCN to be authorised.</p>

Information Points for Southport and Formby CCG Governing Body (for noting)
<ul style="list-style-type: none"> The Joint Operational Group reviewed LQC sign up for 19/20 and have issued a revised deadline after which payments will cease until sign up is complete.

Key Issues Report to Governing Body



Southport & Formby Primary Care Commissioning Committee Part 1, Thursday 16th June 2019	Chair: Gill Brown
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Key Issue	Risk Identified	Mitigating Actions
Planning for influenza vaccination – winter 19/20	From data received from practices there was concern that some practices may have insufficient vaccine to target all patient groups.	Communication with practices to understand reasons for levels of vaccine ordering. Ongoing discussion and monitoring via established flu groups.

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

The Committee received Healthwatch ‘Enter & View’ reports on GP access for the following practices: Christiana Hartley Medical Practice, Cumberland House Surgery, Kew Surgery.

The committee received an update on the ‘7 day Extended Access’ service and noted that this was also being presented to the Health Overview and Scrutiny Committee this month. The committee noted the component within the PCN DES for Extended Hours and the potential confusion for patients over the two services.

The committee noted that the CCG Leadership Team had received and supported applications from 4 Primary Care Networks (PCN) in Formby, Ainsdale & Birkdale, Central Southport and North Southport.

The CCG is finalising an offer to PCNs for the Medicines Management Hub and Social Prescribing Offer.

Finance and Resource Committee Minutes

Wednesday 15th May 2019, 10.30am to 12.30pm
 Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ

Attendees (Membership)		
Helen Nichols	Lay Member (F&R Committee Chair), S&F CCG	HN
Jan Leonard (Items to FR19/54-62)	Director of Place, 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
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
In attendance		
Lisa Gilbert (Item FR19/58 only)	Corporate Governance Manager, SF CCG	LG
Jitka Roberts	System Turnaround Director, S&F CCG, SS CCG and S&O	JR
Apologies		
Debbie Fagan	Chief Nurse, S&F CCG	DF
Gill Brown	Lay Member, S&F CCG	GB
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

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

Name	Membership	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	May 19
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gill Brown	Lay Member	✓	A	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	Director of Place	✓	A	✓	✓	A	✓	A	✓	A	✓	✓
Susanne Lynch	CCG Lead for Medicines Management	A	✓	✓	✓	✓	✓	✓	✓	A	✓	✓
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	*	*	*	*	*	*	✓	*	✓	*

No	Item	Action
General business		
FR19/54	<p>Apologies for absence</p> <p>Apologies for absence were received from Gill Brown and Debbie Fagan.</p> <p>Jitka Roberts introduced herself, noting she has been jointly appointed by Southport & Formby CCG, South Sefton CCG and Southport and Ormskirk NHS Trust as a system turnaround director for the next six months. The focus will be on reduction of system deficit and a delivery of QIPP and Cost Improvement Plans. She was attending the F&R Committee meeting as an observer.</p>	
FR19/55	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have relating to issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • 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. • JR declared that she has been retained by Southport and Ormskirk NHS Trust as a turnaround director focusing on delivery of Cost Improvement Plans and the preparation linked to the Care Quality Commission's use of resources. The Chair reviewed the declaration and decided that this interest did not constitute any material conflict of interest with items on the agenda and therefore JR could be present for the duration of the meeting as an observer. • <i>FR19/64: Estates Update</i> CR declared that she is the practice manager at a GP practice in Southport and Formby. In this role, she has been involved in practice estates which may be discussed as part of this item. The Chair reviewed the declaration and decided that CR could be present and participate in discussion during this item, given that a general estates update was being provided. It was noted that a committee decision was not required for this item. 	
FR19/56	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 20th March 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>	
FR19/57	<p>Action points from the previous meeting</p>	

No	Item	Action
	<p>FR19/06 Finance Report - Month 9 / FR19/08 CHC Update Report / FR19/27 CHC Fee Rates 2019/20</p> <p>It was noted that the actions (for the above items) related to FNC, CHC and the Adam DPS would be discussed under item <i>FR19/62: CHC Update</i>. It was agreed to close these actions on the tracker.</p> <p>FR19/13 Pan Mersey APC Recommendations <u>Rheumatology high cost drug pathways – sequential options</u> SL reported she is still awaiting a response from Midlands & 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>FR19/24 HR Policies Further to review by the Leadership Team, the Attendance Management policy has been brought back to the F&R Committee for consideration / approval – to be discussed under item <i>FR19/58: HR & Corporate Policies</i>. Action closed.</p> <p>FR19/29 Individual Funding Request Service Q3 2018/19 MMcD reported that a request for a review of CSU performance in terms of KPI has been made to the CCG's Interim Lead – Corporate Services. This is currently in progress. An update will be provided at the next F&R Committee meeting scheduled for 19th June 2019.</p> <p>FR19/40 Action points from the previous meeting (FR19/12 Prescribing Spend Report – Month 7 2018/19) It was noted that the completion date for the action regarding increasing cost pressure in relation to continence is June 2019. Action still open.</p> <p>FR19/40 Action points from the previous meeting (FR19/25 Brexit Considerations) MMcD reported that a response is still awaited from Sefton Council to the CCG letter seeking assurance regarding the local situation with care home staffing and Brexit. Given the current situation with Brexit, it was decided to close this action.</p> <p>FR19/41 Midlands & Lancashire CSU: Summary Service Report Committee feedback on the format of the CSU Summary Service Report has been provided to the CCG's Interim Lead – Corporate Services, who has confirmed that future reports will be focussed on the Sefton CCGs only. Action closed.</p> <p>FR19/43 Finance Report - Month 11 It was noted that the CCG's position in relation to Quality Premium would be discussed under item <i>FR19/65: Quality Premium Report</i>. Members agreed to close this action.</p> <p>FR19/44 Finance & Resource Committee Risk Register The F&R risk register has been updated with the changes agreed at the F&R meeting on 20th March 2019. Action closed.</p> <p>FR19/52 Any Other Business</p>	MMcD

No	Item	Action
	<p>JL has asked Jo Ryder (Head of Service IPA - Sefton, Midlands and Lancashire CSU) to contact HM about his query regarding a CCG policy on CHC applications and process. HM reported that he has not had contact with Jo Ryder but that the issue is now resolved. Action closed.</p>	
<i>Policies / frameworks for approval</i>		
FR19/58	<p>HR & Corporate Policies</p> <p>LG presented the following policies for approval:</p> <ul style="list-style-type: none"> • Mobile Device / Smartphone Policy • Pay Protection Policy • Security Management Policy • Attendance Management Policy <p>LG reported that following discussion at the F&R Committee meeting in February 2019, the Attendance Management Policy and the clause regarding routine medical appointments was reviewed by the Leadership Team on 19th March 2019. The Leadership Team had agreed that the clause regarding routine medical appointments should be a decision reserved to the line manager's discretion; managers are to continue to be flexible in allowing staff to make up time taken off for appointments. As staff side had been consulted on the development of this policy, it was agreed that the CCG should be guided by the advice contained and the policy be approved as presented. LG reported that since presentation to the F&R committee in February 2019, the CSU team have made minor amendments to the policy (highlighted in yellow within the meeting pack) to make the process clearer.</p> <p>LG reported that the Mobile Device/ Smartphone Policy, Pay Protection Policy and Security Management Policy have been reviewed and recommended for onward approval by the Corporate Governance Support Group.</p> <p>Members referred to section 7.2 of the Mobile Device / Smartphone Policy and noted that the reference to N3 connection needed to be updated. LG to update.</p> <p>HN referred to the Security Management Policy and queried whether the recent change to the reception service at Merton House has been considered. LG confirmed that the CCG's security management specialist undertakes quarterly security reviews for the CCG and is satisfied that the change to the reception service at Merton House does not present an issue.</p> <p><i>The committee approved all four policies subject to the update to section 7.2 in the Mobile Device / Smartphone Policy.</i></p>	LG
<i>HR</i>		
FR19/59	<p>HR Performance Dashboard</p> <p>MMcD presented the HR dashboard and noted that the sickness absence rate has shown an increase since the last report presented to the committee in January 2019.</p> <p>MMcD commented that he would have expected the Statutory and Mandatory Compliance rate to have exceeded the 85% monthly target in March 2019 given</p>	

No	Item	Action
	<p>the drive from the CCG to ensure staff were up to date with statutory and mandatory training by the end of the financial year. The committee asked for this issue to be reviewed; MMcD to action with the CCG's corporate team.</p> <p><i>The committee received this report.</i></p>	MMcD
<i>Brexit</i>		
FR19/60	<p>Brexit Considerations</p> <p>The committee discussed Brexit considerations. Given the current situation with Brexit and the UK leave date having been extended to 31st October 2019, it was agreed to remove this as a standing item for the F&R Committee meetings in June and July 2019.</p> <p><i>The committee discussed Brexit considerations and agreed to remove this as a standing item for the F&R Committee meetings in June and July 2019.</i></p>	TK
<i>Finance</i>		
FR19/61	<p>Finance Report - Month 12 2018/19</p> <p>AOR provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 31st March 2019. The following points were highlighted:</p> <ul style="list-style-type: none"> • The full year financial position for the CCG is a surplus of £1m, which is in line with the agreed financial plan. This position is subject to external audit review, which is in progress. • The CCG is working on the annual report for 2018/19. Feedback has been received from NHS England following submission of a draft on 18th April 2019. Another draft is to be submitted to NHS England by 22nd May 2019. • BPPC targets have been achieved in 2018/19. • The CCG achieved its cash target for month 12 of 1.25% of its monthly cash drawdown. <p>MMcD noted that although the CCG has delivered its financial plan of £1m surplus subject to final external audit confirmation, the CCG's underlying financial position at the end of 2018/19 was circa £3.5m deficit. This position has deteriorated in 2019/20 due to comparatively low allocation growth / unfunded pressures and activity demand. HN queried the best way in which to communicate the CCG full year financial position for 2018/19 given the CCG carried a substantial underlying deficit. MMcD confirmed the CCG will review this issue and it will be addressed with the Governing Body.</p> <p>MMcD provided an update regarding the 19/20 financial plan and progress in reaching an agreed contract offer with Southport & Ormskirk NHS Trust. He commented the agreement will be based on ensuring the funds available to the health economy non-recurrently are maximised; this could result in an increase in the 2019/20 QIPP target. Work will continue across the local health economy to consider the level of financial risk in each organisation.</p> <p>MMcD reported that a contract discussion meeting between Southport & Formby CCG, West Lancashire CCG and Southport & Ormskirk NHS Trust will be taking place this afternoon. HN raised concerns about the length of time taken for contract negotiations and stressed the need to reach an agreement as soon as</p>	MMcD

No	Item	Action
	<p>possible in order to focus on system wide QIPP and CIP programmes.</p> <p>JR informed the committee on the work she will be undertaking in her role as system turnaround director, referring to collaboration across the system and the Getting It Right First Time (GIRFT) programme.</p> <p>MMcD reported that the follow up to Acting as One is in the process of being agreed. This will include governance arrangements, systems and processes to support the delivery of health economy QIPP and CIP programmes. The system deficit (Southport & Formby CCG, West Lancashire CCG and Southport & Ormskirk NHS Trust) is estimated to be between £15m and £17m.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	
FR19/62	<p>CHC Update</p> <p>AOR circulated slides with commentary on the CHC and FNC related actions from the F&R committee action tracker.</p> <p>AOR reported on ongoing discussions between the CCG and the local authority to clarify responsibilities in respect of FNC processes. A meeting between the CCG and local authority is scheduled to take place on 21st May 2019 to discuss a resolution. AOR reported that broadly, further evidence is required to support CCG payments to the local authority. The CCG's Deputy Chief Nurse has contacted the CCG's legal advisers to seek advice.</p> <p>HN reiterated her concerns regarding the significant underspend in FNC, given the demographics of Southport and Formby. AOR reported that the CCG has been provided access to a portal providing benchmarking data for CHC and FNC, which will be reviewed by the finance team. An update on this will be provided at the next F&R Committee meeting in June 2019.</p> <p>In reference to CHC and the Adam DPS, members reiterated concerns regarding the apparent increase in actual costs compared with DPS costs. AOR presented an analysis of the average costs of commissioned packages between January 2018 and May 2019 showing that the average day rate was broadly consistent over time. Additional costs associated with one to one support, however, were shown to vary considerably. Furthermore, Adam have advised that there may be some impact on cost resulting from manual placements in care homes to support secondary care discharge.</p> <p>AOR referred to the committee query in relation to the proportion of packages commissioned outside the DPS in relation to total numbers of packages in the context of fee uplifts for 2019/20. She reported that packages that are more than one year old at 1st April 2019 were initiated in the first 12 months of operation of the DPS. It is acknowledged that there were ongoing issues with the DPS during this time which resulted in packages being procured manually outside the DPS. AOR also noted that end of life – fast track packages form a significant proportion of packages and frequently require a manual process.</p> <p>JL left the meeting.</p> <p><i>The committee received this verbal update and the slides that were</i></p>	AOR

No	Item	Action
	<i>circulated at the meeting.</i>	
FR19/63	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the risk register, noting that this has been reviewed internally, and proposed the following changes.</p> <ul style="list-style-type: none"> • Risks FR002, FR005, FR007 and FR009 are to be closed – the rationale for closing is provided in blue under the ‘Update on Mitigating Action’ section against the relevant risk on the register. • Risk FR006 and FR006b: the likelihood post mitigation score is to be reduced from 3 to 2, as the CCG has reported £1m surplus in the draft final accounts for 2018/19 which have been submitted to NHSE. The external audit process is underway. • Risk FR006a – it is proposed to increase the likelihood post mitigation score from 4 to 5, as it is certain that the CCG has missed its QIPP target. <p>MMcD noted that new finance risks for 2019/20 have been added, as detailed on the risk register: FR0010, FR0010a and FR0010b. Post mitigation scores for these risks will be proposed at the next F&R Committee meeting in June 2019.</p> <p>MMcD asked members to consider if any further risks need to be captured on the risk register. Members agreed that no further risks need to be added at this stage.</p> <p><i>The committee approved the proposed updates, risk closures and addition of new risks to the F&R risk register.</i></p>	
<i>Estates</i>		
FR19/64	<p>Estates Update</p> <p>CR had declared an interest in relation to this item (details of this together with the decision made are under item <i>FR19/55: Declarations of interest regarding agenda items</i>).</p> <p>MMcD provided an estates update and referred to potential co-location for GPs in Formby. CR reported that practices in Formby have been unable to find a suitable site for co-location and updated the committee on discussions to date.</p> <p><i>The committee received this verbal update.</i></p>	
<i>Performance</i>		
FR19/65	<p>Quality Premium Report</p> <p>MMcD presented the quality premium report and noted the possible achievement of Quality Premium funding, given that the CCG has met its financial plan in 2018/19 (subject to external audit review).</p> <p>The committee noted the summary of performance within the report.</p> <p><i>The committee received this report.</i></p>	

No	Item	Action
<i>Prescribing</i>		
FR19/66	<p>Prescribing Spend Report – Month 11 2018/19</p> <p>SL provided an overview of the prescribing report for month 11. It was noted that at month 11, the CCG is forecast to be underspent by £1.86m or 8.3%.</p> <p>HN asked to meet with Tom Roberts (Prescribing Analyst at the CCG) to review the prescribing report and figures in detail. SL to facilitate.</p> <p>MMcD enquired about progress in relation to pharmacy hubs. SL reported that this was still at pilot stage. JR reported that she has been in discussions with the Chief Pharmacist at Southport & Ormskirk NHS Trust regarding hubs and will liaise with SL outside the meeting to see if she can assist with any areas.</p> <p><i>The committee received this report.</i></p>	SL
FR19/67	<p>FreeStyle Libre Commissioning</p> <p>MMcD updated the committee on NHS England guidance, issued in March 2019, regarding national funding arrangements for flash glucose monitoring. The guidance expands the criteria for patients who are suitable to receive this technology. The meeting pack includes a letter from the Deputy Chair of the Pan Mersey Area Prescribing Committee, dated 28th March 2019, raising concerns regarding the new guidance. Members noted that the new criteria would entail a significant annual cost pressure for the CCG. SL confirmed that this is national guidance and not NICE guidance.</p> <p><i>The committee received this letter and update.</i></p>	
Minutes of Steering Groups to be formally received		
FR19/68	<ul style="list-style-type: none"> • Information Management & Technology (IM&T) Steering Group – January 2019 • Sefton Property Estates Partnership (SPEP) Steering Group – February 2019 <p>The committee received the minutes of the IM&T Steering Group meeting (January 2019) and the SPEP Steering Group meeting (February 2019).</p>	
Closing business		
FR19/69	<p>Any Other Business</p> <p><u>Running Cost Allocations</u></p> <p>MMcD updated the committee on the proposed reduction in CCG Running Cost Allowance (RCA) for 2020/21. He reported the CCG's RCA will reduce from £2.600m to £2.294m, a reduction of 12% which takes account of real-term inflation and recent pay awards. He noted the finance team are reviewing this to understand the options that are available for the CCG.</p>	

No	Item	Action
FR19/70	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of next meeting</p> <p>Wednesday 19th June 2019</p> <p>10.30am to 12.30pm</p> <p>The Marshside Surgery, (Room: the Library) 117 Fylde Road, Southport, PR9 9XL</p>	

Approved

Finance and Resource Committee Minutes

Wednesday 19th June 2019, 10.30am to 12.30pm
 The Marshside Surgery, (Room: the Library) 117 Fylde Road, Southport, PR9 9XL

Attendees (Membership)		
Helen Nichols	Lay Member (F&R Committee Chair), S&F CCG	HN
Gill Brown	Lay Member, S&F CCG	GB
Jan Leonard	Director of Place, S&F CCG	JL
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
Karl McCluskey	Director of Strategy & Outcomes, S&F CCG	KMcC
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
Ex-officio Member*		
Fiona Taylor (item FR19/76 onwards)	Chief Officer, SS CCG	FLT
Apologies		
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

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

Name	Membership	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	May 19	June 19
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gill Brown	Lay Member	A	A	✓	✓	✓	✓	✓	✓	✓	A	✓
Dr Hilal Mulla	GP Governing Body Member	✓	✓	A	A	✓	✓	✓	✓	✓	✓	✓
Colette Riley	Practice Manager	A	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	A	A	✓	✓	A	✓	✓	✓	A	✓	A
Debbie Fagan	Chief Nurse & Quality Officer	A	✓	✓	✓	✓	✓	A	✓	A	A	
Jan Leonard	Director of Place	A	✓	✓	A	✓	A	✓	A	✓	✓	✓
Susanne Lynch	CCG Lead for Medicines Management	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes											✓
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	*	*	*	*	*	✓	*	✓	*	✓

No	Item	Action
General business		
FR19/71	<p>Apologies for absence</p> <p>Apologies for absence were received from Alison Ormrod.</p>	
FR19/72	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have relating to issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> 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. <i>FR19/79: Revised 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. 	
FR19/73	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 15th May 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>	
FR19/74	<p>Action points from the previous meeting</p> <p>FR19/13 Pan Mersey APC Recommendations <u>Rheumatology high cost drug pathways – sequential options</u> In reference to the Pan Mersey APC recommendation for <i>Rheumatology high cost drug pathways - sequential options</i>, SL reported that Midlands & Lancashire CSU have confirmed Blueteq does not have the functionality to provide further assurance regarding sequential use. She noted that the committee had approved this Pan Mersey APC recommendation in February 2019, subject to the request for the use of Blueteq to further gain assurance relating to sequential use. SL commented that despite Blueteq not having the required functionality, she would recommend the committee maintains approval of this APC recommendation in the interest of patient needs. She confirmed that CCG discussions will continue with Trusts to further gain assurance in this area as</p>	

No	Item	Action
	<p>part of the wider system work. The committee agreed with this approach and confirmed approval of the Pan Mersey APC recommendation for <i>Rheumatology high cost drug pathways - sequential options</i>. Action closed.</p> <p>FR19/40 Action points from the previous meeting (FR19/12 Prescribing Spend Report – Month 7 2018/19) It was noted that a report relating to the Sefton Continence Prescription Service (2018/19) is on the agenda under item FR19/82. This report includes a review of the increasing cost pressure in relation to continence. Action closed.</p> <p>FR19/57 Action points from the previous meeting (FR19/29 Individual Funding Request Service Q3 2018/19) MMcD reported that he is still awaiting a review of CSU performance in terms of KPI from the CCG's Interim Lead – Corporate Services. It was agreed to keep this action open on the tracker.</p> <p>FR19/58 HR & Corporate Policies TK reported the Corporate Governance Manager has confirmed that the reference to N3 connection has been updated in the Mobile Device / Smartphone Policy. Action closed.</p> <p>FR19/59 HR Performance Dashboard MMcD reported that the CSU Learning Team have provided the raw data behind the CCG statutory and mandatory training compliance rate for March 2019, which was below the 85% monthly target. He explained how the compliance rate had been calculated. MMcD confirmed he and TK will review this data to understand what the main issues are behind the lower than expected compliance rate for March 2019. This action is to supersede the current action on the tracker.</p> <p>FR19/60 Brexit Considerations Further to agreement at the last F&R Committee meeting, TK confirmed that <i>Brexit</i> has been removed from the committee work plan as a standing agenda item for the committee meetings in June and July 2019. Action closed.</p> <p>FR19/61 Finance Report - Month 12 2018/19 HN confirmed the issue of the best way in which to communicate the CCG full year financial position for 2018/19 given the CCG carried a substantial underlying deficit has been addressed with the Governing Body. Action closed.</p> <p>FR19/62 CHC Update As AOR was not present at the meeting, the committee agreed to defer the action regarding an update on benchmarking data for CHC and FNC to the next meeting scheduled for 17th July 2019. Action still open.</p> <p>FR19/66 Prescribing Spend Report – Month 11 2018/19 SL confirmed she would ask the Medicines Management Administrator to arrange a meeting between HN and Tom Roberts (Prescribing Analyst at the CCG) to review the prescribing report and figures in detail. This action is to supersede the current action on the tracker.</p>	MMcD / TK
Service Contracts		

No	Item	Action
FR19/75	<p>Midlands & Lancashire CSU: Summary Service Report</p> <p>MMcD presented the Midlands & Lancashire CSU Summary Service Report for the period 1st January 2019 to 31st May 2019.</p> <p>KMcC reported that the CCG has requested CSU support for case management for specialist rehabilitation and that this will be reviewed by the Leadership Team.</p> <p>Members enquired about contract renewal of externally commissioned services with the CSU and costs. It was agreed for an update on this to be provided to the Governing Body; MMcD to arrange.</p> <p><i>The committee received this report.</i></p>	MMcD
<i>Finance</i>		
FR19/76	<p>Finance Report - Month 2 2019/20</p> <p>MMcD provided an overview of the year-to-date financial position for NHS Southport and Formby CCG as at 31st May 2019. The following points were highlighted:</p> <ul style="list-style-type: none"> • The CCG's likely case deficit has been forecast at £10.180m, mainly due to lack of assurance that QIPP opportunities available to the CCG / wider system will be delivered during this financial year. • The CCG has identified potential QIPP schemes of £11.372m. The QIPP requirement to deliver the agreed financial plan of breakeven is £14.104m. • Due to the early stage in the financial year, the CCG has limited data from providers to enable forecasting. • The main financial pressures at month 2 relate to Funded Nursing Care and Continuing Healthcare packages, and cost pressures relating to property services on the commissioning non-acute budget. • The 2019/20 CCG contract with Southport & Ormskirk NHS Trust has been agreed. <p>An extensive discussion took place regarding the CCG's financial position, CCG QIPP saving opportunities as well as system wide QIPP and CIP opportunities. It was noted that Jitka Roberts, the system turnaround director jointly appointed by the Sefton CCGs and Southport and Ormskirk NHS Trust, has been working to identify system wide QIPP opportunities. KMcC reported that the CCG will be holding a QIPP Week on 1st-5th July 2019 to focus on developing QIPP plans.</p> <p>FLT reported that a Southport & Ormskirk System Management Board meeting has been scheduled for 27th June 2019. FLT requested that the final 2019/20 CCG contract with Southport & Ormskirk NHS Trust be shared with the committee; MMcD to action. GB stressed the importance of holding a Board to Board meeting or development session between the CCG and Southport & Ormskirk NHS Trust to discuss system wide savings, which was noted by the committee.</p> <p>MMcD reported that discussions are ongoing between the CCG and the local authority to clarify responsibilities in respect of FNC processes and resolve outstanding FNC issues. FLT reported that additional staff resource has been secured to support the resolution of outstanding FNC issues. HN and GB raised</p>	MMcD

No	Item	Action
	<p>concerns about the length of time it has taken to investigate outstanding FNC issues, which were noted by the committee.</p> <p>MMcD provided explanation and commentary on the CCG reserves budget in the finance report.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	
FR19/77	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the committee risk register and reported on the following proposed changes:</p> <ul style="list-style-type: none"> It was proposed that the finance risks for 2018/19 (FR006, FR006a and FR006b) are closed, as the 2018/19 financial position has been concluded with the production and audit of the 2018/19 Annual Report & Accounts. These risks have been renewed for 2019/20 as risks FR0010, FR0010a and FR0010b, which were presented at the last committee meeting on 15th May 2019. <i>Risk FR0010: There is a risk of non delivery of the CCG's control total / statutory duty (breakeven) in 2019/20 due to emerging pressures on expenditure or non delivery of its savings plan.</i> It was proposed that the consequence post mitigation score be raised from 4 to 5, in line with the CCG risk matrix, as the initial month 2 report indicates that the CCG is behind on delivery of QIPP plan, with the likely case deficit reported as £10.2m. This would raise the overall post mitigation score to 20. <i>Sub-risk FR0010a: There is a risk that the CCG will not fully deliver its planned QIPP target in 2019/20 caused by non delivery of high risk QIPP schemes resulting in a failure to deliver required levels of savings.</i> It was proposed that the consequence post mitigation score be raised from 4 to 5, in line with the CCG risk matrix, as the initial month 2 report indicates that the CCG is behind on delivery of QIPP plan, with the likely case deficit reported as £10.2m. This would raise the overall post mitigation score to 20. <p>The committee approved the above proposed changes; the risk register is to be updated with these changes. MMcD commented that the risk of not delivering the CCG's control total / statutory duty is now the highest risk facing the CCG subject to moderation.</p> <p>HN requested an update on risk FR008 (the risk of reputational damage caused by incorrect treatment of payments to GP Governing Body members and Clinical Leads resulting in a potential for cost pressures). MMcD and FLT confirmed an update would be provided at the Senior Leadership Team meeting scheduled for 25th June 2019.</p> <p><i>The committee reviewed the risk register and approved the proposed changes.</i></p>	<p>MMcD / TK</p> <p>MMcD / FLT</p>
FR19/78	<p>Individual Funding Request Service Annual Report 2018/19</p> <p>JL presented the Individual Funding Request Service (IFR) Annual Report 2018/19. She reported that the majority of IFR applications were made by</p>	

No	Item	Action
	<p>Management team and HM (as Prescribing Clinical Lead) for their work and achievements in reducing expenditure during the year and the work being undertaken regarding quality and patient safety.</p> <p><i>The committee received this report.</i></p>	
FR19/81	<p>Omnipod tubeless insulin pump discount price agreement</p> <p>SL presented a paper recommending approval of a discount price agreement for Omnipod tubeless insulin pumps, which is being offered by Insulet International Ltd (Insulet), and will be valid for a 12 month period from 1st July 2019.</p> <p>The report notes that Animas Corporation recently announced it will discontinue the manufacturing and sale of Animas Vibe insulin pumps. Insulin dependent diabetic patients at Aintree University Hospital NHS Foundation Trust and Southport & Ormskirk NHS Trust, who have been issued with Animas Vibe insulin pumps, are being switched to an Omnipod insulin pump when appropriate.</p> <p>SL reported on an error in the report and clarified that the potential savings per switch, with the discount agreement, would be £381.55.</p> <p>The committee discussed the discount agreement and approved it providing the switch to Omnipod tubeless insulin pump is appropriate for each individual patient.</p> <p><i>The committee approved the discount price agreement for Omnipod tubeless insulin pumps providing the switch to Omnipod tubeless insulin pump is appropriate for each individual patient.</i></p>	
FR19/82	<p>Sefton Continence Prescription Service - 2018/19 Review</p> <p>SL presented a paper relating to prescribing activity for the Sefton Continence Prescription Service provided by Coloplast Ltd, as at March 2019. The paper reviews and details the factors that have been considered upon review of the overspend of the service at year end 2018/19. SL provided an overview of the factors detailed within the report, which was noted by the committee. SL commented that the review undertaken for this report provides assurance on the quality of care the service has provided but noted there is still a financial issue in terms of overspend which needs to be monitored.</p> <p>FLT noted that work with Coloplast Ltd is required to analyse future forecast projections and trends, taking into account demographics and clinical need; JL and SL to action.</p> <p>HN queried whether there was an appropriate rate of patients with catheters in the Southport & Formby community and whether patients were receiving the required support to stop usage if no longer required. It was agreed to obtain a view on this from Martin Jones (Infection Prevention and Control Matron, Mersey Care); JL to action.</p> <p>HN offered her thanks to Tom Roberts (the CCG's Prescribing Analyst) for producing a comprehensive and detailed report for this item.</p>	<p>JL / SL</p> <p>JL</p>

No	Item	Action
	<i>The committee received this report.</i>	
FR19/83	<p>Erenumab (Aimovig) – Novartis ‘Free of Charge’ (FOC) Supply Scheme</p> <p>SL presented a paper regarding a ‘Free of Charge’ (FOC) supply scheme for Erenumab (Aimovig) used in the prevention of migraines, which is being offered by Novartis prior to NICE approval. The Walton Centre has informed the CCG of intention to sign up to this scheme. SL noted that the paper has been brought to the F&R Committee to make members aware of the existence of FOC supply schemes. Members noted that the Pan Mersey Area Prescribing Committee does not recommend that CCGs or Trusts sign up to FOC supply schemes at present; concerns are listed within the report which were noted by the committee.</p> <p>It was agreed for a letter to be sent from FLT to the Walton Centre to confirm the CCG’s position (based on discussions by the Joint Medicines Operational Group) that signing-up to FOC schemes is not recommended; SL and FLT to action.</p> <p><i>The committee received this report.</i></p>	SL / FLT
Minutes of Steering Groups to be formally received		
FR19/84	<ul style="list-style-type: none"> • Information Management & Technology (IM&T) Steering Group – March 2019 • Sefton Property Estates Partnership (SPEP) Steering Group – April 2019 <p>The committee received the minutes of the IM&T Steering Group meeting (March 2019) and the SPEP Steering Group meeting (April 2019).</p> <p>In reference to iPad contracts, it was noted that iMerseyside are working with the CCG finance team to cancel unused contracts and potentially save £11,000 per annum.</p>	
Closing business		
FR19/85	<p>Any Other Business</p> <p>MMcD presented an updated F&R Committee Terms of Reference. The committee Terms of Reference had been reviewed and approved at the Governing Body meeting on 5th June 2019. Since approval, it had been noted that the Director of Strategy & Outcomes should have been included in the committee membership as a voting member further to recent Leadership Team portfolio changes. This role has now been added to the Terms of Reference.</p> <p>The committee noted and approved this amendment, which will be reported as a key issue at the next Governing Body meeting.</p>	
FR19/86	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	

No	Item	Action
	Date of next meeting Wednesday 17 th July 2019 10.30am to 12.30pm Ainsdale Centre for Health and Wellbeing, 164 Sandbrook Road, Ainsdale, PR8 3RJ	

Approved

Joint Quality Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

Date: Thursday 28th March 2019 at 09.00 – 12.00
Venue: 5A, Merton House, Stanley Road, Bootle, L20 3DL

Membership		
Graham Bayliss	Lay Member (SSCCG)	GBa
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Billie Dodd	Head of Commissioning (SFCCG/SSCCG)	BD
Debbie Fagan	Chief Nurse & Quality Officer (SFCCG/SSCCG)	DF
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety (SSCCG/SFCCG)	BP
Ex Officio Member		
Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
In attendance		
Helen Roberts	Lead Pharmacist (SSCCG/SFCCG)	HR
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety (SSCCG/SFCCG)	BP
Dr Rob Caudwell	GP Governing Body Member - Chair (SSCCG/SFCCG)	RC
Martin McDowell	Chief Finance Officer (SFCCG/SSCCG)	MMcD
Dr Doug Callow	GP Quality Lead/GB Member (SSCCG/SFCCG)	DC
Moira Harrison	Planned Care Lead (SSCCG/SFCCG)	MH
Helen Case	Designated Nurse Children in Care (SSCCG/SFCCG)	HC
Mel Spelman	Programme Manager for Quality & Risk - Quality Team (SSCCG/SFCCG)	MS
Apologies		
Debbie Fagan	Chief Nurse & Quality Officer (SFCCG/SSCCG)	DF
Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Gill Brown	Lay Member (SFCCG)	GB
Graham Bayliss	Lay Member (SSCCG)	GBa
Minutes		
Michelle Diable	PA to Chief Nurse & Deputy Chief Nurse (SFCCG / SSCCG)	MD

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)

Name	Membership	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19
Dr Rob Caudwell	GP Governing Body Member	N	L	✓	✓	L	N	✓	A	✓	N	✓	✓
Graham Bayliss	Lay Member for Patient & Public Involvement	N	A	✓	A	✓	N	A	A	✓	N	✓	✓
Gill Brown	Lay Member for Patient & Public Involvement	N	✓	✓	✓	A	N	✓	✓	A	N	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	N	✓	✓	✓	A	N	✓	✓	✓	N	A	A
Billie Dodd	Head of CCG Development	N	✓	A	✓	A	N	A	A	A	N	✓	A
Debbie Fagan	Chief Nurse & Quality Officer	N	✓	✓	✓	L	N	A	✓	✓	N	A	✓
Dr Gina Halstead	Chair and Clinical Lead for Quality	N	✓	✓	✓	✓	N	✓	✓	✓	N	✓	✓
Martin McDowell	Chief Finance Officer	N	A	A	A	A	N	A	✓	✓	N	✓	A
Dr Andrew Mimmagh	Clinical Governing Body Member	N	A	A	A	A	N	A	A	A	N	A	A
Dr Jeffrey Simmonds	Secondary Care Doctor	N	✓	✓	A	✓	N	✓	A	A	N	A	A

- ✓ Present
- A Apologies
- L Late or left early
- N No meeting held

No	Item	Actions
19/49	<p>Welcome, Introductions & Apologies</p> <p>Dr Robert Caudwell welcomed everyone to the meeting. Apologies were noted from Fiona Taylor, Debbie Fagan, Dr Gina Halstead, Gill Brown and Dr Jeffrey Simmonds.</p> <p>Having received the above apologies, the meeting was deemed as not being quorate, therefore all agenda items requiring approval will be circulated via email to the Committee Members to request their approval with formal ratification to be made at the next meeting.</p> <p>Action: Michelle Diable to circulate all agenda items requiring approval via email to the Joint Quality Committee members prior to the next Joint Quality Committee.</p>	MD
19/50	<p>Declarations of Interest</p> <p>No declarations were noted.</p>	
19/51	<p>Minutes & Key issues log of the previous meeting</p> <p>The previous meeting minutes and key issues were deemed to be an accurate reflection of the previous meeting held on 28th February 2019.</p>	

No	Item	Actions
19/52	<p>Matters Arising/Action Tracker</p> <p>The Committee noted the following Action Tracker updates:-</p> <ul style="list-style-type: none"> • 18/116 S&O RTT/Follow-Up Update – Fiona Taylor to circulate to the Committee. <p>Brendan Prescott advised that he had forwarded the information to Michelle Diable to circulate to the Committee. Martin McDowell suggested checking the information as the action relates back to September 2018.</p> <ul style="list-style-type: none"> • 18/137 Deprivation of Liberty Safeguards (DoLS) Update Report <p><i>Action to remain on the tracker for when the legislation changes come in to force.</i></p> <ul style="list-style-type: none"> • 19/6 (ii) Amanda Gordon to contact Gill Brown in relation to context being added against the metrics to provide assurance. <p>Brendan Prescott advised that Amanda and Gill are meeting to take forward this action.</p> <p>Action completed and therefore to be removed from the tracker.</p> <ul style="list-style-type: none"> • 19/6 (iii) Dr Rob Caudwell to raise the small TIA patient numbers with the Medical Director <p><i>Dr Rob Caudwell advised that the meeting is to be convened but possible meeting dates have been circulated.</i></p> <ul style="list-style-type: none"> • 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. <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • 19/16 Tracey Forshaw to present the amended Clinical Supervision Policy at the March Joint Quality Committee. <p>Action on agenda therefore can be removed from the tracker.</p> <ul style="list-style-type: none"> • Action 19/28 (i) Michelle Diable to circulate the Quality Team Portfolio Presentation to the Joint Quality Committee Members <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Action 19/28 (ii) Debbie Fagan to escalate the concerns raised in relation to the Quality Team portfolio and revisit the Quality Team Budget. <p>Brendan Prescott advised that this action was included in the Key Issues Log which is presented at Governing Body. Action completed and to be removed from the tracker.</p>	<p>TF</p> <p>RC</p>

No	Item	Actions
	<ul style="list-style-type: none"> Action 19/28 (iii) Programme Manager Realignment paper to be presented to the Joint Quality Committee in April 2019. <p><i>Action to be undertaken in April, therefore to remain on the tracker.</i></p> <ul style="list-style-type: none"> Action 19/28 (vii) Dr Gina Halstead to liaise with Dr Doug Callow regarding potential coding differences. <p><i>Action deferred to the next meeting, therefore to remain on the tracker.</i></p> <ul style="list-style-type: none"> 19/29 (ii) Michelle Diable to circulate the full extended clinical review report to the Joint Quality Committee. <p>Action completed and therefore to be removed from the tracker.</p> <ul style="list-style-type: none"> 19/33 The CCG to look at NRLS reporting to compare MCFT and LCFT. <p><i>Mel Spelman advised that she would contact Gill Murphy to take this action forward.</i></p> <ul style="list-style-type: none"> Action 19/36 Debbie Fagan to raise the concerns of the impact of Health Visiting Team being disbanded and the introduction of a centralised booking office with Margaret Jones and Kerrie France. <p><i>Action deferred to the next meeting and therefore to remain on the tracker.</i></p>	<p>DF</p> <p>GH</p> <p>MS</p> <p>DF</p>
19/53	<p>Chief Nurse Report</p> <p>Brendan Prescott presented the Chief Nurse report which seeks to update the Committee with any key issues that have occurred since the last report presented on 28th February 2019.</p> <p>The main points noted by the Committee were as follows:-</p> <ul style="list-style-type: none"> Quality Risk Profile Tool for the Southport and Ormskirk NHS Trust has been updated. Serious Case Review 2 and 3 have been presented to the LSCB and the recommendations have been accepted by the Partnership. Serious Case Review 4 is progressing as per the timeline. <p>Outcome: The Committee received the report.</p>	

No	Item	Actions
19/54	<p>Performance Highlight Report</p> <p>Brendan Prescott presented the performance highlight report which seeks to provide the Committee with a summary of key issues, narrative and accompanying performance dashboard.</p> <p>Dr Rob Caudwell highlighted the significant number of cancer Referral to Treatment (RTT) cases in particular breast symptom deterioration. It was noted that this issue was on the agenda at the Planned Care Group Meeting scheduled that day. It was requested that this be highlighted at the next Leadership Group Meeting.</p> <p>Action: Brendan Prescott to highlight the significant number of cancer RTT cases in particular breast symptom deterioration at the next Leadership Group Meeting.</p> <p>It was noted that there are quality issues in relation to Early Intervention Psychosis and physical assessments not being commissioned for Mersey Care NHS Foundation Trust to do or Primary Care.</p> <p>Outcome: The Committee received the report.</p>	BP
19/55	<p>North West Ambulance Service (NWAS) Performance Report</p> <p>Brendan Prescott advised that the NWAS Performance Report would be presented at the next meeting</p> <p>Outcome: The Report was deferred to the next meeting.</p>	
19/56	<p>NHS 111 Performance Report</p> <p>Brendan Prescott advised that the NHS 111 Performance Report would be presented at the next meeting.</p> <p>Outcome: The Report was deferred to the next meeting.</p>	
19/57	<p>CCG Safeguarding Team Q3 (2018-2019) Safeguarding Quality Schedule Update and Quarterly Safeguarding Update</p> <p>Helen Case presented this report which provides analysis of commissioned health services in respect of Q3 Safeguarding Quality Schedule and also the developments and updates in respect of the Safeguarding Children and Adults Agenda.</p> <p>The Committee noted that Aintree University Hospital NHS Foundation Trust and Liverpool Women's NHS Foundation Trust have provided a limited assurance rating.</p> <p>Outcome: The Committee received the report.</p>	

No	Item	Actions
19/58	<p>Multi- Agency Safeguarding Arrangements – Plan Update</p> <p>Helen Case presented the report which seeks to provide an update on the progress of Sefton’s multi-agency safeguarding arrangements plan. Brendan Prescott advised that the plan had been presented at the Sefton Safeguarding Board the day before.</p> <p>The Committee noted that the multi-agency safeguarding plan is currently being developed based on the requirements set out in “Working Together 2018”, in line with timescales for the proposed publication date of 29th June 2019.</p> <p>Helen advised the Committee that the CQC action plan is be resubmitted on 4th July 2019. The action plan is progressing; the CCG had facilitated 5 workshops in relation to Looked After Children and Safeguarding and the outcome had been presented to the Overview & Scrutiny Committee.</p> <p>Brendan Prescott wished to formally thank Helen Case and the team for the work they have undertaken.</p> <p>Outcome: The Committee received the plan update.</p>	
19/59	<p>Quality Risk Register</p> <p>Mel Spelman presented the report and advised that the following 2 new risks had been added to the Quality Risk Register:-</p> <ul style="list-style-type: none"> • MCA/DoLs - the process caused by amended legislation due to come in to force in April 2019, resulting in risk to quality and safety of care for vulnerable patients. The risk is not yet known but the CCG does not have the system in place to support it. • Woodlands Hospice – there is a risk that the hospice will not be able to sustain the level of provision caused by the lack of financial resource resulting in the potential closure of Woodlands Hospice. <p>The Committee noted that there are a total of 43 open risks for South Sefton CCG and Southport & Formby CCG and closure has been requested for 3 risks, confirmation of which is awaited.</p> <p>Brendan Prescott requested that the gap in performance for Youth Offending Service be added to the Quality Risk Register. He advised that controls are in place to mitigate the risk.</p> <p>Outcome: The Committee received and noted the Quality Risk Register.</p>	
19/60	<p>Performance and Quality Investigation Review Panel (PQIRP)</p> <p>Mel Spelman presented the report which seeks to request approval of the PQIRP terms of reference.</p> <p>It was noted that the PQIRP is supported by the Senior Management Team and will report to the Joint Quality Committee as a sub-group.</p> <p>Outcome: The Committee approved the terms of reference which will be sent to the absent Committee Members for quorate approval and ratification at the next meeting.</p>	

No	Item	Actions
19/61	<p>Clinical Supervision Policy</p> <p>Brendan Prescott presented the draft Clinical Supervision Policy and advised that the following changes had been made since it was last presented to the Committee in January 2019:-</p> <ul style="list-style-type: none"> • Policy title to be more specific as to which cohort of staff the policy applies; • Clarification of funding for both roles and to make clear whether clinical supervision is compulsory. <p>Outcome: The Committee approved the draft policy which will be sent to the absent Committee Members for quorate approval and ratification at the next meeting.</p>	
19/62	<p>De-Commissioning of Telehealth Service in Care Homes – QIA</p> <p>Moira Harrison presented the report and advised that there were no clinical benefits to continue with the Telehealth service and she explained that numbers were high which may impact on A&E admissions and will also impact on primary care as GPs will receive the calls.</p> <p>A business case for a new model is to be drafted, the model should demonstrate value for money and “buy in” from the local authority. The contract ends on 31st March 2019 but a period of grace has been requested to enable a demobilisation plan to be put in place. Moira advised that she will be attending a Primary Care Network Leads Meeting and also the next QIPP meeting where this will be discussed.</p> <p>Outcome: The Committee ratified the report.</p>	
19/63	<p>Work Plan</p> <p>Mel Spelman presented the work plan to the group and explained that there were no major changes made.</p> <p>Outcome: The Committee received and noted the work plan.</p>	

No	Item	Actions
19/64	<p>GP Quality Lead Report</p> <p>Dr Doug Callow advised that through the SI process there have been recurring issues around a lack of senior supervision at Southport and Ormskirk Hospital. Tracey Forshaw and Dr Callow met with Dr Terry Hankin and were assured that progress has been made and that the issues were fully acknowledged as cultural.</p> <p>A Critical Care Outreach Team has been established for outliers. Consultant job plans are dealing with Senior oversight and review rather than a SOP on senior clinical review and clinical standards at this point. Fridays had been an issue but have been now been addressed as previously many senior staff members were not rostered in.</p> <p>A 5 day service has been established which will move to implement a 7 days service delivery. Virtual board rounds are helping with flow and quality care. Feedback from F1 to Health Education North West are changing the culture to support juniors.</p> <p>Dr Terry Hankin has been invited to the monthly clinical meetings which are attended by Gill Brown and lead clinicians This is designed to deal with interface issues as well as improve communication lines and clinical engagement.</p> <p>2 week wait referrals are not just a cancer exclusion service. GPs refer with a clinical question that requires the trust to investigate and answer, it has been made clear that often Trust clinicians are not responding to or addressing clinical questions asked, just doing a series of tests and not providing joined up care. This results not infrequently in patients coming to see the GP to find out what was found and what needs doing and this is not good value or quality. Dr Terry Hankin received this feedback at CCQRM.</p> <p>At CCF and CCQRM the Trust was asked to make its clinicians aware that patients with frailty or in need of therapy services or enhanced support after admission, should be referred directly to ICRAS or to therapy services and not leave it to the GP.</p> <p>Dr Rob Caudwell informed the Committee about the Mortality Review Group being cancelled for three consecutive months and had not been rearranged. Brendan Prescott advised that this was raised at the CCQRM Meeting and that Tracey Forshaw would be making enquires as to why the last three meetings were cancelled.</p> <p>Action: Tracey Forshaw to make enquiries as to why the last three meetings were cancelled.</p> <p>Outcome: The Committee received the report.</p>	TF
19/65	<p>Locality Updates</p> <p>Brendan Prescott advised that there were no locality updates to note.</p>	

No	Item	Actions
19/66	<p>Engagement and Patient Experience Group (EPEG) – Key Issues Log</p> <p>Mel Spelman presented this item and advised that she had attended the EPEG Meeting on 13th March 2019. Mel informed that Southport and Ormskirk Hospital NHS Trust had presented their 2020 vision at the EPEG meeting which was a useful presentation and she would circulate it if anyone wished to view it.</p> <p>It was noted that there is a gap in young people engagement and that not many patients complete Friends and Family questionnaires. There was no representation at EPEG from Mersey Care NHS Foundation Trust, but this was due to a miscommunication however, confirmation of attendance at the May meeting had been received.</p> <p>Outcome: The Committee received the EPEG Key Issues Log.</p>	
19/67	<p>Joint Medicines Operational Group (JMOG) Terms of Reference</p> <p>Helen Roberts presented the JMOG Terms of Reference for approval by the Committee.</p> <p>Outcome: The Committee approved the JMOG Terms of Reference which will be sent to the absent Committee Members for quorate approval and ratification at the next meeting.</p>	
19/68	<p>Evaluation of Medicines Management Hub Pilot</p> <p>Helen Roberts presented the report and requested approval from the Committee. The evaluation will be undertaken by the GP practices covered by the pilot hubs being asked to complete a questionnaire.</p> <p>Outcome: The Committee approved the evaluation of the Medicines Management Hubs which will be sent to the absent Committee Members for quorate approval and ratification at the next meeting.</p>	
19/69	<p>Joint South Sefton and Southport and Formby CCG Medicines Operation Group (JMOG) Key Issues Log</p> <p>The Committee noted the key issues from the JMOG meeting held on 1st March 2019.</p> <p>Outcome: The Committee received the report.</p>	
19/70	<p>Month 12 CCG's Serious Incident Management Improvement Programme</p> <p>Mel Spelman presented the paper which provides an update on the CCG serious incident improvement programme and action plan. All actions are in place and the Committee was asked that the action plan be closed down, be removed from the risk register and receive quarterly reporting.</p> <p>Outcome: The Committee received the report.</p>	

No	Item	Actions
19/71	<p>CCG's Personal Health Budget (PHB) Policy Extension</p> <p>Brendan Prescott presented the report which seeks to request that the PHB policy be extended a further three months until June 2019, for the necessary changes to be made which need to reflect the legal framework for adults who Continuing Health Care eligibility are to be offered a PHB as a result.</p> <p>Outcome: The Committee approved the PHB Policy Extension which will be sent to the absent Committee Members for quorate approval and ratification at the next meeting.</p>	
19/72	<p>Serious Incident Review Group (SIRG) Minutes</p> <ul style="list-style-type: none"> • South Sefton CCG – 14th February 2019 • Southport and Formby CCG – 6th February 2019 <p>Outcome: The Committee received the SIRG minutes.</p>	
19/73	<p>Joint Quality Committee Attendance Tracker April 2018 – February 2019</p> <p>Brendan Prescott introduced this item and explained that the CCG's Annual Report includes Committee attendance information from April 2018 to current date and requested that the Committee confirm if the attendance tracker is correct.</p> <p>Outcome: The Committee approved the Joint Quality Committee Attendance Tracker which will be sent to the absent Committee Members for quorate approval and ratification at the next meeting.</p>	
19/74	<p>Any Other Business</p> <p>No items discussed.</p>	

No	Item	Actions
19/75	<p>Key Issue Log (issues identified from this meeting)</p> <p>South Sefton CCG:</p> <ul style="list-style-type: none"> • Cancer Referral to Treatment - Breast symptom deterioration. Item to be discussed at the Planned Care Group and the Leadership Team Meeting; • Early Intervention Psychosis – quality issues; • Eating disorder service - physical assessment not being commissioned for Mersey Care NHS Foundation Trust or Primary Care; • Woodlands Hospice – potential funding gap, approx. £250 - £400k for 2020 – 2012; • QIA on the decommissioning of Telehealth and agreed for it to go to QIPP; • Serious Incident Programme Plan closure. <p>Southport and Formby CCG:</p> <ul style="list-style-type: none"> • Health visiting configuration, locality versus practice model. Discussion to take place with Local Authority Commissioner and Lancashire Care NHS Foundation Trust ; • QIA on decommissioning of Telehealth and agree for it to go to QIPP; • Serious Incident Programme Plan closure. 	
19/76	<p>Date of Next Meeting and Notice of Apologies</p> <p>Thursday 25th April 2019 at 9am – 12noon at Marshside Surgery, Southport.</p> <p>Apologies noted for the next meeting:</p>	

Joint Quality Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

Date: Thursday 30th May 2019 at 09.00 – 12.00
Venue: 5A, Merton House, Stanley Road, Bootle, L20 3DL

Membership		
Graham Bayliss	Lay Member (SSCCG)	GBa
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Billie Dodd	Head of Commissioning (SFCCG/SSCCG)	BD
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety (SSCCG/SFCCG)	BP
Ex Officio Member		
Fiona Taylor	Chief Officer (SFCCG/SSCCG) (Chair)	FLT
In attendance		
Helen Roberts	Lead Pharmacist (SSCCG/SFCCG)	HR
Karen Garside (for agenda item 19/91 only)	Designated Nurse Safeguarding Children (SSCCG)	KG
Mel Spelman	Programme Manager for Quality & Risk - Quality Team (SSCCG/SFCCG)	MS
Sharon Forrester (for agenda item 19/87 & 19/88 only)	Head of Commissioning and Delivery Urgent Care (SFCCG)	SF
Amanda Gordon (for part of the meeting)	Programme Manager, Quality and Performance (SSCCG/SFCCG)	AG
Apologies		
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety (SSCCG/SFCCG)	BP
Minutes		
Michelle Diable	PA to Chief Nurse & Deputy Chief Nurse (SFCCG / SSCCG)	MD

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	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19
Dr Rob Caudwell	GP Governing Body Member	✓	✓	L	N	✓	A	✓	N	L	✓	✓	N	✓
Graham Bavliss	Lay Member for Patient & Public Involvement	✓	A	✓	N	A	A	✓	N	✓	✓	A	N	✓
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓	A	N	✓	✓	A	N	✓	✓	A	N	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	✓	A	N	✓	✓	✓	N	A	A	✓	N	✓
Billie Dodd	Head of CCG Development	A	✓	A	N	A	A	A	N	✓	A	A	N	✓
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	L	N	A	✓	✓	N	A	✓	A	N	-
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	✓	N	✓	✓	✓	N	✓	✓	A	N	✓
Martin McDowell	Chief Finance Officer	A	A	A	N	A	✓	✓	N	✓	A	✓	N	✓
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	A	N	A	A	A	N	A	A	-	N	-
Dr Jeffrey Simmonds	Secondary Care Doctor	✓	A	✓	N	✓	A	A	N	A	A	A	N	A

- ✓ Present
- A Apologies
- L Late or left early
- N No meeting held

No	Item	Actions
19/77	<p>Welcome, Introductions & Apologies</p> <p>The Chair welcomed everyone to the meeting and introduced Fiona Taylor - Chief Officer who was present to verbally update the quality committee on two matters.</p> <p>(i) SEND Revisit</p> <p>The SEND revisit had taken place from 15th– 17th April 2019 led by Ofsted with the CQC. The informal feedback and subsequent draft letter is to be published on 10th June 2019. Whilst the criticisms were system wide affecting; Education Health Care Plans (EHCP) and educational progress, there are specific issues for the CCGs as commissioners; with the role of the Designated Clinical Officer, waiting times, appointment systems, holding providers to account and interaction with parents all receiving attention. The inspectors also commented on the lack of pace and little change from the previous inspection. Some positives were also highlighted.</p> <p>As Accountable Officer, Fiona had pulled together an action plan to understand CCG systems and this is to be shared at the June Governing Bodies.</p> <p>The task for overseeing the original plan had been previously delegated to the Quality Committee. The inspectors commented on the leadership and oversight of the plan. An immediate governance review had demonstrated that papers had been received across both internal and external meetings and assurance had been given re progress against plan.</p> <p>One of the governance changes going forward as a result of the revisit will be a change to the governing body having direct oversight of the new action plan.</p> <p>Fiona also reported that Martin McDowell is now acting as the CCG SEND lead. Immediate actions had been put in place to increase SALT service provision.</p> <p>Media interest is likely; therefore the CCG Chairs with Fiona and Martin have received media training. Martin is working closely with Alder Hey Children's NHS Foundation Trust, North West Boroughs NHS Healthcare NHS Foundation Trust colleagues, Emma Powell, Designated Clinical Officer and local authority colleagues. An action plan was being developed across the partnership with a newly established SEND Improvement Board, co-chaired by Fiona Taylor Accountable Officer and Dwayne Johnson CEO at Sefton Council. The Chairs have met with the Leader and other Council colleagues. They had expressed the concern and disappointment of SMBC with health services.</p> <p>Fiona also reported that she had met with representatives of the Sefton SEND Parent Carer Forum.</p> <p>Fiona would be meeting Graham Bayliss & Gill Brown as Lay Members to request their ongoing support with the interface with parents, to promote ongoing improvements.</p> <p>Fiona also reported that there would be a challenge session arranged in the very near future for both Governing Bodies arranged in order to consider lessons learned. The Quality Committee will also have the opportunity to meet to explore Committee member's reflections.</p>	

	<p>Fiona reminded the Committee of confidentiality as the Ofsted/CQC letter was not yet in the public domain.</p> <p>(ii) Quality Committee and Team Changes</p> <p>Fiona informed the Joint Quality Committee that subject to approval by the governing body, it will become the Joint Quality and Performance Committee, in order to reflect the recent governance review. The proposed revised terms of reference will be taken to the June 2019 Governing Bodies for approval.</p> <p>Debbie Fagan Chief Nurse is on secondment in a system leadership role as Programme Director of Unplanned & Emergency Care until 31st March 2020. The Chief Nurse role will be covered by a secondment.</p> <p>The vacancy within the Quality Team as Deputy Head of Quality and Safety has been recently filled. The Band 7 Programme Manager role to replace Amanda Gordon is also filled by Jenny Piet who starts on 1st July 2019.</p> <p>The quality review being undertaken by Julie Bolus is also due to report; this would help shape any future capacity requirements in the quality team.</p> <p>Apologies were noted from Dr Jeffery Simmonds and Brendan Prescott.</p>	
19/78	<p>Declarations of Interest</p> <p>No declarations were noted.</p>	
19/79	<p>Minutes & Key issues log of the previous meeting</p> <p>With the following amendments, the previous meeting minutes and key issues were deemed to be an accurate reflection of the previous meeting held on 28th March 2019.</p> <ul style="list-style-type: none"> • Agenda Item 19/64 – GP Quality Lead Report, wording to be amended by Dr Doug Callow. • Agenda Item 19/64 –GP Quality Lead Report, Tracey Forshaw to enquire why the last three Mortality Review Group Meetings had been cancelled, to be highlighted as an action. <p>Action: Amanda Gordon to take forward the above action in Tracey Forshaw's absence.</p>	AG
19/80	<p>Matters Arising/Action Tracker</p> <p>The Committee noted the following Action Tracker updates:-</p> <ul style="list-style-type: none"> • 18/137 Deprivation of Liberty Safeguards (DoLS) Update Report <p>Fiona Taylor advised that a presentation will be taken to Governing Body when the legislation changes are understood. Action to be removed from the tracker.</p> <ul style="list-style-type: none"> • 19/6 Provider Quality and Performance Report/Dashboard (ii) Amanda Gordon to contact Gill Brown in relation to context being added against the metrics to provide assurance. 	

	<ul style="list-style-type: none"> NHSE have requested that CCGs have assurance of current Electronic Referral Service Standard (ESR) Operating Procedures (SOPs) being in place with providers to facilitate the ESR process and mitigate the risk of patients not being re referred when rejected by the provider due to paper referrals. Provider Cost Improvement Plans to be discussed with the Deputy Chief Nurse. CIP report to be presented to a future Joint Quality Committee Meeting. Concerns were raised in relation to Aintree University Hospitals NHS Foundation Trust paper switch off in radiology from August 2019. This will be discussed at the next CCF and CQPG meetings and an update to be provided at the future Joint Quality Committee. <p>Action: Lay Members to be invited to future North Mersey Quality Accounts events.</p> <p>Action: Provider Cost Improvement Plans to be discussed with the Deputy Chief Nurse.</p> <p>Action: Fiona Taylor, Brendan Prescott and Martin McDowell to produce CIP report demonstrating the potential impact and present it at a future Joint Quality Committee.</p> <p>Action: ERS SOPs to be presented at a future Joint Quality Committee meeting to provide assurance.</p> <p>Action: Aintree University Hospital NHS Trust paper switch off in radiology update to be provided at a future Joint Quality Committee.</p> <p>Outcome: The Committee received the report.</p>	<p>BP</p> <p>FLT</p> <p>FLT/BP/MMc</p> <p>BP</p> <p>GH</p>
19/82	<p>Clinical Director Quality Update</p> <p>Dr Gina Halstead raised concerns in relation to Aintree University Hospitals NHS Foundation Trust paper switch off in radiology from August 2019. This will be discussed at the next CCF and CQPG meetings and an update to be presented at the Joint Quality Committee.</p> <p>Dr Gina Halstead noted the following issues:-</p> <ul style="list-style-type: none"> There have been 2 serious incidents at Aintree University Hospital NHS Foundation Trust; one relating to surveillance of Barrett's Oesophagus and the other in relation to surveillance of patients with chronic severe liver disease. These will be managed through the SIRG. Concerns in relation to the centralisation of the Health Visiting Service which is a national mandate. This was discussed earlier in the meeting and Fiona Taylor had advised that she would invite Margaret Jones from Sefton Council and a North West Boroughs Healthcare NHS Trust representative to attend the next Committee meeting to provide an update. Feedback from membership has been received in relation to locality/networks not receiving feedback from Aintree University Hospital NHS Foundation Trust regarding quality queries regarding patient care (e.g. inadequate discharge information) directed through the Quality Team. The process Aintree University Hospital NHS Foundation Trust already have in place to be used as this is monitored and reported to Aintree's CQPG. The following email address is to be used from practice or personal nhs.net accounts - concerns@aintree.nhs.uk. 	

	<p>Dr Doug Callow advised of the following issues:-</p> <ul style="list-style-type: none"> • Bowel prep issue, work has been undertaken with Southport and Ormskirk Hospital NHS Trust and the Cancer Lead GP, improvements have been made. A joint letter to GPs from Dr G. Allen around the refined arrangements has been prepared. • There was an issue regarding communications to patients/GP which has been raised with the Southport and Ormskirk NHS Trust Medical Director. • CCF Meeting – ICRAS/frailty best way to improve quality and stop work unnecessarily going to GPs is on discharge after NE admission Southport and Ormskirk should be referring directly to ICRAS and therapy/community services not to the GP. • CCQRM – All pregnant women booking at Southport and Ormskirk Hospital - the Trust has confirmed that the GP will get a letter. • Stroke and HASU – There are 2 locums in place but they are not on the specialist register. • Guardian of Safe working GOSW – Colleagues briefed around the positive work to support junior staff. • Never Event – pain block wrong site - received report and concern as in spite of “stop before you block campaign RCS anaesthetists 2018”. AA LOCSIPS NATSSIPS – report highlights lack of clear governance, WHO check lists, risk lies with patient no operator, theatre culture will be focus of work, Kevin Thomas taking a lead role. • Clinical Meetings are held monthly, attended by local GP and clinical leads and Mr Terry Hankin and Mr Kevin Thomas. • Digital Software – discharge summaries are poor, do not know the reason why certain drugs are suspended. • Mortality – Chris Goddard is the lead, 3 meetings had been cancelled but have resumed again. <p>Outcome: The Committee received the updates.</p>	
19/83	<p>Quarter 4 Serious Incident Reports</p> <p>Mel Spelman introduced the quarter 4 serious incident reports for South Sefton and Southport and Formby CCGs. It was noted that there continues to be an improvement on the numbers of incidents closed on StEIS which has been attributed to the presence of the Trust at the SIRG panel.</p> <p><u>Aintree University Hospital NHS Foundation Trust</u></p> <p>Dr Gina Halstead referred the Committee to page 31 of the meeting pack, page 6 of the report to the provider Sui's table. There were 2 incidents and 1 Never Event. One serious incident related to a failure in following up liver patients. The recall system failed and this was highlighted by a nurse. There were 331 patients recalled, there was no harm made. A proposal to use the same recall system as Barrett's has been made. The Serious Incident Review Group (SIRG) is managing both incidents.</p> <p><u>Mersey Care NHS Trust (South Sefton Community Services)</u></p> <p>It was noted that there were 3 incidents open for South Sefton Community Services at the end of quarter 4. There were no 72 hour reports submitted for the 3 incidents reported. Mel Spelman will formally write on behalf of the Chief Officer to Mersey Care NHS Foundation Trust with a formal statement to request that 72 hour reports be submitted as part of their contractual obligations. A copy of the letter to be sent to Jan Ledwood.</p>	

	<p>Action: Mel Spelman to formally write to Mersey Care NHS Foundation Trust to request that the 72 hour reports are submitted.</p> <p><u>Southport and Ormskirk Hospitals NHS Trust</u></p> <p>A big improvement with 48 hour report was noted. The Trust has a deadline of November 2019 to clear the back log and be compliant.</p> <p>The Committee noted that Lessons learned need to be captured and also that success should be celebrated.</p> <p><u>Lancashire Care NHS Foundation Trust</u></p> <p>Mel Spelman noted that there is 1 Root Cause Analysis on going relating to a pressure ulcer which was transitioned over. There are no other issues currently.</p> <p>Fiona Taylor asked how the CCG is kept informed of Serious Case Reviews (SCR) and requested that the case, background of the issue and the findings and outcome are included in the report going forward.</p> <p>Action: Mel Spelman to include the following in the Serious Incident Report going forward; state the case, the background of the issue and both the findings and outcome including lessons learned.</p> <p>Outcome: The Committee received the reports.</p>	<p>MS</p> <p>MS</p>
19/84	<p>Performance Highlight Report</p> <p>Amanda Gordon presented this item which seeks to provide the Committee with an overview of provider performance.</p> <p>Dr Gina Halstead referred the Committee to page 79 of the meeting pack, page 3 of the report in relation to Key Performance Indicators (KPI) for home equipment. Dr Halstead raised concerns in relation to the data which is missing from August to March. Amanda advised that she was aware of a change in provider but would investigate why the data is missing.</p> <p>Action: Amanda Gordon to link in with lead commissioners regarding non-reporting against KPIs/ poor performance to request remedial action plan and provide an update at the next Committee meeting.</p> <p>It was suggested inviting the appropriate commissioning manager to attend the Joint Quality Committee meetings going forward to provide further information on their specific areas.</p> <p>Action: Billie Dodd to invite the appropriate commissioning managers to the Joint Quality Committee to address any performance issues arising from the Committee.</p> <p>Martin McDowell suggested having a contract meeting after the Joint Quality Committee Meeting to address any issues arising from the Committee.</p> <p>Action: Contract Meeting to be convened after the Joint Quality Committee.</p> <p>Outcome: The Committee received the reports.</p>	<p>AG</p> <p>BD</p> <p>MMc</p>
19/85	<p>Q1/Q2 Quality Assurance Report 2018-19 Urgent Care Greater Manchester & SFSS</p>	

	<p>Billie Dodd presented this report which seeks to provide the Committee with a summary of the quality performance of the Out of Hours provider Go To Doc.</p> <p>Gill Brown referred the Committee to page 91 of the meeting pack, in relation to Patient Feedback and raised concerns about the low numbers of home visits. The Committee noted that home visits are mainly undertaken by one GP.</p> <p>Billie Dodd advised that the contract was extended in line with others due to changes in urgent care.</p> <p>Billie Dodd to investigate why delays are occurring. It was noted that a broader discussion is required with the Primary Care Networks in relation to the Out of Hours Service.</p> <p>Action: Billie Dodd to feed back the concern raised in relation to home visits and to investigate why delays are occurring.</p> <p>Outcome: The Committee received the report.</p>	BD
19/86	<p>Quarterly Controlled Drug Report</p> <p>Helen Roberts presented this item which seeks to provide the Committee with quarter 4 2018-2019 quarterly controlled drug occurrence report.</p> <p>The Committee requested that GP practice names be included in this report going forward.</p> <p>Action: Helen Roberts to include GP practice names in the report going forward.</p> <p>Dr Gina Halstead advised that the Bootle Network is to pilot in collaboration with Mersey Care NHS Trust in relation to controlled drugs.</p> <p>Concerns were raised about the escalation of opioid doses by clinicians in the pain clinic at the Walton Centre.</p> <p>Action: Helen Roberts to raise at JMOG with a view to the GP Prescribing Lead Dr Anna Ferguson raising this issue with the Walton Centre CDAO and Medical Director.</p> <p>Outcome: The Committee received the Quarterly Controlled Drug Report.</p>	HR HR
19/87/ 19/88	<p>North West Ambulance Service (NWAS) Performance Report/ NHS 111 Performance Report</p> <p>Sharon Forrester presented this report which seeks to provide the Committee with key intelligence relating to clinical, safeguarding and operational quality elements of the NHS NWAS Patient Emergency Services and 111 Telephony Service in the North West.</p> <p>Sharon asked the Committee what they would like included in this report going forward. She explained that there are no quarterly aggregated reports for the purpose of individual Quality Committees and that exception reporting against quality Key Performance Indicators (KPIs) on a quarterly basis would need to be requested from the Lead Commissioner – NHS Blackpool CCG and be reported in to the NHS Liverpool CCG Commissioners Meeting as coordinating commissioner.</p> <p>Sharon advised that she has raised the issue in relation to the gap on how we report in to the Joint Quality Committee with Ian Davies.</p>	

	<p>The Committee noted that the gap in the reporting structure will be formally raised at the next Contract Meeting.</p> <p>The Committee suggested inviting a Community Paramedic representative to EPEG and Governing Body to inform the CCG about their role.</p> <p>It was noted that further detail is required for the Joint Quality Committee, with a draft report to be presented at the next Committee Meeting.</p> <p>Sharon requested that a recommendation be made for her to request a formal annual report from NHS Liverpool CCG and NHS Blackpool CCG.</p> <p>Gill Brown suggested investigating what NHS Blackpool CCG and NHS Liverpool CCG present to their Quality Committees and Governing Body in the first instance.</p> <p>Fiona Taylor suggested discussing this with the Primary Care Network and confirm what is required for the purpose of this Committee, then take it to the Leadership Team Meeting and then present it at the next Joint Quality Committee.</p> <p>Action: Plan to be presented at the next Joint Quality Committee.</p> <p>Outcome: The Committee received report.</p>	SF
19/89	<p>Joint Quality Committee Terms of Reference</p> <p>The Committee noted that Governing Body will be reviewing all Committee Terms of Reference to ensure that roles and responsibilities are delegated to the best effect to ensure the CCGs are able to discharge their responsibilities. Any changes will be reflective of the Sefton Transformation programme, including place based developments, and we can also expect to see changes in the quality and performance management of our providers. It is likely that we will be seeking more robust assurances about the way in which providers are delivering our services.</p> <p>Outcome: The Committee received the Terms of Reference Update which was noted within the Chief Nurse Report.</p>	
19/90	<p>Proposal for both CCGs to act as a sponsor for 2 research and 2 audit projects</p> <p>Fiona Taylor introduced this report on behalf of Brendan Prescott which was discussed by the Committee. However as the CCG has been a participant in established research projects, but has not acted as a sponsor for independent research such as this proposal. The Committee did not feel able to support it at this time.</p> <p>Outcome: The Committee noted the report but does not support the proposal.</p>	
19/91	<p>Multi Agency Safeguarding Arrangements (MASA) Plan</p> <p>Karen Garside introduced this item which seeks to provide the Committee with an update with further progress and the MASA Plan which was agreed by the Local Safeguarding Children Board (LSCB).</p> <p>The Committee approved the plan subject to the following amendments:-</p> <p>Where reference is made to Chief Operating Officer be amended to Chief Officer.</p> <p>Page 15 of the report/page 166 of the meeting pack wording to be amended in relation to the Voice of the Child section providing context and to make it clearer.</p>	

	<p>Action: Karen Garside to take forward the action of amending the report providing a clear statement in relation to the Voice of the Child section and to replace Chief Operating Officer with Chief Officer within the report.</p> <p>Gill Brown queried if the housing providers obtain information from other housing providers as she noted that only one had attended the LSCB.</p> <p>Action: Karen Garside to enquire if housing providers obtain information from other housing providers and update the Committee.</p> <p>Fiona Taylor queried if the report would be available on the CCG website. Karen Garside advised that she would enquire and report back to the Committee.</p> <p>Action: Karen Garside to confirm if the MASA plan would be available on the CCG website.</p> <p>Outcome: The Committee received and approved the MASA Plan.</p>	<p>KG</p> <p>KG</p> <p>KG</p>
19/92	<p>Serious Incident Review Group Minutes</p> <ul style="list-style-type: none"> • South Sefton CCG – 14th March 2019, 11th April 2019 • Southport and Formby CCG – 6th March 2019, 20th March 2019 and 3rd April 2019 <p>Outcome: The Committee received the Serious Incident Review Group Minutes.</p>	
19/93	<p>Engagement and Patient Experience Group (EPEG) Meeting Key Issues Log</p> <p>Gill Brown noted GP Trainee Emma had attended the last EPEG on 8th May 2019 and her presentation was well received. Presentations from Macmillan and Sefton CVS were also well received.</p> <p>Dr Gina Halstead noted that Dr Raj Patel will mentor the GP trainees and informed that a dual programme of work is being undertaken and attendance at EPEG will be offered to trainees as part of the programme.</p> <p>Outcome: The Committee received the EPEG Key Issues.</p>	
19/94	<p>Joint South Sefton and Southport and Formby CCG Medicines Operation Group (JMOG) Key Issues Log</p> <p>The Committee noted the key issues update from the last JMOG meeting held on 3rd May 2019. The Datix Report to be included in the next JMOG Key Issues Log.</p> <p>Action: Susanne Lynch to include the Datix Report in the next JMOG Key Issues Log.</p> <p>Outcome: The Committee received the JMOG Key Issues.</p>	<p>SL</p>
19/95	<p>Any Other Business</p> <p>None.</p>	
19/96	<p>Key Issue Log (issues identified from this meeting)</p> <p><u>South Sefton CCG</u></p>	

- Mental Health Capacity Act/Deprivation of Liberty Safeguards Update Report to be taken to Governing Body as a presentation in future when changes to legislation are understood.
- Multi Agency Safeguarding Arrangements Plan was approved.
- Quality Accounts Lay members to be invited for an annual review.
- Provider Cost Improvement Plans to be picked up with Brendan Prescott.
- Centralisation of the Health Visiting Service – North West Boroughs Healthcare NHS Trust and Margaret Jones from Sefton Council to present changes at the next Joint Quality Committee.
- Quarter 4 Serious Incident Reporting – need to formally escalate the absence of 72 hour incident reports.
- There have been 2 serious incidents at Aintree University Hospital NHS Foundation Trust; one relating to surveillance of Barrett's Oesophagus and the other in relation to surveillance of patients with chronic severe liver disease. These will be managed through the SIRG.
- Feedback from membership has been received in relation to locality/networks not receiving feedback from Aintree University Hospital NHS Foundation Trust regarding quality queries regarding patient care (e.g. inadequate discharge information) directed through the Quality Team. The process Aintree University Hospital NHS Foundation Trust already have in place to be used as this is monitored and reported to Aintree's CQPG. The following email address is to be used from practice or personal nhs.net accounts - concerns@aintree.nhs.uk.
- Commissioning Managers to attend to Joint Quality Committee meeting to advise on areas of performance.
- Controlled Drug Report – decommissioned controlled drug report. Escalate discussion regarding cd prescribing to JMOT via Dr Anna Ferguson.
- NWAS/NHS 111 – commissioner need further detail for the Joint Quality Committee Report, draft to the next meeting.

Southport and Formby CCG

- Mental Health Capacity Act/Deprivation of Liberty Safeguards Update Report to be taken to Governing Body as a presentation in future when changes to legislation are understood.
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- Quarter 4 Serious Incident Reporting – need to formally escalate the absence of 72 hour incident reports.
- Bowel prep issue, work has been undertaken with Southport and Ormskirk Hospital NHS Trust and the Cancer Lead GP, improvements have been made. A letter to GPs from Dr G. Allen has been prepared.
- There was an issue regarding communications to patients/GP which has been raised with the Southport and Ormskirk Hospital NHS Trust Medical Director.
- It was queried at a recent CCF meeting if Southport and Ormskirk Hospital NHS Trust could refer ICRAS patients themselves as discharge quality is poor.

	<ul style="list-style-type: none"> • CQRM – pregnant women will receive a letter. • Stroke – There are 2 locums in place but they are not on the register. • Safeguarding – Junior doctors can email their concerns. • Never Event – pain block, received report from MIAA. Kevin is leading on this. • Digital Software – discharge summaries are poor, do not know the reason why certain drugs are suspended. • Commissioning Managers to attend the Joint Quality Committee meeting to advise on areas of performance. • Controlled Drug Report – decommissioned controlled drug report. Escalate discussion regarding cd prescribing to JMOT via Dr Anna Ferguson. • NWAS/NHS 111 – commissioner need further detail for the Joint Quality Committee Report, draft to the next meeting. 	
<p>19/97</p>	<p>Date of Next Meeting and Notice of Apologies</p> <p>Thursday 27th June 2019 at 9am – 12noon at Marshside Surgery, Southport</p>	

Joint Quality and Performance Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

Date: Thursday 27th June 2019 at 09.00 – 12.00

Venue: Library, Marshside Surgery, 117 Fylde Road, Southport, PR9 9XP

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
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety (SSCCG/SFCCG)	BP
Ex Officio Member		
Fiona Taylor	Chief Officer (SFCCG/SSCCG) (Chair)	FLT
In attendance		
Karen Garside (for agenda items 19/108 & 19/109 only)	Designated Nurse Safeguarding Children (SSCCG)	KG
Amanda Gordon	Programme Manager, Quality and Performance (SSCCG/SFCCG)	AG
Alison Ormrod	Deputy Chief Finance Officer (SSCCG/SFCCG)	AO
Susan Calvert	Interim Deputy Head of Quality & Safety	SC
Susanne Lynch	Head of Medicines Management	SL
Apologies		
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Fiona Taylor	Chief Officer (SFCCG/SSCCG) (Chair)	FLT
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMc
Karl McCluskey	Director of Strategy and Outcomes (SFCCG / SSCCG)	KMc
Minutes		
Michelle Diabie	PA to Chief Nurse & Deputy Chief Nurse (SFCCG / SSCCG)	MD

For the Joint Quality and Performance 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)
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Dr Rob Caudwell	GP Governing Body Member	✓	L	N	✓	A	✓	N	L	✓	✓	N	✓	A
Graham Bayliss	Lay Member for Patient & Public Involvement	A	✓	N	A	A	✓	N	✓	✓	A	N	✓	✓
Gill Brown	Lay Member for Patient & Public Involvement	✓	A	N	✓	✓	A	N	✓	✓	A	N	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	A	N	✓	✓	✓	N	A	A	✓	N	✓	✓
Billie Dodd	Head of CCG Development	✓	A	N	A	A	A	N	✓	A	A	N	✓	✓
Debbie Fagan	Chief Nurse & Quality Officer	✓	L	N	A	✓	✓	N	A	✓	A	N	-	D
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	N	✓	✓	✓	N	✓	✓	A	N	✓	-
Martin McDowell	Chief Finance Officer	A	A	N	A	✓	✓	N	✓	A	✓	N	✓	D
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	N	A	A	A	N	A	A	-	N	-	-
Dr Jeffrey Simmonds	Secondary Care Doctor	A	✓	N	✓	A	A	N	A	A	A	N	A	✓

- ✓ Present
- A Apologies
- L Late or left early
- N No meeting held
- D Deputy attended

No	Item	Actions
19/98	<p>Welcome, Introductions & Apologies</p> <p>Brendan Prescott chaired the meeting in the absence of Dr Rob Caudwell. He welcomed all to the meeting and round the table introductions were made.</p> <p>Apologies were noted from Fiona Taylor, Dr Rob Caudwell, Karl McCluskey and Martin McDowell. Alison Ormrod, Deputy Chief Officer attended on behalf of Martin McDowell.</p> <p>The Committee noted that in the absence of Dr Gina Halstead, the meeting was not quorate and therefore all agenda items requiring approval would be circulated via email, to Dr Halstead requesting her approval following the Committee's recommendations.</p>	
19/99	<p>Declarations of Interest</p> <p>No declarations of interest were noted.</p>	
19/100	<p>Minutes & Key issues log of the previous meeting</p> <p>With the following amendments, the previous meeting minutes and key issues were deemed to be an accurate reflection of the previous meeting held on 30th May 2019.</p> <ul style="list-style-type: none"> • 19/77 Welcome, Introductions and Apologies – re-wording of whole section; • 19/82 Clinical Director Quality Update – the first bullet point in Dr Doug Callow's update to read <i>Bowel prep issue</i>; • 19/84 Performance Highlight Report – the owner of the action to invite the appropriate commissioning managers to the Joint Quality Committee to address any performance issues arising from the Committee, to be changed from Amanda Gordon to Billie Dodd. 	
19/101	<p>Matters Arising/Action Tracker</p> <p>The Committee received the following updates to the action tracker:-</p> <ul style="list-style-type: none"> • 19/28 Matters Arising/Action Tracker (iii) Programme Manager Realignment paper to be presented to the Joint Quality Committee in April 2019. Contact list to be circulated to primary care colleagues and uploaded on to the intranet. <p>Action completed and to be removed from the tracker. It was noted in addition that an email account is to be set up for queries.</p> <ul style="list-style-type: none"> • 19/33 NHS South Sefton CCG and NHS Southport and Formby CCG Quarter 3 Service Incident - The CCG to look at NRLS reporting to compare MCFT and LCFT. <p>Mel Spelman advised that Gill Murphy had left her role. Community data was not available. Mel to contact Lee Taylor or Trish Bennett.</p> <p>No update received, action to remain open on the tracker.</p>	MS

	<ul style="list-style-type: none"> • Action 19/36 GP Quality Lead Update - Debbie Fagan to raise the concerns of the impact of Health Visiting Team being disbanded and the introduction of a centralised booking office with Margaret Jones and Kerrie France. Fiona Taylor advised that she would take forward this action and invite a Margaret Jones from Sefton Council and a North West Boroughs Healthcare NHS Foundation Trust representative to attend the next Committee meeting to provide an update. <p>Margaret Jones had been invited to attend the Committee meeting but was unable to attend. She will attend a future meeting.</p> <p>Action to remain open on the tracker.</p> <ul style="list-style-type: none"> • Action 19/64 GP Quality Lead Report – Tracey Forshaw to enquire why the last three Mortality Review Group Meetings had been cancelled. Amanda Gordon to take forward this action in the absence of Tracey. <p>Action completed and to be removed from the tracker. It was noted that the Mortality Review Group Meetings have now resumed.</p> <ul style="list-style-type: none"> • Action 19/81 Chief Nurse Report <p>(i) Lay Members to be invited to future North Mersey Quality Accounts Events</p> <p>Brendan Prescott advised that he will invite the lay members to next year’s North Mersey Quality Accounts Event. Action completed and to be removed from the tracker.</p> <p>(ii) Provider Cost Improvement Plans (CIP) to be discussed with Brendan Prescott.</p> <p>Brendan Prescott advised that he had attended a CIP meeting in March 2019 and that he would provide a summary from that meeting at next month’s Committee meeting.</p> <p>(iii) Fiona Taylor, Brendan Prescott and Martin McDowell to produce CIP report demonstrating the potential impact and present it at a future Joint Quality Committee Meeting.</p> <p>To be included on next month’s meeting agenda.</p> <p>(iv) Electronic Referral System (ERS) SOPs to be presented at a future Joint Quality Committee meeting to provide assurance.</p> <p>Brendan Prescott to present at future Committee meeting.</p> <p>(v) Aintree University Hospitals NHS Trust paper switch off in radiology Update to be presented at the Joint Quality Committee.</p> <p>The Committee noted that this had been requested 12 months ago. Action to be deferred to the next meeting.</p> <ul style="list-style-type: none"> • Action 19/83 Quarter 4 Serious Incident Reports <p>(i) Mel Spelman to formally write to Mersey Care NHS Foundation Trust to request that the 72 Hour reports are submitted.</p> <p>Action completed and to be removed from the tracker.</p>	<p>BP</p> <p>BP</p> <p>BP</p> <p>BP</p> <p>BP</p> <p>GH</p>
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	<p>(ii) Mel Spelman to include the following in the Serious Incident Report going forward; state the case, the background of the issue and both the findings and outcome including lessons learned.</p> <p>No update received action to remain on the tracker.</p> <ul style="list-style-type: none"> • Action 19/84 Performance Highlight Report <p>(i) Amanda Gordon to link in with lead commissioners regarding non reporting against KPIs/poor performance and to request a remedial action plan and provide an update at the next Committee meeting.</p> <p>Karl McCluskey to lead on this. Action completed and to be removed from the tracker.</p> <p>(ii) Billie Dodd to invite the appropriate commissioning managers to the Joint Quality and Performance Committee to address performance issues arising from the Committee.</p> <p>Billie Dodd advised that Karl McCluskey has a plan in place to take forward this action.</p> <p>(iii) Contract Meeting to be convened after the Joint Quality and Performance Committee.</p> <p>Action not progressed, to remain on the tracker. Brendan Prescott to discuss this action with Martin McDowell.</p> <ul style="list-style-type: none"> • Action 19/85 Q1/Q2 Quality Assurance Report 2018/19 Urgent Care Greater Manchester and SFSS. Billie Dodd to feed back the concern raised in relation to care home visits and to investigate why delays are occurring. <p>Billie Dodd advised that this would be raised at the next Contract Meeting on 17th July 2019 and update the Committee at the next meeting.</p> <ul style="list-style-type: none"> • Action 19/86 Quarterly Controlled Drug Report <p>(i) Helen Roberts to include GP practice names in the report going forward.</p> <p>Action completed and to be removed from the tracker.</p> <p>(ii) Helen Roberts to raise at JMOG with a view to the GP Prescribing Lead Dr Anna Ferguson raising the issue with the Walton Centre CDAO and Medical Director.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Action 19/87 and 19/88 North West Ambulance Service Performance Report/ NHS 111 Performance Report. Plan to be presented at the next Joint Quality and Performance Committee meeting. <p>Action to remain on the tracker. Brendan Prescott advised that further information is awaited from Jane Lunt.</p> <ul style="list-style-type: none"> • Action 19/91 Multi Agency Safeguarding Arrangements (MASA) Plan 	<p>MS</p> <p>BP</p> <p>BD</p> <p>BP</p>
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	<p>(i) Karen Garside to take forward the action of amending the report providing clear statement in relation to the Voice of the Child section and to replace Chief Operating Officer with Chief Officer within the report.</p> <p>Action completed and to be removed from the tracker.</p> <p>(ii) Karen Garside to enquire if housing providers obtain information from other housing providers and update the Committee.</p> <p>A response is awaited, therefore to remain on the tracker.</p> <p>(iii) Karen Garside to confirm if the MASA plan would be available on the CCG Website.</p> <p>MASA plan is available on the CCG website. Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Action 19/93 Joint South Sefton and Southport and Formby CCG Medicines Operation Group (JMOG) Key Issues. Susanne Lynch to include the Datix Report in the next JMOG Key Issues Log. <p>Susanne Lynch advised that the Datix Report will be included in next month's JMOG Key Issues Log. Action completed and to be removed from the tracker.</p> <p>Matters Arising Gill Brown wished to highlight that the Joint Quality Committee is now the Joint Quality and Performance Committee and should be referred to as such.</p>	
19/102	<p>Deputy Chief Nurse Report</p> <p>Brendan Prescott introduced this item which provides an update on the key issues since the last report which was presented in May 2019. The Committee noted that Aintree University Hospitals Trust has been de-escalated from enhanced to routine surveillance for Theatre Never Events. Also noted were the improvements that have been made on the health data sets compared with last year's return which reflects the hard work undertaken.</p> <p>It was noted that Silas Nicolls, CEO at Southport and Ormskirk NHS Trust Hospital has resigned. Susan Musson has been appointed as Chair of the Interim Board for the proposed merger of Aintree University Hospital NHS Foundation Trust and Royal Liverpool and Broadgreen University Hospital NHS Trust.</p> <p>Outcome: The Committee received the Deputy Chief Nurse Report.</p>	
19/103	<p>Clinical Director Quality Update</p> <p>Dr Doug Callow advised that following a meeting with the Trust on referral for patients for diagnosis and planning. The issue of referrals going back to the GP without a plan has been acknowledged by the Medical Director.</p> <p>Outcome: The Committee received the verbal Clinical Director Quality Update.</p>	
19/104	<p>Performance Highlight Report</p> <p>Brendan Prescott presented this item which seeks to provide quality and performance highlights. Focus on surveillance status, the merger, CQC inspection and cancer waits at Aintree University Hospital NHS Trust was noted. An action plan had been received. Cancer 2 week waits are expected to be back on track by July 2019. Joint working is going well.</p>	

	<p>The CCG is not going to issue a contract performance notice given the improvements made and this will be reported at the next Governing Body meeting.</p> <p>The Committee also noted that A&E performance remains under pressure at Southport and Ormskirk NHS Hospital Trust. There had been four 12 hour breaches noted in the previous week of June. Feedback from the NHSE exercise in relation to QRPT is awaited. 60% of Healthwatch calls relate to dental health service issues.</p> <p>A number of care home issues were also noted by the Committee.</p> <p>Brendan Prescott advised that this report is presented at the Cheshire and Merseyside Quality Surveillance Group and will include that in the summary. It was suggested including Liverpool CCG and Knowsley CCGs reports going forward.</p> <p>Action: Brendan Prescott to include in the summary of the Performance Highlight Report that the report goes to Cheshire and Merseyside Quality and Surveillance Group and would also include Liverpool CCG and Knowsley CCG's reports going forward.</p> <p>Outcome: The Committee received the Performance Highlight Report.</p>	BP
19/105	<p>Commissioning for Quality and Innovation (CQUIN) Update</p> <p>Amanda Gordon presented this item which seeks to provide quality and performance highlights on CQUIN performance for quarter 4.</p> <p>Amanda advised that she had focussed the report on the red areas and that as part of QIPP, the plan is to look at outpatients and reduce inappropriate activity.</p> <p>Outcome: The Committee received the CQUIN update.</p>	
19/106	<p>Audit of Prescribing for Chronic Obstructive Pulmonary Disease (COPD) in a GP Practice in South Sefton</p> <p>Susanne Lynch presented this item which seeks to request approval of the Audit of Prescribing for COPD in a GP Practice in South Sefton. Susanne advised that another audit will be presented at the next Committee meeting.</p> <p>Outcome: The Committee made a recommendation to approve the Audit subject to approval by Dr Halstead.</p>	
19/107	<p>Joint Quality and Performance Committee Revised Terms of Reference – 2019/20</p> <p>Brendan Prescott presented this item which had been approved at both Governing Body Meetings. The changes made were in relation to reference being made to the Sefton Transformation Programme and the title of the Quality Committee Meeting has been changed to Joint Quality and Performance Committee Meeting.</p> <p>It was noted that throughout the revised terms of reference document, reference is made to the Quality Committee instead of the Joint Quality and Performance Committee. This is to be amended accordingly.</p> <p>Action: Michelle Diable to amend the terms of reference to ensure that any reference made to the Joint Quality Committee is changed to Joint Quality and Performance Committee.</p>	BP

	<p>It was asked which reports could now be expected and how will issues be escalated. Clarity is required in relation to streamlining the process of the agenda and oversight. Further information is required in relation to roles and responsibilities.</p> <p>Action: Brendan Prescott to provide an update following the questions raised in relation to what can be expected in terms of reports and how issues are escalated and also clarity in relation to streamlining the process of the agenda and oversight.</p> <p>It was suggested having a Policy Sub Group so that the Committee does not have to read whole policies when only small changes have been made.</p> <p>Outcome: The Committee made a recommendation to approve the Terms of Reference subject to the necessary amendments and approval by Dr Halstead.</p>	BP
19/108	<p>Safeguarding Quarterly Report</p> <p>Karen Garside introduced this item which seeks to provide an analysis of commissioned health services in respect of Q4 2018 - 2019 Safeguarding Quality Schedule and to present the Committee with developments and updates, in respect of the Safeguarding Children and Adult's agenda.</p> <p>It was noted that all key providers are all on reasonable assurance. Training remains an on-going issue. The Committee discussed the percentage of the training figures. It was noted that there are constant pressures in relation to staff undertaking training. A question was raised around what providers can put in place to reduce training gaps, to ensure compliance and suggested looking to develop visits where there is impact of safeguarding training at the clinical area. The CCG needs to be able to measure the impact of learning/training and share the learning taken from serious case reviews.</p> <p>The Committee noted that data cleansing is a long process. The CCG will endeavour to keep abreast of it. The next update on data cleansing will be presented to the Committee in twelve months' time. Gill Brown suggested that this could also relate to SEND. An audit on 10 cases on the child protection plan is being undertaken.</p> <p>Karen advised that the learning taken from the CQC review was shared at recent primary care event.</p> <p>Karen informed that there are 4 serious case reviews and another one is to be published. Gill Brown requested a breakdown of which ones relate to South Sefton CCG and which relate to Southport and Formby CCG.</p> <p>Action: Karen Garside to provide a breakdown of which Serious Case Reviews relate to South Sefton CCG and which ones relate to Southport and Formby CCG.</p> <p>The Looked After Children (LAC) Action Plan will be presented to the Overview and Scrutiny Committee on 9th July 2019 and will also be presented at this meeting.</p> <p>Action: LAC Action Plan to be presented to the Committee at a future meeting.</p> <p>The new North West Boroughs Healthcare NHS Trust LAC team has been demonstrating areas of improved performance with on-going support from the Designated Nurse for Children in Care.</p> <p>Brendan Prescott advised that the LeDeR reviews are being presented to Performance and Quality Investigation and Review Panels for CCG receipt on lessons learned.</p>	<p>KG</p> <p>HC</p>

	<p>It was noted that the Safeguarding Quarterly Report was well presented, easy to read and understand.</p> <p>Outcome: The Committee received the Safeguarding Quarterly Report.</p>	
19/109	<p>Child Death Review Partners</p> <p>Karen Garside introduced this item which seeks to inform the Committee of the statutory requirement for the Child Death Review Partners to publish their arrangements and be completed within timeframes.</p> <p>The Committee noted that CCGs and Local Authorities are statutory partners and the new child death overview panel arrangements have been published and are on the website as per statutory duty. Discussion took place on the completion of a child death reporting template for primary care, required for key themes to promote learning.</p> <p>It was also noted that The Children and Social Work Act (2017) replaces the requirement for Local Safeguarding Children Boards to ensure that child death reviews are undertaken by a Child Death Overview Panel with the requirement for "Child Death Review Partners" to make arrangements to review child deaths.</p> <p>Outcome: The Committee received the Child Death Review Partner Report.</p>	
19/110	<p>Health Visiting Service Update</p> <p>The Committee noted that Margaret Jones - Public Health Consultant, Sefton Council had been invited to the meeting to provide a health visiting service update but was unable to attend. Margaret will attend a future meeting.</p>	
19/111	<p>Serious Incident Review Group (SIRG) Minutes</p> <ul style="list-style-type: none"> • South Sefton CCG – 9th May 2019 • Southport and Formby CCG – 26th April 2019 and 1st May 2019 <p>Outcome: The Committee received the Serious Incident Review Group Minutes.</p>	
19/112	<p>Engagement and Patient Experience Group (EPEG) Meeting – Key Issues Log</p> <p>The EPEG had not met since the last Committee meeting, therefore there were no updates to note.</p>	
19/113	<p>Joint Medicines Operation Group (JMOG) Key Issues Log</p> <p>The Committee noted the key issues update from the last JMOG meeting held on 7th June 2019. Susanne Lynch advised that the Datix Report will be included in the next key issues update.</p> <p>Outcome: The Committee received the JMOG Key Issues.</p>	
19/114	<p>Any Other Business</p> <p>Gill Brown highlighted that the key issue logs are not being fully utilised. She noted that SEND and Quality Team re-organisation should have been included in the previous key issues log with the risks and mitigating actions. It was suggested spending time at the end of each Committee meeting to agree the key issues arising from the meeting, confirming the risks and mitigation actions.</p>	

	<p>Susan Calvert suggested the use of patient stories.</p> <p>Brendan Prescott wished to formally thank Amanda Gordon for her work and contribution to this Committee as she leaves to undertake another role in the Commissioning Team from 1st July 2019.</p>	
19/115	<p>Key Issue Log (issues identified from this meeting)</p> <p><u>Information Points for Noting at South Sefton CCG Governing Body</u></p> <ul style="list-style-type: none"> • Safeguarding Quarter 4 Update – training is still an issue. • Southport and Ormskirk NHS Trust QRPT tool has been completed with NHSE. Acknowledged improvement in performance in a number of areas with significant work to do. • Improvements made in relation to 2 week cancer waits at Aintree University Hospital and needs to be maintained. • Terms of Reference approved. Clarity around what is expected from the Committee is required. • De-escalation from enhanced to routine surveillance at Aintree University Hospital NHS Trust. • Child Death Overview Panel – CCG and Local Authority are statutory partners. • Audit of Prescribing for COPD in a GP Practice in South Sefton approved. <p>Key Issue – Senior Leadership change within the CCG Quality Team. Risk - There is a risk of senior oversight on quality and safety performance issues across the CCG may be limited due to the changes within the team. Mitigation – Recruitment to the senior post is under way .</p> <p><u>Information Points for Noting at Governing Body Southport and Formby CCG</u></p> <ul style="list-style-type: none"> • Safeguarding Quarter 4 Update – training is still an issue. • GP Clinical Lead update meeting with Trust on referral of patients for diagnosis and planning had taken place. There are issues of referrals back to the GP without a plan. The Medical Director has acknowledged that this as being an issue. • Southport and Ormskirk AED performance is still under pressure. • Southport and Ormskirk NHS Trust QRPT tool has been completed with NHSE. Acknowledged improvement in performance in a number of areas with significant work to do. • Improvements made in relation to 2 week cancer waits at Aintree University Hospital and needs to be maintained. 	

	<ul style="list-style-type: none"> • Terms of Reference approved. Clarity around what is expected from the Committee is required. • De-escalation from enhanced to routine surveillance at Aintree University Hospital NHS Trust. • Child Death Overview Panel – CCG and Local Authority are statutory partners. • Audit of Prescribing for COPD in a GP Practice in South Sefton approved. <p>Key Issue – Senior Leadership change within the CCG Quality Team. Risk - There is a risk of senior oversight on quality and safety performance issues across the CCG may be limited due to the changes within the team. Mitigation – Recruitment to the senior post is under way.</p>	
19/116	<p>SEND Revisit - April 2019 Update</p> <p>Brendan Prescott presented this item on behalf of Fiona Taylor which seeks to provide a follow up to describe the process since the last update. It was noted that a fuller written report was discussed Governing Body Part II for both CCGs in June 2019 and a further update is planned at the July 2019 Governing Body Part II.</p> <p>SEND updates will be presented at Governing Body and not to the Joint Quality and Performance Committee going forward. Graham Bayliss expressed a concern as to whether it will receive the correct level of scrutiny, given the amount of other Governing Body agenda items. Graham requested that the findings be presented to the Joint Quality and Performance Committee allowing lessons learned to be shared. Receiving this information before it is presented to Governing Body would be preferable.</p> <p>Gill Brown requested presenting the Governance Review to this Committee for feedback. Gill noted that whilst extra resources are going to be allocated to SALT service provision, that SALT is one part of the offer and SEND incorporates a lot of other services. Brendan Prescott advised that SALT was part of the inspector's findings and therefore required immediate action. Gill asked that the wording in the SEND report be changed to reflect this and to also state what actions will be undertaken to improve the wider services.</p> <p>Graham Bayliss suggested putting SEND on the Governing Body Part I agenda as well as Part II.</p> <p>The Committee highlighted that clarity is required in relation to what is expected from the lay members in terms of patient group activity and when it is required, thus allowing meeting dates and deadlines to be diarised.</p>	
19/117	<p>Date of Next Meeting and Notice of Apologies</p> <p>Thursday 25th July 2019 at 9am – 12noon, 5th Floor, Merton House, Stanley Road, Bootle, Liverpool L20 3DL.</p> <p>Apologies were received from Karl McCluskey and Billie Dodd.</p>	

NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common

Approved Minutes – Part I

Date: Thursday 16th May 2019. 10.00am – 11.00am

Venue: **Room 3A, Merton House, Stanley Road, Bootle L20 3DL**

Members		
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
Non Voting Attendees:		
LMC Representative		
Healthwatch Representative		
Health & Well Being Representative		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
Minutes		
Jane Elliott	Commissioning Manager - Localities	JE

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

Name	Membership	April 19	May 19	June 19	July 19	August 19
Members:						
Gill Brown	S&F CCG Lay Member (Chair)	✓	A			
Graham Bayliss	SS CCG Lay Member (Vice Chair)	✓	A			
Graham Morris	SS CCG Lay Member	A	✓			
Helen Nichols	S&F CCG Lay Member	✓	✓			
Fiona Taylor	S&F SS CCG Chief Officer	A	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	✓	✓			
Non Voting Attendees:						
LMC Representative		✓	N			
Health Watch Representative		A	A			
Health & Well Being Representative		A	N			
Dr Craig Gillespie	GP Clinical Representative	✓	✓			
Dr Kati Scholtz	GP Clinical Representative	✓	✓			

No	Item	Action
PCCiC19/26	<p>Apologies for absence Apologies were received from Healthwatch, Gill Brown, Graham Bayliss and Fiona Taylor. It was noted that the meeting is not quorate.</p> <p>Welcome and Introductions GM 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>	
PCCiC19/27	<p>Declarations of interest regarding agenda items There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC19/28	<p>Minutes of the previous meeting The minutes of the meeting held on Thursday 16th April 2019 were approved as an accurate record of proceedings.</p> <p>It was noted that initials for Gill Brown and Graham Bayliss needed to be distinguishable by adding a further letter from their surname. Debbie Fairclough's initials need to be consistent throughout the document. Alan Cummings title has changed to Senior Commissioning Manager NHSE & I.</p> <p>ACTION: Above changes to be made throughout the document.</p>	JE
PCCiC19/29	<p>Action points from the previous meeting Members reviewed the action log and the following was agreed:</p> <p>Item 18/42 – Action closed. David Scannell attended Joint Operational Group to give an update. Item 19/29 – Action Closed. HN name has been removed from previous minutes Item 19/10 – Action closed. PCN has been placed as a standard agenda item</p> <p>All other items are to remain open, progress ongoing.</p>	

<p>PCCiC19/30</p>	<p>Report from Operational Group and Decisions made</p> <p>The Joint Operational Group had agreed a temporary list closure for Bridge Road Medical Centre. This was to enable internal workflow efficiencies to embed. The Group also agreed to an extension to Blundellsands Surgery list closure for a further 3 months. This was due to the continued demand for patients registering within the practice. The original pilot scheme highlighted movement between practices. Within the LQC practices are required to submit regular figures around the number of patients registering and leaving their practice. This will help monitor figures across Sefton. The group asked that the closure was discussed at the PCN meeting.</p> <p>Following an update around ETTF bids it is unlikely that Formby's PID will progress this will be clarified with practices in the next month. Maghull PID will continue.</p> <p>LQC - it was noted that very few practices have signed up to the LQC by the deadline of 31.4.19. It was agreed that a further deadline would be sent to practice in May. An updated list would be brought to the next meeting. Practices will be informed that without sign up of contract no further payments will be made.</p>	<p>JL</p> <p>JE</p>
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<p>PCCiC19/31</p>	<p>Update on GPFV Operational Plan/ Primary Care Programme Report The GPFV Primary Care Programme was presented to the group. The report lists all those projects that are live within the team. The projects are categorised as business as usual, transformational or nationally mandated.</p> <p>There have been no significant changes since last update.</p> <p>The following items were discussed as are RAG rated amber or red:</p> <p>5000 GP's – This is a national shortage. There was an expectation of 194 GP's to come to the Cheshire and Merseyside area. Numbers are in single figures. No direct action to be taken by CCG.</p> <p>ETTF bids – Crosby has formally withdrawn their PID and will progress this privately. Formby PID unlikely to continue as there is a lack of engagement by practices. Maghull PID is progressing. Confirmation re status of Formby to be obtained.</p> <p>Workforce steering group has not met recently. The next meeting is due on 22 May in Chester.</p> <p>Resilience funding has been announced for 19/20. Communications have been sent out to practices. CCG team will support any practices wishing to make application.</p> <p>Local Quality Contract (LQC) – AP gave an overview of the history of the LQC. Part 1a is a block contract, Part 1b has finance linked to activity. KPI's will need to be returned on a quarterly basis. As part of the LQC this year practices have been asked to review data of patients who have attended other services such as A&E, Walk in Centres etc. The data will be presented to individual practices that will be expected to review internally and then have a peer discuss within their PCN or locality and devise an action plan. The expectations will be that high intensity users are identified and the demand on other services is reduced.</p> <p>Learning Disabilities – Historically there has been poor uptake of health checks. The CCG redesigned the offer in 18/19 the practices were given the option of delivering the scheme themselves or opting for South Sefton Federation to provide the health checks. Only 2 practices in Sefton chose neither of these options. The scheme has shown a significant increase in the amount of health checks provided in Sefton. This year the primary care team have worked with the local authority to ensure the registers of LD is robust. Work continues to establish accurate figures across Sefton.</p>	
<p>PCCiC19/32</p>	<p>Primary Care Network update</p> <p>Application deadline was 15th May 2019. All PCN's have submitted their applications on time. There are 4 practices in Sefton who are not part of a PCN, these are largely based in Maghull. The applications will be presented to the Leadership team on Tuesday 21st May 2019. The application will need to be submitted to NHSE by 31st May 2019. The CCG will be supporting those PCN who current list sizes are lower than 30,000. This decision is based on the unusual geographical area and the support for how they have been working historically, making changes would potentially destabilise current network structures.</p> <p>Hightown Practice is currently part of the Formby Network as their host practice is located here. Options as to how this can be accommodated to stream line service delivery will be considered over the coming months and presented to the committee.</p>	

PCCiC19/33	Primary Care Budget Workshop Deferred to July Meeting due to annual leave.	
PCCiC19/34	Healthwatch Feedback Apologies were received from Healthwatch therefore no issues were raised. JE confirmed that the CCG have been working with Healthwatch on a programme to reinvigorate patient participation groups. A workshop had been attended by practice and patients. Some of the difficulties that that had been encountered were recruiting of patient members that represented the practice demographic. Further workshops will be hosted by Healthwatch and CCG.	
PCCiC19/35	Key Issues Log JL and GM summarised the key issues of the meeting that are to be reported to the governing body.	
PCCiC19/36	Any Other Business AC sent his apologies for the next meeting.	
PCCiC19/37	Date of Next Meeting: Date of Next Meeting: 20 ^h June 2019 Family Life Centre, Almond Room, Ash Street Southport PR8 6JH	
<p>Meeting Concluded.</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>		

NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common

Approved Minutes – Part I

Date: Thursday 20th June 2019. 10.00am – 11.00am

Venue: **Family Life Centre, Almond Room, Ash Street Southport PR8 6JH**

Members		
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
Non Voting Attendees:		
LMC Representative		
Healthwatch Representative		
Health & Well Being Representative		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
Minutes		
Jane Elliott	Commissioning Manager - Localities	JE

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

Name	Membership	April 19	May 19	June 19	July 19	Augu 19
Members:						
Gill Brown	S&F CCG Lay Member (Chair)	✓	A	✓		
Graham Bayliss	SS CCG Lay Member (Vice Chair)	✓	A	✓		
Graham Morris	SS CCG Lay Member	A	✓	-		
Helen Nichols	S&F CCG Lay Member	✓	✓	✓		
Fiona Taylor	S&F SS CCG Chief Officer	A	A	✓		
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	✓	✓		
Jan Leonard	S&F CCG Director of Place (North)	✓	✓	✓		
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	A	✓	N		
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	✓	A		
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓	A		
Non Voting Attendees:						
LMC Representative		✓	N	A		
Health Watch Representative		A	A	✓		
Health & Well Being Representative		A	N	N		
Dr Craig Gillespie	GP Clinical Representative	✓	✓	A		
Dr Kati Scholtz	GP Clinical Representative	✓	✓	A		

No	Item	Action
PCCiC19/46	<p>Apologies for absence Apologies were received from Dr Craig Gillespie, Dr Kati Scholtz, Alan Cummings and Angela Price.</p> <p>Sharon Howard attended as NHSE representative. Debbie Fagan has gone on secondment; therefore, Brendan Prescott will represent Quality team at future meetings.</p> <p>It was noted that the meeting was not quorate. There was also no clinical representation.</p> <p>Welcome and Introductions 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. Two members of the public were present at the meeting.</p>	
PCCiC19/47	<p>Declarations of interest regarding agenda items There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>	
PCCiC19/48	<p>Minutes of the previous meeting The minutes of the meeting held on Thursday 16th May 2019 were approved as an accurate record of proceedings.</p>	
PCCiC19/49	<p>Action points from the previous meeting Members reviewed the action log and the following was agreed:</p> <p>JCCiC19/29 Item closed. Report is prepared and awaiting signature from practice PCCiC 19/05 Item closed. TOR are prepared and will be reviewed at the subcommittee. PCCiC 19/05 Item closed. The committee will discuss this within the development session in July. PCCiC 19/28 Item closed. Initials of delegates have been amended throughout the documents.</p> <p>All other items are to remain open, progress ongoing.</p>	

PCCiC19/50	<p>Report from Operational Group and Decisions made</p> <p>LQC 5. There are a small number of practices who have not returned their signup sheets for the local quality contract. The deadline has been extended until 30th June 2019 to enable practices to submit their paperwork. Failure to sign up will result in payments ceasing, this has been discussed with the LMC.</p> <p>Moore Street Surgery has undergone a recent CQC inspection. They achieved an overall 'Good' rating.</p> <p>Healthwatch had published 'Enter and View' reports for a number of practices in the Sefton area. The operational group have received these reports.</p> <p>Outstanding complaints. There are a small number of outstanding complaints being reviewed as a matter of priority. NHSE will continue to receive and deal with complaints from patients but will pass along complaints that can be dealt with locally with CCG input. Future complaints will be dealt with contemporaneously and a summary report will be submitted to the Commissioning Committee on a six monthly basis.</p> <p>The CCG are overseeing ordering of Influenza Vaccinations for the winter period 2019/20.</p> <p>The CCG are looking at Interpreting Services to support accessibility to GP practices.</p>	
PCCiC19/51	<p>Primary Care Quality</p> <p>The committee noted that there is a vacancy for a post to support quality in primary care, this will be recruited once an internal review of quality is completed. A work plan for the forthcoming development session has been drafted which has a section for quality to be discussed.</p> <p>The terms of reference for the joint operational committee have reviewed and amended to reflect quality remit. Quality will be a standing item on the agenda.</p>	

<p>PCCiC19/52</p>	<p>Update on GPFV Operational Plan/ Primary Care Programme Report</p> <p>Additional 5000 doctors – It is recognised that this is a national issue. Although NHSE are committed to supporting GP’s into the area, there clearly is shortage across the country.</p> <p>Following discussions it was decided that AP would review the Primary Care Programme. GPFV aspirational targets are to be removed. Broader headings will be introduced to reflect workflows. The programme of work will be added to the development session to be discussed further.</p> <p>e-consult – An explanation was given of how patients utilise e-consults as an alternative way of accessing primary care services. Patients are able to fill in an electronic form, accessed from the practice website, explaining in full the reason for the contact. GP can then respond appropriately to the patients. There is a facility within the process that will signpost patients to alternative providers of care where appropriate or highlight ‘red flag’ symptoms which would require priority treatment. This has an impact on practices by reducing the number of patients who contact the practice by telephone. GBr requested a demonstration of the software.</p> <p>Apex/Insight software had been placed on hold due to some difficulties experienced nationally. Issues have now been resolved and rollout will continue. The software will enable reporting on workforce and workload within GP practices.</p> <p>A request was made for CP to present the 10 point nursing plan to the committee in August.</p>	<p>JL</p> <p>AP</p> <p>CP</p>
<p>PCCiC19/53</p>	<p>Primary Care Network update</p> <p>Applications for PCN were received by the deadline of 15th May 2019. The CCG have authorised 7 PCN across Sefton. 4 in Southport and Formby CCG and 3 in South Sefton CCG. Maghull PCN application was declined due to being under the threshold for patient list size. A revised application was submitted for Maghull and Crosby practices as a joint PCN which was approved. There are 4 practices in South Sefton who have decided not to be part of a Network. PCNs have been approached to provide network services (as described in the DES specification) for registered patients within those practices. All practices in Southport and Formby are members of a network.</p> <p>The operational group had agreed that for PCNs supporting non PCN practices would be able to access the participation payment from the DES to support the network to offer network services to the population.</p> <p>PCN are now looking at providing assurances around governance and providing extended hours access across the community by 1st July 2019. The CCG will be supporting the PCN’s through this process. Sharing agreements have not been released nationally, currently awaiting further information.</p> <p>A discussion took place around how the possible confusion for the public between 7 Day Access services and Extended Hours services.</p>	

PCCiC19/54	<p>7 Day Access utilisation</p> <p>JL presented data from the service with utilisation rates. Healthwatch reported that they are receiving feedback from members of the public that they are not being offered appointments at the 7 day access service when contacting GP practices. This will be fed back to the Federations.</p> <p>Primary Care have secured funding from NHSE forward view monies to fund 'Digital Champion Trainers' They work with practice to promote the 7 day access services and train reception staff on how to use the EMIS to make appointments.</p> <p>Utilisation rates were shared with the group broken down into practice level data. It was noted that the 'unknown' option within the data; this was when the service or NHS111 book the appointments. The committee ask for numbers to be presented as percentages of the practice list size in future.</p> <p>Explanation was given on some of the issue the 7 day access service face due to technical difficulties; they do not have access to requesting tests electronically via ICE requests are made in paper format. The service does not have access to ERS which is software for referring patients electronically; the CCG and the federation are working with NHS Digital to rectify this problem.</p> <p>The Southport and Formby service have a physiotherapist as part of their team. South Sefton have experienced some issues in securing a physio' and have decided to subcontract via another route. The committee asked for assurances that allied health professionals are not working outside of their competencies. NHSE was asked to provide data across the Cheshire and Merseyside footprint to enable comparisons to be made.</p> <p>Overall feedback from service users is positive.</p>	
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<p>PCCiC19/55</p>	<p>Healthwatch Feedback</p> <p>Healthwatch confirmed that the ‘enter and view’ report for St Marks and Trinity has been finalised and is with the practice for their signature. The practice had requested a definition of continuity of care. Healthwatch responded with the following definition:</p> <p><i>"Continuity of care is defined by Healthwatch Sefton as repeated contact between an individual patient and a doctor for a period of time required to treat a specific illness/ condition. We understand that it is not always possible to see the same GP, but we believe continuity is important, as being treated by different clinicians can be upsetting, particularly when you have to repeat your story again and again. It is important that the patient is asked how they would like their care to be delivered to ensure their medical needs are met, recognising their personal situation."</i></p> <p><i>In sharing the above definition, we would also like to share that whilst understanding that it is not always possible to see the same GP during an episode of care, the lead GP (the one you saw at the beginning of your episode) should co-ordinate the process. In reducing the need for the patient to repeat their story again and again, it is important that patient notes are available to all concerned to reduce the need for repetition. This should provide better outcomes, increase patient satisfaction and be more cost effective.</i></p> <p>Healthwatch are in the process of pulling together a template to enable a summary of reports to be produced. This will detail which practices have been visited and when. Comparisons can be made between practices. DB to submit template broken down into Localities for submission to committee.</p> <p>Some practices have not known how to respond to reports that have been sent to them, Healthwatch again will produce a template to support practices.</p> <p>Some observations that have been fed back to Healthwatch include practices not being consulted on new housing developments. It was noted that large development are listed on website for consultation with the public, practices are able to access this data. FT will liaise with the local Authority to see if there is a mechanism for practices to be alerted to future developments.</p> <p>Healthwatch has been working with a local autism group who has fed back some good work that Blundellsands Surgery have in place called ‘visible appointments’. Patients are given a coloured lanyard to alert staff they are on the autistic spectrum. This enables the patient to become independent in accessing services within the practice. First appointments in the afternoons are utilised as this is when the practice is most quiet. This model of working would be good to roll out to other practices in Sefton. Feedback will be given to CG.</p>	<p>DB</p> <p>FT</p> <p>JL</p>
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PCCiC19/56	<p>Key Issues Log</p> <p>Planning for Influenza vaccinations</p> <p>Review of 7 day access</p> <p>Authorisation of the 7 PCN's</p> <p>Medicines Management offer to PCN's</p> <p>Extended hours provision by PCN by 1st July 2019</p> <p>Healthwatch reports</p>	
PCCiC19/57	<p>Any Other Business</p> <p>None raised.</p>	
PCCiC19/58	<p>Date of Next Meeting:</p> <p>Date of Next Meeting: 18th July 2019</p> <p>Room 5A Merton House, Bootle, L20 3DL</p>	
<p>Meeting Concluded.</p> <p>Motion to Exclude the Public:</p> <p>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>		

COMMITTEE(S) IN COMMON
KNOWSLEY, LIVERPOOL, SOUTH SEFTON CCGS AND
SOUTHPORT & FORMBY CCGS
BOARDROOM LIVERPOOL CCG
FRIDAY 8TH FEBRUARY 2019

PRESENT:

Fiona Lemmens (FL)	Chair	NHS Liverpool CCG (In the Chair)
Jan Ledward (JLe)	Chief Officer	NHS Liverpool CCG
Carole Hill (CH)	Director of Strategy, Integration & Communications	NHS Liverpool CCG
Fiona Taylor (FT)	Chief Officer	NHS South Sefton CCG/ NHS Southport & Formby CCG
Craig Gillespie	Acting Chair	NHS South Sefton CCG
Martin McDowell	Chief Finance Officer	NHS South Sefton CCG/ NHS Southport & Formby CCG
Ian Moncur (IM)	Councillor	Sefton Council
Andrew Bibby (AB)	Assistant Regional Director of Specialist Commissioning	NHS England
Andy Pryce (AP)	Chair	Knowsley CCG
Tony Woods (TW)	Director of Strategy & Performance	NHS Knowsley CCG
Mick Dolan	C&M CVD Programme Stroke Project Lead	Health & Care Partnership for Cheshire & Merseyside
Nik Sharma	C&M CVD Programme Stroke Deputy Clinical Lead	Health & Care Partnership for Cheshire & Merseyside
Charley Ward	C&M CVD Programme Stroke Senior Project Manager	Health & Care Partnership for Cheshire & Merseyside
Paula Jones (PJ)	Committee Secretary/minute taker	NHS Liverpool CCG

APOLOGIES:

Graham Morris (GM)	Deputy Chair	NHS South Sefton CCG
Dianne Johnson (DJ)	Chief Officer	NHS Knowsley CCG

Rob Caudwell (RC)	Chair	NHS Southport & Formby CCG
Martin Farran (MF)	Director of Adult Services & Health	Liverpool City Council
Ian Davies	Chief Operating Officer	NHS Liverpool CCG

1.0	Welcome, Introductions and apologies:
1.1	The Chair welcomed all to the meeting and introductions were made. The agenda item 7 Cheshire & Merseyside Cardiovascular Programme Workstream: Stroke Services Outline Service Proposal would be taken first to allow the visitors from the Cheshire & Merseyside Health & Care Partnership to present and then leave the meeting.
2.0	Declaration of Interest:
2.1	None were declared.
3.0	Minutes & Actions of the previous meeting: 14th December 2018
3.1	The minutes of the 14 th December 2018 meeting were agreed as an accurate record of the meeting, subject to the amendment requested by JLe to state that an email had been received from Mike Maguire at West Lancashire CCG confirming that West Lancashire CCG were not to be involved in the North Mersey Joint Committee. FT would request explicit confirmation in writing from West Lancashire CCG.
3.2	<ul style="list-style-type: none"> • Actions from item 3 Minutes and Actions of the previous meeting on 14th December 2018: <ul style="list-style-type: none"> ➤ Action Point One: it was noted that the inclusion of Specialist Commissioning in the Committee(s) In Common quorum should stand. ➤ Action Point Two: CH had spoken to merger team at Royal/Aintree – they would be ready to present the merger plan to Governing Bodies in the next month or so. ➤ Action Point Three: JLe had discussed Knowsley CCG’s participation in the Urgent Care Review and Alignment with Liverpool CCG with DJ. ➤ Action Point Four: Haemato-oncology services in North Mersey was on the agenda.

	<ul style="list-style-type: none"> ➤ Action Point Five: it was noted that Barney Schofield, Director of Operations & Transformation at Clatterbridge had attended the North Mersey Leadership Group meeting in January 2019. ➤ Action Point Six: it was noted that a letter had been sent to Liz Bishop at Clatterbridge under FL’s name explaining the discussions at the Committee(s) In Common in December 2018 around Haemato-oncology and proposed discussion at the North Mersey Leadership Group meeting in January 2019. ➤ Action Point Seven: CH updated that Graham Morris had been informed of the date of the Joint Overview & Scrutiny Committee. ➤ Action Point Eight: it was noted that the meeting between FL and CH was ongoing. ➤ Action Point Nine: it was noted that an email had been sent from FL asking for attendance at the Committee(s) In Common to be prioritised.
<p>4.0</p> <p>4.1</p>	<p>Urgent Care Review – Verbal– Carole Hill (‘CH’)</p> <p>CH updated the CIC on the Urgent Care Review:</p> <ul style="list-style-type: none"> • The Programme Group was meeting. • Sefton CCG and Liverpool CCG had completed early engagement, Knowsley CCG’s engagement had commenced. • Output from the engagement would feed into the options appraisal. • There would be three whole-system workshops, commencing in March <p>The Committee(s) In Common commented:</p> <ul style="list-style-type: none"> • This was a “separate but together” process to take into account the different issues for each population, with the three CCGs coming together around the requirements of the Aintree catchment.

	<ul style="list-style-type: none"> Timeline – the NHS Long Term Plan stated a requirement for the national urgent care specification be implemented by 2020. Options appraisal would be completed by May/June 2019 which would feed in to a proposal by late summer/September. This would be considered by OSCs; would need to be endorsed by CCG Governing Bodies and , depending upon the proposals, may be subject to formal public consultation. <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the verbal update.
<p>5.0</p> <p>5.1</p>	<p>Update on Liverpool Women’s Hospital – Verbal – Fiona Lemmens (‘FL’)</p> <ul style="list-style-type: none"> No further update available –the trust had received formal confirmation from NHS England/Improvement that capital was not available . <p>The Committee(s) In Common commented:</p> <ul style="list-style-type: none"> JLe noted that the lack of progress in moving forward with the proposal for a new hospital means that commissioners and the trust need to consider next steps, including any issues to be addressed regarding patient safety. JLe and FL would attend the Liverpool Women’s Hospital Board in March 2019. . <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the verbal update.
<p>6.0</p> <p>6.1</p> <p>6.2</p>	<p>Acute Sector Configuration across North Mersey – Verbal – Carole Hill (‘CH’)</p> <p>CH presented an overview of the service change reviews and programmes taking place across North Mersey, including the Royal/Aintree merger, stroke and haemato-oncology. Further information to be added regarding the Southport & Ormskirk review.</p> <p>1. Royal Aintree Merger – Verbal – Carole Hill:</p>

6.3	<ul style="list-style-type: none"> • Priorities for the Royal and Aintree post-merger include General Surgery, Dermatology, gastroenterology and stroke. <p>2. Southport & Ormskirk Update – Verbal – Fiona Taylor</p> <ul style="list-style-type: none"> • Do nothing was not an option. • There was currently no funding for capital investment. • Timelines were always ambitious, fragility was still in the system. Cheshire & Mersey Partnership to help with Women’s and Children, Neonatal workstream. • Looking to consolidate planned/elective care on the Ormskirk site. <p>FT suggested that Silas Nicholls (Chief Executive) and Therese Patten (Deputy Chief Executive) from Southport & Ormskirk Hospital should attend a meeting of the Committee(s) In Common.</p> <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.
7.0	<p>NHS Cheshire and Merseyside Cardiovascular Programme Workstream: Stroke Services Outline Service Proposal – Report No CIC 01-19 & Presentation – Mick Dolan/Nik Sharma & Charley Ward</p> <p>A presentation was given by representatives from the Cheshire & Merseyside Health Partnership CVD Stroke Programme Leads:</p> <ul style="list-style-type: none"> • Proposal was clinically led, with three phases of Planning and Development, Communication /Procurement (this was current stage) and implementation. What was presented today was the outline service proposal not the business case. • High level modelling carried out – this model would cost more in acute services and rehabilitation but would have longer term benefits. • Case for Change: <ul style="list-style-type: none"> ✓ Rehabilitation – variation in access to and duration of rehabilitation and ongoing care. Some patients had no access to early-supported discharge (ESD) ✓ Acute inpatient care – volume of activity in many units was below sustainable levels; pace of reconfiguring acute stroke services had varied

- ✓ **Workforce challenges** – workforce shortages across pathway rendered some stroke units unsustainable and hindered ability to provide 7-day services.
- Inpatient services:
 - ✓ Thrombectomy was a new treatment (only worked for small number of patients), only available at the Walton Centre so strong case to argue for one Hyper-acute Stroke Unit co-located with the Walton Centre (Aintree site).
 - ✓ This fitted with the Royal/Aintree merger and transfer over time of stroke from Southport to Aintree (stroke service in Southport not sustainable as reliant on one consultant).
 - ✓ Currently 14% of stroke patients were thrombolysed and the target was 20%, target for Thrombectomy was 10%.
 - ✓ NHS England Long Term Plan was for centralised hyper-acute stroke care.
 - ✓ TIAs could go straight to stroke A&E and bypass the GP.
- Rehabilitation in the Community:
 - ✓ Patients experiencing variation depending on where they live
 - ✓ Different Early Supported Discharge ('ESD') service specifications for South Sefton and Liverpool CCG
 - ✓ Liverpool Stroke Recovery Partnership delivered comprehensive rehabilitation and ESD – 6 days/week for up to 6 months; included clinical psychology
 - ✓ South Sefton – ESD service for 3 months
 - ✓ Knowsley – combined ESD and Non-ESD, 7 days/ week, up to 6 months
 - ✓ St Helens – 8 week ESD service, week days only
 - ✓ No ESD service commissioned for Southport & Formby CCG (or **West Lancashire CCG** – 135 stroke patients admitted to Southport in 2017/2018)

FT noted the need to provide a solution for the Southport & Ormskirk situation and it made sense to consolidate with the Hyper-Acute Stroke Service at Aintree.

TW noted the need to align taking proposals to the North Mersey and Mid Mersey Overview & Scrutiny Committees. MD noted that the service was to be delivered across Cheshire & Merseyside hence the need for a Lead Commissioner on the Cheshire & Mersey model. The Mid Mersey model was 70% complete, both could be shown side by side.

AP mentioned that the NHS England Thrombectomy 10% target

	<p>was overly ambitious. AB responded that performance across the country was stronger where the Hyper-Acute Stroke Units were in place. Thrombolectomy required a neuro-radiologist and these were a scarce resource.</p> <p>JLe wanted to know when there would be a fully worked up business case to consult on. MD felt that this was something for the Lead CCG to take forward, however JLe and FT noted that development of a business case would not be the commissioner's responsibility. Commissioners would be responsible for leading the service change and assurance process, in line with their statutory responsibilities. FT added that this had been discussed at the North Mersey Accountable Officers' meeting where there had been endorsement of the case. MMcD noted that there would be impact on the cost of packages of care and agreed to work with MD and his team to take this forward.</p> <p>Once the Cheshire & Merseyside Health Partnership Team had left there was a short continuation of the discussions when it was confirmed that although the work they had carried out was a good start, the Trusts needed to develop a business case. Before taking a decision on the Governing Bodies adding Stroke Service Redesign to the Workplan of the Joint Committee the issue around transfer of stroke services from Southport & Ormskirk needed to be resolved which was a matter for Southport & Formby CCG to resolve. It was agreed that FL would write to the CVD Team of the Cheshire & Merseyside Health Partnership to inform them that they needed to work up a full business case to present to the commissioners.</p> <p>The Committee(s) in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update. ➤ Agreed that the letter to the Cheshire & Merseyside Health Partnership CVD Team requesting a business case to be presented to commissioners, should be drafted and sent by FL.
<p>8.0</p>	<p>Update on Haemato-Oncology – Verbal – Carole Hill</p> <p>FL noted that Clatterbridge had presented to the North Mersey Leadership Group – there was nothing more to add at this point.</p>

	<p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.
9.0	<p>Emergency ENT – Verbal – Carole Hill</p> <ul style="list-style-type: none"> • Planned ENT was part of the Orthopaedics redesign and been approved at the North Mersey Joint Committee in November 2018. • Royal/Aintree merger proposed to move emergency ENT from the Royal to Aintree which would provide better workforce utilisation and outcomes. This would affect approximately 290 patients a year, the majority of whom are Liverpool patients. The Liverpool Overview & Scrutiny Committee had deemed this not to be a substantial variation, therefore engagement was required rather than formal consultation. • It was now up to the trusts to draw up proposals ready for mobilisation October 2019 as part of the orthopaedic re-design. <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.
9.0	<p>Any Other Business</p> <p>There were no items.</p>
10.0	<p>Date of next meeting</p>
10.1	<p>Friday 12th April 2019, 12pm to 2pm Boardroom, Liverpool CCG.</p>

COMMITTEE(S) IN COMMON
KNOWSLEY, LIVERPOOL, SOUTH SEFTON CCGS AND
SOUTHPORT & FORMBY CCGS
BOARDROOM LIVERPOOL CCG
FRIDAY 12TH APRIL 2019

PRESENT:

Graham Morris (GM)	Deputy Chair	NHS South Sefton CCG (In the Chair)
Jan Ledward (JLe)	Chief Officer	NHS Liverpool CCG
Carole Hill (CH)	Director of Strategy, Integration & Communications	NHS Liverpool CCG
Fiona Taylor (FT)	Chief Officer	NHS South Sefton CCG/ NHS Southport & Formby CCG
Martin McDowell	Chief Finance Officer	NHS South Sefton CCG/ NHS Southport & Formby CCG
Andy Pryce (AP)	Chair	Knowsley CCG
Tony Woods (TW)	Director of Strategy & Performance	NHS Knowsley CCG
Therese Patten (TP) (item 7.2 only)	Deputy Chief Executive and Director of Strategy	Southport and Ormskirk Hospital NHS Trust
Paula Jones (PJ)	Committee Secretary/minute taker	NHS Liverpool CCG

APOLOGIES:

Dianne Johnson (DJ)	Chief Officer	NHS Knowsley CCG
Rob Caudwell (RC)	Chair	NHS Southport & Formby CCG
Fiona Lemmens (FL)	Chair	NHS Liverpool CCG (In the Chair)
Craig Gillespie	Acting Chair	NHS South Sefton CCG
Martin Farran (MF)	Director of Adult Services & Health	Liverpool City Council
Ian Davies	Chief Operating Officer	NHS Liverpool CCG
Ian Moncur (IM)	Councillor	Sefton Council
Andrew Bibby (AB)	Assistant Regional Director of Specialist Commissioning	NHS England

1.0	Welcome, Introductions and apologies:
1.1	The Chair welcomed all to the meeting and introductions were made. It was noted that the meeting was not quorate due to the fact that there was no representative from NHS England Specialised Commissioning present. They had been requested to field a representative when AB had sent his apologies but no one had been available.
2.0	Declaration of Interest:
2.1	None were declared
3.0	Minutes & Actions of the previous meeting: 8th February 2019
3.1	The minutes of the 8 th February 2019 meeting were agreed as an accurate record of the meeting, subject to the amendment of a small typographical error on page 5 first bullet where an extra “t” had been included.
3.2	<ul style="list-style-type: none"> • Actions from item 3 Minutes and Actions of the previous meeting on 8th February 2019: <ul style="list-style-type: none"> ➤ Action Point One: MMcD updated the CIC that the cost savings from the Stroke Service redesign in the longer term were in the area of social care rather than health. The Chief Finance Officers would be keeping this in view at their meetings so the action could be closed down ➤ Action Point Two: FT updated that JLe had stepped forward to lead on behalf of the Commissioners on the Stroke Services Redesign. There were 2 issues (1) Business Case and Early Supported Discharge (2) the Royal/Aintree merger timescale feature stroke services to be merged in 2021 which was too late, a solution was required as soon as possible re Southport & Ormskirk Stroke Services. ➤ Action Point Three: FL updated that she had emailed the Stroke Redesign Team on behalf of the CIC to inform them that they needed to work up a full business to present to the commissioners. It was agreed that PJ would circulate the email to the CIC. ➤ Action Point Four: FT updated that she had emailed Mike Maguire at West Lancashire CCG several times asking to him

	<p>confirm formally that West Lancashire CCG did not wish to be involved in the North Mersey Joint Committee and to explain about the different roles of the CIC and the North Mersey Joint Committee. JLe noted that she too had written formally twice, with no response received so far to either letter.</p> <p>➤ Action Point Five: it was noted that Therese Patten from Southport & Ormskirk Hospital was attending today's meeting to present.</p>
<p>4.0 Urgent Care Review Update – Verbal– Carole Hill ('CH') & Presentation</p> <p>4.1</p>	<p>CH updated the CIC on the Urgent Care Review:</p> <ul style="list-style-type: none"> • Current offer of services to the public was confusing and too many patients were ending up in the wrong place (with particular reference to A&E). Access needed to be clearer/easier to reduce A&E pressure but with better use of staff and resource. This had to be on a North Mersey footprint. • This was being carried out on a North Mersey footprint but with Southport & Formby excluded (as agreed by the Southport & Formby CCG Governing Body due to the acute sustainability programme). • A&E Department reconfiguration was not included in the Urgent Care Review. • We would consider a range of options including Urgent Care Treatment Centres ('UTC'). Doing nothing was not an option. • Public and professional engagement had been carried out at an early stage. • Key priorities for patients were: same day service, close to home, GP practice was preferred alternative to A&E, early and late opening times and tests/treatment done at the same time. • Key priorities from workforce were: availability of GP appointments, Service integration to simplify this system and create one seamless community model, Improve technology to join up services e.g. access to full patient records across primary and secondary care

and ensure more IT resource is made available, improve workforce from staffing levels, to skill mix and retention especially in mental health, paediatric specialists, diagnostics, prescribing and review services attached to A&E to reduce unnecessary admissions.

- Data Intelligence priorities were: universal offer (children were high users), 29% of urgent care came through the Walk-In Centres, geographical convenience, respiratory and ENT were the main reasons for attendance and standardisation of opening times.
- Three of four co-design events had been held, with good engagement across North Mersey providers. North Mersey required: operating hours to be standardised and longer than 12 hours, diagnostics, standardised assessment tool, mental health, IV Therapies and 'one stop shop' model. The next co-design event would be held on 15th May 2019.
- Should this matter be on the Work Programme for the North Mersey Joint Committee? Thought needed to be given on how to engage with Primary Care Networks.

The Committee(s) In Common commented:

- JLe wondered if the data was available around how many people failed to get an appointment at their GP practice and subsequently went elsewhere and noted that we needed to quantify exactly what was required to be delivered from an urgent Care Treatment Centre.
- TW noted that Knowsley CCG patients had access to both Walk-In Centre and A&E so there was no problem.
- CH commented that engagement with the Networks would fill in the "gaps" around the "bit in the middle".
- It was agreed that an update would come back to the next meeting.

The Committees in Common:

- **Noted the verbal update and looked forward to receiving a further update at the next meeting.**

5.0	<p>Update on Liverpool Women’s Hospital (‘LWH’) – Verbal – Jan Ledward (‘JLe’)</p> <p>5.1</p> <ul style="list-style-type: none"> • JL and FL had met with the LWH Board – anxiety at LWH had increased around the risk of maintaining safe services, the fact that capital monies would not be received had left them wondering about what to do next. • Liverpool City Council still had access to funding to provide capital – this still sat on the national balance sheet. • The numbers and clinical case were being refreshed, the meeting with Bill McCarthy at the end of April 2019 would be crucial. <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the verbal update.
6.0	<p>Orthopaedic Restructure – Verbal – Carole Hill (‘CH’):</p> <p>6.1 CH presented.</p> <ul style="list-style-type: none"> • The decision to approve had been taken at the North Mersey Joint Committee in November 2018. This had then been taken to the joint Overview and Scrutiny Committees (‘OSCs’) over the past few weeks and supported after some interesting challenge from Knowsley and South Sefton. TW pointed out that the Knowsley and South Sefton OSCs had different issues to Liverpool. • The new service would go live in October 2019. <p>6.2</p> <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.
7.0	<p>Acute Sector Configuration across North Mersey:</p> <p>1. Royal Aintree Merger – Verbal – Carole Hill:</p> <ul style="list-style-type: none"> • The presentation which had been made to all CIC members’ CCGs’ Governing Bodies had been circulated with the papers for information. <p>2. Southport & Ormskirk Update – Verbal & Presentation – Therese Patten</p>

- The acute sustainability work was governed through the Sustainability and Transformation Partnership ('STP') for which there were two areas of assurance: East Cheshire Hospital and Southport Hospital.
- Change was essential as currently services were not sustainable.
- The Case for Change had been refreshed in February 2019.
- Southport & Ormskirk's population came under two STPs with two commissioners therefore we were trying to focus on the populations.
- The acute sustainability priorities were:
 - ✓ **Networked Services:** identified specialties to have
 - Clinically led models of care
 - Formalised network agreements with partner organisations
 - Agreement of financial frameworks, engagement and if required, consultation processes
 - ✓ **Integration of Community Services**
 - Joint commissioning view of future of community provision
 - Integration of acute and community provision model of care agreed
 - ✓ **New models of care**
 - Clinically led models of care to address the Case for Change
 - ✓ **Organisational Form**
 - Identify the options for future organisational form
 - Robust evaluation process aligning future organisational form with agreed models of care.
- The priorities were aligned to 4 groups: Group 1 Local Hospital Provider, Group 2 partnership delivery with another provider, Group 3 another acute or community provider and Group 4 specialist/tertiary provider.
- Clinical leadership was required to work across the system.
- Pre-requisites:
 - ✓ **Medical/Clinical Leadership** to design new models of care, influence the delivery of care and enable root and branch clinical engagement
 - ✓ **Joint system vision** delivered through a **joint commissioning approach**

- Enablers
 - ✓ **Workforce** Strategy and plan to enable changes
 - ✓ **Estates** Strategy and plan to enable changes
 - ✓ **Digital** Strategy and plan to optimise changes
 - ✓ Robust **communication and engagement** plan
 - ✓ **Financial framework** optimising the Sefton £ and breaking down barriers to change
 - ✓ **System PMO** supported by matrix working across organisations to develop the plans.

- October 2019 expected outputs:
 - ✓ All specialties/services reviewed against fragility test and aligned to 4 Groups of delivery
 - ✓ New models of care developed for all specialties with agreed sustainable delivery models
 - ✓ Strategic partnership framework
 - ✓ Enabling strategies and plans
 - ✓ Financial framework and modelling
 - ✓ Options and evaluation criteria for organisational form
 - ✓ Programme Definition Document to initiate the programme describing the blueprint, project portfolio, timescales and benefits realisation plan
 - ✓ Aligned commissioner approach.

- Design principles:
 - ✓ see and treat **enough patients** to operate a safe and efficient service
 - ✓ have an **appropriate workforce** to meet staffing needs
 - ✓ have **interdependent clinical services** in place and in reach to operate core services safely and effectively
 - ✓ was likely to be deliverable within the **resource envelope** that is available
 - ✓ **met national standards** to ensure the best possible outcomes
 - ✓ maximised the opportunity to **network services with partner organisation** to ensure access to the sustainability of the services
 - ✓ provided services as **local to the populations** as was **clinically and financially viable**.

JLe agreed to supply TP with the contact details for the modelling work required. CH noted that the Cancer Team were already aware of the situation over Haemato-oncology services and FT confirmed that as the Accountable Officer this had her attention.

	<p>The Committee(s) in Common:</p> <ul style="list-style-type: none"> ➤ Noted the Verbal Update.
8.0	Any Other Business
8.1	GM tabled a copy of the Terms of Reference for the Committee(s) in Common which were overdue for an update. As the meeting was not quorate it was agreed that members should take them away to consider and email any changes to CH for collating prior to them being approved at the next quorate meeting. PJ would ensure that they were circulated to AB.
9.0	Date of next meeting
9.1	Friday 14 th June 2019, 12pm to 2pm Boardroom, Liverpool CCG. As this was the last meeting that GM would be attending prior to his retirement CH took the opportunity to thank him on behalf of the Committee(s) In Common for all his input.

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

FRIDAY 9TH AUGUST 2019

**Boardroom , Liverpool CCG, 4th Floor The Department
 2 Renshaw St, Liverpool L1 2SA**

Time 12PM TO 2PM

AGENDA

1.	Welcome, Introductions and Apologies	Jan Ledward
2.	Declarations of interest	ALL
3.	Notes and actions from the 12 th April 2019 meeting	ALL
4.	Urgent & Emergency Care Review Update (post virtual approval of CIC 02-19 after cancelled June 2019 meeting).	Verbal Carole Hill
5.	End of Life Delivery Model	Report no: CIC 03-19 Presentation Dr Cathy Hubbert / Pat McGuinness / Andrew Khodabukas / Cait Taylor / Laura Chapman/ Karina Woodyer-Smith
6.	Review of Stroke Services	Report no: CIC 04-19 Carole Hill
7.	Merged trust – clinical service change programme – proposed approach	Verbal Carole Hill
8.	Terms of Reference	Report no: CIC 05-19 Carole Hill
9.	Liverpool Women’s Update	Presentation Carole Hill & LWH
10.	Any other business	
11.	Date and time of next meeting: Friday 11 th October 2019 at 2pm, to take place at Liverpool CCG	

Transforming Care Partnership Strategic Board Meeting

24 June 2019

1.30pm-4.00pm

Committee Room 3, HEE, 1st Floor, Regatta Place, Summers Road, Liverpool, L3 4BL

Present:

<i>(Name)</i>	<i>(Role/Team/Organisation)</i>
Marie Boles (MB) - Chair	Director of Nursing/Regional Deputy Chief Nurse, NHS England and NHS Improvement
Madeleine Lowry (ML)	Programme Director, NHS England and NHS Improvement
Jane Lunt (JL)	Chief Nurse, NHS Liverpool CCG
Lisa Cooper (LC)	Director Children and Young People, Community and Mental Health, Alder Hey Children's NHS Foundation Trust
Joann Kiernan (JK)	LD Consultant Nurse, Alder Hey Children's NHS Foundation Trust
Leanne Armstrong (LA)	LD Local Team Project Manager, NHS England and NHS Improvement
Sheena Hennell (SH)	Quality Manager, NHS England and NHS Improvement
Suzanne Edwards (SE)	Acting Director of Operations, Cheshire and Wirral Partnership NHS Foundation Trust
Pauline McGrath (PMcG)	Assistant Director Mental Health and Learning Disabilities Commissioning, NHS St Helens CCG and Local Authority
Paula Lomas (PL)	Support Worker
Jonathan Hurley (JH)	Independent, Pathways
Christine Wee (CW)	CO Lead of the CAMHS LD Models of Care NW ODN, Cheshire and Wirral Partnership
Siobhan Chadwick (SC)	Senior Nurse, NHS England and NHS Improvement
Michelle Creed (MC)	Chief Nurse, NHS Warrington and NHS Halton CCGs
Jennifer Littlehales (JKL) - Minutes	Business Support Assistant (Transforming Care) NHS England and NHS Improvement
Mahesh Odiyoor (MO)	Strategic Clinical Director and Clinical Lead ODN, Cheshire and Wirral Partnership NHS Foundation Trust
Tracey Cole (TC)	Director of Strategy and Partnerships, NHS East, West, South Cheshire and Vale Royal CCGs
Lee McMenemy (LMcM)	Director of Operations and Integration, North West Boroughs Healthcare NHS Foundation Trust
Fiona Pender (FP)	Strategic Clinical Director for Children and Young People, Cheshire and Wirral Partnership NHS Foundation Trust
Vicki Hornby (VH)	Pathways Associates
Alan Griffiths (AG)	Parent Carer, Pathways Associates
John Adams (JA)	Head of Finance, NHS England and NHS Improvement
Norma Currie (NC)	Senior Commissioning Manager for Learning Disabilities, Wirral Health and Care Commissioning
Jane Bellwood (JB)	NW Housing Lead, NHS England and NHS Improvement
Alex Cookson (AC)	Consultant Psychologist, Mersey Care NHS Foundation Trust
Claire Riding (CR)	Senior Case Manager, NHS Specialised Commissioning, NHS England and NHS Improvement
Linda McGuire (LMcG)	Case Manager, NHS Specialised Commissioning, NHS
Lakshmi Ramasubramanian (LR)	Clinical Champion Learning Disability Programme, Alder Hey Children's NHS Foundation Trust

Apologies

<i>(Name)</i>	<i>(Role/Team/Organisation)</i>
Jennifer McGovern	Director Integrated Adult Social Care and Health Commissioning, Cheshire West and Chester Council
Francesca Cairns	Deputy Chief Operating Officer, Mersey Care NHS Foundation Trust
Fiona Taylor	Hief Officer, NHS South Sefton and NHS Southport and Formby CCGs

Andy Styring
Gill Whittle

Director of Operations, Cheshire and Wirral NHS Foundation Trust
Service Manager Vulnerable Adults, NHS St Helens CCG and Local Authority

Sue Hastewell-Gibbs
Graham Hodgkinson
Sarah O'Brien

Assistant Head of Transition, NHS England and NHS Improvement
Director of Social Services, Wirral Council
Strategic Director People's Services/Clinical Accountable Officer, St Helens Council

Item	Discussion Point, Decision and Action	Action Owner
1.	<p>Welcome and Introductions</p> <p>MB welcomed everyone to the meeting. Apologies from the above were noted.</p> <p>MB explained to the Board that she is acting as interim SRO following Hazel's move to another organisation. MB thanked Hazel for leadership of the Transforming Care programme.</p> <p>Following agreement, JH circulated flyers regarding the 'Stripped of Human Rights' protest taking place outside the building. He felt these reflected the passion for equal treatment of individuals with Learning Disabilities and Autistic Spectrum Conditions. He argued that the treatment received in hospital services needs to be better. He emphasised the need for leadership to deliver improvement.</p> <p>The Board were reminded that the outcomes and aims of Transforming Care were included within the wider NHS Long Term Plan.</p>	
2.	<p>Declarations of Interest</p> <p>North Mersey had submitted two bids for review. It was agreed that representatives from the area would abstain from voting on these bids.</p>	
3.	<p>Minutes from the Previous Meeting and Matters Arising</p> <p>MB reviewed the minutes of the previous meeting with the board. All minutes were recorded as a true and accurate record of the previous meeting.</p> <p>MB invited ML to take the board through the actions. It was agreed that:</p> <ul style="list-style-type: none"> • Action from December 2018 is to be closed. • Circulation of the Beyond the High Fence Paper to Directors of Children's Commissioning is now to be closed. <p>ACTION The Action Log to be updated and circulated with Minutes of the meeting.</p>	JKL
4.	<p>TCP Progress</p> <p>ML presented an update on progress, including discussion at the recent Cheshire and Merseyside Confirm and Challenge meeting with people who use services. The following key points were made:</p>	

	<ul style="list-style-type: none"> • some patients remain in hospital because an appropriate safe and sustainable discharge route into the community is not in place (market development). • people who use services had concerns about the quality of CQC inspections, and their involvement in them • a breakdown of the numbers of inpatients with Learning Disabilities, Autism and Learning Disabilities and Autism was provided, following a request from AG at a previous meeting. It was noted that the autism-only figures for Spec Comm beds related particularly to CYP inpatients. • Inpatient numbers had reduced, with a significant decrease in CCG adult inpatients in Q1 19/20. This was due to both the efforts of CCGs and providers around discharge, and the impact of the adult intensive support function in reducing new admissions. The level of inpatients who have been in hospital for 5+ years remained high. ML acknowledged that some of this is down to the legal framework barrier. Some points about the impact of the MM judgment on discharge were made. • CYP inpatients were discussed. 2 had now been in hospital for more than 12 months (cases involving children aged 12 years and 13 years) and NS provided a brief overview of the work being done to support their treatment and move to discharge. These were complex cases involving difficult decisions around education, social care and family involvement. <p>There was a wider discussion around the work to prevent hospital admission for children. MB reminded the Board that Cheshire and Merseyside has a high number of CYP inpatients compared with the rest of the North West. She discussed work completed in Rotherham where a co-ordinated approach between health, education and social care had seen a significant reduction in CYP admissions to 1 in the last 12 months. It was noted that C&M work on the CYP Dynamic Support Database approach was similar.</p> <p>MB talked about the importance of Autism only CYP work and diagnostic support. It is important to get early diagnosis and intervention to prevent hospital admissions.</p> <p>JB discussed the peer support network and the issues that come up. She discussed the quality of placements and work progressing with Greater Manchester on the Ealing Model (CYP Accelerator site).</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> • TCP to look into the Rotherham Model and see whether the process is something that can be adopted within Cheshire and Merseyside. • JB to present on the work being done with Greater Manchester and the Ealing Model. 	<p>ML</p> <p>JB</p>
<p>5.</p>	<p>Quality of Care:</p> <ul style="list-style-type: none"> • Panorama, 22nd May 2019 	

SC presented a paper on the issues raised in the Panorama documentary about Whorlton Hall. Key points were:

- Regular visits by CQC, Commissioners, Experts by Experience and families had missed the issues. This was different from Winterbourne View where issues had been raised but there had been no response.
- 16 staff have been suspended from Whorlton Hall and a criminal investigation is underway. Patients have been relocated to other units.
- Some inpatients are placed out of area at their request (closer to family/ friends) or for treatment reasons: there is a difference between inappropriate and appropriate out of area placement.
- There are elements which can contribute to a “toxic environment”, including long shifts, clinical: support worker ratios, management leadership and visibility, poor interpretation of training (eg Positive Behaviour Support).
- In Cheshire and Merseyside, a range of actions support people in hospital: C(E)TRs, Discharge meetings, Check an Challenge Meetings and Desktop Reviews. Region have undertaken a number of Deep Dives into inpatient cases as well. These all involve a range of people and are based on clinical advice and support.

SC advised that she is working with providers to enable unannounced spot visits to wards for commissioners to improve the relationships between commissioners and providers, as well as provide assurance.

SC informed the board that we need to work with staff to ensure they feel safe and empowered to whistle-blow about care quality.

The Board were reminded that we are working for safe and sustainable discharges for all patients which will avoid readmission and that these can take time.

Following a question, ML reported that around 50-55 adult inpatients are in independent sector beds. AG asked whether independent care provider representation should be considered at the meeting.

MB expanded on some work which region are doing as a result of the Panorama documentary:

- working with self-advocacy groups and helping them to work alongside commissioners.
- commissioning alternative inpatient provision for people at Whorlton Hall. This had included some very high cost care as NHS Specialised Commissioning were unable to meet the needs of some

	<p>of the complex cases.</p> <ul style="list-style-type: none"> • Arrangements to ensure there is a lead commissioners for each independent hospital provider will be issued shortly. This will require that the local CCG will take a lead on the basis that inpatients are registered with the local GP. The lead commissioning organisation will be required to make more regular visits to the provider. <p>TC thanked the TCP for all the work that is being done, although she felt there was a need to move away from spot purchasing of beds. She supported the new guidance around lead commissioner roles. It would be important for the lead commissioner to have details of the out of area patients placed by other CCGs to hospitals on their patch in order for this to work effectively. The board agreed this would be a good idea and MB suggested she would get this information from Region.</p> <p>The discussion moved to developing community support for people with more complex, specialised needs. MO suggested that commissioners need to work together to commission a unit which can support complex needs and be utilised by multiple CCGs. This would require numbers of patients with similar needs to make it viable. Without the numbers, spot purchasing is the only way to purchase beds.</p> <p>There was a discussion about the profits made by independent hospitals, with JH and VH representing views of people who use services who feel this is inappropriate and results in compromises around care quality. This was against a background of NHS and Social Care cuts. MB suggested that care quality can be mixed in both NHS and Independent provision across all care sectors (the home, community and hospital). It was important to remember that individuals are placed in independent care because their needs are not able to be accommodated in NHS provision. It was agreed that more joint working was needed between local authorities and CCGs on a wider basis to develop appropriate services.</p> <p>DECISION</p> <ul style="list-style-type: none"> • The Board approved the recommendations in the paper <p>ACTION:</p> <ul style="list-style-type: none"> • Once new guidance issued, Region to provide out of area patient to CCGs (information governance considerations to be considered) <ul style="list-style-type: none"> • Pathways/Mersey Care Quality of Life Report 	<p>MB</p>
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	<p>VH presented the Quality of Life Report to the board. Key points made were:</p> <ul style="list-style-type: none"> • People who use services felt that the care received at Mersey Care Whalley had improved • Use of bank and agency staff in care was considered to be of a lower quality and made staff feel anxious • Transition from hospital to the community was a time of anxiety • Some people felt that staff defamed them by talking about their previous history, which prevented them from moving on <p>Following a question, ML explained that the dowry system has been replaced in April 2018. It had been agreed at this Strategic Board that monies from the closure of Spec Comm beds would be split between the Intensive Support Function and a bidding process for commissioners to have extra funding towards care packages which would have received dowry funding.</p> <p>On the back of one of the recommendations from this paper, ML informed VH that the TCP have bid for some money to further develop Trauma Informed Care. That bid is currently being considered by the Local Workforce Action Board (LWAB).</p> <p>MB suggested that the TCP co-produces a plan around the recommendations from this report. It was agreed that a proposed plan be taken to the next TCP Operational Board.</p> <p>ACTION: VH and ML to bring a proposed plan on the Quality of Life recommendations to the next Operational Board meeting.</p>	<p>VH, ML</p>
<p>6.</p>	<p>Children and Young People</p> <ul style="list-style-type: none"> • North West ODN Children and Young People: Model of Care <p>CW presented a summary of the ODN paper to the board.</p> <p>The following points were discussed:</p> <ul style="list-style-type: none"> • The need for an Easy Read version of the model to support engagement and co-production. • An audit tool has been developed to assess current provision against the model. It was agreed that C&M would undertake this. ML suggested this be completed in the 3 hub areas, with the TCP facilitating sessions. • Where the model has been costed, the Intensive Support approach was found to be cheaper than placing an individual in long term residential school 	

	<p>DECISION The following bids were approved: TCP Annual Health Checks for CYP with Autism-only North Mersey: CYP Accelerated ASD Pathway North Mersey: CYP Intensive Support</p> <p>ACTION ML to make advise commissioners/ providers around bid success SH to continue to work with Mid Mersey to develop CYP bid</p>	ML SH
8.	<p>Physical Health Update LA presented the key finding and recommendation from the 3rd Annual LeDeR report. The following points were noted:</p> <ul style="list-style-type: none"> the common causes of premature death are better understood work is needed with coroners and hospitals to ensure correct cause of death is recorded (DNACPR) <p>MB challenged the Board to consider setting a target around reducing premature mortality in Cheshire and Merseyside. SH felt the focus should be on reducing preventable deaths. TC suggested reporting on Annual Health Checks be highlighted at Board, as well as patient stories.</p>	
9.	<p>Any Other Business</p> <p>There was none</p>	
10.	<p>Date of next meeting: 24th September 2019 The Boardroom, Liverpool CCG, 4th Floor, The Department, Lewis's Building, 2 Renshaw Street, L1 2SA 14:00-16:00</p>	