

Governing Body Meeting (Part I) Agenda

Date: Wednesday 1st April 2020, 13:00hrs to 14:45hrs

Venue: Teleconference

To help the CCG respond to the coronavirus we are moving all meetings that we hold in public to teleconferences for the foreseeable future. This also applies to our regular operational internal meetings in line with national guidance to ensure our staff are supported to work remotely. Whilst members of the public are currently unable to observe these meetings due to these essential changes, we will continue to publish papers as normal.

13:00 hrs Formal meeting of the Governing Body (Part I) commences.

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
Dr Doug Callow	GP Clinical Director	DC
Dil Daly	Lay Member for Patient and Public Involvement	DD
Vikki Gilligan	Practice Manager	VG
Jane Lunt	Chief Nurse	JL
Martin McDowell	Deputy Chief Officer/Chief Finance Officer	MMcD
Dr Anette Metzmacher	GP Clinical Director	AM
Dr Hilal Mulla	GP Clinical Director	HM
Colette Page	Additional Nurse	CP
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					13:00hrs
GB20/41	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB20/42	Declarations of Interest	Chair	Verbal	Receive	
GB20/43	Minutes of previous meeting	Chair	Report	Approve	
GB20/44	Action Points from previous meeting	Chair	Report	Approve	
GB20/45	Business Update	Chair	Verbal	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB20/46	Chief Officer Report	FLT	Report	Receive	
Finance and Quality Performance					13:20hrs
GB20/47	Integrated Performance Report 47.1: NHS Constitution Quality 47.2: Financial Position	Cameron Ward JL MMcD	Report	Receive	30 mins
Governance					13:50hrs
GB20/48	Annual Report 2019/20: Governing Body Attendance Register	Debbie Fairclough/ HN	Report	Approve	20 mins
GB20/49	Finance and Resource Terms of Reference	HN	Report	Approve	
GB20/50	Corporate Objectives 2020/21	FLT	Report	Receive	
Quality					14:10hrs
GB20/51	SEND Improvement Plan and Dashboard	Kerrie France	Report	Receive	10 mins
Service Improvement/Strategic Delivery					14:20hrs
GB20/52	Sefton Transformation Programme: Update and Closure Report	Mel Wright	Report	Receive	15 mins
For Information					14:35hrs
GB20/53	Key Issues Reports: a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) Localities f) Joint Committee (S&F and WL CCG): None	Chair	Report	Receive	5 mins
GB20/54	Approved Minutes: a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee: None d) Primary Care Commissioning Committee PTI	Chair	Report	Receive	
Closing Business					14:40hrs
GB20/55	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
GB20/56	<p>Date of Next Meeting</p> <p>Wednesday 3rd June 2020, 13:00hrs, currently Family Life Centre, Southport, PR8 6JH (unless otherwise advised)</p> <p><u>Future Meetings:</u> The Governing Body meetings are held on the first Wednesday of the month. Public meeting dates for 2020/21 are as follows:</p> <p>3rd June 2020 2nd September 2020 4th November 2020 3rd February 2021 7th April 2021</p> <p>All PTI public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.</p>				
Estimated meeting close					14:45hrs

Given the move to a teleconference the motion to exclude the public is not required.

Motion to Exclude the Public:

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

Governing Body Meeting in Public DRAFT Minutes

Date: Wednesday 5th February 2020, 13:00hrs 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 Doug Callow	GP Clinical Director	DC
Dil Daly	Lay Member for Patient and Public Engagement	DD
Jane Lunt	Interim Chief Nurse	JLu
Martin McDowell	Chief Finance Officer	MMcD
Colette Page	Additional Nurse	CP
Colette Riley	Practice Manager	CR
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

Co-opted Member (or deputy) In Attendance

Charlotte Smith	Consultant in Public Health	CS
-----------------	-----------------------------	----

In Attendance

Debbie Fairclough	Interim Programme Lead – Corporate Services	DFair
Jacquie Finlay	Localities Service Manager, Sefton Council (<i>item GB20/16</i>)	JF
Jan Leonard	Director of Commissioning and Redesign	JL
Cameron Ward	Programme Director – Sefton Transformation Programme	CW
Judy Graves	<i>Minute taker</i>	

Apologies

Dr Emily Ball	GP Clinical Director
Vikki Gilligan	Practice Manager
Maureen Kelly	Chair, Health watch (<i>co-opted Member</i>)
Dr Hilal Mulla	GP Clinical Director

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Governing Body Membership	Apr 19	June 19	Sept 19	Nov 19	Feb 20
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	✓	✓	✓	✓
Matthew Ashton <i>or deputy</i>	Director of Public Health, Sefton MBC (<i>co-opted member</i>)	✓	✓	✓	✓	✓
Dr Emily Ball	GP Clinical Director	A	✓	✓	A	A
Gill Brown	Lay Member for Patient & Public Engagement	✓	✓	✓		
Dr Doug Callow	GP Clinical Director	A	✓	A	A	✓

Name	Governing Body Membership	Apr 19	June 19	Sept 19	Nov 19	Feb 20
Dil Daly	Lay Member for Patient and Public Engagement					✓
Debbie Fagan	Chief Nurse	✓				
Vikki Gilligan	Practice Manager				✓	A
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	A				
Maureen Kelly	Chair, Health watch (<i>co-opted Member</i>)	A	✓	✓	✓	A
Jane Lunt	Interim Chief Nurse				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	A	✓
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓	✓	✓	✓
Fiona Taylor	Chief Officer	✓	✓	✓	✓	✓

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

No	Item	Action
Questions from the public	<p>1. When making a decision of which Trust to give a contract:</p> <p>a. How do you come to the decision?</p> <p>b. Do you, as a body, ever speak to the employees/have discussions at grass roots as to how some of the changes are actioned?</p> <p>FLT clarified the process and legislation by which the CCG followed in relation to the procurement of services and awarding contracts, particularly community services, and the NHS standard contract in place for the community voluntary sector. This included evaluation of the quality, safety and financial aspects and the involvement of the governing body members and clinical leads in looking at the areas of delivery as per their area of specialism. The process followed in relation to the extension of any such contract was also explained.</p> <p>FLT noted that part of that process and continued monitoring included contract and service reviews and planned visits to services in order to view and test areas of delivery.</p> <p>The member of the public expanded on their own experiences and difficulties whilst working within community services and the impact that such has had.</p> <p>FLT thanked the member of the public for sharing their experiences. FLT emphasised the need to ensure that the voice of the staff is heard. FLT considered that a deeper insight was needed. FLT again thanked the member of</p>	FLT

No	Item	Action
	the public for the conversation and agreed to make contact outside of the meeting.	
GB20/1	<p>Apologies for Absence</p> <p>Apologies had been received from Emily Ball, Vikki Gilligan, Maureen Kelly and Hilal Mulla.</p> <p>The Chair and FLT welcomed Jane Lunt, Interim Chief Nurse, to her first public meeting.</p>	
GB20/2	<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, Jane Lunt and Colette Page. A further interest was declared by Jane Lunt in relation to her substantive post as Chief Nurse for Liverpool CCG.</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 CCGs Register of Interests which is available on the website http://www.southportandformbyccg.nhs.uk/about-us/our-constitution/</p> <p>An additional declaration was received by the clinical membership in attendance (RC, KS and DC) in relation to the agenda item 20/12 Primary Care Commissioning Committee.</p>	
GB20/3	<p>Minutes of Previous Meeting 6th November 2019</p> <p>The members approved the minutes as a true and accurate record subject to the following amendment:</p> <ul style="list-style-type: none"> The apologies of Colette Page to be amended to Colette Riley, as per the attendance data. 	
GB20/4	<p>Action Points from Previous Meeting</p> <p>19/137 (i) Integrated Performance Report (IPR)</p> <ul style="list-style-type: none"> TQ queried the 53 day wait for a cancer referral and the explanation from the provider that this was due to insufficient capacity in outpatients. MMcD agreed to investigate further and report back to the next Governing Body on the causes and the mitigating actions. <p><u>Update:</u> MMcD confirmed that this was in relation to colorectal services and a concern regarding the description attributed to the delay. Additional assurance has now been received, including an update on capacity issues, and a recovery plan is in place. An update on this is expected to be seen in the latest report from Liverpool University Hospitals NHS Foundation Trust (LUHFT).</p> <ul style="list-style-type: none"> At section 2.5.5 – 62 Day NHS Screening Service, under the Assurance section reference is made to the commissioning of screening by Public Health 	Closed

No	Item	Action
	<p>England. This should be amended to state that it is NHSE that has responsibility for the commissioning of that service.</p> <p><u>Update:</u> Amendments made.</p> <p>(ii) Finance</p> <p>QIPP Opportunities:</p> <ul style="list-style-type: none"> The CCGs Commissioning team will need to articulate the opportunities available to the CCG and be able to explain the proposed approach so that the membership can support implementation of the recovery plan. <p><u>Update:</u> It was confirmed that this was part of the ongoing QIPP work being carried out and had been detailed as part of the recovery plan.</p>	<p>Closed</p> <p>Closed</p>
GB20/5	<p>Business Update</p> <p>The Chair provided an update on the changes to the governing body membership and welcomed Jane Lunt as Interim Chief Nurse and Dil Daly as Lay Member for Patient Engagement to their first public meeting. In addition Dr Tim Quinlan had now left the governing body and Dr Anette Metzmacher appointed to the governing body as a new GP Clinical Director member and Urgent Care Lead.</p> <p>The Chair acknowledged the work of the CCG and colleagues through the winter period and highlighted where performance in some areas was comparatively better. It was noted that the delivery of the winter plan had in some parts been delivered more cohesively than others and further work and learning would be done on this. Specific reference was made to the earlier discussion regarding community services and the need to ensure that services have sufficient capacity to deliver.</p> <p>Resolution: The members received the report.</p>	
GB20/6	<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 continue to focus their efforts on implementing schemes and identifying new opportunities.</p> <p>The following areas not covered elsewhere on the agenda were highlighted:</p> <p>The members were referred to the request for delegated authority in relation to the Data Security and Protection Toolkit (DSP Toolkit) sign off. This has been requested in order to ensure compliance with submission deadlines.</p> <p>There had now been a de-escalation of EU Exit Planning and Sitrep reporting following exit on 31st January 2020.</p> <p>Sefton2gether Five Year Plan had now been published on the CCG website. A collaborative approach was now being taken on the implementation of this with local authority colleagues.</p> <p>The members and public were asked to note details of the Joint Targeted Area Inspection held in September 2019 on the multi-agency response to abuse and neglect in Sefton and which focused on children's health and emotional wellbeing. It was noted that this was the first such visit to be held in the country. The CCG had since received a response on the findings of the inspection which identified areas for development as well as areas of strength. The CCG and local authority</p>	

No	Item	Action
	<p>were in the process of compiling a joint response and action plan to the findings. A copy of the inspector's letter is available: https://files.ofsted.gov.uk/v1/file/50134652.</p> <p>The members were informed of the availability of the Merseyside Safeguarding Adults Board annual report for 2018-19 which highlights the work undertaken by board members and sub-groups during the reporting period. The CCGs are represented at MSAB by the Chief Nurse and the Designated Safeguarding Adult Manager. The report is available at https://www.merseysidesafeguardingadultsboard.co.uk/the-board/annual-reports-business-plans/</p> <p>A recommendation had been supported by the Primary Care Commissioning Committee (PCCC) to extend the Extended Access (7 day access) Contract for six months until March 31st 2021. Since the original contract was awarded 'Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan' has been published (January 2019). This details the transfer of funding and responsibility to the CCG for commissioned services to Primary Care Networks (PCN's). The proposed contract extension will allow time for commissioners to translate guidance, once available, into operational plans which will be subject to approval via the PCCC.</p> <p>The members were updated on the visit to the CCG by the Chair of C&MCHP Alan Yates and the 'Place and Programme Forum' event where the CCG provided an update on the development of our "place" and the work showcased by Stephen Williams on Sefton Transformation.</p> <p>A discussion was had on the recent Novel Coronavirus outbreak, the new 2019 variant and the current mild but potential major issues. It was confirmed that currently there were no suspected or reported cases of the virus within the borough and the risk level for England was currently moderate.</p> <p>Resolution: The members formally received the report and approved delegated authority to the Deputy Chief Officer/Chief Finance Officer and the Chair of the Audit Committee to sign off the DSP submission.</p>	
GB20/7	<p>Integrated Performance Report</p> <p><u>7.1 NHS Constitution and Quality</u></p> <p>Cameron Ward presented the members with the latest NHS constitutional activity and quality performance report and highlighted the Executive Summary on page 33 of the meeting pack which identified key areas including:</p> <p>The less than 52 week waits was performing to plan with 0 waits.</p> <p>An update was given on the 2 week longest wait position for those diagnosed with cancer waiting surgery. Work was now underway on a longest wait position for 2 week waits which is not routine information normally collated.</p> <p>It was noted that performance following the M8 reported position is good but recognised as not at the required level specifically:</p> <p>An increase has been seen in A&E 12 hour waits. The members were assured that there were no safety issues. An update was provided on the work that had been done to look at causes, which seemed to relate to the flow of patients resulting in an impact on bed pressures. Although additional capacity has been added, it has not resolved the issues which are being further impacted as a result of peaks and troughs within the system. Reviews of all urgent care flows continue to take place.</p>	

No	Item	Action
	<p>Three of the five targets for mental health services are being actioned. The data and information relating to children in this target has been reviewed and further consideration is being given as to how to improve reporting on this.</p> <p>In relation to stroke and transient ischaemic attacks (TIA) as detailed on page 60 of the meeting pack, it was noted that Southport and Ormskirk Trust continued to report poor performance in this area, with the data equating to only 1 patient out of 22 achieving target. FLT advised that the Overview and Scrutiny Committee are keen to hear how this is being addressed. It was noted that this had been of some issue for some time and is being discussed at the Joint Quality and Performance Committee.</p> <p>Reference was made to the metric ‘% of patients receiving treatment for cancer within 62 days from NHS cancer screening service’ on page 27 and 29 of the meeting pack, specifically N/A and 0% and the meaning (i.e. if refers to 0 patients). CW will review and report back. A discussion was held on how the metrics are calculated and the dashboard constructed to illustrate the data. It was noted that work was already ongoing and, where there are improvements shown within the detail, this needs to be reflected in the data so as to not mislead or overlook.</p> <p>JLu confirmed that there was no further update on the quality aspects of the report to add to that already discussed or included within the report or listed on the main agenda.</p> <p>Resolution: The governing body received the report.</p> <p><u>7.2 Financial Position</u></p> <p>MMcD presented the members with the financial position as at M9 2019/20, page 95 of the meeting pack.</p> <p>MMcD reminded members of the issues relating to the overall plan at the commencement of the financial year and the indication to NHS England that the CCG had a risk pressure of £10.1m at that time. MMcD confirmed to members that that risk had now emerged, with a current year to date deficit at M9 of £9.590m. MMcD noted that the likely deficit for the CCG is forecast at £12.8m.</p> <p>To date the CCG has identified potential QIPP opportunities of £16.584m although a high proportion of these remain high risk. Prescribing efficiency schemes have achieved higher than expected, however other costs have emerged which has resulted in pressures on budgets. This includes category M medicines which are priced by NHS England part way through year. This has attributed to the increased pressure on CCGs nationally.</p> <p>Reference was made to the cost pressures detailed within the report, particularly:</p> <p>Financial pressures in relation to the independent sector services resulting from patient choice and treatment.</p> <p>Further reference was made to the orthopaedic activity in relation to the letters being received from the Trust to practices where GPs are being asked to refer locally. This was questioned given that it was understood the pathway is for the Trust to refer, not the GP, and that the pre and post op treatment needs to be made clear within the contract. It was agreed that this needed to be explored. FLT highlighted the importance of the system working as a system to deliver services.</p> <p>Resolution: The governing body received the report and noted:</p>	<p>CW</p> <p>CW</p>

No	Item	Action
	<ul style="list-style-type: none"> • 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 £16.584m have been identified although a high proportion of schemes remain high risk. • The CCG deficit at Month 9 has been assessed at £9.590m and the likely case risk adjusted position for the financial year is assessed at £12.786m deficit. The CCG will continue to pursue actions to mitigate this position through QIPP delivery. • The CCG is unlikely to deliver its 2019/20 financial plan; however, the focus must remain on the continued progression of work undertaken during the CCG QIPP weeks which is essential to provide mitigation against the current projected deficit. The governance arrangements to support full system working have been developed and will need to support delivery of the system financial recovery plan. • It is essential that clinical leaders in the CCG engage with colleagues across the system in order to influence change and deliver reduction in costs. The financial recovery plan can only be delivered through a concerted effort by clinicians in all parts of the healthcare to work together to deliver more efficient and effective models of care. • The CCGs Commissioning team will need to articulate the opportunities available to the CCG and be able to explain the proposed approach so that the membership can support implementation of the recovery plan. 	
GB20/8	<p>Oversight Framework 2019/20 Q2 Exception Report</p> <p>The members were presented with a report which outlined the joint approach by NHS England and NHS Improvement to oversee organisational performance and identify where commissioners and providers may need support. It was noted that the document supersedes the Improvement and Assessment Framework (IAF).</p> <p>Many of the indicators from the IAF remain, with an additional 6 metrics. The document continues to support the IPR (item 20/7) and provides a summary of performance identifying where the CCG is ranked as either performing in the lowest 25% of CCGs nationally, or where performance is consistently declining.</p> <p>CW provided members with an update on the development of the report, including a discussion on how to best mark the CCG performance across the system and quartile in order to give an overarching view.</p> <p>Reference was made to the areas of performance highlighted in section 3 of the report, specifically:</p> <p>FLT highlighted the green star rating achieved for indicator 166a (<i>compliance with the statutory guidance on patient and public participation in commissioning health care</i>) and thanked the lay membership, the public and patient engagement group and Health Watch on their work to achieve this.</p> <p>Indicator 107b (<i>Antimicrobial Resistance: appropriate prescribing of broad spectrum antibiotics in primary care</i>) has improved position to below the 10% threshold and is no longer in the worst performing quartile.</p> <p>A discussion was had on the falls related indicators (104a and 106a). 'Falls' was noted as an area for concern for the CCG, especially given the population for the area which is more disproportionate of elderly. The members received an update on the work being done and planned by the Provider Alliance as part of the transformation agenda looking at falls. Especially given the consequence and cost to the person and services, with the impact being broader than just health.</p>	

No	Item	Action
	<p>Clarification was requested on whether it was possible to get the 'Falls' data broken down in order to understand where falls took place and any data on the current waiting time for the falls service.</p> <p>Jan Leonard updated members on the next fall's meeting due to be held beginning of March 2020 for which she will be attending. JL updated the work being done and the enthusiasm of stakeholders involved. A work programme is in the process of being pulled together and will help connect the areas of work already in progress and plan for the next steps. This plan will feed into the Health and Well Being Board and the governing body.</p> <p>Resolution: The members received the report.</p>	CW
GB20/9	<p>Future of CCGs</p> <p>The paper presented a proposal to commence a process to inform a decision for a proposed merger of the four North Mersey CCGs – NHS Southport and Formby CCG, NHS South Sefton CCG, NHS Knowsley CCG and NHS Liverpool CCG.</p> <p>It set out a case for change and a proposal to commence engagement on a preferred option to merge the four North Mersey CCGs. The outcome of that engagement will inform a final proposal for a preferred recommendation to be made by CCG Governing Bodies to the CCG members in March 2020.</p> <p>The members were reminded that prior discussions regarding this proposal had now taken place at Liverpool CCG and Knowsley CCG, with a similar paper scheduled for presentation to South Sefton CCG Governing Body the following day.</p> <p>The members were taken through the report which detailed the background, the North Mersey CCG overview, national policy, the merger objectives, the financial overview, benefits and risks, options and option appraisal, arrangements, process, engagement, timescales and programme plan and statutory requirements. Further provided and discussed was the population health data per North Mersey CCG based on 100 people and patient flows based on the North Mersey system.</p> <p>Following discussion of the report presented there were a number of areas highlighted:</p> <p>The members were reminded of the rationale for clinical commissioning in the Health and Social Care Act (2012) was that GP-led CCGs would better understand and meet the particular needs of their population. By streamlining commissioning across a bigger footprint, there is a risk that this localism could be diluted. The membership emphasised the need to ensure that the good work undertaken so far regarding localism is retained.</p> <p>Following appraisal a list of 8 possible options was produced for both Sefton CCG's, with a 9th which was Southport and Formby CCG specific.</p> <p>The CCG value the face to face discussion with their population and as such it is expected that the stakeholder engagement would likely use the Big Chat events as an opportunity to engage with the population, as well as the involvement of Health Watch and any other such events on the CCG calendar. FLT asked the membership to note that this was not a consultation exercise as changes to CCG footprints and associated arrangements, including mergers, do not require a formal consultation.</p> <p>Resolution: The governing body:</p> <ul style="list-style-type: none"> • Supported the case for change 	

No	Item	Action
	<ul style="list-style-type: none"> • Supported the preferred option for a single CCG commissioner serving the North Mersey population • Endorsed the commencement of stakeholder engagement to inform a final proposal to the Governing Body in March 2020 <p>Additionally:</p> <ul style="list-style-type: none"> • It was noted that the support and endorsement of the governing body would be presented to the membership with an update to the governing body in March 2020. • It was agreed that the last sentence on page 135 of the meeting report be reworded to reflect borough or place rather than CCG • Arrangements would now be put in place for project management to develop the full case for change. 	<p>FLT</p> <p>FLT</p>
GB20/10	<p>Criteria Base Clinical Treatment Policy</p> <p>The GP members in attendance declared an interest in this item; RC, KS and DC. HN took the Chair for this item and agreed that the members could remain in the meeting and offer advice based upon Clinical knowledge.</p> <p>The members were reminded of the CCGs legal obligation to have in place and publish arrangements for making decisions and adopting policies on how particular healthcare interventions are to be accessed. The Criteria Based Clinical Treatments Policy (CBCT) is intended to be a statement of such arrangements made by the CCG and will act as a guidance document for patients, clinicians and other referrers in primary and secondary care. It sets out the eligibility criteria under which CCGs will commission the service.</p> <p>The report details the background, development and policies. The members were asked to note that the fertility policy is still under review. Reference was made to appendix 1 which provides an overview of the changes against each of the policies, the documents of which had been made available on the CCG website via the link provided at the bottom of page 169. This was instead of being included within the public documents due to their size and number.</p> <p>Resolution: The members approved the inclusion of the revised Suite 3 policy statements (listed in 4) into the main Criteria Based Clinical Treatment Policy.</p>	
GB20/11	<p>Joint Committee Terms of Reference</p> <p>During 2018 and 2019 the membership and governing bodies of NHS Southport and Formby CCG and NHS West Lancashire CCGs approved the establishment of a joint committee to become the single decision making forum in respect of acute services. The purpose of the joint committee is to consider and agree on the commissioning decisions relating to acute services for the populations of Southport and Formby CCG and West Lancashire provided by Southport & Ormskirk Hospitals Trust and how they are best supported by appropriate community and primary care services.</p> <p>Following the initial development meeting in November 2019 and first public meeting held 23rd January 2020, the membership proposed a number of minor changes to the terms of reference as detailed in the meeting report on page 170.</p> <p>Resolution: The members approved the proposed changes to the terms of reference subject to the removal of the word 'Sefton' from the title of the group so that it reads the 'Acute Sustainability Joint Committee of Clinical Commissioning Group (CCGs).</p>	DFair

No	Item	Action
GB20/12	<p>Primary Care Commissioning Committee Terms of Reference: Update</p> <p>Following the 'agenda item' declarations made by the GP Clinical members of the governing body it was noted that no further action was required. Furthermore the committee is a forum by which conflicts could arise but the terms of reference for membership and voting are designed to mitigate conflicts of interests adversely impacting and decision making.</p> <p>The Primary Care Commissioning Committee Terms of Reference have been reviewed by the committee as part of its annual update and a number of changes have been proposed. The members were taken through those proposed changes as per the tracked changes identified on pages 179 to 184. It was highlighted that the membership section of the terms of reference included GPs / Primary Care which could be interpreted as 2 different groups and should therefore read GPs rather than the wider Primary Care stakeholders.</p> <p>Resolution: The governing body approved the proposed changes and the further update in relation to the membership.</p>	
GB20/13	<p>Governing Body Assurance Framework, Heat Map and Corporate Risk Register</p> <p>The members reviewed the content of the CCG risk reports for Q3 2019/20 as at 15th January 2020.</p> <p>It was noted that the documents had been through the review and scrutiny process and updated by the respective risk leads and following analysis by the respective committees where relevant. Furthermore they had also been presented to the Leadership Team and the Corporate Governance Support Group prior to Audit Committee.</p> <p>The commissioning and provision of SEND services has been identified as a key area of risk for the CCG and an area requiring accelerated and demonstrable improvements. Given the current assessment of the associated risks and perceived level of reputational risk the content of the SEND Continuous Improvement Board (CIB) risk register is presented to the governing body as part of the risk report.</p> <p>The full SEND CIB risk register was received and updated by members of the CCGs Senior Management Team on 20th December 2019 and the CCG Audit Committee on 15 January 2020. The full register was also submitted to the SEND review team that will be facilitating a 6 month progress review of the SEND Improvement Plan on 22nd January 2020. These risks will now be incorporated into the CCG risk process.</p> <p>The Audit Committee Chair updated on the discussion and outcome at the meeting as detailed within the report and in addition:</p> <ul style="list-style-type: none"> • The committee had discussed the scoring of those risks as '5', either as a likelihood or consequence. On review of the scoring matrix and description, it was not necessarily clear why some risks had been scored at that level. • The Heat Map had been updated so as to enable the moderation of risks across the Sefton area. • A discussion was had on risk 12 of the heat map /QUO047: <i>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.</i> <p>Following review of the risk by the risk lead, the risk had been reduced to below</p>	

No	Item	Action
	<p>the 12+ reporting level to Audit Committee (and Governing Body). Furthermore the lead had proposed the removal of the risk from the full (all risks) CRR. The Audit Committee considered that, in light of the continued performance issues and no clear rationale for removal, the risk should remain and be presented through the internal moderation process again with a review of description and score .</p> <p>Further noted was the work that was soon to commence on the annual review of the GBAF, CRR and corporate objectives for the following financial year.</p> <p>Resolution: Following review and scrutiny the governing body:</p> <ul style="list-style-type: none"> • Approved the CRR and Heat Map as recommended by the Audit Committee, specifically: <ul style="list-style-type: none"> ○ Removal of risks QUA039 and QUA060 ○ Risk QUO047 to remain and presented back through the moderation process for review • Approved the GBAF as recommended by the Audit Committee, noting the change to the risk descriptor for 3.1. • Noted the update on the process and audit committee action • Made recommendation for a review of risks rated '5' • Received and noted the content of the SEND CIB risk register and the inclusion of such to the CCG risk process 	<p>Judy Graves</p> <p>Judy Graves</p> <p>Judy Graves</p>
GB20/14	<p>SEND Improvement Plan Update</p> <p>The paper presented an update on delivery of some of the key health elements and issues of the Sefton SEND Improvement Plan.</p> <p>The governing body noted that the Sefton SEND Continuous Improvement Board is the substantive forum for overseeing delivery of all agreed actions and are supported in that role by a number of key work streams. This work has been co-ordinated with extra capacity by Kerri France, Associate Deputy Nurse (SEND).</p> <p>FLT updated members on the recent work carried out in relation to the review and sign-off of the evidence submission collated by health partners. The group also considered the recovery actions needed for those not on track against the improvement plan; as required for actions 3 and 5 and as detailed on pages 230 and 231 of the meeting pack.</p> <p>It was noted that a further detailed report was scheduled for the PTII private governing body meeting to discuss investment proposals to support services.</p> <p>Resolution: The governing body received the report and noted:</p> <ul style="list-style-type: none"> • Evidence submission was shared as planned on 20th December 2019 with Department for Education and NHS England and Improvement. • Proposed recovery actions relating to actions 3 and 5 of the improvement plan were agreed. • Update provided on risks and exception report requirements relating to action 3 was shared with the SEND continuous Improvement board on 17th January 2020. • A six month progress review meeting was held on 22nd January 2020 with NHS England and improvement leaders and Department of Education, representatives from Sefton parent carers, local authority and schools. Reviewers advised they will continue to monitor Sefton as per Improvement notice. A feedback report is expected from the lead reviewer. <p>The members further noted:</p> <ul style="list-style-type: none"> • The reference to the SEND risks which the governing body had now received 	

No	Item	Action
	<p>under item GB20/13</p> <ul style="list-style-type: none"> • As discussed under the Chief Officer report item GB20/06 <ul style="list-style-type: none"> ○ the Improvement Plan with key exceptions to be presented to the April 2020 governing body ○ a structure of the agreed governance arrangements to be circulated to the governing body members 	<p>FLT</p> <p>FLT</p>
GB20/15	<p>Sefton Health and Wellbeing Strategy 2020/25</p> <p>The members were presented with the new Health and Wellbeing Strategy for 2020/25 titled Living Well in Sefton 2020/25.</p> <p>The plan is intentionally high-level and the overarching strategy, that identifies the key ambitions that the wider system should focus on in order to improve the health and wellbeing and to reduce health inequalities in Sefton. The content is based on the needs and assets identified in the Joint Strategic Needs assessment and through public and stakeholder engagement, taking account of the latest policy, guidance and evidence.</p> <p>The document is a joint strategy and is jointly owned with the CCG and local authority. This is reflected in the membership of the Health and Wellbeing Board which are the accountable body and hold the system to account.</p> <p>The members were highlighted to specific sections of the strategy:</p> <ul style="list-style-type: none"> • page 239 of the meeting report which set out a plan on a page of vision and ambitions • page 242 and the four pillars of population health. A discussion was had on the source information used to compile the data and clarification was requested on the information stated for physical activity in column 1. Title of column to also be amended. • page 243 and Sefton's health and wellbeing across the life course. The inclusion of a key on the page was suggested in order to clarify the acronyms <p>Resolution: The members received the strategy.</p>	<p>CS</p> <p>CS</p>
GB20/16	<p>Sefton Early Help Strategy and Children and Young Peoples Plan</p> <p>Jacque Finley presented the reviewed and refreshed Children and Young People's Plan and the Early Help Strategy.</p> <p>The members were asked to note the background of the documents and the key issues and priorities summarised on pages 255 and 256 of the meeting report, especially in relation to ensuring children and young people are heard, happy, healthy and achieving. FLT emphasised the importance of these strategies for the transformation of services across Sefton and the focus on people and communities.</p> <p>FLT commended the strategies and highlighted the importance of commissioning services that support them.</p> <p>Resolution: The members received the strategies.</p>	
GB20/17	<p>Transforming Care for People with Learning Disabilities: Update</p> <p>The governing body were presented with a paper which provided an update on the Transforming Care programme aimed at improving the lives of people with a learning disability and or Autism programme for the registered population, for both children and adults.</p> <p>Locally commissioners have been working with Cheshire and Merseyside partners</p>	

No	Item	Action
	<p>to implement the new models of care in a number of areas and all aimed at developing community services and close inpatient facilities for people with a learning disability and/or autism who display behaviours that challenges, including those with a mental health condition.. 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 which will assist in the development of the models of care.</p> <p>The CCG currently has no inpatients in hospital. There are three inpatients from Sefton in services commissioned by Specialised Commissioning. The CCG maintains regular contact to support planned discharges.</p> <p>FLT advised members that the CCG has representation on the Cheshire and Merseyside Transforming Care Partnership and highlighted the importance of this work which is a priority area for the CCG forming part of the day to day business and performance monitoring.</p> <p>JL described to the members the challenges experienced in trying to bring the system together given the differing aspects, organisations and authorities involved, each having their own processes and systems and the differing skills that needed to be learned in order to best support those with behaviours that were challenging. The programme was now at a point where that work was coming together to provide the support for both staff and families. JL described the strong partnership working including co-production with patients, their families and carers is enabling real change to take place locally.</p> <p>The members discussed those living within supported living and the safeguards in place to ensure that they are being cared for properly. Such safeguards included the use of lessons learnt, better joint arrangements, learning on how to commission better, improved systems and monitoring, enhanced local services and better transition into supported living locally.</p> <p>Further evidence of how this work is making a difference can be seen in the patient stories and how the programme has impacted their lives. FLT requested these be shown at the next governing body meeting.</p> <p>The team and programme were commended on the work being done and the difference being made to the lives of staff, patients, families and carers. Recognition was given to the Supported Living Service who had been nominated for a Local Government Award (LGA).</p> <p>Resolution: The members received the report, noting the progress being made and endorsed the continuing work on the Cheshire and Merseyside Transforming Care Partnership.</p>	Geraldine O'Carroll
GB20/18	<p>Sefton Transformation Programme Update</p> <p>The paper presented members with an update on the progress since last reported in November 2019.</p> <p>The members were asked to note page 310 of the meeting report which provided an overview of the recent areas of work, including the progression towards programme close by the end of March and transition into business as usual.</p> <p>Additional reference was made to appendix 1 which defined the output and key areas following an STB session held in December 2019, and appendix 2 which provided and update on work streams.</p> <p>FLT asked members to note the review of scope, purpose and programme of work being carried out by the Provider Alliance in response to the top 3 ambitions,</p>	

No	Item	Action
	<p>how they align and the similarity.</p> <p>Resolution: The members received the report.</p>	
GB20/19	<p>Key Issues Reports:</p> <p>a) Finance & Resource Committee b) Quality & Performance Committee The members were asked to note that the Health Visitor service model is based on post code as opposed to GP practice. The members had raised concern regarding potential impact on children and families. As such the team have been invited to attend the committee to provide assurance that services were joined up. c) Audit Committee d) Primary Care Commissioning Committee PTI e) Localities f) Joint Committee (S&F and WLCCG) The members were presented with the key issues of the inaugural meeting. The meeting is a public meeting and will be publicised accordingly.</p> <p>Resolution: The governing body received the key issues reports</p>	
GB20/20	<p>Approved Minutes:</p> <p>a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI</p> <p>RESOLUTION: The governing body received the approved minutes.</p>	
GB20/21	<p>Any Other Business</p> <p><u>New Southport Mental Health Hospital Visit: Hartley Hospital</u></p> <p>FLT updated members on a recent visit to the new Southport hospital which is to provide state of the art facilities for inpatient and community services to the benefit of patients, staff, carers and families.</p> <p>The members congratulated Mersey Care on the development.</p>	
GB20/22	<p>Date and Time of Next Meeting</p> <p>Wednesday 1st April 2020, 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.</p> <p>Dates for 2020/21 are as follows:</p> <p>3rd June 2020 2nd September 2020 4th November 2020 3rd February 2021 7th April 2021</p> <p>All PTI public meetings will commence at 13:00hrs and be held in the Family Life Centre, Southport PR8 6JH.</p>	

No	Item	Action
Meeting concluded		15:45hrs
<p>Meeting concluded with a motion to exclude the public:</p> <p>Motion to Exclude the Public: Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		

DRAFT

Governing Body Meeting in Public Action Points

Date: Wednesday 5th February 2020

No	Item	Action
Questions from the public	<p>1. When making a decision of which Trust to give a contract:</p> <p>b. Do you, as a body, ever speak to the employees/have discussions at grass roots as to how some of the changes are actioned?</p> <p>Part of that process and continued monitoring included contract and service reviews and planned walk-about to services in order to view and test areas of delivery.</p> <p>The member of the public expanded on their own experiences and difficulties whilst working within community services and the impact that such has had.</p> <p>FLT thanked the member of the public for sharing their experiences and emphasised the need to ensure that the voice of the staff is heard. FLT considered that a deeper insight was needed. FLT agreed to make contact outside of the meeting.</p>	FLT
GB20/7	<p>Integrated Performance Report</p> <p><u>7.1 NHS Constitution and Quality</u></p> <p>Reference was made to the metric ‘% of patients receiving treatment for cancer within 62 days from NHS cancer screening service’ on page 27 and 29 of the meeting pack, specifically N/A and 0% and the meaning (i.e. if refers to 0 patients). CW will review and report back.</p> <p><u>7.2 Financial Position</u></p> <p>Further reference was made to the orthopaedic activity in relation to the letters being received from the Trust to practices where GPs are being asked to refer locally. This was questioned given that it was understood the pathway is for the Trust to refer, not the GP, and that the pre and post op treatment needs to be made clear within the contract. It was agreed that this needed to be explored. FLT highlighted the importance of the system working as a system to deliver services.</p>	CW CW
GB20/8	<p>Oversight Framework 2019/20 Q2 Exception Report</p> <p>A discussion was had on the falls related indicators (104a and 106a). ‘Falls’ was noted as an area for concern for the CCG, especially given the population for the area which is more disproportionate of elderly. The members received an update on the work being done and planned by the Provider Alliance as part of the transformation agenda looking at falls. Especially given the consequence and cost to the person and services, with the impact being broader than just health.</p> <p>Clarification was requested on whether it was possible to get the ‘Falls’ data broken down in order to understand where falls took place and any data on the current waiting time for the falls service.</p>	CW

No	Item	Action
GB20/9	<p>Future of CCGs</p> <p>Resolution: Additionally:</p> <ul style="list-style-type: none"> It was noted that the support and endorsement of the governing body would be presented to the membership with an update to the governing body in March 2020. It was agreed that the last sentence on page 135 of the meeting report be reworded to reflect borough or place rather than CCG 	<p>FLT</p> <p>FLT</p>
GB20/11	<p>Joint Committee Terms of Reference</p> <p>The members approved the proposed changes to the terms of reference subject to the removal of the word 'Sefton' from the title of the group so that it reads the 'Acute Sustainability Joint Committee of Clinical Commissioning Group (CCGs).</p>	DFair
GB20/13	<p>Governing Body Assurance Framework, Heat Map and Corporate Risk Register</p> <p>The Audit Committee Chair updated on the discussion and outcome at the meeting as detailed within the report and in addition:</p> <ul style="list-style-type: none"> The committee had discussed the scoring of those risks as '5', either as a likelihood or consequence. On review of the scoring matrix and description, it was not necessarily clear why some risks had been scored at that level at that this should be reviewed. A discussion was had on risk 12 of the heat map /QUO047: <i>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.</i> <p>Following review of the risk by the risk lead, the risk had been reduced to below the 12+ reporting level to Audit Committee (and Governing Body). Furthermore the lead had proposed the removal of the risk from the full (all risks) CRR. The Audit Committee considered that, in light of the continued performance issues and no clear rationale for removal, the risk should remain and be presented through the internal moderation process again with a review of description and score .</p> <ul style="list-style-type: none"> The inclusion of the SEND CIB risk register to be the CCG risk process 	<p>Judy Graves</p> <p>Judy Graves</p> <p>Judy Graves</p>
GB20/14	<p>SEND</p> <ul style="list-style-type: none"> the Improvement Plan with key exceptions to be presented to the April 2020 governing body a structure of the agreed governance arrangements to be circulated to the governing body members 	<p>FLT</p> <p>FLT/Kerrie France</p>
GB20/15	<p>Sefton Health and Wellbeing Strategy 2020/25</p> <ul style="list-style-type: none"> Four pillars of population health: discussion was had on the source information used to compile the data and clarification was requested on the information stated for physical activity in column 1. Title of column to also be amended. Accross the life course: The inclusion of a key on the page was suggested in order to clarify the acronyms 	<p>CS</p> <p>CS</p>

No	Item	Action
GB20/17	Transforming Care for People with Learning Disabilities: Update The film of patient stories showing how the programme has impacted their lives to be shown at the next governing body meeting.	Geraldine O'Carroll

MEETING OF THE GOVERNING BODY April 2020

Agenda Item: 20/46	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 3456						
Report date: March 2020							
Title: Chief Officer Report							
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's update.							
Recommendation							
<p>The Governing Body is asked:</p> <ul style="list-style-type: none"> - Formally receive the report - Delegate authority to the Deputy Chief Officer/Chief Finance Officer and the Chair of the Audit Committee to sign off the DSP submission. - Governing Body is asked to fully delegate authority to the Chief Officer and the COVID-19 Incident Management Team authority to take all relevant actions to respond to the COVID-19 pandemic. This will include implementation of all nationally mandated guidelines, allocation of resources as necessary to support that response and to take any internal decisions and actions as may be required in these exceptional circumstances. - In the absence of the Chief Officer, the Deputy Chief Officer or another member of the Leadership Team will have relevant authority to act and take decisions necessary to respond to COVID-19. 	<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 5px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 20px;">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	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	

Report to Governing Body March 2020

General

1. Response to coronavirus

We are working hard with a wide range of partners locally, regionally and nationally to prepare for and respond to COVID-19, the current coronavirus pandemic.

To deal with this fast changing and unprecedented situation, major incident 'command and control' structures have been mounted across the NHS, as the Government puts a number of measures in place aimed at stemming the spread of the virus.

As part of this response, the CCG has a now well established and director led Incident Management Team (IMT) reporting to NHS England / Improvement.

The role of the IMT is to focus solely on our CCG strategic and operational response to COVID-19 and to steer our wider work across the organisation and beyond. A number of workstreams or 'cells' are in place, tasked with supporting two overarching areas of work:

- Hospital services - elective care, critical care, cancer, independent sector
- Out of hospital services - care homes, continuing healthcare (CHC), primary care, medicines management, community services, discharge planning and working with the voluntary, community and faith sector (VCF) sector

In line with Government guidance, the majority of our staff have switched to working at home, with only a very small number of 'key workers', mostly carrying out patient facing roles or supporting our incident management response, are operating from our headquarters closely following social distancing.

COVID-19 is taking priority over nearly all of our usual business activities, apart from a few areas of work important in ensuring our CCG continues to function during any major incident, such as essential finance and governance.

For the foreseeable future, all our meetings held in public have been moved to teleconferences. We will however, continue to publish papers on our website as usual.

Along with our partners, we are promoting the Government's latest announcements and guidance around COVID-19 to our residents, providers and other stakeholders.

Visit www.gov.uk/coronavirus for the Government's response to and the latest information about COVID-19.

2. Potential merger of CCGs

Following the recent meeting on 26 February 2020 of the CCG members, the Local Medical committee (LMC) has been formally asked to undertake a ballot of members. This will be complete on the 31 March 2020. It is expected that the results will be available for a verbal update at the Governing Body meeting.

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

3. Section 75

Sefton Council and the CCG have arrangements in place for pooling resources and delegating certain function(s) to the other partner if it leads to an improvement in the way those functions are exercised. This agreement is made under Section 75 of the National Health Services Act 2006.

Following joint and final agreement, the next phase of these arrangements under Section 75 is now being signed off by the Chief Officer, as per delegated authority.

4. Recommendation

The Governing Body is asked:

- Formally **receive** the report
- Governing Body is asked to **fully delegate authority** to the Chief Officer and the COVID-19 Incident Management Team authority to take all relevant actions to respond to the COVID-19 pandemic. This will include implementation of all nationally mandated guidelines, allocation of resources as necessary to support that response and to take any internal decisions and actions as may be required in these exceptional circumstances.
- In the absence of the Chief Officer, the Deputy Chief Officer or another member of the Leadership Team will have relevant authority to act and take decisions necessary to respond to COVID-19.

Fiona Taylor
Chief Officer
March 2020

MEETING OF THE GOVERNING BODY April 2020

Agenda Item: 20/47.1	Author of the Paper: Karl McCluskey Directory of Strategy & Outcomes Email: Karl.McCluskey@southseftonccg.nhs.uk Tel: 0151 317 8468						
Report date: April 2020							
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 Information was collated in advance of the outbreak of Covid-19 which in all performance areas is likely to have an impact on the final quarter's performance. In addition, this will mean there will be limited capacity to work on planned improvement trajectories with providers.							
Recommendation The Governing Body is asked to receive this report.	<table style="width: 100%;"> <tr> <td style="width: 80%;">Receive</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives 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	



Southport and Formby
Clinical Commissioning Group

Southport & Formby Clinical Commissioning Group

Integrated Performance Report

Contents

1. Executive Summary	14
2. Planned Care	17
2.1 Referrals by Source	17
2.1.1 E-Referral Utilisation Rates	19
2.2 Diagnostic Test Waiting Times	20
2.3 Referral to Treatment Performance	22
2.3.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters	23
2.3.2 Provider assurance for long waiters	25
2.4 Cancelled Operations	26
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	26
2.5 Cancer Indicators Performance	27
2.5.1 - Two Week Wait for Breast Symptoms	27
2.5.2 – 31 Day First Definitive Treatment of Cancer	27
2.5.3 – 31 Day Cancer Treatment: Anti-Cancer Drug	28
2.5.3 - 62 Day Cancer Urgent Referral to Treatment Wait	29
2.5.4 - 62 Day NHS Screening Service	30
2.5.5 104+ Day Breaches	31
2.5.6 Faster Diagnosis Standard (FDS)	31
2.6 Patient Experience of Planned Care	33
2.7 Planned Care Activity & Finance, All Providers	34
2.7.1 Southport & Ormskirk Hospital NHS Trust	35
2.7.2 Wrightington, Wigan and Leigh NHS Foundation Trust	36
2.7.3 Renacres Hospital	36
2.7.4 Isight	37
3. Unplanned Care	38
3.1 Accident & Emergency Performance	38
3.1.1 A&E 4 Hour Performance	38
3.1.2 A&E 12 Hour Breaches: Southport & Ormskirk Trust	39
3.2 Urgent Care Dashboard	40
3.3 Occupied Bed Days	41
3.4 Ambulance Service Performance	42
3.5 Ambulance Handovers	43
3.6 Unplanned Care Quality Indicators	44
3.6.1 Stroke and TIA Performance	44
3.6.2 Mixed Sex Accommodation	45
3.6.5 Healthcare associated infections (HCAI): E Coli	48
3.6.6 Hospital Mortality	48

3.7	CCG Serious Incident Management.....	49
3.8	CCG Delayed Transfers of Care (DTC).....	51
3.9	Unplanned Care Activity & Finance, All Providers	52
3.9.1	All Providers.....	52
3.9.2	Southport & Ormskirk Hospital NHS Trust.....	53
4.	Mental Health.....	54
4.1	Mersey Care NHS Trust Contract (Adult)	54
4.1.1	Mental Health Contract Quality Overview.....	54
4.1.2	Care Programme Approach (CPA) 7 Day Follow Up	55
4.1.3	Eating Disorder Service Waiting Times	56
4.2	Cheshire & Wirral Partnership (Adult).....	57
4.2.1	Improving Access to Psychological Therapies: Access	57
4.2.2	Improving Access to Psychological Therapies: Recovery.....	58
4.3	Dementia Diagnosis	58
4.4	Learning Disabilities (LD) Health Checks	59
4.5	Improving Physical Health for People with Severe Mental Illness (SMI)	60
5	Community Health.....	61
5.1	Adult Community Services (Lancashire & South Cumbria NHS FT)	61
5.1.1	Quality.....	61
5.1.2	Podiatry Long Waiters.....	62
5.2	Any Qualified Provider – Audiology	62
6	Children’s Services	63
6.1	Alder Hey NHS FT Children’s Mental Health Services	63
6.1.1	Improve Access to Children & Young People’s Mental Health Services (CYPMH)	63
6.1.2	Waiting times for Routine Referrals to Children and Young People’s Eating Disorder Services.....	64
6.1.3	Waiting times for Urgent Referrals to Children and Young People’s Eating Disorder Services	65
6.2	Child and Adolescent Mental Health Services (CAMHS).....	65
6.2.1	Paediatric SALT	66
6.2.2	Paediatric Dietetics	67
6.3	Alder Hey Community Services Contract Statement	68
6.4	Alder Hey Activity & Performance Charts	69
6.5	Percentage of children waiting less than 18 weeks for a wheelchair (Lancashire & South Cumbria NHS FT).....	69
7	Primary Care.....	70
7.1	Extended Access Appointment Utilisation	70
7.2	Care Quality Commission (CQC) Inspections.....	72
8	CCG Oversight Framework (OF).....	73
8.1	Background.....	73
9	Appendices	74

9.1.1 Incomplete Pathway Waiting Times 74

9.1.2 Long Waiters analysis: Top Providers 74

9.1.3 Long waiters analysis: Top 2 Providers split by Specialty 75

9.2 Delayed Transfers of Care 76

8.7 Better Care Fund 77

9.3 NHS England Monthly Activity Monitoring 79

List of Tables and Graphs

Figure 1 - Referrals by Source across all providers for 2017/18, 2018/19 & 2019/20	17
Figure 2 – RTT Performance & Activity Trend	23
Figure 3 – Southport & Formby CCG Total Incomplete Pathways	24
Figure 4 – Southport & Formby CCG Provider Assurance for Long Waiters	25
Figure 5 – FDS monitoring for Southport & Formby CCG	32
Figure 6 - Planned Care - All Providers	34
Figure 7 - Planned Care – Southport & Ormskirk Hospital	35
Figure 8 - Planned Care – Wrightington, Wigan and Leigh Hospital	36
Figure 9 - Planned Care – Renacres Hospital	36
Figure 10 - Planned Care – Isight	37
Figure 11 – Occupied Bed Days, Southport & Ormskirk Hospitals	41
Figure 12 - Hospital Mortality	48
Figure 13 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients	49
Figure 14 – Incidents Open over 100 days for Southport & Formby CCG	49
Figure 15 - Unplanned Care – All Providers	52
Figure 16 – Southport & Formby CCG Virgin Care Activity and Cost	52
Figure 17 - Unplanned Care – Southport & Ormskirk Hospital NHS Trust	53
Figure 18 – Alder Hey Community Paediatric SALT Waiting Times – Sefton	66
Figure 19 – Alder Hey Community Paediatric Dietetic Waiting Times – Southport & Formby CCG	67
Figure 20 – Alder Hey Community Paediatric Dietetic DNA's & Cancellations – Sefton	68
Figure 21 – Breakdown of Appointments by Type & Month, Southport & Formby CCG Extended Access Service	71
Figure 22 – CQC Inspection Table	72
Figure 23 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting	74
Figure 24 - Patients waiting (in bands) on incomplete pathway for the top Providers	74
Figure 25 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust	75
Figure 26 - Patients waiting (in bands) on incomplete pathway for Liverpool University Hospitals NHS Foundation Trust	75
Figure 27 – Southport & Ormskirk DTOC Monitoring	76
Figure 28 – BCF Metric Performance	77
Figure 29 – BCF High Impact Change Model Assessment	78
Figure 30 – Southport & Formby CCG's Month 10 Submission to NHS England	80

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 Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	80%	81.9%	92.6%	89.2%	83.9%	84.6%	82.1%	82.29%	86.4%				
		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%

Diagnostics & Referral to Treatment (RTT)

% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	2.96%	3.71%	5.19%	4.35%	4.51%	3.49%	2.39%	1.89%	2.57%	2.7%			
		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%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport And Formby CCG	RAG	G	G	G	G	R	R	R	R	R				R
		Actual	92.998%	93.52%	92.79%	92%	91.1%	91.71%	91.93%	91.55%	91.48%	91.48%			
		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 The number of patients waiting at period end for incomplete pathways >52 weeks	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G				G
		Actual	0	0	0	0	0	0	0	0	0	0			
		Target	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 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.	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	6	7	7	7	2	4	8	5	8	2			
		Target	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	G	G	G	G	G	G			G
		Actual	0	0	0	0	0	0	0	0	0	0	0	0	0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

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	G	R	G	G	G	G	G			G
		Actual	86.52%	93.34%	94.12%	93.15%	92.81%	96.16%	96.05%	95.58%	95.44%	96.02%			93.88%
		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%
% 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	G	G	G	G	G	R	G	G			R
		Actual	51.61%	87.23%	96.67%	97.22%	100%	93.55%	96.55%	91.89%	96.67%	96%			90.45%
		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%
% 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	R	G	R	G	G	G			G
		Actual	98.70%	97.18%	98.61%	97.73%	94.55%	96.72%	95.4%	96%	97.33%	97.67%			97.06%
		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%
% 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	G	G	G	R	G	G			G
		Actual	100%	100%	100%	100%	100%	100%	100%	85.71%	100%	94.12%			96.90%
		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%
% 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	G	R	R	G	G	G	R			R
		Actual	100%	95%	100%	100%	95.24%	94.12%	100%	100%	100%	81.82%			97.18%
		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%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	100%	100%	95.45%	100%	100%	100%	100%	100%	100%	100%			99.47%
		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%

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	R	R	R	R	R	G	R		R
		Actual	72.22%	80.56%	85.29%	68.18%	80.65%	82.86%	80.95%	81.4%	97.14%	68.89%			79.06%
		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%
% 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	N/A	R	G	R	N/A	R	R	R	G	R		R	
		Actual	-	85.71%	100%	62.50%	-	0%	0%	85.71%	100%	84.62%		80%	
		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%	
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport And Formby CCG	RAG	G	G	-	-	-	G	G	G	G	G		G	
		Actual	86.36%	93.75%	60%	83.33%	84.62%	100%	87.5%	100%	88.24%	92.31%		86.75%	
		Local Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	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	R	R	R	R	R		R	
		Actual	84.23%	85.15%	85.73%	88.32%	87.51%	88.46%	85.04%	82.98%	83.08%	84.4%		85.76%
		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%

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	R	R	R	R	R		R	
		Actual	14	13	4	9	9	10	7	10	11	8		95
		Target	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	R	R	R	R	R		R	
		Actual	3.7	3.1	1.0	2.1	2.1	2.4	1.5	2.1	2.6	1.7		
		Target	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		

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	R	R	R	R	R	R			R
		YTD	1	1	1	1	2	2	2	2	2	2			2
		Target	0	0	0	0	0	0	0	0	0	0	0		
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	Southport And Formby CCG	RAG	G	G	R	R	R	R	R	R	R	R			R
		YTD	2	4	8	10	13	16	22	22	26	30			30
		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	R	R	R	R	R	R			R
		YTD	14	25	39	55	70	78	98	107	117	128			128
		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	G	R	G	G	R	G			G
		Actual	100%	100%	100%	100%	100%	75%	100%	100%	87.5%	100%			96%
		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%

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%			100%			75%					91.4%
		Target	56%			56%			56%			56%		56.00%

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

IAPT (Improving Access to Psychological Therapies)

IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport And Formby CCG	RAG	G	R	R	G	R	R	R	R	G	R			R
		Actual	55.6%	46.9%	42.9%	50.7%	45.6%	46.5%	46.7%	37.3%	62.8%	42.6%			47.8%
		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%
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport And Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	1.12%	1.14%	1.01%	0.97%	0.91%	0.89%	1.29%	0.93%	0.62%	0.91%			9.79%
		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%	22%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	96.30%	100%	99%	96.00%	95.8%	97.9%	97.7%	97.4%	100%	93.8%			
		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%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport And Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	100%	100%	100%	100%	100%	100%	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

Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport And Formby CCG	RAG	G	G	G	G	G	G	R	G	G	G			G
		Actual	75.39%	75.60%	68.3%	68.26%	68.3%	68.4%	66.6%	67.9%	67.7%	67.7%			69.42%
		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	R		R
		Actual	95.24%	84.6%	82.6%		
		Target	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	R		R
		Actual	75%	75%	75%		
		Target	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	G		G
		Actual	100%	100%	100%		
		Target	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 10 (note: time periods of data are different for each source).

Constitutional Performance for January 2020/Quarter 3	CCG	S&O
Diagnostics Improvement Trajectory	1.6%	2.0%
Diagnostics (National Target <1%)	2.70%	1.52%
Referral to Treatment (RTT) (92% Target)	91.48%	92.62%
Cancelled Operations (Zero Tolerance)	-	2
Cancer 62 Day Standard Improvement Trajectory	-	75.86%
Cancer 62 Day Standard (Nat Target 85%)	68.89%	81.25%
A&E 4 Hour All Types Improvement Trajectory	-	85.1%
A&E 4 Hour All Types (National Target 95%)	84.40%	86.32%
A&E 12 Hour Breaches (Zero Tolerance)	-	13
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	240
Ambulance Handovers 60+ mins (Zero Tolerance)	-	62
Stroke (Target 80%)	-	87.9%
TIA Assess & Treat 24 Hrs (Target 60%)	-	70%
Mixed Sex Accommodation (Zero Tolerance)	8	14
CPA 7 Day Follow Up (95% Target)	100%	-
EIP 2 Weeks (56% Target)	75%	-
IAPT 6 Weeks (75% Target)	93.8%	-
IAPT 18 Weeks (95% Target)	100%	-

Yellow denotes failing national target but achieving trajectory

Planned Care

Year to date referrals are 5.6% higher than 2018/19 due to an 8.5% increase in consultant-to-consultant referrals. GP referrals are closer to 2018/19 levels with a slight increase of 0.7% at month 10.

Overall, referrals to Southport Hospital have increased by 3.5% year to date at month 10. Increases have been evident across a number of specialities including General Surgery, Dermatology, Urology, General Medicine, Paediatrics and Trauma & Orthopaedics.

The CCG failed the less than 1% target for Diagnostics in January recording 2.70%, a further decline on last month's performance (2.57%). Therefore, the CCG continues to fail the improvement trajectory of 1.6% for January 2020. Southport and Ormskirk have shown a further decline in performance and are therefore still reporting above the national target of less than 1%, with 1.52% in January 2020. However, the Trust's agreed trajectory increased from 1.2% in December to 2% in January and therefore the Trust is achieving it this month.

Southport & Formby CCG had a total 9,376 patients waiting on an incomplete pathway in January 2020; 1,904 patients over plan. The CCG failed to achieve the 92% target in January reporting 91.48%, below the 92% target. Out of a total 9,376 patients waiting on the pathway, 799 were waiting in excess of 18 weeks.

Southport & Ormskirk reported 2 cancelled operations in January 2020, showing a decrease on December. Both were due to the lists overrunning. Year to date there have been 56 cancelled operations at the Trust.

For month 10 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.

In relation to friends and family test scores, Southport & Ormskirk Trust has reported a response rate for inpatients of 15.4% in January 2020. This is a decline on previous month's performance and therefore remains below the England average of 24.9%. The percentage of patients who would recommend the service decreased to 95% and is therefore now below the England average of 96%. The percentage who would not recommend remains at 1%, better than the England average.

Unplanned Care

Southport & Ormskirk's performance against the 4-hour target for January 2020 reached 86.32% for all types (86.04% YTD), which is above the Trust's improvement trajectory of 85.1% for January. For type 1, a performance of 76.93% was reported in December (80.46% YTD).

Southport & Ormskirk Hospital reported 13 12-hour breaches in January against a zero-tolerance threshold.

In 2019/20 NWAS has continued to progress improvements in delivery against the national Ambulance Response Performance (ARP) standards. This included re-profiling the fleet, improving call pick up in the Emergency Operation Centres (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.

Southport & Ormskirk's performance for stroke has improved further in January and is now reporting above the 80% plan with 87.9%; 29 out of 33 patients spending at least 90% of their time on a stroke unit. In relation to TIAs, the Trust has previously reported poor performance for 2019/20. However, the Trust has reported a significant improvement in January 2020 with a performance of 70%. This equates to 7 patients out of 10 achieving the target and is the first time the Trust has achieved the target since November 2016.

For Mixed Sex Accommodation (MSA), the CCG continues to breach the zero-tolerance threshold with a total of 8 breaches in January. All breaches were at Southport & Ormskirk NHS Trust.

The CCG had no new cases of MSRA in January. However, the CCG reported 1 case in April and 1 in August 2019, bringing the year to date total to 2 breaches, and has therefore breached the zero-tolerance threshold for 2019/20. The CCG had 4 new cases of C Difficile in January, bringing the year to date total to 30 against a year to date plan of 25 (year-end plan 30). 12 cases were apportioned to Acute Trust and 18 apportioned to community.

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 January there were 11 new cases against a plan of 8, bringing the year to date figure to 128 against a YTD target of 91. Southport & Ormskirk Trust reported 13 new cases in January with 2 of those acquired through the hospital (202 YTD). There are no targets set for Trusts at present.

Mental Health

The percentage of patients on a Care Programme Approach (CPA) discharged from inpatient care and followed up within 7 days has seen an increase in performance with 100% in January against the 95% target.

In relation to 18-week waits for the eating disorders service, Mersey Care continues to fail the 95% target, with performance dropping to 33.33% in January. Out of a potential 9 service users, 3 started treatment within the 18-week target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported an access rate of 0.91% in January, therefore failing to achieve the target of 1.59%. The recovery target of 50% was also missed in January with 42.6%.

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. Recent discussions have been had at the information sub group regarding the development of an ICRAS dashboard, and re baselining a number of services for 2020/21 to reflect transformation and improvements in recording activity.

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. Alder Hey has provided a Recovery Plan to bring waiting times down by February 2020 and are on track to do so. South Sefton and Southport & Formby CCGs have provided additional investment.

Better Care Fund

A quarter 3 2019/20 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in February 2020. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model, and progress is on track against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care (DTCOC).

CCG Oversight 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 Senior Leadership Team (SLT) leads responsible and expected date of improvement for the indicators.

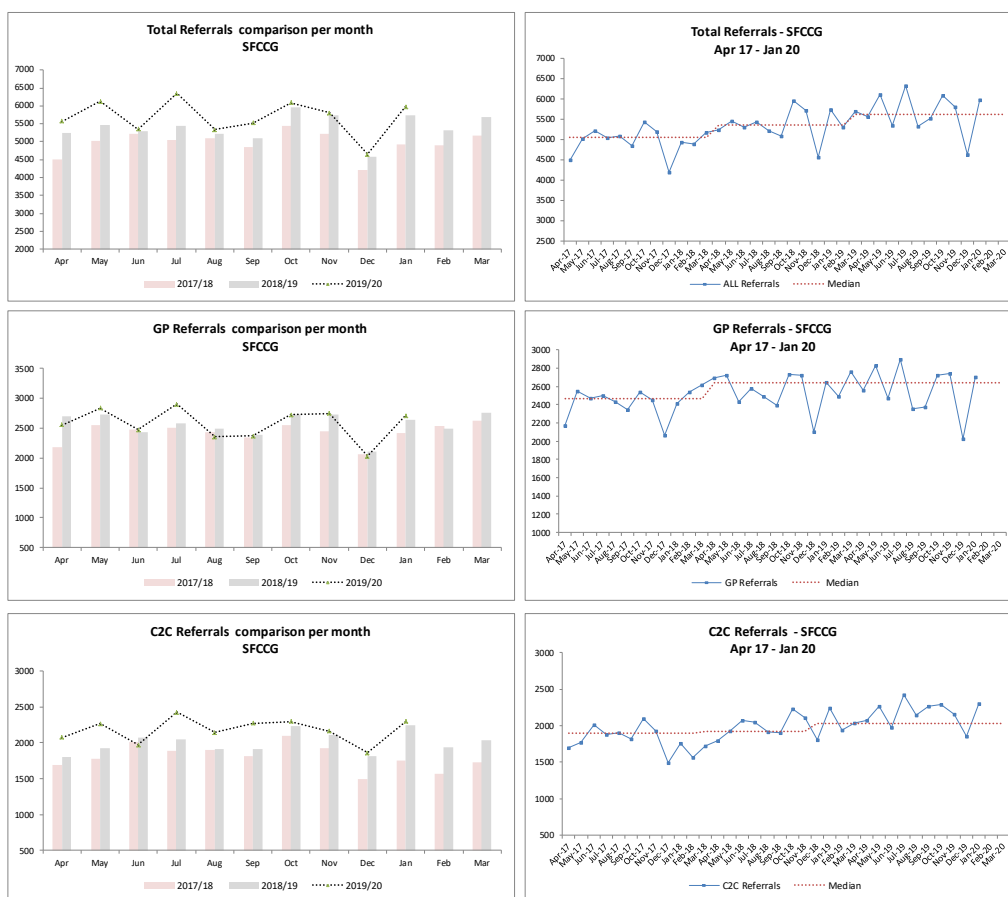
NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23rd August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics are fairly similar to last year, but with some elements a little closer to the Long Term Plan (LTP) priorities. The new OF includes an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions. A live dashboard is available on Future NHS and was updated in January 2020. The CCG continues to monitor performance with focus on indicators highlighted in the worst performing quartile and in the Key Lines of Enquiry (KLOEs).

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	+/-	%
	Month											
April	2694	2555	-139	-5.2%	1799	2075	276	15.3%	5247	5565	318	6.1%
May	2727	2833	106	3.9%	1929	2264	335	17.4%	5456	6121	665	12.2%
June	2429	2472	43	1.8%	2069	1973	-96	-4.6%	5305	5346	41	0.8%
July	2580	2903	323	12.5%	2054	2428	374	18.2%	5433	6341	908	16.7%
August	2495	2354	-141	-5.7%	1914	2145	231	12.1%	5230	5339	109	2.1%
September	2391	2372	-19	-0.8%	1907	2272	365	19.1%	5085	5521	436	8.6%
October	2729	2722	-7	-0.3%	2237	2298	61	2.7%	5965	6092	127	2.1%
November	2722	2744	22	0.8%	2111	2160	49	2.3%	5735	5809	74	1.3%
December	2102	2028	-74	-3.5%	1811	1860	49	2.7%	4571	4644	73	1.6%
January	2646	2706	60	2.3%	2246	2300	54	2.4%	5738	5978	240	4.2%
February	2489				1937				5319			
March	2759				2033				5697			
Monthly Average	2564	2569	5	0.2%	2004	2178	174	8.7%	5398	5676	277	5.1%
YTD Total Month 10	25515	25689	174	0.7%	20077	21775	1698	8.5%	53765	56756	2991	5.6%
Annual/FOT	30763	30827	64	0.2%	24047	26130	2083	8.7%	64781	68107	3326	5.1%



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





Month 10 Summary:

- Trends show that total referrals have increased by 28.7% (1,334) from the previous month at January 2020.
- Although a notable increase, this is in line with historical trends whereby the extended festive period impacts on referral numbers reported. Taking this into account results in 11.9% (28) more referrals for the extra 3 working days.
- Year to date referrals are 5.6% higher than 2018/19 due to an 8.5% increase in consultant-to-consultant referrals.
- Consultant-to-consultant referrals at Southport Hospital are 8.5% (1,698) 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 11.6%.
- Overall, referrals to Southport Hospital have increased by 3.5% (1,258) year to date at month 10. Increases have been evident across a number of specialities including General Surgery, Dermatology, Urology, General Medicine, Paediatrics and Trauma & Orthopaedics at an average of 17.1%.
- The increase in General Medicine is directly related to the 2018/19 change in A&E pathway and creation of the Ambulatory Care Unit (ACU) although it is anticipated that this will level out on a monthly basis as the service has now been operational for over 12 months. Further work monitoring referrals continues via the information sub group.
- Averages for GP referrals remained flat throughout 2018/19 into 2019/20. GP referrals are currently 0.7% up on the equivalent period in the previous year.
- 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 6.4% (337) higher when compared to the previous year with ISight making up the majority of this increase.

2.1.1 E-Referral Utilisation Rates



Indicator		Performance Summary				NHS Oversight Framework (OF)	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	Sep-19	Oct-19	Nov-19	Dec-19		
		84.6%	82.1%	82.3%	86.4%		
		Plan: 100%					
Performance Overview/Issues:							
<p>The national NHS ambition was 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. However this was not achieved. Southport & Formby CCG is showing a performance of 86.4% for December, which is an improvement on last 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. December data shows an overall performance of 90.3% for Southport & Formby CCG, an improvement on the previous month (85.1%).</p>							
Actions to Address/Assurances:							
<p>The planned care team has assigned a commissioning manager to review e-RS performance in line with the CCGs outpatient strategy. As such, advice and guidance and improved e-RS performance are key areas that have been identified to reduce unwarranted variation. e-RS will be included as part of the outpatient strategy case for change which will go through the CCGs governance process early 2020.</p> <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. However, as outpatients is a priority QIPP area and e-RS is a nationally recognised vehicle to achieve outpatient reductions (Advice & Guidance), the CCG Programme Lead will be working with local Acute Trusts to formulate a plan to increase utilisation.</p> <p>The CCG has communicated to its Acute providers (LUHFT and S&O) with regards to the development of Trust plans to reduce outpatient activity. An expectation was set that the Trusts develop plans that would be ratified by the CCG before submission to the system management board. Advice and guidance, and improved utilisation of e-RS will be key components. The CCG have yet to receive detailed plans and this has been escalated to the CCGs turnaround director.</p> <p>The CCG are in negotiations with iMersey to recruit a digital lead whose responsibility will be to pick up eRs and advice and guidance.</p>							
When is performance expected to recover:							
To be confirmed as part of the outpatient strategy case for change.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Rob Caudwell			Terry Hill		

2.2 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	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		Oct-19	Nov-19	Dec-19			Jan-20
		CCG	2.39%	1.89%	2.57%			2.70%
		S&O	2.16%	0.87%	1.44%	1.52%		
		National Target < 1% <u>January improvement plans</u> CCG: 1.6% 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 January recording 2.70%, a further decline on last month's performance (2.57%). Therefore, the CCG continues to fail the improvement trajectory of 1.6% for January 2020. Out of 2,077 patients, 56 patients were waiting over 6 weeks and 10 of those were waiting over 13 weeks, for their diagnostic test. Majority of breaches were in Computed Tomography (14), Colonoscopy (11) and Cystoscopy (10).</p> <p>Southport and Ormskirk have shown a further decline in performance and are therefore still reporting above the national target of less than 1%, with 1.52% in January 2020. However, the Trust's agreed trajectory increased from 1.2% in December to 2% in January and therefore the Trust is achieving it this month. January's performance equates to 40 patients out of 2,632 waiting over 6 weeks for their diagnostic test. The majority of breaches were in Cystoscopy (16) and Colonoscopy (11). 21 of the 40 breaches reported were Southport & Formby CCG patients.</p> <p>For Southport & Formby CCG patients, Liverpool University Hospitals are breaching the target with 6.25% (16 breaches) and Liverpool Heart & Chest with 38.89% (14 breaches).</p>								
Actions to Address/Assurances:								
<u>Trust Comments</u>								
<p>The Trust reported a marginal drop in performance in January compared to December. Performance remains significantly lower than the previous year.</p> <ul style="list-style-type: none"> - Colonoscopy: 11 breaches were due to patients choice and the Trust was unable to adhere to the 3 week reasonableness notice period. There was a delay in prescriptions being written for bowel prep which impacted bookings which has now been resolved. All patients have a confirmed date in the month of February. - Cystoscopy: 6 breaches were due to patients unable to attend within 6 weeks, 5 cases were theatre cases due to lack of capacity and 5 due to Urology/Spinal consultants that can only see the patients. - Cystoscopy Gynae one patient who was delayed at pre-op due to presence of MRSA. - Gastroscopy: 3 breaches all due to patients unable to attend within time and Trust was unable to adhere to 3 week reasonableness period. All patients have confirmed dates in February. Non Obs Ultrasound: 5 breaches due to Christmas bank holidays. Urodynamics: total 5 breaches, 3 patient choice, 1 patient had infection and 1 cancellation. All rebooked in February. 								
<u>CCG Actions</u>								
<p>There are diagnostic issues emanating from Liverpool Heart & Chest which affect the CCG performance. 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 started 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. LCHC expecting sustainable recovery by June 2020.</p> <p>Although the CCGs main provider (Southport & Ormskirk) are achieving against target, there are still underlying issues relating to HMRC Pension and tax, with a reduced numbers of Doctors willing to deliver backfilling sessions to ensure activity is delivered. CCG escalated via NHSE/I performance call and the response was that this is a national issue which has also been escalated by NHS England. The CCG have yet to receive a response.</p> <p>Southport & Ormskirk initiated a process of outsourcing diagnostic activity which has proved to be successful and had initially brought the Trust back in line with the national target. However, high consultant annual leave, bank holidays and HMRC pensions and tax issues have impacted December and January performance. Sustainability of delivery is not assured but will be closely monitored.</p>								

When is performance expected to recover:		
Southport & Ormskirk had indicated that performance improvements were expected in September onwards and this has shown to be the case until November 2019. December 2019 and January 2020 have shown a dip in performance with an expectation set from draft planning submissions for 2020/21 that the Trust expect to not meet the constitutional target (expected delivery of 2.2% by March 2021). This improvement trajectory has not been ratified by the CCG and the regulators. It is anticipated that there will be a ratified improvement trajectory by April 2020.		
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				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks)		Previous 3 months and latest				129a	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.
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20		
		CCG	91.93%	91.55%	91.48%		
		S&O	93.29%	93.34%	92.93%	92.62%	
		Plan: 92%					
Performance Overview/Issues:							
<p>The CCG failed to achieve the 92% target in January reporting 91.48%, below the 92% target. Out of a total 9,378 patients waiting on the pathway, 799 were waiting in excess of 18 weeks. This shows no improvement in performance compared to last month. Gynaecology remains one of the main failing specialties for January reporting 89.73%, with 89 breaches. General Surgery is also failing with a performance of 89.47%; a total of 107 breaches. Ophthalmology is failing with 91.5%; a total of 86 breaches. Treatments grouped under 'Other' are performing at 86.57% in January with 196 breaches.</p> <p>Southport & Ormskirk Hospital Trust (S&O) continues to achieve the target with 92.62%. This shows a slight decline on last month's performance. For Southport & Formby CCG patients, the Trust reported 373 breaches out of a total 5,539 patients, a performance of 93.27%. However, the Trust is failing in Gastroenterology (91.41%), General Surgery (85.52%), Gynaecology (87.99%) and Ophthalmology (90.54%) for Southport & Formby CCG patients which is having an impact on CCG performance. The following providers are failing the target for Southport & Formby CCG patients and therefore also contributing to the CCGs underperformance:</p> <ul style="list-style-type: none"> - Liverpool University Hospitals Foundation Trust (LUHFT) * with 84.83% (160 breaches out of 1,055). - Alder Hey with 65.65% (113 breaches out of 329). <p>*The Royal Liverpool Hospital and Aintree Hospital have now merged to become LUHFT. Before the merger, both hospitals were contributing towards the CCG failing the target.</p> <p>St Helens & Knowsley, The Walton Centre, Wrightington Wigan & Leigh, Liverpool Women's, Lancashire Teaching and Manchester University Hospitals are also failing the 92% target for Southport & Formby CCG patients but with lower numbers. However, they are impacting overall CCG performance.</p>							
Actions to Address/Assurances:							
<p>The CCG is working closely with Aintree via the Planned Care Group to ensure performance remains on trajectory. The Trust was issued a Contract Performance Notice in August, and the improvement trajectory plan received in October. The improvement trajectory plan suggested that improvement would be notional with the Trust achieving 87.1% by March 2020, below the original NHSE/I ratified improvement trajectory. This was escalated to the Collaborative Commissioning Forum (CCF) for discussion and agreement on next steps. The recommendation of the CCF was to respond to the Trust stating that the improvement trajectory was unsatisfactory and requires revising. The CCG formally responded to Aintree's initial improvement trajectory via contract review meeting and letter, reiterating verbal conversations regarding repatriation and also set an expectation that an improved trajectory should be received by the 22nd January 2020. A response was received and discussed at the March LUHFT CCF and agreement sought for a re-issue of the Contract Performance Notice (CPN) by the new lead commissioner (Liverpool CCG) as a single provider.</p> <p>S&O are planning to continue achieving the target in 2020/21. The CCG Planned Care Lead will liaise closely with S&O to ensure that any RTT pressures are understood and appropriate escalation processes followed if performance is expected to dip.</p> <p>Although Alder Hey are achieving RTT at catchment level, the CCG has raised locality specific issues with the Trust. A response was received from the Trust informing that the majority of breaches are within Community Paediatrics, a consultant-led service. More specifically, it is understood that the community ADHD service is currently consultant-led and therefore impacting on CCG performance. It is believed that there are discussions regarding the redesign of the service under the wider context of the SEND review.</p>							
When is performance expected to recover:							
As part of the CCG's draft planning submission, initial expectations are that sustainable recovery will happen from February 2021. However, CCG and Trust draft plans require ratification from the regulators before they are finalised.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Terry Hill			

2.3.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	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	Oct-19	Nov-19	Dec-19	Jan-20		
		CCG	0	0	0		
		S&O	0	0	0	0	
		Plan: Zero					
Performance Overview/Issues:							
The CCG has been informed of an upcoming 52 week breach at Southport & Ormskirk Hospital within Ophthalmology. The Trust has confirmed that this is a Southport & Formby CCG patient which will appear on the February RTT performance.							
Actions to Address/Assurances:							
The Trust has confirmed that this breach was reported on their internal Datix system. An RCA was completed in February 2020 with learning and an action plan was developed.							
When is performance expected to recover:							
No further breaches are anticipated.							
Quality:							
To be confirmed.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Rob Caudwell			Terry Hill		

Figure 2 – RTT Performance & Activity Trend

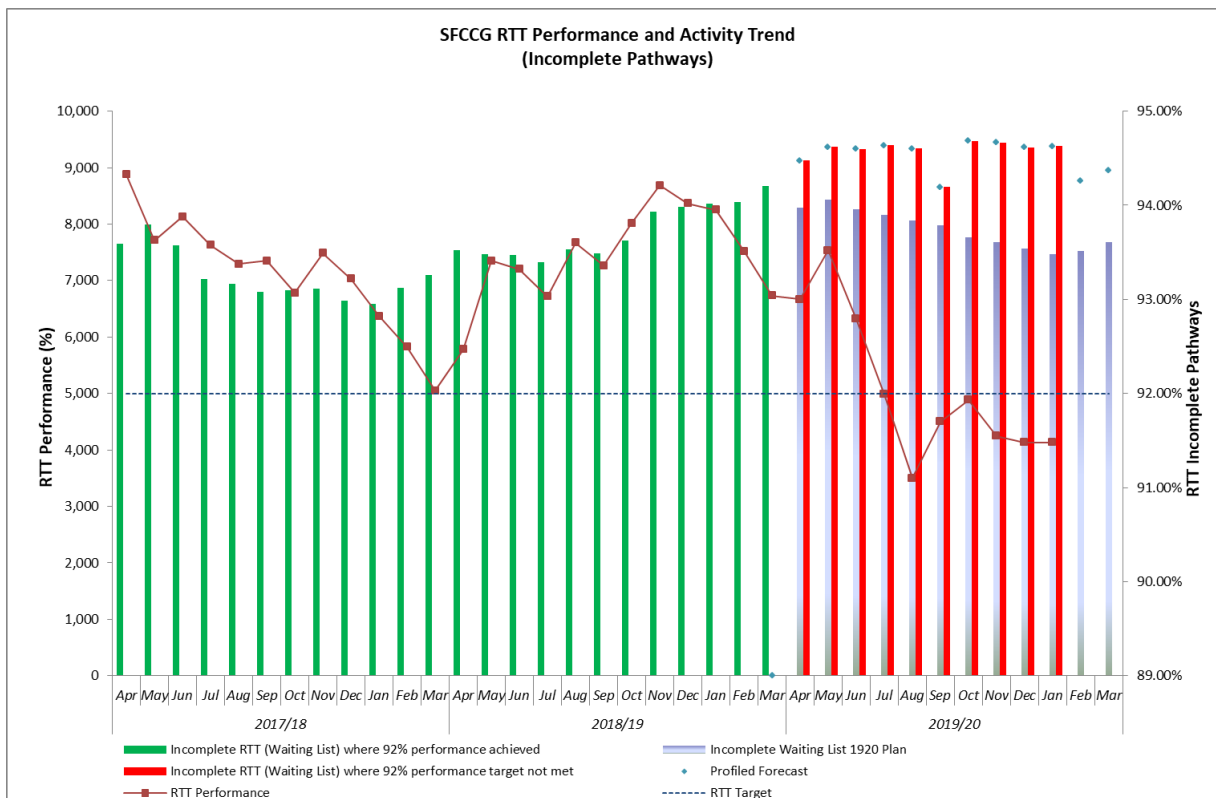


Figure 3 – Southport & Formby CCG Total Incomplete Pathways

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	9,392	9,337	9,442	9,474	9,442	9,362	9,376			9,376
Difference	838	933	1,071	1,234	1,279	1,468	1,706	1,767	1,793	1,904			1,698

Southport & Formby CCG had a total 9,376 patients waiting on an incomplete pathway in January 2020; 1,904 patients over plan.

The CCG has seen a 1,013/11% increase in January 2020 compared to the same period in 2018/19 for incomplete pathways. S&O RTT performance has declined to 92.62%, therefore CCG performance remains below the 92% target at 91.48%.

2.3.2 Provider assurance for long waiters



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

Trust	Speciality	Wait band (Weeks)	Detailed reason for the delay
Alder Hey	All Other	36-49	40 patients: 13 treated, 14 TCI dates given, 9 Sent for service date, 2 discharged, 2 Pathways closed. Community Paediatrics - capacity. Attended and treatment started. Booked. Referral completed no treatment required. Attended Treatment Started. DNA appt 14/02/2020. Reviewed by service and discharged. DNA appt 13/02/20. Reviewed by service and discharged.
Lancashire Teaching	Cardiology	37	1 patient: 1 awaiting follow up appointment. OP Capacity. Echo scan completed 25/02/20 and awaiting follow up appointment to be booked.
Lancashire Teaching	General Medicine	45	1 patient: Follow up in March. Patient seen in clinic on 24/05/2019 and endoscopy completed on 02/09/2019. Follow-up appointment booked for 06/03/2020.
Lancashire Teaching	Plastic Surgery	37	1 patient: 1 Awaiting TCI Date. IP Capacity Issues.
Aintree Hospital	General Surgery	40	1 patient: treated on 20/07/2019.
Aintree Hospital	T&O	37-39	2 patients: 2 pathways stopped. Data quality issues.
Royal Liverpool Hospital	Dermatology	38	1 patient: 1 pathway stopped. Capacity issues.
Royal Liverpool Hospital	General Surgery	43	1 patient: 1 pathway stopped. Capacity issues
Royal Liverpool Hospital	T&O	37-40	2 patients: 1 TCI date in March, 1 Pathway Stopped. Capacity issues, Long wait on waiting list.
Liverpool Womens	Gynaecology	36	1 patient: No trust information given.
Manchester University	ENT	42	1 patient: No trust information given. MFT has submitted a trajectory for reducing waiting waits to NHSI, and is currently performing well against this. MFT reports as Trust and not by individual CCG, patients are all treated to the same rules: Clinical priority and Chronological order. The trajectory includes how Executive oversight of long wait patients will be provided weekly by the Group Chief Operating Officer and MHCC Director of Performance to ensure due process is followed. Unfortunately, the Trust cannot provide tailored reports to individual CCG's. Marie Rowland, Associate Director of performance attends the monthly FIP with commissioners where any issues of concern can be raised.
Manchester University	Gynaecology	39	1 patient: No trust information given. See above commentary
Manchester University	Ophthalmology	39	1 patient: No trust information given. See above commentary
North Midlands	General Surgery	48	1 patient: 1 TCI date in February. Upper Gastrointestinal Surgery.
Phoenix Public	General Surgery	40	3 patients: No trust information given. The 3 Southport & Formby CCG patients reported on the January submission were reported incorrectly and actually only waiting 0-1 week wait (2 patients) and 3 – 4 week wait (1 patient). This will be corrected on the February submission.
Southport & Ormskirk Hospital	All Other	37	1 patient: treated on 11/02/2020. Patient referred on 15/05/2019 and appointments on 20/11/2019 and 30/01/2020 were cancelled by the hospital. Patient attended on 11/02/2020 and was treated.
Southport & Ormskirk Hospital	General Surgery	37	1 patient: treated on 04/02/2020. Patient referred on 13/05/2019 and first appointment was on 05/08/2019 and placed on the waiting list. Appointment cancelled by the hospital on 07/01/2020. Patient was treated on 04/02/2020.
Southport & Ormskirk Hospital	Gynaecology	36-38	8 patients: 6 treated, 1 pathway stopped, 1 awaiting TCI date. It took 36 weeks for the hospital to offer a TCI date the TCI was cancelled by the hospital. It took 36 weeks for the hospital to offer a TCI date and then patient declined treatment at 42 weeks. There was a 14 weeks wait to first appointment and the patient cancelled once and then the hospital cancelled two appointments and then it was a 15 week wait to be offered a TCI date. Patient but on the waiting list on 23/05/2019 but still no date for treatment. It took 34 weeks for the hospital to offer a TCI date. It took 36 weeks for the hospital to offer a TCI date.
Southport & Ormskirk Hospital	Ophthalmology	36	1 patient: 1 pathway stopped. New patient appointment on 25/06/2020 but changed by the patient until 06/08/2019 and then changed again by the patient until 08/10/2019. Changed by the hospital until 01/02/2020 and seen in clinic and stopped.
Wirral University	Gynaecology	39-44	2 patients: No trust information was given.
Wrightington, Wigan and Leigh	General Surgery	37	1 patient: No trust information was given.
Wrightington, Wigan and Leigh	Urology	39	1 patient: No trust information was given.

The CCG had a total of 73 patients waiting over 36 weeks. Of the 73 patients, 22 patients have been treated, 16 have To Come In (TCI) dates, 11 unknown outcomes, 9 sent to service, 2 discharged, 9 pathways stopped, 2 awaiting TCI dates and 2 awaiting a follow up.



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	Oct-19	Nov-19	Dec-19	Jan-20		
		8	5	8	2		
		Plan: Zero					
Performance Overview/Issues:							
Southport & Ormskirk reported 2 cancelled operations in January 2020, showing a decrease on December. Both were due to the lists overrunning. Year to date there have been 56 cancelled operations at the Trust.							
Actions to Address/Assurances:							
Southport and Ormskirk Hospital NHS Trust (S&O) 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.							
Additionally the CCG have been informed that the Trust have insourced anaesthetist activity that is expected to improve the both RTT and cancelled operations performance. The CCG have been informed that although an SLA had been agreed for insourcing of anaesthetist activity, this has not yet been utilised as the current workforce have covered the gap in capacity.							
Cancelled operations performance is being closely reviewed at the S&O Contract and Clinical Quality Review Meeting (CCQRM) and the information sub group meetings for clarity on the reporting of cancelled operations which are not rebooked within 28 days. CCG contract lead for S&O has stated that thorough discussions are taking place and there is a shared understanding that data issues are the cause of the failure of the measure. Ongoing work is being undertaken and monitored at CCQRM.							
Cancelled operations reporting was discussed at the February CCQRM (on 19th February) where the Trust confirmed that all cancelled operations were rebooked within 4 weeks. It was also stated that a report will be produced by exception where there are breaches. The CCG will raise this with the Trust at the next information sub group.							
When is performance expected to recover:							
Trust to confirm at the information sub group.							
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 Wait for Breast Symptoms

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
2 week wait for breast symptoms (where cancer was not initially suspected)		Previous 3 months, latest and YTD					N/A	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	Oct-19	Nov-19	Dec-19	Jan-20	YTD		
		96.55%	91.89%	96.67%	96.00%	90.45%		
		Plan: 93%						
Performance Overview/Issues:								
The CCG achieved the two week wait target for patients with breast symptoms in January 2020 with 96%. However, year to date performance continues to fail with 90.45%. Year to date, 32 patients have breached out of a total 335 seen.								
Actions to Address/Assurances:								
The majority of symptomatic breast referrals from Southport and Formby GPs are made to Aintree and Royal Liverpool sites. Both sites have achieved the operational standard in January 2020.								
There has been a significant improvement at Aintree from month 2 onwards brought about by workforce re-design and waiting list initiatives. Capacity and demand now appear to be well matched. However, there needs to be close monitoring in respect of potential for referral shift where there are pressures in breast services elsewhere in the region.								
When is performance expected to recover:								
Year to date performance is unlikely to recover due to very low compliance in the first months of 2019/20. Planned trajectories for 2020/21 include a 1.9% growth and are based on average achievement of 93%.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allen			Sarah McGrath			



2.5.2 – 31 Day First Definitive Treatment of Cancer

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
31 day first definitive treatment of cancer diagnosis		Previous 3 months, latest and YTD					N/A	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	Oct-19	Nov-19	Dec-19	Jan-20	YTD		
		CCG 95.4%	96%	97.33%	97.67%	97.06%		
		S&O 100%	96.49%	97.87%	93.44%	97.25%		
		Plan: 96%						
Performance Overview/Issues:								
Southport & Ormskirk Trust failed the 96% target in January 2020 with a performance of 93.44%. However the Trust continues to achieve year to date with 97.25%. In January, 4 breaches out of 61 were reported. Breaches were due to inadequate elective capacity and complex diagnostic pathway. The longest waiter was 35 days.								
Actions to Address/Assurances:								
3/4 breaches were for skin and 2/3 were capacity related, System wide work is ongoing to redesign skin services and ensure patients are seen in the right level of service, thereby creating capacity for suspected and diagnosed cancer patients. The CCG are undertaking the analysis of actual vs plan for planned care.								
When is performance expected to recover:								
CCG trajectory for 2020/21 includes a 1.2% growth factor and an average monthly performance of 96%.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			



2.5.3 – 31 Day Cancer Treatment: Anti-Cancer Drug

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
31 day standard for subsequent cancer treatment drug		Previous 3 months, latest and YTD					N/A	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	Oct-19	Nov-19	Dec-19	Jan-20	YTD		
		CCG	100%	100%	100%	81.82%		
		S&O	0 Patients	0 Patients	0 Patients	100%	100%	
		Plan: 98%						
Performance Overview/Issues:								
The CCG failed to achieve the 98% target in January 2020 with a performance of 81.82%. This was as a result of 2 breaches out of 11. Both delays were due to patient choice and the longest waiter was 38 days. This month's performance has resulted in the year to date position also failing with 97.18%.								
Actions to Address/Assurances:								
Breaches this month were the patients' own choice to defer treatment.								
When is performance expected to recover:								
Planned trajectories for 2020/21 include 1% growth with an average monthly achievement of 98%								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Graeme Allan			Sarah McGrath			



2.5.3 - 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					NHS Oversight Framework (OF)	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	Oct-19	Nov-19	Dec-19	Jan-20	YTD		
		CCG	80.95%	81.40%	97.14%	68.89%		
		S&O	74.49%	81.31%	92.11%	81.25%	78.81%	
		Plan: 85% Trust's January improvement plan: 75.86% Yellow denotes achieving 19/20 improvement plan but not national standard of 85%						
Performance Overview/Issues:								
<p>The CCG failed the 85% target in January 2020 with 68.89% and is therefore still failing year to date with 79.06%. In January there were 14 breaches from a total of 45 patients seen.</p> <p>Southport & Ormskirk Hospital Trust failed the national target in January with a performance of 81.25% and are still failing year to date reporting 78.81%. However performance remains above the Trust's agreed improvement plan of 75.86% for January. In January there were 9 breaches from a total of 48 patients seen. Failing tumour sites are urology, lower GI and upper GI.</p> <p>Deterioration in performance was expected in January 2020 following an exceptional December position. This was a result of high numbers of patients choosing to defer treatment over the holiday period and being treated in January rather than December.</p>								
Actions to Address/Assurances:								
<p>The Trust has shared Cancer Improvement Plans with commissioners based on avoiding 0.5 breaches each month until recovery is achieved and sustained.</p> <p>Key areas of focus include;</p> <ul style="list-style-type: none"> -MDT optimisation using protocols to avoid waits for MDTs where there is no added benefit -Recruitment to gynaecology consultant vacancies which will ensure additional capacity for hysteroscopy and colposcopy <p>System actions</p> <ul style="list-style-type: none"> - New approach of mutual accountability for cancer standards through the Cancer Alliance. The Cheshire and Merseyside Cancer Alliance Performance Improvement Group will have oversight of cancer performance across the system. NHS Planning Guidance for 2020/21 is very clear in its expectation of continued and sustained improvement - Potential for head and neck pathway redesign alongside the Rapid Diagnostic model for head and neck at Aintree - Improvement work on the Haemato-oncology Diagnostic Service (HODS) to reduce turnaround time on samples reporting - Work with LUHFT and Clatterbridge to address performance and sustainability of haematology oncology services 								
Recruitment								
<p>Planning trajectories submitted by Southport and Ormskirk Hospital indicate sustained recovery from July 2020. CCG level trajectories are cognoscente of pathway complexity across multiple providers and indicate an average monthly performance of 84% including a growth rate of 3.9%</p>								
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					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
62 day wait for first treatment following referral from an NHS Cancer Screening		Previous 3 months, latest and YTD					N/A	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	Oct-19	Nov-19	Dec-19	Jan-20	YTD			
		CCG	0%	85.71%	100%	84.62%			80%
		S&O	0%	0%	100%	0 Patients			52%
		Target: 90%							
Performance Overview/Issues:									
<p>The CCG failed the 90% target in January 2020 with a performance of 84.62%. Therefore the CCG remains below target year to date with 80%. In January there were 2 breaches from a total of 13 patients seen. Delays were due to other reasons not listed.</p> <p>Southport & Ormskirk Hospital Trust treated no patients on this pathway in January. Therefore the Trust remains below target year to date with 52%. Year to date there have been 6 breaches from a total of 12.5 patients apportioned to the Trust.</p>									
Actions to Address/Assurances:									
<p>NHSE/I is working with its screening programme commissioning teams to look at performance against the 62 day standard . In particular they will explore the impact of FIT testing introduction into the bowel cancer screening programme and the significant unplanned impact on uptake and positivity (estimated at 250%) resulting in increased demand for endoscopy.</p> <p>A project led by Champs Public Health Collaborative is aimed at increasing patient engagement with screening pathways.</p> <p>The Colorectal Optimal Pathway Project at Aintree will also address the bowel screening programme as an entry point onto the pathway. A new Screening Group with Sefton Local Authority as a Sub Group of the Health Protection Forum commenced in January 2020.</p>									
When is performance expected to recover:									
Trajectories submitted for 2020/21 indicate an average monthly performance of 90% and recognise a growth of 1% for this standard.									
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	Oct-19	Nov-19	Dec-19	Jan-20	
		4	6	1	5	
		Plan: No plan				
Performance Overview/Issues:						
Southport & Ormskirk Trust had 5 patients waiting over 104 days in January 2020. 1 was due to patient choice, 1 health care provider initiated delay, 1 inadequate elective capacity and 2 due to other reasons not listed. The longest waiter was 125 days.						
Actions to Address/Assurances:						
Thematic reviews are received for patients waiting over 104 days and are reviewed at the CCG's Performance & Quality Investigation Review Panel (PQIRP) to ensure all factors are addressed within the Trust's cancer improvement plan. Patient choice, thinking time around treatment modality and unavailability due to holidays remain a key factor in most of these very long waits with the vast majority of patients having more than one factor contributing to their overall delay. Root cause analyses for these cases are also shared with CCGs in a monthly performance meeting.						
When is performance expected to recover:						
Improvement work on 62 days will impact on numbers of very long waiting patients.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Graeme Allan		Sarah McGrath		

2.5.6 Faster Diagnosis Standard (FDS)

The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28-day timeframe. Note that the current 31 and 62-day standards only apply to the cohort of patients who are treated for a **confirmed** cancer diagnosis in the reported time period.

Considerable progress continues to be made to develop and implement faster diagnosis pathways with the initial focus on prostate, colorectal and lung pathways. The standard will become mandated from April 2020.

Hospitals are recording data in 2019, which will help the CCG to understand current performance in England. It will enable Cancer Alliances to identify where improvements need to be made before the standard is introduced.

This new standard should help to:

- Reduce anxiety for patients who will be diagnosed with cancer or receive an 'all clear' but do not currently hear this information in a timely manner;
- Speed up time from referral to diagnosis, particularly where faster diagnosis is proven to improve clinical outcomes; and
- Reduce unwarranted variation in England by understanding how long it is taking patients to receive a diagnosis or 'all clear' for cancer across the country.

Shadow reporting against the 28-day FDS is now available and has been included in the IPR Report from this month **for information only**.

There was no agreed operational standard for this measure initially and there are also limitations on data completeness at the present time.

Update: The performance threshold for the cancer 28-day faster diagnosis standard will initially be set in the range between 70% and 85%, with a phased increase in future years if appropriate, subject to the recommendations of the Clinical Review of Standards. No operational standard has yet been set. Achievement is variable between the breast symptomatic, 2 week wait and screening entry points Trajectories for 2020/21 have been based on shadow monitoring during 2019/20.

The standard will initially apply to referrals from:

- Two week wait (for suspicion of cancer as per NG12 guidance or with breast cancer symptoms); and
- The cancer screening programme.

The CCG will also be working with providers to have a place a maximum waiting time.



Figure 5 – FDS monitoring for Southport & Formby CCG

28-Day FDS 2 Week Wait Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	83.88%	80.84%	82.70%	78.81%	81.29%	80.94%	78.94%	82.89%	78.79%	68.61%			79.94%
No of Patients	397	522	422	604	449	467	584	485	330	360			4620
Diagnosed within 28 Days	333	422	349	476	365	378	461	402	260	247			3693

28-Day FDS 2 Week Wait Breast Symptoms Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	96%	100%	100%	97.06%	95.65%	92.00%	92.86%	97.22%	100%	92.31%			96.44%
No of Patients	25	34	24	34	23	25	28	36	26	26			281
Diagnosed within 28 Days	24	34	24	33	22	23	26	35	26	24			271

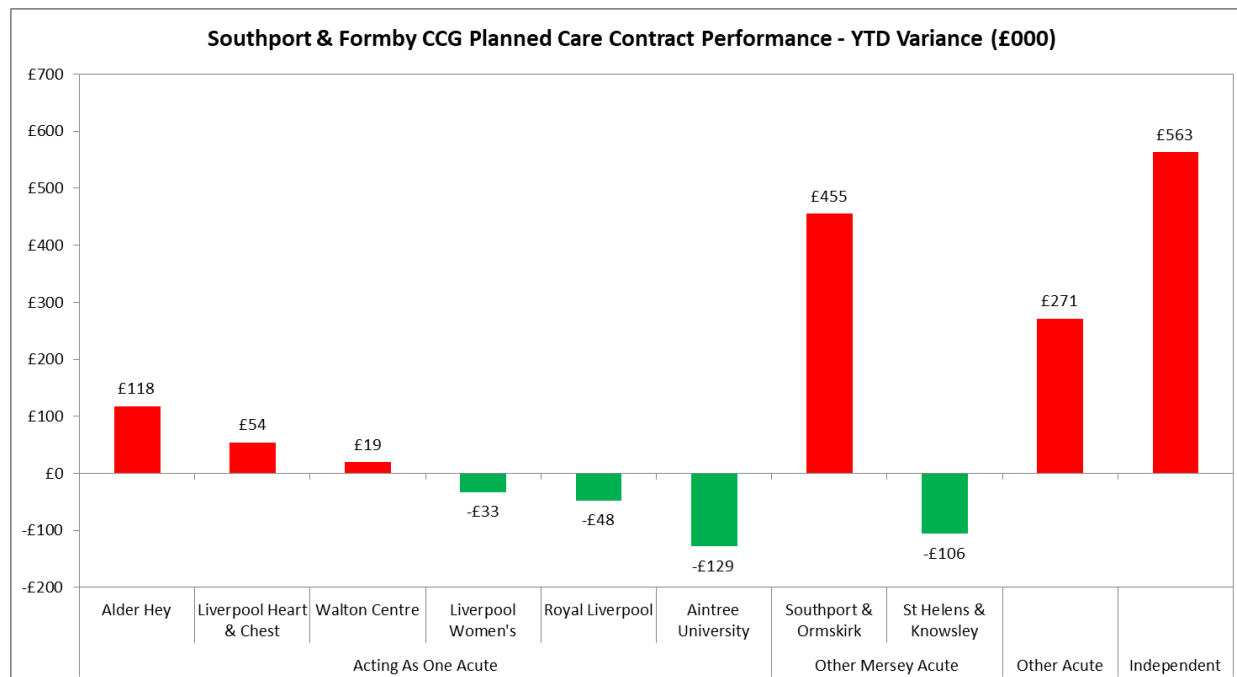
28-Day FDS Screening Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	65.00%	60.61%	33.33%	23.08%	25.00%	25.00%	29.41%	59.46%	42.86%	19.05%			42.34%
No of Patients	20	33	21	13	20	12	17	37	28	21			222
Diagnosed within 28 Days	13	20	7	3	5	3	5	22	12	4			94

2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Southport & Ormskirk Friends and Family Test (FFT) Results: Inpatients		Previous 3 months and latest					
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20		
		RR	18.4%	16.4%	20.8%		15.4%
		% Rec	95%	94%	97%		95%
		% Not Rec	2%	2%	1%		1%
		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 15.4% in January 2020. This is a decline on previous months performance and therefore remains below the England average of 24.9%. The percentage of patients who would recommend the service decreased to 95% and is therefore now below the England average of 96%. The percentage who would not recommend remains at 1%, better than the England average.							
Actions to Address/Assurances:							
Monthly FFT reports produced by Quality Team and discussed at EPEG with rationale for dips in performance to be provided by the Trust.							
When is performance expected to recover:							
With new methods of collection, performance is expected to recover gradually month on month.							
Quality:							
Provider patient experience event being held in June 2020 which will allow Providers to update on FFT, highlighting improvement areas, success stories. Quality team continue to monitor trends and request assurances from providers when exceptions are noted.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		N/A		Jennifer Piet			

2.7 Planned Care Activity & Finance, All Providers

Figure 6 - Planned Care - All Providers



Performance at Month 10 of financial year 2019/20, against planned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £1.2m/3.7%. Applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a similar over spend of approximately £1.2m/3.8%.

At individual providers, Southport & Ormskirk Hospital is showing the largest over performance at month 10 with a variance of £455k/3%. This is followed by Isight and Renacres and with an over performance of £301k/30% and £246k/8% respectively. Wrightington, Wigan and Leigh is also reporting a notable over performance of £191k/12% at month 10.

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 7 - 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	9,303	9,340	37	0%	£4,829	£4,930	£100	2%
Elective	1,069	934	-135	-13%	£3,000	£2,806	-£194	-6%
Elective Excess Bed Days	195	224	29	15%	£52	£59	£8	15%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	1,092	662	-430	-39%	£214	£133	-£81	-38%
OPFASPCL - Outpatient first attendance single professional consultant led	12,187	13,205	1,018	8%	£2,141	£2,323	£181	8%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	2,445	772	-1,673	-68%	£248	£87	-£162	-65%
OPFUPSCL - Outpatient follow up single professional consultant led	34,092	37,308	3,216	9%	£2,914	£3,286	£372	13%
Outpatient Procedure	19,981	22,458	2,477	12%	£2,718	£3,077	£359	13%
Unbundled Diagnostics	16,374	9,922	-6,452	-39%	£1,069	£941	-£128	-12%
Grand Total	96,737	94,825	-1,912	-2%	£17,186	£17,641	£455	3%

*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 3.5% higher than 2018/19 levels and analysis has established that notable increases have been evident for specialities such Trauma & Orthopaedics, General Medicine, General Surgery, Accident & Emergency and Paediatrics amongst others. The increase in General Medicine is directly related to the 2018/19 change in A&E pathway and creation of the Ambulatory Care Unit (ACU) although this is expected to now level out on a monthly basis as the service has been operational for over 12 months. Further monitoring of referrals and activity continues via the information sub group.

Outpatient follow up over performance is driven in the main by Clinical Haematology appointments. Minor skin procedures within Dermatology are responsible for the majority of over performance reported within the outpatient procedure point of delivery.

2.7.2 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 8 - 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	29	35	6	20%	£3	£4	£1	17%
Daycase	202	192	-10	-5%	£264	£213	£-51	-19%
Elective	173	198	25	14%	£1,027	£1,252	£224	22%
Elective Excess BedDays	20	16	-4	-20%	£5	£4	£-1	-15%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	103	98	-5	-5%	£8	£7	£0	-5%
OPFASPCL - Outpatient first attendance single professional consultant led	597	597	0	0%	£88	£88	£0	0%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	173	150	-23	-13%	£10	£10	£0	4%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	382	440	58	15%	£10	£12	£2	17%
OPFUPSCL - Outpatient follow up single professional consultant led	1,708	1,836	129	8%	£107	£116	£9	8%
Outpatient Procedure	383	441	59	15%	£50	£60	£10	20%
Unbundled Diagnostics	343	324	-19	-5%	£31	£28	£-3	-8%
Grand Total	4,112	4,327	215	5%	£1,604	£1,795	£191	12%

Wrightington, Wigan and Leigh over performance is predominantly caused by a £224/22% over performance in Electives and focussed largely within the Trauma & Orthopaedics speciality. Very major knee and hip procedures accounts for a large proportion of the over performance reported within the elective point of delivery.

Trauma & Orthopaedics elective market share for this provider has increased from 25% in 2018/19 to 31% in 2019/20. 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.

2.7.3 Renacres Hospital

Figure 9 - 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	1,218	1,569	351	29%	£1,183	£1,411	£228	19%
Elective	199	184	-15	-8%	£958	£844	£-114	-12%
OPFASPCL - Outpatient first attendance single professional consultant led	2,109	2,505	396	19%	£365	£431	£66	18%
OPFUPNFTF - Outpatient follow up non face to face	5	0	-5	-100%	£0	£0	£0	-100%
OPFUPSCL - Outpatient follow up single professional consultant led	2,778	3,433	656	24%	£202	£249	£48	24%
Outpatient Procedure	1,903	1,843	-60	-3%	£313	£317	£3	1%
Unbundled Diagnostics	927	1,089	162	18%	£79	£103	£24	31%
Physio	1,383	1,398	15	1%	£42	£43	£0	1%
Outpatient Pre-op	1,042	881	-161	-15%	£63	£54	£-10	-16%
Grand Total	11,564	12,902	1,338	12%	£3,205	£3,451	£246	8%

Renacres over performance is evident in day case admissions for 2019/20. Over performance is also apparent against a number of specialities within this point of delivery including Gastroenterology and Pain Management.

Outpatient first appointments are showing a 20% increase against plan in 2019/20 to date. An analysis of GP referrals suggests an increase of 9.1% for Southport & Formby CCG to Renacres in

2019/20 when comparing to 2018/19. Referral increases have been evident for specialities such as Gastroenterology, Pain Management, and Trauma & Orthopaedics.

2.7.4 Isight

Figure 10 - Planned Care – Isight

ISIGHT (SOUTHPORT) Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,076	1,433	357	33%	£603	£793	£191	32%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,040	1,331	291	28%	£143	£183	£41	29%
OPFUPMPCL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	2	3	1	20%	£0	£0	£0	12%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	2,572	3,387	815	32%	£155	£203	£49	32%
Outpatient Procedure	1,266	1,578	312	25%	£88	£108	£20	23%
Grand Total	5,957	7,732	1,775	30%	£988	£1,289	£301	30%

Isight over performance is currently being reported against all planned care points of delivery. Day case procedures currently account for the majority of the over performance reported (£191k/32%), particularly for the HRG - *Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1*.



Outpatient first appointments are showing a 29% increase against plan in 2019/20 to date. An analysis of referrals suggests an increase of 2.2% for Southport & Formby CCG to Isight in 2019/20 when comparing to 2018/19.

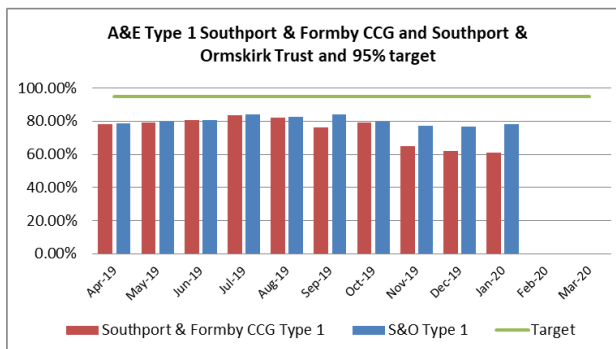
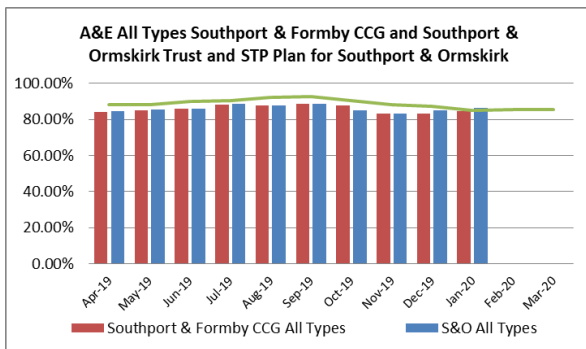
Southport & Formby CCG are currently in the process of reviewing aspects of coding at this provider and are looking to implement coding changes for the 2020/21 contract. This would result in a proportion of activity currently recorded as a day case procedure being recorded as an outpatient procedure at a locally determined tariff (to be agreed as part of contract negotiations).

3. Unplanned Care

3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance

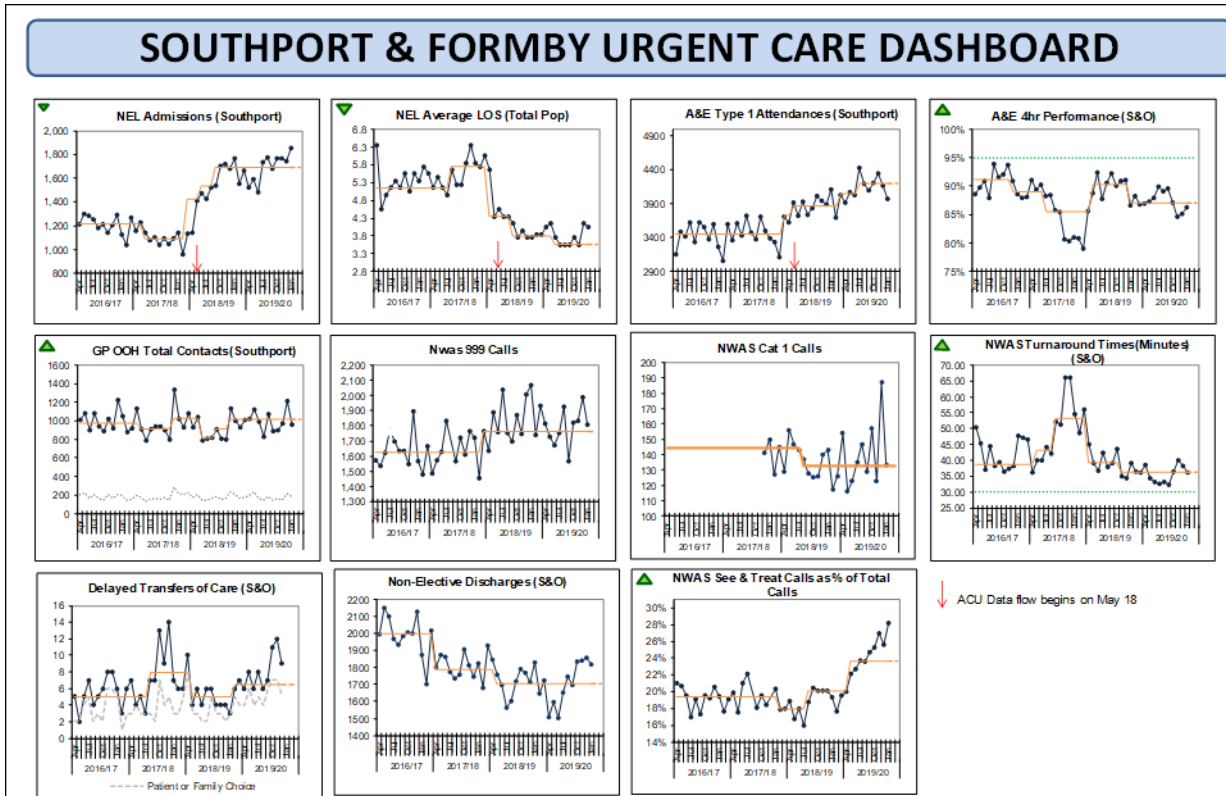
Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
CCG A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients 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	Oct-19	Nov-19	Dec-19	Jan-20	YTD		
		CCG All Types	85.04%	82.98%	83.08%	84.40%	85.76%	National Standard: 95% January improvement plan: 85.1% Yellow denotes achieving improvement plan but not national standard of 95%
		CCG Type 1	79.08%	65.25%	62.31%	60.93%	74.92%	
		S&O All Types	85.17%	83.05%	85.04%	86.32%	86.04%	
		S&O Type 1	79.70%	77.28%	76.93%	78.08%	80.23%	
		S&O Improvement Plan	90.3%	88.0%	87.2%	85.1%	-	
Performance Overview/Issues:								
<p>Southport & Formby CCG's performance against the 4-hour target for January 2020 reached 84.4% for all types (85.76% YTD), and 60.93% for type 1 (74.92% YTD), both of which are significantly below the national standard of 95%.</p> <p>Southport & Ormskirk's performance against the 4-hour target for January 2020 reached 86.32% for all types (86.04% YTD), which is above the Trust's improvement trajectory of 85.1% for January. For type 1, a performance of 76.93% was reported in December (80.46% YTD).</p>								
Actions to Address/Assurances:								
<p><u>CCG Actions</u></p> <ul style="list-style-type: none"> - Audit conducted by Health Watch to determine increase in attendance via the Emergency Department (ED). This will inform hospital avoidance work streams i.e. GP in ED, Sefton Emergency Response Vehicle (SERV) car, Same Day Emergency Care (SDEC) and cancer related unplanned attendances. - Programme Director role extended to July with specific focus on demand and capacity, risk management and escalation and system integration/leadership. This role is also intended to focus on the internal processes and tactical schemes developed by the Trust to improve patient flow. - A revisit from Venn company is scheduled for 3rd week in February to re run the winter schemes and evaluate impact. - Work stream priorities have been revised for 20/21 which will be the focus of the AED local sub group. - There is currently a 25% vacancy rate in nursing within the Trust and a therapy shortfall in the community. Partners have agreed to work together on a local staff recruitment and retention strategy. <p><u>Trust Actions</u></p> <p>The Trust has reported a 1.6% improvement in performance against the 4-hour standard compared to last month. On the Southport site there were 1,532 patients who spent longer than 4 hours in the Emergency Department (ED). There is continued concern regarding the shift in case mix with 116 extra patients who were categorised as majors compared to last year and just under 1,000 additional patients who were categorised as majors compared to Jan 2018. ED is regularly seeing over 82% of patients attending across the month categorised as majors. This results in an increasing number of patients requiring speciality input prior to decisions being made and, as a result of continued bed pressures, patients remain in ED for these reviews and investigations to take place. There were an additional 49 admissions via ED compared to January 2019 and an increase in 100 compared to last month. This is despite continued senior in-reach into ED and streaming to ambulatory pathways to consider alternative options to ED. ED has successfully managed to have 4 doctors on nights, however the shift in attendances and the delays in patient flow has seen the department routinely tracking high occupancy levels and an increase in care delivered on the corridor (533 patients received care delivered on the corridor in January 2020 compared to 391 patients in January 2019). There are continued difficulties in the late identification of discharges across the wards and the impact that this has. There is a need for a reduction in the use of the Ambulatory Care Unit (ACU) as an escalation area to enable consistent streaming during the week. The loss of the 6 spaces results in clinicians working from 1 cubicle on the Surgical Assessment Unit (SAU) which does reduce the number and casemix of patients that ACU can accept. There is optimism that there is further interest in substantive ED consultant posts in the Trust and an advert has been placed. Increasing the consultant workforce would enable rotas to be reviewed to enable command and control model to be maintained and consider extending consultant presence out of hours. Plan Do Study Act (PDSA) cycles have been run in ED reviewing times to triage with a second cubicle recently adapted to enable bloods, ECGs, observations and repeat observations to be taken which releases the triage cubicle to enable triage nurses to triage timely and support better patient flow.</p>								
When is performance expected to recover:								
Trusts have agreed a new trajectory for 19/20 with improvements but not recovering against the 95% target. There has been a slight dip in performance from last year however is still significantly improved from the year before. There is a recognition from the capacity and demand modelling that there is a bed capacity gap in the system.								
Quality:								
Despite the continued focus on improvement with the S&O system, patients continue to experience corridor care and 12 hour breaches which is indicative of poor patient experience. The system are implementing the above actions in aim to mitigate the incidence and risk of 12 hour breaches.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Jan Leonard		Vacant			Sharon Forrester			



3.1.2 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	Oct-19	Nov-19	Dec-19	Jan-20	
		27	15	22	13	
		Plan: Zero				
Performance Overview/Issues:						
Southport & Ormskirk Hospital reported 13 12-hour breaches in January against a zero tolerance threshold.						
Actions to Address/Assurances:						
<u>Trust Comments</u>						
There were 13 patients who breached the standard across the month of January. 12 of those were awaiting admission to an inpatient ward and 1 was awaiting admission to a mental health unit. 10 of the breaches occurred either during or immediately following a weekend, which corresponds with the pressures experienced across the system and the urgent need for a system that is able to step up capacity during periods of pressure. Within the Trust, key schemes had been implemented as part of winter planning, including the opening of orthopaedic beds at Ormskirk, enhanced medical cover, continuation of discharge huddles at weekends, extended pharmacy opening, and SAFER start campaign for the first 2 weeks of January. A key admission avoidance scheme had been the opening of ACU at weekends to stream appropriate patients away from ED to ambulatory pathways; 34 patients were streamed in January at weekends. Undoubtedly this mitigated the risk of further patients remaining ED and admission pathways. The stranded and super stranded metrics continue to cause concern with the number of patients recorded as being medically optimised for discharge having doubled compared to 2018. Timelines have been completed for all patients who breached the 12 hour standard. Assurance has been provided that all patients had reviews, specialty reviews, commenced on treatment plans, had regular observations and nursing interactions whilst in the department.						
When is performance expected to recover:						
The CCG have provided director leadership to support and improve system working within partners. Escalation cards are in place via the escalation management plus system which outlines key actions from each partner to support system flow, improve overall performance and prevent 12 hour breaches.						
Quality:						
Quality Team set up task and finish group to standardise reporting of 12 hour breaches and mechanisms for providing assurance of patient safety. This is a Cheshire and Merseyside piece of work and will be reported into the Directors of Nursing meeting. Currently 3 providers across the patch are piloting a new 48 hour review template that aims to help reduce the burden of providers completing lengthy RCAs.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Vacant		Sharon Forrester		

3.2 Urgent Care Dashboard

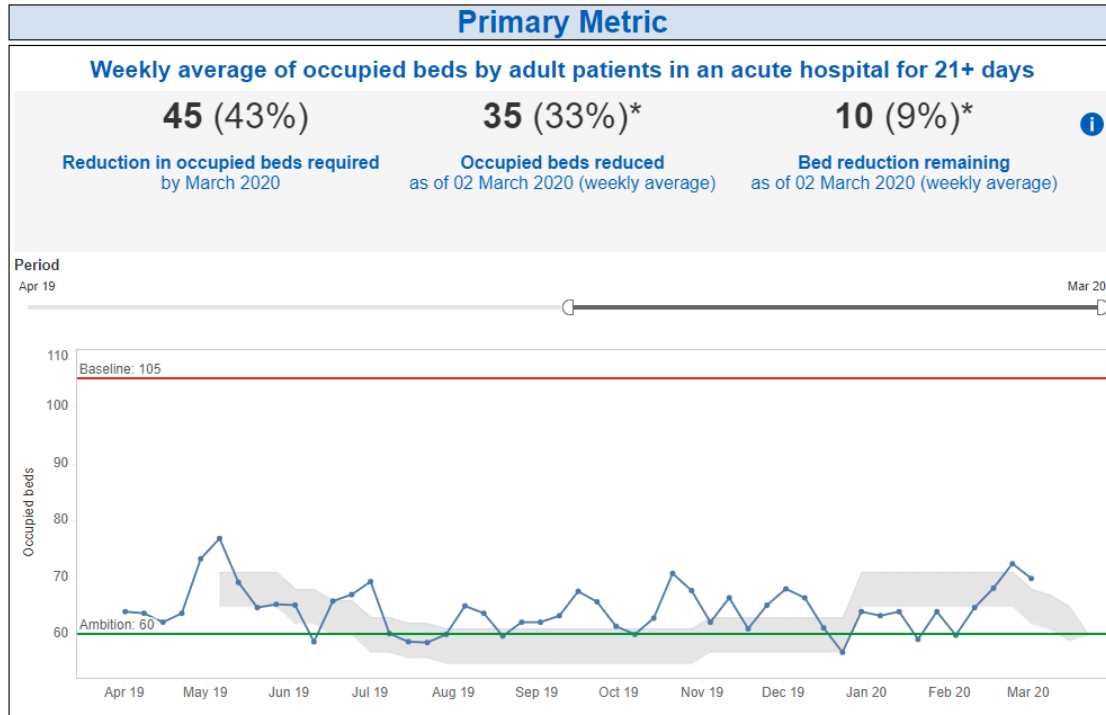


Definitions		
Measure	Description	Expected Directional Travel
Non-Elective Admissions	Spells with an admission method of 21-28 where the patient is registered to a Southport and Formby GP practice.	↓ Commissioners aim to reduce non-elective admissions by 15%
Non-Elective Admissions Length of Stay	The average length of stay (days) for spells with an admission method of 21-28 where the patient is registered to a Southport and Formby GP practice.	↓ Commissioners aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances	Southport and Formby registered patients A&E attendances to a Type 1 A&E department i.e. consultant led 24 hour service with full resus facilities and designated accommodation for the reception of A&E patients.	↓ Commissioners aim to see fewer patients attending Type 1 A&E departments.
A&E 4hr % S&O - All Types	The percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. Refers to Southport & Ormskirk Hospital Trust catchment activity across all A&E department types (including walk-in centres).	↑ Commissioners aim to improve A&E performance to ensure that it meets/exceeds the 95% target.
Go to Doc Out of Hours Activity	Total contacts to the Southport and Formby out of hours provider.	↑ Commissioners aim to see an increase in out of hours contacts.
NWAS Turnaround Times - S&O	Average time of Ambulance arrival (geofence or button press) to Ambulance clear and available (of All attendances) at Southport & Ormskirk Hospital.	↓ Commissioners aim to see a reduction in average turnaround times so that they are less than or meet the 30 minute standard.
NWAS 999 Calls	Southport and Formby - The total number of emergency and urgent calls presented to switchboard and answered.	↓ Commissioners aim to see a decrease in the number of emergency calls.
NWAS Cat 1 Calls	Southport and Formby - A combination of Red 1 and Red 2 Calls. Red 1 refers to life-threatening requiring intervention and ambulance response. Red 2 refers to immediately life-threatening requiring ambulance response.	↓ Commissioners aim to see a decrease in the number of life-threatening emergency calls.
NWAS See & Treat Calls	Southport and Formby - The number of incidents, following emergency or urgent calls, resolved with the patient being treated and discharged from ambulance responsibility on scene. There is no conveyance of any patient.	↑ Commissioners aim to see an increase in the number of patients who can be seen and treated on scene (where possible) to avoid an unnecessary conveyance to hospital.
Delayed Transfers of Care	The number of patients who are ready to be transferred from Southport & Ormskirk University Hospital which are delayed.	↓ Commissioners aim to see fewer delayed transfers of care.
Non-Elective Discharges	The number of discharges from Southport & Ormskirk Hospital from patients who were admitted as Non-Elective.	↑ Commissioners aim to see more Non-elective discharges than admissions.

3.3 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 11 – 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 45 (43%) by March 2020; therefore the target is 60 or less. The Trust achieved this target in October 2019 and is still close to achieving in March 2020 as the latest reporting as at 02nd March 2020 (weekly average) shows 70 occupied beds. This shows a reduction of 35 beds, 10 less than the ambition for March 2020.

3.4 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 transport	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	Nov-19	Dec-19	Jan-20		
		Cat 1 mean	<=7 mins	00:08:10	00:08:22	00:07:58		
		Cat 1 90th Percentile	<=15 mins	00:15:16	00:16:32	00:15:53		
		Cat 2 mean	<=18 mins	00:27:28	00:29:20	00:23:49		
		Cat 2 90th Percentile	<=40 mins	01:03:33	01:10:07	00:55:20		
		Cat 3 90th Percentile	<=120 mins	04:44:24	03:56:09	03:35:20		
Cat 4 90th Percentile	<=180 mins	02:56:05	02:42:23	02:28:06				
Performance Overview/Issues:								
<p>In January 2020 there was an average response time in Southport and Formby of 7 minutes 58 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 23 minutes and 49 seconds against a target of 18 minutes. The CCG also failed the category 3 90th percentile response but achieved the category 4. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into the system.</p>								
Actions to Address/Assurances:								
<p>In 2019/20 NWAS has continued to progress improvements in delivery against the national Ambulance Response Performance (ARP) standards. This included re-profiling the fleet, improving call pick up in the Emergency Operation Centres (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.</p> <p>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 for 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. We have been advised that implementation of the roster review has been delayed in Cheshire & Merseyside until Quarter 4 which increases the risk of no-achievement of targets required for Quarter 1 2020/21. NWAS have advised that whilst formal implementation of the roster review has been delayed it is being progressed where there is mutual agreement with staff which will enable greater flexibility with shift patterns and use of staff resource.</p> <p>North Mersey commissioner working with community providers is in regard to increasing the range of alternatives that can be used to support Category 3 and 4 calls to maximise NWAS resources to be used on higher priority calls.</p> <p>Locally Southport and Formby CCG have commissioned an NWAS integrated emergency response vehicle which is taking incidents directly from the NWAS stack and releasing the local vehicles from Cat 3/4 type calls in aid to get the right vehicle to the right call at the right time.</p>								
When is performance expected to recover:								
<p>The 2019/20 contract agreement with NWAS identified 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.</p>								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Vacant			Sharon Forrester			

3.5 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	Nov-19	Dec-19	Jan-20		
		(a) 30-60 mins	175	201	240		
		(b) 60+ mins	42	55	62		
Performance Overview/Issues:							
For December, Southport & Ormskirk reported an increase in ambulance handover times between 30 and 60 minutes from 201 to 240. Those over 60 minutes also increased from 55 to 62.							
Actions to Address/Assurances:							
<p><u>Trust Comments</u></p> <p>Ambulance handovers completed within 15 minutes in January saw some improvement to 51.83%, which is a 6% improvement on January 2019. However this remains a disappointing position, particularly given the focus that ED has had on hospital handovers. Data is still awaited from NWS to test the compliance with the recently relocated Hospital Arrival Screen (HAS) for patients brought directly into resus as concern remains the timestamp of handovers for these patients are still inaccurate.</p> <p>Plan Do Study Act (PSDA) cycles continued in January with relocation of wheelchairs and stretcher trolleys, additional linen cupboard put into place, regular restocking of linen cupboards, communication aids with radios, presence of Ambulance Liaison Officers (ALOs), senior doctor presence in triage, and more recently the opening of a second cubicle for patients to have bloods, ECGs and observations taken, to release triage nurse to see the next patient. Particular pressure points have been noted out of hours when handover times often increase and during the latter part of the afternoon into the evening when surges in activity occur at the same period that the department accumulates patients awaiting admission to wards.</p> <p>ED continued to use the corridor to 'reverse queue' patients awaiting admission to reduce the frequency of holding ambulances. Joint meetings continue to be held between NWS and the Trust and daily handover and turnaround data is now shared. PSDA planned for April 2020 to stream appropriate patients directly from NWS to ACU, which would negate the need for crews to attend ED.</p>							
When is performance expected to recover:							
As identified above, work is ongoing between the provider and NWS to keep handovers over 30 minutes to a minimum.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Vacant			Sharon Forrester		

3.6 Unplanned Care Quality Indicators



3.6.1 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.
GREEN	TREND	Oct-19	Nov-19	Dec-19	Jan-20		
		a) 94.12%	64.50%	70.4%	87.9%		
		b) 5.26%	4.50%	11.8%	70.0%		
		Stroke Plan: 80% TIA Plan: 60%					
Performance Overview/Issues:							
Southport & Ormskirk's performance for stroke has improved further in January and is now reporting above the 80% plan with 87.9%; 29 out of 33 patients spending at least 90% of their time on a stroke unit.							
In relation to TIAs, the Trust has previously reported poor performance for 2019/20. However, the Trust has reported a significant improvement in January 2020 with a performance of 70%. This equates to 7 patients out of 10 achieving the target and is the first time the Trust has achieved the target since November 2016.							
Actions to Address/Assurances:							
<u>Trust Actions</u>							
For Stroke, there were 4 breaches investigated in January. Details below: - 1 patient breached due to bed capacity and no beds on stroke unit at time of admission. When bed available patient on ICP and not appropriate to move wards - 1 patient admitted to stroke bed on admission but transferred to alternative ward to await discharge due to bed pressures in Trust which caused breach (85% time spent on stroke unit) - 1 bed capacity breach. No beds on stroke unit on admission. Patient fit for discharge when bed available - 1 atypical presentation. Initially treated as TIA but diagnosed stroke on CT Head and transferred to stroke unit following diagnosis.							
<u>CCG Actions</u>							
This now fits in with the extensive work of the Merseyside Stroke board which is currently at PCBC governance sign off stage and is being reviewed by the eastern NHSE Clinical Senate. The lead consultant at Southport & Ormskirk Trust has been tasked with a current review of position of TIA care which has been requested by the CCG. The CCG has also requested detail around the 2 patients in December that were seen by the stroke specialist nurse and did not receive treatment. The ESD service is now staffed as expected with SALT provision being the last post to be recruited to. Length of stay is lowest in Southport and Ormskirk across the Merseyside patch which is being attributed to the 28 day discharge process implemented this winter. This is being reviewed to ensure both accuracy and context as, while it might suggest a successful pathway, the implications of impact on the care system (including social care) need to be considered before advocating a replication across the patch. Instances of patient not spending 90% on stroke wards is in the main due to winter bed pressures in the Trust.							
When is performance expected to recover:							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Vacant			Billie Dodd		



3.6.2 Mixed Sex Accommodation

Indicator		Performance Summary				Potential organisational or patient risk factors	
Mixed Sex Accommodation (MSA)		Previous 3 months and latest					
RED	TREND		Oct-19	Nov-19	Dec-19		Jan-20
		CCG	7	10	11		8
		S&O	14	15	15		14
		Plan: Zero					
Performance Overview/Issues:							
The CCG continues to breach the zero tolerance threshold with a total of 8 breaches in January. All breaches were at Southport & Ormskirk NHS Trust.							
The Trust also continues to breach the zero tolerance threshold for mixed sex accommodation breaches, reporting 14 in January. Of the 14 breaches, 8 were for Southport & Formby CCG, 5 for West Lancashire CCG and 1 South Sefton CCG.							
Actions to Address/Assurances:							
The Trust has reported that the majority of breaches are in HDU and Obs ward. The following actions are on-going: - There is a review of all patients for stepdown from critical care at all bed meetings and the plan is dependent on the overall Trust position - The Critical Care Manager attends the 13:30 bed meeting daily - Obs Ward will continue to follow policy and work with all teams, and report breaches if they occur							
When is performance expected to recover:							
This is a repeated issue for Southport and Ormskirk Hospital 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			



3.6.3 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary					Potential organisational or patient risk factors
Incidence of Healthcare Acquired Infections: MRSA		Previous 3 months and latest (cumulative position)					Cases of MRSA carries a zero tolerance and is therefore not benchmarked.
RED	TREND		Oct-19	Nov-19	Dec-19	Jan-20	
		CCG	2	2	2	2	
		Trust	1	1	1	1	
		Plan: Zero					
Performance Overview/Issues:							
The CCG had no new cases of MSRA in January. However, the CCG reported 1 case in April and 1 in August 2019, bringing the year to date total to 2 breaches, and has therefore breached the zero tolerance threshold for 2019/20.							
Southport & Ormskirk Trust also reported no new cases in January. However, due to the 1 case of MRSA reported in August 2019, the Trust has breached the zero tolerance threshold for 2019/20. A meeting was held with the Trust and CCG leads were present to ensure compliance.							
Actions to Address/Assurances:							
There have been no further cases of MRSA bacteraemia.							
When is performance expected to recover:							
As a zero tolerance performance not expected to recover							
Quality:							
Final report through the quality schedule with the Infection Prevention Control (IPC) representative to attend Aprils CCQRM to provide further assurance regarding actions and improvement plans to both West Lancs and both Sefton CCGS.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Brendan Prescott		Doug Callow			Jennifer Piet		

3.6.4 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		Oct-19	Nov-19	Dec-19		Jan-20
		CCG	22	22	26		30
		Trust	33	35	39		43
		<u>2019/20 Plans</u> CCG: <=30 Southport & Ormskirk: <=16					
Performance Overview/Issues:							
<p>The CCG had 4 new cases of C.Difficile in January, bringing the year to date total to 30 against a year to date plan of 25 (year-end plan 30). 12 cases were apportioned to Acute Trust and 18 apportioned to community.</p> <p>Southport & Ormskirk Hospital reported 4 cases of C Diff in January, bringing the year to date total to 43. The Trusts national objective is to have no more than 16 healthcare associated cases in 2019/20.</p>							
Actions to Address/Assurances:							
<p>One of the four quality priorities for the Trust is infection prevention. An updated Programme Initiation Document (PID) was reviewed by the Trusts Quality and Safety Group in January. In response to feedback, the detailed work programme for 2020/21 will be revised during January to ensure a focus on targeted areas for improvement.</p> <p>1 Hospital C Diff and 1 Community onset Hospital associated in December. Hospital C Diff from Ward Frail Elderly Short Stay (FESS), however, no apparent lapses in care identified. Community occurring Hospital associated C Diff had been an in-patient on Ward 11A and was discharged 7 days prior to becoming C Diff positive. This patient is also likely to be appealable. The Trust currently has 8 appeals awaiting outcomes for C Diff.</p> <p>North West Regional Spinal Injuries Centre (NWRSIC) Klebsiella: Refurbishment work completed on 17/12/19, however, prior to this time the centre has been partially reopened and there were no further cases of the Gent resistant Extended Spectrum Beta-Lactamases (ESBL) producing Klebsiella pneumoniae. There is additional work that will be started in April 2020 to provide an extra 4 isolation rooms and also to update the decontamination area in the heavy workshop.</p>							
When is performance expected to recover:							
It is hoped that the above actions will reduce further outbreaks of C Diff within the Trust.							
Quality:							
Final report through the quality schedule with the Infection Prevention Control (IPC) representative to attend Aprils CCQRM to provide further assurance regarding actions and improvement plans to both West Lancashire and both Sefton CCGS							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.6.5 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: E Coli		Latest and previous 3 months (cumulative position)					
RED	TREND		Oct-19	Nov-19	Dec-19		Jan-20
		CCG	98	107	117		128
		Trust	156	169	189		202
		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 January there were 11 new cases against a plan of 8, bringing the year to date figure to 128 against a YTD target of 91. Southport & Ormskirk Trust reported 13 new cases in January with 2 of those acquired through the hospital (202 YTD). There are no targets set for Trusts at present.							
Actions to Address/Assurances:							
Cheshire and Merseyside (C&M) are identified as an 'outlier' concerning Gram-negative bloodstream infections (GNBSI) and the national ambition is to reduce the number of healthcare associated Gram-negative bloodstream infections (GNBSI) by 25% by March 2022 and a 50% reduction by March 2024.							
There is now a C&M NHS England/Improvement GNBSI/Sepsis/HCAI/Infection Prevention Control (IPC) Programme Board which has been created following a recommendation from the Single Item Quality Surveillance Group that took place September 2019. The main aim of the meeting is to bring key people together to focus on the reduction of Gram-negative bloodstream infections (GNBSI) and to implement a high-level approach in the communication of key messages. It was acknowledged that there is a lack of a system wide collaborative support within C&M. However, the group will aim to address this by identifying a key lead from the Health Care Partnership (HCP) and ensuring that key people are in place to support. The group should focus on building and improving on what is working and how best to share that learning, as opposed to what has not been achieved. This group will fit in as part of the integrated governance structure and will be monitored accordingly. There are also links between this and the Antimicrobial Resistance (AMR) Programme Board.							
When is performance expected to recover:							
This is a cumulative total so recovery not expected, although monitoring of the numbers and exception reporting will continue.							
Quality:							
An overarching C&M delivery plan is being developed with plans to replicate at a local level in order to support consistently. There is an NHSE/AMR Programme Board at which there is a senior leader from NHSE/I who also attends the GNBSI Programme Board							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.6.6 Hospital Mortality

Figure 12 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	Jan 2020	100	87.10	↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	99.10	↓

HSMR performance continues to be acceptable. The Trust is continuing work with the re-scoping of the Deteriorating Patient Project and realignment of work streams.

SHMI performance is also within tolerance and statistical norms. The SHMI release is quarterly. Actions are as per HSMR.

3.7 CCG Serious Incident Management

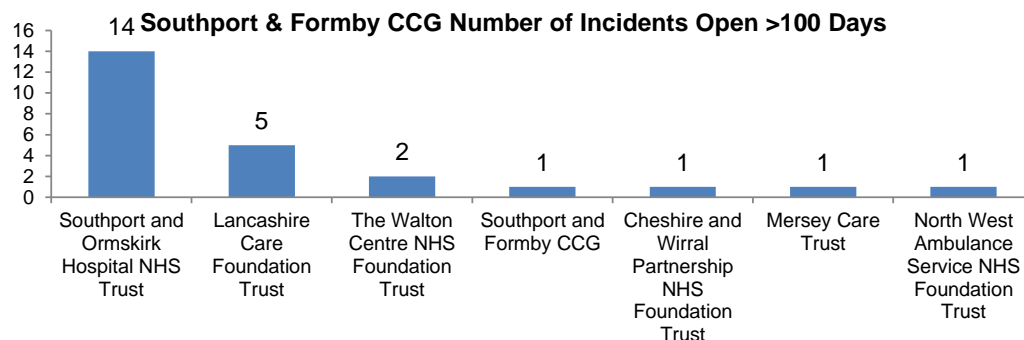
Figure 13 - Serious Incidents for Southport & Formby Commissioned Services and Southport & Formby CCG Patients

There were 43 incidents open on StEIS where Southport and Formby CCG are the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or the SI involves a Southport and Formby CCG patient.

Trust	No. of Incidents
Southport and Ormskirk Hospital NHS Trust	25
Lancashire Care Foundation Trust	8
Mersey Care Trust	4
The Walton Centre NHS Foundation Trust	2
Southport and Formby CCG	2
Cheshire and Wirral Partnership NHS Foundation Trust	1
North West Ambulance Service NHS Foundation Trust	1

There are 29 SIs which remain open on StEIS >100 days for Southport and Formby CCG (see table below). The majority are attributed to Southport and Ormskirk NHS Hospitals Trust (15) and there are 6 attributed to Lancashire Care (see rationale below under provider headings for further information). The remaining SIs are reported by providers who are not commissioned by Southport and Formby CCG and are therefore performance managed by the relevant RASCI commissioner.

Figure 14 – Incidents Open over 100 days for Southport & Formby CCG



There are 14 SIs open > 100 days for Southport and Ormskirk Hospital (S&O), up from 15 SIs open > 100 days for quarter 2. The following applies at the time of writing this report:

- 5 have been reviewed and are now closed
- 3 have been reviewed and closure agreed at Southport and Formby SIRG, however awaiting confirmation of closure from patient's CCG.
- 3 RCA was received and reviewed but further assurances requested from the provider.
- 3 stop the clocks have been applied due to the investigations being carried out by the HSIB.

For Lancashire Care NHS Foundation Trust, the following applies:

- 1 is a legacy SI that transitioned over from Southport and Formby Community Services. It has now been agreed to close this SI.
- 2 RCAs have been reviewed with further assurances requested
- 1 SI has been re-opened due to the case being reviewed as a Serious Adult Review (SAR)

- 1 Extension has been requested but declined from the CCG.

For the remaining SIs the following applies:

- Southport and Formby CCG – Reported on behalf of I-Sight. Support has been provided to complete this RCA and the provider has been working with the CCG commissioning team which has delayed the submission of the RCA.
- Mersey Care NHS Foundation Trust (Mental Health) – 1 x SI RCA was reviewed at SIRG and closed.
- 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.

Reporting Arrangements

As of 01 January 2020, Liverpool CCG Quality Team have taken over as lead for the Management of Serious Incidents for both South Sefton and Southport and Formby CCG. This means that all SIs reported by Liverpool University Hospitals NHS Foundation Trust, Mersey Care South Sefton Community Division, Southport & Ormskirk and Lancashire Care Community are being performance managed by the quality team at Liverpool CCG.

The Sefton Quality Team will no longer be adding any reported SIs from these Providers to Datix. Only SIs reported by our smaller providers, primary care colleagues (i.e. who do not have access to StEIS) or providers involving our patients that are not commissioned by Liverpool CCG, will be managed by South Sefton CCG. As a result, the quality team are working with the Liverpool team to ensure reporting schedules and reporting are aligned and streamlined in order to provide the appropriate assurances to our respective Governing Bodies and Quality Committees.

However, due to system pressures and current working arrangements, this is currently being worked through and we will be in a position to provide performance figures for Month 10 and Month 11 in April 2020.

Both CCGs are continuously reviewing this arrangement and will make any changes/improvements as the system develops.

Contract Performance Notice for Southport and Ormskirk Hospital

The CPN previously issued to the Trust in relation to the management of Serious Incidents is scheduled to be lifted at the end of March 2020. The CCG are assured with the sustainability of the process put in place by the provider and note the improvements to the system. The CCG would also like to note and thank to the provider for engaging fully with the CCG during this process.

3.8 CCG Delayed Transfers of Care (DTC)

The CCG Urgent Care lead works closely with Southport & Ormskirk Hospital and the wider MDT involving social care colleagues to review DTCs 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 Multidisciplinary Team (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. The CCG are presently reviewing discharge to assess pathways where the CCG aim is to ensure Decision Support Tools (DSTs) are undertaken outside of a hospital setting. The CCG and provider colleagues 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 the Integrated Community Reablement and Assessment Service (ICRAS).

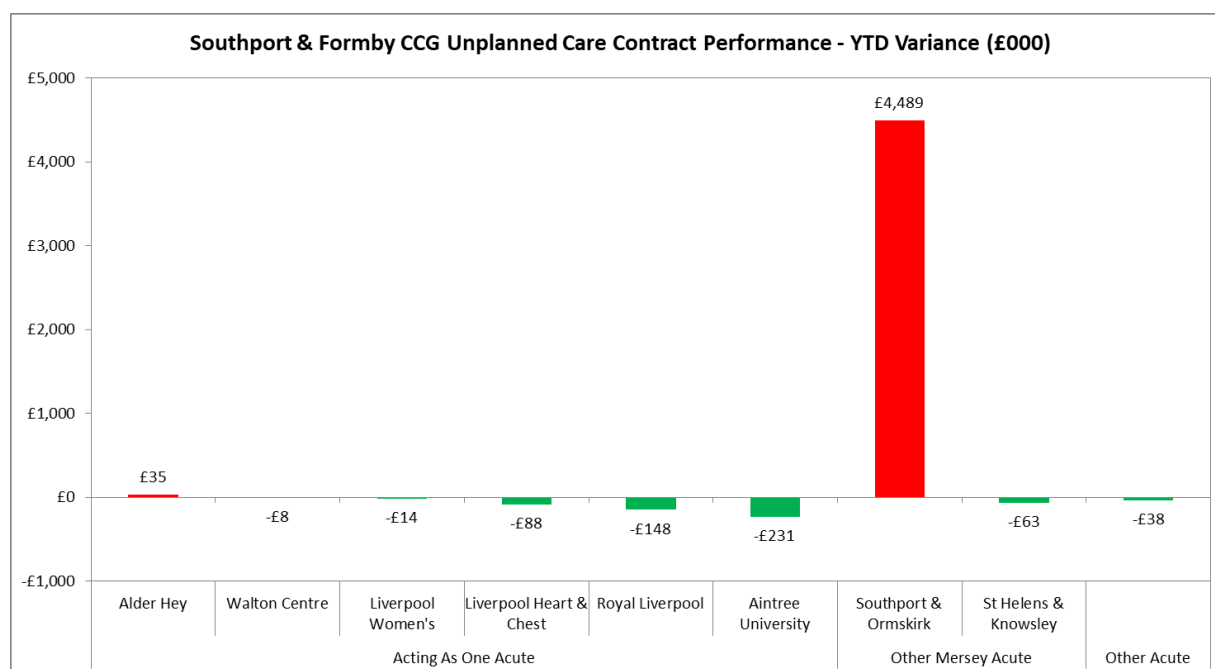
Total delayed transfers of care (DTC) reported in January 2020 was 276, an increase compared to January 2019 with 102. Delays due to NHS have increased, with those due to social care decreasing. The majority of delay reasons in January 2020 were due to patient family choice and community equipment adapt.

See DTC appendix for more information.

3.9 Unplanned Care Activity & Finance, All Providers

3.9.1 All Providers

Figure 15 - Unplanned Care – All Providers



Performance at month 10 of financial year 2019/20, against unplanned care elements of the contracts held by NHS Southport & Formby CCG shows an over performance of circa £3.9m/10.6%. Applying a cost neutral variance for those Trusts in the Acting as One block contract arrangement results in an increased over performance of approximately £4.3m/11.8%.

This over performance is clearly driven by Southport & Ormskirk Hospital, which has a variance of £4.4m/14% against plan at month 10.

Southport & Formby CCG is also aware of activity being undertaken at Virgin Healthcare walk in centres at Ormskirk and Skelmersdale. At month 10, the value is £133k. This has previously been paid for on a non-contract activity basis and CCG contract leads are in discussions with Virgin Care on developing a contract for 2020/21. The table below shows the movement year on year.

Figure 16 – Southport & Formby CCG Virgin Care Activity and Cost

Southport & Formby CCG	Activity	Cost
2018/19 (M1-10)	3,100	£120,519
2019/20 (M1-10)	3,385	£133,590
Variance	285	£13,071
Variance %	9%	11%

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 17 - 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	33,516	37,498	3,982	12%	£5,583	£6,143	£560	10%
NEL - <i>Non Elective</i>	11,004	12,173	1,169	11%	£21,594	£26,129	£4,535	21%
NELNE - <i>Non Elective Non-Emergency</i>	1,111	892	-219	-20%	£2,126	£2,010	-£116	-5%
NELNEXBD - <i>Non Elective Non-Emergency Excess Bed Day</i>	8	47	39	521%	£4	£14	£10	288%
NELST - <i>Non Elective Short Stay</i>	2,687	2,837	150	6%	£1,871	£2,007	£137	7%
NELXBD - <i>Non Elective Excess Bed Day</i>	4,903	2,409	-2,494	-51%	£1,256	£619	-£637	-51%
Grand Total	53,228	55,856	2,628	5%	£32,433	£36,922	£4,489	14%

*exclude ambulatory emergency care POD

Year to date A&E attendances are currently 12% above plan for Southport & Formby CCG at Southport & Ormskirk Hospital and June 2019 saw an historical peak for attendances. November-19 also saw a secondary peak in attendances. However, non-elective admissions account for the majority of the over performance reported and historic highs have been reported from October-19 onwards (although with a slight decrease evident in month 10). 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 Heart Failure, Sepsis, Pneumonia and Stroke.

Trust feedback regarding the increased cost per case for non-elective admissions in 2019/20 suggests the introduction of a “Red to Green” system (ensuring patients receive increased Therapy input at the start of admission) has had some impact. Average length of stay may have reduced where this is happening although similarly this would increase zero day admissions.

NB. 2019/20 plans have been rebased to take into account the increased admission rates as a result of the introduction of a Same Day Emergency Care model (CDU/ACU) at the Trust.

4. Mental Health

4.1 Mersey Care NHS Trust Contract (Adult)

4.1.1 Mental Health Contract Quality Overview

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.

Autism Spectrum Disorder (ASD)

The Trust has employed a consultant to fully understand capacity and demand issues within the ASD service. This will identify the service redesign required to increase assessment capacity in the first instance, as commissioners have requested so as to mitigate against long waits and options for possible future investment. Commissioners have requested that proposals should be shared by March 2020.

Eating Disorders

The Trust’s eating disorder service has moved towards providing group therapy, as research suggests it can be equally as effective as individual therapy sessions. As a result the number of individual therapy slots has been reduced and this has required better management of patient expectations. This has contributed to improved wait times although performance is still sub-optimal. In addition, a clearer and stricter DNA and cancellation policy has been put in place. The Trust is developing an investment case which will be submitted for approval via CAG and QIPP committee route

Core 24 KPIs

In Month 10 with backdated activity the Trust reported CORE 24 indicators.

Core 24 Indicator	Target	Jan 2019	
Emergency Pathway - Assessment within 1 hour	90%	100.0%	Improvement from 90.91% in December 2019
Emergency Pathway - Package of care within 4 hours	90%	87.50%	Improvement from 57.14%in December 2019
Urgent Pathway - Assessment within 4 hour	90%	50.00%	Decline from 91.67% reported in December 2019
Urgent Pathway - Full MH assessment within 24 hours	90%	0.00%	Decline from 100.00% reported in December 2019 (0/1 patient)

For all CORE 24 indicators the Trust are undertaking the following actions:

- The Standard Operating Procedure (SOP) is being revised to improve more consistent recording of different codes and stages which will improve the accuracy of the levels of urgent /emergency referral being received by CORE 24 and will ensure that the right care that matches their needs at the right time of assessment.
- CORE 24 staff have received appropriate communication to understand the correct process and this will be supported by managers on a regular basis.



Communication KPI: All patients seen in outpatients to have their change in medication or treatment plan communicated to General Practice within 24 hours (excluding weekends and Bank Holidays).

There has been long standing sub-optimal performance against the KPI and the Trust presented an action plan at February CQPG with an improvement trajectory to achieve the 95% threshold. Commissioners were not assured by the action plan and have asked for it to be resubmitted for the next CQPG meeting in April.



Safeguarding

Bi-monthly meetings continue to take place between the Trust and CCG Safeguarding teams to scrutinise progress against the agreed action plan and trajectory in particular training compliance. The performance notice will remain open. The Trust has been advised that Safeguarding will be introducing quality review visits. The Trust's safeguarding team has a forthcoming vacancy and a long term sick postholder. Commissioners have sought assurance from the Trust as to how the safeguarding agenda will be covered.

4.1.2 Care Programme Approach (CPA) 7 Day Follow Up



Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of patients on CPA discharged from inpatient care who are followed up within 7 days		Previous 3 months and latest				
GREEN	TREND	Oct-19	Nov-19	Dec-19	Jan-20	
		100%	100%	87.5%	100.0%	
		Plan: 95%				
Performance Overview/Issues:						
The Trust reported 100% of patients being followed up within 7 days in January and is therefore exceeding the 95% target.						
Actions to Address/Assurances:						
The Trust works to ensure that patients are followed up within the time period, but it should be acknowledged that the indicator is number sensitive.						
When is performance expected to recover:						
Continued recovery expected						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

4.1.3 Eating Disorder Service Waiting Times



Indicator		Performance Summary				Potential organisational or patient risk factors
Eating Disorder Service (EDS) Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 125
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20	
		77.8%	77.78%	62.50%	33.33%	
		Plan: 95%				
Performance Overview/Issues:						
The Trust continues to fail the 95% target, and performance saw a deterioration from 62.5% in December, to 33.3% in January. Out of a potential 9 Service Users, 3 started treatment within the 18 week target. Demand for the service continues to increase and exceed capacity.						
Actions to Address/Assurances:						
Trust Actions:						
<ol style="list-style-type: none"> 1. Increasing psychological provision – by introducing more group interventions in place of individual therapy. We are recruiting to 1 CFT group and 1 CBT group, which will take off approximately 20 people off the waiting list. 2. Tightening EDS Criteria – to ensure service users are able to access a psychological therapies commissioned service 3. Clearer and stricter DNA and cancellation policy 4. Using therapy contracts to contract number of sessions 5. Staff will be offered opportunity for overtime using some of the money from vacant posts to provide additional therapy slots. 6. Advert is out to recruit to Band 7 Clinical Psychology post, the first advert did not attract any suitable candidates, this has gone to re advert. 7. An investment case to enhance the existing service and increase psychological provision within the service. 						
The number of service users waiting for therapy and the waiting times for psychological intervention has reduced this month. Further data analysis is required to provide accurate timeframe for further improvement.						
When is performance expected to recover:						
Aiming for significant improvement by March.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Gordon Jones		

4.2 Cheshire & Wirral Partnership (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Previous 3 months and latest				123b	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20		
		1.29%	0.93%	0.62%	0.91%		
		National Monthly Access Plan: 1.59%					
		Local Target: 4.75% in Quarter 4					
Performance Overview/Issues:							
<p>The access standard is defined as 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. The national target for 2019/20 is to achieve 22% (5.5% per quarter), therefore the monthly target is approximately 1.59%. However, local commissioning arrangements are to achieve 4.75% in the last quarter of 2019/20 only. Month 10 performance was 0.91% and failing to achieve the national target. Achieving the access KPI has been an ongoing issue for the provider and the forthcoming procurement exercise may further exacerbate poor performance.</p>							
Actions to Address/Assurances:							
<p>Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity. IAPT services aimed at diabetes and cardiac groups are due to commence in January 2020 with IAPT well-being assessments being 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 and older People, to encourage uptake of the service. Three staff returning from maternity leave and long term sickness are expected to have a positive impact on the service capacity. Five trainees have now been appointed at Step 2, although productivity will not be seen until January. An agency therapist has been appointed, and further funds have been agreed for additional agency staff who are now being recruited. Silver Cloud online treatment package went live in October is now live and more clients will be directed through Cognitive Behavioural Therapy. GP practices have been informed of Silver Cloud.</p>							
When is performance expected to recover:							
<p>The above actions will continue with an ambition to improve performance during 2019/20. Procurement exercise planned to commence in January 2020.</p>							
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				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Previous 3 months and latest				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20		
		45.7%	36.7%	61.2%	42.6%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
The Recovery performance reduced from 61.2% in December to 42.6% in January and failing to achieve the 50% target.							
Actions to Address/Assurances:							
The newly appointed clinical lead for the service has been 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. The introduction of the Silver Cloud online therapy tool in October should impact on recovery rates. The provider is also working to an action plan to reduce internal waits which can also impact on recovery rates.							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2019/20. Procurement exercise planned to commence in January 2020.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Gordon Jones		



4.3 Dementia Diagnosis

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	Potential Risk: Commissioners and Mental Health Clinical Lead have raised a concern with NHS England and North England Analytical Team regarding data that does not appear to be extracted from Trinity practice. The impact is a sudden drop of performance in may from 75.6% to 68.3% which equates to approximately 151 patients who have been excluded from the count. This was raised via email on 13th August 2019.
GREEN	TREND	Oct-19	Nov-19	Dec-19	Jan-20		
		66.6%	67.9%	67.7%	67.7%		
		Plan: 66.7%					
Performance Overview/Issues:							
Achieved.							
Actions to Address/Assurances:							
Not required due to achievement of the target.							
When is performance expected to recover:							
Continued recovered position is expected.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Hilal Mulla			Kevin Thorne		

4.4 Learning Disabilities (LD) Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Previous 3 quarters and latest				124b 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.	
RED	TREND	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		13.2%	27.2%	7.4%	8.4%		
		Q2 19/20 Plan: 16%					
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 2019/20. Southport & Formby CCGs target is a total of 491 health checks 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 and these amendments have also been done retrospectively. On average for 2018/19, 54% of patients had a physical health check. In quarter 2 2019/20, the total performance for the CCG was 8.4%, below the planned 16%. 763 patients are registered compared to the plan of 761, with just 64 being checked against a plan of 122.</p>							
Actions to Address/Assurances:							
<p>GP practices with Southport & Formby wish to continue to deliver the annual health check. However, if there are difficulties with uptake then South Sefton GP Federation can deliver LD health checks if requested. A meeting is being arranged with the Local Authority to offer the annual health checks to patients with an LD in their own home or in day services.</p>							
When is performance expected to recover:							
March 2020							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Hilal Mulla			Tracey Reed/Gordon Jones		

4.5 Improving Physical Health for People with Severe Mental Illness (SMI)

Indicator	Performance Summary				NHS Oversight Framework (OF)	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				123g 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. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.	Risk that CCG is unable to achieve nationally mandated target.
		25.7%	26.4%	25.5%	34.2%	Plan: 50%
Performance Overview/Issues:						
As part of the 'Mental Health Five Year Forward View' NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention.						
To support this objective 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.						
Despite failing to achieve the 50% target in quarter 3 2019/20 with just 34.2%, this is an improvement on the previous quarter. Further to this, the expectation is that performance will continue to increase over the remaining quarter. Of the 1,025 of people on the GP SMI register in Southport & Formby CCG, 351 received a comprehensive health check in quarter 3 2019/20.						
Actions to Address/Assurances:						
Practices are now entering the "Golden Quarter" (Q4) by which income from the Quality and Outcomes Framework (QOF) and the Local Quality Contract (LQC) schemes is maximised and improvement is expected. In addition, an EMIS search query has been developed to ascertain if there have been any coding issues which may have impacted on performance.						
When is performance expected to recover:						
Performance should improve in Quarter 4 2019/20 onwards.						
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 & South Cumbria NHS FT)

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 the Integrated Community Reablement and Assessment Service (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 (KPI) and activity reporting requirements. Recent discussions have been had at the information sub group regarding the development of an ICRAS dashboard, and re baselining a number of services for 2020/21 to reflect transformation and improvements in recording activity.



5.1.1 Quality

For the CCG Quality team and Lancashire & South Cumbria NHS Foundation Trust, further indicators and compliance evidence was agreed and included within the 2019/20 contract. Each quarter the Trust submits the agreed evidence. Standard and completeness of the reports submitted has improved significantly over the last twelve months, and any further queries responded to.

For the provider a one-year CQUIN was also agreed to raise the awareness and improve the uptake of the Personal Health Budgets and Continuing Health Care (PHB/CHC).

Within the 2019/20 reporting year, the Trust has supported developments to ensure that information related to Learning from deaths of people with a learning disability (LeDeR) is captured through the Service Development Improvement Plan (SDIP). From quarter 1 of 2020/21, Key Performance Indicators (KPIs) have been agreed within the reporting schedule.

5.1.2 Podiatry Long Waiters

Indicator		Performance Summary				Potential organisational or patient risk factors	
Lancashire & South Cumbria Adult Community Services: Podiatry		Previous 3 months and latest					
GREEN	TREND	RTT Long Waiters 19 to 24 weeks					
		Oct-19	Nov-19	Dec-19	Jan-20		
		6	5	3	0		
Performance Overview/Issues:							
In January the Trust reported no Podiatry patients waiting on an incomplete pathway over 18 weeks. The total number of patients waiting for treatment was 440, 58 less than in December. The Trust has improved significantly, reducing long waiters from a high of 165 in August 2019 to 0 in January 2020.							
Actions to Address/Assurances:							
This performance is discussed and monitored at monthly contract and quality review meetings and information sub group meetings. The Trust has advised that now performance has recovered, the weekly task and finish group will not continue. The latest update as at 28th January included the following actions.							
<u>Trust Actions</u>							
- The Trust appointed a band 5 in November 2019, with a start date in January 2020.							
- The Trust continues to provide 130 new assessment slots per week.							
When is performance expected to recover:							
The Trust has a trajectory in place which shows the total waiting list steadily reducing over the coming weeks up to the end of January.							
Quality:							
All patients are triaged before their appointment. Risk stratification process has been introduced.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		Rob Caudwell		Sharon Forrester			



5.2 Any Qualified Provider – Audiology

Merseyside CCGs have agreed to offer a further continuation of contracts to AQP Audiology providers in 2020/21, pending further work on an updated specification and a Liverpool led engagement process. It is likely that in the interest of seeking consistency across the health economy and minimising duplication, CCGs within Merseyside will look to the Lancashire CCG work to see where we can adopt similar specifications, pathways and tariffs. Alongside this, the CCGs wish to ensure the service is commissioned in accordance with health economy priorities.



6 Children's Services

6.1 Alder Hey NHS FT Children's Mental Health Services



6.1.1 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							
		GREEN	TREND	Q1 19/20	Q2 19/20			Q3 19/20	YTD
				17.5%	5.6%			4.8%	27.9%
		YTD Access Plan: 25.6% YTD 2019/20 performance reported 27.9% and achieving.							
Performance Overview/Issues:									
The CCG reported a performance of 4.8% in quarter 3, a deterioration on the previous quarter. The published data has incorporated the voluntary sector provider Venus from June 2019. The year to date performance reflects a performance of 27.9% against the cumulative target of 25.6% therefore exceeding the plan.									
Actions to Address/Assurances:									
For 2020/21 the CCG will be moving to reporting a cumulative access rate as a better way of illustrating if on target. Access rates are known to be subject to seasonal variations. Additional activity has been commissioned and mainstreamed from the voluntary sector in 2019/20.									
When is performance expected to recover:									
Cumulative access to date is at 27.9% which exceeds the trajectory of 25.6% so performance is on target to achieve the year end target of 34%. Additional activity to be implemented for 19/20. Online counselling for Sefton is being jointly commissioned and will come online in 19/20.									
Quality:									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead		Managerial Lead					
Geraldine O'Carroll		Hilal Mulla		Peter Wong					

6.1.2 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	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	
		84.0%	95.2%	84.60%	82.60%	
		Plan: 100% National standard 95%				
Performance Overview/Issues:						
In quarter 3 2019/20 the Trust continues to report under the 100% plan. Out of 23 routine referrals to children and young people’s eating disorder service, 19 were seen within 4 weeks, a performance of 82.6%. The 4 patients 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:						
All breaches are tracked and reported monthly. The service has relatively small numbers so breaches have a large impact on performance. All patients are clinically tracked and breaches are often related to patient choice. Nationally all services have capacity issues. The CCG is investing further into this service to increase capacity as part of national commitments. The CCG is currently in negotiations with Alder Hey regarding the additional capacity to be provided.						
When is performance expected to recover:						
Additional investment to be released for implementation. Due to recruitment (specialist posts), the CCG and Trust are currently agreeing a trajectory for a planned increase in activity for 2020/21.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O’Carroll		Hilal Mulla		Peter Wong		

6.1.3 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	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	
		50.0%	75.0%	75.0%	75.0%	
		Plan: 100% National standard 95%				
Performance Overview/Issues:						
In quarter 3, the CCG had 4 patients referred 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:						
All breaches are tracked and reported monthly. The service has relatively small numbers so breaches have a large impact on performance. All patients are clinically tracked and breaches are often related to patient choice. Nationally all services have capacity issues. The CCG is investing further into this service to increase capacity as part of national commitments. The CCG is currently in negotiations with Alder Hey regarding the additional capacity to be provided.						
When is performance expected to recover:						
Additional investment to be released for implementation. Due to recruitment (specialist posts), the CCG and Trust are currently agreeing a trajectory for a planned increase in activity for 2020/21.						
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 CCG and provider are reviewing the consistency of data between the national data submission and local interpretation. Discussions and review with the provider have been initiated on expanding and standardising metrics across CAMHS and community services. The plan is to conclude this for flowing of data in 2020/21. Alder Hey have submitted a recovery plan to reduce RTT for specialist CAMHS, to less than 18 weeks for quarter 1 2020/21.

6.2.1 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	
		Oct-19	Nov-19	Dec-19	Jan-20		
		33 wks	31 wks	27 wks	22 wks		
		Average waiting times <= 18 weeks					
Performance Overview/Issues:							
<p>In January the Trust reported a 92nd percentile of 22 weeks for Sefton patients waiting on an incomplete pathway. This is an improvement on December when 27 weeks was reported. Performance has steadily improved this financial year despite seeing an increase in referrals from October 2019.</p> <p>At the end of January there were no children who had waited over 52 weeks. 101 were waiting above 18 weeks; 99 were between 18-29 weeks and 2 between 30-39 weeks. The total number waiting over 18 weeks continues to decrease. The current trajectory is to be under 18 weeks by March 2020.</p>							
Actions to Address/Assurances:							
<p>Additional investment into SALT recurrently and non-recurrently has already been agreed. Recruitment took place in September, so capacity has increased notably and the Trust trajectory is that the waiting times will further significantly reduce over the next few months. Monitoring of the position takes place at Contract Review meetings and with Executive senior input. Performance and updated trajectories are provided monthly.</p> <p>The Trust continues to report a reduction in numbers of children with long waiting times and those waiting the longest. The progress is on target.</p>							
When is performance expected to recover:							
<p>Following investment, target is for reduction to 18 weeks by February 2020 and sustained thereafter. The Trust is projecting a steady decrease of 18+ week waiters over the coming months to zero by March 2020.</p>							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Rob Caudwell			Peter Wong		

Figure 18 – Alder Hey Community Paediatric 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 19/20	% Variance
Number of Referrals	146	162	139	150	110	152	219	197	163	186			1,843	1,872	1.6%
Incomplete Pathways - 92nd Percentile	45	43	37	36	35	34	33	31	27	22			448		
Total Number Waiting	945	920	878	818	763	732	732	681	657	586			9,372		
Number waiting over 18 weeks	522	464	469	436	406	375	319	244	196	97			4,678		

RAG rating
 <= 18 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.

6.2.2 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					
		Oct-19	Nov-19	Dec-19	Jan-20		
		10.3%	23.30%	20.5%	16.7%		
		Outpatient Clinic Provider Cancellations					
		Oct-19	Nov-19	Dec-19	Jan-20		
		6.3%	11.6%	5.1%	6.5%		
		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 January 2020 performance has improved, with DNA rates decreasing from 20.5% in December to 16.7% in January. Provider cancellations have seen a slight increase from 5.1% in December to 6.5% in January.							
Actions to Address/Assurances:							
Alder Hey has introduced a new weekly South Sefton Clinic so that South Sefton Patients no longer have to travel to North Sefton for an appointment (data has been reported Sefton wide, but in future will be reported by CCG). This is seeing a reduction in the number of Did Not Attend (DNA)/Was Not Brought (WNB) patients which can be seen in the performance above. Despite reporting high levels of DNA's and cancellations the provider has maintained positive performance with waiting times being reported at month 10; referral to first contact is 9.5 weeks against a target of 8 weeks. (See appendix 2.1).							
The CCGs have invested in extra capacity in response to Safe Staffing levels from Alder Hey.							
When is performance expected to recover:							
March 2020.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Rob Caudwell			Peter Wong		

Figure 19 – Alder Hey Community Paediatric Dietetic Waiting Times – Southport & Formby CCG

Paediatric DIETETICS - Southport & Formby	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Number of Referrals	32	25	16	18	32	24	25	24	22	21		
Incomplete Pathways - 92nd Percentile	25	11.92	20.28	24.68	20.64	12.56	10.04	9	14.80	18.64		
Incomplete Pathways RTT within 18 weeks	84.62%	95.56%	89.66%	85.71%	88.37%	91.89%	93.75%	97.44%	100%	96%		
Total Number Waiting	65	45	29	28	43	37	32	39	42	24		
Number waiting over 18 weeks	10	2	3	4	5	3	2	1	0	1		

RAG rating

<= 18 weeks	
19 to 22 weeks	
23 weeks plus	

Figure 20 – Alder Hey Community Paediatric Dietetic DNA's & Cancellations – 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	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	143	99	93	115	928
DNA	68	53	41	147	68	116	13	19	16	21	14	21	17	30	24	23	198
DNA Rate	16.8%	9.1%	8.7%	18.5%	11.4%	14.3%	20.0%	22.4%	14.5%	17.4%	17.3%	17.5%	10.6%	23.3%	20.5%	18.7%	17.6%

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	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	143	99	93	115	928
Cancellations	6	0	5	29	0	44	4	7	3	3	8	8	15	13	5	8	74
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	8.6%	3.1%	2.9%	10.7%	7.5%	9.5%	11.6%	5.1%	6.5%	7.4%

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	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	143	99	93	115	928
Cancellations	27	63	63	207	128	194	10	38	18	33	17	24	49	39	31	30	289
Rate	7.3%	10.8%	12.8%	24.2%	19.5%	20.9%	16.1%	36.5%	16.1%	24.8%	20.2%	19.5%	25.5%	28.3%	25.0%	20.7%	23.7%

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

6.3 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	2019/20														
			Previous Year Outturn	Plan	FOT	Variance %	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD
NHS Southport and Formby CCG	Paediatric Dietetics	Total Contacts	840	840	840	55.5%	42	59	77	88	41	66	69	62	80	106	700
		Total Contacts (Domiliary)	40	40	139	247.5%	2	14	5	3	5	2	7	13	31	34	116
		Total Contacts (Outpatients)	500	500	701	40.0%	40	55	72	85	36	64	62	49	49	72	554
	Paediatric Occupational Therapy	Total New Referrals	289	289	287	-0.6%	32	25	16	18	32	24	25	24	22	21	239
		Caseload at Month End	150	150	111	-26.0%	113	129	113	122	113	115	108	102	96	98	121
		Referral to 1st contact (weeks average)	14.3	14.3	12.7	-11.1%	16	9.9	13	12.1	14.8	11.4	13.3	11.3	13.7	11.9	16
	Paediatric Physiotherapy	Total Contacts (Domiliary)	3,342	3,342	3,164	-5.3%	285	276	252	285	272	228	262	295	199	283	2,637
		Total New Referrals	566	566	516	-8.9%	48	61	36	47	27	44	42	46	22	57	430
		Caseload at Month End	64	64	69	7.8%	60	62	56	72	67	68	67	88	80	67	69
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	5.8	5.8	6.1	7.7%	6.2	5.8	7.6	7	5.2	5.9	6	5	5.6	6.9	6.7
		Total Contacts (Domiliary)	6,103	6,103	4,595	-24.7%	431	396	406	426	326	393	426	372	274	375	3,826
		Total New Referrals	553	553	574	1.3%	48	51	43	53	39	54	60	48	40	42	478
NHS Southport and Formby CCG	Paediatric Continence	Referral to 1st contact (weeks average)	25.9	25.9	28.7	10.8%	36.6	35.9	31.1	32.5	33.9	24.2	24.1	24.4	21.9	22.7	36.6
		Total Contacts (Domiliary)	7,802	7,802	10,918	39.6%	695	736	872	940	737	848	1,067	1,207	757	1,239	9,096
		Total New Referrals	750	750	824	9.8%	52	72	61	77	44	72	92	81	57	79	687
Paediatric Dietetics	Caseload at Month End	212	212	159	-25.0%	230	233	204	209	205	138	128	115	57	70	232	
	Total Contacts (Domiliary)	1,584	1,584	1,534	-3.1%	152	114	130	121	134	129	114	109	93	182	1,278	
	Total New Referrals	135	135	154	14.0%	17	13	16	8	13	12	19	10	5	15	128	
Paediatric Dietetics	Caseload at Month End	90	90	279	210.0%	323	270	262	262	280	274	283	281	284	273	323	
	Referral to 1st contact (weeks average)	8.5	8.5	6.4	-24.7%	7.5	4.2	7.4	6.1	5.2	6.4	5.2	6	6.1	9.5	7.5	

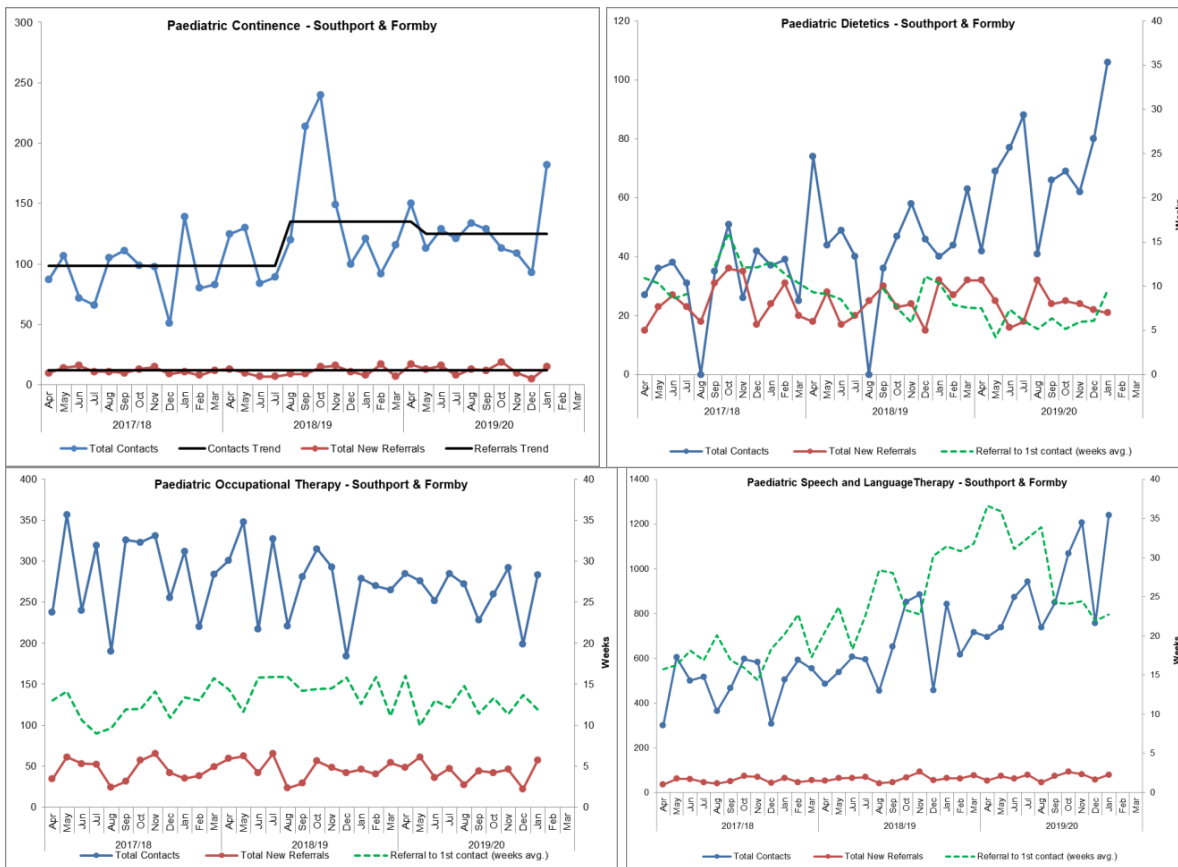
If Plan is <10,000:

Green	FOT is <10% above or below plan
Yellow	FOT is 10%-20% above or below plan
Red	FOT is > 20% below plan
Purple	FOT is > 20% above plan

If Plan is >10,000:

Green	FOT is <5% above or below plan
Yellow	FOT is 5%-10% above or below plan
Red	FOT is > 10% below plan
Purple	FOT is > 10% above plan

6.4 Alder Hey Activity & Performance Charts



6.5 Percentage of children waiting less than 18 weeks for a wheelchair (Lancashire & South Cumbria NHS FT)

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				
		Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	
		85.7%	100%	100%	100%	
For 2019/20, 92% of children should receive equipment within 18 weeks						
Performance Overview/Issues:						
Lancashire & South Cumbria NHS FT has reported 8 children out of 8 receiving equipment within 18 weeks for quarter 3 2019/20, a performance of 100%, exceeding the 92% target.						
Actions to Address/Assurances:						
Not required due to achievement of the target.						
When is performance expected to recover:						
Continued recovered position is expected.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Karl McCluskey		Rob Caudwell		Sharon Forrester		

7 Primary Care

7.1 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 100% of the CCG population registered with a Southport and Formby GP practice having access to routine bookable GP services including evenings and weekends, this includes bank holidays including Easter, Christmas and New Year periods.
GREEN	TREND	Oct-19	Nov-19	Dec-19	Jan-20	
		72%	72.13%	73.95%	78.52%	
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). January target 69.8%				
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 with all GP practices, therefore the CCG is 100% compliant. 111 have access to appointments each Saturday and Sunday and bank holidays.						
In January, Southport & Formby CCG practices reported a combined utilisation rate of 78.52%, above the CCG's 69.8% target for January. Total available appointments was 1,057, with 919 being booked (86.94%) and 89 DNA's (9.7%). This shows an improvement on last month.						
Actions to Address/Assurances:						
Not required due to achievement of the target.						
When is performance expected to recover:						
Continued recovered position is expected.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Jan Leonard		Kati Scholtz		Angela Price		

Figure 21 – Breakdown of Appointments by Type & Month, Southport & Formby CCG Extended Access Service

Breakdown of Appointments	Month	GP	Advanced Nurse Practitioner	Practice Nurse	Health Care Assistant	Physio
	Apr-19	247	220	60	31	81
		38.7%	34.4%	9.4%	4.9%	12.7%
	May-19	256	244	57	52	113
		35.5%	33.8%	7.9%	7.2%	15.7%
	Jun-19	261	215	80	41	90
		38.0%	31.3%	11.6%	6.0%	13.1%
	Jul-19	239	219	54	33	107
		36.7%	33.6%	8.3%	5.1%	16.4%
	Aug-19	261	215	68	33	97
		41.3%	34.0%	10.8%	5.2%	15.3%
	Sep-19	237	237	71	55	95
34.1%		34.1%	10.2%	7.9%	13.7%	
Oct-19	253	434	209	127	160	
	27.7%	47.5%	22.9%	13.9%	17.5%	
Nov-19	189	376	57	52	115	
	23.9%	47.5%	7.2%	6.6%	14.5%	
Dec-19	214	366	42	52	101	
	27.2%	46.4%	5.3%	6.6%	12.8%	
Jan-20	224	369	110	71	145	
	24.4%	40.2%	12.0%	7.7%	15.8%	

7.2 Care Quality Commission (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. Trinity and St Marks Medical Centre merged in April 2019. All the results are listed below.

Figure 22 – CQC Inspection Table

Southport & Formby CCG								
Practice Code	Practice Name	Latest Inspection	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84005	Cumberland House Surgery	11 April 2018	Good	Good	Good	Good	Good	Good
N84006	Chapel Lane Surgery	30 June 2017	Good	Good	Good	Good	Good	Good
N84008	Norwood Surgery	10 November 2016	Good	Good	Good	Good	Good	Good
N84012	Ainsdale Medical Centre	16 March 2018	Good	Good	Good	Good	Good	Good
N84013	Christiana Hartley Medical Practice	29 September 2017	Outstanding	Good	Good	Good	Outstanding	Outstanding
N84014	Ainsdale Village Surgery	24 January 2017	Good	Good	Outstanding	Good	Outstanding	Good
N84017	Churchtown Medical Centre	03 October 2017	Good	Good	Good	Good	Good	Good
N84018	The Village Surgery Formby	29 September 2016	Good	Good	Good	Good	Good	Good
N84021	St Marks Medical Centre (TCG Medical)	07 March 2019	Good	Good	Good	Good	Good	Good
N84024	Grange Surgery	12 October 2016	Good	Good	Good	Good	Good	Good
N84037	Lincoln House Surgery	15 December 2017	Good	Good	Good	Good	Good	Good
N84611	Roe Lane Surgery	21 March 2018	Good	Good	Good	Good	Good	Good
N84613	The Corner Surgery (Dr Mulla)	24 January 2019	Good	Good	Good	Good	Good	Good
N84614	The Marshside Surgery	24 August 2016	Good	Good	Good	Good	Good	Good
N84617	Kew Surgery	16 November 2017	Good	Good	Good	Good	Good	Good
N84618	The Hollies Family Surgery	01 February 2017	Good	Good	Good	Good	Good	Good
N84625	The Family Surgery	20 July 2017	Good	Good	Good	Good	Good	Good

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

8 CCG Oversight Framework (OF)

8.1 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 Senior Leadership Team (SLT) leads responsible and expected date of improvement for the indicators.

NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 on 23rd August, to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics are fairly similar to last year, but with some elements a little closer to the Long Term Plan (LTP) priorities. The new OF includes an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions. A live dashboard is available on Future NHS and was updated in January 2020. The CCG continues to monitor performance with focus on indicators highlighted in the worst performing quartile and in the Key Lines of Enquiry (KLOEs).

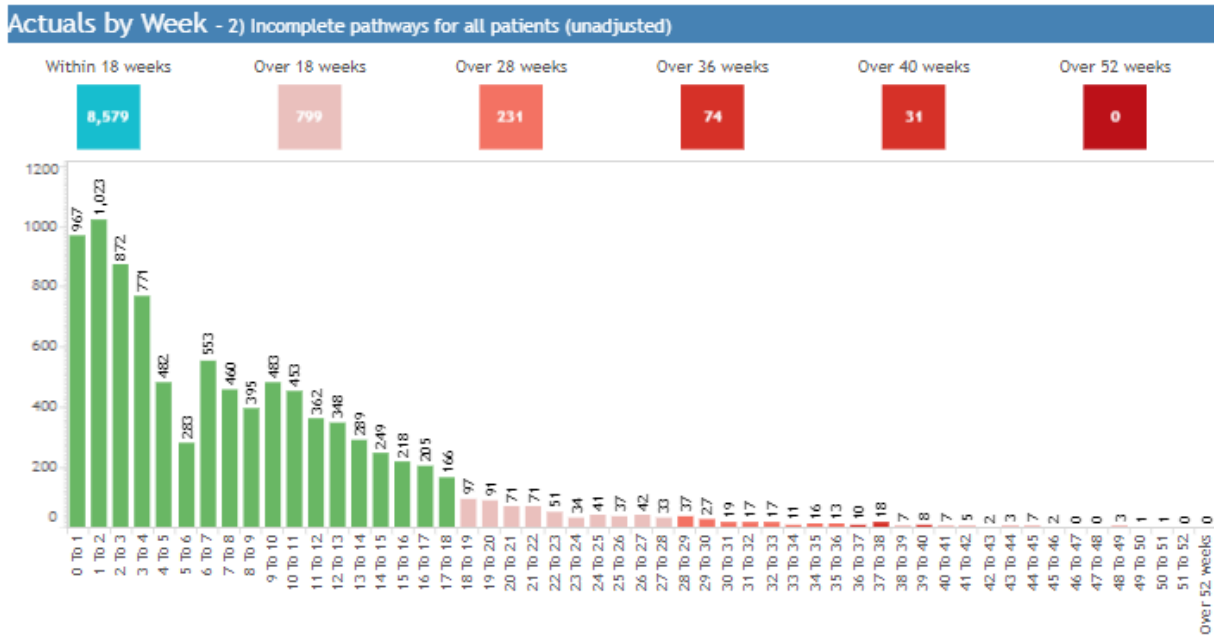
The table below summarises the total number of indicators ranked in each quartile for Q1 and Q2 2019/20. Information on the performance is detailed in the quarterly oversight framework governing body report. Further detail can be found in this report. The next one is due for the June 2020 governing body.

Southport & Formby CCG	Q1	Q2
Highest Performing Quartile	11	13
Interquartile Range	16	20
Lowest Performing Quartile	14	11

9 Appendices

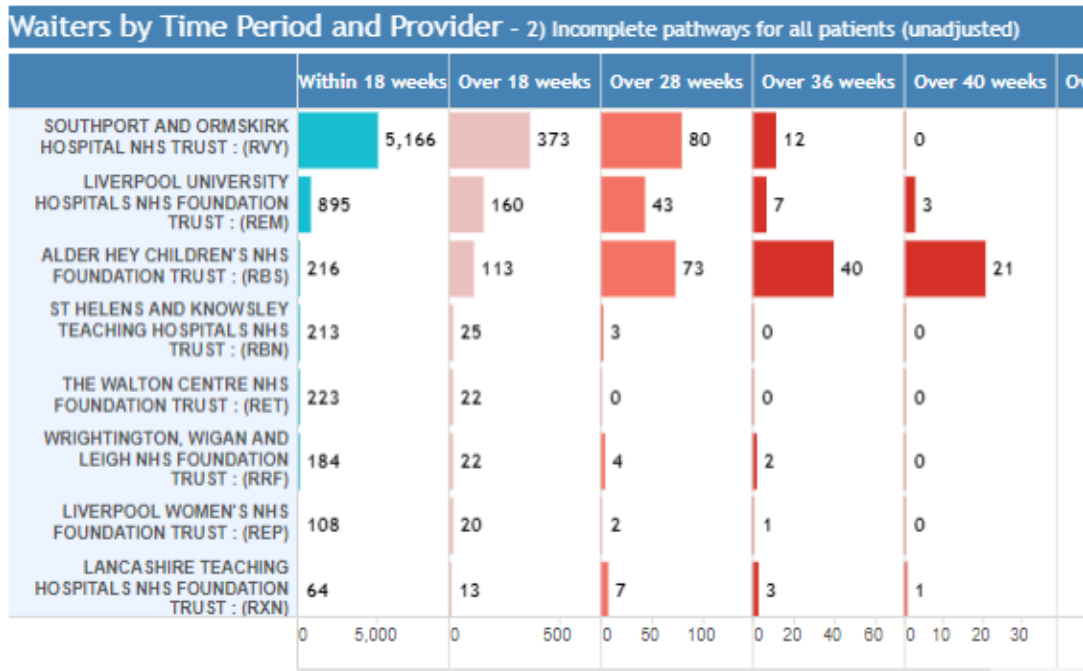
9.1.1 Incomplete Pathway Waiting Times

Figure 23 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



9.1.2 Long Waiters analysis: Top Providers

Figure 24 - Patients waiting (in bands) on incomplete pathway for the top Providers



9.1.3 Long waiters analysis: Top 2 Providers split by Speciality

Figure 25 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust

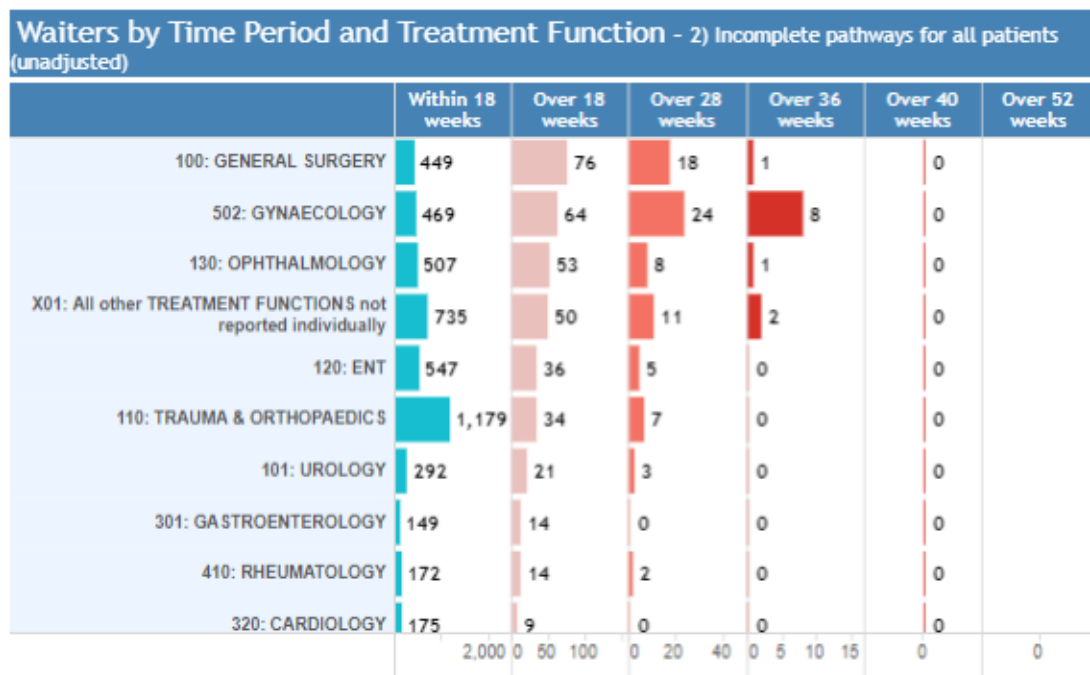
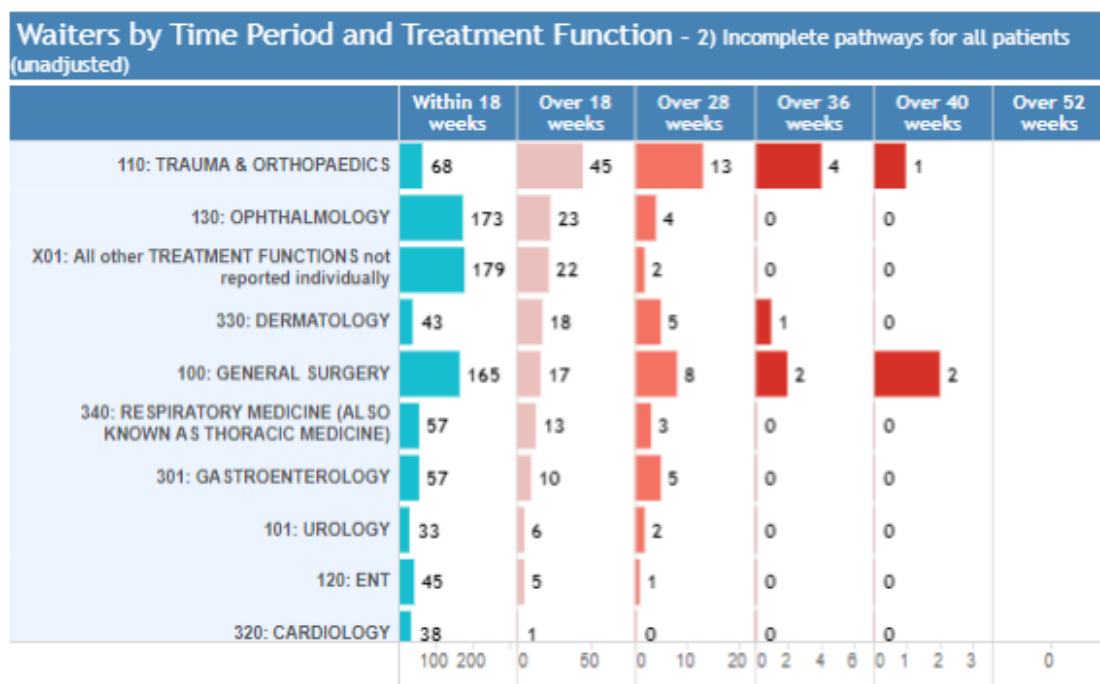
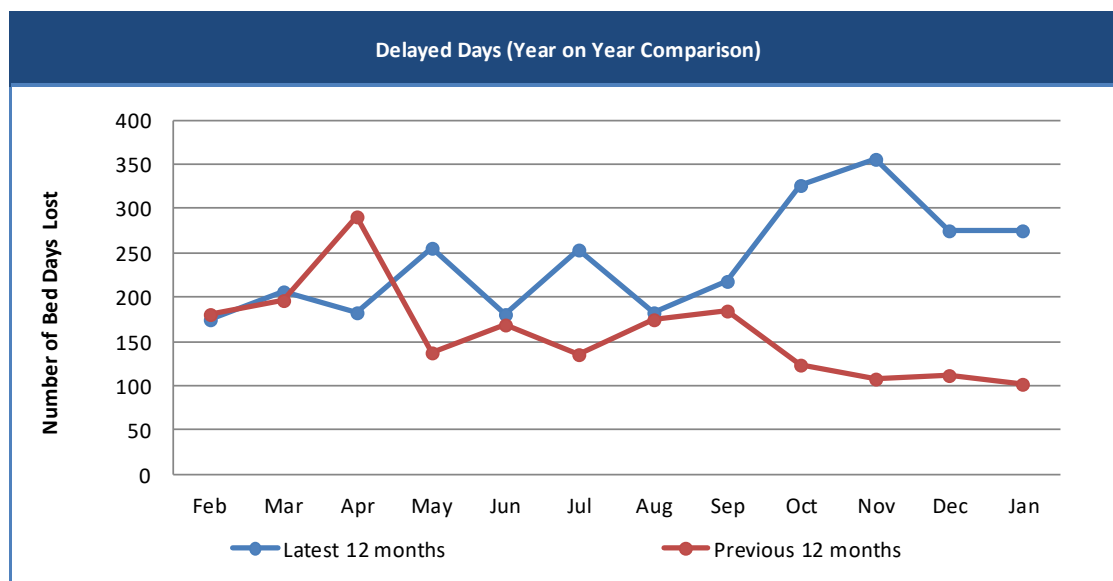


Figure 26 - Patients waiting (in bands) on incomplete pathway for Liverpool University Hospitals NHS Foundation Trust



9.2 Delayed Transfers of Care

Figure 27 – Southport & Ormskirk DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Jan-20	Dec-19	Jan-19
Total	276	276	102
NHS	99.6%	87.7%	98.0%
Social Care	0.4%	12.3%	2.0%
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 (Jan-20)

SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST

Care Package in Home	0.4%
Community Equipment Adapt	22.1%
Completion Assessment	9.4%
Disputes	0.0%
Further Non-Acute NHS	9.4%
Housing	0.0%
Nursing Home	0.0%
Patient Family Choice	58.7%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%

8.7 Better Care Fund

A quarter 3 2019/20 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in February 2020. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model, and progress is on track 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 Q3 BCF performance is as follows:

Figure 28 – BCF Metric Performance

Metric	Definition	Assessment of progress against the metric plan for the quarter	Challenges and any Support Needs	Achievements
NEA	Total number of specific acute (replaces General & Acute) non-elective spells per 100,000 population	On track to meet target	Winter pressure has presented challenges as expected in terms of volumes.	Strategic Plans for Sefton for 2020 - 2025 through Sefton2gether and the Health and Wellbeing Strategy published in this quarter set the clear prevention programme for the footprint and plans for implementation are progressing well.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	The demographic challenge remains and further work with our Care Home Market as both Social Care and Health on ensure we establish fees, support the market to deliver the best quality, and ensure we assess and provide the right level of service must continue to progress	The roll out of the demand management programme in the council encourages our care closer to home approach, and we have clear plans to continue this approach.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	Volumes have increased and work has been needed from our commissioning teams to ensure capacity if available.	There was a 5% increase in average monthly hours of reablement provided in Q3 compared to Q2. % We know the vast majority of service users discharged with a short term service do not translate into a longer term service (approximately 89%)
Delayed Transfers of Care	Average Number of People Delayed in a Transfer of Care per Day (daily delays)	On track to meet target	Errors in reporting and recording of DTOC identified during audit and review. Now correct recording from all acute partners, this may result in a reduction in DTOC attributable to Social Care within this quarter. Current date up to November 2019 still shows a spike in DTOC although overall the year will meet IBCF targets	Our latest dashboard reported that we are in track to meet the targets in the IBCF. Continued closer working to manage this with weekly winter pressure meetings, and increased capacity in Reablement coming on line and the retender of the Care at Home contract for one area of the borough. The wider use of community equipment and HIA will be supported though recruitment to an additional post to develop this through the BCF.

Figure 29 – BCF High Impact Change Model Assessment

		Narrative			
		Q3 19/20	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges and any Support Needs	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Established		Early discharge planning in place. There is variation across providers in terms of delivery. Further improvement work required to implement consistent approach to SAFER bundles across all wards.	Boardrounds in situ on all wards attended by all members of the health and social multidisciplinary teams. Red to Green in place in both community and acute bed base. Expected dates of discharge discussed early and referrals made to the ICRAS team to plan for discharge.
Chg 2	Systems to monitor patient flow	Mature	Four times daily bed rounds in place monitoring, ambulance waits, patients in department, decisions to admit, bed capacity and admissions and discharges via spread sheets. These feed into daily multidisciplinary huddles to expedite timely discharge. Weekly escalation calls scheduled with NHSE focusing on the following quality markers total number of patients in receipt of corridor care, ambulance turnaround times and incidence of 12 hour breaches.	The challenge is joining primary care, community and secondary care dashboards together as reflect the whole system flow across all care pathways, work is ongoing.	Implementation of NM dashboard at the AED executive delivery board. Implementation of Southport and Ormskirk flow management dashboard and spreadsheet.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Mature	Colocation of health and social care workforce and daily multidisciplinary huddles are now business as usual. Multi agency community and acute multidisciplinary discharge events with all agency attendance are operational at times of high pressure.	The challenge going forward is around workforce distribution to ensure that primary care networks, community and secondary care strategy and ways of working align.	Key managerial roles have been recruited across the health and social care system which has greatly improved relationships and integration of teams across the community and the acute sector.
Chg 4	Home first/discharge to assess	Established		Home first pathways are in place across Sefton. Capacity within reablement hours has been a challenge to the success of these pathways	The commissioning of additional reablement hours and rapid response hours. Pathway enhancement and relaunch went live on the 6th January. A SERV Car model was launched in November 2019 and will be evaluated in Q4, initial feedback has been positive on its impact on patient flow.
Chg 5	Seven-day service	Established		7 day service provision is in place for social care and health reablement services across Sefton. The challenge is that not all services are 7 day which can affect weekend provision of care and sustained patient flow.	There has been enhancement of weekend service provision within the acute trusts including enhanced medical workforce, improved access to ambulatory care, pharmacy provision and social work. Sefton Emergency Response Vehicle has been commissioned which is integrated with the community health and social care teams in Southport and there has been a service reconfiguration in South Sefton for the AVS scheme.
Chg 6	Trusted assessors	Established		Trusted assessment is in place, there is ongoing work to engage the wider care home market before this can be classed as mature. The trusted assessor model is currently under review in Southport and Formby to improve the quality of the discharges. Trusted assessment fully operational within community intermediate care.	Trusted assessors now in place in South Sefton. Trusted assessment process to return to community provider in Southport and Formby. Impact of this is reduction in hospital discharges and delays.
Chg 7	Focus on choice	Established		Patient choice policy agreed across North Mersey and in place. The challenge is that there is variation across providers in terms of application and implementation. Processes need to be more robust and application more consistent.	Acute trusts currently reviewing how the choice policy can be more consistently applied. Recognition is that this needs to be considered on a case by case basis. In this quarter commitment to jointly commission Advocacy has been made and work has begun to formalise a project plan around this. We have also seen reported Personal Health Budgets Targets to be met for both CCGs.

Chg 8	Enhancing health in care homes	Established		Southport and Formby area have a higher than national average number of care and residential homes which impacts on workforce capacity. Southport and Formby CCG and South Sefton currently have disproportionate service provision for care home support.	Sefton wide care home forum has been established. Improved collaboration between health and social care in the co production of a care home strategy for joined-up commissioning. A joint commissioning group established to support roll out of the new specification with PCNs. Series of workstreams for the review of section 75 schedules of the integrated BCF commissioning group have been formed. Greater clinical ownership across providers for quality improvement initiatives and service development schemes across NWAS, community and the care home sector.
-------	--------------------------------	-------------	--	--	---

Hospital Transfer Protocol (or the Red Bag scheme)					
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.					
		Q3 19/20 (Current)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact
UEC	Red Bag scheme	Established		The challenges include bags being misplaced within the acute trust and failure to return to care home setting on discharge with the patient. A number of bags have currently been returned to the CCG and will need to be redistributed.	All care homes were allocated a red bag. Evidence that the scheme was initiated however bags are being misplaced in the trust. Need to relaunch and improve communication and engagement of the scheme within secondary care. This will form part of the care home strategy for Sefton residents.

9.3 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 10 performance and narrative detailed in the table below:

Figure 30 – Southport & Formby CCG's Month 10 Submission to NHS England

Month 10 (January)	Month 10 Plan	Month 10 Actual	Month 10 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	2497	2801	12.2%	GP referrals saw a significant increase in month 10 when comparing to the previous month, which is expected in part due to seasonal trends (with reduced work days in month 9 as part of the extended festive period). However, GP referrals were the highest of 19/20 to date and increases were evident at a number of providers and across specialities. Despite this, it should be noted that GP referrals are within 2% of plan YTD.
Other	2376	2865	20.6%	
Total (in month)	4873	5666	16.3%	An increase in Other referrals has been apparent throughout the financial year 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 C2C increases have been evident within Gen Med, Gen Surg, Clinical Physiology and T&O at the main hospital provider.
Variance against Plan YTD	48282	52020	7.7%	Discussions continue around referrals. The increase in Gen Med is directly related to the 2018/19 change in A&E pathway and creation of ACU although it is expected that this will begin to level out on a monthly basis as the service has now been operational for over 12 months. Discussions regarding referrals will continue with the provider via the information sub group and provider BI leads are currently investigating the causes of some of the C2C increases noted above.
Year on Year YTD Growth			8.2%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	3774	3915	3.7%	OP first and follow up appointments have both increased in month 10 as part of seasonal trends and following a corresponding increase in referral numbers and both were within normal statistical thresholds. Total outpatient activity is in line with planned levels at month 10 YTD. 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	9254	9710	4.9%	
Total Outpatient attendances (in month)	13028	13625	4.6%	
Variance against Plan YTD	129484	129929	0.3%	
Year on Year YTD Growth			6.8%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1401	1631	16.4%	Local monitoring suggests that day case activity has been closer to plan and has been within the 2% threshold in month 8 and 9 before an increase in month 10 (as expected due to seasonal trends). Day case trends have tended to follow a similar pattern to 2018/19 but have often exceeded levels seen in the previous year. Elective admissions were comparable to plan from month 1-5 but did not increase in the following months until an alignment with plan at month 9. As with day cases, activity has increased in month 10 as expected but the fewer numbers reported allows for a greater volatility in the % reported against planned activity. Electives are below plan YTD and feedback from the provider regarding elective inpatients suggests theatre staff shortages and bed pressures have resulted in a reduced elective offering throughout the year. The CCG is working with the provider to understand demand, workforce and theatre capacity issues via contract review meetings. This work will continue for the remainder of 1920.
Elective Ordinary spells	196	217	10.7%	
Total Elective spells (in month)	1597	1848	15.7%	
Variance against Plan YTD	16673	17755	6.5%	
Year on Year YTD Growth			6.5%	
Urgent & Emergency Care				
Type 1	3633	3885	6.9%	The CCGs A&E activity increased in month 8 to a secondary peak for 1920 (the highest attendances being reported in Jul-19). Activity is influenced by attendances at the main hospital provider and despite two consecutive monthly decreases up to month 10, this activity remains historically high. A&E performance at the lead provider has been fairly consistent, improving slightly on the previous month to 86.32%.
Year on Year YTD			7.1%	
All types (in month)	4398	4564	3.8%	CCG urgent care leads and the main hospital provider continue to work together with system partners to understand the increase in attendances and address issues with patient flow in the department to support the 4hr target (as per winter planning priorities). CCG UC leads are also sighted on actions implemented by the main hospital provider including recruitment plans to support process improvement and flow in the AE dept. The provider noted unprecedented paediatric attendances in month 9 with high acuity and reliance on additional staffing to open escalation areas. As such, meetings have been held between management teams to devise a strategy. An audit has also been conducted by Health Watch to determine the increase in attendance via A&E. This will inform hospital avoidance work streams i.e. GP in ED, Sefton Emergency Response Vehicle (SERV) car, Same Day Emergency Care (SDEC) and cancer related unplanned attendances.
Variance against Plan YTD	43977	46835	6.5%	
Year on Year YTD Growth			6.9%	
Total Non Elective spells (in month)	1645	1809	10.0%	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 and these admissions have seen notable increases against plan in recent months whereas 1+ LOS admissions have been closer to plan. However, in month 10 the zero LOS admission count reduced following a drop in A&E attendances whereas 1+ LOS increased. YTD admissions are within 2% of plan. As a system, the CCG continues to work with partners to improve admission avoidance, improve LOS and timely discharge pathways. The CCG are working closer with the Local Authority to develop the enabling of step up beds to support the commissioning of the new SERV car to reduce conveyances, attendances and admissions. This also supports the clinically designed system wide frailty/falls pathway
Variance against Plan YTD	17669	17504	-0.9%	
Year on Year YTD Growth			8.5%	

MEETING OF THE GOVERNING BODY
April 2020

Agenda Item: 20/47.2

Author of the Paper:

Martin McDowell
Chief Finance Officer
Email

martin.mcdowell@southportandformbyccg.nhs.uk
Telephone: 0151 317 8350

Report date: March 2020

Rebecca McCullough
Head of Strategic Financial Planning
rebecca.mccullough@southportandformbyccg.nhs.uk
Tel: 0151 317 8396

Title: Financial Position of NHS Southport & Formby Clinical Commissioning Group – Month 11 2019/20

Summary/Key Issues:

This paper presents the Governing Body with an overview of the Month 11 financial position for NHS Southport and Formby Clinical Commissioning Group as at 29th February 2020.

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 was for the CCG to deliver a breakeven position. The CCG has been providing additional monthly reports to the regional team and has followed the protocol to agree a change to its in-year financial plan. NHS North West have confirmed that the revised forecast outturn for the year is a deficit of £12.800m.

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 increase as a result of the 2019/20 outturn position and will need to be reviewed following changes to the financial arrangements for CCGs announced as part of the 2020/21 planning guidance.

The QIPP efficiency requirement to deliver the agreed financial plan of breakeven was £14.104m. The QIPP requirement increased significantly in 2019/20 due to increased cost pressures in provider contracts agreed to support system financial recovery.

The CCG has identified potential QIPP opportunities of £16.584m although the majority are rated high risk and further work is required with support from system partners needed to implement these schemes. Prescribing efficiency schemes continue to be delivered although savings are offset with other cost pressures which have emerged in the prescribing budget. As a consequence of this, QIPP delivery in 2019/20 is forecast to be £4.080m

The CCG deficit at Month 11 has been calculated at £11.917m. The year to date deficit reflects the under delivery of QIPP savings and cost pressures which have emerged at this stage in the financial year. The likely forecast outturn is £12.800m deficit.

The System Financial Recovery Plan has been developed during the financial year in conjunction with NHS England and Improvement. The system includes Southport and Formby CCG, South Sefton 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. Regular updates to the plan are being provided to the regulators.

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.

Recommendation

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

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 revised forecast outturn for the financial year is a deficit of £12.800m.
- The QIPP efficiency requirement to deliver the agreed financial plan was £14.104m. QIPP schemes of £16.584m have been identified although a high proportion of schemes remain high risk.
- The CCG deficit at Month 11 has been assessed at £11.917m and the likely position for the financial year is assessed at £12.800m deficit. The CCG will continue to pursue actions to mitigate the deficit through QIPP delivery.
- The CCG will not deliver the agreed 2019/20 financial plan but is forecast to deliver the revised forecast outturn. The focus must remain on the continued progression of work undertaken during the CCG QIPP weeks which is essential to provide mitigation against the CCG's underlying deficit. The governance arrangements to support full system working have been developed and will need to continue support delivery of the system financial recovery plan.
- It is essential that clinical leaders in the CCG engage with colleagues across the system in order to influence change and deliver reduction in costs. The financial recovery plan can only be delivered through a concerted effort by clinicians in all parts of the healthcare to work together to deliver more efficient and effective models of care.
- The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain the proposed approach so that the membership can support implementation of the recovery plan.

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

Process	Yes	No	N/A	Comments/Detail (x those that apply)
Patient and Public Engagement	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 the Governing Body April 2020

1. Executive Summary

This report focuses on the financial performance of Southport and Formby CCG as at 29 February 2020.

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	116,314	107,131	108,941	1,810	118,614	2,300
Mental Health	19,780	18,133	18,360	227	19,984	204
Continuing Care	12,865	11,793	13,692	1,900	15,196	2,331
Community Health	19,453	17,904	18,268	365	19,987	534
Primary Care	46,095	42,044	42,698	653	47,027	931
Corporate & Support Services	2,607	2,384	2,325	(59)	2,554	(53)
Other	7,148	6,596	6,707	112	7,283	135
Total Operating budgets	224,262	205,984	210,991	5,007	230,645	6,383
Reserves	(9,597)	(6,910)	0	6,910	(3,180)	6,417
In Year Planned (Surplus)/Deficit	0	0	0	0	0	0
Grand Total (Surplus)/Deficit	214,665	199,074	210,991	11,917	227,465	12,800

The year to date financial position is a deficit of £11.917m and the full year forecast position is £12.800m deficit.

Cost pressures have emerged during the financial year which have been partly offset by underspends in other areas and the CCG reserve budget including the 0.5% contingency budget.

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

- Increased costs in the budget for continuing healthcare and funded nursing care. There is evidence of an increase in fast track referrals compared to the previous financial year. There are also areas of pressure identified in mental health packages of care.
- Prescribing cost pressures in respect of increased prices of Category M drugs.
- Personal Health budgets have increased in terms of cost and volume.
- There are increased pressures on the budget for Non-Contract Activity. Both activity and costs have increased significantly since the last financial year with a number of high cost out of area cases being reported so far this year.

- Forecast overspends at Liverpool University Hospitals and Wrightington, Wigan and Leigh hospitals are partly offset by forecast underspends at St Helens & Knowsley Hospitals and other smaller budgets.
- The Clinical Assessment and Treatment Centres budget is forecast to overspend due to increased volume of activity in the Independent Sector, particularly for Trauma and Orthopaedics and Ophthalmology services.
- The Commissioning non-acute budget is forecast to overspend due to a number of charges for property services which are above planned costs.

CCG Recovery Plan

Representatives from across the Sefton system attended an Intensive Support Conference on 5th February 2019. The event, organised by NHS England and Improvement, brought together organisations to share and learn from experiences of delivery healthcare services in a challenged environment. The event also provided an opportunity to support NHS England and Improvement in the development of their future approach to the “System by default” approach described in Operational Planning and Contracting guidance for 2020/21.

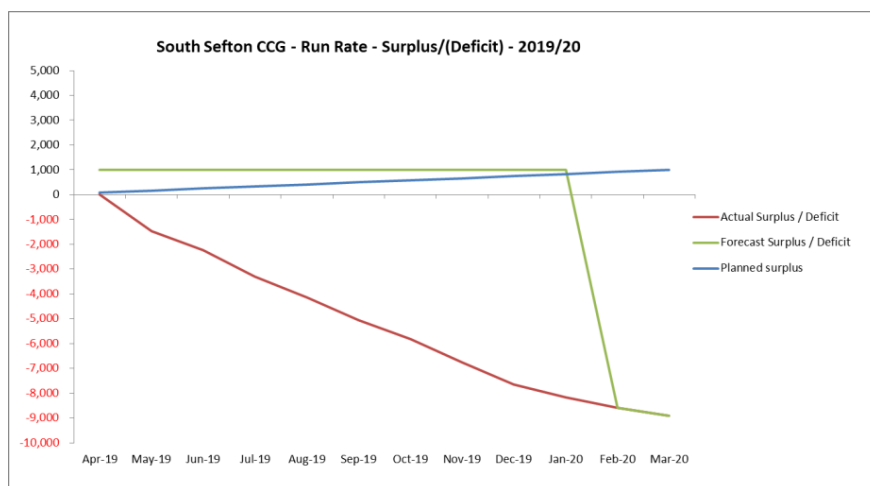
The CCG continues to meet with the regional team alongside system partners to identify options for reducing the system gap.

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.

Run Rate

The agreed financial plan is breakeven for the financial year and the monthly profile is breakeven in each month. The actual position reflects the deficit in each month as a result of under delivery against the QIPP plan and increased cost pressures during the year.

The reported forecast position was revised in Month 10 following approval from NHS England to change the CCG’s forecast outturn position.



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	x
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%	98.36%
		NHS - Volume YTD > 95%	95.53%
		Non NHS - Value YTD > 95%	98.30%
		Non NHS - Volume YTD > 95%	95.70%

- 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 revised control total is a deficit of £12.800m.
- The 0.5% Contingency Reserve is held as mitigation against cost pressures.
- The QIPP target for 2019/20 is **£14.104m**.
- QIPP schemes of £16.584m have been identified although the majority are rated high risk at this stage.
- The reported risk adjusted position is **£12.800m** deficit.
- BPPC targets have been achieved. This will continue to be monitored monthly to ensure performance is maintained.

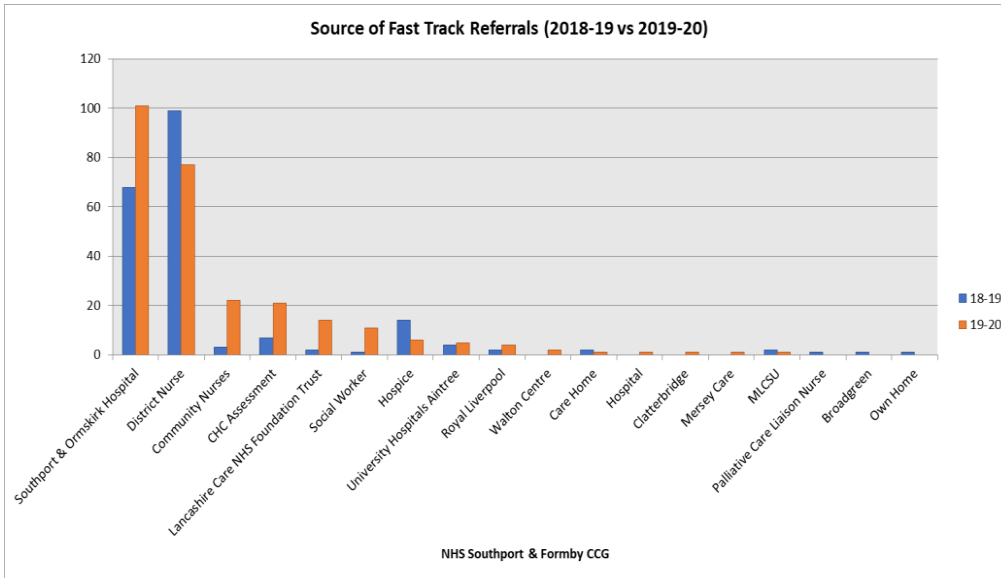
2. CCG Financial Position – Month 11 2019-20

Report	Commentary																										
<p style="text-align: center;">Southport & Formby CCG Forecast Outturn at Month 11</p> <table border="1"> <caption>Southport & Formby CCG Forecast Outturn at Month 11</caption> <thead> <tr> <th>Cost Area</th> <th>Variance (£'000)</th> </tr> </thead> <tbody> <tr> <td>QIPP / RESERVES</td> <td>6,760</td> </tr> <tr> <td>CONTINUING CARE</td> <td>2,691</td> </tr> <tr> <td>PRESCRIBING</td> <td>1,269</td> </tr> <tr> <td>ACUTE COMMISSIONING</td> <td>811</td> </tr> <tr> <td>INDEPENDENT SECTOR</td> <td>772</td> </tr> <tr> <td>NCAs</td> <td>680</td> </tr> <tr> <td>INTERMEDIATE CARE</td> <td>305</td> </tr> <tr> <td>PRIMARY CARE IT</td> <td>49</td> </tr> <tr> <td>CORPORATE & SUPPORT SERVICES</td> <td>53</td> </tr> <tr> <td>LEARNING DIFFICULTIES</td> <td>151</td> </tr> <tr> <td>PRC DELEGATED CO-COMMISSIONING</td> <td>235</td> </tr> <tr> <td>Total</td> <td>12,800</td> </tr> </tbody> </table>	Cost Area	Variance (£'000)	QIPP / RESERVES	6,760	CONTINUING CARE	2,691	PRESCRIBING	1,269	ACUTE COMMISSIONING	811	INDEPENDENT SECTOR	772	NCAs	680	INTERMEDIATE CARE	305	PRIMARY CARE IT	49	CORPORATE & SUPPORT SERVICES	53	LEARNING DIFFICULTIES	151	PRC DELEGATED CO-COMMISSIONING	235	Total	12,800	<ul style="list-style-type: none"> The CCG forecast position is a deficit of £12.800m. The main financial pressures relate to: <ul style="list-style-type: none"> Continuing Care packages including Continuing Healthcare, Funded Nursing Care, Personal health Budgets and Mental Health packages due to increased cost and volume of packages. Prescribing cost pressures relating to increased prices for category M drugs. Cost pressures in the independent sector, due to an increase in activity during the year, notably with iSight in respect of Ophthalmology activity and Renacres for Trauma and Orthopaedic activity. Increased costs at Wrightington, Wigan and Leigh NHS trust due to over performance of activity, mainly in relation to Trauma and Orthopaedic activity. Non-Contract activity cost pressures relating to a significant increase in cost and volume of out of area activity in the financial year. Acute over performance is partly offset with underperformance at Aintree, St Helens & Knowsley. The cost pressures are supported by underspends in other areas of the CCG which include the 0.5% Contingency Reserve held in mitigation, Delegated Co-Commissioning and a forecast underspend on acute contracts based on performance reported at Month 10.
Cost Area	Variance (£'000)																										
QIPP / RESERVES	6,760																										
CONTINUING CARE	2,691																										
PRESCRIBING	1,269																										
ACUTE COMMISSIONING	811																										
INDEPENDENT SECTOR	772																										
NCAs	680																										
INTERMEDIATE CARE	305																										
PRIMARY CARE IT	49																										
CORPORATE & SUPPORT SERVICES	53																										
LEARNING DIFFICULTIES	151																										
PRC DELEGATED CO-COMMISSIONING	235																										
Total	12,800																										

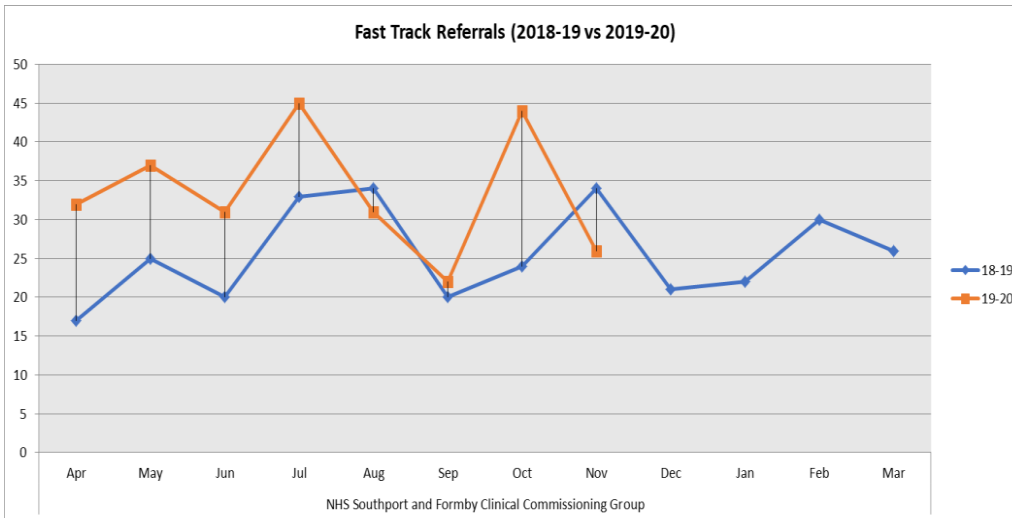
3. CHC Fast Track Referrals

Report

Commentary



- The Continuing Healthcare data shows a sharp increase in the number of Fast Track referrals compared to the previous financial year. Following a significant increase in quarter 1, referrals reduced in quarter 2 and the latest data (up to November 2019) shows the activity is below the level reported in the last financial year.
- During the period April to November 2019, the total number of referrals was 268 compared to 200 in April to November 2018.
- The main increase in referrals relates to referrals originated in Southport & Ormskirk hospital and in the District Nurse team which reflects the increased focus to support discharge from acute care beds and help maintain performance relating to the A&E constitutional standard.



4. 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		2.183		2.183
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			(0.063)	0.187
Intermediate care	0.241				0.241
Other investments / Adjustments	1.275	0.348	(0.058)	(1.075)	0.490
0.5% Contingency Reserve	1.058				1.058
Provider contracts - conditional income	(0.350)				(0.350)
GP Forward View - NHSE income	0.000	0.779		(0.779)	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	0.497		(0.497)	0.000
Community Crisis Transformation Funding	0.000	0.089			0.089
BCF Support		0.074			0.074
CEOV		(0.244)			(0.244)
Corporate Connections		0.007			0.007
GPIT funding		0.407			0.407
NHSE Winter Funding S&O		1.060		(1.060)	0.000
Total Reserves	(10.985)	3.403	1.680	(3.695)	(9.597)

- 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.
- 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 costs for the Primary Care Extended Access service (GP Forward View).
- Funding was received in Month 8 relating to winter pressures which is a pass through allocation for Southport & Ormskirk NHS Trust.
- Funding has been received for GPIT investments following approval of bids submitted to NHS England.

5. Provider Expenditure Analysis – Acting as One Providers																				
Report	Commentary																			
<p>Acting as One Contract Performance: (Year to Date at Month 10)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #0070c0; color: white;">Provider</th> <th style="background-color: #0070c0; color: white;">Over / (Under) Plan £m</th> </tr> </thead> <tbody> <tr> <td>Aintree University Hospital NHS Foundation Trust</td> <td style="text-align: right; color: red;">(0.360)</td> </tr> <tr> <td>Alder Hey Children’s Hospital NHS Foundation Trust</td> <td style="text-align: right;">0.150</td> </tr> <tr> <td>Liverpool Women’s NHS Foundation Trust</td> <td style="text-align: right; color: red;">(0.116)</td> </tr> <tr> <td>Liverpool Heart & Chest NHS Foundation Trust</td> <td style="text-align: right;">0.027</td> </tr> <tr> <td>Royal Liverpool and Broadgreen NHS Trust</td> <td style="text-align: right; color: red;">(0.174)</td> </tr> <tr> <td>Mersey Care NHS Foundation Trust</td> <td style="text-align: right;">0.000</td> </tr> <tr> <td>The Walton Centre NHS Foundation Trust</td> <td style="text-align: right;">0.012</td> </tr> <tr> <td>Grand Total</td> <td style="text-align: right; color: red;">(0.461)</td> </tr> </tbody> </table>			Provider	Over / (Under) Plan £m	Aintree University Hospital NHS Foundation Trust	(0.360)	Alder Hey Children’s Hospital NHS Foundation Trust	0.150	Liverpool Women’s NHS Foundation Trust	(0.116)	Liverpool Heart & Chest NHS Foundation Trust	0.027	Royal Liverpool and Broadgreen NHS Trust	(0.174)	Mersey Care NHS Foundation Trust	0.000	The Walton Centre NHS Foundation Trust	0.012	Grand Total	(0.461)
Provider	Over / (Under) Plan £m																			
Aintree University Hospital NHS Foundation Trust	(0.360)																			
Alder Hey Children’s Hospital NHS Foundation Trust	0.150																			
Liverpool Women’s NHS Foundation Trust	(0.116)																			
Liverpool Heart & Chest NHS Foundation Trust	0.027																			
Royal Liverpool and Broadgreen NHS Trust	(0.174)																			
Mersey Care NHS Foundation Trust	0.000																			
The Walton Centre NHS Foundation Trust	0.012																			
Grand Total	(0.461)																			
	<ul style="list-style-type: none"> 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 with system partners remain important to address long-term financial sustainability. The year to date financial performance for the Acting as One providers shows an under performance against plan, this would represent an underspend of £0.461m under PbR contract arrangements. 																			

6. QIPP								
Report								Commentary
RAG Rated QIPP Plan 2019/20 (Forecast Outturn)								
	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	603	0	603	214	0	389	603	
Continuing Health Care	2,729	0	2,729	0	0	2,729	2,729	
Value for Money Reviews	167	0	167	167	0	0	167	
High Risk Proposals	3,100	0	3,100	0	0	3,100	3,100	
Total QIPP Plan	16,584	0	16,584	1,990	429	14,165	16,584	
QIPP Delivered 2019/20				2,183		0	2,183	
								<ul style="list-style-type: none"> The 2019/20 QIPP target is £14.104m. QIPP schemes worth £16.584m have been identified; however many of the schemes have been identified as high risk. The CCG have held 'QIPP Weeks' during the year 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 and to develop the 2020/21 plan.

7. Risk							
Report				Commentary			
CCG Financial Position:				Financial Position			
	Recurrent £000	Non-Recurrent £000	Total £000	<ul style="list-style-type: none"> The CCG financial position for Month 11 is a deficit of £11.917m which reflects under delivery of QIPP savings against plan as well as further cost pressures which have emerged during the year. The agreed financial plan is a deficit of £12.800m for the financial year. The best case scenario is a deficit of £11.411m. The most likely financial position is a deficit of £12.800m 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. 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. The underlying financial position is a deficit of £10.630m, this has increased in 2019/20 due to increased cost pressures in mainly in provider contracts. The underlying position is expected to improve as further efficiency schemes are identified during the year. 			
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	(2.359)	(0.417)	(2.776)				
Management action plan							
QIPP Achieved	2.183	0.000	2.183				
Other Mitigations	0.000	1.897	1.897				
Total Management Action plan	2.183	2.000	4.080				
Year End Surplus / (Deficit)	(10.630)	(2.067)	(12.800)				
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	4.880	4.080	4.080				
I&E impact	0.000	0.000	0.000				
Forecast Surplus / (Deficit)	(9.224)	(10.024)	(10.024)				
Further Risk	(6.106)	(6.611)	(7.211)				
Management Action Plan	3.919	3.819	3.619				
Risk adjusted Surplus / (Deficit)	(11.411)	(12.816)	(13.616)				

8. Statement of Financial Position					
Report					Commentary
Summary working capital:					
Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Prior Year 2018/19
	M3 £'000	M6 £'000	M9 £'000	M11 £'000	M12 £'000
Non-Current Assets	16	20	17	16	23
Receivables	2,576	3,336	2,847	1,421	3,957
Cash	1,840	1,798	2,421	1,737	20
Payables & Provisions	(16,072)	(15,417)	(17,544)	(21,856)	(12,363)
Value of Debt > 180 days	177	186	1,555	139	38

- The non-current asset (Non CA) balance relates to assets funded by NHS England for capital projects. The movement in balance relates to capital spend in year and 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 £0.139m. Although Southport & Ormskirk NHS Trust has settled a significant amount of their aged debt, there remains one invoice outstanding (£0.137m) which have been formally disputed as part of the NHS month 9 agreement of balances exercise. The CCG Chief Finance Officer has been discussing this with the Trust to reach a resolution.
- 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 £217.685m at Month 11. The actual cash utilised at Month 11 was £203.280m which represents 91.67% of the total allocation. The balance of ACDR will be utilised over the remainder of the year.

9. 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 revised forecast outturn for the financial year is a deficit of £12.800m.
- The QIPP efficiency requirement to deliver the agreed financial plan was £14.104m. QIPP schemes of £16.584m have been identified although a high proportion of schemes remain high risk.
- The CCG deficit at Month 11 has been assessed at £11.917m and the likely case risk adjusted position for the financial year is assessed at £12.800m deficit. The CCG will continue to pursue actions to mitigate this position through QIPP delivery.
- The CCG will not deliver the agreed 2019/20 financial plan but is forecast to deliver the revised forecast outturn. The focus must remain on the continued progression of work undertaken during the CCG QIPP weeks which is essential to provide mitigation against the CCG's underlying deficit. The governance arrangements to support full system working have been developed and will need to support delivery of the system financial recovery plan.
- It is essential that clinical leaders in the CCG engage with colleagues across the system in order to influence change and deliver reduction in costs. The financial recovery plan can only be delivered through a concerted effort by clinicians in all parts of the healthcare to work together to deliver more efficient and effective models of care.
- The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain the proposed approach so that the membership can support implementation of the recovery plan.

Martin McDowell
Chief Finance Officer

Rebecca McCullough
Head of Strategic Financial Planning

March 2020

MEETING OF THE GOVERNING BODY April 2020

Agenda Item: 20/48	Author of the Paper: Judy Graves Corporate Business Manager Judy.graves@southseftonccg.nhs.uk 0151 317 8352
Report date: April 2020	
Title: Governing Body Attendance Register 2019/20	
Summary/Key Issues: The CCG are in the process of collating information for the 2019/20 Annual Report which will include the attendance registers for the Governing Body and its committees. The information is required to be submitted by 27 th March 2020 and each meeting membership are being presented with their annual register, as included in each set of minutes, to confirm content.	
Recommendation	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to approve the content of the register for 2019/20.	

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.
	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	

Southport & Formby CCG: Annual Report: Committee Attendance 2019/20

Governing Body: PTI

Name Membership through 2019/20	Governing Body Membership	Apr 19	June 19	Sept 19	Nov 19	Feb 20	5 PTI meetings
Dr Rob Caudwell	Chair & Clinical Director	✓	✓	✓	✓	✓	5/5
Helen Nichols	Vice Chair & Lay Member for Governance	✓	✓	✓	✓	✓	5/5
Dr Kati Scholtz	Clinical Vice Chair and GP Clinical Director	A	✓	✓	✓	✓	4/5
Matthew Ashton <i>or deputy</i>	Director of Public Health, Sefton MBC (<i>co-opted</i>)	✓	✓	✓	✓	✓	5/5
Dr Emily Ball	GP Clinical Director	A	✓	✓	A	A	2/5
*Gill Brown	Lay Member for Patient & Public Engagement	✓	✓	✓			3/3
Dr Doug Callow	GP Clinical Director	A	✓	A	A	✓	2/5
*Dil Daly	Lay Member for Patient and Public Engagement					✓	1/1
*Debbie Fagan	Chief Nurse	✓					1/5
*Vikki Gilligan	Practice Manager				✓	A	1/2
*Dwayne Johnson	Director of Social Service & Health, Sefton MBC	A					0/1
Maureen Kelly	Chair, Health watch (<i>co-opted</i>)	A	✓	✓	✓	A	3/5
*Jane Lunt	Interim Chief Nurse				A	✓	1/2
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	5/5
*Dr Anette Metzmacher	GP Clinical Director						0/0
Dr Hilal Mulla	GP Clinical Director	✓	✓	✓	✓	A	4/5
*Colette Page	Additional Nurse Member		✓	✓	✓	✓	4/4
*Brendan Prescott	Deputy Chief Nurse		✓	✓			2/2
*Dr Tim Quinlan	GP Clinical Director	✓	✓	✓	✓		4/4
Colette Riley	Practice Manager	A	✓	A	A	✓	2/5
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓	✓	✓	✓	5/5
Fiona Taylor	Chief Officer	✓	✓	✓	✓	✓	5/5

- * Gill Brown: resigned position end of October 2019
- * Dil Daly: appointed December 2019 as new Lay Member for Patient and Public Engagement
- * Debbie Fagan: Seconded May 2019. Deputy Chief Nurse covered by Brendan Prescott
- * Vikki Gilligan: appointed end of September 2019
- * Dwayne Johnson: stepped down May 2019
- * Jane Lunt: appointed Interim Chief Nurse October 2019
- * Anette Metzmacher: appointed late February 2020
- * Colette Page: appointed Additional Nurse member May 2019
- * Brendan Prescott: covered Chief Nurse position until the appointment of Jane Lunt
- * Tim Quinlan: resigned position December 2019

MEETING OF THE GOVERNING BODY April 2020

Agenda Item: 20/49	Author of the Paper: Helen Nichols Lay Member Helen.nichols3@nhs.net 0151 317 8454 (PA to CFO)						
Report date: April 2020							
Title: Finance & Resource Committee Terms of Reference							
Summary/Key Issues: The Finance & Resource (F&R) Committee Terms of Reference (ToR) were reviewed at the F&R Committee meeting on 19 th February 2020. The committee agreed that no changes were required, noting that the next review is due in February 2021. The only amendments that have been made in the enclosed ToR are within the review date section, which are shown via track changes.							
Recommendation The Governing Body is asked to approve the enclosed F&R Committee Terms of Reference.	<table style="width: 100%; border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;"></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; width: 30px; height: 20px; text-align: center;"></td> </tr> </table>	Receive		Approve	X	Ratify	
Receive							
Approve	X						
Ratify							

Links to Corporate Objectives 2019/20

	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.
	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			F&R Committee – 19 th February 2020

NHS Southport and Formby CCG

Finance and Resource Committee

Terms of Reference

1. Authority

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

2. Membership

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

The Chief Officer shall be an ex-officio member of the Committee
- 2.2. The Chair of the Governing Body will not be a member of the Committee although they will be invited to attend one meeting each year in order to form a view on, and understanding of, the Committee's operations.
- 2.3. Members are expected to personally attend a minimum of 60% of meetings held and can send a deputy to attend in their absence as required.
- 2.4. Relevant Officers from the CCG will be invited to attend in line with agenda items. Officers from other organisations including the Commissioning Support Unit (CSU) and from the Local Authority Public Health team will also be invited to attend in line with agenda items.

- 2.5. All Members are required to nominate a deputy to attend in their absence (when practical do so, nominations are not required in the event of sickness absence). Deputies will count towards the quorum but shall be of sufficient seniority to enable decision making.

3. Responsibilities of the Committee

The Finance and Resource Committee is responsible for the following.

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

4. Duties of the Committee

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

- 4.1. Oversee the development of the short and medium-term strategies for the CCG including assessment of the assumptions underpinning the financial models.

- 4.2. To ensure the delivery of financial balance and that the organisation meets its statutory financial targets.
- 4.3. Ensure that the Finance and Performance Plans are consistent with and complementary to the CCGs Annual Budget, Shaping Sefton Strategy and QIPP plans
- 4.4. To monitor implementation of the annual financial plan to ensure that the total resource available to CCG is invested in high quality services that support the achievement and delivery of specified priorities.
- 4.5. Approving any variations to planned investment within the limits set out in the detailed financial policies of the CCG, ensuring that any amended plans remain within the overall CCG budget and do not adversely affect the strategic performance of the CCG.
- 4.6. Monitoring Financial and Operational Performance across all commissioned services on an exception basis, assessing potential shortfalls and risk and recommending actions to address them.
- 4.7. Monitoring Key Performance Indicators (KPIs) relating to CCG performance, for example as outlined in the NHS Operating Framework.
- 4.8. Monitoring delivery of any QIPP programmes and agreeing corrective action if required.
- 4.9. Monitor key risks facing the CCG, understand the financial consequences and make recommendations for inclusion on the CCG risk register accordingly.
- 4.10. Oversee the approval development and delivery of capital investment plans including any schemes progressed through the LIFT or 3PD initiatives.
- 4.11. Oversee the approval, development and implementation of the Estates strategy.
- 4.12. Oversee the approval, development and implementation of Human Resource strategies, plans and policies
- 4.13. Maintain an overview of recruitment, retention, turnover and sickness trends.
- 4.14. To ensure that services provided by other organisations, notably the CSU, are being delivered as per the CCG's expectations and to advise on remedial action where necessary.
- 4.15. To review, monitor and agree corrective action for all agreed financial performance indicators (KPIs to be determined based on CCG finance regime when published).
- 4.16. To review the CCG procurement strategy and advise on an appropriate course of action regarding commissioning of new services / re-tendering arrangements for existing services.
- 4.17. To review and monitor progress regarding contracting arrangements with healthcare providers.
- 4.18. To monitor progress of local provider plans to advise the Governing Body in terms of key issues and any recommend decisions as appropriate.

- 4.19. The Committee will review monthly reports detailing performance of commissioned services against core standards, national and local targets and the CCGs Strategic Plans, review may be on an exception basis.
- 4.20. To review and approve plans for Emergency Planning and Business Continuity
- 4.21. To produce an Annual Report of the key work programmes of the Committee to the Governing Body on an annual basis.

5. Establishment of Sub-Groups of the Committee

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

6. Administration

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

7. Quorum

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

8. Frequency and notice of meetings

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

Reporting

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

9. Conduct

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

10. Review

Date: ~~February and March 2019~~ February 2020

Next Rreview date ~~February 2020~~ February 2021

MEETING OF THE GOVERNING BODY
April 2020

Agenda Item: 20/50	Author of the Paper: Judy Graves Corporate Business Manager Judy.graves@southseftonccg.nhs.uk 0151 317 8352						
Report date: April 2020							
Title: Corporate Objectives 2020/21							
Summary/Key Issues: Following review, the governing body is now presented with the new corporate objectives for 2020/21. The CCG will now update its corporate documentation to reflect the changes.							
Recommendation The Governing Body is asked to receive the final corporate objectives for 2020/21.	<table border="0"> <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"/>						

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.
	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			Previously reviewed by governing body.

Corporate Objectives 2020/21

- To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
- To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
- To support the delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
- To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
- To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
- To progress a potential CCG merger to have in place an effective clinical commissioning group function.

MEETING OF THE GOVERNING BODY April 2020

Agenda Item: 20/51

Kerrie France
Associate Chief Nurse (SEND)

Report date: April 2020

Kerrie.france@southseftonccg.nhs.uk
07799408283

Title: SEND Improvement Plan and Dashboard

Summary/Key Issues:

This report provides the Governing Body with an update on all health performance related actions following the SEND improvement Notice issued in June 2019.

A six month progress review was held on 22nd January 2020 with NHS England and Improvement leaders and Department of Education. Whilst, it was noted some progress had been made, a focus on impact and pace is critical to evidence improvements in the quality of care delivery for children and families. The Department of Education will continue to monitor Sefton as per Improvement notice and a six monthly review meeting is planned for June/ July 2020.

The CCG has created a Performance dashboard as per 5.3.4 of the SEND Improvement plan which will be used by the Health Performance improvement Group to monitor all health related actions. A copy of the produced dashboard is contained in appendix 1. It will be developed further as additional Key performance indicators are established and agreed by the SEND continuous improvement Board.

Recommendation

The Governing Body is asked to receive this report.

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	

Report to the Governing Body April 2020

1. Executive Summary

This report provides the Governing Body with an update on all health performance related actions following the SEND improvement Notice issued in June 2019.

A six month review and assessment of progress was held 22nd January 2020 with leaders from Department for Education and NHS England and Improvement and a follow up meeting is expected in June/ July 2020.

The CCG has created the SEND Health Performance improvement Group between all commissioner's and providers of 0-25 services in Sefton to drive forward at pace, all health related actions contained in the Improvement plan and to work collectively as a health care system to achieve better outcomes for children and young people with SEND.

The group reports into the joint performance sub group with local authority colleagues and monthly reporting is now provided to the Send Continuous improvement Board to offer assurance and recovery plans for any areas not on track with milestones contained in the SEND Improvement Plan.

The CCG has created a performance dashboard containing progress against actions (See appendix 1). All actions relating to the Designated Clinical Officer (Actions 2) are now complete. There are some recovery actions required for actions 1.6 and actions 3 relating to the quality of education, health care plans. There has been progress made relating to action 5 in respect of the commissioning of a Neuro-developmental pathway for children with ASD and ADHD and addressing the waiting list by March 31st 2021. Waiting times for Paediatric services are on track with exception of Speech and Language Therapy. Plus new Key performance indicators have been established for specialist CAMHS.

Further work is on-going with adult health providers to identify and establish key performance indicators for young people with SEND up to 25 years. Once these are agreed by the SEND continuous improvement Board, they will be added to the performance dashboard.

2. Introduction and Background

This report provides the Governing Body with an update on all health performance related actions following the SEND improvement Notice issued in June 2019.

A six month progress review meeting was held on 22nd January 2020 with NHS England and Improvement leaders and Department of Education, representatives from Sefton parent carers, local authority and schools. Reviewers noted some progress had been made, against the improvement plan and advised a focus on impact and pace is critical to evidence improvements in the quality of care delivery for children and families.

The Department of Education will continue to monitor Sefton as per Improvement notice and a six monthly review meeting is planned for June/ July 2020.

The Health Performance Improvement Group is committed to working collaboratively to address all health related actions. A performance dashboard has been devised and a process of data flow created. This report outlines an update on progress on all health related actions.

3. Key Issues

All partners have worked collaboratively to ensure the health system could demonstrate good progress against the improvement plan where possible and where exception reporting was necessary, recovery actions have been established and exception reporting provided to the SEND continuous improvement Board.

A series of improvements are in development to strengthen governance processes and align processes with contractual monitoring of providers to enable SEND reforms to be embedded longer term in organisational processes.

A SEND performance dashboard has been devised as per action 5.3.4 in improvement plan. The Health send performance improvement group will use the SEND performance dashboard to review all health related performance KPI's and any qualitative developments required in improvement plan for all partners.

It is expected the process will improve data flow, to support data collection and ensure validation by all partners. All updates are requested to be returned to a dedicated mailbox in the CCG's to mirror the process already used to share contract reports and ensure consistency of data returns, endorsing a process of business as usual is in place for monitoring SEND compliance in future.

The CCG's Business intelligence team will be required to update the performance dashboard prior to Health send performance improvement group meetings and a series of timescales have been established to enable information to flow sequentially. Monthly updates on performance are now provided to the SEND continuous improvement Board.

The following health related actions and Key performance indicators are reporting as on track or better than expected:

KPI 1/ 5

100% of Education Health Care Plans are being completed in maximum of 6 weeks by health from the date of request from the local authority against a baseline target of 70% in January 2020.

Actions 2 (KPI's 2/1 and 2/3)

All actions relating to Action 2 have been completed.

The Designated Clinical Officer has produced a provider survey in December 2019 to assess understanding of health practitioners understanding of the role. 95% respondents demonstrated an understanding of the primary function of the role against a baseline target set of 50%. The survey will be repeated in June and October 2020.

Actions 5 (KPI 5/1; 5/2 and 5/3)

The average waiting times for Sefton Paediatric Dietetics, Occupational Therapy and Physiotherapy are all on track in accordance with improvement trajectories established for January 2020.

The following health related actions and Key performance indicators are reporting slippage against SEND Improvement plan:

- **Action 3: *To improve the lack of awareness and understanding of health professionals in terms of their responsibilities and contributions to Education and Health Care Plans (EHCPs)***

An exception report was shared with the Sefton SEND Continuous Improvement Board on 17th January 2020 and agreement was reached for a revision to the timescale for completion for the revised health process to be changed from December 2019 and to commence from April 2020.

A Task and finish group led by the Designated Clinical Officer have made revisions to the Pathway for the administration co-ordination of clinically led processes and quality assurance processes. The lead commissioners in Liverpool and Sefton are involved and contractual changes will be required for two providers (Alder hey and Mersey Care).

A pilot is being conducted during quarter 4 to test out revised processes and amend processes accordingly based on learning from pilot in readiness for implementation in April 2020.

A Baseline of workforce training requirements has been produced and 232 staff in total require training with the National Association of Special Educational needs (NASEN) to enable them to develop skills in writing outcome focused qualitative education, health care plans (EHCP's).

Training sessions have been held on 2nd and 3rd March and to date 96 staff has completed training. 4 further training sessions are planned for April 2020 and it is planned to achieve 75% workforce trained by June 2020 as per KPI 3/3.

It is expected the quality of health reports for EHC Plan's will demonstrate improvements in quality once training has been delivered and the revised processes are implemented and embedded from April 2020. The Designated clinical officer will facilitate staff

knowledge and understanding of SEND through conducting regular audits with multi – agency and this will be monitored via KPI's contained in actions 1 of the SEND Improvement plan.

- **Action 5: To address the weakness of joint commissioning in ensuring that there are adequate services to meet local demand**

An assessment and diagnosis pathway relating to Autism and Attention deficit Hyperactivity Disorder (ASD/ADHD) have been agreed by the CCG's and will commence from 1st April 2020 for any new referrals.

A data validation exercise has been completed by the provider for those children who have been waiting and an improvement trajectory has been agreed to reduce the waiting times between April 2020 and 31st March 2021.

A report has been completed for the governing body by the Chief Officer and a presentation was delivered to the SEND continuous improvement Board on 10th March 2020 by the Provider.

KPI 5/4 Speech and language Therapy

Average waiting times for speech and language therapy are 21 weeks in January 2020 against an improvement trajectory set for 20 weeks. The number of children waiting over 18 week for their first Speech therapy appointment has reduced from 473 in June 2019 to 101 at the end of January 2020.

Monitoring of activity is in place and referrals to the service remain higher than planned with levels 6% higher than for the period April – January last year. Additional training is being planned using Health Education England funding to upskill universal workforce to support children earlier.

Progress on establishment of additional Key Performance indicators

In addition, a series of key performance indicators have been established and agreed for specialist CAMHS – see KPI 5/5 and 5/6.

Further work is on-going to establish key performance indicators for children looked after and work has commenced with adult health providers to identify and establish key performance indicators for young people with SEND up to 25 years. Once these are agreed by the SEND continuous improvement Board, they will be added to the performance dashboard. It is expected these will be in place from May 2020.

4. Conclusions

A six month progress review meeting was held on 22nd January 2020 with NHS England and Improvement leaders and Department of Education, representatives from Sefton parent carers, local authority and schools. Reviewers noted some progress had been

made, against the improvement plan and advised a focus on impact and pace is critical to evidence improvements in the quality of care delivery for children and families.

The Department of Education will continue to monitor Sefton as per Improvement notice and they have allocated a National Advisor to join the Regional Advisors to oversee improvement Notice.

A six monthly review meeting is planned for June/ July 2020. In the interim, performance reporting has now been increased from quarterly to monthly to the SEND continuous Improvement Board to ensure momentum in improving outcomes for children and young people with SEND is evident. The Health Performance Improvement Group has been briefed on outcome of Department of Education visit and is committed to working collaboratively to address all health related actions.

5. Recommendations

The governing Body are asked to note;

- Achievement of actions 2 in SEND Improvement Plan relating to the Designated Clinical Officer.
- Progress made against recovery actions relating to actions 1.5 and actions 3 of the SEND improvement plan relating to Education Health Care Plans.
- Funding for ASD and ADHD assessment and diagnosis provision has been agreed by the CCG and assurance on monitoring of waiting list trajectories presented to SEND Continuous Improvement Board on the 10th March 2020.
- Update provided on risks relating to ASD assessment and diagnosis pathway was shared with the SEND continuous Improvement board on 10th March 2020.
- Performance dashboard has been produced as per 5.3.4 of SEND Improvement plan and will be used by the Health Performance improvement Group to monitor all health related actions.

6. Appendices

Appendix 1: Performance Dashboard

Kerrie France
Associate Chief Nurse (SEND)
16th March 2020

Actions 1.1: Children and young people will an Education, Health and Care Plan achieve from their starting point at KS2 in Writing and Maths at least as well as their peers nationally																				
KPI	Action	Source	Lead	Frequency	Baseline - National Average	Current Performance					Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary
					Jul-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20			Oct-19	Jan-20	Apr-20	Jul-20	Oct-20	Jun-21		
KPI 1/1	Children and young people will an Education, Health and Care Plan achieve from their starting point at KS2 in Writing and Maths at least as well as their peers nationally	Local Authority Education		Annually	9%				3%		↑	↑	National Average	NA Academic attainment validated by October	NA Academic attainment validated by October	NA Academic attainment validated by October	NA Academic attainment validated by October	NA Academic attainment validated by October	NA Academic attainment validated by October	Nationally, 65% of pupils reached the expected standard in all of reading, writing and maths (combined) in 2019, up from 64% in 2018. 11% of pupils reached the higher standard in 2019, up from 10% in 2018. In Sefton 62% of pupils reached the expected standard in all of reading, writing and maths (combined) in 2019, down from 64% in 2018. 9% of pupils reached the higher standard in 2019, up from 8% in 2018. When we consider the performance for the children and young people with an Education, Health and Care Plan (EHCP) from their starting point at KS2 in writing and maths (to be at least as well as their peers nationally), the percentage of pupils who reached the expected standard in all of reading, writing and maths (combined) in 2019 was 3%, below the national average of 9%, but up from 1% in 2018.
Actions 1.2: The Timeliness of new EHCPs will improve to within the statutory timescale of 20 weeks																				
KPI	Action	Source	Lead	Frequency	Baseline	Current Performance					Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary
					Q1 2019	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20			Oct-19	Jan-20	Apr-20	Jul-20	Oct-20	Jun-21		
KPI 1/2	From 01.06.19 % of EHCPs commenced will be completed within statutory	Local Authority Education		Quarterly	3%				22%		↑	↑	14%	10% of new EHCPs from 01.06.2019. New statutory reporting period commences during this month	NA new statutory reporting period	NA new statutory reporting period	NA new statutory reporting period	NA new statutory reporting period	NA new statutory reporting period	Compliance with the statutory timescale of 20 weeks is improving month on month, at 9th December 2019, the number of plans finalised in the calendar year is 301, with 21.9% of them finalised within 20 weeks. There has been an upward trend in performance for the number of plans completed within 20 weeks, increasing from 8.7% in July 2019. Noticeably 60% of plans were completed within 20 weeks in November, but the overall performance is averaged to 21.9%. The backlog of requests identified in June 2019 has reduced significantly from 147 to 17, which are complex cases.
KPI 1/2a	% of New EHCPs commenced 01.01.20 completed within statutory timescales	Local Authority Education		Quarterly	TBC				-		-	-	NA (relates to 2020 performance only)	1st month of monitoring 2020 local baseline established	15%	25%	50% or national average whichever is the higher	75% or national average whichever is the higher		Performance for 2020 calendar year will be monitored, analysed and reported at the end of each calendar month 2020.
Actions 1.3: EHC Plans are reviewed within the statutory timescales																				
KPI	Action	Source	Lead	Frequency	Baseline	Current Performance					Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary
					National Expectation	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20			Oct-19	Jan-20	Apr-20	Jul-20	Oct-20	Jun-21		
KPI 1/3	% of EHCP Reviews completed Yr6, Yr.9 and Yr. 11	Local Authority Education		Quarterly	100%				0%		↔	↔	16%	50% Complete	95%	95%	95%	95%	95%	The Service is currently focussed on identifying and planning for the review of children and young people with EHC plans (1) preparing for adulthood reviews, (2) attending a Sefton mainstream school or other institution and moving between key phases of education, and (3) those not attend a Sefton mainstream school or other institution, by the 15th February 2020 (Yr.6 cohort), 31st March 2020 (Yr.11 cohort) and the end of the academic year (Yr.9 cohort). 96 children and young people have been identified who are currently in NCY6 and will be moving between key phases of education in 2020. Review meetings for 77 of these children and young
KPI 1/3a	All other EHCP reviews	Local Authority Education		Quarterly	100%				0%		↔	↔	16%	32%	48%	60%	16% (New Academic Year)	100%		There is slippage in this area. Recovery Plan will be developed in January 2020. The Service has begun the process of identifying all those children and young people aged 0 to 5, plus all those child or young people attends a school or other institution not moving between key phases who will be subject to a review within the next 12-month period. The LA will work with the schools and independent settings to ensure that reviews are scheduled and undertaken. A Baseline is to be established in January 2020.
Actions 1.4: The quality of Education, Health and Care plans is at least consistently good																				
KPI	Action	Source	Lead	Frequency	Baseline - National Average	Current Performance					Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary
					Jul-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20			Oct-19	Jan-20	Apr-20	Jul-20	Oct-20	Jun-21		
KPI 1/4	% of EHCP audits assessed as at least Good (local measure)	Local Authority Education		Quarterly	N/A				0%		↔	↔	NA Training in September	50%	Baseline Plus 10%	Baseline Plus 10%	Baseline Plus 20%	Baseline Plus 20%		See Actions 1.4.1 and 1.4.2 of the SEND Improvement plan. Auditing and the impact of the audits is still to be assessed.

Actions 1.5: Completion rate of Health contribution to EHCPs within 6 weeks

KPI	Action	Source	Lead	Frequency	Baseline Jul-19	Current Performance					Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary
						Sep-19	Oct-19	Nov-19	Dec-19	Jan-20			Oct-19 3 Months	Jan-20 6 Months	Apr-20 9 Months	Jul-20 12 Months	Oct-20 18 Months	Jun-21 24 Months		
KPI 1/5	% of EHCPs being completed in maximum of six weeks by Health from the date of request from the Local Authority *see code of practice for exemptions	Merseycare	Emma Powell	Quarterly	6 weeks completion rate from 01.07.2019					100%	↔		60%	70%	85%	90%	95%	95%	100% achieved and sustained since September 2019 . Monitoring during pilot phase continues. Reported to SENDCIB potential risk as timeliness may be impacted once new process goes live form 1st April 2020. In order to mitigate this, the DCO will monitor all returns on a weekly basis between April and June 2020.	







Actions 1.6: Quality of Health Information

KPI	Action	Source	Lead	Frequency	Baseline Jul-19	Current Performance					Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary
						Sep-19	Oct-19	Nov-19	Dec-19	Jan-20			Oct-19 3 Months	Jan-20 6 Months	Apr-20 9 Months	Jul-20 12 Months	Oct-20 18 Months	Jun-21 24 Months		
KPI 1/6	% improvement in the quality of health information contained in EHCPs	Local Authority (DCO via QA system)		Quarterly	N/A				0%		↔		Establish baseline by 31st October 2019	80%	90%	95%	95%	95%	Slippage in this area as new processes will not be live until April 2020. Baseline will not be established until May 2020. Performance targets will be adjusted as part of recovery plan.	

Actions 2.1: A documented and approved management and accountability framework to be in place for the DCO																			
KPI	Action	Source	Lead	Frequency	Baseline	Performance					Direction of Travel	Achieving Target?	Spark Line	Performance Target				Commentary	
					Jun-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20				Dec-19	Jun-20	Dec-20	Jun-21		
					6 Months	12 Months	18 Months	24 Months											
KPI 2/1	Submission of quarterly DCO report	DCO	Emma Powell - DCO	Quarterly	0					1		↑			1	3	5	7	Completed, December 2019. Evidence submitted to DFE for 6 month review in January 2020.
KPI 2/2	Annual DCO report	DCO	Emma Powell - DCO	Annually	0										0	1st	N/A	2nd	Not due until June 2020
KPI 2/3	Provider survey of understanding of DCO role and responsibilities (% of staff able to confirm and articulate what the DCO role is)	DCO	Emma Powell - DCO	Bi-Annually	0					95%		↑			50%	75%	95%	95%	Completed. The report has been shared with the SEND Health Performance Improvement Group in January 2020 and SENDCIB in February 2020. A total of 41 staff participated in the survey during December 2019. six questions in total with 95% of respondents demonstrating an understanding of the primary function of the role against a baseline target set for 50%. Analysis from this survey has been used to inform DCO work plan, including awareness raising with all health providers. The survey will be repeated in June and October 2020 and providers have committed to promoting a better response rate.

Actions 3.1: All relevant health professionals are aware of their responsibilities and contribution of EHCPs.																			
KPI	Action	Source	Lead	Frequency	Baseline	Performance					Direction of Travel	Achieving Target?	Spark Line	Performance Target				Commentary	
					Jul-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20				Dec-19	Jun-20	Dec-20	Jun-21		
					6 Months	12 Months	18 Months	24 Months											
KPI 3/1	Health practitioners routinely write health submissions for EHC plans for the children and young people (via Audit)	Local Authority (DCO via QA system)	Emma Powell - DCO	Quarterly	Baseline to be established						0%	↔			Establish Baseline by 21.12.2019	Audit will sample 10% of EHCPs	Audit will sample 10% of EHCPs	Audit will sample 10% of EHCPs	Baseline 0 – December 2019. The revised processes have not yet been implemented and Mersey Care Health EHC team, currently collate health submissions for EHC plans for the children and young people. This is expected to change from April 2020 and health partners have worked collaboratively to plan for improvements in EHC for children through training and revisions to processes in preparedness. A pilot of revised processes is being held during quarter 4.
KPI 3/2	% of positive "parental satisfaction survey" results received following completion of EHCP process			Quarterly - Kerrie to propose new frequency	Baseline to be established									will be considered in line with action.1 - satisfaction review at completion of plan					
KPI 3/3	% of staff having completed training	Health Performance Group	Lindsey Marlton / Helen Pruden		Baseline established 232 staff February 2020					20%		↔		50%	75%	95%	95%	KPI 3/3 March update 96 staff trained out of total of 232. Further training sessions to be delivered during april 2020 to achieve 75% target by June 2020 as part of recovery plan.	
KPI 3/4	% of staff having completed refresher training	Health Performance Group	Lindsey Marlton / Helen Pruden		N/A									0%	0%	0%	50%		
KPI 3/5	% of staff confirming their increased level of confidence in the process following training		Emma Powell	Quarterly	Baseline to be established									25%	95%	95%	95%		

Actions 4.1: EHCP plans are co-produced with parents and young people. Strengthen offer from SENDIAS.													
KPI	Action	Source	Lead	Frequency	Baseline Apr-19	Current Performance Nov-19	Direction of Travel	Compared to 2018	Baseline	Feedback	Performance Target	6 Point Trend	Commentary
									Dec-19	Dec-20	Jun-21		
									6 Months	18 Months	24 Months		
KPI 4/1	Increased level of trust and confidence of parents and carers - in the local area to provide support (Collected Via Survey)			Annually	Survey will be used to establish a baseline				Baseline established by 31.12.2019	Baseline plus 10%	Baseline plus 15%		The survey was co-produced with Sefton Parent Carer Forum and closed 18th December 2019. Given the time of year it has been agreed to include late returns received via post. The feedback from the survey will be analysed and shared at January 2020 SENDCIB.
KPI 4/2	Parents, carers and young people rate the level of help and support children and young people with SEND receive to meet their needs (Collected Via Survey)			Annually	Survey will be used to establish a baseline				Baseline established by 31.12.2019	Baseline plus 10%	Baseline plus 15%		
KPI 4/3	Parents, carers and young people rate the level of information and advice available about the assessment process to support children and young people with SEND (Collected Via Survey)			Annually	Survey will be used to establish a baseline				Baseline established by 31.12.2019	Baseline plus 10%	Baseline plus 15%		
KPI 4/4	Parents and carers feel that they can influence change to service delivery Collected Via Survey)			Annually	Survey will be used to establish a baseline				Baseline established by 31.12.2019	Baseline plus 10%	Baseline plus 15%		
KPI 4/5	Parents and carers feel that they are listened to in the development and review of EHCPs (Collected Via Survey)			Annually	Survey will be used to establish a baseline				Baseline established by 31.12.2019	Baseline plus 10%	Baseline plus 15%		
KPI 4/6	Parents, carers and young people believe that communication has improved (Collected Via Survey)			Annually	The revisit identified that only 17% of the 150 parents who contributed to the revisit believe that communication has improved since 2016				Initial survey will be baseline 31.12.2019	Baseline plus 10%	Baseline plus 15%		

Actions 5.1: Commission neurodevelopmental diagnostic pathway and resulting reduction in waiting times for commissioned paediatric services														Performance Target					Commentary	
KPI	Action	Source	Lead	Frequency	Baseline (in weeks)	Performance						Direction of Travel	Achieving Target?	Spark Line	Oct-19	Dec-19	Jun-20	Dec-20		Jun-21
					Jun-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20				3 Months	6 Months	12 Months	18 Months		24 Months
KPI 5/1	Average waiting time for Paediatric Dietetics (Weeks) (PD)	Alder Hey	BI	Monthly	9	9	6	5	7	8		 Performance has declined on the previous period but is currently on target	No		8	8	8	7	7	These are average waiting times and based upon position at end of January 2019. Exception reporting provided for speech and language therapy as the average waiting times were 21 weeks against improvement trajectory set at 21 weeks by December 2019. The number of children waiting over 18 week for their first SALT appointment has reduced from 473 in June 2019 to 101 at the end of January 2020. Monitoring of activity insitu and referrals to the service remain higher than planned with levels 6% higher than for the period April – January last year.
KPI 5/2	Average waiting time for Occupational Therapy (OT) (Weeks)	Alder Hey	BI	Monthly	15	11	17	14	13	11		 Performance has improved on the previous period and is below baseline and target	No		15	14	13	10	10	
KPI 5/3	Average waiting times for Paediatric Physiotherapy (PT) (Weeks)	Alder Hey	BI	Monthly	6	6	6	5	5	6		 Performance has declined on the previous period but remains at baseline & target	Yes		6	6	6	6	6	
KPI 5/4	Average waiting times for Speech and Language Therapy (SALT) (Weeks)	Alder Hey	BI	Monthly	30	24	25	24	25	21		 Performance has improved on the previous period however it is still below baseline and target	No		25	22	20	18	18	
KPI 5/5	CAMHS - % Referral to choice within 6 weeks	Alder Hey	BI	Monthly	Staged Target December 2019 : 50%					58.1%	89.90%	 Performance has improved on the previous period and is above the 50% target	Yes		50.00%	50.00%	staged target March 2020: 92%	50.00%	50.00%	
KPI 5/6	CAMHS - % referral to partnership within 18 weeks	Alder Hey	BI	Monthly	staged Target December 2019: 50%					62.9%	72.40%	 Performance has improved on the previous period (62.9%) and is above the 50% target	Yes		50.00%	50.00%	staged target March 2020: 75%	50.00%	50.00%	

MEETING OF THE GOVERNING BODY April 2020

Agenda Item: 20/52	Author of the Paper: Mel Wright Programme Manager Melanie.wright@southseftonccg.nhs.uk						
Report date: 20 March 2020							
Title: Sefton Transformation Programme Update and Closure Report							
Summary/Key Issues: This paper presents the Governing Body with summary of the progress and achievements of the Sefton Health and Care Transformation Programme has made over the last 12 months, including some feedback and review, in readiness for formal handover on 31 March 2020.							
Recommendation The Governing Body are requested to receive this report.	<table style="border: none;"> <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)

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.
x	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 Review and Closure Report

Sefton Health and Care Transformation Programme

Approval

Sponsoring Group	Sefton Health and Care Transformation Board
Senior Responsible Officer	Fiona Taylor
Programme Director	Cameron Ward
Programme Manager	Mel Wright
Author	Mel Wright
Document status	Draft 0.3

Document Control

Version	Date	Status (draft, approved)	Author	Change Description
0.1	10.02.20	Draft	Mel Wright	Initial draft
0.2	26.02.20	Draft	Mel Wright	Updated to include comments from survey
0.3	02.03.20	Draft	Mel Wright	Incorporated comments from PMO

Additional engagement undertaken during development

Date	Forum
Feb 2020	Survey of STB members and Programme Coordinating Group membership for feedback upon programme

Contents

1. Introduction	3
2. Purpose of this report	3
3. Purpose of the programme	3
4. Principles	3
5. Objectives	4
6. Programme Performance	6
7. Partner Review.....	11
8. Beyond Programme Closure	11
9. Conclusion	12
10. Recommendation	12
Appendices	12

1. Introduction

- 1.1. The Sefton Health and Care Transformation programme (“the Programme”) was set up to deliver the Mandate agreed by the Sefton Health and Care Transformation Board (“STB”) in March 2019
- 1.2. By March 2020, the programme of work will have been completed and the outputs thereof will be transitioning towards a phased delivery approach through the day to day operations of all partners.

2. Purpose of this report

- 2.1. The purpose of this report is to summarise the progress that the programme has made over the last 12 months, including some feedback and review, in readiness for formal handover as described in the Blueprint and Transition Plan, which was approved by the STB in January 2020.
- 2.2. This report will also inform the STB as to the achievements of the programme.

3. Purpose of the programme

- 3.1. The Cheshire and Merseyside Health and Care Partnership (C&M HCP) was established in 2018 to deliver the Sustainability and Transformation Plan for Cheshire and Merseyside. (The Partnership is made up of 9 local authorities, 12 clinical commissioning groups and 19 NHS providers and is supported by core senior leadership team.)
- 3.2. C&M HCP leads on matters that are better undertaken at scale; this may include aspects of acute sector sustainability, commissioning at scale, workforce planning, system development and clinical networks.
- 3.3. However, the main focus for change and delivery will be through the development of 'Place-Based Care' where all care, direct and indirect, NHS and non-NHS, for a defined population will be integrated and managed through a single accountable approach; these placed-based communities are aligned to the 9 council boundaries:
 - Knowsley
 - Sefton
 - Liverpool
 - Halton
 - St Helens
 - Warrington
 - Cheshire East
 - Cheshire West and Chester
 - Wirral.
- 3.4. This strategic context was strengthened by the publication of the NHS Long Term Plan
- 3.5. Local health and care partners in Sefton have therefore set out a strategic intention to transform health, care and wellbeing services by reducing variation, building upon existing good practice and strengthening high quality people-focussed care. Partners recognised that as a “system” they were spending more money on health and social care than is currently available, by circa £30m.

4. Principles

- 4.1. The following principles by which the programme would be carried out were agreed by the STB in February 2019:

- existing staff within the system will primarily lead and manage the work of the programme, wherever possible
- additional contractor support will only be commissioned to provide short term support to existing staff and/ or to provide short term capacity and capability until system staff are enabled to take on programme work
- design authorities/subject matter experts will be brought in to support the Programme as and when required in areas for which there is limited local knowledge and skills (for example, options appraisal process, managing a public consultation)
- consideration given to how the two projects for North and South and the system infrastructure and acute sustainability are best supported with resources shared across projects whenever possible
- partners will contribute to the resourcing of the programme proportionately
- any staff reoriented and aligned to the programme, will require the capacity and capability to support transformation and this may necessitate further training, development and OD which will be supported as appropriate; this may require additional investment.

5. Objectives

5.1. In order to deliver the programme's purpose, the following objectives were agreed.

- 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.

5.2. The following workstreams were then identified to deliver the above objectives:

- Acute Sustainability
- Provider Alliance
- Primary Care Networks
- Strategic Commissioning.

These were supported by a number of pre-requisite or enabling workstreams:

- Digital
- Workforce and OD
- Finance
- Estates
- Communications and Engagement
- Business Intelligence.

5.3. Given the scope of the work, a process was agreed by which the Programme would be delivered (Establishing the PMO, May 2019).

5.4. It was agreed that a staged approach be taken to delivery in the following terms:

Stage	Activity
Identify	This first stage focused on identifying areas of concern and establishing a high

Stage	Activity
	level mandate and scope of the programme for agreement across partners, together with an appropriate governance framework to assist the following stages.
Define	Developing briefs and project initiation documentation to formally define each of the workstreams and submit plans for delivery. For the enabler/pre-requisite workstreams, this involved production of a system-level strategy which will be required to support the new ways of working.
Phased Delivery	Focused on the embedding of outputs of the programme into business as usual across the partner organisations and in accordance with the principles set out in the programme's mandate.
Close	Programme review and closure report (herewith).

6. Programme Performance

Workstream	Success criteria	Key deliverables	Measure	Delivery date	Assessment against measure
Transformation Programme	Agreeing the programme's scope, workstreams and objectives together with a vision and values for system-level working	Engagement across partners	Well attended STB meetings	March 2020	Completed
		Programme Mandate (inc vision)	Agreed Programme Mandate	February 2019	Completed
		Charter	Agreed Charter	July 2019	Completed
		Future model of care	Agreed future vision for health and care services	July 2019	Completed
	Having an appropriate governance framework to facilitate a collaborative and transparent relationship	Governance framework	Governance framework agreed by STB	July 2019	Completed
	Managing the programme's risk exposure transparently	Risk policy and framework	Risk management policy developed and agreed by STB and implemented. Regular risk register updates to each formal STB meeting.	May 2019	Completed
	Programme set up and management of key identified workstreams	Project briefs Project initiation documents Project plans SRO highlight reporting	Project briefs developed for all 10 projects, together with PIDs and project plans. SRO reporting bi-monthly to STB	Throughout 2019/20	Completed
	Having an agreed benefits management strategy	Benefits Management Strategy	Benefits management strategy approved by STB	September 2019	Completed
	Development of key enabling strategies which support delivery of the future model of care	Digital strategy Workforce strategy Estates strategy Business Intelligence strategy Communications and Engagement strategy	Strategies signed off by STB	March 2020	Completed
	Developing a system-level 5-year strategy for delivery of health and care for Sefton.	5 year place strategy	Delivery of the Sefton Place Five Year Plan, "Sefton 2gether".	October 2019	Completed
Implementation plan for strategy		Draft implementation plan handed over to integrated commissioner	On schedule for completion by 31 March 2020	On schedule for completion by 31 March 2020	
Developing/recruiting sufficiently	Blueprint and Transition Plan	Agreement of Blueprint and Transition	On schedule for	On schedule for	

Workstream	Success criteria	Key deliverables	Measure	Delivery date	Assessment against measure
	skilled PMO resources across the partnership in preparation for programme close and transition		Plan by STB Successful recruitment process for roles described therein	31 March 2020 ¹	completion by 31 March 2020 in relation to Integrated Commissioning, Provider Alliance and Acute Sustainability. ¹ CCG leading recruitment of Communications and Engagement post which is under way, completion date to be confirmed.
Integrated Commissioning	Agreed work programme in place for the Integrated Commissioning Group	Project Initiation Documents for agreed workstreams	See symbol or comment next to each key deliverable – all have been achieved or being progressed	March 2020	On schedule for completion by 31 March 2020
	Health & Wellbeing Board governance reviewed with development needs identified	Governance structure	Revised governance structure agreed		Completed
		Development plan	Outline development plan for Health & Wellbeing Board		In progress
	Better Care Fund and Section 75 refreshed with member support	Refreshed section 75 agreement	Refreshed agreement in place		Completed
	Integrated commissioning priorities identified and agreed	Agreed commissioning principles and priorities	Joint Commissioning Team workshop outputs outlining agreed principles and priorities		Completed
	Performance reporting in place to monitor progress	Regular performance reporting	Quarterly reporting established with reports produced and subject to executive and member scrutiny		Completed
Additional capacity secured	Agreement to and recruitment of integrated posts	Appointments made to integrated posts		In progress	

Workstream	Success criteria	Key deliverables	Measure	Delivery date	Assessment against measure
Provider Alliance	Development of a Provider Alliance within Sefton	Engagement across partners	Collaborative working approach embedding	Financial year 2019/20	Completed
		Agreed priorities	Agreement of priorities		Completed
		Pilot integrated community care team	Development and Implementation of pilots underway/planned for integrated community care teams across Sefton		Under way
		Pilot social prescribing			Under way
Primary Care Networks	Support Primary Care Networks to engage with the transformation programme and Provider Alliance (PCN development support provided by Sefton CCGs)	Clinical Director attendance at key meetings	Clinical director attendance at STB, Provider Alliance and engagement in BI workstream	2019/20	Completed
Acute Sustainability	Agreeing the programme's scope, workstreams and objectives	Revised programme approach and PID	Programme Plan and PID agreed at the Programme Board/Assurance & Oversight Group	April 2019	Completed
		Vision statements on Acute Services	Vision statement agreed at Assurance & Oversight Group and Clinical Leadership Group		
	Clinically developed draft models of care for UEC, Frailty and Women & Children with any 'quick wins' mobilised	Frailty Model of Care	Clinically signed off models of care from the Clinical Leaders Group	September 2019	Completed
		Urgent & Emergency Care Model of Care	Frailty: Emergency Response Vehicle for falls PID & business case support	August 2019	Completed
		Paediatric Model of Care	Women & Children Community Hub	March 2020	Slippage to 2020/21 due to estate identification issues
		Maternity and Neonatal Model of Care			
	Gynaecology and Sexual Health Model of Care				
Draft Outline PCBC with activity, capacity, financial, estates and workforce modelling against emerging scenarios	Draft Outline PCBC exploring 5 emerging scenarios against the demand impact of the new models of care	Draft Outline PCBC shared with key stakeholders	31/10/19	Completed	
Comms and Engagement approach agreed with programme narrative,	Programme narrative Issues Paper	Documents developed and agreed with the Communication & Engagement	March 2020	In development	

Workstream	Success criteria	Key deliverables	Measure	Delivery date	Assessment against measure
	issues paper engagement plan and consultation approach identified	Engagement & involvement Plan Consultation approach	Team and signed off by the Joint Committee		
	Population needs analysis of acute services with activity, capacity, financial and workforce modelling	Analysis of population needs for Southport, Formby & West Lancashire to identify acute needs and model through activity and capacity requirements with finance and workforce modelling. Development of model describing core acute services delivered locally and opportunities for collaboration	Document providing the evidence base for population needs and core services to feed into the development of a full PCBC	March 2020	On track for completion
Digital	Agree leadership and agree baseline current provision across Sefton. Collaboratively produce strategy to support delivery of agreed model of care.	Appoint SRO Baseline exercise Digital Strategy	SRO appointed Group meets regularly Baseline review produced Digital strategy going to STB for sign off March 2020	March 2020	Completed
Business Intelligence	Agree leadership and agree baseline current provision across Sefton. Collaboratively produce strategy to support delivery of agreed model of care.	Appoint SRO Baseline exercise BI Strategy	SRO appointed Group meets regularly Baseline review on schedule to be produced by the end of March 2020 BI strategy going to STB for sign off March 2020	March 2020	On schedule for completion by 31 March 2020
Workforce and OD	Agree leadership and agree baseline current provision across Sefton. Collaboratively produce strategy to support delivery of agreed model of care.	Appoint SRO Baseline exercise Workforce Strategy Implementation plan	SRO appointed Group meets regularly Baseline review produced Workforce & OD strategy going to STB for sign off March 2020	March 2020	Completed Implementation plan to Workforce and OD Group on 24 March
Finance	Agree leadership	Appoint SRO	SRO appointed Group meets regularly	March 2020	Completed

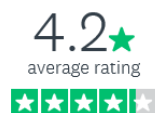
Workstream	Success criteria	Key deliverables	Measure	Delivery date	Assessment against measure
	Agree assumptions to be used in scenario planning of future service configurations in respect of acute services provided by S&O and community/ primary care services	Update models to reflect 17/18 outturn to ensure plans based on current data Develop functionality of models to enable year on year impact of implementation plans to be assessed	Assumptions in relation to potential scenarios for acute reconfiguration completed for inclusion in outline draft PCBC	October 2019 Ongoing	Acute sustainability – completed Primary/community – not yet completed due to dependencies upon Provider Alliance/PCN configuration
	Support clinical workstreams to develop costed implementation plans	Financial impact modelling Costed implementation plans	Supported clinical workstreams in developing costed implementation plans through guidance and advise to ensure that a consistent approach is taken.	October 2020 Ongoing	
Comms & Engagement	Agreed strategies and plans in place Future engagement and consultation timeline outlined Sefton2gether complete Stakeholder map produced Stakeholder events complete	Baseline exercise Comms & Engage Strategy Stakeholder Mapping Operational Plan developed Acute Sustainability pre-engagement mapped out Engagement, public survey and development of Sefton2gether	Comms Group meets regularly Baseline review produced Plans and strategies signed-off by STB Sefton2gether published and finalised	March 2019 October 2019	On schedule for completion by 31 March 2020
Estates	Agree leadership and agree baseline current provision across Sefton. Collaboratively produce strategy to support delivery of agreed model of care.	Appoint SRO Baseline exercise Estates Strategy	Collaborative group established during production process of strategy Baseline review and I strategy approved by STB	October 2019	Completed

7. Partner Review

During February 2020, a survey was undertaken of the membership of the STB and the Programme Coordinating Group of experience of working with the programme and a summary of the responses received now follows.

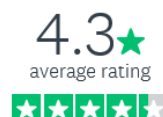
Were any meeting papers you received timely and informative?

Answered: 9 Skipped: 0



Was support available from the PMO when you needed it?

Answered: 9 Skipped: 0



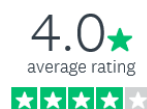
Was the PMO team approachable and available?

Answered: 9 Skipped: 0



Please describe your overall experience of the programme and level of satisfaction.

Answered: 9 Skipped: 0



What went well?

- *Coordination of inputs and seeking of views from stakeholders around the table*
- *Well structured*
- *Engagement with the VCF sector*
- *Broader understanding of system challenges amongst members*
- *Focus and pace into the programme*
- *All went well*

What did not go well? What would you suggest could be done differently to improve this for future projects?

- *Consistent and senior representation from stakeholder, which made discussions feel disjointed at times and progress slower than it could have been*
- *Clearer transition process to BAU*
- *Lack of clarity around focus on purpose and key success measures*
- *Some of the programmes did not proceed as expected [but] this was not always within the control of the PMO*
- *Nothing*

As the programme ends, has a robust transition to 'business as usual' been set up?

- *Still not convinced that this has been robustly addressed*
- *Still unclear at this time*
- *Yes hopefully and if we keep the locality focus and process of engagement between local stakeholders*
- *Unable to comment*
- *I am concerned about the amount of work to be delivered alongside the 'business as usual'*
- *This process has begun*

Are there any other comments or feedback you would like to make/say?

- *I'd like to wish the PMO members every success in their respective new roles*
- *Significant progress has been made and greater integration achieved*
- *I understand that normalising the work is important, but I am concerned that this may be a little too soon*

8. Beyond Programme Closure

A summary of the work to continue is included herein as Appendix 1: Transition Plan-lite.

9. Conclusion

- 9.1. The programme's purpose was to "transform health, care and wellbeing services by reducing variation, building upon existing good practice and strengthening high quality people-focussed care" and there were a number of objectives identified in support.
- 9.2. There were a number of phases described for the programme and by 31 March 2020, phases 1 and 2 of these have been completed.
- 9.3. Phase 3 (delivery) of the transformation is now incumbent upon the remaining system architecture by way of the integrated commissioner and Provider Alliance.
- 9.4. The duration of the programme was insufficient to achieve the entirety of the objectives within a two year period.
- 9.1. A transition plan has been prepared since October 2019. This is now being supported through the appointment of staff dedicated to assisting the transition. In addition, a new leaders group is proposed to oversee the transition to business as usual.
- 9.2. It is acknowledged there are always risks within the transition period of a programme ending to business as usual pick-up. The risks have endeavoured to be minimised through planning since October; the recruitment of new posts; the retention of corporate memory and knowledge within some staff continuing in roles; and the work of the Programme preparing various strategies, encouraging collaborative ways of working, and focussing on the architecture from which integrated services can develop.
- 9.3. The programme has, however, aligned and positioned local system partners to progress delivery of a new system architecture in Sefton in accordance with the original agreed principles for collaborative working, designed a transition plan for the next stages of that delivery and facilitated the necessary resources in support thereof.
- 9.4. Feedback on the work of the Sefton Transformation PMO has been largely positive from those who responded with one in nine indicating that they were in any way unsatisfied.

10. Recommendation

The STB is asked to receive this report on the programme's achievements and to formally close the Sefton Health and Care Transformation Programme on 31 March 2020.

Appendices

- | | |
|------------|--|
| Appendix 1 | Transition Plan-lite |
| Appendix 2 | Draft Delivery Mechanism for the Sefton Five Year Plan |

March 2020

Mel Wright
Programme Manager
Sefton Health and Care Transformation Programme

Transition Plan (lite)

Health and Care Transformation in Sefton

Approval

Sponsoring Group	Sefton Health and Care Transformation Board
Senior Responsible Officer	Fiona Taylor
Programme Director	Cameron Ward
Programme Manager	Mel Wright
Author	Mel Wright
Document status	Draft 0.1

Document Control

Version	Date	Status (draft, approved)	Author	Change Description
0.1	30/01/2020	Draft	Mel Wright	Following approval of the Blueprint and Transition plan in January 2020 by the Sefton Transformation Board, this Transition Plan represents a 'slimmed down' version describing business as usual/steady state from April 2020.

Additional engagement undertaken during development

Date	Forum
08/01/20	STB approved Blueprint and Transition Plan upon which this document is based.

Contents

1. Introduction	15
2. Delivery in practice	15
3. Draft Governance Framework	15
Appendices	16

11. Introduction

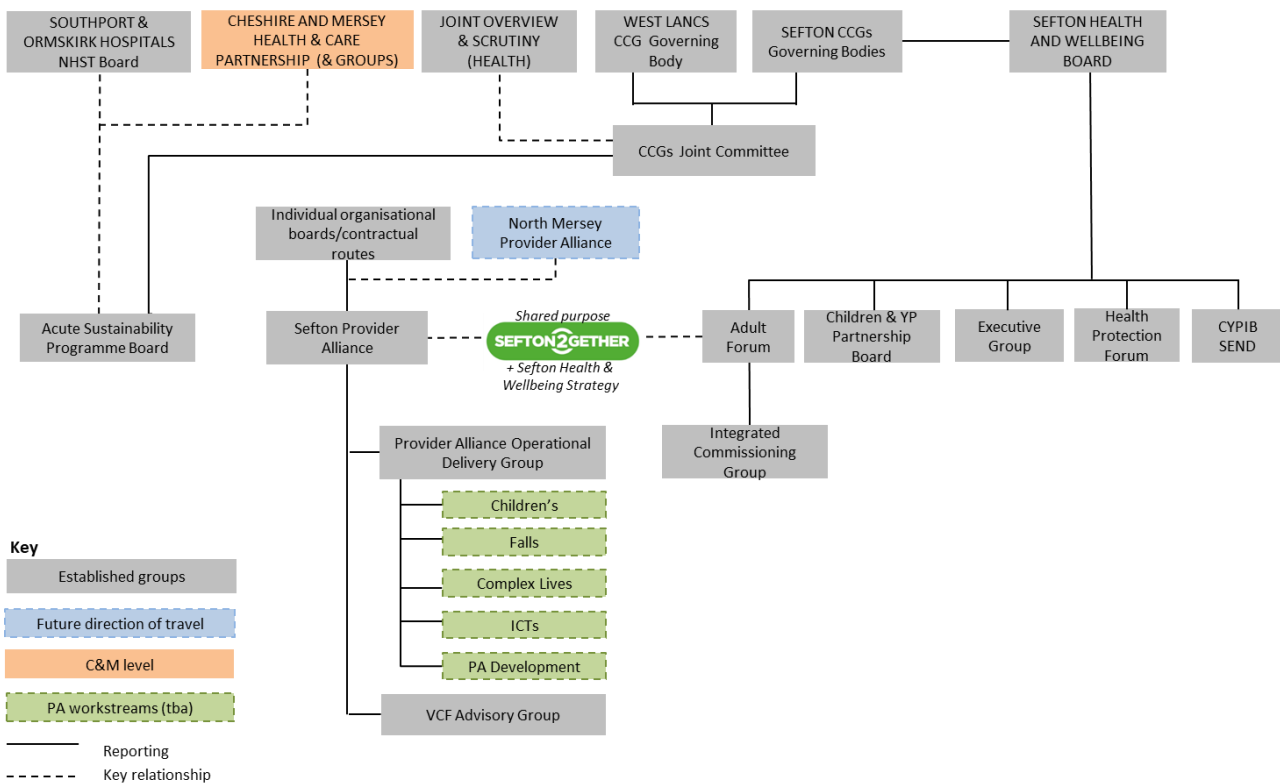
11.1. The Sefton Health and Care Transformation programme is on schedule to deliver the Mandate agreed by the Sefton Health and Care Transformation Board (“STB”) in March 2019. The programme is now transitioning towards stage 3, phased delivery, through the day to day operations of all partners.

11.2. This document sets out confirms which tasks are being handed over and to whom by 31 March 2020.

12. Delivery in practice

An Accountability Framework/Workplan for delivery from 1 April 2020 based on the Blueprint and Transition Plan and agreed by the Sefton Health and Care Transformation Board in January 2020 is attached at Appendix 1.

13. Draft Governance Framework



Destination/approach for other groups that sat within the previous governance framework and reported to the Sefton Transformation Board:

Digital strategy implementation	Approach & strategy oversight to be agreed?
BI strategy and implementation	Approach & strategy oversight to be agreed?
Workforce strategy	Individual organisations with task and finish in due course
Estates strategy	Task & finish in due course
Finance 'strategy'	CCG lead, continue to meet as Finance Group (reporting tba)
Comms Group and strategy	CCG lead, continue Comms Group, matrix report into Provider Alliance.

Appendices

- Appendix 1 Accountability Framework/ Workplan
- Appendix 2 Draft Delivery Mechanism for the Sefton Five Year Plan

Appendix 1: Accountability Framework/Workplan

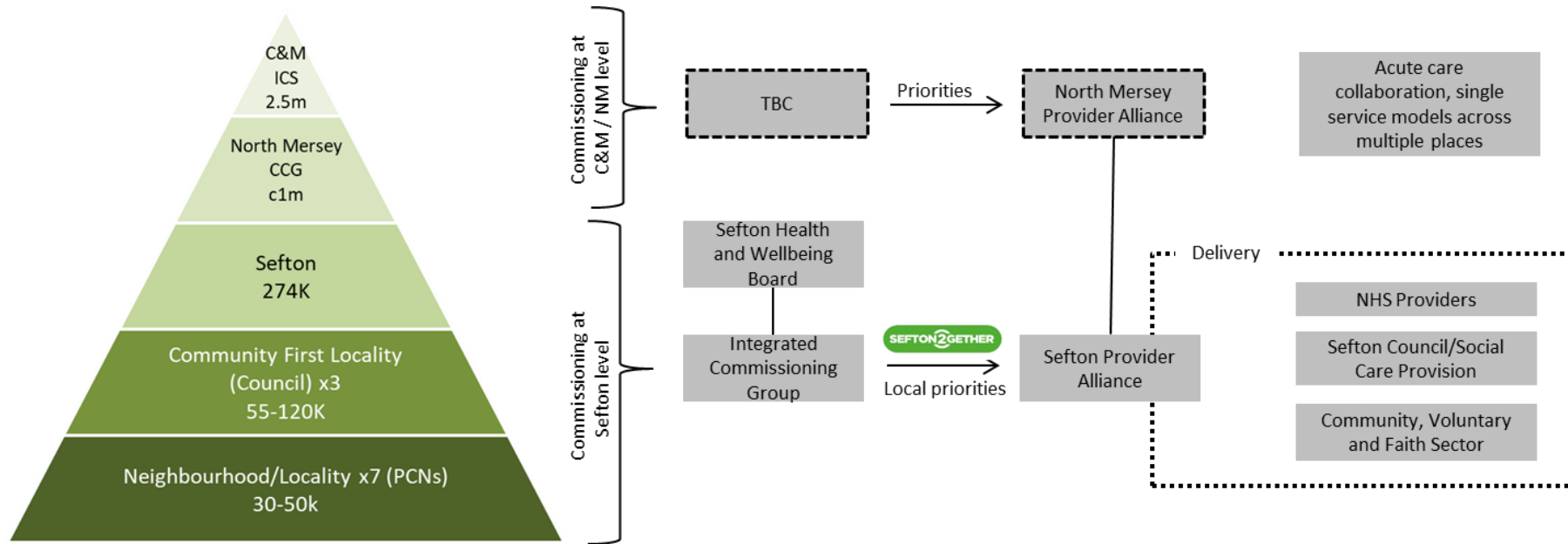
Element	Transition over the next 12 months	High level workplan for next 12 months (2020/21)	Other process to pick up	Lead	Governance
Integrated Commissioning	Strengthen integrated commissioning function aligned to the Sefton Five Year plan and refreshed Health and Wellbeing Strategy.	<ol style="list-style-type: none"> (1) Lead development of integrated commissioning across health and social care. (2) Recruitment of 3 project managers and administrative support to develop integrated commissioning across health and social care and in relation to integrated children's services and public health. (3) Coordination of HWBB meetings/associated governance in support of the integrated commissioning agenda. (4) Lead programme management approach to delivery. 	-	Ellie Moulton Health and Social Care Integration Project Manager	Integrated Commissioning Group Agreement/oversight of joint priorities and set the commissioning strategy at Sefton Borough level (under Health and Wellbeing Board, which has strategic oversight of commissioning priorities).
Provider Alliance ("PA")	Support the PA to evolve along the integrated care continuum to become the delivery vehicle for implementation of many aspects of Sefton's Five Year Plan/Health and Wellbeing Strategy: <ul style="list-style-type: none"> • respond to the commissioning strategy • deliver services as specified and agreed to improve outcomes • embed population health management 	<ol style="list-style-type: none"> (1) Support delivery of integrated community care teams aligned to primary care networks. (2) Support development of appropriate supporting governance. (3) Work alongside the transformation of the commissioning function in Sefton, to land resource/capability to deliver, inter alia, pathway redesign and service evaluation/development functions within the PA and its connection to the Cheshire and Mersey HCP programmes of work from a borough perspective. 	<ul style="list-style-type: none"> • Representation at C&M Place and Programme Forum • Development of the C&M 'Place Matrix' 	Mel Wright Programme Manager, Sefton Provider Alliance	Sefton Provider Alliance Review scope and purpose to achieve strategic oversight for emerging integrated care partnership including delivery of integrated community teams, population health, and progressive level of care delivery over 5 years aligned to integrated commissioning intentions (at Sefton level).

Element	Transition over the next 12 months	High level workplan for next 12 months (2020/21)	Other process to pick up	Lead	Governance
	<ul style="list-style-type: none"> develop and redesign pathways implement integrated care models report on progress towards/ performance in relation to the above to the HWBB. 	<ol style="list-style-type: none"> Facilitate linkage to digital, business intelligence, estates etc to progress and deliver the Sefton’s vision and future state. Facilitate development of a target operating model for health and care across Sefton including building strong working relationships and supporting delivery of the PA’s strategic aims including Primary Care Networks. Development of a workplan to accommodate bringing all of these steps together. Lead programme management approach to delivery. 	<ul style="list-style-type: none"> Begin to track progress re maturity of the system’s competence, capacity and culture to deliver change using P3M3® below. 		
Primary Care Networks (“PCNs”)	Strengthen PCN linkage to the Provider Alliance, facilitate understanding of integrated care teams at practice level and develop target operating models for integrated care delivery.	<ol style="list-style-type: none"> Support PCNs to collaborate as a full partner within the Provider Alliance Support PCNs to operate effectively within integrated community care teams under agreed target operating model with appropriate risk stratification. 		Jan Leonard Director, Place (Southport and Formby) Tracy Jeffes Director Place (South Sefton)	Self-governing, with membership and linkage to Sefton Provider Alliance
Acute Sustainability	Further development of business case and any pre-consultation activity.	<ol style="list-style-type: none"> Undertake pre-consultation engagement activity to test out and further develop emerging clinical models and delivery scenarios to feed into the business case process. Requirements for any consultation and associated timescales to be worked through. Collate feedback from regulatory review and focus efforts on further developing the business case to identify deliverable option(s) for the sustainability of acute services for the populations of Southport, Formby & West Lancashire. Lead programme management approach to delivery. 	<ul style="list-style-type: none"> Monthly return to Southport and Ormskirk Improvement Board Representation at the C&M Acute Sustainability Board 	Suzy Ning, Project Director, Acute Sustainability	Acute Sustainability Programme Board/CCGs Joint Committee

Element	Transition over the next 12 months	High level workplan for next 12 months (2020/21)	Other process to pick up	Lead	Governance
Prerequisite/ enabling workstreams					
Digital	Implementation of Sefton's digital strategy	<ul style="list-style-type: none"> (1) Integrated digital care delivery via the Provider Alliance. (2) Development and coordination of implementation plan and monitoring of progress. 	Connection to Cheshire and Mersey/North Mersey Digital Groups	Digital Lead [to be recruited]	Sefton Provider Alliance to oversee task and finish approach to system development of an implementation plan for strategy
Workforce and OD	Implementation of Sefton's workforce and organisational development strategy, identifying how organisational forms, staffing, roles, skills, culture will need to evolve and any emerging intermediate states	<p>Leadership and some programme management support required to support:</p> <ul style="list-style-type: none"> (1) Supporting the move to an integrated care partnership via PA (2) Discreet project to support the development of HWBB (3) coordinate implementation plan and monitor progress. 	Cheshire and Mersey Workforce and OD programmes	SRO to be identified within Sefton Provider Alliance	Sefton Provider Alliance to oversee task and finish approach to system development of an implementation plan for strategy
Finance	Implementation of Sefton's 2020/21 financial strategy	<p>Leadership and some programme management support required to support:</p> <ul style="list-style-type: none"> (1) a move to an integrated care partnership via PA (2) discreet project to support the development of integrated commissioning (3) coordinate implementation plan and monitor progress. 	Confirm the 2020/21 budget process, which should be delivered by CCG Director of Finance working with HCP.	Martin McDowell, CCG Director of Finance	Sefton System Management Board
Estates Group	Implementation of Sefton's estates strategy	<p>Leadership and some programme management support required to support:</p> <ul style="list-style-type: none"> (1) a move to delivery of integrated care via PA (2) S&O acute transformation (3) implementation plan and monitor progress. 		SRO to be identified within Sefton Provider Alliance	Sefton Provider Alliance to oversee task and finish approach to system development of an implementation plan for strategy

Element	Transition over the next 12 months	High level workplan for next 12 months (2020/21)	Other process to pick up	Lead	Governance
Comms & Engagement	Implementation of Sefton's comms and engagement strategy	Some programme management support required to support: (1) delivery of integrated care via PA (2) coordinate implementation plan and monitoring progress.	Representation at the C&M Communications and Engagement Group Monthly NHSEI Reconfiguration Grid (advice on potential consultation/ impact of reconfiguration)	Comms & Engagement Lead, hosted by Sefton CCGs	CCGs have oversight with matrix reporting into PA on specific task and finish projects
Business Intelligence/ Population Health	Implementation of Sefton's BI strategy	Leadership and some programme management support required to support: (1) a move to integrated care delivery and population health management via PA (2) development of integrated commissioning (3) coordinate implementation plan and monitor progress.		SRO to be identified within Sefton Provider Alliance	Sefton Provider Alliance to oversee task and finish approach to system development of an implementation plan for strategy/population health management approach
Voluntary, community and faith sector					
VCF sector support	Support the VCF sector and its role within the Provider Alliance	(1) Facilitate CVF sector to reach a unified offer (2) Assistance on how they best engage with the PA and how they tailor their offers (3) Support on how there can continue to be a thriving VCF sector in Sefton (4) Other areas of support yet to be identified		SRO to be identified within Sefton Provider Alliance	Sefton Provider Alliance via VCF Advisory Group

Appendix 2: Draft Delivery Mechanism for the Sefton Five Year Plan



Strategic commissioner activities

- Investment led priorities, decommissioning policy, service specification and standards, outcomes setting, incentivising innovation and diffusion
- Economic analysis, place based policy, tax and fiscal strategy, investment strategy and regeneration, industrial strategy
- Strategic market shaping, strategic quality assurance, provider resilience and failure, horizon scanning, procurement frameworks
- Contract design, financial planning, investment and capital management
- Place-based planning, evidence-based protocols and pathways
- Performance review and management, regulatory liaison
- Stakeholder engagement and management

Provider Alliance activities in relation to the priorities (phased over 5 years)

- Identification of needs
- Education and skills development
- Service evaluation and development
- Tendering and bid management, purchasing and procurement
- Community-based asset identification and integration, service/pathway co-design, placement strategy, service and care coordination
- Contract management and monitoring, continuous quality improvement, demand management, statutory reporting, safeguarding intervention
- Stakeholder engagement and management

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 22nd January 2020

Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG's likely case deficit is forecast to be £12.8m at the end of the financial year unless additional mitigations are identified. 	<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. The CCG and system partners need to embark on a transformation plan to enable services to be provided in a cost effective manner. This requires clinical leadership in the CCG to engage with colleagues across the system and influence change which leads to improved quality and reductions in cost. The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain our approach to enable our membership to support implementation of our recovery plan.

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

- The committee approved the updated Shared Parental Leave Policy subject to a change of wording in Appendix 2 of the policy and correction of a typographical error on page 2 of the policy.
- The committee approved the Retirement Policy subject to inclusion of a flow chart, which provides a practical guide on processes to follow by CCG management in relation to this policy.
- The committee received an update on statutory and mandatory training.

- The F&R risk register was agreed.
- The committee approved the renewal of the following prescribing rebate schemes:
 - GlucoMen® Areo Glucose Sensors
 - Airflusal MDI – Sandoz Ltd
- The committee approved the commissioning of Andexanet on the following conditions:
 - This is an interim decision until a full review has been undertaken and decision made by NICE regarding use of the drug.
 - If the drug is used, a retrospective report is to be provided to the CCG so that individual use can be monitored.
- The F&R Committee work plan and meeting dates for 2020/21 were received.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 19th February 2020

Chair: Helen Nichols

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG's likely case deficit is forecast to be £12.8m at the end of the 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. The CCG has followed NHS North West protocol to revise its financial forecast outturn and has assessed its revised target as achievable although some system risks will need to be mitigated further. 	<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. The CCG and system partners need to embark on a transformation plan to enable services to be provided in a cost effective manner. This requires clinical leadership in the CCG to engage with colleagues across the system and influence change which leads to improved quality and reductions in cost. The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain our approach to enable our membership to support implementation of our recovery plan.

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

- The committee approved the Management of Organisational Change Policy subject to minor changes.
- The committee received information on Midlands & Lancashire CSU performance.
- The committee agreed changes to the CCG's financial risk register, noting the certainty that financial plans will not be delivered. This increases the level of risk assigned to delivery of financial performance and reinforces that financial balance is the most significant risk facing the CCG.

- The committee received an update on prescribing performance, noting that QIPP schemes had been delivered but other pressures had meant that overall costs had increased.
- The committee approved the Terms of Reference for the Sefton Property Estates Partnership group.
- The committee approved the Finance & Resource Committee Terms of Reference.

Key Issues Report to Governing Body



Joint Quality and Performance Committee held on 28th November 2019 **Chair:
Dr Gina Halstead**

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> • NWAS oversight of quality indicators and measures. • Review of the CCG Risk Register. • MIAA Audit Commissioning for Quality (2019). 	<ul style="list-style-type: none"> • Lack of oversight and influence from an individual and Cheshire and Merseyside footprint. • Items on the Risk Register not necessarily CCG risks therefore not able to influence/reduce risk. • Outcome - substantial assurance. 	<ul style="list-style-type: none"> • Jane Lunt to raise across Cheshire and Merseyside for a quality representative at the NWAS Quality Contract Meetings. • Mel Spelman to meet with Debbie Fairclough to review the CCG Risk Register as a whole. Quality Team risks to be reviewed at the Quality Team Meeting to review and close risks. • Dr Gina Halstead to formally thank Debbie Fagan for her leadership. Action plan to be reviewed on a quarterly basis, although ongoing work is being undertaken with NHS Liverpool CCG in relation to capacity and closer working as the CCGs merge.

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

- None.

Key Issues Report to Governing Body



Joint Quality and Performance Committee held on 30th January 2020

Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> SEND – further work on specific programme. 16 issues on digitalization of patient records. TIA Performance – data not accurate 	<ul style="list-style-type: none"> Pace will not be maintained on action plan. Risk of GDPR breach, increased Primary Care staff workload. Patients not receiving appropriate treatment, increased risk of CVA 	<ul style="list-style-type: none"> Seconded SEND Lead in place until the end of March 2020. Executive Lead is the Chief Nurse. Contact IMerseyside on this issue and possible solution to the digitalisation. Request Trust on individual patient data.

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

- None.

Key Issues Report to Governing Body

Audit Committees in Common: Wednesday 15th January 2020
NHS Southport & Formby CCG

Chair:
Helen Nichols
(CiC meeting chaired by Alan Sharples)

Key Issue	Risk Identified	Mitigating Actions

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

- Significant long-standing debts relating to Southport & Ormskirk Hospital will be settled in January 2020.
- The committee ratified a tender and contract waiver form for the Mental Health Military Veterans Service provided by Greater Manchester Mental Health Services.
- The Gifts & Hospitality Register will be reported to Audit Committee in future.
- The committee approved the Whistleblowing Policy.
- The committee approved the Anti-Fraud Bribery and Corruption Policy subject to a minor change relating to names / appendix.
- The committee approved the External Audit Plan.
- The committee received an update on the Internal Audit Progress Report – no issues identified.
- Corporate Risk Register / Governing Body Assurance Framework – the committee asked that further moderation take place through SMT and LT to determine appropriate level of risks.
- The committee delegated approval of Data Security and Protection Toolkit to Audit Committee Chair / CFO upon receipt of final audit report (March)

2020).

Key Issues Report to Governing Body



Southport & Formby Primary Care Commissioning Committee Part 1, 19th December 2019	Chair: Graham Bayliss
--	----------------------------------

Key Issue	Risk Identified	Mitigating Actions

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

The Committee received an update on the development of the Primary Care Quality dashboard.

The Committee noted the proposed investment in IT for Primary Care and asked that a detailed paper regarding the financial impact of this to be presented to the Finance & Resource Committee.

The Committee supported the Joint Operational Groups recommendation for a formal list closure for Ainsdale Medical Centre for 6 months.

The Committee noted that the new Social Prescribing roles which form part of the Network Contract Directed Enhanced Service are now in post.

Key Issues Report to Governing Body



Southport & Formby Primary Care Commissioning Committee Part 1, 16 th January 2020	Chair: Dil Daly
---	--------------------

Key Issue	Risk Identified	Mitigating Actions
Draft PCN Services Specification released for consultation. Impact on deliverability due to workforce and timescales.	Practices may withdraw from DES and PCNs become destabilised. This will impact on the delivery of services specifications.	Views submitted to National Consultation. CCG co-ordinated a stock take on current service provision in relation to each specification to understand current position in order to support PCNs.

Information Points for Southport and Formby CCG Governing Body (for noting)
<p>The committee noted the improvement in 7 day Access performance which is 85%, this has exceeded the National target of 75%.</p> <p>The committee reviewed the work-plan for the committee going forward.</p> <p>The committee received an update on the One Single Access offer for Primary Care.</p>

Key Issues Report

Southport & Formby Localities

February 2020 – March 2020



Southport & Formby		
Key Issues	Risks Identified	Mitigating Actions
<p>1. Overarching key issue in relation to the draft PCN Core specifications; particularly the Enhanced Health in Care Homes specification.</p>	<ul style="list-style-type: none"> • Delivery of specifications. • Continuing sign up of practices to PCN DES. • March 2020 update - COVID-19 has impacted on practices' ability to make decisions around this. 	<ul style="list-style-type: none"> • All practices/PCNs/GPs encouraged to feedback on consultation with NHSE. • CCG to develop offer of support to PCNs to deliver the specifications. • CCG undertaking work to understand existing commissioning for care homes across Sefton (linking with local authority) and how this can support delivery of Enhanced Health in Care Homes spec. • March 2020 – to be escalated within CCG for clarity on the PCN DES in light of current COVID-19 outbreak in the quick changing environment.
<p>2. COVID 19 outbreak</p>	<ul style="list-style-type: none"> • Patient care. • Staffing levels. • Community service provision at this time. 	<ul style="list-style-type: none"> • Regular GP updates being provided by CCG to disseminate national and local guidance on a daily basis. Also to provide information on local services. • Primary Care team supporting practices to report issues and escalate appropriately. • Practices encouraged to arrange 'buddying up' through IT and hot/cold sites.

Key Issues Report

Southport & Formby Localities

February 2020 – March 2020



AINSDALE & BIRKDALE LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Ongoing key issue lack of visibility from community nursing teams.	<ul style="list-style-type: none"> Risk that patient care could be affected March 2020 - Locality reported no changes since DN Team leader visit in January although it was noted to have high sickness absence in the DN team. 	<ul style="list-style-type: none"> Escalated to CCG Chair / LCFT – commitment agreed to improve DN attendance at MDT meetings and contact details to be shared. LCFT Frailty team engaging with locality. Escalated with LCFT and action plan agreed to increase presence / improve relationships between nursing teams and general practice. Commissioning Manager to re-escalate the issues with DN teams via Quality, Joint Operational Group. GP query email inbox established by LCFT to deal with issues as they arise. DN Team leader has now attended the locality meeting to discuss at operational level and plans made to meet with each practice and share team contact details and work to improve relationships/comms.
2. Midwives not using EMIS; practices are not informed when ladies self-refer for pregnancy.	<ul style="list-style-type: none"> Risk of information not passing to practices regarding pregnant ladies. Increased workload for practices; GDPR issues – pt would have to be contacted before records could be shared. 	<ul style="list-style-type: none"> Interoperability meeting has now been held and outcomes are awaited. CCG Chair has approached S&O to discuss how pathway could support sharing of this information to practices. Trust are continuing to look into this. Further escalated through Contract meetings. Commissioning Manager has met with Trust Midwifery lead for local solution.
3. Health Visiting Teams	<ul style="list-style-type: none"> HV practice 'link workers' lack of knowledge of practices' families due to change of alignment to geographical cover. 	<ul style="list-style-type: none"> Escalated through CCG Quality Committee with Commissioners. Commissioning Manager to monitor feedback from practices through locality meetings and escalate specific concerns through proper channels.

Key Issues Report Southport & Formby Localities February 2020 – March 2020



4. Phlebotomy services	<ul style="list-style-type: none"> Practices unsure of capacity that exists within DN services for phlebotomy. 	<ul style="list-style-type: none"> Commissioning manager raised through Community Services Operational Group – a further piece of work is to be undertaken to understand provision across the patch and identify any gaps.
------------------------	---	---

CENTRAL LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Midwives not using EMIS; practices are not informed when ladies self-refer for pregnancy. Jan 19 Further issue raised that one practice has received a number of standard letters to inform pregnant but also asking for PMH/Meds.	<ul style="list-style-type: none"> Risk of information not passing to practices regarding pregnant ladies. Increased workload for practices; GDPR issues – pt would have to be contacted before records could be shared. 	<ul style="list-style-type: none"> Interoperability meeting has now been held and outcomes are awaited. CCG Chair has approached S&O to discuss how pathway could support sharing of this information to practices. Trust are continuing to look into this. Further escalated through Contract meetings. Commissioning Manager has met with Trust Midwifery lead for local solution.
2. Lack of visibility from community nursing teams	<ul style="list-style-type: none"> Risk that patient care could be affected 	<ul style="list-style-type: none"> Escalated to CCG Chair / LCFT – commitment agreed to improve DN attendance at MDT meetings and contact details to be shared. LCFT Frailty team engaging with locality. Escalated with LCFT and action plan agreed to increase presence / improve relationships between nursing teams and general practice. GP query email inbox established by LCFT to deal with issues as they arise. Commissioning Manager to pursue at local level with DN Team leaders attending January locality meeting.

Please note March's locality meeting has been cancelled due to the COVID-19 outbreak.

Key Issues Report

Southport & Formby Localities

February 2020 – March 2020



FORMBY LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
<ol style="list-style-type: none"> Lack of visibility from community nursing teams Various issues raised with clinical care within community teams 	<ul style="list-style-type: none"> Risk that patient care could be affected. Locality group reported hearing that high sickness in DN team. Practices reported no improvement since visit from DN team leader in January. 	<ul style="list-style-type: none"> Escalated to CCG Chair / LCFT – commitment agreed to improve DN attendance at MDT meetings and contact details to be shared. LCFT Frailty team engaging with locality. Escalated with LCFT and action plan agreed to increase presence / improve relationships between nursing teams and general practice. DN Team leader attended January meeting to to improve relationships/comms. – Commissioning Manager to raise again via Quality / Joint Operational Group. Health Visiting team have met with locality group with view to improve relationships/communications. Issues with HV Team have been escalated via the Quality Committee.
<ol style="list-style-type: none"> PCNs – one practice declined sign up to the Network DES. 	<ul style="list-style-type: none"> Formby in unique geographical location, population under “hard bottom” of 30,000 at 27,601 which had been agreed however this has been further impacted by Formby Village Surgery not signing up to DES with approx. 12,000 pts. Remaining practices/CCG challenged to ensure stability of PCN in order to provide coverage to whole population of any Network services. 	<ul style="list-style-type: none"> NHSE support provided CCG support provided to work with the remaining practices and FVS. Network Manager also supporting PCN development in Formby.

Key Issues Report

Southport & Formby Localities

February 2020 – March 2020



NORTH LOCALITY		
Key Issues	Risks Identified	Mitigating Actions
1. Lack of visibility from community nursing teams; new Frailty service means that community matron caseload discharged back to GPs.	<ul style="list-style-type: none"> Risk that patient care could be affected 	<ul style="list-style-type: none"> Escalated to CCG Chair / LCFT – commitment agreed to improve DN attendance at MDT meetings and contact details to be shared. LCFT Frailty team engaging with locality. Escalated with LCFT and action plan agreed to increase presence / improve relationships between nursing teams and general practice. Assurance received no caseload being discharged; no services have been decommissioned. These pts will be picked up through frailty services. Commissioning Manager arranged for DN Team leader to attend January locality meeting to improve relationships/comms.
2. Midwives not using EMIS; practices are not informed when ladies self-refer for pregnancy	<ul style="list-style-type: none"> Risk of information not passing to practices regarding pregnant ladies. 	<ul style="list-style-type: none"> Interoperability meeting has now been held and outcomes are awaited. CCG Chair has approached S&O to discuss how pathway could support sharing of this information to practices. Trust are continuing to look into this. Further escalated through Contract meetings. Commissioning Manager has met with Trust Midwifery lead for local solution.

Please note March's locality meeting has been cancelled due to the COVID-19 outbreak.

Finance and Resource Committee Minutes

Wednesday 22nd January 2020, 2.30pm to 4.30pm
 Room 3A - 3rd Floor, Merton House, Stanley Road, Bootle L20 3DL

Attendees (Membership)		
Helen Nichols	Lay Member (F&R Committee Chair), S&F CCG	HN
Dil Daly	Lay Member (F&R Committee Vice Chair), S&F CCG	DD
Jan Leonard (FR20/05 [part] onwards)	Director of Place, S&F CCG	JL
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
In attendance		
Steph Graham (items FR20/01-05)	Assistant HR Business Partner, ML CSU	SG
Apologies		
Karl McCluskey	Director of Strategy & Outcomes, S&F CCG	KMcC
Martin McDowell	Chief Finance Officer, S&F CCG	MMcD
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

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

Name	Membership	Jan 19	Feb 19	Mar 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Jan 20
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓
Dil Daly	Lay Member (Vice Chair) [Joined CCG in Dec 2019]											✓
Gill Brown	Lay Member (Vice Chair) [Left CCG at end of Oct 2019]	✓	✓	✓	A	✓	A	✓	✓	✓		
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓
Colette Riley	Practice Manager	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	A
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	A	A	A	A	✓	✓	✓
Debbie Fagan	Chief Nurse & Quality Officer	A	✓	A	A							
Jan Leonard	Director of Place	✓	A	✓	✓	✓	A	A	✓	✓	✓	✓
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓	✓	✓	✓	A	✓	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes					✓	✓	A	A	A	A	A
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	✓	*	✓	*	*	*	*	*	*

No	Item	Action
General business		
FR20/01	<p>Apologies for absence Apologies for absence were received from Martin McDowell and Karl McCluskey. It was noted that JL would be arriving late to the meeting.</p> <p>The F&R Committee welcomed Dil Daly, who recently commenced his role as lay member of the Southport & Formby Governing Body.</p>	
FR20/02	<p>Declarations of interest regarding agenda items Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations 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"> • DD declared that he is employed by Age Concern Liverpool & Sefton, which is funded for a befriending project by both of the Sefton CCGs. He has sent this declaration to the CCG's Corporate Business Manager to be added to the Register of Interests, and noted it as a direct pecuniary conflict of interest. The Chair reviewed the declaration and decided that this interest did not constitute any material conflict of interest with items on the agenda. • 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. 	
FR20/03	<p>Minutes of the previous meeting and key issues The minutes of the previous meeting held on 27th November 2019 were approved as a true and accurate record subject to the correction of a typographical error under item <i>FR19/150: Finance Report – Month 7 2019/20</i>: the word 'casual' is to be corrected to 'causal'. TK to action.</p> <p>The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	TK
FR20/04	<p>Action points from the previous meeting</p> <p>FR19/131 Action points from the previous meeting FR19/97 CHC Benchmarking - Q4 2018/19 AOR reported that the action regarding further analysis of types of fast track packages in Southport & Formby against benchmarking data is still open. This action will be addressed as part of the CHC work plan, which is referred to within the report for item <i>FR20/08: Continuing Healthcare Update Report</i>.</p>	

No	Item	Action
	<p>FR19/149 Action points from the previous meeting FR19/97 CHC Benchmarking - Q4 2018/19 The committee noted that the increase in fast track packages will be discussed at this meeting and agreed to close this action.</p> <p>FR19/133 Finance Report - Month 6 2019/20 AOR confirmed that the review of increases in Independent Sector costs against contract arrangements with Southport & Ormskirk Trust would be undertaken as part of the work on contracting for 2020/21. The committee agreed to close this action.</p> <p>FR19/149 Action points from the previous meeting FR19/79 Revised GPIT and ETTF Bids for 2019/20 As JL had not yet joined the meeting, the committee agreed to discuss the action regarding the review of communications and engagement work in relation to paediatric activity later in the meeting [covered under item <i>FR20/19: Any Other Business</i>].</p> <p>FR19/133 Finance Report - Month 6 2019/20 AOR reported on the action to review Phoenix Health / Bariatrics to determine future financial impact. She explained that NHS Chorley and South Ribble CCG will be leading a procurement process over the next 12 months for a Bariatric service on behalf of CCGs across the Cheshire and Merseyside and Cumbria and Lancashire areas. The University Hospitals of North Midlands ceased receiving referrals for Tier 4 Bariatric Services in October 2018, and since that time services have been provided via Phoenix Health. A review of the financial impact of the provision of the Bariatric service will form part of the procurement process. The committee noted this update and agreed to close this action.</p> <p>FR19/134 Funded Nursing Care Update – October 2019 AOR reported that MIAA have informed the CCG that the audit / post implementation review of the Adam DPS will potentially not commence until March 2020. She confirmed the CCG will be having further discussions with MIAA about this and enquire about the possibility of an earlier commencement date. It was agreed to keep this action open until a decision has been made.</p> <p>FR19/150 Finance Report - Month 7 2019/20 In reference to anecdotal evidence reported at the last meeting that packages of care have been transferring into Personal Health Budgets (PHBs) at a higher rate than previous package costs - AOR reported that following discussion with MMcD, the finance team and Tracey Forshaw (the CCG's Assistant Chief Nurse), the evidence available indicates that cases are reviewed from a need perspective prior to transfer into a PHB, which has resulted in higher costs for some packages of care. HN noted she would raise this issue for further discussion at the IPA Programme Board meeting scheduled for 31st January 2020. This action is to supersede the current action on the tracker.</p> <p>FR19/152 CHC Benchmarking – Q1 2019/20 In reference to the action to obtain clarity on why only 50% of care home packages were procured via the Adam DPS (as reported in the Q1 2019/20 CHC Benchmarking report) – AOR reported she has consulted with the CCG's Deputy Chief Nurse and has raised this issue with colleagues from Adam DPS. Colleagues have explained that evidence indicates discharge to assess placements and patients with complex and / or rapidly changing needs contribute to the level of manual placements currently being experienced. It was</p>	HN

No	Item	Action
	<p>agreed to close this action.</p> <p>AOR referred to a recent meeting between the CCG, Midlands & Lancashire CSU and Adam colleagues. QIPP opportunities that have previously been explored in the Staffordshire area were discussed at this meeting; Midlands & Lancashire CSU have provided the CCG with information in relation to these projects. These opportunities / projects will be reviewed by the Quality Team as part of the CCG QIPP work. The committee noted that the Adam DPS contract has been extended until April 2020. AOR reported that future options for post April 2020 are being considered.</p> <p>FR19/152 CHC Benchmarking – Q1 2019/20 It was noted that the completion date for the action regarding benchmarking information around Personal Health Budgets and Section 117 packages of care is March 2020.</p> <p><i>It was noted that all other actions on the action tracker for the November 2019 meeting had been completed; updates were provided on the action tracker which were taken as read. No queries were raised on the updates provided.</i></p> <p>HM enquired about the increase in bandwidth for GP practices that was approved by the Governing Body in September 2019, and noted that his practice is still experiencing issues with connection speed. He also queried progress regarding MJOG text messaging. TK confirmed she would raise both queries with iMerseyside and ask that contact is made with HM.</p>	TK
<i>Policies / frameworks for approval</i>		
FR20/05	<p>HR Policies</p> <p>SG presented the Shared Parental Leave Policy and the Retirement Policy, which were reviewed by the Corporate Governance Support Group in December 2019 and recommended for approval by the Finance & Resource Committee.</p> <p><u>Shared Parental Leave Policy</u> SG provided an overview of the revisions and amendments made to the Shared Parental Leave Policy, which were detailed on page 2 of the policy. Members noted the complex nature of this policy. Members queried the sentence regarding sharing the main responsibility for the care of the child (in Appendix 2 of the policy) and requested it be amended to ensure clarity. The committee delegated authority to the HR team to agree the exact form of wording to ensure clarity. SG also noted a typographical error on page 2 of the policy, which details the revisions and amendments; she confirmed this would be corrected. <i>The committee approved the Shared Parental Leave Policy subject to amendment of wording in Appendix 2 and correction of a typographical error on page 2 of the policy, as noted above.</i></p> <p><u>Retirement Policy</u> SG presented an updated Retirement Policy, noting that amendments have been made to clarify the conditions on which members of the pension scheme can return to work following retirement. The amendments were shown via track changes for the committee's reference. SG reported on a further change that has been made to the policy (within section 1.10) since the meeting pack was circulated. She confirmed that the reference to 'Other Leave Policy' has been changed to 'Special Leave and Flexible Working Policy', as the CCG does not</p>	SG

No	Item	Action
	<p>have an 'Other Leave Policy'.</p> <p>JL joined the meeting.</p> <p>SL requested a flow chart to be included as an appendix to the policy, which provides a practical guide on processes to follow by CCG management in relation to this policy. SG confirmed that she would liaise with SL to action this.</p> <p>The committee noted the amendments and recommended approval of the Retirement Policy subject to inclusion of a flow chart, as noted above.</p> <p>SG left the meeting.</p>	SG / SL
<i>HR</i>		
FR20/06	<p>HR Performance Dashboard</p> <p>AOR presented the HR Performance Dashboard up to November 2019 and reported a decrease in the statutory and mandatory training compliance rate due to issues with the new ESR system. Midlands & Lancashire CSU are working to resolve these issues. The compliance rate is expected to increase once issues are resolved.</p> <p>The committee received this report.</p>	
<i>Finance</i>		
FR20/07	<p>Finance Report - Month 9 2019/20</p> <p>AOR provided an overview of the year-to-date financial position for NHS Southport & Formby CCG as at 31st December 2019. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The CCG financial position for Month 9 is a deficit of £9.590m which reflects under delivery of QIPP savings against plan as well as further cost pressures which have emerged during the year. • The most likely risk adjusted financial position for the full year 2019/20 is a deficit of £12.786m and includes the current assessment of expected QIPP delivery for the year, further risks in respect of increased cost pressures and mitigations including the CCG contingency reserve and other reserve budgets. • The main financial pressures relate to Continuing Care packages including Continuing Healthcare, Funded Nursing Care, Personal Health Budgets and Mental Health packages due to increased cost and volume of packages. • A run rate chart for 2019/20 has been included in the finance report. This shows the deficit in each month as a result of under delivery against the QIPP plan and increased cost pressures during the year. • The main sources of increased CHC fast track referrals are from Southport & Ormskirk Hospital and District Nurse teams, which reflects the increased focus to support discharge from acute care beds. <p>The committee had a detailed discussion regarding the finance report.</p> <p>AOR reported that MMcD is attending an NHS England / Improvement event for NHS Chief Finance Officers and Finance Directors in London today. This event has been arranged to discuss shared challenges and opportunities and to</p>	

No	Item	Action
	<p>provide an update on the latest NHS finance policy developments.</p> <p>AOR referred to the protocol for changes to organisational forecasts during 2019/20, which was presented to the committee in October 2019. Following advice from NHS England / Improvement, any change to the forecast financial position has been deferred from month 9 to month 10.</p> <p>HN referred to the finance report and raised queries regarding Table 1 (which shows the CCG Financial Position) and the table in Appendix 4 (which shows the risk adjusted position in Month 9). Following discussion, HN noted she would liaise further with MMCD outside the meeting.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	HN
FR20/08	<p>Continuing Healthcare Update Report</p> <p>AOR presented a Continuing Healthcare (CHC) report. The report provides an update in relation to CHC work currently in progress or planned during the 2019/20 financial year.</p> <p>AOR provided an overview of the key sections within the report, including the Adam DPS, Funded Nursing Care, fast track cases and retrospective reviews. She reported that a dedicated CHC Programme Lead was recruited during December 2019 to provide support on the CHC work plan and in the development of the end to end service.</p> <p>The committee discussed the report and noted the ongoing work in relation to CHC.</p> <p><i>The committee received this report.</i></p>	
FR20/09	<p>Finance & Resource Committee Risk Register</p> <p>AOR presented the Finance & Resource Committee Risk Register and updated the committee on each risk. The committee agreed that no changes were required to the risk register at this stage.</p> <p><i>The committee approved the F&R Committee Risk Register.</i></p>	
FR20/10	<p>Finance Strategy Update</p> <p>AOR provided an update on the CCG's finance strategy. She reported that the CCG is working on the first draft of the financial plan for 2020/21 and that an update would be presented to the Governing Body in February 2020.</p> <p><i>The committee received this verbal update.</i></p>	
Estates		
FR20/11	<p>Estates Update</p> <p>It was noted there was no update to provide for this item.</p>	

No	Item	Action
<i>Prescribing</i>		
FR20/12	<p>Prescribing Report – Month 7 2019/20</p> <p>SL provided an overview of the prescribing report for month 7 2019/20, noting that Southport & Formby CCG is currently forecast to be overspent against the 2019/20 prescribing budget. She confirmed that this forecast has not taken account of the risk pool, which has been set aside to utilise during the year if required.</p> <p>The committee had a discussion regarding the report, including practice monitoring and the Stoma pilot within Sefton.</p> <p><i>The committee received this report.</i></p>	
FR20/13	<p>Prescribing Rebate Scheme - GlucoMen Areo Sensors</p> <p>SL presented a paper with the recommendation to approve the renewal of the following rebate scheme:</p> <p><i>GlucoMen Areo Glucose Sensors</i></p> <p>SL confirmed that the prescribing of this drug is APC Pan Mersey recommended.</p> <p><i>The committee approved the renewal of the GlucoMen Areo Glucose Sensors rebate scheme.</i></p>	
FR20/14	<p>Prescribing Rebate Scheme - Airflusal MDI – Sandoz Ltd</p> <p>SL presented a paper with the recommendation to approve the renewal of the following rebate scheme:</p> <p><i>Airflusal MDI – Sandoz Ltd</i></p> <p>SL confirmed that the prescribing of this drug is APC Pan Mersey recommended.</p> <p><i>The committee approved the renewal of the Airflusal MDI rebate scheme.</i></p>	
FR20/15	<p>Recommendation to approve the CCG commissioning of Andexanet</p> <p>SL presented a paper with the recommendation to approve the commissioning of Andexanet.</p> <p>Andexanet is a licenced antidote and reversal agent for factor Xa inhibitor anticoagulants. Liverpool University Hospitals have proposed to commission the use of Andexanet in very specific situations across Pan Mersey. SL confirmed that use would only be authorised by senior haematologists. SL reported that Andexanet is on the NICE work plan and the Technical Appraisal Guidance is scheduled for publication in June 2020, but has not yet been approved for use in Pan Mersey.</p> <p>The committee had an extensive discussion in relation to the use of Andexanet and the importance of not delaying access to a life-saving drug for patients and / or clinicians. Further to discussion, the committee made the following decision.</p>	

No	Item	Action
	<p>The committee approved the commissioning of Andexanet on the following conditions:</p> <ul style="list-style-type: none"> - This is an interim decision until a full review has been undertaken and decision made by NICE regarding use of the drug. - If the drug is used, a retrospective report is to be provided to the CCG so that individual use can be monitored. 	
2020/21 F&R Meeting Work Plan and Dates		
FR20/16	<p>Committee Work Plan 2020/21</p> <p>AOR presented the Finance & Resource Committee Work Plan for 2020/21. The work plan sets out the plan of agenda items / issues to be addressed by the Finance & Resource Committee during 2020/21.</p> <p>HN and AOR noted that at the Primary Care Commissioning CiC meeting in December 2019, it was requested that IT bids and costings are presented to the F&R Committee. TK confirmed she has liaised with Paul Shillcock (Primary Care Informatics Manager at iMerseyside) about this who has informed her that a report will be ready for the F&R Committee meeting scheduled for March 2020; this has been added to the 2019/20 work plan. The committee discussed this item and agreed that it be added as a standing agenda item to the work plan for 2020/21; TK to action.</p> <p>The committee received the Finance & Resource Committee work plan for 2020/21.</p>	TK
FR20/17	<p>Committee Meeting Dates 2020/21</p> <p>AOR presented a paper which sets out the planned dates of the Finance & Resource Committee meetings for 2020/21. Calendar invitations have been issued to members.</p> <p>It was noted that locations are yet to be confirmed for the meetings in June, August and September 2020, as Ainsdale Centre for Health & Wellbeing is unavailable. HM commented that The Marshside Surgery could host the meetings if available. If the Marshside Surgery is not available, members agreed that the availability of Fiona Taylor's office in Curzon Road should be reviewed. TK to check the availability of both locations. TK confirmed she has held a room at Merton House, Bootle for each of these meetings in case a suitable venue cannot be booked within Southport & Formby.</p> <p>The committee received the Finance & Resource Committee meeting dates for 2020/21.</p>	TK
Minutes of Steering Groups to be formally received		
FR20/18	<ul style="list-style-type: none"> • Sefton Property Estates Partnership (SPEP) Steering Group – October 2019 • Information Management & Technology (IM&T) Steering Group – November 2019 <p>The committee received the minutes of the SPEP Steering Group meeting (October 2019) and IM&T Steering Group meeting (November 2019).</p>	

No	Item	Action
Closing business		
FR20/19	<p>Any Other Business</p> <p><u>Communications and engagement work - Paediatric Activity</u> The Chair raised the action from the last meeting regarding the review of access / communications and engagement work in relation to paediatric activity. The committee had requested that contact is made with local schools / school nurses to ensure that the correct advice is being given out. JL was to take forward this action with the Primary Care Commissioning CiC. JL reported that she is awaiting further information in relation to this area and will take forward this action via the Primary Care Operational Group, which she considered the most appropriate group to oversee this action. The committee noted this. This action is to supersede the current action on the tracker.</p> <p><u>Southport & Ormskirk NHS Trust – Outstanding Aged Debt</u> AOR raised this AOB item. At the last Audit CiC meeting on 15th January 2020, Southport & Formby Audit Committee members had reviewed the outstanding debt for Southport & Formby CCG, and in particular the status of the four invoices that were above the £5k threshold and greater than six months old. It had been confirmed that three of the invoices would be settled in January 2020. The Audit Committee agreed that an update on the remaining outstanding invoice, related to Southport & Ormskirk NHS Trust, would be provided to the Finance & Resource Committee. AOR confirmed that MMcD has been in contact with Southport & Ormskirk NHS Trust regarding settlement of this invoice, which is for the amount of £137k and relates to Emergency Department – GP Assessment Unit follow ups. A confirmation regarding settlement is yet to be received. The committee noted this update.</p>	JL
FR20/20	<p>Key Issues Review</p> <p>AOR highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of next meeting: Wednesday 19th February 2020 10.30am to 12.30pm The Marshside Surgery, (Room: the Library) 117 Fylde Road, Southport, PR9 9XL</p>	

Finance and Resource Committee Minutes

Wednesday 19th February 2020, 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
Dil Daly	Lay Member (F&R Committee Vice Chair), S&F CCG	DD
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
Apologies		
Jan Leonard	Director of Place, S&F CCG	JL
Karl McCluskey	Director of Strategy & Outcomes, S&F CCG	KMcC
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	Feb 19	Mar 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Jan 20	Feb 20
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
Dil Daly	Lay Member (Vice Chair) [Joined CCG in Dec 2019]										✓	✓
Gill Brown	Lay Member (Vice Chair) [Left CCG at end of Oct 2019]	✓	✓	A	✓	A	✓	✓	✓			
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓
Colette Riley	Practice Manager & Governing Body Member	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	A
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	A	✓	A	A	A	A	✓	✓	✓	✓
Debbie Fagan	Chief Nurse	✓	A	A								
Jan Leonard	Director of Place	A	✓	✓	✓	A	A	✓	✓	✓	✓	A
Susanne Lynch	Head of Medicines Management	A	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes				✓	✓	A	A	A	A	A	A
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	✓	*	✓	*	*	*	*	*	*	*

No	Item	Action
General business		
FR20/21	<p>Apologies for absence Apologies for absence were received from Jan Leonard, Karl McCluskey and Colette Riley.</p>	
FR20/22	<p>Declarations of interest regarding agenda items Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations 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"> • DD declared that he is employed by Age Concern Liverpool & Sefton, which is funded for a befriending project by both of the Sefton CCGs. He has sent this declaration to the CCG's Corporate Business Manager to be added to the Register of Interests, and noted it as a direct pecuniary conflict of interest. He confirmed that this declaration of interest will apply until 2nd March 2020. The Chair reviewed the declaration and decided that this interest did not constitute any material conflict of interest with items on the agenda. • 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. 	
FR20/23	<p>Minutes of the previous meeting and key issues The minutes of the previous meeting held on 22nd January 2020 were reviewed.</p> <p>TK noted that Dil Daly had been omitted from the 'Attendees' list in error and confirmed this would be corrected.</p> <p>In reference to Item <i>FR20/15: Recommendation to approve the CCG commissioning of Andexanet</i>, SL clarified that potentially other Trusts, in addition to Liverpool University Hospitals Foundation Trust, will use Andexanet and therefore the commissioning of the drug would apply to more than one Trust. To ensure clarity, the committee agreed that the following amendments are to be made to the minutes, which removes specific mention to Liverpool University Hospitals.</p> <ul style="list-style-type: none"> - The opening sentence is to be amended to: 'SL presented a paper with the recommendation to approve the commissioning of Andexanet.' - The sentence confirming the committee's decision is to be amended to: 'The committee approved the commissioning of Andexanet on the following conditions' [this amendment applies to both the minutes and key issues of the previous meeting]. 	<p>TK</p> <p>TK</p>

No	Item	Action
	<p>As noted in the minutes of the last meeting, the conditions of approval were:</p> <ul style="list-style-type: none"> - This is an interim decision until a full review has been undertaken and decision made by NICE regarding use of the drug. - If the drug is used, a retrospective report is to be provided to the CCG so that individual use can be monitored. <p>The minutes of the previous meeting were approved as a true and accurate record subject to the above amendments. The key issues log was approved as an accurate reflection of the main issues from the previous meeting, subject to the amendment specified above.</p>	
FR20/24	<p>Action points from the previous meeting</p> <p>Action points from the previous meeting FR19/97 CHC Benchmarking - Q4 2018/19 In reference to undertaking further analysis of types of fast track packages in Southport & Formby against benchmarking data, AOR reported that Jane Keenan (the CCG's Programme Lead for Continuing Healthcare) is working on a position statement for discussion with the Leadership Team on 25th February 2020. The work being carried out includes further analysis on the drivers for cost behaviours and assurance processes for CHC. The committee agreed to close this action. It was noted that Lynne Savage (the CCG's Deputy Head of Clinical Quality and Safety) has undertaken a deep dive review of fast track packages. HN requested that the final report in relation to this deep dive review is presented to the appropriate committee; AOR to liaise with Lynne Savage to action this.</p> <p>FR19/134 Funded Nursing Care Update – October 2019 AOR and colleagues from the CCG and CSU have met with Adrian Poll (Senior Audit Manager, MIAA) to discuss a post implementation review of the Adam Dynamic Purchasing System (DPS). The CCG is currently awaiting a Terms of Reference from MIAA in relation to this review. Subject to MIAA capacity, this review is expected to commence mid-late March. It was agreed to keep this action open until the review has commenced.</p> <p>FR19/152 CHC Benchmarking – Q1 2019/20 It was noted that the completion date for the action regarding benchmarking information around Personal Health Budgets and Section 117 packages of care is March 2020.</p> <p>FR20/04 Action points from the previous meeting FR19/150 Finance Report - Month 7 2019/20 In reference to anecdotal evidence that packages of care have been transferring into Personal Health Budgets (PHBs) at a higher rate than previous package costs – HN reported that she has raised her queries in relation to this issue with the IPA Programme Board. She confirmed this issue will be monitored by the IPA Programme Board and that an updated PHB policy will be presented to the Board in due course. Action closed.</p> <p>FR20/04 Action points from the previous meeting HM reported that he has been contacted by Paul Shillcock (Primary Care Informatics Manager, iMerseyside) in reference to his queries regarding the increase in bandwidth for GP practices and progress with MJOG text messaging. Paul Shillcock has confirmed that the bandwidth increase is now complete. HM</p>	AOR

No	Item	Action
	<p>has informed iMerseyside of performance issues his practice has experienced with dictation software and the Optimise system. Paul Shillcock has informed HM that there have been issues with the Optimise system across all practices but that there is now a fix which Practice Managers should have access to. MMcD confirmed that he will ask iMerseyside to provide a report regarding the Optimise fix for discussion at the IM&T Steering Group. This action is to supersede the current action on the tracker.</p> <p>FR20/05 HR Policies <u>Retirement Policy</u> SL reported that she has been sent a flow chart, which is proposed to be included as an appendix to the Retirement Policy to provide a practical guide on processes to follow by CCG managers in relation to this policy. SL confirmed she has sent feedback to the CCG's HR advisers and is awaiting a revised version. The committee agreed to leave this action open on the tracker until the flow chart has been finalised.</p> <p>FR20/07 Finance Report - Month 9 2019/20 HN has liaised with MMcD regarding her queries in relation to the Month 9 finance report. Action closed.</p> <p>FR20/17 Committee Meeting Dates 2020/21 TK reported that the F&R Committee meetings in June, August and September 2020 will be hosted by The Marshside Surgery. Action closed.</p> <p>FR20/19 Any Other Business In reference to the action regarding review of access / communications and engagement work in relation to paediatric activity (with the request that contact is made with local schools / school nurses to ensure that the correct advice is being given out) – TK reported that JL is awaiting information in relation to this issue from Southport & Ormskirk NHS Trust; once this information is received, JL will take forward this action via the Primary Care Operational Group. Action still open.</p> <p><i>It was noted that all other actions on the action tracker for the January 2020 meeting had been completed; updates were provided on the action tracker which were taken as read. No queries were raised on the updates provided.</i></p>	MMcD
<i>Policies / frameworks for approval</i>		
FR20/25	<p>Management of Organisational Change Policy</p> <p>MMcD presented the Management of Organisational Change Policy, which has been reviewed and updated following feedback from the F&R Committee in October 2019. Amendments have been proposed to provide additional clarity regarding what could potentially constitute “change” and the advice and support that should be sought from HR, staff side and union representatives as part of that process.</p> <p>The committee had a detailed discussion and approved the policy subject to the following amendments:</p> <ul style="list-style-type: none"> • A sentence is to be added to the Introduction (as section 1.4) that states, ‘In all circumstances, definitive HR advice must be sought before a change is 	

No	Item	Action
	<p>proposed (see section 5.1).' The committee noted that this information is in section 5.1 but stressed that, given its importance, this sentence should be included earlier in the policy under the Introduction, with a note in brackets directing the reader to section 5.1.</p> <ul style="list-style-type: none"> • Section 1.3 is to be reworded to the following sentence: 'The CCG will handle all change sensitively.' • SL queried where HR advice (referred to in section 5.1) should be stored by managers. The committee requested that guidance on storage of HR advice be added to the second paragraph in section 5.1, and delegated authority to the CCG's HR advisers and Corporate Governance team to agree the wording. • The following typographical errors in section 8.1 require correction: <ul style="list-style-type: none"> - There is a duplication of the word 'that' which is to be removed. - The word 'describing' is to be corrected to 'describes'. <p>TK to forward the committee's comments to the CCG's HR advisers and Corporate Governance team, and ensure the requested amendments are actioned.</p> <p><i>The committee approved the Management of Organisational Change Policy subject to the amendments noted above.</i></p>	TK
<i>Service contracts</i>		
FR20/26	<p>Midlands & Lancashire CSU: Summary Service Report</p> <p>MMcD presented the Midlands & Lancashire CSU Summary Service Report for the period 1st September 2019 – 31st December 2019.</p> <p>The committee noted that the CCG has secured a service from Midlands & Lancashire CSU to provide a formal Discharge to Assess service from 1st January 2020. As a result, the Adam Dynamic Purchasing System (DPS) will no longer be utilised for Discharge to Assess, and placements will be brokered manually. MMcD confirmed that this applied to Discharge to Assess only and that all other Adam DPS services will continue until the end of the contract with the CCG.</p> <p>It was noted that the Adam DPS contract has been extended until 30th September 2020 and that future options will be considered as soon as possible.</p> <p>MMcD provided an update regarding business intelligence and the Aristotle model.</p> <p>Members had a discussion about the CCG's contract with Midlands & Lancashire CSU and contract renewal. MMcD commented that the CHC end-to-end package of support is yet to be finalised.</p> <p><i>The committee received this report.</i></p>	

No	Item	Action
<i>Finance</i>		
FR20/27	<p>Finance Report - Month 10 2019/20</p> <p>AOR provided an overview of the year-to-date financial position for NHS Southport & Formby CCG as at 31st January 2020. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The CCG has followed the protocol to change financial forecast out-turn procedure as per NHSE/I guidance and has agreed a revised year-end target of £12.800m deficit with the regulators. The CCG has assessed its revised target as achievable although some system risks will need to be mitigated further. • The main financial pressures relate to Continuing Care packages including Continuing Healthcare, Funded Nursing Care, Personal Health Budgets and Mental Health packages due to increased cost and volume of packages. • QIPP schemes of £16.584m have been identified although a high proportion of schemes remain high risk and further work is required with support from system partners to implement these schemes. An evaluation of the current status of QIPP schemes will be presented at the Joint QIPP and Financial Recovery meeting on 25th February 2020. <p>The committee had an extensive discussion regarding the finance report, the updated year-end target and the steps required to achieve this. MMcD and AOR stressed the need to remain vigilant around the monitoring of emerging financial risks through to the end of the financial year.</p> <p>AOR referred to the run rate chart in the finance report and confirmed that this will be updated for the month 11 finance report to reflect the updated financial target agreed with the regulators.</p> <p>AOR reported that she attended an NHS England and Improvement Intensive Support Conference on 5th February 2020 with Jitka Roberts (the CCG's System Turnaround Director) and colleagues from Southport & Ormskirk Hospitals NHS Trust. The conference provided an update on work in development by NHS England and Improvement to support systems and organisations in the move to the new "system by default" approach and to support the most challenged systems across the country. NHSE / I have asked systems to articulate key transformation priorities for consideration by the regulators as areas for future support.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	AOR
FR20/28	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the Finance & Resource Committee Risk Register. The committee noted the certainty at this stage in the financial year that the CCG will not deliver its financial plan or its statutory duty. The committee agreed that this increases the level of risk assigned to delivery of financial performance and reinforces that financial balance is the most significant risk facing the CCG.</p> <p>Given the certainty that the CCG's financial plan will not be delivered, the committee agreed that the likelihood post mitigation score should be changed from 4 to 5 for the following risk and sub-risks, in line with the CCG's risk matrix</p>	

No	Item	Action
	<p>rationale. This results in a total post mitigation score of 25 (likelihood score 5 X consequence score 5) for each risk:</p> <ul style="list-style-type: none"> <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> <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> <i>Sub-risk FR0010b: There is a risk that the CCG will fail to contain expenditure against its opening budgets and reserves in 2019/20 caused by potential expenditure pressures resulting in increased costs and a reduction in the ability to achieve its control total and Statutory Financial Duty.</i> <p>The F&R Committee Risk Register is to be updated with the agreed post mitigation score changes.</p> <p><i>The committee approved the F&R Committee Risk Register subject to changing the likelihood post mitigation score from 4 to 5 for risk FR0010, sub-risk FR0010a and sub-risk FR0010b.</i></p>	MMcD/TK
Estates		
FR20/29	<p>SPEP Terms of Reference</p> <p>MMcD presented the Terms of Reference for the Sefton Property Estate Partnership (SPEP) steering group, which were reviewed and agreed at the last SPEP meeting on 5th February 2020. Minor amendments had been made by the SPEP group to the wording within the Membership / In Attendance section but the main content remains unchanged since the previous review in February 2019.</p> <p>The committee reviewed the SPEP Terms of Reference and agreed that no changes were required.</p> <p><i>The committee approved the SPEP Terms of Reference.</i></p>	
Prescribing		
FR20/30	<p>Prescribing Report – Month 8 2019/20</p> <p>SL provided an overview of the prescribing report for month 8 2019/20, noting that Southport & Formby CCG is currently forecast to be overspent against the 2019/20 prescribing budget. She confirmed that this forecast has not taken account of the risk pool, which has been set aside to utilise during the year if required.</p> <p>SL updated the committee on prescribing performance. It was noted that QIPP schemes continue to be delivered but other pressures have meant overall costs have increased. SL reported on a number of prescribing cost pressures including Category M drugs and high cost drugs. She stressed the importance of working collaboratively as a system to understand the cost pressures and focus on cost</p>	

No	Item	Action
	<p>savings.</p> <p>The committee discussed the prescribing report and in particular the table under the Executive Summary, which details budget information, areas of cost savings and areas of cost pressures.</p> <p><i>The committee received this report.</i></p>	
Committee Governance		
FR20/31	<p>F&R Committee Terms of Reference</p> <p>MMcD presented a draft version of the F&R Committee Terms of Reference, which are due for review in February 2020, and asked the committee to review and agree any relevant updates. The content had last been reviewed and agreed by the committee in March 2019.</p> <p>The committee discussed the Terms of Reference and agreed that no changes were required, noting that the next review is due in February 2021. TK confirmed that the agreed Terms of Reference would be presented to the Governing Body for approval; TK to arrange.</p> <p><i>The committee reviewed and agreed the F&R Committee Terms of Reference, which will be presented to the Governing Body for approval.</i></p>	TK
Minutes of Steering Groups to be formally received		
FR20/32	<p>Sefton Property Estates Partnership (SPEP) Steering Group – December 2019</p> <p>The committee received the minutes of the SPEP Steering Group meeting (December 2019).</p>	
Closing business		
FR20/33	<p>Any Other Business</p> <p>No items of other business were raised at this meeting.</p>	
FR20/32	<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 18th March 2020 10.30am to 12.30pm The Marshside Surgery, (Room: the Library) 117 Fylde Road, Southport, PR9 9XL</p>	

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

Date: Thursday 28th November 2019 at 09.00 – 12.00

Venue: 5A, Merton House, Stanley Road, Bootle, Liverpool L20 3DL

Membership		
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 (Chair)	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
Jane Lunt	Chief Nurse (Secondment from LCCG) (SSCCG/SFCCG)	JL
Ex Officio Member		
Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
In attendance		
Tracey Forshaw	Assistant Chief Nurse (SSCCG)(SFCCG)	TF
Mel Spelman	Programme Manager Quality and Risk (SSCCG/SFCCG)	MS
Ellora Moore	Student Nurse (SSCCG/SFCCG)	EM
Cameron Ward (attending in the absence of Karl McCluskey)	Programme Director (SSCCG/SFCCG)	CW
Helen Roberts	Pharmacist (SSCCG/SFCCG)	HR
Lynne Savage	Deputy Head of Quality and Safety (SSCCG/SFCCG)	LS
Sharon Forrester (for agenda item 19/188 only)	Head of Commissioning and Delivery, Urgent Care (SSCCG/SFCCG)	SF
Apologies		
Karen Garside	Designated Nurse Safeguarding Children (SSCCG)	KG
Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
Martin McDowell	Chief Finance Officer (SFCCG/SSCCG)	MMcD
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Billie Dodd	Head of Commissioning (SSCCG/SFCCG)	BD
Karl McCluskey	Director of Strategy and Outcomes (SSCCG/SFCCG)	KMc
Dr Jeffrey Simmonds	Secondary Care Doctor (SSCCG/SFCCG)	JS
Brendan Prescott	Deputy Chief Nurse (SSCCG/SFCCG)	BP
Graham Bayliss	Lay Member (SSCCG)	GB
Susanne Lynch	GP Quality Lead / GB Member (SFCCG)	SL
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Jennie Piet	Programme Manager Quality & Performance (SSCCG/SFCCG)	JP
Minutes		
Michelle Diable	PA to Chief Nurse and Deputy and Chief Nurse (SSCCG/SFCCG)	MD

For the Joint Quality and Performance Committee to be quorate, the following representatives must be present:

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

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

No	Item	Actions
19/196	<p>Welcome, Introductions & Apologies</p> <p>Dr Gina Halstead welcomed all to the meeting and round the table introductions were made.</p> <p>Cameron Ward advised that he was in attendance in the absence of Karl McCluskey.</p> <p>Apologies were received from Karen Garside, Martin McDowell, Brendan Prescott, Karl McCluskey, Dr Rob Caudwell, Jennie Piet, Dr Doug Callow, Fiona Taylor, Billie Dodd, Susanne Lynch, Graham Bayliss and Dr Jeffrey Simmonds.</p> <p>The Chair confirmed that the meeting was not quorate. It was noted that the draft minutes, action log and key issues were the only agenda items requiring approval and that these would therefore be circulated to Committee members for approval.</p> <p>Tracey Forshaw apologised and explained that she had not had the opportunity to review the draft minutes prior to circulation. She advised that she would review them prior to them being circulated to Committee members.</p> <p>Action: Tracey Forshaw to review the draft minutes from the October 2019 Joint Quality and Performance Committee and circulate them with the action log and key issues for approval.</p>	TF/MD
19/197	<p>Declarations of Interest</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group. Declarations made by members of the Joint Quality and Performance Committee are listed in the CCG's Register of Interests. The register is available on the CCG website.</p> <p>There were no declarations of interest noted.</p>	
19/198	<p>Minutes & Key Issues Log of the previous meeting</p> <p>As noted under agenda item 19/180, the draft minutes, action log and key issues from previous meeting held on 31st October 2019 will be circulated to Committee members for approval.</p>	
19/199	<p>Matters Arising/Action Tracker</p> <p>The Committee received the following updates to the action tracker:-</p> <ul style="list-style-type: none"> • Agenda Item 19/36 GP Quality Lead Update. <p>An action was noted for Debbie Fagan to raise the concerns of the impact of the Health Visiting Team being disbanded and the introduction of a centralised booking office with Margaret Jones and Kerrie France. A further action was noted for Fiona Taylor to invite 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 on the Health Visiting Service Changes.</p>	

<p>Margaret Jones was invited to the June 2019 Committee meeting but was unable to attend. Margaret was invited to attend a future meeting but this had not happened. It was noted that the Committee's issues were to be addressed at the GP Safeguarding Leads Meeting on 18th September 2019. Feedback was then to be presented to the Committee.</p> <p>It was noted that the Committee's issues had not been addressed at the September 2019 GP Safeguarding Leads Meeting. After discussion it was suggested that Fiona Taylor contact Dwayne Johnson, Director Social Care and Health at Sefton Metropolitan Borough Council directly.</p> <p>A new action was noted for Debbie Fairclough to ask Fiona Taylor to contact Dwayne Johnson, Director Social Care and Health at Sefton Metropolitan Borough Council directly in relation to the concerns raised by the Committee.</p> <p>It was noted that the above action had been undertaken and the issue of safeguarding is being picked up by the Local Authority. Dr Gina Halstead informed that the Health Visiting Team changes whereby they have been aligned to postcodes are a national instruction. Gina advised that she had met with Margaret Jones and Matt Ashton where she expressed the Committee's concerns, it was agreed to discuss the issues further at the GP Safeguarding Leads Meeting and Gina will provide an update at the next Committee meeting. It was noted that Mersey Care NHS Foundation Trust should be made aware of any issues in relation to the sub-contracting arrangements. Tracey Forshaw to raise the issues with Mersey Care to ensure they are sighted on the issues.</p>	
<p>Action: Dr Gina Halstead to provide an update regarding to the Committee's issues in relation to the Health Visiting Team changes from the GP Safeguarding Forum at the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 19/85 Q1/Q2 Quality Assurance Report 2018-19 Urgent Care Greater Manchester and SFSS. 	<p>GH</p>
<p>An action was noted for Billie Dodd to feed back the concern raised in relation to home visits and to investigate why delays are occurring.</p> <p>Billie Dodd advised that this would be raised at the next Contract Meeting on 17th July 2019 and she would provide an update to the Committee.</p> <p>Brendan Prescott advised the Committee of the following update from Billie Dodd "Go to Doc have seen a change in the number of patients coming from 111 already triaged to a lower number in peak times. As a result, Go to Doc have to triage requests for visits themselves in real time which impacts on ability to respond to visits per se. They are remodelling their staffing to support the changes while at the same time highlighting the issue at regional 111 level. They have been asked to feedback to contract meeting in September". The Committee advised that further information is required. Brendan Prescott advised that he would request further information from Billie Dodd.</p>	
<p>It was noted that both Billie Dodd and Brendan Prescott were not in attendance to provide an update. Therefore the action was deferred to the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 19/87/88 North West Ambulance Service Performance Report/ NHS 111 Performance Report. <p>An action was noted for the plan to be presented at the next Joint Quality and Performance Committee Meeting, however further information was awaited from Jane Lunt.</p>	<p>BD</p>

<p>It was noted that the action was now closed and a new action was noted for Brendan Prescott to speak to Sharon Forrester in the first instance, in relation to questions raised by the Committee regarding response times; how many paramedics are on the road at any one time and how does NWAS manage their performance internally. Brendan had noted that an NWAS Quality Forum has been scheduled for September 2019 where the above questions would be raised.</p> <p>It was noted that an NWAS NHS 111 update is on the agenda. Action completed and to be removed from the action tracker.</p> <ul style="list-style-type: none"> • Agenda Item 10/108 Safeguarding Quarterly Report. <p>(i) Looked After Children Action Plan to be presented to the Committee at a future meeting.</p> <p>An action was noted for the Looked After Children Action Plan to be presented at the February 2020 Committee Meeting.</p> <ul style="list-style-type: none"> • Agenda Item 19/121 Deputy Chief Nurse Report. <p>(ii) Brendan Prescott to request if Southport and Ormskirk Hospital NHS Trust would consider support from Aintree University Hospital NHS Trust's Serious Incident Team.</p> <p>Tracey Forshaw advised that there is a Contract Performance Notice in place. Brendan Prescott had written to the Trust to seek assurance. She advised that she would be meeting with the Trust for an update in due course.</p> <p>The Committee noted that an offer of support on behalf of Aintree University Hospital NHS Foundation Trust was made to Southport and Ormskirk Hospital NHS Trust by Brendan Prescott but was declined. Concerns were raised around maintaining compliance and it is not anticipated that the performance notice will closed due to lack of evidence and assurance. Dr Doug Callow advised that he would speak to Dr Terry Hankin about the concerns raised.</p> <p>A new action was noted for Dr Doug Callow to speak to Dr Terry Hankin about the concerns raised by the Committee in relation to lack of evidence and assurance.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/122 Clinical Director Quality Update. <p>(i) Dr Gina Halstead to contact Debbie Harvey and Sarah McGrath to follow up the actions noted to address item 2.5.1 – Two week urgent GP Referral for Suspected Cancer.</p> <p>Dr Gina Halstead was unable to recall the action. Subsequently Michelle Diable contacted Dr Halstead separately with further information relating to the action which related to breast cancer referrals. Dr Gina Halstead confirmed that the issue had been addressed.</p> <p>Action closed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/146 Deputy Chief Nurse Report. <p>(i) A paper to be presented at the next CCQRM in relation to the management of clinical engagement on from the non-Referral to Treatment Time lost to follow up action plan in relation to Southport and Ormskirk Hospital NHS Trust.</p>	<p>HC</p>
---	-----------

Tracey Forshaw advised that there is clinical engagement. She had met with the Trust and there are fortnightly executive meetings taking place. The action was closed. The Committee queried the enquiry outcome and had not seen evidence of any assurance.

Tracey Forshaw had advised that she would request an update at the next Executive Meeting and would email Steven Christian – Chief Operating Officer at Southport and Ormskirk Hospital NHS Trust to inform him of the concerns raised by the Committee.

It was noted that Michelle Diable had circulated Steven Christian's email communication to the Committee members in response to Tracey Forshaw's email raising the Committee's concerns. It was requested that Michelle Diable includes Steven Christian's email response within next month's Committee meeting pack.

Action completed and to be removed from the tracker.

- **Agenda Item 19/158 Any Other Business.**

- (i) Brendan Prescott to raise the concerns in relation to Southport and Ormskirk Hospital NHS Trust highlighted in relation to the changes made to the 2 week pathway process at the next CCG Senior Management Team Meeting in the first instance.

The Committee noted that the concerns highlighted had been raised with Sarah McGrath and to contact Dr Doug Callow. They had also been discussed at Senior Management Team Meeting.

Action completed and to be removed from the tracker.

- (ii) Brendan Prescott to raise waiting times and communications at Aintree University Hospital NHS Foundation Trust with Terry Hill.

The Committee noted that Terry Hill would pick up the issue with Dr Doug Callow.

Dr Gina Halstead advised that there are 2 musculoskeletal pathways at Aintree University Hospital NHS Foundation Trust; MCAS and Aintree Physiotherapy Department and that patients should receive an OPD letter within 1 week which is a national standard. Dr Doug Callow advised that there are long waits and poor communication from MCAS. Dr Halstead advised that she would raise Dr Doug Callow's issues at the next Planned Care Group Meeting.

Action completed and to be removed from the tracker.

- **Agenda Item 19/167 Integrated Performance Report.**

- (i) Karl McCluskey to change the n/a boxes on the Summary Performance Dashboard to a different colour to the RAG ratings.

An action was noted for Michelle Diable to email Billie Dodd in the absence of Karl McCluskey to request that that n/a boxes on the Summary Performance Dashboard are changed to a different colour to the RAG ratings.

Action completed and to be removed from the action tracker.

- (ii) Following discussion in relation to the Integrated Performance Report. The Committee asked if the E.coli data in the report is the perceived position. Helen Roberts to advise.

<p>It was noted that Helen Roberts was not in attendance. Susanne Lynch agreed to follow up the action.</p> <p>The following update from Susanne Lynch was noted by the Committee:-</p> <p>Susanne Lynch has advised that antimicrobials are a key element of the gram negative blood stream infection agenda and that she attends the committee from a medicines management/prescribing perspective and is therefore able to pick up issues with the Trust direct.</p> <p>Action completed and to be removed from the action tracker.</p> <p>(iii) Lynne Savage to request E.coli update at the next Gram Negative Blood Stream Infection Control Steering Group and feed back to the Joint Quality and Performance Committee.</p> <p>The Committee noted the following update from Lynne Savage: - Lynne Savage had advised that E.coli Data submission to NHSE/I covering 18 months was submitted but not drilled down as still waiting on single item. A report is expected from PHE which will provide some helpful information, Barbara Harding (NHS Liverpool CCG) will revisit and provide an update at the next meeting in November 2019.</p> <p>In addition at the Gram Negative Blood Stream Infection Reduction Steering Group October meeting Deborah Kietzer shared a poster produced by Dr Paul Chadwick, from the Christie NHS Foundation Trust and Ms Pat Catting from Royal Marsden NHS Foundation Trust both of which are members of the E.coli Cancer Collaborative.</p> <p>The poster described what has taken place over the last 12 months, looking at the risk factors linked to oncology treatments. It noted that the likely sources of E.coli BSI are as follows: - Urinary Tract (28.4%), Gastrointestinal Tract (20.6%), Hepatobiliary (17.0%) and unknown (25.6%). There were no seasonal trends, no male/female and no spikes for neutropenic patients.</p> <p>Lynne advised that the November Gram Negative Blood Stream Infection Reduction Steering Group meeting had been cancelled due to unforeseen circumstances. Additional information from PHE will be discussed at the Cheshire and Merseyside Programme Board of which Lynne is a member and will therefore provide a further update to the Committee in January 2020.</p> <p>Action to remain on the agenda for an update to be presented by Lynne Savage to the Committee in January 2020.</p> <ul style="list-style-type: none"> • Agenda Item 19/168 Corporate Risk Register – Quality Update. <p>An action was noted for Mel Spelman to include the pension issues on to the Risk Register.</p> <p>Following discussion the Committee did not consider pension issues as being an item for the Risk Register as the CCG does not have any control over them. It was suggested that the pension issues be discussed at the Quality Surveillance Group (QSG). Dr Doug Callow agreed to provide narrative for Tracey Forshaw to take to the QSG.</p> <p>Tracey Forshaw informed that the pension issue is a national one. She advised that the QSG needs to escalate the issues to NHS North. Jane Lunt advised that she will be attending the next QSG and will discuss the pension issues at that meeting.</p>	<p>LS</p>
---	-----------

	<p>Jane Lunt informed that it can be requested that your tax bill is paid from the “pension pot” however this diminishes the pension.</p> <p>A new action was noted for Jane Lunt to discuss the pension issues at the next QSG.</p> <ul style="list-style-type: none"> • Agenda Item 19/182 Deputy Chief Nurse Report. <p>Dr Gina Halstead had explained that she has a patient with Barrett’s at her practice that had not been recalled for scope at Aintree Hospital as part of the recent look back exercise of missed Barrett’s recalls. Dr Halstead was advised to email her concerns to the Sefton CCG Quality and Safety in box.</p> <p>Dr Gina Halstead informed that she had emailed the team at Aintree in relation to one of her patients with Barrett’s who had not been recalled in for a scope. Aintree informed her that that the patient did not attend the Scope appointment. Gina noted that the patient had not received any communication. Gina advised that she will raise her concerns at the next Planned Care Meeting.</p> <p>A new action was noted for Dr Gina Halstead to raise her concerns in relation to her patient with Barrett’s not being on the trust recall system and the trust discharge policy in relation to high risk patients at the next Planned Care Meeting scheduled for 28th November 2019.</p> <ul style="list-style-type: none"> • Agenda Item 19/183 Clinical Director Quality Update. <p>Dr Gina Halstead had noted a 40% increase in Consultant to Consultant referrals. She advised that there seems to be long delays in both routine and urgent Walton Neurology appointments, further confirmation from localities to be sought.</p> <p>Jane Lunt informed that some work had been undertaken in relation to this issue liaising with Specialised Commissioning.</p> <p>She advised that she would revisit the issue and suggested that it be raised via the QSG. Tracey Forshaw suggested requesting that this issue be placed on the locality meeting agendas with a view to obtaining a total picture.</p> <p>An action was noted for Tracey Forshaw to request that Consultant to Consultant referral issues be raised at the locality meetings.</p> <p>Action completed and to be removed from the action tracker.</p> <p>It was noted that NHS South Sefton CCG and NHS Southport and Formby CCG commission the service and Specialised Commissioning manage the contract. It was suggested ensuring that the issues being raised by clinicians are noted in the Integrated Performance Report. Tracey Forshaw advised that she would email Sian Williams and copy in Cameron Ward and Dr Gina Halstead to inform of the Committee’s request for general neurology waiting times to be included in the Integrated Performance Report going forward.</p> <p>A new action was noted for Tracey Forshaw to email Sian Williams, copying in Cameron Ward and Dr Gina Halstead requesting neurology waiting times to be included in the Integrated Performance Report going forward.</p> <ul style="list-style-type: none"> • Agenda Item 19/188 Children in Care Annual Report. 	<p>JL</p> <p>GH</p> <p>TF</p>
--	--	-------------------------------

	<p>(i) Helen Case to amend the Children in Care Annual Report and provide the letter to Sefton’s Young People in Care from the Designated Nurse Children in Care in next month’s Committee meeting pack.</p> <p>It was noted that the Children in Care Annual Report was amended and the letter to Sefton’s young people in care from the Designated Nurse, Children in Care was in the Committee meeting pack.</p> <p>Action completed and to be removed from the action tracker.</p> <p>Tracey Forshaw had advised that a business case was submitted in relation to capacity issues at North West Boroughs Healthcare NHS Foundation Trust’s Children in Care Team. The business case was successful. The amount of funding to be allocated is to be confirmed. Tracey Forshaw advised that she would request an update from the Leadership Team and copy Jane Lunt in to her email request.</p> <p>(ii) Tracey Forshaw to request that an update on the business case funding outcome relating to the capacity issues at North West Boroughs Health Care NHS Foundation Trust from the Leadership Team.</p> <p>Action completed and to be removed from the action tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/190 Performance and Quality Investigation Review Panel (PQIRP) Minutes. <p>Tracey Forshaw had highlighted that there are challenges in relation to engagement and meeting attendance at Performance and Quality Investigation Review Panel (PQIRP) from the Sefton CCG’s Commissioning Team.</p> <p>Tracey advised that she would raise this issue with Brendan Prescott and suggested raising it at Senior Management Team Meeting.</p> <p>It was suggested that Cameron Ward and Tracey Forshaw meet to discuss the lack of engagement at PQIRP meetings from the Commissioning team in the first instance.</p> <p>Action: Cameron Ward and Tracey Forshaw to meet to discuss the lack of engagement at PQIRP meetings from the Commissioning team in the first instance.</p>	<p>CW/TF</p>
<p>19/200</p>	<p>Deputy Chief Nurse Report</p> <p>Tracey Forshaw presented the Deputy Chief Nurse Report which seeks to present the Committee with an update regarding key issues that have occurred since the last report presented in October 2019.</p> <p><u>Liverpool University Hospitals NHS Foundation Trust (LUFT)</u> Work continues on the development of a joint work plan and agenda for the combined LUFT CQPG. Issues in relation to ensuring consistency across the meetings, having a consistent administrator in place is to be discussed at the next CCF meeting. Dr Gina Halstead noted a concern in relation to the volume of work and the function effectivity of the Planned Care Group which she will raise at the next CCF meeting.</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u> The Trust continues to be monitored on the open Contract Performance Notice on serious incidents reporting.</p>	

	<p>The Trust completed a consultant led review and risk assessment of medical staffing for the paediatric service at the Ormskirk site, confirming appropriate medical staffing is in place. A standard operating procedure has been developed to ensure timely and clear communication between paediatric staff groups.</p> <p><u>Mersey Care NHS Foundation Trust (Community)</u> Physiotherapy waiting times continue to remain a challenge. An issue was raised by the Trust regarding an NHSE instruction for new syringe drivers to be used within the community. The recommended syringe driver does not have an instruction manual or a maintenance schedule. The Trust is seeking clarification on this issue.</p> <p><u>North West Boroughs Healthcare NHS Foundation Trust</u> Mersey Care colleagues have informed commissioners of the imminent CQC Well Led Inspection of North West Boroughs Healthcare NHS Foundation Trust by the end of November/December 2019.</p> <p><u>Lancashire Care NHS Foundation Trust</u> Serious Incident Review Group had highlighted that the Trust may not reporting all category 3, 4 and unstageable pressure ulcers on StEIS. This issue is being reviewed internally by the Trust.</p> <p><u>Joint Targeted Area Inspection Children’s Mental Health (JTAI)</u> The letter highlighting the outcome of the JTAI has been delayed due to Purdah. A core steering group will continue to meet to develop actions based on the verbal feedback received.</p> <p>Outcome: The Committee received the Deputy Chief Nurse Report.</p>	
19/201	<p>Clinical Director Quality Update</p> <p>Dr Gina Halstead provided the following verbal update:-</p> <p>The Primary Care Network Locality Group in Bootle is sighted on the Health Visiting Action Plan.</p> <p>Concerns have been raised in relation to midwives who have not been trained to use EMIS. The lack of training has resulted in midwives not being able to access patient’s history. Jane Lunt advised that she would escalate the concerns to Caron Lappin, Director of Nursing and Midwifery at Liverpool Women’s Hospital NHS Foundation Trust.</p> <p>Action: Jane Lunt to escalate the concerns in relation to Midwives not being trained to use EMIS to Caron Lappin, Director of Nursing and Midwifery at Liverpool Women’s Hospital NHS Foundation Trust.</p> <p>It was noted that Midwives are not commissioned to administer flu vaccinations. Convenience is considered the most successful factor in administering vaccinations and immunisations. Gina queried to whom this should be escalated. Jane Lunt advised that she would escalate this issue to Public Health England.</p> <p>Action: Jane Lunt to escalate the issue of Midwives not being commissioned to administer flu vaccinations to Public Health England.</p> <p>GH raised a high volume of Medicines and Healthcare products Regulatory Agency (MRHA) alerts are received by Primary Care. The alerts are not clear and it is time consuming reading them all, only to determine that some are not applicable.</p>	<p>JL</p> <p>JL</p>

	<p>Helen Roberts advised that this issue could be part of the discussion in relation to the core offer being made in April in relation to the Primary Care Network Clinical Pharmacists. It was suggested process mapping the alerts and then feeding back to MRHA.</p> <p>Action: Helen Roberts to include the issue of MRHA alerts in the discussions in about the core offer being made in April in relation to Primary Care Network Clinical Pharmacists, with a view to undertaking process mapping and feedback to MRHA.</p> <p>Concerns were noted in relation to the psychogeriatric service function as there has been change in relation to the entry criteria from 65 to 70. The change has been made without prior discussion with Commissioners. Gina advised that she has escalated this issue with Sue Gough and Gordon Jones. It was suggested raising the concerns with CQPG and CCF and the Medical Director. Tracey Forshaw to email Sharon Jamieson and Dr Mulla Hilal to request that the concerns raised by the Committee are included in the CQPG and CCF meeting agendas.</p> <p>Action: Tracey Forshaw to email Sharon Jamieson and Dr Mulla Hilal to request that the changes made to the psychogeriatric service function entry criteria are placed on the CQPG and CCF meeting agendas.</p> <p>Outcome: The Committee noted the Clinical Director Quality Update.</p>	<p>HR</p> <p>TF</p>
<p>19/202</p>	<p>Integrated Performance Report (IPR)</p> <p>Tracey Forshaw presented this report which seeks to provide summary information on the activity and quality performance of NHS South Sefton CCG and NHS Southport and Formby CCG at month 6. The full IPR report is presented at the CCG's Integrated Performance Committee with input from the Quality Team.</p> <p>Cameron Ward requested sight of the Special Educational Needs and Disability (SEND) action plan.</p> <p>It was noted that has not been coming via the quality team agenda item. Martin McDowell is the CCG executive lead for the SEND action plan, it is fully sighted by Governing Body.</p> <p>Action: SEND action plan to come to Joint Quality and Performance Committee on a quarterly basis.</p> <p>Mel Spelman advised that she had met with commissioning and provider colleagues across Cheshire and Merseyside including NHSE in relation to AED 12 hour breaches. Mel advised that the meeting was very productive. Ensuring consistency when breach reporting, undertaking RCA's only if specific harm is identified had been noted. Lessons learned will be fed in to the quality schedule. Mel advised that she would provide a further update in January 2020.</p> <p>Action: Mel Spelman to present an update in relation to the work being undertaken regarding 12 hour breaches.</p> <p>Outcome: The Committee received the Integrated Performance Report.</p>	<p>MMcD</p> <p>MS</p>
<p>19/203</p>	<p>Corporate Risk Register – Quality Update</p> <p>Mel Spelman presented this report which seeks to provide an update on the quality related risks from the joint risk register for both NHS South Sefton CCG and NHS Southport and Formby CCG.</p>	

	<p>It was noted that there are 43 open risks for NHS South Sefton CCG and NHS Southport and Formby CCG.</p> <p>Mel advised that she will meet with Debbie Fairclough and the Quality Team with a view to removing risks from the risk register that the Quality Team cannot influence or control. Mel will present the outcome to the Committee in January 2020.</p> <p>Action: Mel Spelman to present a Risk Register update at the next Committee meeting.</p> <p>Dr Gina Halstead requested that key issues are noted clearly in reports going forward. She highlighted that the key issues should be anything that is causing concern that the Committee needs to be made aware of.</p> <p>Action: Tracey Forshaw to request that Quality Team include clear key issues in their reports going forward for the SIRGs.</p> <p>Outcome: The Committee received the Corporate Risk Register – Quality Update.</p>	<p>MS</p> <p>TF</p>
19/204	<p>North West Ambulance Service (NWAS) and NHS 111 Update</p> <p>Sharon Forrester presented this report which seeks to provide assurance to the Committee regarding NWAS operational and quality reporting. Sharon advised that this was the second update she has provided for the Committee. Sharon explained the difficulties experienced in extracting data for the report. Most of the data is only available on a Merseyside footprint and is therefore difficult to analyse on a local level.</p> <p>Jane Lunt advised that a representative for quality is required for Merseyside to attend the NWAS quality contract meetings.</p> <p>It was noted a Serious Incident seminar was held but it was not publicised well. Jane advised that she would take forward the action of identifying a Merseyside representative for quality.</p> <p>Action: Jane Lunt to take forward the suggestion of identifying a Merseyside CCGs quality representative for NWAS.</p> <p>Sharon advised that she had been asked to confirm how many ambulances are on the road. It noted that there is a flexible cross boarder approach in place. Calls default to the quickest call handlers.</p> <p>The calls are assigned to post codes not to individuals.</p> <p>It was also noted that the issue of all staff having rest periods at the same time is in the process of being addressed as part of staff consultation.</p> <p>Outcome: The Committee received the NWAS and NHS 111 Update.</p>	<p>JL</p>
19/205	<p>Saving Babies Lives – Provider Assurance</p> <p>Tracey Forshaw presented this report which seeks to provide an update on Southport and Ormskirk Hospital NHS Trust's progress against key actions outlined in the Saving Babies Lives documents.</p> <p>It was noted the number of still births recorded is the lowest in 20 years. Ongoing work within the Trust and a significant action plan is in place to monitor progress with dates for review. Governance arrangements are to be confirmed.</p>	

	<p>Dr Gina Halstead informed that the same areas in Liverpool have the same high rates of still births which mirror the situation 100 years ago, suggesting that although health issues have been addressed the social elements have not been.</p> <p>Outcome: The Committee received the Saving Babies Lives – Provider Assurance.</p>	
<p>19/206</p>	<p>Commissioning for Quality Review 2019/20 – Mersey Internal Audit Agency (MIAA) Assurance</p> <p>Tracey Forshaw presented this report and advised that this was on the CCGs Audit Committee work plan. The audit was undertaken by MIAA in September/October 2019. Following the audit, the CCG were awarded ‘substantial assurance’. There were 4 recommendations, 3 were medium and 1 was low. The majority of themes noted were in relation to Quality Team capacity.</p> <p>Tracey wished to thank Jennie Piet as she took the lead in providing MIAA with all the information they required to undertake the audit. Tracey also noted thanks to the wider Quality Team and in particular to Debbie Fagan, for her leadership as Chief Nurse which resulted in such a positive report being received from MIAA.</p> <p>Dr Gina Halstead advised that she would email Debbie Fagan to formally thank her on behalf of the Committee for her leadership skills which have attributed to the positive report received from MIAA.</p> <p>Action: Dr Gina Halstead to email Debbie Fagan to formally thank her on behalf of the Committee, for her leadership skills which have attributed to the positive report received from MIAA.</p> <p>It was noted that an action plan will be presented to the Committee on a quarterly basis.</p> <p>It was also noted that CCG’s are required to make 20% reductions. Therefore the capacity issue remains, however quality is not just the Quality Team’s responsibility.</p> <p>The organisation as a whole is responsible for quality of service and making efficiencies.</p> <p>Outcome: The Committee received the Commissioning for Quality Review 2019/20 – MIAA Assurance.</p>	<p>GH</p>
<p>19/207</p>	<p>CCG Safeguarding Team Q2 (2019-20) Safeguarding Quality Schedule Update and Quarterly Safeguarding Update</p> <p>Tracey Forshaw presented this agenda item which seeks to provide the analysis of commissioned health services in respect of Q2 Safeguarding Quality Schedule.</p> <p>The Committee requested that clear key issues are highlighted within the report and for full names to be noted instead of abbreviations going forward.</p> <p>The 7 minute briefing format was highlighted as being useful.</p> <p>Outcome: The Committee received the CCG Safeguarding Team Q2 (2019-20) Safeguarding Quality Schedule Update and Quarterly Safeguarding Update.</p>	

<p>19/208</p>	<p>The NHS Patient Safety Strategy, July 2019 – Quality Team Review and Recommendations</p> <p>Lynne Savage presented this report which seeks to provide an overview of the strategy and the necessity of the CCG's to embed the strategy throughout on going and further work streams. The strategy describes how the NHS will continuously improve patient safety over the next five to ten years and sits alongside the NHS Long Term Plan (LTP) and the LTP Implementation Framework.</p> <p>The Committee noted that it had been highlighted at Senior Management Team that the Datix process requires improvement. Work is on-going in relation to putting robust systems and processes in place. It was suggested that the work stream should be put on the following meeting agendas; Joint Operational Group and Primary Care Committee.</p> <p>Action: Tracey Forshaw to ensure that the Datix process work stream is placed on the Joint Operational Group and Primary Care Committees in Common meeting agendas.</p> <p>Outcome: The Committee received the NHS Patient Safety Strategy, July 2019 – Quality Team Review and Recommendations.</p>	<p>TF</p>
<p>19/209</p>	<p>Helping to Prevent Pressure Ulcers Policy</p> <p>Mel Spelman presented this report and the policy for the prevention and management of pressure ulcers. The policy is in place to provide providers across Cheshire and Merseyside patch with a consistent approach to the prevention and the management of pressure ulcers. It was developed by members of the Cheshire and Merseyside Pressure Ulcer Steering Group and will be endorsed by all provider members. Tracey Forshaw thanked Natalie Hendry in her role in the co-ordination and inclusion of the safeguarding processes for pressure ulcers, which was incorporate into the report.</p> <p>Outcome: The Committee received the Policy for the Prevention and Management of Pressure Ulcers.</p>	
<p>19/210</p>	<p>Serious Incident Review Group (SIRG) Minutes</p> <p>The Committee received the following minutes:-</p> <ul style="list-style-type: none"> • NHS South Sefton CCG – 11th October 2019 • NHS Southport and Formby CCG – 2nd October 2019 <p>Tracey Forshaw highlighted that there were question marks within the minutes which were there in error and that she would therefore amend them accordingly. It was noted that the introduction of key issues will be included next time.</p> <p>Outcome: The Committee noted the Serious Incident Review Group Minutes.</p>	
<p>19/211</p>	<p>Performance and Quality Investigation Review Panel (PQIRP) Minutes</p> <p>The Committee received the following minutes:-</p> <ul style="list-style-type: none"> • NHS South Sefton CCG and NHS Southport and Formby CCG – 30th September 2019 <p>It was noted that key issues will be included next time.</p> <p>Outcome: The Committee noted the Performance and Quality Investigation Review Panel Minutes.</p>	

19/212	<p>Individual Patient Activity Programme (IPA) Board Minutes</p> <p>The Committee received the following minutes:-</p> <ul style="list-style-type: none"> NHS South Sefton CCG and NHS Southport and Formby CCG – 30th September 2019 <p>Outcome: The Committee noted the Individual Patient Activity Programme Board Minutes.</p>	
19/213	<p>Joint Medicines Operation Group (JMOG) Key Issues</p> <p>Helen Roberts presented the JMOG key issues from 1st November 2019.</p> <p>Outcome: The Committee noted the key issues from the JMOG Meeting.</p>	
19/214	<p>Any Other Business</p> <p>Tracey Forshaw informed of a concern that had been raised by Lancashire Community Foundation NHS Trust in relation the possibility that some pressure ulcers are potentially occurring due to the use of hybrid mattresses being used. It was suggested raising the issue at the next CCQRM to ascertain if Mersey Care NHS Foundation Trust is experiencing the same issue.</p> <p>Action: Tracey Forshaw to raise the issue in relation to the possibility that some pressure ulcers potentially occurring due to the specific mattresses being used at the next CCQRM to ascertain if Mersey Care NHS Foundation Trust is experiencing the same issue.</p> <p>Dr Gina Halstead advised that she attends the Planned Care Group Meetings which are scheduled to take place directly after this meeting at Merton House.</p> <p>Gina requested that the next 2 Committee meetings are held at Merton House instead of Marshside Surgery to accommodate her attendance at the Planned Care Group Meeting.</p> <p>Action: Michelle Diable to amend the room bookings for the next 2 Committee Meetings and circulate meeting updates advising Committee members of the change of venue.</p>	<p style="text-align: center;">TF</p> <p style="text-align: center;">MD</p>
19/215	<p>Key Issue Log (issues identified from this meeting)</p> <p>The Committee noted the following Key Issues for both CCG's Governing Body:-</p> <p><u>Key Issue</u> NWAS oversight of quality indicators and measures.</p> <p><u>Risk Identified</u> Lack of oversight and influence from an individual and Cheshire and Merseyside footprint.</p> <p><u>Mitigating Action</u> Jane Lunt to raise across Cheshire and Merseyside for a quality representative at the NWAS Quality Contract Meetings.</p>	

	<p><u>Key Issue</u> Review of the CCG Risk Register.</p> <p><u>Risk Identified</u> Items on the Risk Register not necessarily CCG risks therefore not able to influence/reduce risk.</p> <p><u>Mitigating Action</u> Mel Spelman to meet with Debbie Fairclough to review the CCG Risk Register as a whole. Quality Team risks to be reviewed at the Quality Team Meeting to review and close risks.</p> <p><u>Key Issue</u> MIAA Audit Commissioning for Quality (2019).</p> <p><u>Risk Identified</u> Outcome - substantial assurance.</p> <p><u>Mitigating Action</u> Dr Gina Halstead to formally thank Debbie Fagan for her leadership. Action plan to be reviewed on a quarterly basis, although ongoing work is being undertaken with NHS Liverpool CCG in relation to capacity and closer working as the CCGs merge.</p>	
19/216	<p>Date of Next Meeting: Thursday 30th January 2020, 9am – 12noon, Meeting Room 5A, Merton House, Stanley Road, Liverpool L20 3DL.</p>	

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

Date: Thursday 30th January 2020 at 09.00 – 12.00

Venue: 5A, Merton House, Stanley Road, Bootle, Liverpool L20 3DL

Membership		
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
Jane Lunt	Chief Nurse (Secondment from LCCG) (SSCCG/SFCCG)	JL
Graham Bayliss	Lay Member (SSCCG)	GB
Dil Daly	Lay Member (SFCCG)	DD
Ex Officio Member		
Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
In attendance		
Cameron Ward (attending in the absence of Karl McCluskey)	Programme Director (SSCCG/SFCCG)	CW
Tracey Forshaw	Assistant Chief Nurse (SSCCG)(SFCCG)	TF
Mel Spelman	Programme Manager Quality and Risk (SSCCG/SFCCG)	MS
Lynne Savage	Deputy Head of Quality and Safety (SSCCG/SFCCG)	LS
Natalie Hendry-Torrance	Designated Safeguarding Adult Manager (SSCCG/SFCCG)	NHT
Jennie Piet	Programme Manager Quality and Performance (SSCCG/SFCCG)	JP
Apologies		
Susanne Lynch	Pharmacist (SSCCG/SFCCG)	SL
Helen Roberts	Pharmacist (SSCCG/SFCCG)	KG
Dr Doug Callow	GP Quality Lead/GB Member (SFCCG)	DC
Fiona Taylor	Chief Officer (SSCCG/SFCCG)	FLT
Graham Bayliss	Lay Member (SSCCG)	GB
Minutes		
Michelle Diable	PA to Chief Nurse and Deputy and Chief Nurse (SSCCG/SFCCG)	MD

For the Joint Quality and Performance Committee to be quorate, the following representatives must be present:

Chair of the Joint Quality and Performance Committee or Vice Chair.

Lay member (SF) or Lay member (SS)

A CCG Officer (SF)

A CCG Officer (SS)

A governing body clinician (SF)

A governing body clinician (SS)

Membership Attendance Tracker

Name	Membership	Jan 19	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19	Aug 19	Sept. 19	Oct 19	Nov 19	Dec 19	Jan 20
Dr Rob Caudwell	GP Governing Body Member	L	✓	✓	N	✓	A	✓	✓	✓	A	A	N	✓
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	✓	A	N	✓	✓	✓	A	✓	✓	A	N	A
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓	A	N	✓	✓	✓	✓	✓	A	-	N	-
Dil Daly	Lay Member for Patient & Public Involvement	-	-	-	-	-	-	-	-	-	-	-	N	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A	A	✓	N	✓	✓	A	✓	✓	✓	A	N	A
Billie Dodd	Head of CCG Development	✓	A	A	N	✓	✓	A	A	A	A	-	N	D
Debbie Fagan	Chief Nurse & Quality Officer	A	✓	A	N	-	D	D	D	D	-	-	N	D
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	A	N	✓	-	✓	A	A	✓	✓	N	✓
Martin McDowell	Chief Finance Officer	✓	A	✓	N	✓	D	✓	A	A	A	A	N	✓
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	-	N	-	-	-	-	-	-	-	N	-
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	A	N	A	✓	A	A	✓	A	A	N	A
Jane Lunt	Chief Nurse (on Secondment from LCCG)	-	-	-	-	-	-	-	-	-	✓	✓	N	✓

✓ Present

A Apologies

L Late or left early

N No meeting held

D Deputy attended

No	Item	Actions
20/01	<p>Welcome, Introductions & Apologies</p> <p>Dr Gina Halstead welcomed all to the meeting and round the table introductions were made.</p> <p>Apologies were noted from Susanne Lynch, Helen Roberts, Graham Bayliss, Dr Doug Callow and Fiona Taylor.</p>	
20/02	<p>Declarations of Interest</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group. Declarations made by members of the Joint Quality and Performance Committee are listed in the CCG's Register of Interests. The register is available on the CCG website.</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 South Sefton CCG and Southport and Formby CCG. • It was noted that Jane Lunt is on secondment from NHS Liverpool CCG covering the Chief Nurse role in the absence of Debbie Fagan. 	
20/03	<p>Minutes & Key Issues Log of the previous meeting</p> <p>With the following 3 amendments the minutes from the previous meeting held on 28th November 2019 were approved as an accurate reflection of the meeting:-</p> <ul style="list-style-type: none"> • Page 1, amend the meeting attendance record to state that Cameron Ward was attending in the absence of Karl McCluskey. • Page 10, agenda item 19/201 – Clinical Director Quality Update. Last sentence in last paragraph to read <i>Helen Roberts advised that this issue could be part of the discussion in relation to the core offer being made in April in relation to the Primary Care Network Clinical Pharmacists.</i> • Page 11, agenda item 19/201 – Clinical Director Quality Update. Action to read <i>Helen Roberts to include the issue of MRHA alerts in the discussions in about the core offer being made in April in relation to Primary Care Network Clinical Pharmacists, with a view to undertaking process mapping and feedback to MRHA.</i> 	
20/04	<p>Matters Arising/Action Tracker</p> <p>The Committee received the following updates to the action tracker:-</p> <ul style="list-style-type: none"> • Agenda Item 19/36 GP Quality Lead Update. 	

<p>An action had been noted for Dr Gina Halstead to provide an update regarding the Committee's issues in relation to the Health Visiting Team changes from the GP Safeguarding Forum at the next meeting.</p> <p>Dr Gina Halstead advised that Margaret Jones and representation from North West Boroughs Healthcare NHS Foundation Trust attended the GP Safeguarding Forum to discuss practice attendance by Health Visitors. Dr Gina Halstead advised that she has sent an email to North West Boroughs Healthcare NHS Foundation Trust about it and would provide an update at the next Committee meeting.</p> <ul style="list-style-type: none"> • Agenda Item 19/85 Q1/Q2 Quality Assurance Report 2018-19 Urgent Care Greater Manchester and SFSS. <p>An action had been noted for Billie Dodd to feed back the concern raised in relation to home visits and to investigate why delays are occurring.</p> <p>The Committee noted the following update from Jan Leonard:-</p> <p>Go To Doc continue to feel the impact of changes to NHS 111 services with a higher number of calls coming through requiring 'speak to 'response. This has meant an enhanced triage process is required which has an impact on the call handling workforce. This has been monitored for a number of months to see if the change was sustained and as a result of this they have redesigned the way in which they prioritise calls requiring a call back. They have mirrored NHS 111 systems and assign calls into time bands (e.g. 30mins, 1 hour etc.) which means that regardless of the origin of the call they are managed as per clinical priority. This was implemented in the last couple of weeks and they will monitor the impact and report back at the next CRM. With regard to call backs for those patients waiting for a home visit the above issue has had a negative impact of the their ability to call patients back however as a result of the above changes this should have a positive impact. We also discussed a non-clinician making a call back which can be reassuring to patients and may negate the need for a further clinical call. We continue to monitor the number of breaches in this NQR standard and numbers are small and often the breach is a small number of minutes past the required standard. All breaches are reviewed to understand the reason for delay and any if adverse impact has occurred as a result of this.</p>	<p>GH</p>
<p>An action was noted for Brendan Prescott to obtain a sample review and if satisfactory the action can be closed down.</p> <ul style="list-style-type: none"> • Agenda Item 10/108 Safeguarding Quarterly Report. (i) Looked After Children Action Plan to be presented to the Committee at a future meeting. 	<p>BP</p>
<p>An action was noted for the Looked After Children Action Plan to be presented at the February 2020 Committee Meeting.</p> <ul style="list-style-type: none"> • Agenda Item 19/167 Integrated Performance Report. (ii) Lynne Savage to request E.coli update at the next Gram Negative Blood Stream Infection Control Steering Group and feed back to the Joint Quality and Performance Committee. <p>It was noted that this action is on the agenda. Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/168 Corporate Risk Register – Quality Update. 	<p>HC</p>

<p>Jane Lunt to discuss the pension issues at the next Quality Surveillance Group (QSG).</p> <p>Jane Lunt advised that the QSG had not taken place. Action to remain on the log.</p> <ul style="list-style-type: none"> • Agenda Item 19/182 Deputy Chief Nurse Report. <p>Dr Gina Halstead had explained that she has a patient with Barrett's oesophagus at her practice that had not been recalled for scope at Aintree Hospital as part of the recent look back exercise of missed Barrett's recalls. Dr Halstead was advised to email her concerns to the Sefton CCG Quality and Safety in box.</p> <p>Dr Gina Halstead informed that she had emailed the team at Aintree Hospital in relation to one of her patients with Barrett's who had not been recalled in for a scope. Aintree Hospital informed her that that the patient did not attend the scope appointment. Dr Halstead noted that the patient had not received any communication and advised that she will raise her concerns at the next Planned Care Meeting.</p> <p>An action had been noted for Dr Gina Halstead to raise her concerns in relation to her patient with Barrett's not being on the Trust's recall system and the Trust's discharge policy in relation to high risk patients at the next Planned Care Meeting scheduled for 28th November 2019.</p> <p>Dr Gina Halstead advised that she had raised her concerns at the Planned Care Meeting but had not received a response to date and would therefore raise it again at the next Planned Care Meeting. Dr Halstead informed that she would also raise her concerns with Ian Stewart, Head of Planning and Performance at Aintree Hospital. It was suggested that the issue be raised at the CQPG meeting as if patients have not received a discharge letter then it is a contractual breach. Jane Lunt informed that she would discuss this further with Brendan Prescott and determine a plan of action.</p> <ul style="list-style-type: none"> • Agenda Item 19/183 Clinical Director Quality Update. <p>Tracey Forshaw to email Sian Williams, copying in Cameron Ward and Dr Gina Halstead requesting neurology waiting times to be included in the Integrated Performance Report (IPR) going forward.</p> <p>It was noted that neurology waiting times were not included the IPR but was included in the report which was presented to Governing Body. It was suggested for it to be raised by Ali Picton, Senior Contracts Manager at NHS Liverpool CCG.</p> <ul style="list-style-type: none"> • Agenda Item 19/190 Performance and Quality Investigation Review Panel (PQIRP) Minutes. <p>An action had been noted for Cameron Ward and Tracey Forshaw to meet to discuss the lack of engagement at PQIRP meetings from the Commissioning team in the first instance.</p> <p>It was noted that Cameron Ward and Tracey Forshaw had met to discuss the lack of engagement at PQIRP meetings from the Commissioning Team.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/196 Welcome, Introductions and Apologies <p>An action had been noted for Tracey Forshaw to review the October 2019 Joint Quality and Performance Committee draft minutes and circulate them with the action log and key issues for approval.</p>	<p>JL</p> <p>JL/BP</p> <p>BP</p>
--	----------------------------------

<p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/201 Clinical Director Quality Update <p>(i) Jane Lunt to escalate the concerns in relation to Midwives not being trained to use EMIS to Caron Lappin, Director of Nursing and Midwifery at Liverpool Women's Hospital NHS Foundation Trust.</p> <p>Jane Lunt informed that she had raised the Committee's concerns with Caron Lappin and would follow up the action and confirm the outcome at the next meeting.</p> <p>(ii) Jane Lunt to escalate the issue of Midwives not being commissioned to administer flu vaccinations to Public Health England.</p> <p>Action deferred to the next meeting.</p> <p>(iii) Helen Roberts to include the issue of MRHA alerts in the discussions about the core offer being made in April in relation to Primary Care Network (PCN) Clinical Pharmacists with a view to undertaking process mapping and feedback to MRHA.</p> <p>It was noted that it will be included in the PCN contract. Action completed and to be removed from the tracker.</p> <p>(iv) Tracey Forshaw to email Sharon Jamieson and Dr Mulla Hilal to request that the changes made to the psychogeriatric service function entry criteria are placed on the CQPG and CCF meeting agendas.</p> <p>It was noted that it discussed at CQPG and it will be included in the new handbook.</p> <ul style="list-style-type: none"> • Agenda Item 19/202 Integrated Performance Report <p>An action had been noted for Mel Spelman to present an update in relation to the work being undertaken regarding 12 hour breaches.</p> <p>It was noted that an update in contained in the Deputy Chief Nurse Report on the agenda.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/203 Corporate Risk Register- Quality Update <p>(i) Mel Spelman to present a Risk Register update at the next Committee Meeting.</p> <p>Risk Register update to be presented at the March 2020 Committee meeting.</p> <p>(ii) Tracey Forshaw to request that the Quality Team include key issue in the SIRG minutes going forward.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/204 North West Ambulance Service and NHS 111 Update <p>An action had been noted for Jane Lunt to take forward the action of identifying a Merseyside representative for quality.</p> <p>Jane Lunt advised that this would be raised at the next Quality Surveillance Meeting.</p>	<p>JL</p> <p>JL</p> <p>MS</p> <p>JL</p>
--	---

	<ul style="list-style-type: none"> • Agenda Item 19/206 Commissioning for Quality Review 2019/20 – Mersey Internal Audit Agency Assurance <p>An action had been noted for Dr Gina Halstead to email Debbie Fagan to formally thank her on behalf of the Committee for her leadership skills which had attributed to the positive report received from MIAA.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/208 The NHS Patient Strategy, July 2019 – Quality Team Review and Recommendation <p>An action had been noted for Tracey Forshaw to ensure that the Datix process work stream is placed on the Joint Operational Group and Primary Care Committee meeting agendas.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/214 Any Other Business <p>An action had been noted for Tracey Forshaw to raise the issue in relation to the hybrid mattresses at the next CCQRM to ascertain if Mersey Care NHS Foundation Trust is experiencing issues in relation to deterioration of pressure ulcers.</p> <p>Action completed and to be removed from the tracker.</p>	
20/05	<p>Deputy Chief Nurse Report</p> <p>Brendan Prescott presented the Deputy Chief Nurse Report which seeks to provide the Committee with an update regarding key issues that have occurred since the last report presented in November 2019.</p> <p><u>Liverpool University Hospitals NHS Foundation Trust</u> The 3 legacy contract performance notices in place for the Aintree site will continue to report via the Planned Care Group and escalated to CQPG.</p> <p>An issue was highlighted in December 2019 with the delivery of Aintree based GP results from the WinPath system by LCL IT team. The incident was raised on StEIS and a full investigation to take place. NHS Liverpool CCG has requested 5 actions to be undertaken to provide immediate assurance. A learning event is to take place in February 2020.</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u> Commissioners have requested an update on the closure of general haematology service closure for 4 weeks.</p> <p>The Trust continues to experience pressures regarding AED performance and flow with a number of 12 hour breaches experienced in January 2020. A meeting around consistent review of care following a 12 hour breach took place on 27th January 2020.</p> <p><u>Mersey Care NHS Foundation Trust</u> Allied Health Professions (AHP) waiting time performance has improved with the exception of Speech and Language Therapy (SALT) where the service has been impacted due to recruitment.</p> <p>A revised organisational chart for the community division has been updated with a new Associate Director of Nursing and Patient Experience role created.</p>	

	<p><u>North West Boroughs Healthcare NHS Foundation Trust</u> The CQC is expected to publish its inspection report in March 2020 following the provider inspection in December 2019.</p> <p>Walk in Centre performance continues to deteriorate in terms of waiting times as patient numbers continue to decrease. A report on the Walk in Centre will be presented at the March 2020 CCQRM by Mersey Care NHS Foundation Trust.</p> <p><u>Joint Targeted Area Inspection Children's Mental Health (JTAI)</u> A stakeholder workshop took place on 14th January 2020. The plan will be submitted by Sefton Local Authority Children's Social Care on 30th March 2020.</p> <p>It was noted that there has been an improvement made in relation to CAMHS Performance waiting times as no child is waiting longer than 18 weeks.</p> <p><u>SEND Improvement Plan</u> A meeting with DfE, Local Authority, CCG and NHSE/I took place on 22nd January 2020 where the CCG evidenced the progress it has made. A template is to be created to collate evidence in preparation for the next progress update in 6 months. A CCG workshop is to take place in February 2020 to outline what is required and to clarify roles and responsibilities to ensure the CCG is on track to deliver.</p> <p>In November 2019 the CCGs re-established a SEND Health Performance Improvement Group (formally the Health SEND Strategic Working Group). The meeting specifically focuses on key improvement issues relating to health and is held on a monthly basis.</p> <p>Dr Gina Halstead requested sight of the Ofsted SEND Report. Martin McDowell advised that he would email the SEND Report to her.</p> <p>Action: Martin McDowell to email the Ofsted SEND Report to Dr Gina Halstead.</p> <p><u>Quality Site Visits</u> The Deputy Head of Quality and Safety in collaboration with NHS Liverpool CCG colleagues is drafting a schedule for quality site visits for North Mersey Providers.</p> <p><u>Continuing Healthcare (CHC) End to End Service</u> Work continues to progress with the ambition to bring together different assessment teams in to one team by April 2020.</p> <p>Outcome: The Committee received the Deputy Chief Nurse Report.</p>	MMcD
20/06	<p>Clinical Director Quality Update</p> <p>Dr Gina Halstead raised the following concerns in relation to the quality of the digitalised patient records. There is a risk of mixing up patient records due to the way in which they are collated. Both sides of documents are scanned even if a page is blank resulting in large Adobe Portable Document Format (PDF) which cannot be edited. Not all documents in the PDF are in date order. Retrieving information from the PDF's is time consuming. There is a risk of a General Data Protection Regulation (GDPR) breach. It was suggested raising these concerns with Paul Shillcock and Louise Taylor at IMerseyside.</p> <p>Action: Martin McDowell to raise the concerns in relation to digitalised patient records with Paul Shillcock and Louise Taylor at IMerseyside.</p> <p>It was noted that a patient had been discharged to a nursing home late at night. It was highlighted that the quality of some of the discharges are poor with some being undertaken late at night or early morning. Brendan Prescott advised that he would</p>	MMcD

	<p>escalate the discharge quality concerns. It was suggested to also raise the concerns at the next CQPG.</p> <p>Action: Brendan Prescott to escalate the poor discharges at Southport and Ormskirk Hospital NHS Trust with Bridget Lees and to also raise it at CQPG.</p> <p>Dr Gina Halstead raised concerns in relation to Aintree to Home and potential safety issues which could arise due to the lack of medical cover. The concerns are to be raised at the next CCF meeting.</p> <p>Action: Brendan Prescott to raise the concerns noted in relation Aintree to Home and the potential safety issues which could arise due to the lack of medical cover.</p> <p>Outcome: The Committee noted the Clinical Director Quality Update.</p>	<p>BP</p> <p>BP</p>
20/07	<p>Merseyside Safeguarding Adult Board (MSAB) Annual Report 2018-19</p> <p>Natalie Hendry - Torrance presented the MSAB Annual Report which seeks to highlight the work undertaken by Board members and sub groups during the reporting period.</p> <p>The 'Voices Project' was commissioned in collaboration with Healthwatch to capture the voices of front line staff, community members and service users to help understand the lived experiences of safeguarding. An event to share the learning from this project took place. The work from the project will be used to drive forward the activities of the Board.</p> <p>The following MSAB's priorities for 2018 – 2020 were noted:-</p> <ul style="list-style-type: none"> • Voice of Service User and Front Line Staff; • Assurance and Challenge; • Safeguarding Adult Reviews; • Effective Communication; • Effectiveness of the Board. <p>Outcome: The Committee noted the Merseyside Safeguarding Adult Board (MSAB) Annual Report 2018 - 19.</p>	
20/08	<p>Liberty Protection Safeguards (LPS) Update</p> <p>Natalie Hendry - Torrance presented the Liberty Protection Safeguards update which seeks to provide the Committee with update on LPS which are the key to arrangements for enabling care and treatment of people aged 16 and over who lack mental capacity which gives rise to a Deprivation of Liberty. However Liberty Protection cannot be used to authorise restricted contact with friends/family or the delivery of care or treatment.</p> <p>It was noted that confirmation of the Codes of Practice has been delayed which may have an impact on the implementation date which is anticipated as October 2020. A draft implementation plan is in place for when the full details are known which is reviewed and updated regularly.</p> <p>Dr Rob Caudwell referred the Committee to point 2.5 of the report which states that under current arrangements the s12 approved doctor completes the medical assessment of mental disorder assessment. However this will transfer across to General Practitioners. Dr Rob Caudwell informed that it is not in GP's contracts.</p> <p>Outcome: The Committee noted the Liberty Protection Safeguards (LPS) Update.</p>	

<p>20/09</p>	<p>Integrated Performance Report</p> <p>Jennie Piet presented the Integrated Performance Report which seeks to provide an overview of provider performance for both CCGs.</p> <p>It was noted that C. Difficile infections were above trajectory at Liverpool University Hospitals NHS Foundation Trust. An action plan is in place. It was also noted that C.Difficile infections are above trajectory at Southport and Ormskirk Hospital NHS Trust. Site visit to wards 7A and 7B at the Southport site were undertaken following concerns raised over the infection and prevention control and environmental issues on the wards. The wards have been subject to refurbishment work as part of the estate strategy to modernise ward environments. The Medical Director has taken immediate action following the IPC visit and the CCG site visit. Refurbishment work has been suspended currently due to patient flow pressures.</p> <p>Brendan Prescott informed that a Cheshire and Merseyside Task and Finish Group had been convened to discuss 12 hour breaches. A reporting tool is being developed to provide assurance when a breach is declared. The plan is to undertake a PDSA on the new toll in 3 sites.</p> <p>Dr Rob Caudwell referred the Committee to page 96 of the meeting pack to the Executive Summary which details the key exception areas for November 2019. Dr Caudwell queried the TIA Assess and Treat 24 hours (target 60%) at Southport and Ormskirk Hospital NHS Trust which is noted as being 4.50%. Brendan Prescott advised that the percentage figure stated is correct. It relates to an on - going data recording issue. When the data is received there is no accompanying narrative to support it. This has been raised with the Medical Director. Brendan Prescott advised that he would also raise it at the next CCF and CCQRM meetings.</p> <p>Action: Brendan Prescott to raise the data recording issue at Southport and Ormskirk Hospital NHS Trust at the next CCF and CCQRM meetings.</p> <p>Outcome: The Committee noted the Integrated Performance Report.</p>	<p>BP</p>
<p>20/10</p>	<p>Commissioning for Quality and Innovation (CQUIN) Framework Quarter 2 Report</p> <p>Jennie Piet presented the CQUIN Report which seeks to provide an update in relation to quality and performance metrics by exception and current actions.</p> <p>It was noted that the following indicators had not been achieved in Quarter 2 at Aintree University Hospital NHS Foundation Trust and Southport and Ormskirk Hospital NHS Trust:-</p> <p>CCG1a: Antimicrobial Resistance – Lower Urinary Tract Infections in Older People.</p> <p>CCG7: Three high impact actions to prevent hospital falls.</p> <p>Jane Lunt advised that she would raise the issue in relation to the prevention of falls at the next CQPG.</p> <p>Action: Jane Lunt to raise the prevention of hospital falls which was an indicator that had not been achieved at Aintree University Hospital NHS Foundation Trust and Southport and Ormskirk Hospital NHS Trust at the next CQPG.</p> <p>Jennie Piet advised that the indicators for next year have been confirmed. Jennie advised that she would forward them to Dr Gina Halstead and Dr Rob Caudwell.</p>	<p>JL</p>

	<p>Action: Jennie Piet to share next year's CQUIN indicators with Dr Gina Halstead and Dr Rob Caudwell.</p> <p>Outcome: The Committee noted the CQUIN Report.</p>	JP
20/11	<p>System Quality and Safety Report</p> <p>Brendan Prescott presented the System Quality and Safety Report which seeks to provide an overview of provider performance for both CCGs and incorporates wider issues from across the Merseyside system which were presented to Cheshire and Merseyside NHSE/I Quality Surveillance Group.</p> <p><u>Liverpool University Hospitals NHS Foundation Trust</u> Three contract performance notices remain open at the Aintree Hospital site.</p> <p><u>Southport and Ormskirk NHS Hospital Trust</u> The contract performance notice remains open to provide assurance on sustainability of serious incident processes at the Trust.</p> <p><u>Mersey Care NHS Foundation Trust (Community Division)</u> AHP waiting time performance is being closely monitored. Focus is being made on the following three key areas; updates by exception on the progress of the Kirkup Enquiry, the implementation of the pressure ulcer reduction programme and Safeguarding – Children in Care.</p> <p><u>Mersey Care NHS Foundation Trust (Mental Health Division)</u> Work continues with the Trust through Liverpool CQPG to seek assurance identified from several mental health cases including mental health homicides reviewed in January 2019.</p> <p><u>Lancashire and South Cumbria NHS Foundation Trust</u> The CCG has highlighted that the Trust is not reporting category 3 and 4 pressure ulcers on StEIS. The issue has been raised at CCQRM. A breakdown has been requested to ascertain if there is a correlation between the serious incidents.</p> <p><u>North West Boroughs Healthcare Foundation NHS Trust</u> The Trust is currently on Enhanced Surveillance in relation to serious incidents investigation and lessons learned.</p> <p><u>Liverpool Women's NHS Hospital Trust</u> The Trust remains on Enhanced Surveillance for referral to treatment and cancer performance. The following issues and risks have been highlighted; recruitment, specialist imaging, access to cardiologists, general surgeons, renal specialists or intensivists, laboratory testing and blood bank, adult intensive care, neonatal surgery and serious incidents.</p> <p><u>Alder Hey Hospital NHS Trust</u> NHS Liverpool CCG continues to seek assurance via the CQPG on the use of Meditec electronic patient records system in the Trust and the training and competence of staff who use the system. Progress continues to be monitored against issues identified within the Specialist Educational Needs and Disability (SEND) Written Statement of Action.</p> <p>Outcome: The Committee noted the System Quality and Safety Report.</p>	
20/12	<p>Serious Incident Review Group (SIRG) Minutes</p> <p>The Committee received the following minutes and key issues :-</p>	

	<ul style="list-style-type: none"> NHS South Sefton CCG – 14th November 2019 and 12th December 2019 NHS Southport and Formby CCG – 6th November 2019 and 4th December 2019 <p>Outcome: The Committee noted the Serious Incident Review Group (SIRG) Minutes</p>	
20/13	<p>Performance and Quality Investigation Review Panel (PQIRP) Minutes</p> <p>The Committee received the following minutes:-</p> <ul style="list-style-type: none"> NHS South Sefton CCG and NHS Southport and Formby CCG – 23rd October 2019 and 3rd December 2019 <p>It was noted that key issues will be included going forward.</p> <p>Outcome: The Committee noted the Performance and Quality Investigation Review Panel (PQIRP) Minutes.</p>	
20/14	<p>Individual Patient Activity Programme (IPA) Board Minutes</p> <p>The Committee received the following minutes and key issues :-</p> <ul style="list-style-type: none"> NHS South Sefton CCG and NHS Southport and Formby CCG – 30th October 2019. <p>Outcome: The Committee noted the Individual Patient Activity Programme Board Minutes.</p>	
20/15	<p>Engagement and Patient Experience Group (EPEG) Key Issues</p> <p>The Committee received the key issues from the EPEG meeting held on 13th November 2019.</p> <p>Outcome: The Committee noted the Engagement and Patient Experience Group (EPEG) Key Issues.</p>	
20/16	<p>Corporate Governance Support Group Key Issues</p> <p>The Committee noted the Corporate Governance Support Group Key Issues from the meeting held on 20th December 2019.</p> <p>Outcome: The Committee noted the Corporate Governance Support Group Key Issues.</p>	
20/17	<p>Any Other Business</p> <p>It was highlighted that there are delays in relation to housebound patients waiting to have their bloods taken. Some housebound patients are not at home when Phlebotomists attend their home to take their blood. It was suggested that Phlebotomists contact housebound patients prior to attending their homes. It was noted that Phlebotomist staffing levels should increase following recent recruitment.</p> <p>It was suggested that the Joint Quality and Performance Committee receive Primary Care Committees in Common minutes going forward, thereby providing the Committee with a regular primary care updates.</p>	

	<p>Action: Michelle Diabie to routinely include Primary Care Committees in Common minutes in the Joint Quality and Performance Committee meeting pack.</p> <p>Lynne Savage provided the Committee with an update following a recent “Don’t Dip” Meeting. A Community Matron at Mersey Care NHS Foundation Trust had undertaken a urinary tract infection audit across 8 care homes. A significant reduction in the use of antibiotics was noted and fewer hospital admissions made. It was suggested presenting the audit findings at Joint Medicines Operation Group (JMOG) and to the Cheshire and Merseyside Care Home Network.</p>	MD
20/18	<p>Key Issue Log (issues identified from this meeting)</p> <p>The Committee noted the following Key Issues for both CCG’s Governing Body:-</p> <p><u>Key Issue</u> SEND - further work on specific programme.</p> <p><u>Risk Identified</u> Pace will not be maintained on action plan.</p> <p><u>Mitigating Action</u> Seconded SEND Lead in place until the end of March 2020. Executive Lead is the Chief Nurse.</p> <p><u>Key Issue</u> 16 issues on digitalization of patient records.</p> <p><u>Risk Identified</u> Risk of GDPR breach. Increased Primary Care staff workload.</p> <p><u>Mitigating Action</u> Contact IMerseyside on this issue and possible solution to the digitalisation.</p> <p>The Committee noted the following Key Issue for NHS Southport and Formby CCG Governing Body:-</p> <p><u>Key Issue</u> Transient Ischaemic Attack (TIA) Performance – data not accurate.</p> <p><u>Risk Identified</u> Patients not receiving appropriate treatment, increased risk of Cerebrovascular Accident (CVA).</p> <p><u>Mitigating Action</u> Request Trust on individual patient data.</p>	
	<p>Date of Next Meeting: Thursday 27th February 2020, 9am – 12noon, Meeting Room 3A, Merton House, Stanley Road, Liverpool L20 3DL.</p>	

**117NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common
Agreed Minutes – Part I**

Date: Thursday 19th December 2019. Time 10.00am – 11.00am

Venue: Family Life Centre, Ash Street, Southport, PR8 6JH

Members		
Graham Bayliss	S&F CCG Lay Member (Chair)	GB
Alan Sharples	SS CCG Lay Member (Vice Chair)	AS
Helen Nichols	SS 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
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager & Improvement	AC
Brendan Prescott	SS S&F Chief Nurse Quality Team	BP
Non- Voting Attendees:		
LMC Representative		
Healthwatch Representative	Healthwatch Sefton	
Health & Well Being Representative	Health & Wellbeing Representative	
Dr Craig Gillespie	GP Clinical Representative	CG
Jane Elliott	Localities Manager SSSCCG	JE
Richard Hampson	Primary Care Contracts Manager SSSCCG	RH
Colette Page	Practice Nurse Lead SS SF CCG	CP
Minutes		
Jacqueline Westcott	Senior Administrator SSSCCG	JW

Attendance Tracker D = Deputy ✓ = Present A = Apologies N = Non-attendance
C= Cancelled

Name	Membership	Sept 19	Oct 19	Nov 19	Dec 19	
Members:						
Graham Bayliss	SS CCG Lay Member (Chair)	A	✓	C	✓	
Alan Sharples	SS CCG Lay Member	✓	A	C	✓	
Helen Nichols	S&F CCG Lay Member	✓	✓	C	✓	
Fiona Taylor	S&F SS CCG Chief Officer	✓	A	C	A	
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	A	C	A	
Jan Leonard	S&F CCG Director of Place (North)	A	✓	C	✓	
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	A	N	C	N	
Angela Price	S&F SS CCG Programme Lead Primary Care	A	✓	C	✓	
Alan Cummings	NHSE Senior Commissioning Manager	A	✓	C	✓	
Non- Voting Attendees:						
LMC Representative		N	N	C	N	
Health Watch Representative		✓	A	C	A	
Health & Well Being Representative		N	N	C	N	
Dr Craig Gillespie	GP Clinical Representative	✓	✓	C	✓	
Dr Kati Scholtz	GP Clinical Representative	A	✓	C	✓	

Name		Membership		Sept 19	Oct 19	Nov 19	Dec 19	
Jane Elliott		SSCCG Localities Manager		N	✓	C	N	
Richard Hampson		SSCCG Primary Care Contracts Manager		N	✓	C	✓	
Colette Page		SS SFCCG Practice Nurse Lead		N	N	C	N	
No	Item							Action
PCCiC19/110	<p>Apologies for absence Apologies were received from Fiona Taylor, Dr C Gillespie, Diane Blair, Martin McDowell and Alison Ormrod.</p> <p>Welcome and Introductions The members of the committee introduced themselves.</p>							
PCCiC19/111	<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>							
PCCiC19/112	<p>IT Investments A presentation was presented to the Committee by Paul Shilcock from Informatics Merseyside on the current IT projects and investments for IT within primary care. AS requested that the IT investment budget be presented at the F&R Committee.</p>							PS
PCCiC19/113	<p>Minutes of the previous meeting 17th October 2019 – The minutes of the meeting were accurate and agreed.</p>							
PCCiC19/114	<p>Action points from the previous meeting Members reviewed the action tracker and the tracker was updated</p>							

PCCiC19/115	<p>Report from Operational Group and Decisions made</p> <p>November 2019:</p> <ul style="list-style-type: none"> • The group recommend the Committee support applications for list closures at Ainsdale Medical Centre and Blundellsands Surgery. It was noted that Blundellsands Surgery are overwhelmed with new patient registrations when they have an open list. • A changed area map was received from North Southport PCN as a result of a recent boundary change. • The group reviewed an update on an ongoing lease issue for a South Sefton Practice and supported NHSEs plans to progress, also added to the risk register. • The group received an update on progress of the Medicines Management Hubs and the impact reviewing discharges from Acute Trusts. • The Group reviewed a proposed process for the management of Serious Incident reporting, complaints and incidents relating to General Practice. • The CQC report for High Pastures Surgery was received and the group acknowledged the 'good' rating. • A letter was received from a PCN regarding the provision of extended hours over the Christmas period, the group discussed the contents and will respond to the PCN re-iterating the position regarding extended hours as per NHSEs Winter Assurance letter dated 22nd October 2019. • The survey regarding PCSE issues was discussed. • The group reviewed the risk register. <p>December 2019:</p> <ul style="list-style-type: none"> • It was agreed to develop a local process for supporting practices who were operating an informal list closure. • There is work ongoing around the Out of Area Directed Enhanced Service and implications for practices signing up. • Care homes were discussed in relation to expectations on practices. A small amount of resilience funding has been secured from NHSE to support this work. • NHSE reported back on workforce development plans. • An update on LEDR reports was received. • The Primary Care Dashboard was reviewed in relation to proposed content. • Telephony issues in practices which had been raised via the F&R committee was discussed and a plan to scope out implications agreed. 	
-------------	---	--

PCCiC19/116	<p>Primary Care Network update KS reported to the Committee that a first update meeting would be taking place today (19.12.19) regarding the social prescribing post for North PCN. Dr Simon Tobin will be looking at how the service will be utilised and clinical engagement. PCNs have submitted plans with a maturity matrix to NHSE who are collating the information on delivery needs.</p>	
PCCiC19/117	<p>Healthwatch Issues There was no representation at the Committee meeting today, however, a paper was provided for the Committee to review on a recent GP Access Comparison Table. AS requested clarification on the tables as it was unclear if the tables review was for in or out of hours activity. Tables to be reviewed at the next meeting</p> <p>GP patient survey results corresponding to the Health Watch reports will be provided for the next meeting</p>	<p>DB</p> <p>AP</p>
PCCiC19/118	<p>Primary Care Quality Dashboard RH presented a paper on the new Primary Care Quality Dashboard which will be used by the CCG to record various metrics presented by Practices. This will be used as a supportive and monitoring tool for highlighting areas where practices may need additional support from the CCG. The dashboard is a work in progress and can be amended accordingly at any point. KS requested type 2 diabetes is recorded for disease prevalence along with severe mental illness. It was noted that the discussion around the workforce element of the dashboard, it was agreed that workforce is a difficult measure to capture. The roll out of Apex Insight will support practices and CCGs in measuring appointment activity including the 'did not attend' rates within primary care.</p>	

PCCiC19/119	<p>Performance</p> <p>RH presented a paper on performance for both CCGs. Utilisation of the 7 day access service for Southport and Formby is now at 56.92% due to a change in the working model, the service have reduced the number of provides health care assistants appointments, and converted them into ANP appointments. More recent data has indicated that utilisation of the service has increased. Practices are being supported to increase utilisation of the service through the digital champion programme.</p> <p>Direct Enhanced Service utilisation rates show 100% uptake for learning disability health checks which is in line with the current LQC specification. Out of Hours utilisation remains consistent over the last 12 months. Breach Notices – there are currently no breaches in contractual contracts from primary care practices.</p> <p>Utilisation of the 7 day access service for South Sefton is now at 78.75% and steadily increased over the last 12 months. Did not attend rates have improved but still remain an issue</p> <p>Direct Enhanced Service utilisation also shows 100% take up for learning disability health checks in line with the current LQC specification.</p> <p>KS raised the issues of practice staff are experiencing logging into 2 systems for booking regular and extended access appointments, it has been suggested that having 2 screens in practice would resolve the issues. Norwood Surgery are currently piloting this option.</p>	
PCCiC19/120	<p>Key Issues Log</p> <p>Primary Care Quality Dashboard IT Investments List closures Social prescribing update</p>	
PCCiC19/121	<p>Any Other Business</p> <p>There were no other items raised.</p>	
PCCiC19/122	<p>Date of Next Meeting: Date of Next Meeting: time date 16th January 2020 Venue: 3rd Floor Boardroom, Merton House, Stanley Road, Bootle, L20 3DL</p>	
<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
Agreed Minutes – Part I

Date: 16th January Thursday 2020. Time 10.00 – 11.00am
Venue: 3rd Floor Boardroom, Merton House, Stanley Road, Bootle, L20 3DL

Members		
Graham Bayliss	S&F CCG Lay Member	GB
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	SS 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
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager & Improvement	AC
Brendan Prescott	SS S&F Chief Nurse Quality Team	BP
Dil Daly	S&F CCG Lay Member (Chair)	DD
Non- Voting Attendees:		
LMC Representative	LMC Representative	
Healthwatch Representative	Healthwatch Sefton	
Health & Well Being Representative	Health & Wellbeing Representative	
Dr Craig Gillespie	GP Clinical Representative	CG
Kati Scholtz	GP Clinical Representative	KS
Jane Elliott	Localities Manager SSSCCG	JE
Richard Hampson	Primary Care Contracts Manager SSSCCG	RH
Minutes		
Jacqueline Westcott	Senior Administrator SSSCCG	JW

Attendance Tracker D = Deputy ✓ = Present A = Apologies N = Non-attendance
C= Cancelled

Name	Membership	Jan 20	Feb 20	Mar 20	Apr 20	May 20
Members:						
Graham Bayliss	SS CCG Lay Member	A				
Alan Sharples	SS CCG Lay Member	✓				
Helen Nichols	S&F CCG Lay Member	✓				
Fiona Taylor	S&F SS CCG Chief Officer	A				
Martin McDowell	S&F SS CCG Chief Finance Officer	A				
Jan Leonard	S&F CCG Director of Place (North)	✓				
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	N				
Angela Price	S&F SS CCG Programme Lead Primary Care	✓				
Alan Cummings	NHSE Senior Commissioning Manager	A				
Dil Daly	S&F CCG Lay Member (Chair)	✓				
Non- Voting Attendees:						
LMC Representative		N				

Name	Membership	Jan 20	Feb 20	Mar 20	Apr 20	May 20
Health Watch Representative		N				
Health & Well Being Representative		N				
Dr Craig Gillespie	GP Clinical Representative	✓				
Dr Kati Scholtz	GP Clinical Representative	✓				
Tracey Forshaw	SS SF CCG Interim Primary Care Quality	A				
Jane Elliott	SSECCG Localities Manager	N				
Richard Hampson	SSECCG Primary Care Contracts Manager	✓				
Colette Page	SS SFCCG Practice Nurse Lead	N				
No	Item	Action				
PCCiC20/01	<p>Apologies for absence Apologies were received from: Graham Bayliss, Tracey Forshaw, Martin McDowell and Alan Cummings (Sharon Howard attended on behalf of NHSE). Fiona Taylor.</p> <p>Welcome and Introductions The members of the committee introduced themselves.</p>					
PCCiC20/02	<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>					
PCCiC20/03	<p>Minutes of the previous meeting were agreed as an accurate record. Date 19th December 2019</p>					
PCCiC20/04	<p>Action points from the previous meeting Members reviewed the action tracker and the tracker was updated.</p>					
PCCiC20/05	<p>Report from Operational Group and Decisions made</p> <p>Park Street Surgery recent CQC visit was rated as Requires Improvement. Sefton CCG will work with the practice to produce an action plan and review practice processes that are in place to address issues raised.</p> <p>Estates – discussions are to be held at a future Primary Care Commissioning in Common Committee meeting.</p> <p>PCN – The draft PCN services specification was circulated to PCNs nationally by NHSE on 24.12.2019. The consultation period deadline was set at 15.1.2020. Nationally PCNs have raised concerns regarding the PCN specification as time frameworks, work streams, funding are unrealistic and pose high risks to the future of PCNs. Preliminary discussions nationally have indicated PCNs are unable to sign up to the specification. There are significant concerns regarding practices that are not signed up to the PCN DE. PCNs are expected to provide some areas of the specification from 1.4.2020.</p>					

PCCiC20/06	<p>Primary Care Programme Report The Primary care Programme Report was reviewed and updated.</p> <ul style="list-style-type: none"> • A question was raised regarding the National figure of 5000 extra GPs, if the numbers could be accommodated within primary care for both CCG's. There was a discussion and it was felt that additional GPs could be placed in primary care. • E-consult funding for licences has been successful from NHSE. Process mapping for the 7 day access service is due to take place For both SS & SF. • Information on learning disabilities health checks has been interrogated; CQRS variances and the figures have improved, as a result of this piece of work. • NHS digital data reviews have been made to practices for review and understanding of income funding, and unclaimed finances, 1 practice in SS and 1 practice in SF have taken up the offer. • 7 day access - both services have reported November 2019 data figures, South Sefton is at 75% and Southport and Formby 85%. The CCG target is set at 75% by March 2020. The CCG is ahead of the national target. 	
PCCiC20/07	<p>Update on Primary Care Commissioning in Common Work plan</p> <p>A discussion took place about the 19/20 work plan with some suggested changes for February and March.</p>	
PCCiC20/08	<p>Primary Care Network update</p> <p>There is national uncertainty regarding the future of PCNs due to a new specification released in December 2019. The specification feedback from PCNs is the expectation of workload, time frame and is unachievable and unrealistic. It was noted that the funding attached to the DES is also insufficient for providing services. Preliminary discussions have taken place and the national view is that PCNs are unable to sign up to the DES. NHSE have acknowledged feedback so far from PCNs and will be reviewing the DES including funding and timeframes.</p> <p>Action: SH to feedback regarding PCN specification.</p>	SH
PCCiC20/09	<p>One Single Access Offer GP Contract</p> <p>A paper was presented to the Committee setting out a proposal for one single access offer for the GP contract. The paper highlights the opportunity through PCNs to bring more coherence to the way that access is currently provided as outlined in 'Investment and evolution: A five year framework for GP contract reform to implement The NHS Long Term Plan' published in January 2019.</p> <p>The intention is that the funding for the existing extended hours Direct Enhanced Service (DES), and for the CCG commissioned 7 day access, will fund a single combined access offer as an integral part of the Network Contract DES delivered to 100% of patients, including through digital services like the NHS App.</p> <p>The PCNs will have responsibility for delivering both 7 day access and extended hours DES from 1.4.2020. Awaiting further clarification and information from NHSE which is due March 2020.</p>	

PCCiC20/10	<p>Primary Care Finance Report</p> <p>A paper was presented to the Committee from finance on month 9 of the finance report for South Sefton CCG and Southport and Formby CCG. A further paper will be presented at the March 2020 meeting. Guidance on underspends will be reviewed by the Governing Body and finance team and fed back to the Committee. Any surplus financial savings will be directed back into primary care. A question was asked if the funding for the LQC was included in the finance report. Within the finance report was a delegated report; finance will review this to see if the LQC can be recorded in future reports.</p> <p>The finance team were thanked by a lay member of the Committee for the feedback and papers and expressed an interest in spending time with the team in order to gain a better understanding.</p>	
PCCiC20/11	<p>Healthwatch Feedback</p> <p>A Health Watch representative will provide feedback at the February 2020 meeting.</p>	
PCCiC20/12	<p>Key Issues Log</p> <p>The following will be added to the key issues log:</p> <ul style="list-style-type: none"> • Finance and Resource • IT budget • Improving 7 Day Access • PCN Specification and Risks • One Single Access GP Contract Offer • Finance Reports • Primary Care Work plan 	
PCCiC20/13	<p>Any Other Business</p> <p>AP advised the Committee that IMerseyside are currently working on a project of digitisation of medical records across Sefton practices. A risk has been identified with the transfer of medical records for patients registered on the special allocation scheme. An options paper will be circulated at the next Joint Operations Group meeting.</p>	
PCCiC20/14	<p>Date of Next Meeting:</p> <p>Date of Next Meeting: 20th February 2020 10.00-11.00am Venue: Almond Room, Family Life Centre, Ash Street, Southport, PR8 6JH</p>	

Meeting Concluded.

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)