

Governing Body Meeting (Part I) Agenda

Date: Wednesday 4th November 2020, 13:00hrs to 15:00hrs

Venue: Virtual Meeting: Teams

To help the CCG respond to the coronavirus we are moving all meetings that we hold in public to virtual meetings 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. 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	Interim Chief Nurse	JLu
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

Director or Deputy	Director of Public Health, Sefton MBC	
Director or Deputy	Director of Social Services and Health, Sefton MBC	
Maureen Kelly	Chair, HealthWatch	MK

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
General					13:00hrs
GB20/143	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB20/144	Declarations of Interest	Chair	Verbal	Receive	
GB20/145	Minutes of previous meeting – 2 nd September 2020	Chair	Report	Approve	
GB20/146	Action Points from previous meeting – 2 nd September 2020	Chair	Report	Approve	
GB20/147	Business Update	Chair	Verbal	Receive	
GB20/148	Chief Officer Report	FLT	Report	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
Finance and Quality Performance					13:20hrs
GB20/149	Integrated Performance Report 149.1: NHS Constitution Quality 149.2: Financial Position - Month 6 2020/21	JLu MMcD	Report	Receive	30 mins
Governance					13:50hrs
GB20/150	Updated Equality Briefing	Jo Roberts	Report	Receive	10 mins
GB20/151	Emergency Preparedness Resilience and Response (EPRR) Assurance 2020	DFair	Report	Approve	10 mins
GB20/152	Governing Body Assurance Framework, Corporate Risk Register and Heat Map: Q2 2020/21	AC Chair	Report	Approve	10 mins
Quality					14:20hrs
GB20/153	Children and Young Peoples Delivery Plan 2020 – 2025	Jane Lunt / Peter Wong / Jo Herndlhofer	Report	Receive	10 mins
GB20/154	SEND Improvement Plan and Business Continuity Arrangements	Kerrie France	Report	Receive	10 mins
For Information					14:40hrs
GB20/155	Key Issues Reports: a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) Localities:	Chair	Report	Receive	10 mins
GB20/156	Approved Minutes: a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI	Chair	Report	Receive	
Closing Business					14:50hrs
GB20/157	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB20/158	Date of Next Meeting Wednesday 3rd February 2020, 13:00hrs Venue/Format: to be confirmed <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: 7 th April 2021				

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
	All PTI public meetings commence 13:00hrs. The normal venue for meetings is the Family Life Centre, Southport PR8 6JH. This is being put on hold during COVID-19.				
	Estimated meeting close				

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 2nd September 2020, 13:00hrs to 15:15hrs
Format: To help the CCG respond to the coronavirus meetings are being held virtually, as per the published notice on the CCG website.

The Governing Body Members in attendance

Helen Nichols	Deputy Chair & Lay Member for Governance	HN
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
Dr Anette Metzmacher	GP Clinical Director	AM
Dr Hilal Mulla	GP Clinical Director	HM
Colette Riley	Practice Manager	CR
Fiona Taylor	Chief Officer	FLT
Dr Emily Ball	GP Clinical Director	EB

In Attendance

Debbie Fairclough	Interim Programme Lead – Corporate Services	DFair
Kerrie France	Associate Chief Nurse	KR
Angela Price	Primary Care Programme Lead (<i>Item 20/119</i>)	AP
Dr Rory McGill	Registrar (Public Health) (<i>For item 20/108</i>)	RMcG
Terry Stapley	<i>Minute taker</i>	

Apologies

Dr Rob Caudwell	Chair & Clinical Director
Dr Kati Scholtz	Clinical Vice Chair & Clinical Director
Colette Page	Additional Nurse
Vikki Gilligan	Practice Manager
Dr Jeff Simmonds	Secondary Care Doctor

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Governing Body Membership	Nov 19	Feb 20	Apr 20	June 20	Sept 20
Dr Rob Caudwell	Chair & Clinical Director	✓	✓	✓	✓	A
Helen Nichols	Vice Chair & Lay Member for Governance	✓	✓	✓	✓	✓
Dr Kati Scholtz	Clinical Vice Chair (May 17) and GP Clinical Director	✓	✓	✓	✓	A
Director or Deputy	Director of Public Health, Sefton MBC (<i>co-opted</i>)	✓	✓	A	✓	A
Director or Deputy	Director of Social Service & Health, Sefton MBC (<i>co-opted</i>)	A	A	A	A	A
Dr Emily Ball	GP Clinical Director	A	A	A	A	✓
Dr Doug Callow	GP Clinical Director	A	✓	✓	✓	✓
Dil Daly	Lay Member for Patient and Public Engagement		✓	✓	✓	✓

Name	Governing Body Membership	Nov 19	Feb 20	Apr 20	June 20	Sept 20
Vikki Gilligan	Practice Manager	✓	A	A	✓	A
Maureen Kelly	Chair, Health watch (co-opted)	✓	A	✓	✓	A
Jane Lunt	Interim Chief Nurse	A	✓	✓	✓	✓
Dr Anette Metzmacher	GP Clinical Director			✓	✓	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Dr Hilal Mulla	GP Clinical Director	✓	A	✓	✓	✓
Colette Page	Additional Nurse Member	✓	✓	✓	A	A
Dr Tim Quinlan	GP Clinical Director(left CCG on XXXX)	✓				
Colette Riley	Practice Manager	A	✓	A	✓	✓
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓	✓	✓	A
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
GB20/108	<p>The Direct and Indirect Impacts of COVID-19 on the Health and Wellbeing of our Local Population</p> <p>The members were presented with a report on The Direct and Indirect Impacts of COVID-19 on the Health and Wellbeing of our Local Population. The report was produced following a rapid evidence review undertaken by Liverpool John Moores University and the Champs Public Health Collaborative and highlighted the current evidence relating to the direct and indirect impact of COVID-19 on health and wellbeing. The members were asked in particular to note:</p> <p>The health inequalities which already existed in the community before the pandemic and how COVID-19 has impacted disproportionately on the most vulnerable communities, potentially widening the gap in health and wellbeing measures between some groups and the rest of the population within Sefton..</p> <p>The members were advised that the recommendations within the report are not legal recommendations but observations on how aspects of the review can be mitigated and offers a platform to shape how the information within the report could be applied locally.</p> <p>DC queried how the new National Institute for Health Protection (NIHP) may improve aspects in the future.</p> <p>Rory McGill advised that he has been assured by Public Health England colleagues that there will not be any gaps in provision of care. He noted that the report within the pack will need to be contextualised once the change has been implemented.</p> <p>DC queried what the short term impact of the end of furlough and redundancies will have going forward.</p>	

No	Item	Action
	<p>Rory McGill advised that he is not aware of any current reports which have been carried out as the information is not available at this moment in time, but noted work is still ongoing.</p> <p>FLT thanked Dr Rory McGill for the detailed report and advised members that Margaret Jones has been appointed as the substantive Director at Public Health at Sefton MBC</p> <p>Resolution: The members received the report.</p>	
GB20/109	<p>Apologies for Absence</p> <p>Apologies were received from Dr Jeff Simmonds, Dr Kati Scholtz, Dr Rob Caudwell, Vikki Gilligan and Colette Page.</p> <p>The Chair informed the members that the information on the governing body meetings had been updated on the CCG website to provide the public with an opportunity to continue to present questions to the members. No questions had been received for the meeting.</p>	
GB20/110	<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; Fiona Taylor, Martin McDowell and Jane Lunt. 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>	
GB20/111	<p>Minutes of Previous Meeting 1st April 2020</p> <p>The members approved the minutes of 3rd June 2020 as a true and accurate record.</p>	
GB20/112	<p>Action Points from Previous Meeting</p> <ul style="list-style-type: none"> • <u>1st April</u> <p><u>GB20/53: Key Issues Reports: GP for Safeguarding Adults</u></p> <p>d) <u>Primary Care Commissioning Committee PTI</u></p> <p>Lack of named GP for Safeguarding Adults. JLu to look into advertising options.</p> <p>Resolution: JLu confirmed that the job description has been approved and the post has been advertised with interviews scheduled for later this month.</p> <p><u>Update:</u> Completed</p>	Closed

No	Item	Action
	<ul style="list-style-type: none"> • 3rd June 2020 <p><u>GB20/80: Joint QIPP and Financial Recovery Committee: proposed changes to governance and reporting requirements</u></p> <ul style="list-style-type: none"> • A discussion was held on the process and reasoning for the amendments and arrangements. It was noted that this would result in a change to remove QIPP and Financial Recovery Committee as a committee but establish a working group to look at the QIPP matters and delivery of programmes.. It was agreed that greater clinical involvement was needed for this part of the process to work. It was suggested that alternative meeting arrangements might assist this and the clinical leads be canvassed for suggestions. <p>Resolution: DFair confirmed there had been an appointment of a Senior Administrator who will provide administrative support for Clinical Advisory Group and Joint QIPP Delivery Group. DFair further confirmed that the administrator had canvassed GPs to see which days are best to enable more clinicians to be involved in the clinical discussions.</p> <p><i>Update:</i> Completed.</p> <p><u>GB20/80: Joint QIPP and Financial Recovery Committee: proposed changes to governance and reporting requirements</u></p> <ul style="list-style-type: none"> • QIPP proposals need to be in synch with the timetable for commissioning and contracting. A discussion will be scheduled at a development session to review and consider options and priorities. <p><i>Update:</i> Completed.</p> <p><u>GB20/84: Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map: Q4 2019/20</u></p> <p>Reference was made to the Audit Committee discussion in relation to the Quality Committee proposal to remove QUA058 risk. It was considered that, although the CCG is not responsible for mitigating these risks, ultimately the CCG as commissioners are responsible. It had been asked that this have more discussion at Quality Committee. JLu to take forward.</p> <p>Resolution: JLu advised members that the discussion had taken place at the Joint Quality and Performance Committee, noting that a broader piece of work is going to take place on how risks are captured and articulated.</p> <p><i>Update:</i> Completed.</p> <p><u>GB20/85: SEND Improvement Plan and Business Continuity Arrangements</u></p> <p>SEND Dashboard to be included within future reports.</p> <p><i>Update:</i> Completed.</p>	<p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Closed</p>
GB20/113	<p>Business Update</p> <p>The Chair noted that there was nothing further to that already within the Chief Officer report and on the meeting agenda.</p> <p>Resolution: The members received the update.</p>	

No	Item	Action
GB20/114	<p>Chief Officer Report</p> <p>The governing body were presented with the Chief Officer report which focussed on those items not covered on today's agenda.</p> <p>The members were provided with an update on the NHS People Plan. We are the NHS: People Plan for 2020/21 action for us all sets out what our NHS people can expect from leaders and each other.</p> <p>Reference was made to section four as the CCG has reduced the intensity of incident management team for COVID activities but is still operating under our EPRR duties.</p> <p>Reference was made to the HR section of the report as discussions are ongoing at Leadership team to explore ways in which a new future operating model for the CCG business requirements including estates, offices and increased scope for agile working for staff.</p> <p>FLT discussed the staff survey results noting that responses were generally positive, although some staff did report feeling more isolated than others. The CCG's Sounding Board Group, is looking at ways to keep connectivity between staff and will work closely with the CCG's Freedom to Speak up Guardians for those staff who raise concerns.</p> <p>The members were asked to approve a recommendation to amend the Continuous Glucose Monitoring (CGM) policy to include provision to allow the opinion of a relevant specialist to consider standalone CGM alongside multiple daily doses of insulin, if a patient is unable to use an insulin pump. All the other criteria for CGM in children or adults must be met. This would apply to both adults and children. This change will be incorporated into the Criteria Based Clinical Treatment Policy.</p> <p>Resolution: The members approved the amendment to the Continuous Glucose Monitoring policy.</p> <p>The governing body noted that £30k funding for the Merseyside Violence Reduction Partnership (VRP) has been provisionally allocated to NHS South Sefton and NHS Southport and Formby CCGs to support local prevention and intervention programmes to reduce the incident and impact of violence on children and young people (CYP).</p> <p>The CCGs in partnership with health, local authority, schools and third sector colleagues have been successful in a bid to NHS England and NHS Improvement (NHSE/I) to secure £720k of funding to set up two Mental Health Support Teams (MHSTs) in Sefton as part of the national wave 4 roll out, scheduled to be operational by end of December 2021</p> <p>Reference was made to section 12 of the report and the Improving Access to Psychological Therapies (IAPT) Procurement. Following a successful procurement exercise, a new provider has been identified (Mental Health Matters), and work is ongoing to agree a mobilisation plan to ensure that the service will be to be up and running by the 1st January 2021.</p> <p>Members were briefed on the potential merger of CCG's in Cheshire and Merseyside following correspondence from Bill McCarthy, NW Regional Director which sets out how the Region plans noting that the default expectation is that there will be "...one CCG per Integrated Care System, enabling strategic commissioning and the devolution of more functions to the system level."</p> <p>Regardless of national or regional requirements in respect of commissioning at</p>	

No	Item	Action
	<p>scale, the CCG remains entirely committed to ensure that our focus upon local services for our borough remains our priority. We will continue to work with our local authority colleagues to implement our integrated commissioning arrangements and operate in a way that best serves the needs of our local populations.</p> <p>Resolution: The members received the report.</p> <p>Resolution (Item 8): The members approved the amendment to the Continuous Glucose Monitoring policy.</p>	
GB20/115	<p>Integrated Performance Report</p> <p><u>115.1 NHS Constitution and Quality</u></p> <p>The report provides summary information regarding the activity and quality performance of Southport and Formby Clinical Commissioning Group</p> <p>The information included in the report was collated during the outbreak of COVID-19 and as previously anticipated, the effects of COVID-19 are noticed in performance levels during the first part of the year, across a number of areas. In addition, this will mean there will be limited capacity to work on planned improvement trajectories with providers.</p> <p>There have been increases in waiting list numbers and patients waiting longer than 52 weeks. These patients are being prioritised for treatment. At this stage there are no estimates to indicate when the waiting lists and waiting times will return to pre-COVID-19 levels. Trends show that despite increases in both GP and consultant-to-consultant referrals in June, total referrals remain well below both current averages and historical levels.</p> <p>The CCG failed the less than 1% target for Diagnostics in June 2020, recording 51.17%, an improvement on last month's performance (63.67%) with the initial decline due to the impact of COVID-19 and reductions in activity. Southport and Ormskirk have also shown an improvement in performance again this month reporting 49.84%.</p> <p>Quarter 1 of the financial year 2020/21 has shown significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system.</p> <p>Page 39 shows some improvements noting that Southport & Formby CCG is achieving 3 of the Cancer indicators and Southport & Ormskirk Trust is achieving 4 of the 9 cancer measures.</p> <p>Although improvements had been seen in A&E as a result of a reduction in the number of patients, analysis has established that A&E activity has now returned to expected levels.</p> <p>Page 43 provides information on the key performance standards as per constitutional requirements and statutory responsibilities.</p> <p>It was highlighted that IAPT access is an area which the CCG need to monitor closely due to the level of capacity going forward, this will be picked up with the new provider.</p> <p>Page 58 (figure 5) provides information on Planned Care Activity for the CCGs providers. Southport & Ormskirk Hospital is showing the largest under</p>	

No	Item	Action
	<p>performance with a variance of -£3.6m/-72% against plan. Across all providers, Southport & Formby CCG has underperformed by -£5.4m/-58.8% in its elective portfolio</p> <p>Quality</p> <p>As part of the recovery phase the CCG is looking at the impact of changes in services from a patient experience and patient safety perspective, exploring with the Trust their clinical prioritisation processes in managing RTT waiting lists.</p> <p>The CCG is working with the CM Cancer alliance to ensure that safety and quality arrangements remain in place.</p> <p>The members were asked to note that Southport & Ormskirk Hospital are in a better position compare to other Trusts due to how they managed elective activity during COVID-19.</p> <p>Members' attention was brought to the IPC rules (Infection, Prevention and Control) and how the system may need to work differently to manage this. Trusts and CCGs are working collectively in their approach to ensure the national guidance is consistently being applied and managed locally. Although it is important to note that this means throughput is still reduced to keep in line with the guidance.</p> <p>JLu reported that the Quality team are working closely with the Trust to gain assurance that measures are being met.</p> <p>Following the discussion members raised concerns regarding the some of the figures within the report specifically on page 83 and 84 of the report which state 100% compliance. EB and JLu to discuss specific cases outside of the meeting and MMcD advised he would query the figures reported on pages 83-84 with Business Intelligence team.</p> <p>The members agreed to hold a further discussion regarding the ADHD service at the next Governing Body Development Session.</p> <p>115.2 Finance</p> <p>MMcD provided the Governing Body with an overview of the Month 4 financial position for NHS Southport and Formby Clinical Commissioning Group as at 31st July 2020. He provided an update which covered the CCG's opening draft plan and subsequent progress against this noting that a revised financial regime had been introduced for the first part of the year in response to the COVID pandemic.</p> <p>Resolution: The Governing Body received the report noting that:</p> <ul style="list-style-type: none"> The draft financial plan for Southport and Formby CCG was a surplus of £0.900m for 2020/21. Temporary arrangements have been implemented for the financial year to date. The revised control total for the period is breakeven. COVID-19 phase 3 guidance was issued on 31st July 2020 which confirmed that existing financial arrangements are to continue through to the end of September 2020 and also described restoration requirements. It is intended that a revised financial framework will be implemented for the latter part of 2020/21 informed by activity and financial forecasts. These forecasts are being prepared for submission on an ICS/ STP footprint in September 2020. A monthly reconciliation process has been agreed to reimburse costs directly related to COVID and adjust for actual expenditure incurred. It should be noted that this process may be subject to independent audit review, 	<p>EB & JLu</p> <p>MMcD & JLu</p> <p>FLT</p>

No	Item	Action
	<p>commissioned by NHS England.</p> <ul style="list-style-type: none"> • The CCG received additional allocations in Month 4 of £1.882m to support COVID related costs and other cost pressures up to Month 3. • The Month 4 financial position is an overspend of £0.828m. The CCG will be reliant upon the receipt of a retrospective allocation (“top-up”) to address the Month 4 overspend and return to a break-even position. • The QIPP efficiency requirement to deliver the agreed financial plan was £14.956m. 	
GB20/116	<p>Annual Audit letter 2019/20</p> <p>The members were presented with the Annual Audit Letter which summarises the key findings of the external audit of NHS Southport and Formby CCG for 2019/20. The Annual Audit Letter is available to view on the CCG website.</p> <p>MMcD referred to pages 106 and 112 noting the key points raised within the Executive Summary of the report, highlights.</p> <p>The auditors were satisfied that the CCG put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources except for in relation to the under delivery of QIPPs. On this basis, the auditors provided a qualified “except for” opinion of the CCG’s value for money arrangements.</p> <p>The report also advised that the CCG have been referred to the Secretary of State under section 20 of the Local Audit and Accountability Act 2014, due to a deficit of £12.8 million in its draft financial statements for the year ending 31 March 2020. FLT queried whether there are any consequences of being referred to the Secretary of State. MMcD advised that he will clarify this with the external auditors.</p> <p>The chair thanked the finance team and other members of the CCG for their contribution in producing the report.</p> <p>Resolution: The members received the report.</p>	MMcD
GB20/117	<p>Information Governance Management Framework / Information Governance Data Security and Protection Policy</p> <p>MMcD presented the Information Governance Management Framework / Information Governance Data Security and Protection Policy for approval by the Governing Body.</p> <p>The Information Governance Data Security and Protection Policy has been reviewed and the report notes that no changes have been made to the policy other than the inclusion of Appendix A (Information Governance Management Framework).</p> <p>HN queried why Appendix A isn’t referenced within the policy. MMcD advised he would check the reason for this not being referenced and will ask the author to include in the published version.</p> <p>Resolution: The members approved the policy.</p>	MMcD
GB20/118	<p>SEND Improvement Plan and Business Continuity Arrangements</p> <p>The members were presented with a report which provided an update on the SEND Improvement plan and performance dashboard. The purpose of this report is to update the Governing Body on restoration and recovery arrangements, for health related actions in the Sefton SEND Improvement Plan in response to Covid 19 Pandemic and provide an overview of the SEND performance dashboard for</p>	

No	Item	Action
	<p>June 2020.</p> <p>The content of the report was discussed with the following areas highlighted:</p> <p>All health related actions under sections 1, 2, 3 and 4 of the improvement plan demonstrate progress against the plan. However, action 5 which specifically relates to waiting times have been impacted as a result of COVID-19 and a series of mitigating actions have been put in place to address any areas for improvement.</p> <p>Action 5.2 (item 3.7.2) An assessment and diagnosis pathway relating to Autism Spectrum Disorder and Attention deficit Hyperactivity Disorder (ASD/ADHD) has been commissioned by the CCGs and was implemented on 1st April 2020 for new referrals.</p> <p>The CCG, Alder Hey and Sefton MBC are responding to feedback from the local SENDIASS team to review current provision and are working together to develop a case for change and options for an improved and integrated service model. This work is being carried out at pace and the full review is scheduled to be completed with the proposed options available for consideration during 2020</p> <p>As with other services it has been necessary to implement alternative methods of delivering services including telephone advice and video-conferencing where face to face appointments cannot be maintained for safety and social distancing reasons. The impact of these technological approaches will be reviewed independently by Health Watch and any learning will be shared across the partnership and inform joint commissioning plans.</p> <p>Dr Wendy Hewitt Clinical Lead for Children for Southport and Formby CCG is to be invited to the Governing Body on a quarterly basis to provide an update on progress.</p> <p>JLu thanked Kerrie France for the detailed report and the work undertaken, noting since the writing of the report Emma Powell Designated Clinical Officer for SEND has been successful in being appointed to a new role the recruitment process has begun to replace Emma as the Designated Clinical Officer for SEND.</p> <p>It was noted that although the partnership is progressing well on most of the actions, there are still areas where improvement will be required ahead of any future inspections.</p> <p>FLT thanked Kerrie France for the inclusion of the Appendix 3 SEND Health Performance Dashboard, and asked that those which relate specifically to health are identified separately for ease of reference.</p> <p>Resolution: The Governing Body received the report and noted:</p> <ul style="list-style-type: none"> • Assurance on current position on restoration of health services for 0-25 with SEND. • Progress made to progress actions 1, 2, 3 and 4 of the improvement plan. • The challenges outlined due to impact of Covid 19 on waiting times for health services as per action 5 of improvement plan. • The mitigating actions being put in place to address any areas for improvement. 	TS
GB20/119	<p>GP Patient Survey 2020</p> <p>This report provided summary information following the GP Patient Survey (GPPS) which is undertaken across the Country to provide practice-level data about patients' experiences of their GP practices. The members were asked to note:</p>	

No	Item	Action
	<p>In Southport and Formby CCG 4,840 questionnaires were sent out, and 1,956 were returned completed. This represents a response rate of 40%.</p> <p>In the 2020/2021 survey Southport and Formby CCG were placed in the upper quartile as the 11th highest performing CCG out of the 135 CCGs that completed the GP Patient Survey (GPPS).</p> <p>The survey was undertaken between January 2020– March 2020 and therefore will not have been significantly impacted by the COVID pandemic, nor will the significant changes to the way in which patients access General Practice be captured in this survey.</p> <p>The members attention was drawn to pages 224,225 and 226 of the report which demonstrated the key areas in which Southport and Formby CCG had performed particularly well.</p> <p>It was agreed that the full survey would be re-circulated to all Practice Managers.</p> <p>FLT suggested that a discussion with the LMC and GP practices would be useful to determine what questions could be asked in next year's survey following COVID-19.</p> <p>HN noted the fantastic achievement of being 11th highest performing CCG out of the 135 CCGs.</p> <p>Resolution: The members received the report.</p>	<p>Angela Price</p> <p>Angela Price</p>
GB20/120	<p>Key Issues Reports:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) Localities - None <p>Resolution: The governing body received the key issues reports</p>	
GB20/121	<p>Approved Minutes:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI: <p>Resolution: The governing body received the approved minutes.</p>	
GB20/122	<p>Any Other Business</p> <p>None noted</p>	
GB20/123	<p>Date and Time of Next Meeting</p> <p>Wednesday 4th November 2020, 13:00hrs. Format to continue as Zoom meetings unless otherwise advised.</p> <p><u>Future Meetings:</u> The Governing Body meetings are held on the first Wednesday of the month.</p>	

No	Item	Action
	<p>Dates for 2020/21 are as follows:</p> <p>3rd February 2021 7th April 2021</p> <p>All PTI public meetings will commence at 13:00hrs, format to be confirmed.</p>	
Meeting concluded	<p>PTI meeting concluded using the Zoom platform. The PTII Private section of the meeting is to be held using the Skype platform.</p>	15:15hrs
Motion to exclude the public:	<p>Due to the format of the meeting the motion to exclude the public was not required.</p>	

DRAFT

Governing Body Meeting in Public: Action Points

Date: Wednesday 2nd Septmeber 2020

No	Item	Lead	Update
GB20/115	<p><u>Integrated Performance Report Quality</u></p> <ul style="list-style-type: none"> Following the discussion members raised concerns regarding the some of the figures within the report specifically on page 83 and 84 of the report which state 100% compliance. EB and JLu to discuss specific cases outside of the meeting Query figures with Business Intelligence team on page 83 and 84. The members agreed to further discussion of the AHD service at an upcoming Governing Body Development Session. 	<p>EB & JLu</p> <p>MMcD</p> <p>FLT</p>	
GB20/116	<p>Annual Audit letter 2019/20</p> <p>The report also advised that the CCG have been referred to the Secretary of State under section 20 of the Local Audit and Accountability Act 2014, due to a deficit of £12.8 million in its draft financial statements for the year ending 31 March 2020. FLT queried whether there are any consequences of being referred to the Secretary of State. MMcD advised that he will clarify this with the external auditors.</p>	<p>MMcD</p>	
GB20/117	<p>Information Governance Management Framework / Information Governance Data Security and Protection Policy</p> <p>HN queried why Appendix A isn't referenced within the policy. MMcD advised he would check the reason for this not being referenced and will ask the author to include in the published version.</p>	<p>MMcD</p>	
GB20/118	<p>SEND Improvement Plan and Business Continuity Arrangements</p> <p>Dr Wendy Hewitt Clinical Lead for Children for Southport and Formby CCG to be invited to the Governing Body on a quarterly basis for this item.</p>	<p>Terry Stapley</p>	<p>Action complete – Governing Body dates shared and email sent requesting attendance on a quarterly basis</p>

No	Item	Lead	Update
GB20/85	<p>GP Patient Survey 2020</p> <ul style="list-style-type: none"> The members asked that the full survey was re-circulated to all Practice Managers. FLT suggested that a discussion with the LMC and GP practices would be useful to determine what questions could be asked in next year's survey following COVID-19. 	<p>Angela Price</p> <p>Angela Price</p>	<p>Communications are re-circulating the survey results in the GP bulletin 29 October (originally went out in the bulletin on the 9th July)</p> <p>AP to add as an item on the LMC agenda re GP survey questions (LMC meeting taking place on 5th November).</p>

MEETING OF THE GOVERNING BODY November 2020

Agenda Item: GB20/148	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 247 7069	Clinical lead: N/A						
Report date: November 2020								
Title: Chief Officer Report								
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.								
Recommendation The Governing Body is asked to <ul style="list-style-type: none"> • <i>Receive the update</i> • <i>Delegate responsibility for overseeing delivery of the CCG's People Plan to the Finance and Resources Committee</i> 		<table style="border-collapse: collapse;"> <tr><td style="padding: 2px;">Receive</td><td style="text-align: center; border: 1px solid black;">X</td></tr> <tr><td style="padding: 2px;">Approve</td><td style="text-align: center; border: 1px solid black;"> </td></tr> <tr><td style="padding: 2px;">Ratify</td><td style="text-align: center; border: 1px solid black;"> </td></tr> </table>	Receive	X	Approve		Ratify	
Receive	X							
Approve								
Ratify								

Links to Corporate Objectives 2020/21 (x those that apply)

X	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.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To ensure 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.
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	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.

x	To progress a potential CCG merger to have in place an effective clinical commissioning group function.
---	---

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				
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

Report to the Governing Body November 2020

COVID19 update

1. Emergency Preparedness Resilience and Response (EPRR) duties

At the commencement of the Coronavirus outbreak, the CCG as part of the National Emergency Planning and Response (EPRR) procedures, the CCG set up its local Incident Management Team (IMT) and implemented a new governance architecture to align to local resilience forums and the C&MHCP incident management arrangements.

As a consequence of the increases in infection rates locally and nationally the CCG has stepped up the IMT that is now meeting three times a week to ensure that the CCG is able to effectively respond to the outbreak. The Incident Management Team reports to the Leadership Team through the Interim Programme Lead – Corporate Services.

As reported to the Governing Body earlier this year, the Merseyside Resilience Forum is the lead multi agency forum for managing the response to COVID19 across the area, and the route for escalation of issues and challenges. The two core cells of “In-hospital” and “out of hospital” have continue to operate and the CCG’s Chief Officer is now a member of the Out of Hospital Cell.

The CCG has continued to operate the Southport system call that comprises representation from all relevant organisations from health and social care so that there was a comprehensive system approach to the implementation of emergency measures. The system calls take place each Wednesday and will continue to function until the system is stabilised.

The CCG’s EPRR lead continues to work closely with Sefton Borough Council colleagues so that there is a collaborative approach to planning in terms of management of increased outbreaks.

Sefton Council has now established its Outbreak Management Board and have invited the CCG’s EPRR lead and a clinical representative to participate in those discussions.

In line with the Government’s requirements and guidance, Sefton Council has worked with its partners to develop a COVID-19 Outbreak Management Plan¹.

Local authorities have a significant role to play in the identification and management of COVID-19 outbreaks. The plan contains the measures needed to identify and contain any coronavirus outbreaks and protect the health of people who live and work in Sefton, in a way that is safe, protects our health and care systems, and supports the recovery of our economy. The Plan also supports the nationwide Test and Trace process.

¹Extract from Sefton Borough Council website available at: <https://www.sefton.gov.uk/outbreakplan>

Key aims of the plan include:

- using local knowledge, experience and expertise to prevent, manage and eliminate the virus over time as part of the national Test and Trace programme.
- setting out an approach to prevent Covid-19 outbreaks developing;
- protecting public health by identifying the source should there be a COVID-19 outbreak and implementing necessary measures to prevent any further spread;
- outlining clear roles and responsibilities, response pathways and procedures should an outbreak occurs in Sefton;
- making the most up to date and accurate information and advice available to local people.
- learning lessons and sharing best practice to prevent and control future COVID-outbreaks.

A copy of the plan is available at: <https://www.sefton.gov.uk/media/1770372/20200909-COVID19-Outbreak-Management-Plan-Working-Final-v13.pdf>

2. Reactivation of the NHS Nightingale Hospital North West

On 26th October Professor Michael McCourt, Chief Executive of NHS Nightingale Hospital North West wrote to NHS leaders advising that as the prevalence of Covid-19 in the North of England is increasing, the NHS Nightingale Hospital North West in Manchester is being reactivated to provide additional capacity for the region's health and care system.

The Nightingale will support acute hospitals in the North West by providing intermediate care for patients who do not have Covid-19 and who need further support or assessment before they can be discharged home, or to their usual place of residence. This will create additional capacity in acute hospitals for sicker patients who need their care and facilities.

Initially the Nightingale will provide care for patients from Manchester and Trafford hospitals, whilst systems and processes are tested and evaluation undertaken, then capacity will be scaled up swiftly and made available to support acute hospitals throughout the North West. The model of care will be under continuous review, depending on the impact of Covid-19 on the NHS.

The Nightingale is aiming to admit the first patients during week commencing 26 October 2020.

3. COVID-19 antigen and antibody testing

The CCG continues to work very closely with Sefton Borough Council to support the implementation of Department of Health and Social Care (DHSC) COVID19 antigen testing arrangements. The mobile testing units commissioned by the DHSC now routinely arrive at sites across the borough of Sefton. There are now walk-through testing facilities at Bootle Town Hall, Southport Town Hall, Crosby Library and Netherton Activity Centre.

The Southport and Formby GP Federation has also now established a testing offer for staff within primary care staff, social care and domiciliary care which has created additional local testing capacity for our key workers.

Throughout October a number of GP practices participated in the DHSC antibody testing which enabled social care staff including those working in care homes, to have an antibody test. Whilst it is widely understood that the antibody test is not evidence of any immunity to COVID19, the results will help Public Health England and the DHSC better understand the prevalence of the virus.

4. HR, Workforce and Estate

The Leadership Team is currently exploring ways in which a new operating model for the way in which the CCG conducts business going forward.

The Chief Finance Officer and lead for Corporate Services are exploring options for possible future premises for our staff to work from within our existing localities. In all cases, our premises will be fully compliant with COVID Secure Guidelines.

It is widely accepted that any future operating model will be an agile construct comprising home and on-site working, optimisation of digital solutions where practical and possible and at all times arrangements will be informed with the health and wellbeing of our staff at the forefront.

General local and national updates

5. EU Exit

On 16th September **Professor Keith Willett**, Strategic Incident Director for COVID-19 National Director for Emergency Planning and Incident Response for NHSE wrote to NHS organisations regarding the preparations for EU Exit.

The UK exited the EU on 31 Jan 2020 and is now in a transition period until 31 December 2020. The government has recently confirmed that the transition period will cease as planned on 31 December 2020 and there will be no extension².

Professor Willet has now resumed the role as EU Exit Senior Responsible Officer (SRO) (along with Strategic Incident Director for COVID-19) which will be managed alongside the ongoing COVID-19 response and restoration of services.

This will be managed through the established national and regional incident coordination centres.

NHSE/I will continue to work with the incident teams that were set up for COVID-19 to ensure that the NHS is working to a single, shared operational readiness and response structure across those areas to avoid conflict and to reduce burden on the system.

6. NHS People Plan and Our NHS Promise

We are the NHS: action for us all from NHS England and NHS Improvement (NHSEI) and Health Education England (HEE) sets out what our NHS people can expect from their leaders and each other. It focuses on how we must look after each other and foster a culture of inclusion and belonging, as well as action to grow and train our workforce, and work together differently to deliver patient care³.

The plan is focused primarily on the immediate term (2020-21) with an intention for the principles to create longer lasting change.

There are funding commitments made within the plan, however some of the workforce growth aspirations outlined in the interim plan and the government's manifesto, require further discussion and are therefore outside of the scope of this plan.

² Further information available at: <https://www.gov.uk/government/news/government-accelerates-border-planning-for-the-end-of-the-transition-period>

³ Extract from NHS Employers, Briefing for board members; **NHS People Plan**, *We are the NHS: action for us all*

The plan sets out practical actions that employers and systems should take, as well as the actions that NHSEI and HEE will take. It focuses on:

- Looking after our people – with quality health and wellbeing support for everyone.
- Belonging in the NHS – with a particular focus on the discrimination that some staff face.
- New ways of working – capturing innovation, much of it led by our NHS people.
- Growing for the future – how we recruit, train and keep our people, and welcome back colleagues who want to return.

Each system is asked to develop a local People Plan in response to the national plan, to be reviewed by regional and system level People Boards.

Our NHS People Promise is central to the plan both in the next nine months and in the longer term. It has been developed to help embed a consistent and enduring offer to all staff in the NHS. From 2021 the annual NHS Staff Survey will be redesigned to align with Our People Promise:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

Staff within the CCG are now working through the requirements of the plan and are creating an implementation plan comprising over 80 tasks that are being delivered between September 2020 and March 2021.

The CCG's are currently recruiting to the post of Director of Strategic Partnerships that will be key role within the leadership team. To ensure alignment of our workforce and culture to truly integrated and partnership working within the borough of Sefton, there is a requirement of that role to lead on the implementation of the local Peoples Plan.

It is recommended that the oversight of the delivery of that plan is formally delegated to the CCG's Finance and Resources Committee that will provide onward assurances to the governing body on the progress that is being made.

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.

7. Shaping Care Together

In conjunction with West Lancashire CCG, Southport & Formby CCG is working with Southport & Ormskirk Hospitals Trust on an engagement programme with staff, partners and the local public. This is looking at understanding the various pressures on the health and care system within the Southport & Ormskirk area; how best to meet the health needs of the local population; and consider how best to develop solutions to the problems that we identify. Services will continue as they do now taking into

account the COVID-19 challenges whilst considering the longer term planning approach and it is important to note that this is a listening exercise, not a formal consultation at this early stage and no decisions have been made. The programme will inform a pre-consultation business case which will be subject to NHS England and NHS Improvement approval before we move to formal consultation on any options for change.

A Joint Committee between the two CCGs has been established to oversee this work. Further information will be provided at future Governing Body meetings.

To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.

8. Haemato-Oncology – The Clatterbridge Cancer Centre Liverpool

On 18th September, the Interim Director of Operations at the Clatterbridge Cancer Centre Liverpool wrote to the CCG advising that the Haemato-Oncology (blood cancer) inpatient wards were now open in the new Clatterbridge Cancer Centre – Liverpool. We opened the wards on Tuesday 15th September with the current inpatients moving across from wards in the Royal Liverpool University Hospital. It is reported that the move went well and the patients and staff have settled in well into their new surroundings.

The success of the move is testament to an immense amount of hard work by teams in The Clatterbridge Cancer Centre and colleagues at Liverpool University Hospitals NHS Foundation Trust, working together in close partnership along with NWAS, NHS Blood and Transplant and others.

9. NHS Phase 3

On 20th October 2020, Bill McCarthy, Executive Regional Director North West wrote to NHS colleagues setting out the key priority areas of focus for the coming months, which includes but is not limited to:

- Nosocomial infection rates remain high across the North West and there is a requirement for every board and governing body to sighted and satisfied with the detailed plans and compliance measures in place.
- Sustained risks assessments of all staff at risk with particular focus on our BAME workforce.
- Ongoing support to care homes
- Supporting people with learning disabilities and/or autism
- Continuing to support the NHS to recover

10. 2019 staff survey and COVID-19 staff survey 2020

Over recent months the CCG has been using the results of the 2019 national NHS staff survey and a CCG specific COVID-19 staff survey to ensure that staff feedback drives our development. The overall results from the national survey remain positive and broadly comparable with previous years with the CCG performing at or above the average on most of the main themes when compared with other CCGs.

Analysis of this year's results have led the Leadership Team to explore ways that colleagues can be supported, especially where there is pressure on workload and as a result a number of additional roles have been created, in different teams, to address identified capacity issues.

In June, an additional internal survey was carried out to assess the impact of COVID-19 on our staff and ways of working.

The survey helped us gain insight into how our teams are coping with the new working practices and how the CCG could support them both professionally and with any health and wellbeing issues. A task and finish group has been set up and is working closely with our lead for Corporate Services to identify key points from the survey, which can be used to inform our working practices now in the future.

11. Data Security and Protection (DSP) Toolkit

The CCG has submitted its DSP Toolkit to NHS Digital ahead of the revised deadline of 30th September 2020. The process was overseen by the CFO and the chair of the Audit Committee. The CCG has further work to ensure that all its personal identifiable data is securely managed and overseen by an Information Asset Owner / Administrator. Training updates have been delivered for CCG team members undertaking these roles and further work will continue over the next 2 months to ensure that processes are embedded in the CCG's business as usual operations.

To ensure 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.

12. CCG Financial Allocations

The CCG's financial allocations have been confirmed as part of the new financial framework issued by NHSE/I for the remainder of the 2020/21 financial year. There are four components to the commissioning allocation. The CCG's original recurrent allocation for 2020/21 forms the basis of the main allocation and the same principle has been applied to primary care allocations.

The CCG has been allocated a share of the system-wide "top-up" funding in the form of a deficit control total. There is flexibility to change this control total within the overall level of resources allocated across Cheshire and Merseyside. The CCG has also been allocated a share of additional resource to cover forecast COVID expenditure during the period as well as a smaller element of funding relating to overall growth.

The CCG has been working alongside its local partner organisations and the wider Cheshire Merseyside area to forecast likely expenditure patterns during this unpredictable period and the Governing Body will continue to receive regular updates and reports relating to the CCG's progress and financial position.

There is a further report and update from the Deputy Chief Officer/Chief Finance Officer on the agenda today.

To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).

13. Improving language services in Sefton GP practices

We have joined a Liverpool CCG exercise aiming to ensure more consistent provision of language services used in GP practices - including interpreters, translated materials and alternative format information. Currently each organisation is responsible for commissioning their own language services but sometimes this has led to variations in the quality and consistency of service provided to patients. This process will introduce a single, more consistent approach to contracting arrangements across practices in the borough. To help inform the contracting process, Liverpool CCG has been asking for views of service users, health professionals, community groups, and interpreters/translators in the area from September through to November.

14. Update on Out of Hours Procurement

The Primary Care Out of Hours Contract went to procurement earlier in the year. The contract was awarded to PC24 however the contract start date was delaying due to the COVID pandemic. Mobilisation of the main contract components for the 1st April 21 commencement is now proceeding at pace. PC24 are working with existing providers to progress plans and we do not anticipate any delays.

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.

15. Borough based working

A senior leader development session was held with Mike Farrar in September to discuss how planning and delivery across Sefton can be accelerated. This resulted in widespread agreement that partners need to reaffirm a joint vision for Sefton together with a set of principles that underpin how they will work together.

The Sefton operating model is based on the interconnections between four key programmes of work: Primary Care Networks, the Provider Alliance, Integrated Commissioning and Shaping Care Together (acute services redesign programme in Southport & Formby). The session highlighted that we need to strengthen these interconnections through partnership working and create a governance structure that strengthens and enables delivery. Work to support this approach is on-going.

Consideration is being given to the role of various boards that support the partnership work. Related to this, the Integrated Commissioning Group is starting to consider its priorities for 2020/21, which aligns with the CCGs developing their commissioning intentions.

The priorities will follow a “golden-thread” approach to ensure they support delivery of Living Well in Sefton and Sefton2gether, as well as supporting delivery of the CCGs QIPP plans where appropriate.

16. Provider Alliance

At the Sefton Provider Alliance meeting in October, the Alliance reflected on the progress made in 2020 so far which includes:-

- Investment in delivery via a system-level PMO
- Agreement of a vision, objectives and a clear programme of work across partners
- Agreement a model of care – Community First
- Agreement of a framework for delivery of its objectives
- Continued support to delivery of ICTs
- Mobilised a further 8 work streams aligned to agreed delivery framework
- Strengthening connection with the VCF sector
- Agreed delivery mechanism for Sefton Strategic plans (HWB strategy and Sefton2gether)
- Agreement that the Alliance is the emerging integrated care partnership in Sefton
- Agreement of a model for phased delivery of an ICP.

The Alliance has also agreed the following as its programme of work over the next 6 months:

- Collaborative development of a 'Roadmap to ICP' for sign off early 2021
- Simultaneous development of draft MOU by 31 March 2021.

To progress a potential CCG merger to have in place an effective clinical commissioning group function.

17. Changing commissioning landscape

Work is now underway to develop a roadmap that establishes the mechanism for joint decision making for CCG commissioning across the Cheshire & Merseyside Health Care Partnership (HCP). This work responds to the NHSE direction to develop one CCG per ICS.

The Chair and Chief Officer are actively involved in the working group of Cheshire & Mersey CCGs alongside the Chief Officer Jackie Bene at the (HCP) to co design the potential options to achieve the changes by April 2022.

18. Recommendation

The Governing Body is asked to

- *Receive this report.*
- *Delegate responsibility for overseeing delivery of the CCG's People Plan to the Finance and Resources Committee*

On a final and very sad note, I would like to pay tribute to our former CCG colleague Roger Pontefract, who recently passed away. Roger was a very well respected colleague not only for Southport and Formby CCG but also in his prior non-executive director role at Sefton PCT and was a real champion for the local people. Our sincere condolences are with his family at this incredibly difficult time.

Fiona Taylor
Chief Officer
November 2020

**MEETING OF THE GOVERNING BODY
NOVEMBER 2020**

Agenda Item: GB20/149.1	Author of the Paper: Martin McDowell Deputy Chief Officer Email: Martin.Mcdowell@southportandformbyccg.nhs.uk Tel: 0151 317 8350	Clinical lead: N/A						
Report date: November 2020								
Title: Southport & Formby Clinical Commissioning Group Integrated Performance Report								
<p>Summary/Key Issues: This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group.</p> <p>Please note the effects of COVID-19 are noticed in month 5 across a number of performance areas.</p>								
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>		<table border="1"> <tr> <td>Receive</td> <td align="center"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td align="center"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>							
Approve	<input type="checkbox"/>							
Ratify	<input type="checkbox"/>							

Links to Corporate Objectives 2020/21 (x those that apply)	
	To support the implementation of Sefton2gether and it's positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To ensure 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.

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 Clinical Commissioning Group

Integrated Performance Report

Contents

1. Executive Summary	11
2. Planned Care	15
2.1 Referrals by Source	15
2.2 NHS e-Referral Service (e-RS)	17
2.3 Diagnostic Test Waiting Times	18
2.4 Referral to Treatment Performance (RTT).....	19
2.4.1 Referral to Treatment Incomplete Pathway – 52+ Week Waiters	20
2.4.2 Provider assurance for long waiters	22
2.5 Cancelled Operations.....	23
2.5.1 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.....	23
2.6 Cancer Indicators Performance.....	24
2.6.1 104+ Day Breaches	25
2.6.2 Faster Diagnosis Standard (FDS)	26
2.7 Planned Care Activity & Finance, All Providers	26
2.7.1 Southport & Ormskirk Hospital NHS Trust.....	28
2.7.2 Isight	29
3. Unplanned Care	30
3.1 Accident & Emergency Performance.....	30
3.1.1 A&E 4 Hour Performance.....	30
3.1.2 A&E 12 Hour Breaches: Southport & Ormskirk Trust	31
3.2 Urgent Care Dashboard	32
3.3 Ambulance Performance Indicators	34
3.4 Ambulance Handovers.....	35
3.5 Unplanned Care Quality Indicators.....	36
3.5.1 Stroke and TIA Performance.....	36
3.5.2 Healthcare associated infections (HCAI): MRSA.....	37
3.5.3 Healthcare associated infections (HCAI): C. Difficile	38
3.5.4 Healthcare associated infections (HCAI): E Coli.....	39
3.5.5 Hospital Mortality – Southport & Ormskirk Hospital NHS Trust.....	39
3.6 Unplanned Care Activity & Finance, All Providers	40
3.6.1 All Providers.....	40
3.6.2 Southport & Ormskirk Hospital NHS Trust.....	41
4. Mental Health.....	42
4.1.1 Eating Disorder Service (EDS).....	42
4.2 Cheshire & Wirral Partnership (Adult).....	43
4.2.1 Improving Access to Psychological Therapies: Access	43
4.2.2 Improving Access to Psychological Therapies: Recovery.....	43
4.3 Dementia	44
5. Community Health.....	45

5.1	Adult Community Services (Lancashire & South Cumbria NHS FT)	45
5.1.1	Quality	45
5.2	Any Qualified Provider (AQP)	45
6.	Children’s Services	46
6.1	Alder Hey NHS FT Children’s Mental Health Services	46
6.1.1	Improve Access to Children & Young People’s Mental Health Services (CYPMH)	46
6.1.2	Waiting times for Routine/Urgent Referrals to Children and Young People’s Eating Disorder Services	46
6.1.3	Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 12 and 30 weeks	47
6.1.4	Children and Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 12 and 30 weeks	48
6.2	Child and Adolescent Mental Health Services (CAMHS)	49
6.2.1	% Referral to Choice within 6 weeks	49
6.2.2	% Referral to Partnership within 18 weeks	50
6.3	Children’s Community (Alder Hey)	51
6.3.1	Paediatric Speech & Language Therapies (SALT)	51
6.3.2	Paediatric Dietetics	51
6.4	Alder Hey Activity & Performance Charts	52
7.	Appendices	53
7.1.1	Incomplete Pathway Waiting Times	53
7.1.2	Long Waiters analysis: Top Providers	53
7.1.3	Long waiters analysis: Top Provider split by Specialty	54

Summary Performance Dashboard

Metric	Reporting Level	2020-21														
		Q1			Q2			Q3			Q4			YTD		
		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 & Formby CCG	RAG	R	R	R	Not available	Not available								R	
		Actual	68.8%	74.1%	53.1%											65.3%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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 & Formby CCG	RAG	R	R	R	R	R								R	
		Actual	62.68%	63.67%	51.17%	32.35%	27.02%									
		Target	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport & Formby CCG	RAG	R	R	R	R	R								R	
		Actual	79.96%	70.87%	58.29%	54.96%	61.68%									
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
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 & Formby CCG	RAG	R	R	R	R	R								R	
		Actual	6	10	17	36	62									131
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations																
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 & Ormskirk Hospital	RAG	R	G	G	R	R								R	
		Actual	2	0	0	4	3									9
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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 & Ormskirk Hospital	RAG	G	G	G	G	G								G	
		Actual	0	0	0	0	0									0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times																
<p><u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer</p>	Southport & Formby CCG	RAG	G	G	G	G	G								G	
		Actual	94.39%	98.05%	99.3%	98.04%	93.17%									96.72%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer</p>	Southport & Formby CCG	RAG	G	R	R	R	R								R	
		Actual	100%	91.67%	90.0%	90.32%	91.18%									91.09%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<p><u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> 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</p>	Southport & Formby CCG	RAG	G	R	R	G	R								G	
		Actual	100%	94.87%	95.24%	98.41%	94.55%									96.70%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)</p>	Southport & Formby CCG	RAG	G	G	R	G	R								R	
		Actual	100%	100%	70.0%	100%	91.67%									91.11%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)</p>	Southport & Formby CCG	RAG	G	G	R	G	G								G	
		Actual	100%	100%	87.50%	100%	100%									98.18%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)</p>	Southport & Formby CCG	RAG	G	G	G	G	R								G	
		Actual	95.24%	100%	100%	100%	93.75%									97.92%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<p><u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer</p>	Southport & Formby CCG	RAG	R	G	R	G	R								R	
		Actual	71.88%	86.96%	76.47%	89.74%	83.33%									81.58%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<p><u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.</p>	Southport & Formby CCG	RAG	G		R										R	
		Actual	100%	No pats	0%	No pats	No pats									40%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<p><u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.</p>	Southport & Formby CCG (local target 85%)	RAG			G	G										
		Actual	84.21%	62.50%	88.24%	100%	83.33%									84.85%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Accident & Emergency															
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	Southport & Formby CCG	RAG	R	G	G	R	R								R
Actual		92.74%	95.78%	95.62%	93.27%	89.02%									93.06%
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport & Formby CCG	RAG													
Actual		Not available	Not available	Not available	Not available	Not available									
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport & Formby CCG	RAG													
Actual		Not available	Not available	Not available	Not available	Not available									
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
HCAI															
Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) cumulative	Southport & Formby CCG	RAG	G	R	R	R	R								R
YTD		0	1	1	1	1									1
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	Southport & Formby CCG	RAG	G	R	R	R	R								R
YTD		3	7	12	12	17									17
Target		1	2	3	4	5	6	7	8	9	10	11	12	12	12
Number of E.Coli Incidence of E.Coli (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G	R	G	R								G
YTD		4	18	30	38	53									53
Target		9	18	27	39	48	57	66	75	83	91	100	109	109	109

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
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 & Formby CCG	RAG	G												G
		Actual	97.26%												97.26%
		Target	95%			95%			95%			95%			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.	Southport & Formby CCG	RAG	G												G
		Actual	77.55%												77.55%
		Target	60%			60%			60%			60%			60%
IAPT (Improving Access to Psychological Therapies)															
<u>IAPT Recovery Rate (Improving Access to Psychological Therapies)</u> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport & Formby CCG	RAG	R	G	G	G	G								G
		Actual	37.33%	56.96%	60.19%	56.19%	58.33%								53.95%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<u>IAPT Access</u> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport & Formby CCG	RAG	R	R	R	R	R								R
		Actual	0.63%	0.42%	0.70%	0.73%	0.72%								3.20%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	
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 & Formby CCG	RAG	G	G	G	G	G								G
		Actual	98.61%	97.44%	99.10%	97.14%	98.86%								98.61%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
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 & Formby CCG	RAG	G	G	G	G	G								G
		Actual	100%	100%	100%	100%	98.86%								100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Dementia															
<u>Estimated diagnosis rate for people with dementia</u> Estimated diagnosis rate for people with dementia	Southport & Formby CCG	RAG	R	R	R	R	R								R
		Actual	65.20%	63.94%	63.68%	64.00%	64.00%								64.16%
		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		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Learning Disability Health checks															
No of people who have had their Annual LD Health Check	Southport & Formby CCG	RAG	No new update available for Q1												
		Actual													
		Target													
Severe Mental Illness - Physical Health Check															
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	Southport & Formby CCG	RAG	R											R	
		Actual	32.1%											32.1%	
		Target	50%			50%			50%			50%			50%
Children & Young People Mental Health Services (CYPMH)															
Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	Southport & Formby CCG	RAG	G											G	
		Actual	17.8%												
		Target	8.75%			8.75%			8.75%			8.75%			35% YTD
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 & Formby CCG	RAG	To be updated in month 6 report												
		Actual													
		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 & Formby CCG	RAG	To be updated in month 6 report												
		Actual													
		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 & Formby CCG	RAG	Data submission paused due to COVID												
		Actual													
		Target	92.00%			92.00%			92.00%			92.00%			92.00%

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 5 (note: time periods of data are different for each source).

Constitutional Performance for August and Q1 2020/21	CCG	S&O
Diagnostics (National Target <1%)	27.02%	22.06%
Referral to Treatment (RTT) (92% Target)	61.68%	66.04%
No of incomplete pathways waiting over 52 weeks	62	38
Cancelled Operations (Zero Tolerance)	-	3
Cancer 62 Day Standard (Nat Target 85%)	83.33%	79.63%
A&E 4 Hour All Types (National Target 95%)	89.02%	88.95%
A&E 12 Hour Breaches (Zero Tolerance)	-	1
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	37
Ambulance Handovers 60+ mins (Zero Tolerance)	-	16
Stroke (Target 80%)	-	78.00%
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	Not Available	0
CPA 7 Day Follow Up (95% Target) 2020/21 - Q1	97.26%	-
EIP 2 Weeks (60% Target) 2020/21 - Q1	77.55%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.72%	-
IAPT Recovery (Target 50%)	58.3%	-
IAPT 6 Weeks (75% Target)	98.9%	-
IAPT 18 Weeks (95% Target)	99%	-

To Note:

Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response the decision was made to pause the collection and publication of several official statistics, these include Friends and Family Test (FFT), Mixed Sex Accommodation (MSA), Delayed Transfers of Care (DToC), cancelled operations, occupied bed days, CQC inspections, wheelchair return (QWC1), Oversight Framework (OF), Better Care Fund (BCF) and NHS England monthly activity monitoring. These measures will be updated as soon as the data becomes available and will be incorporated back into the report.

Data quality issues due to the impact of COVID-19 remain within the data flows for referrals and contract monitoring.

Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period and this has been clinically prioritised. Work is underway locally in the Southport & Ormskirk system to increase the urgent elective activity. Again this will be done in a clinically assessed method. Some of the additional activity is being undertaken through utilising the nationally agreed independent sector contracts. It is anticipated these contracts will be extended to the end of December 2020.

In conjunction with the Cheshire & Mersey Hospital Cell (established to co-ordinate acute hospital planning resulting from the COVID-19 pandemic) demand and capacity is being assessed. Southport and Ormskirk trust have continued to deliver routine elective activity throughout the pandemic. A greater proportion of activity is now being delivered via virtual systems (i.e. attend anywhere) in line

with phase 3 requirements. System wide waiting list management is being considered to maximise the capacity available and to standardise waiting times where possible. There have been increases in waiting list numbers and patients waiting longer than 52 weeks. These patients are being prioritised for treatment. At this stage there are no estimates to indicate when the waiting lists and waiting times will be at pre-COVID-19 levels.

Trends show that total secondary care referrals have decreased by -9.9% (688) from the previous month in August 2020 following three consecutive monthly increases. However, they have remained below historical levels for a number of months, which has resulted in a statistical drop in the average number of total, GP and consultant to consultant referrals. Overall, referrals to Southport Hospital have decreased by -44% year to date at month 5.

The CCG failed the less than 1% target for Diagnostics in August, recording 27.02%, an improvement on last month's performance (32.35%). Southport and Ormskirk have also shown an improvement in performance again this month reporting 22.06%.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in August was 61.68% an improvement on last month's performance (54.96%). Southport & Ormskirk reported 66.04% this is also an improvement for the Trust.

In August, the CCG reported 62 patients waiting over 52 weeks for treatment an increase from 36 last month. Southport & Ormskirk reported 38 over 52 week waiters, after 12 were reported the previous month.

For month 5, Southport & Formby CCG are achieving 5 of the cancer indicators and Southport & Ormskirk Trust is achieving 4 of the 9 cancer measures.

Month 5 of the financial year 2020/21 has shown significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS first phase response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. Although some recovery of activity has been apparent following the first phase of the NHS response, activity levels remain well below historical averages. However, a further increase in elective capacity is anticipated as part of the phase three NHS response to the pandemic.

Unplanned Care

The CCGs performance against the 4-hour target for August reached 89.02% (93.06% year to date). For type 1, a performance of 83.76% was reported (90.57% year to date). Southport & Ormskirk is also under the 95% target reporting 88.95% (93.11% year to date).

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 has not been met and was severely adversely impacted upon by COVID which began to affect delivery in Q4 last year and has continued through to Q1 and Q2 this year. The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that North West Ambulance Service (NWAS) needs to meet demand and the targets, including the ratio of Double Crewed Ambulance (DCA) v Rapid Response Vehicle (RRV) and staffing. This review will take circa 15 weeks and is scheduled to report at the end of September, beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards. CCG commissioners have been provided with a briefing that was presented to the July meeting of the Cheshire & Mersey UEC Network Board that provides a broader review of NWAS through the pandemic to date outlining key impacts and lessons learned to inform the future service model.

The CCG reported a first case of MRSA in May with no new cases in August. Southport & Ormskirk reported 1 case in April which breaches the zero tolerance threshold for 2020/21. No new cases have been reported in August.

For *C difficile*, the CCG reported 5 new cases of *C difficile* cases in August (17 year to date) against a year to date plan of 11. National objectives have been delayed due to the COVID-19 pandemic and so the CCG is measuring against last year's objectives.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in *E.coli* for 2020/21 and are reporting against last year's target of 109. In August there were 15 cases (53 YTD) against a target of 48. There are no targets set for Trusts at present.

Month 5 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain below historical averages. However, further increases in activity levels are anticipated as part of the phase three NHS response to the pandemic.

Mental Health

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership performance was 0.72% in August so failed to achieve the target standard of 1.59%. The percentage of people moved to recovery was 58.3% in August, which for the fourth month has achieved the 50% target.

Early Intervention Psychosis (EIP) is achieving the threshold of 60%.

Demand for Autism Spectrum Disorder (ASD) assessment and diagnosis (270 approx. per year in Sefton) is in excess of assessment capacity and the Commissioners received an investment case in September detailing options for investment. This is currently being reviewed and Sefton CCGs have also requested a proposal for a waiting list initiative which potentially could be put in place prior to any agreed recurrent investment/new service model.

In August the dementia diagnostic measure continues to fall under the 66.7% plan reporting 64%, as per last month. To note this target was achieved for Southport & Formby CCG for the whole of 2019/20.

Timeliness of communication with primary care continues to be a concern and was picked up with the Trust at next CQPG in August 2020. The Trust reported that the pandemic had impacted on performance, the Trust was reminded of the clinical risk associated with the KPI and the expectation is that performance must improve. This may also contribute to dementia diagnosis underperformance. CCGs await the next Q2 figures.

For sickness, against a plan of 5%, the Trust reported a sickness absence rate of 6.4% in August compared to 7.2% in July.

Community Health Services

The Contract & Clinical Quality Review Meetings (CCQRM) have been reinstated from June 2020 with a recommencement of the Information Sub Group in October 2020. Focus will remain on COVID-19 recovery planning and understanding service specific issues e.g. staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19. Trust colleagues have highlighted an increase in referrals and activity for a number of service lines and we will continue to monitor performance.

Children's Services

In the move to phase three of the pandemic response, Alder Hey has been focusing on the restoration of community services and Child and Adolescent Mental Health Services (CAMHS), increasing delivery capacity to achieve pre-COVID levels of activity where possible, focusing specifically on the increase in face to face activity in clinic and school settings. This includes ensuring that relevant PPE is available and patient specific risk assessments are carried out.

The positive increase in community therapy services provision has enabled services to focus on reducing the numbers of children and young people who have been waiting the longest, reducing the size of waiting lists, notably for SALT. Services continue to carry out local risk assessments and prioritise Allied Health Professional (AHP) caseloads and new referrals in accordance with risk and needs of the child/young person. During August, environmental risk assessments also took place to support a return of therapists into school settings in September.

The Alder Hey CAMHS team continues to work to the service recovery plan which it has shared with the CCG. The CCG is currently considering the plan and the potential risks associated with an increase in referrals. The modelling predicts that the RTT will return to pre-COVID-19 levels by December 2020 if referral levels remain constant; however, if there is a 15% surge in referrals, expected recovery of the trajectory will be delayed until March 2021. Currently, the actions are progressing in line with the improvement plan and the service is on track to achieve the agreed improvements in waiting times by December 2020, assuming no significant impact from COVID in terms of referral increases and staff sickness/absence.

Following the publication of the national Q1 Eating Disorders Service data, the Trust highlighted a number of anomalies which are being investigated. It is anticipated that the matter will be resolved imminently.

Discussions between the CCG's finance lead and the Trust are scheduled to clarify local investment and funding in line with national Mental Health Investment Standard (MHIS).

The SEND performance and direction of travel for CAMHS, community therapies and ASD/ADHD are consistent. Whilst most services predict that they will achieve their waiting time targets in line with the improvement plans and trajectories, the Trust has flagged the potential impact of the return to school on referral numbers and the ability of schools to support delivery and share information; also the risks posed by a second wave of COVID-19 on the ability to achieve and sustain the waiting time standards which will be closely monitored.

CCG Peers

The CCG has 10 NHS RightCare peer CCGs who are most demographically similar to them. RightCare peer CCGs provide realistic comparisons and take into account demographic factors such as deprivation and age. For Southport & Formby these are Eastbourne, Hailsham & Seaford, Flyde & Wyre, Isle of Wight, Castle Point & Rochford, Wyre Forest, South Eastern Hampshire, Nottingham North & East, South Kent Coast, Nottingham and Fareham & Gosport CCGs. Where the data is available the CCG has been ranked against these CCGs for information, best performing being ranked first.

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			
	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%
April	2545	568	-1977	-77.7%	2075	887	-1188	-57.3%	5553	1875	-3678	-66.2%
May	2824	672	-2152	-76.2%	2266	1125	-1141	-50.4%	6113	2210	-3903	-63.8%
June	2461	1086	-1375	-55.9%	1974	1642	-332	-16.8%	5338	3186	-2152	-40.3%
July	2890	1443	-1447	-50.1%	2429	1853	-576	-23.7%	6329	3891	-2438	-38.5%
August	2344	1158	-1186	-50.6%	2145	1728	-417	-19.4%	5329	3504	-1825	-34.2%
September	2359				2271				5507			
October	2708				2299				6078			
November	2735				2164				5804			
December	2022				1867				4645			
January	2697				2325				5994			
February	2431				2059				5446			
March	1684				1689				4165			
Monthly Average	2475	985	-1490	-60.2%	2130	1447	-683	-32.1%	5525	2933	-2592	-46.9%
YTD Total Month 5	13064	4927	-8137	-62.3%	10889	7235	-3654	-33.6%	28662	14666	-13996	-48.8%
Annual/FOT	29700	11825	-17875	-60.2%	25563	17364	-8199	-32.1%	66301	35198	-31103	-46.9%



Figure 1 - Referrals by Source across all providers for 2018/19, 2019/20 & 2020/21





Month 5 Summary:

- Trends show that total secondary care referrals have decreased by -9.9% (-387) from the previous month in August 2020 after three consecutive monthly increases. However, they have remained below historical levels for a number of months, which has resulted in a drop in the average number of total, GP and consultant to consultant referrals.
- It should also be noted that there were three fewer working days during August-20 when comparing to the previous month and so this is likely to have had an impact on referral numbers reported.
- GP referrals are currently -62.3% down on the equivalent period in the previous year. Also, taking into account working days, further analysis has established there have been approximately -5 less GP referrals per day in August 2020 when comparing to the previous month.
- Overall, referrals to Southport Hospital have decreased by -44.1% (-8,414) year to date at month 5.
- Consultant-to-consultant referrals at Southport Hospital are -30% (-2,578) lower than in the equivalent period of 2019/20. An increase in consultant-to-consultant referrals was previously noted as a result of ambulatory care pathways implemented at the Trust.
- Ophthalmology was the highest referred to specialty for Southport & Formby CCG in 2019/20. Year to date referrals to this speciality in 2020/21 are approximately -61.9% (-1,872) lower than the previous year.
- In terms of referral priority, all priority types have seen a decrease at month 5 of 2020/21 when comparing to the previous month and remain well below historical levels. The largest year to date variance has occurred within routine referrals with a variance of -54.7% (10,330) to the previous year.
- Although there remains a -21% year to date reduction in two week wait referrals when comparing to the previous year, analysis suggests a recovery for this priority grouping with the 708 referrals reported in July-20 representing the highest monthly total of the last 2 years. Referrals to General Surgery specialty as well as Breast Surgery and Dermatology are responsible for this increase.
- Significant decreases have been evident within key (high volume) specialities such as Gynaecology, ENT, Ophthalmology, Clinical Physiology and Trauma & Orthopaedics.



2.2 NHS e-Referral Service (e-RS)

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	Mar-20	Apr-20	May-20	Jun-20	The national NHS ambition was that E-referral Utilisation Coverage should be 100% by the end of Q2 2018/19.	
		80.5%	68.8%	74.1%	53.1%		
		Mar-19	Apr-19	May-19	Jun-19		
		84.0%	80.0%	81.9%	92.6%		
		Plan: 100%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Due to the COVID-19 pandemic, providers may have been receiving more referrals as appointment slot issues (ASI) rather than as direct bookings. In many cases, these have not yet been booked in e-RS. As a result, the utilisation percentage may show a lower figure than usual, as there will be fewer bookings recorded against the number of referrals raised from the Monthly Activity Return (MAR) data. In light of the issues in the national reporting of e-RS utilisation, a local referrals flow submitted by the CCGs main hospital providers has been used locally to enable a GP practice breakdown. June data shows an overall performance of 88.5% for Southport & Formby CCG, a decline on the previous month (82.1%). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The phase 3 recovery letter set an expectation that elective activity/performance should resume to near normal levels before winter 2020/21, however recovery is dependent any second surge of COVID. An expectation will be that more capacity will be available for elective activity, nearing pre-COVID levels, however ERS capacity requires careful management to ensure equity of provision. This is based on an assumption that elective activity will resume back to near normal levels by winter 2020/21. The System management Group are reviewing the phase 3 response by exception. Planned Care Team has appointed a new commissioning project manager who will lead the review the of CCGs outpatient strategy, which will look to focus on the reduction of unwarranted variation, leading to an improvement in capacity, supporting the improvement in ERS utilisation. 							
When is performance expected to recover:							
Performance is expected to improve by October 2020.							
Quality:							
Safety netting is in place, via the ERS appointment slot issues functionality, allowing providers to pick up patients referred via ERS were appointments are not available.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		Rob Caudwell			Terry Hill		

2.3 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	May-20	Jun-20	Jul-20	Aug-20		
		CCG	63.67%	51.17%	32.35%	27.02%	
		S&O	57.60%	49.84%	30.20%	22.06%	
		Previous year	May-19	Jun-19	Jul-19	Aug-19	
		CCG	3.71%	5.20%	4.35%	4.51%	
S&O	4.14%	5.30%	4.09%	3.72%			
		National Target: less than 1%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> For the CCG, out of 2,350 patients, 635 patients were waiting over 6 weeks, (of those 285 were waiting over 13 weeks) for their diagnostic test. In comparison, August last year had a total waiting list of 2,130 patients, with 96 waiting over 6 weeks (of those 2 were waiting over 13 weeks). The majority of long waiters were for neurophysiology (100), echocardiography (94), CT (89), gastroscopy (87) and audiology (78) this makes up 70.5% of the breaches. Impact on performance due to COVID-19 pandemic but is showing improvement. Measuring against the CCG Peers, Southport & Formby CCG lies 3rd in the rankings (1st being best performing). New IPC (Infection Prevention Control) guidance is having an adverse effect on the available capacity. Reduced throughput in theatres a result of new IPC guidance. S&O part of an NHSE staff COVID swabbing initiative (1/11 trusts nationally) for front line staff. Anticipated that beside the logistical issues in swabbing all front line staff, the resulting positive cases and staff isolating, may impact on the Trusts sickness/absence rates and ability to deliver its elective activity. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going. The CCG to agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist. Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Clinical and Contract Quality Review Meeting (CCQRM) as appropriate. System Management Board (SMB) have agreed the vision and key principles of the recovery framework, with key priorities for the local system. A focus on priority 1 area's has been agreed, due to the expectations of a second surge in COVID and a trust focus on ensuring that appropriate COVID measures are in place. Work with system partners to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid). Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. 							
Trust Actions:							
<ul style="list-style-type: none"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery including discussing proposal with regards to surgical hubs and system PTL/waiting lists. The key elements to restore the elective programme will be to maximise the Ormskirk site and take advantage of the partnership arrangement in place with Renacres Ramsey HealthCare. This work is being progressed through the command and control arrangements. Renacres endoscopy theatre commissioned 1 theatre for 4 days to support improved endoscopic activity. Contract over-performing In a positive way.. Participate in the national 'waiting list validation' exercise utilising the NHS E reviewer system to clinically validate waiting lists which will support the optimisation of acute resources. 							
When is performance expected to recover:							
No dates for recovery provided.							
Quality:							
No quality concerns raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Cameron Ward		Rob Caudwell		Terry Hill			

2.4 Referral to Treatment Performance (RTT)

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		May-20	Jun-20	Jul-20	Aug-20	
		CCG	70.87%	58.28%	54.96%	61.68%	
		S&O	73.05%	60.15%	57.62%	66.04%	
		Previous year	May-19	Jun-19	Jul-19	Aug-19	
		CCG	93.52%	92.79%	92.00%	91.10%	
S&O	94.22%	93.57%	92.72%	92.57%			
		Plan: 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • August is showing an improvement in performance after months of decline due to the COVID-19 pandemic. • An issue remains with Gynaecology which has been severely compromised with shortage of the medical workforce reporting 64.4% with 291 breaches, other failing specialities are ENT, Urology, Rheumatology and Ophthalmology. • The number of waiters over 30 weeks is currently 814 and continues to increase. • Measuring against the CCG Peers, Southport & Formby CCG lies 4th in the rankings (1st being best performing). • Performance significantly affected due to the pandemic with national directive to defer all non-urgent clinical activity in April 2020. • New IPC (Infection Prevention Control) guidance is having an adverse effect on available capacity. • Reduced throughput in theatres a result of new IPC guidance • S&O Trust, submitted a phase 2 capital programme business case to the hospital cell for additional capital monies to reconfigure estate to enable opening up of additional theatres, however bid rejected. • Trust utilising 5 out of 7 in house theatres, and 1 theatre at Renacres (4 days a week) • Staff vacancy impacting Trusts ability to maximise all theatres. • S&O part of an NHSE staff COVID swabbing initiative (1/11 trusts nationally) for front line staff. Anticipated that beside the logistical issues in swabbing all front line staff, the resulting positive cases and staff isolating, may impact on the Trusts sickness/absence rates and ability to deliver its elective activity. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> • As with diagnostics, collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability is on-going. • The CCG will agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist. • Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers. • System Management Board (SMB) have agreed the vision and key principles of the recovery framework, with key priorities for the local system. A focus on priority 1 area's has been agreed, due to the expectations of a second surge in COVID and a trust focus on ensuring that appropriate COVID measures are in place. • Work with system partners to enable a co-ordinated approach to ensure equality of access and best use of resource during the recovery phase and beyond (including mutual aid), including discussing proposal with regards to surgical hubs and system PTL/waiting lists. • Review recovery plans of smaller independent providers, that sit outside of 'command and control' structures including indicative activity plans and waiting list size. 							
Trust Actions:							
<ul style="list-style-type: none"> • Independent Sector (Renacres) theatres commissioned (1 general theatre 4 days a week and 1 Endoscopy theatre, 3 days a week) and utilised. Currently over-performing on current contract. • Work is also ongoing with the clinical teams to improve throughput of elective theatres. • Review of Patient initiated follow ups across appropriate specialities (increase capacity as part of the Outpatients programme area). • Review agency staffing to understand opportunity to open up further theatre capacity. • Review of performance trajectories, and improved productivity. • Increase utilisation of video consultation in line with national expectations. 							
When is performance expected to recover:							
No dates for recovery provided.							
Quality:							
No quality issues raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Cameron Ward		Rob Caudwell		Terry Hill			

2.4.1 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.	
RED	TREND	May-20	Jun-20	Jul-20	Aug-20			
		CCG	10	17	36			62
		S&O	0	7	12			38
		Previous year	May-19	Jun-19	Jul-19			Aug-19
		CCG	0	0	0			0
		S&O	0	0	0			0
Plan: Zero								
Performance Overview/Issues:								
<ul style="list-style-type: none"> Of the 62 breaches for the CCG, there were 18 at Southport & Ormskirk, 17 at LUHFT and 27 at 11 other Trusts. Of the 18 breaches at Southport & Ormskirk, 10 were in Other, 7 were in Gynaecology and 1 in General Surgery. Impact of COVID-19 pandemic and national guidance to suspend all non-urgent clinical contacts resulted in increased levels of 52 week breaches. Measuring against the CCG Peers, Southport & Formby CCG lies 1st in the rankings (best performing). Regionally Trust experiencing further delays due to some patients being reluctant to attend during the pandemic, such patients are not to be discharged as per national guidance. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going. 								
Trust Actions:								
<ul style="list-style-type: none"> The Trust executive lead has escalated to the Hospital cell, the need for a regional approach to sharing of waiting lists to ensure equity of access and to mitigate risk of harm. HCP have proposed, as part of the national waiting list validation exercise to prioritise a system PTL for Trauma and Orthopaedic due to the significant backlogs regionally. Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. Trust to continue to prioritise clinically urgent patients and focus on long waiters. Trust continue to review patients on the waiting list and have processes in place to escalate patients if clinically required. National guidance in relation changes to nationally policy awaited, which may support patient pathways being temporarily paused were patients choose not to continue with treatment, citing COVID. 								
When is performance expected to recover:								
No dates for recovery provided. Expectation that the number of 52 week breaches will increase as a result of delayed treatments of patients <18 weeks pre-COVID-19 elective activity pause.								
Quality:								
No quality concerns raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Cameron Ward		Rob Caudwell		Terry Hill				

Figure 2 – CCG RTT Performance & Activity Trend

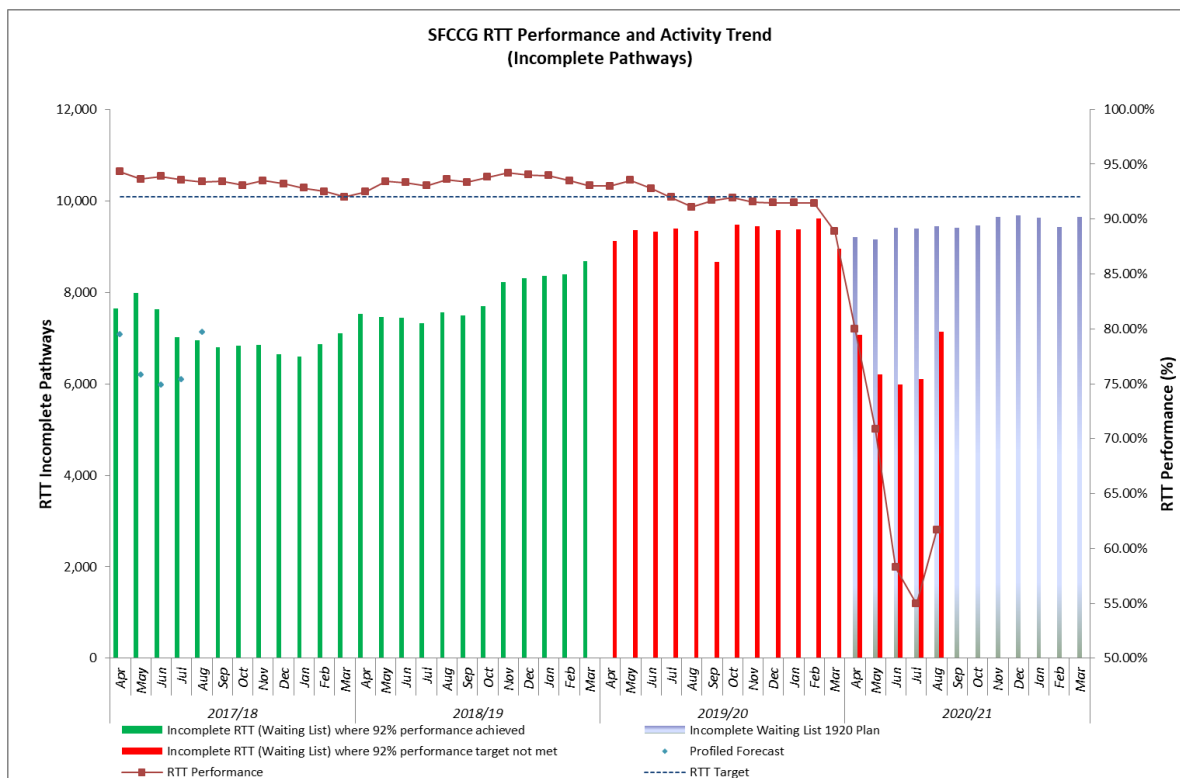


Figure 3 - Southport & Formby CCG and Southport & Ormskirk Trust Total Incomplete Pathways

Southport & Formby CCG

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	9,126	9,367	9,331	9,392	9,337	9,442	9,474	9,442	9,362	9,376	9,618	8,956	9,376
2020/21	7,072	6,204	5,983	6,101	7,135								7,135
Difference	-2,054	-3,163	-3,348	-3,291	-2,202								-2,241

S&O

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	11,189	11,242	11,050	11,171	11,041	11,118	11,158	10,891	10,986	11,264	11,532	9,903	11,264
2020/21	7,603	6,485	6,140	6,463	6,903								6,903
Difference	-3,586	-4,757	-4,910	-4,708	-4,138								-4,361

2.4.2 Provider assurance for long waiters



Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	219	18	At Trust level the number of 52 week waits has increase to 38 in August. It is expected that this profile will continue. The Trust is still experiencing numbers of patients deferring their treatments due to COVID-19 fears and these patients remain on the Waiting List and self-isolation requirements are also having an impact of patient treatment.
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	90	17	At Trust level the number of 52-week breaches has increased to 691 in August compared to 513 in July. The largest number of patients waiting in excess of 52 weeks are in T&O, General Surgery, Ophthalmology and Oral Surgery. In July, after all cancer and urgent patients had been accommodated, there was residual theatre capacity which has been used for long waiting routine patients. This has continued and increased throughout August.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (ROA)	8	5	As part of the previous recovery programme the Trust did not routinely provide patient level information on 52 week waiters/long waiters. This will need to be discussed internally how we are able to engage with commissioners regarding their long waiters.
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST : (RRF)	36	5	No Trust update.
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	3	4	Existing challenges with waiting times in this service exacerbated by impact of COVID 19. All patients was clinically reviewed and non-urgent, all since prioritised within the OPD Restart
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	16	3	Awaiting Date/Results for investigations. Delays due to COVID-19 and Diagnostic capacity.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST : (RWY)	1	2	The patient was sent a letter in early July advising that due to the global Coronavirus pandemic, the service was unable to plan any operations at the moment. As of 1st October 2020 there is still no Bariatric Surgery going ahead due to COVID-19.
ISIGHT : (NCR)	6	2	The elderly patient due to undertake Oculoplastic surgery had appointment cancelled/had to self isolate/cancelled surgery/declined surgery and had now reconsidered and operation due 19-9-20. Cancellation again by the patient will result in being discharged from the service.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST : (RBN)	31	2	1 patient had appointment cancelled by hospital awaiting TCI date. Second patient was unable to make several appointment dates so clock reset had to be made, TCI date 28-9-20.
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	16	1	As at 3rd October the Trust has 25 patients waiting between 52 and 77 weeks, 1 for Southport & Formby CCG. 11 patients have been dated, 6 patients were offered dates but declined. The 8 patients undated have been given outpatient appointments. All patients have incurred delays due to COVID-19 and MRI waits has also impacted delays.
SALFORD ROYAL NHS FOUNDATION TRUST : (RM3)	1	1	No Trust update.
WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST : (RWW)	0	1	Multiple patient cancellations.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RBL)	3	1	No Trust update.
All Other Trusts	161	0	No Trust Comments.
	591	62	

LUHFT comments:

There had been an inability to provide sufficient operational capacity to meet demand and to achieve operational standards for NHS providers, and maintain services during pandemic. In line with guidance, the Trust are validating their waiting list and ensuring patients are treated in order of clinical priority, not chronological order. There are weekly scheduling meetings to ensure efficient use of available capacity and to allocate residual capacity to specialities with the longest waiting times to reduce the number of 52 week breaches and prevent further breaches of this standard. All patients waiting 45 weeks or more are being monitored in detail.

2.5 Cancelled Operations

2.5.1 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	May-20	Jun-20	Jul-20	Aug-20		
		0	0	4	3		
		May-19	Jun-19	Jul-19	Aug-19		
		7	7	7	2		
Plan: Zero							
Performance Overview/Issues:							
<ul style="list-style-type: none"> Information provided by the Trust suggests theatre lists running over are the cause for the 3 cancelled operations in August. 							
Actions to Address/Assurances:							
Actions:							
<ul style="list-style-type: none"> 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 a Service Level Agreement (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. Trust also negotiating with Renacres in relation to utilising private anaesthetists to support full utilisation of theatres. 							
When is performance expected to recover:							
Recovery anticipated next month, however, this is dependent on COVID pressures.							
Quality:							
No quality concerns raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Cameron Ward		Rob Caudwell		Terry Hill			

2.6 Cancer Indicators Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Cancer Measures		Previous 3 months, latest and YTD					122a (linked)		
RAG	Measure		May-20	Jun-20	Jul-20	Aug-20			YTD
	2 Week Wait (Target 93%)	CCG	98.05%	99.30%	98.04%	93.17%	96.72%	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.	
		S&O	98.47%	99.28%	98.64%	92.82%	97.05%		
	2 Week breast (Target 93%)	CCG	91.67%	90.00%	90.32%	91.18%	91.09%		
		S&O	Not applicable						
	31 day 1st treatment (Target 96%)	CCG	94.87%	95.24%	98.41%	94.55%	96.70%		
		S&O	95.56%	97.92%	94.12%	92.68%	94.65%		
	31 day subsequent - drug (Target 98%)	CCG	100%	87.50%	100%	100%	98.18%		
		S&O	0 Pats	0 Pats	100%	0 Pats	100%		
	31 day subsequent - surgery (Target 94%)	CCG	100%	70.00%	100%	91.67%	91.11%		
		S&O	100%	0 Pats	100%	100%	100%		
	31 day subsequent - radiotherapy (Target 94%)	CCG	100%	100%	100%	93.75%	97.92%		
		S&O	0 Pats	0 Pats	0 Pats	0 Pats	0 Pats		
	62 day standard (Target 85%)	CCG	86.96%	76.47%	89.74%	83.33%	81.58%		122b
		S&O	93.85%	74.63%	85.71%	79.63%	80.28%		
	62 Day Screening (Target 90%)	CCG	0 Pats	0%	0 Pats	0 Pats	40%		
		S&O	100%	0 Pats	0%	0 Pats	75.00%		
	62 Day Upgrade (Local Target 85%)	CCG	62.50%	88.24%	100%	83.33%	85%		
		S&O	100%	96.97%	96.77%	91.43%	93.64%		
Performance Overview/Issues:									
<ul style="list-style-type: none"> The CCG is achieving 5 of the 9 cancer measures year to date. The Trust is achieving 4 of the 9 cancer measures year to date. Reasons for breached pathways recorded on the National Cancer Waits database can only be recorded as a limited number of categories for the primary delay cause and do not take into account multiple delays in the same cancer pathway which is a common scenario. Please note the reason categories have not yet been expanded to reflect COVID-19 related themes for delays. <p>Key points to note:</p> <ul style="list-style-type: none"> Monthly numbers treated by Southport & Ormskirk in the given month are at the lowest since the pandemic began. Since the start of the COVID-19 pandemic, the focus has shifted from performance standards relating to patients who have been seen or treated in the given month to the backlog of patients still waiting on cancer diagnostic and treatment pathways. Nationally the number not yet treated waiting over 62 days and 104 days has grown significantly since the start of the pandemic. Cheshire and Merseyside has been identified as having the highest number of long waiters per head population. 									
Actions to Address/Assurances:									
<p>The Third Phase of NHS response to COVID-19 letter of 31st July from Sir Simon Stephens and Amanda Pritchard gave detailed instruction with respect to recovery and restoration of cancer services including:</p> <ul style="list-style-type: none"> Restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels. Ensuring that sufficient diagnostic capacity is in place in COVID-19 secure environments, including through the use of independent sector facilities, and the development of Community Diagnostic Hubs and Rapid Diagnostic Centres. Increasing endoscopy capacity to normal levels Expanding the capacity of surgical hubs to meet demand and ensuring other treatment modalities are also delivered in COVID-19 secure environments. Fully restarting all cancer screening programmes. Reducing the number of patients waiting for diagnostics and/or treatment longer than 62 days on an urgent pathway, or over 31 days on a treatment pathway, to pre-pandemic levels, with an immediate plan for managing those waiting longer than 104 days. <p>A Cancer Alliance level live daily patient tracking list (PTL) from all providers is being implemented. This will facilitate:</p> <ul style="list-style-type: none"> Direct visibility of PTL data for live reporting. Live information on PTL by provider, by CCG and at speciality level down to PCN and GP practice level. Predicted performance information. Proactive rather than reactive management. Brings together like for like data for Alliances across the North West. Support to cancer management teams on activity volumes / growth. Tracking of key issues – such as 104 day breaches 									
When is performance expected to recover:									
<p>The recent planning submission to support restoration of cancer services includes trajectories for months 6 to 12 for:</p> <ul style="list-style-type: none"> Numbers of patients receiving 1st outpatient appointment by day 14 following referral from a general practitioner. Numbers of patients on an active Cancer PTL- numbers waiting 63 days or more after referral. Numbers of patients receiving a 1st definitive cancer treatment within a month of decision to treat. 									
Quality:									
<p>The Cheshire and Merseyside Cancer Alliance hosts a weekly clinical prioritisation meeting to discuss individual cases and ensure equitable access to available capacity at surgical hubs based on clinical need.</p>									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead		Managerial Lead					
Cameron Ward		Dr Graeme Allan		Sarah McGrath					

2.6.1 104+ Day Breaches



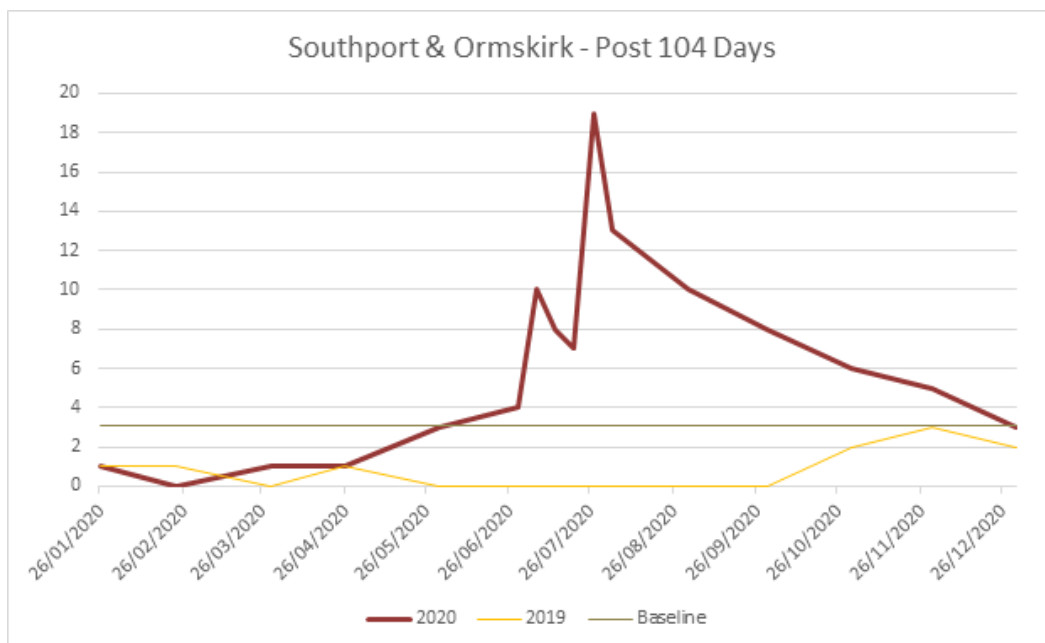
Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - S&O		Previous 3 months and latest				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	May-20	Jun-20	Jul-20	Aug-20	
		0	6	2	1	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> The breach in August was a gynaecological breach, the number of days waited was 121. There will be a review of harm and the details of all breaching pathways will be reviewed by the Performance & Quality Investigation Review Panel (PQIRP). 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> See actions and assurances in the main cancer measures template, above, and reference to 3rd phase letter priorities and immediate plan to manage those waiting more than 104 days. 						
When is performance expected to recover:						
S&O has produced a trajectory to show the decrease in 104 day waiters between August and December 2020 (see figure 4 below). Latest information suggests that the Provider is exceeding trajectory and looks set to reduce 104 day waits to pre pandemic levels by end of November 2020.						
Quality:						
The local agreement for management of long waiting cancer patients has been updated to include patients on cancer pathways which have not originated from a 2 week referral. A definition of harm due to protracted pathways would include: <ul style="list-style-type: none"> Cancer no longer operable More radical surgery required Reduced treatment options Loss of functionality 						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Cameron Ward		Dr Graeme Allan		Sarah McGrath		

Figure 4 – Southport & Ormskirk Trust 104 Days Trajectory

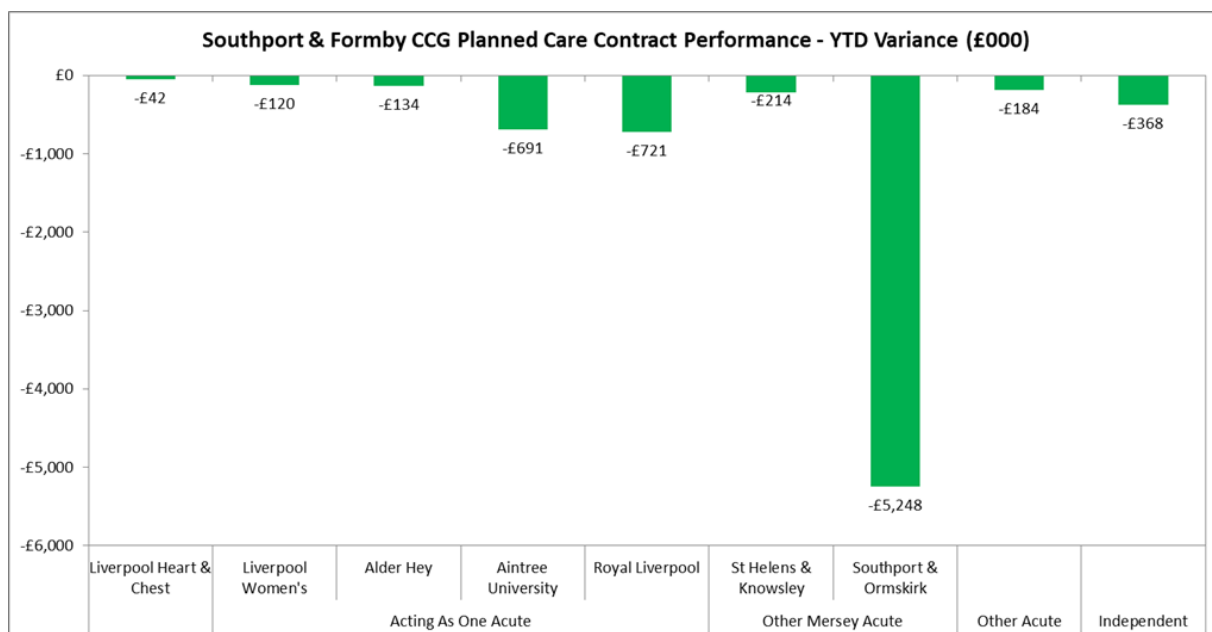


2.6.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD						Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RAG	Measure		May-20	Jun-20	Jul-20	Aug-20	YTD	
	28-Day FDS 2 Week Wait Referral	CCG	80.61%	79.59%	82.21%	74.46%	76.49%	
		Target	Target due to start 2021 - 75%					
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	92.31%	95.24%	85.19%	90.91%	89.69%	
		Target	Target due to start 2021 - 75%					
	28-Day FDS Screening Referral	CCG	66.67%	0.00%	0.00%	50.00%	39.39%	
		Target	Target due to start 2021 - 75%					
Performance Overview/Issues:								
<ul style="list-style-type: none"> Shadow reporting started April 2019. Target start date has been delayed due to COVID-19, date to be confirmed. RAG is indicating what the measure would be achieving when the target becomes live. 28 Day FDS overall is reporting 75.05% for August, 76.52% year to date so achieving the proposed target. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> 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. Focus since the start of the pandemic has been on the backlog of patients still waiting for diagnosis and treatment. Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section. 								
When is performance expected to recover:								
Not applicable.								
Quality:								
Not applicable.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		Dr Debbie Harvey			Sarah McGrath			

2.7 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Month 5 of the financial year 2020/21 has shown significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of

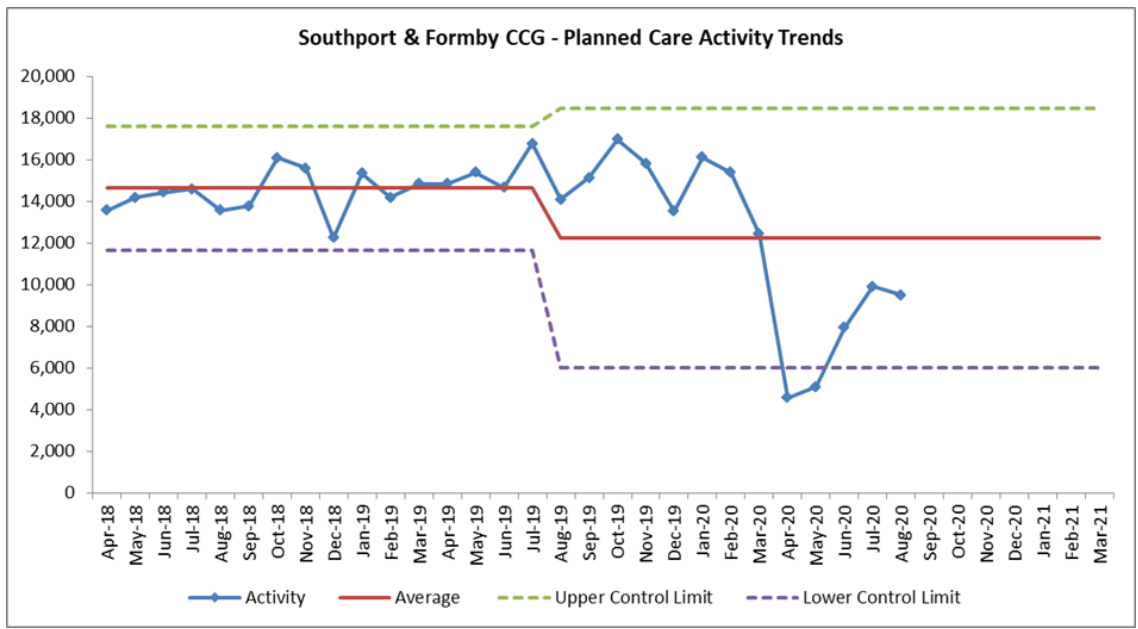
the COVID-19 pandemic and subsequent NHS first phase response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. Although some recovery of activity has been apparent following the first phase of the NHS response, activity levels remain well below historical averages. However, a further increase in elective capacity is anticipated as part of the phase three NHS response to the pandemic.

At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£5.2/-60% against plan. Across all providers, Southport & Formby CCG has underperformed by -£7.7m/-48.4%.

NB. Due to the COVID-19 pandemic, a number of month 5 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans have yet to be formally agreed with a number of providers. Therefore, for consistency, the contract performance values included in the above chart relate to variances against 2019/20 month 5 year to date actuals.

There will be 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.

Figure 6 - Planned Care Activity Trends



NB. The apparent reduction in activity during August 2020 is likely a result of reduced working days (20) during this month when compared to July 2020 (23).

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	4,656	1,881	-2,775	-60%	£2,436	£945	£-1,491	-61%
Elective	456	159	-297	-65%	£1,334	£426	£-908	-68%
Elective Excess Bed Days	163	36	-127	-78%	£43	£10	£-34	-78%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	425	137	-288	-68%	£87	£29	£-57	-66%
OPFASPCL - Outpatient first attendance single professional consultant led	6,566	2,926	-3,640	-55%	£1,142	£502	£-640	-56%
OPFUPMPCl - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	378	255	-123	-33%	£43	£31	£-12	-28%
OPFUPSPCL - Outpatient follow up single professional consultant led	18,323	6,661	-11,662	-64%	£1,614	£591	£-1,023	-63%
Outpatient Procedure	11,322	4,223	-7,099	-63%	£1,544	£645	£-900	-58%
Unbundled Diagnostics	5,019	2,944	-2,075	-41%	£477	£294	£-184	-38%
Grand Total	47,308	19,222	-28,086	-59%	£8,721	£3,473	£-5,248	-60%

*PbR only

Underperformance at Southport & Ormskirk Hospital is evident against all of the (PbR - national tariff) planned care points of delivery with a total variance of -£5.2m/-60% for Southport & Formby CCG at month 5. This is a continuation of the NHS first phase response to the outbreak of the COVID-19 pandemic. Referrals to Southport & Ormskirk Hospital have also seen a substantial reduction in 2020/21 when comparing to the previous year with a variance of -44% across all referral sources combined. Referrals had increased for three consecutive months up to July-20 before a decrease in August-20, which is likely a result of fewer working days during this month. However, year to date referrals remain below historical levels across a number of specialities.

Although not included in the above table (due to not being coded as 'PbR' activity), there have been significant increases in outpatient non face to face activity for first and follow up appointments in 2020/21 to date. This is likely to suggest a change in working patterns at NHS providers to support the wider population measures announced by Government (i.e. 'stay at home' guidance, social distancing and supporting shielded patients).

The small amounts of activity to take place within an inpatient (day case and elective) setting during the first two months of 2020/21 were largely for same day chemotherapy admissions and intravenous blood transfusions although minimal admissions/procedures were also recorded against various HRGs. Since then, a number of diagnostic scopes have also taken place from June-20 to August-20, which suggests some recovery of activity within the Gastroenterology Service.

NB. 2020/21 plans have yet to be formally agreed with Southport & Ormskirk Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 5 year to date actuals (PbR only).

2.7.2 Isight

Figure 8 - 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	667	390	-277	-42%	£363	£142	-£222	-61%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	724	257	-467	-65%	£100	£34	-£66	-66%
OPFUPMPCL - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	1	0	-1	-100%	£0	£0	£0	-100%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,484	417	-1,067	-72%	£89	£25	-£64	-72%
Outpatient Procedure	752	605	-147	-20%	£51	£41	-£10	-19%
Grand Total	3,628	1,669	-1,959	-54%	£603	£242	-£361	-60%

As with other providers (NHS and Independent sector), Isight has seen a considerable reduction in activity levels during the first five months of 2020/21 as a result of the COVID-19 pandemic. The total cost variance when comparing to the previous year is currently -£361/-60%.

In 2019/20, Isight over performance had previously been reported against all planned care points of delivery. Day case procedures accounted for the majority of the over performance reported, particularly for the HRG - Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1.



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).

NB. 2020/21 plans have yet to be formally agreed with Isight. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 5 year to date actuals.



3. Unplanned Care

3.1 Accident & Emergency Performance

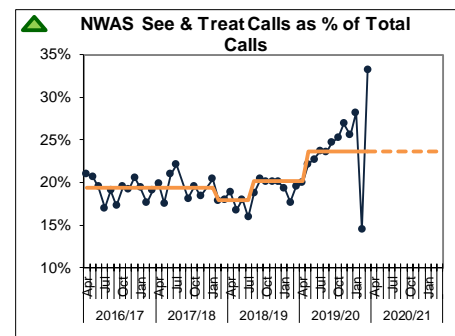
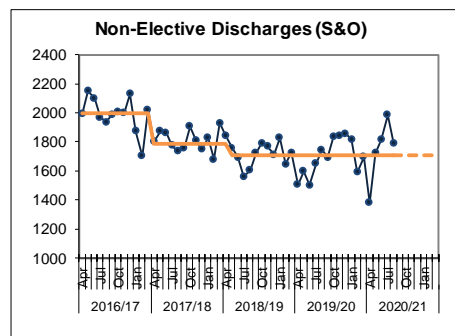
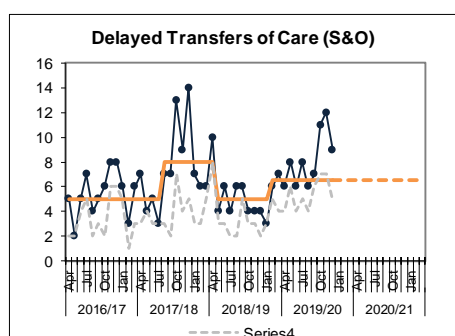
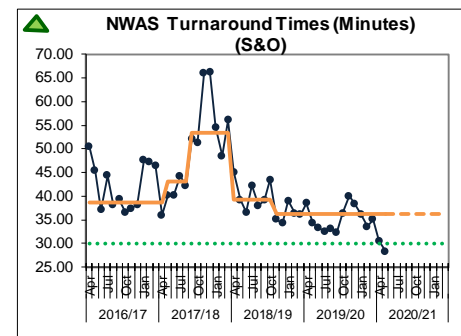
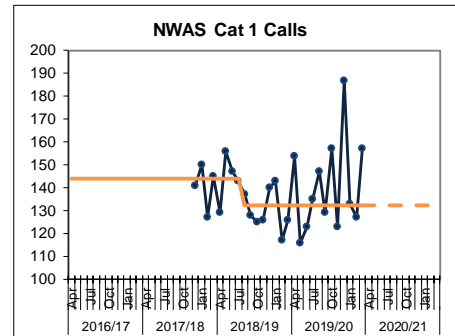
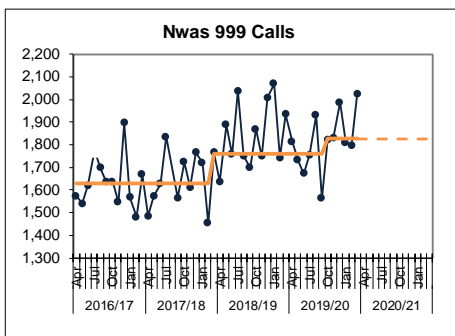
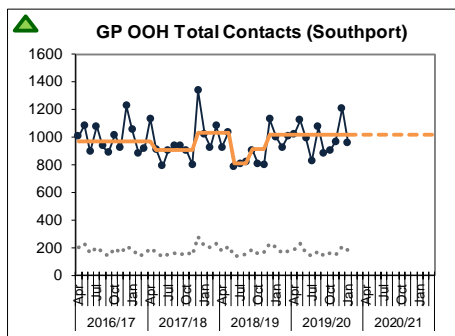
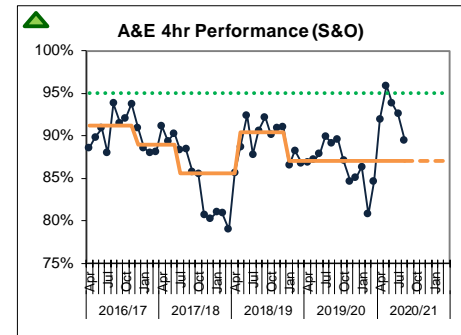
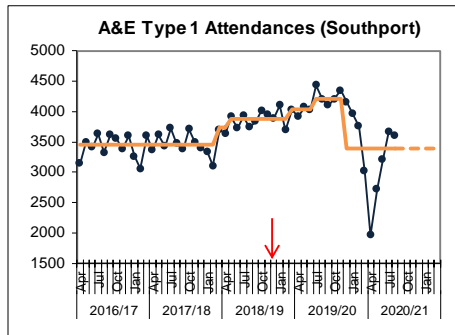
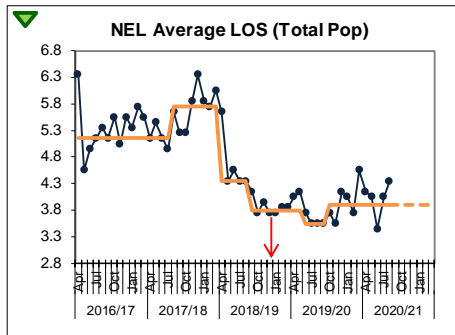
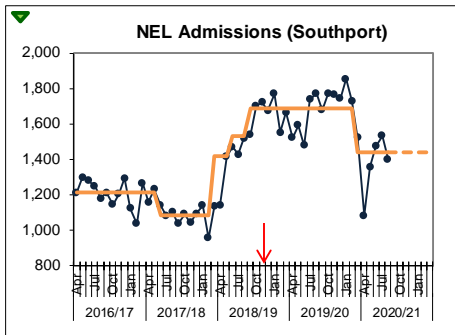
3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
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	May-20	Jun-20	Jul-20	Aug-20	YTD		
		CCG All Types	95.78%	95.62%	93.27%	89.02%	93.06%	
		CCG Type 1	95.17%	93.79%	90.26%	83.76%	90.57%	
		Previous year	May-19	Jun-19	Jul-19	Aug-19	YTD	
		CCG All Types	85.15%	85.73%	88.32%	87.51%	86.21%	
			May-20	Jun-20	Jul-20	Aug-20	YTD	
		S&O All Types	95.77%	95.78%	93.35%	88.95%	93.11%	
S&O Type 1	94.42%	94.00%	90.23%	83.59%	90.29%			
National Standard: 95% No improvement plans available for 2020/21								
Performance Overview/Issues:								
<ul style="list-style-type: none"> August data shows the CCG and Trust remain under the 95% target. In August 2020, the total number of A&E attendances reported for the Trust was 8,861. Whilst, this shows an increase from the 8,251 attendances reported in July; it represents a decrease on the attendances in August 2019 which was 12,085. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> Supporting the trust with the implementation of direct booking from primary care into ED. Early implementer for NHS 111 first programme and communications tool kit utilised and implemented. GP streaming solutions being explored in collaboration with West Lancashire CCG and the Trust. Frailty at the front door improvement programme commenced to implement frailty pathway from ED into primary care between LSCFT and S&O. Enhanced care home programme expedited. Frailty services have been redirected to support care home staff with proactive management. Smart phones and virtual consultations rolled out across all care homes. Integrated discharge team in place and daily huddles to facilitate timely discharges remain in place. Southport and Formby CCG Accountable officer chairing executive level system escalation calls weekly. 								
Trust Actions:								
<ul style="list-style-type: none"> The Emergency Department has adopted and reconfigured both sites to support safe and effective delivery of urgent and emergency care services in line with the expected COVID-19 challenges anticipated by NHS England, which has contributed to the performance improvement. While Emergency Department attendances are down the Trust still need to manage the normal levels of emergency admission activity and therefore in-hospital flow has needed to be responsive. The Trust has ensured daily senior review of all inpatient care plans throughout this period and full compliance to Board Round MDTs to promote the QI methodology of Red and Green day to manage internal delays. 								
When is performance expected to recover:								
Southport and Ormskirk Trust are yet to agree a revised trajectory with NHSE.								
Quality:								
There has been a marked improvement in the time to treatment times and marked reduction in the time patients have needed to wait in the department.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		Annette Metzmacher			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				
RED	TREND	May-20	Jun-20	Jul-20	Aug-20	
		0	1	0	1	
		May-19	Jun-19	Jul-19	Aug-19	
		12	4	4	0	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • Southport & Ormskirk had 1 patient breaching the 12 hour target in August. • The Trust indicated this patient was a mental health patient who was awaiting admission to a mental health bed. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • The CCG are assured that the Trust's clinical decision to care for the patient in the department was the right one in terms of safety of the individual and of other patients. A plan of care was initiated in the department whilst a mental health bed was sourced. No further action. 						
When is performance expected to recover:						
The performance is expected to recover next month but there is a continued pressure on mental health inpatient beds. The avoidance of 12 hour breaches are a priority for the Southport and Ormskirk system and continue to be treated with a never event whenever feasibly possible.						
Quality:						
No quality issues reported on review with the Trust's Deputy Directory of Nursing.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Cameron Ward		Annette Metzmacher		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 Ambulance Performance Indicators



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	June	July	August		
		Cat 1 mean	<=7 mins	00:07:32	00:07:46	00:08:20		
		Cat 1 90th Percentile	<=15 mins	00:13:10	00:13:56	00:18:03		
		Cat 2 mean	<=18 mins	00:19:22	00:22:34	00:32:25		
		Cat 2 90th Percentile	<=40 mins	00:39:36	00:50:14	01:15:34		
		Cat 3 90th Percentile	<=120 mins	02:08:30	02:35:42	02:52:58		
Cat 4 90th Percentile	<=180 mins	02:02:30	03:11:56	03:46:10				
Performance Overview/Issues:								
<ul style="list-style-type: none"> The original target was to meet all of the ARP standards by end of Q1. This has not been met due to COVID impact which began to hit service delivery in Q4 and then all the way through Q1 and continuing into Q2. Activity reporting has now restarted with CCG level data available. Whilst targets not met in full it shows improvement in all category response times with category 1 achieved and category 2,3 and 4 showing significant improvement. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> NWAS recovery plan: Under development supported by commissioners to address potential second surge / winter planning seeking to retain, expand and /or consolidate many of the beneficial actions and changes implemented to date. Integrated UEC: Restarting the previous joint work to develop the integrated 999 and 111 service offer and eventual direct contract award, accompanied by the expansion of CAS capacity and clinical capability. Patient Transport Service (PTS) redesign: Review of the future shape, role and configuration of the PTS service, taking into consideration the post COVID redesign of outpatient / hospital and out of hospital services, the role of PTS in supporting Patient Emergency Services (PES) responses and the national PTS review. The review will also seek to encourage Trusts to include within scope the considerable amount of directly commissioned PTS vehicles and / or taxis used by many Trusts to supplement the NWAS service offer. The latter provides an opportunity for greater efficiency and possible system financial savings. 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 all at the right time. 								
When is performance expected to recover:								
The CCGs have jointly commissioned Operational Research in Health (ORH) to carry out a re-modelling exercise to review the previous activity and performance assumptions and staffing implications (including the rota review impact), using a full twelve months of ARP data to inform the future capacity that NWAS needs to meet demand and the targets, including the ratio of double crewed ambulance (DCA) v rapid response vehicle (RRV) and staffing. This review will take circa 15 weeks and is scheduled to report at the end of September, beginning of October. The review re-modelling will give both parties an independent assessment of the likely future ARP performance and the resourcing and service changes needed to sustain performance going forwards.								
Quality:								
CCG incidents are reviewed with peers at NWAS/NHS111 commissioners meeting to identify issues and lessons learned. These do occasionally refer to priority categorisations and waiting times for ambulance arrival, although this is rarely the only issue identified.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Annette Metzmacher			Sharon Forrester			

3.4 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months					
RED	TREND	Indicator	Jun-20	Jul-20	Aug-20	a) All handovers between ambulance and A&E must take place within 15 minutes (30 to 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.
		(a) 30-60 mins	14	10	37		
		(b) 60+ mins	3	0	16		
		Indicator	Jun-19	Jul-19	Aug-19	b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	
		(a) 30-60 mins	104	123	111		
		(b) 60+ mins	28	20	15		
		Plan: Zero					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The A&E department successfully implemented the infection prevention measures and 2 metre social distancing, but this had an impact on 30 to 60 minutes handover times. Ambulance handovers are showing a vast improvement recently although not enough to get close to the challenging zero target. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Clinically led non elective demand management meetings commenced on weekly basis. Trust have introduced direct access for NWAS to ambulatory care and same day emergency care. Early implementation of the NHS 111 first programme to reduce attendances and reduce overcrowding in ED. Patients streamed at triage to ensure flow within the ED department. Nurse led ambulance holding bay in situ to enable clearance of NWAS crew. As part of NWAS Command and Control staff services have been redeployed to focus on urgent response, which has resulted in capacity being increased with their vehicles and staff. Southport and Formby CCG Accountable officer chairing executive level system escalation calls weekly 							
When is performance expected to recover:							
Recovery has shown steady improvement in recent months.							
Quality:							
Performance has improved due to redirection of resource within NWAS from planned service to urgent services. The current capacity is meeting current demand. The services have full PPE in place.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		Annette Metzmacher			Sharon Forrester		

3.5 Unplanned Care Quality Indicators



3.5.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors	
Southport & Ormskirk: Stroke & TIA		Previous 3 months and latest				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.	
RED	TREND	May-20	Jun-20	Jul-20	Aug-20			
		a)	72.7%	86.4%	65.8%			78.0%
		b)	40.0%	66.7%	100.0%			No patients
		Previous year	May-19	Jun-19	Jul-19			Aug-19
		a)	64.9%	52.9%	88.0%			73.3%
		b)	25.0%	27.3%	12.5%			14.3%
Stroke Plan: 80% TIA Plan: 60%								
Performance Overview/Issues:								
<ul style="list-style-type: none"> COVID has had an impact on ability to care for patients for more than 90% of their stay on a stroke unit, it has again failed the target in August. There is no detail available due to COVID pressure in the Trust system. There were no patients classed as TIA in August. Stroke is part of the priority phases as part of the S&O System Management Urgent care group who report to the System Management Board. 								
Actions to Address/Assurances:								
Trust Actions:								
<ul style="list-style-type: none"> Through COVID-19 and recovery, the Trust continues to do its utmost to support Stroke pathways. The Trust has relocated the Stroke ward in order to protect bed capacity to maintain the clinical pathway. The bed management team continue to prioritise patients to a Stroke bed once a decision has been reached to admit with enhanced visibility at the daily clinical site meetings. The Emergency Department (ED) and Medical teams are assessing direct access pathways to improve timely transfer from ED to a Stroke bed as the next priority for improvement. 								
CCG Actions:								
<ul style="list-style-type: none"> The extensive work of the Merseyside Stroke Board is currently being reinvigorated following COVID. Pre-Consultation Business Case will come to stakeholders for sign off and the clinical sensate has been rearranged for October, although with current escalated pressures there may be a further delay. Further work is being done to consider the use of the Walton centre for stroke case during COVID in assessing benefits and whether there is a role for the centre in a different manner than originally perceived. The Early Supported Discharge (ESD) service is now staffed and the CCG are working with WLCCG to assess the viability of commissioning a joint service to support the gaps in provision Lancashire. The CCG will be discussing with LSCFT the outcomes during the Covid period to consider any alternatives in future. This will need to be picked up as part of the community bed provision work. SFCCG is working with the trust to develop a business case for continuation of ESD services based on reduction in bed days and potential additionality to support transfers with 2 which have been occurring during the COVID period. 								
When is performance expected to recover:								
Performance is expected to recover in April 2021.								
Quality:								
No quality issues reported.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		Vacant			Billie Dodd			



3.5.2 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)					<p>Cases of MRSA carries a zero tolerance and is therefore not benchmarked.</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19, risks have been mitigated.</p>
RED	TREND	May-20	Jun-20	Jul-20	Aug-20		
 	CCG	1	1	1	1		
	S&O	1	1	1	1		
	Previous year	May-19	Jun-19	Jul-19	Aug-19		
	CCG	0	0	0	1		
	S&O	0	0	0	1		
Plan: Zero							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG and Trust have failed the target for 2020/21. No new cases reported in August. Measuring against the CCG Peers, Southport & Formby CCG lies joint 1st in the rankings (best performing). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> A full root cause analysis (RCA) has been completed and lessons learnt and outcomes will be reported through the Infection Control Assurance Committee at the Trust and also the Trust Board. 							
When is performance expected to recover:							
As a zero tolerance target, the performance will not recover for 2020/21.							
Quality:							
A further submission of the Infection Prevention Control (IPC) report is expected for the October Contract and Clinical Quality Review Meeting (CCQRM).							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.5.3 Healthcare associated infections (HCA): 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)				<p>2020/21 Plans Awaiting National Objectives to measure actuals against. Measuring against last year's objectives: CCG: < /= 30 YTD Trust: < /= 16 YTD</p> <p>Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the Trust</p>	
RED	TREND	May-20	Jun-20	Jul-20	Aug-20		
		CCG	7	12	12		17
		S&O	11	17	19		23
		Previous year	May-19	Jun-19	Jul-19		Aug-19
		CCG	4	8	10		13
		S&O	6	10	13		19
CCG - Actual 17 YTD - Target 11 YTD S&O - Actual 23 YTD - Target 8 YTD							
Performance Overview/Issues:							
<ul style="list-style-type: none"> The CCG do not have the new objectives/plans for c.difficile for 2020/21 as these have not been released Nationally. The decision has been made to measure against last year's objectives. Measuring against the CCG Peers, Southport & Formby CCG lies 1st in the rankings (best performing). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Infection control panels meet monthly and are chaired by the Director of Infection Prevention Control will be critical in 2020/21 and will provide further assurance. 							
When is performance expected to recover:							
Recovery of the numbers has started to occur and noted in month 6.							
Quality:							
A further submission of the Infection Prevention Control (IPC) report is expected for the October Contract and Clinical Quality Review Meeting (CCQRM).							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.5.4 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)				2020/21 Interim Plan: <= 109 YTD There are no Trust plans at present numbers for information Due to the increased strengthening of IPC control measures due to the ongoing COVID-19 this will be monitored closely across the trust sites to ensure any risks mitigated.	
		RED	TREND	May-20	Jun-20		Jul-20
		CCG	18	30	38		53
		S&O	26	40	55		79
		Previous year	May-19	Jun-19	Jul-19		Aug-19
		CCG	25	39	55		70
		S&O	4	4	6		11
		CCG - Actual 53 YTD - Target 48 YTD					
Performance Overview/Issues:							
<ul style="list-style-type: none"> NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG do not have the new objectives/plans for E.coli for 2020/21. The decision has been made in the interim to measure against last year's plan of 109. The CCG are over the year to date target. Measuring against the CCG Peers, Southport & Formby CCG lies 2nd in the rankings (1st being best performing). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings have reconvened in July due to the COVID-19 incident. Further work with any Structured Judgement Reviews (SJRs) undertaken as part of learning from Death Processes for cases where Sepsis was cited as the cause or a contributory factor of death. Provider Trust has been requested to submit the information to enable the thematic review to see if any lessons can be learnt on a Cheshire and Merseyside basis. 							
When is performance expected to recover:							
This is a cumulative total has shown improvement and monitoring of the numbers and exception reporting will continue, although as the Trust is now working with COVID-19 audits and training will be refocused upon to improve compliance.							
Quality:							
The first North Mersey meeting was held in September and agreement to refresh the plan and key objectives in line with the Cheshire and Merseyside plan.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Doug Callow		Jennifer Piet			

3.5.5 Hospital Mortality – Southport & Ormskirk Hospital NHS Trust

Figure 9 - Hospital Mortality

Mortality	Period	Target	Actual	Trend
Hospital Standardised Mortality Ratio (HSMR)	August 2020	100	83.10	↓
Summary Hospital Level Mortality Indicator (SHMI)	Rolling 12 months	100	101	↑

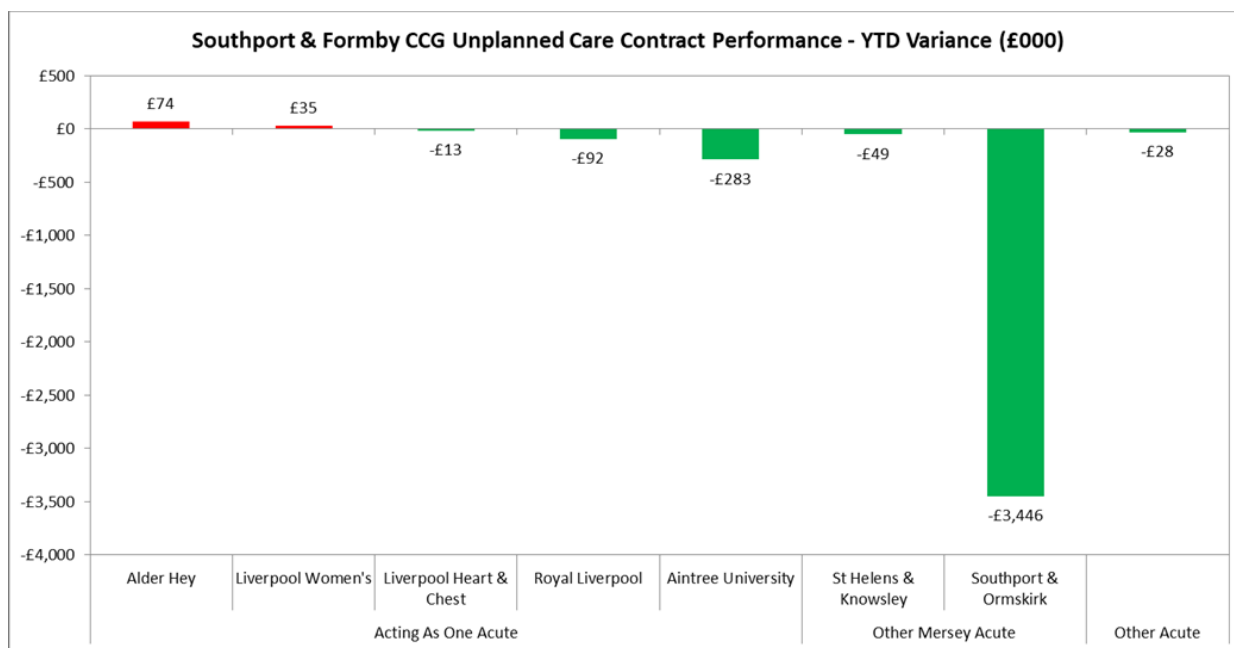
HSMR is lower than reported last month at 83.1 (with last month reporting 81.2) and still shows a continued trend of improving performance with 12 months of performance being better than the threshold and the lowest score in more than 3 years. Mortality and care of the deteriorating patient remains one of the Trusts 4 key quality priorities and is an exemplar for successfully achieving its primary goals. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI performance is within tolerance and statistical norms at 101. SHMI is risk adjusted mortality ratio based on number of expected deaths.

3.6 Unplanned Care Activity & Finance, All Providers

3.6.1 All Providers

Figure 10 - Unplanned Care – All Providers



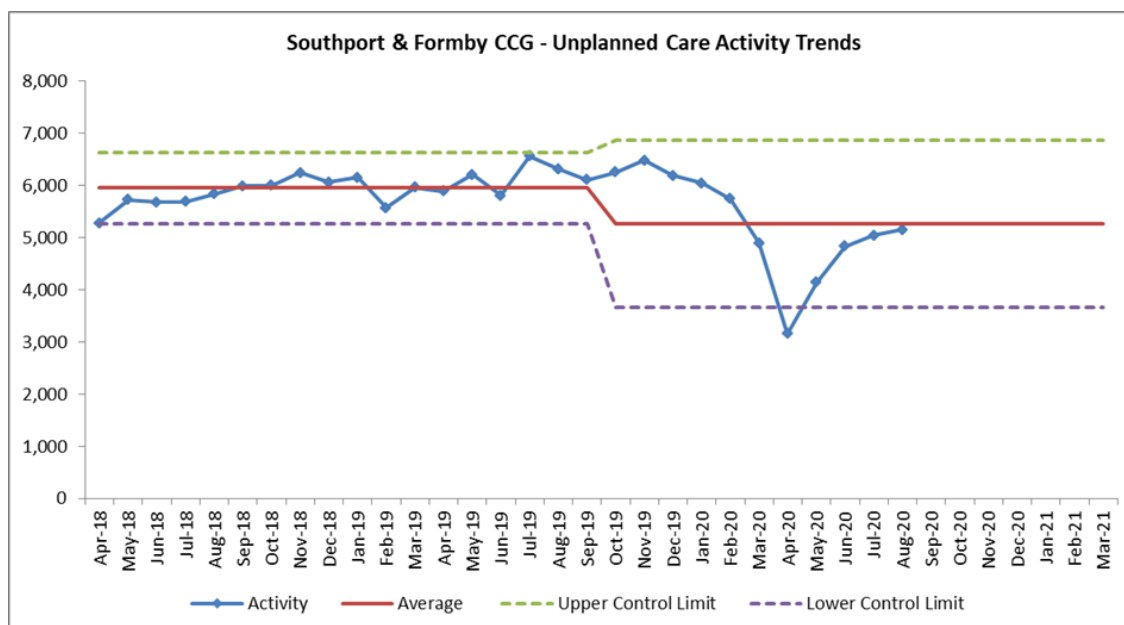
Month 5 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain below historical averages. However, further increases in activity levels are anticipated as part of the phase three NHS response to the pandemic.

At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£3.4m/-19% against plan. Across all providers, Southport & Formby CCG has underperformed by -£3.8m/-18.8%.

NB. Due to the COVID-19 pandemic, a number of month 5 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans have yet to be formally agreed with a number of providers. Therefore, for consistency, the contract performance values included in the above chart relate to variances against 2019/20 month 5 year to date actuals.

There will be 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.

Figure 11 - Unplanned Care Activity Trends



3.6.2 Southport & Ormskirk Hospital NHS Trust

Figure 12 - Unplanned Care – Southport & Ormskirk Hospital NHS Trust

	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	
S&O Hospital Unplanned Care*	18,588	13,554	-5,034	-27%	£3,078	£2,296	£-782	-25%	
A and E	5,816	4,804	-1,012	-17%	£12,588	£10,531	£-2,056	-16%	
NEL - Non Elective	457	377	-80	-18%	£1,002	£949	£-53	-5%	
NELNE - Non Elective Non-Emergency	36	22	-14	-39%	£12	£1	£-11	-92%	
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	1,362	879	-483	-35%	£972	£634	£-338	-35%	
NELST - Non Elective Short Stay	1,421	578	-843	-59%	£362	£156	£-206	-57%	
NELXBD - Non Elective Excess Bed Day	Grand Total	27,680	20,214	-7,466	-27%	£18,015	£14,568	£-3,446	-19%

*exclude ambulatory emergency care POD

Underperformance at Southport & Ormskirk Hospital is evident against the majority of unplanned care points of delivery with a total variance of -£3.4m/-19% for Southport & Formby CCG at month 5. The largest activity reductions have occurred within A&E type 1 with a variance of 5,034/-27%. This can be attributed in large to the COVID-19 national response and public advice to ‘stay at home’, which was enacted from 23rd March 2020. Attendances increased for four consecutive months up to August-20 but remain below historical levels. Non-elective admissions appeared to be following a similar trend until a decrease in admissions during August-20.



Southport & Formby CCG Business Intelligence conducted a local analysis into the impact of COVID-19 on unplanned care activity levels at Southport Hospital during the first peak in cases reported. This analysis has established that A&E activity has since returned to expected levels, with an increase in A&E majors/minors patients, a deterioration in 4 hour performance, an increase in stranded (7 day) patients and an increase in bed occupancy levels. However, the Ormskirk paediatric department is now open at reduced hours from 8am-10pm and therefore the attendances are still likely to show a lower level than those in 2019/20. Opening hours at the Paediatric Department will

extend from 8am-12pm as of Monday 20th September. If Paediatric A&E activity is excluded, activity for patients aged 65 and over at A&E is now comparable to the same period of last year. Consequently, this has caused an increase in over 65 non-elective admissions. When grouping activity into ACS conditions, cardiac conditions have seen the biggest increase in activity since the end of the national COVID lockdown.

NB. 2020/21 plans have yet to be formally agreed with Southport & Ormskirk Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 5 year to date actuals.



4. Mental Health

4.1.1 Eating Disorder Service (EDS)

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 Patient safety. Reputation.
RED	TREND	May-20	Jun-20	Jul-20	Aug-20	
		48.70%	33.75%	25.88%	31.61%	
		May-19	Jun-19	Jul-19	Aug-19	
		19.48%	41.46%	52.00%	64.52%	
		Plan: 95%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Long standing challenges remain in place. Out of a potential 193 Service Users, 61 started treatment within the 18 week target (31.61%), which shows an improvement from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. Comparing to last year there has been a decline of 32.9%. 						
Actions to Address/Assurances:						
Trust Actions: <ul style="list-style-type: none"> Group therapy using ZOOM has recently commenced. Low weight service users are been offered Therapy kitchen provision digitally via Attend Anywhere. A service development proposal was discussed in August with CCGs and clinical leads. Commissioners felt that it was important that patients with an eating disorder are able to receive a service which is fully compliant with best practice. Commissioners are expecting a revised proposal in October. 1.8 WTE Psychology vacancies - one post is being filled on the 28th September with the second vacancy to be filled in early October 2020. The Trust is to provide an assurance report at September Contract Quality Performance Group (CQPG). 						
When is performance expected to recover:						
Quarter 2 onwards.						
Quality:						
It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care.						
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	May-20	Jun-20	Jul-20	Aug-20		
		0.42%	0.70%	0.73%	0.72%		
		May-19	Jun-19	Jul-19	Aug-19		
		1.14%	1.01%	0.97%	0.91%		
		National Monthly Access Plan: 1.59%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month. Numbers accessing the service have increased slightly but are still below the threshold. The service is making efforts to recruit to vacancies. The move to a new provider following procurement exercise may also impact on performance from Q3 onwards. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19. DNA have reduced for the CCG and online Silver Cloud option may have contributed to this factor. The provider has confirmed that it's Gordon House premises in Southport have been made COVID secure and they have resumed face to face activity. Commissioners are working with the new incoming provider to ensure that there is a smooth transfer of services in run up to 1st January 2021 and mitigate against any further adverse performance. 							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance.							
Quality:							
No quality issues have been reported.							
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

The percentage of people moved to recovery was 58.3% in August, which for the fourth month has achieved the 50% target. The clinical lead for the service continues to review non recovered cases and work with practitioners to continue to improve recovery rates.

4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	COVID 19 Pandemic has forced the temporary closure of memory services across Sefton. In addition GP practices are limiting face to face contacts, so fewer referrals / assessments will take place during this time.
RED	TREND	May-20	Jun-20	Jul-20	Aug-20		
		63.9%	63.7%	64.0%	64.0%		
		May-19	Jun-19	Jul-19	Aug-19		
		75.6%	68.3%	68.3%	68.3%		
		Plan: 66.7%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Memory Assessment Service operated by NHS Mersey Care Trust (MCFT) has been suspended due to the Government's COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. It will also likely increase waiting times once recovery starts. Compared to last year the measure has declined by 4.3%. Measuring against the CCG 10 Peer CCGs, Southport & Formby CCG lies 5th in the rankings (1st being best performing). 							
Actions to Address/Assurances:							
Commissioners have been notified by NHS MCFT that contracting arrangements have been suspended under guidance from NHSE/I.							
Referrals of patients showing signs of dementia or cognitive impairment are likely to be reduced due to limited face to face contact within GP surgeries. GPs are also less likely to refer on to a temporarily suspended memory service.							
Memory Assessment Services across Sefton have been suspended due to the Government restrictions. Indications are that no new assessments have taken place since the restrictions were put in place. Mersey Care Trust have been offering telephone support to patients but this does not include dementia assessments.							
Recovery plan received from NHS MCFT:							
<ul style="list-style-type: none"> Understand the current demand/waits/performance across identified services. Review current waiting lists (potentially re-categorise based on need). Identify services that will potentially be impacted by increased demand. Consider options for redesigning models of care, and to include trauma informed care, (lessons learnt from new approaches adopted during the response period). 							
Awaiting a more detailed plan from NHS MCT.							
When is performance expected to recover:							
MCFT Recovery plan states the Trust is developing: short (June 20), medium (Sept 20 – March 21) and long term (March 21 onwards) project plans. These plans are in progress.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Hilal Mulla			Kevin Thorne		

5. Community Health

5.1 Adult Community Services (Lancashire & South Cumbria NHS FT)

The Contract & Clinical Quality Review Meetings (CCQRM) have been reinstated from June 2020 with a recommencement of the Information Sub Group in October 2020. Focus will remain on COVID-19 recovery planning and understanding service specific issues e.g. staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19. Trust colleagues have highlighted an increase in referrals and activity for a number of service lines and the CCG will continue to monitor performance.

Challenges identified previously include increased demand for domiciliary visits due to shielding and isolation, primary care standard operating procedures issue from NHSE to restore BAU not aligned to the capacity within some of the community services and lack of estates to enforce social distancing measures has reduced capacity within treatment rooms and phlebotomy services.

There has been increased pressure and an over performance within the district nursing service due to an increase in end of life care and supporting patient who have tested positive for COVID-19 within their own homes. A business case has been submitted to the CCG which will support additional capacity within essential services; this has been supported for a period of 6 months.

Actions to mitigate risk include all services continue and the Trust have applied a prioritisation tool to stand down some procedures of low priority to maintain adequate workforce.

5.1.1 Quality

Lancashire and South Cumbria NHS Foundation Trust continue to provide a limited amount of document assurance due to COVID-19, further assurance is obtained through the monthly operational meeting and also the Contract and Clinical Quality Review Meeting (CCQRM).

5.2 Any Qualified Provider (AQP)

In February 2020, the Merseyside CCGs agreed to continue to commission services from AQP Audiology providers (LUHFT, S&O, Specsavers, St H&K, Scrivens) in 2020/21, pending further work on an updated adult hearing loss specification and a Liverpool led engagement process.



Following the COVID-19 outbreak, routine Audiology was initially suspended in accordance with national guidance. Restoration of elective work is now being taken forward across the health economy. Community audiology local AQP providers including Specsavers, Southport & Ormskirk and Aintree (LUHFT) resumed services in early July with providers reporting that they are initially focussing on cancelled appointments and waiting lists. Activity is starting to increase at Specsavers but is still significantly below the levels from last year. For month 5, activity at S&F at Specsavers is £26,033 against £95,402 for the same period in 2019-20.

The current contracts with Merseyside AQP providers for Audiology are due to expire on 31st March 2021. Liverpool CCG has confirmed that it is not feasible to undertake the engagement process and review of service specification this at the present time. It is therefore anticipated that a contract extension will be recommended. The exact duration of the extension to the current arrangements will depend on the COVID-19 outbreak

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		Previous 2 quarters, latest and rolling 12 month				<p>Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase</p>
GREEN	TREND	Q3 19/20	Q4 19/20	Q1 20/21	Rolling 12 Mth Rate	
		4.8%	5.9%	17.8%	34.1%	
		Annual Access Plan: 35% (RAG and Trend on Q1 data)				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Quarter 1 data shows a significant improvement from previous quarters. The rolling 12 months access rate is currently at 34.1%, so narrowly missing the 35% target. The CCG now receives data from a third sector organisation Venus who submits data to the Mental Health Services Data Set (MHSDS) and which is included in the data. In Q4, the online counselling service Kooth began to submit data to the MHSDS which has clearly contributed to the improvement in performance. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The start of the Kooth data flow has continued to have a significant positive impact on performance, which is anticipated to continue throughout the 2020/21 financial year. As well as an increase in Kooth capacity in response to COVID-19, further funding has been secured via the Violence Reduction Partnership which will further increase capacity in Quarters 3 and 4. The initial projected access rate for 2020/21 indicates a year end position of approximately 44% which represents a marked improvement on previous years. It is anticipated that Parenting 2000, another of our third sector CAMHS partners, and the newly established Mental Health Support Teams (MHSTs) will begin to submit data to the mental health data set (MHDS) in Q4 of this financial year, which will further contribute to the access rate. 						
When is performance expected to recover:						
Performance is on track to exceed the 35% access plan.						
Quality:						
Specific COVID related challenges include the implementation of a substantial digital offer and the risk that some children and young people may be unable to benefit from digitally delivered services due to lack of access to suitable devices/IT.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Hilal Mulla		Peter Wong		



6.1.2 Waiting times for Routine/Urgent Referrals to Children and Young People's Eating Disorder Services

The Trust raised queries with the CCG regarding the validity of the eating disorder referral and breaches data provided as part of the Q1 2020/21 national mental health data set and this was withheld to allow sufficient time for the Trust to investigate, which is due for completion by the end of September.



A full Q1 update will be available as part of the month 6 report.



6.1.3 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 12 and 30 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		Latest and previous 3 months				The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management: <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Second wave of COVID-19. For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	May-20	Jun-20	Jul-20	Aug-20	
		100%	97.5%	95.0%	95.0%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • The longest wait in August was 21 weeks which increased from that of an 17 weeks wait in July. • At the end of March there was a backlog of open referrals for the ASD pathway of 758 referrals. The backlog of open referrals in June stood at 631. This information will be reported on a quarterly basis. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • Alder Hey continues to make significant use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway and to manage the reduction in the backlog. • There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021, which is currently ahead of target (as reported in June). 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management: <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Second wave of COVID-19.
GREEN	TREND	May-20	Jun-20	Jul-20	Aug-20	
		100%	100%	100%	100%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • As the new pathway only commenced in April 2020, the completion of 100% of new CYP ADHD referrals within 30 weeks was not due or expected in this period. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • In response to COVID-19 and the required changes to working arrangements, Alder Hey has made greater use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway. • Although it was not expected for any assessments to have been fully completed in this period, the CCG will begin to monitor the number of assessments completed as the pathway embeds. 						
When is performance expected to recover:						
Achieving the target of 90%.						
Quality impact assessment:						
The CCG is reviewing patient feedback and case studies on the effectiveness/quality of the digital assessment process.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



6.1.4 Children and Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 12 and 30 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management: <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Impact of the second wave of COVID-19. • Delay in the start of assessment of some CYP due to delays in receiving assessment information from schools. • For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
RED	TREND	May-20	Jun-20	Jul-20	Aug-20	
		100%	100%	88%	81%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • The longest wait in August was 21 weeks which increased from 17 weeks in July. • At the end of March there was a backlog of open referrals for the ADHD pathway of 519 referrals. The backlog of open referrals in June was reported as 428, which is ahead of the waiting list management plan. This information will be reported on a quarterly basis. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • The planned reduction in the backlog of open referrals was to achieve 439 by June, this was achieved. • There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021, which is currently ahead of target (as reported in June). • Due to impact of COVID, some delays in schools returning the information required to commence the assessments which in turn delayed the start of the assessment process for some CYP: 13 CYP did not start the assessment process within 12 weeks in August. • Timescales for the return of this information have been temporarily extended to September to provide more time for schools. • It is anticipated the new referral forms and ongoing engagement with schools will support improvements in the timeliness of the return of this information. 						
When is performance expected to recover:						
Performance is expected to be compliant again in September						
Quality impact assessment:						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management: <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Impact of the second wave of COVID-19.
GREEN	TREND	May-20	Jun-20	Jul-20	Aug-20	
		100%	100%	100%	100%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • As the new pathway only commenced in April 2020, the completion of 100% of new CYP ADHD referrals within 30 weeks was not due or expected in this period. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • There have been changes in the way referrals are triaged, the introduction of a single neurodevelopmental history and the commencement of virtual workshops to support families of newly diagnosed children and young people. • Although it was not expected for any assessments to have been fully completed in this period, the CCG will begin to monitor the number of assessments completed as the pathway embeds. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

6.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks		Latest and previous 3 months				Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as part of COVID-19 recovery phase and/or a second wave.
RED	TREND	May-20	Jun-20	Jul-20	Aug-20	
		35.4%	58.9%	75.5%	72.4%	
		Staged Target by March 2020: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen a decline in compliance with the agreed 6 week standard. In August the service prioritised routine choice appointments, reducing the number of CYP waiting the longest (over 6 weeks). 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The reduction in the number of children waiting over 6 weeks for a choice appointment will support the overall reduction in waiting times. The service continues to monitor referral rates and manage urgent vs routine demand. The Trust has shared a detailed recovery plan for reducing waiting times to the agreed standard which is dependent on referral activity: if referral levels remain constant the target will be achieved by September 2020; if referrals increase by 15%, recovery will be delayed till January 2021. The CCG is reviewing the plan and associated risks. 						
When is performance expected to recover:						
Currently actions are progressing in line with the improvement plan and agreed waiting times for choice appointments are expected to be achieved by the end of September. This assumes no further significant impact of covid in terms of an increase in referral numbers and /or an increase in staff absences.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2.2 % Referral to Partnership within 18 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Partnership within 18 weeks		Latest and previous 3 months				Due to impact of COVID-19, potential quality/safety risk from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers, a surge in referrals and/or an increase in staff absences as part of COVID-19 recovery phase and/or a second wave.
RED	TREND	May-20	Jun-20	Jul-20	Aug-20	
		61.4%	56.3%	40.0%	36.0%	
		Staged Target by March 2020: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to partnership waiting times has deteriorated further in August. The service continues to have a reduction in capacity due to the impact of the delivery of 24/7 crisis care service, through redeployment of staff. Through the measures outlined below, compliance for this metric is due to increase from September 2020. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> There is a plan for staff to return to the Sefton CAMHS team from 1st September and during August additional capacity was introduced through agency staff and staff from the existing workforce. In August, the service focused on prioritising those CYP who had been waiting the longest (over 18 weeks), so reducing the overall waiting list size and supporting the overall reduction in waiting times. The Trust has shared a detailed recovery plan for reducing waiting times to the agreed standard which is dependent on referral activity: if referral levels remain constant the target will be achieved by December 2020; if referrals increase by 15%, recovery will be delayed till March 2021. The CCG is reviewing the plan and associated risks. 						
When is performance expected to recover:						
Currently actions are progressing in line with the improvement plan and agreed waiting times for partnership appointments are expected to be achieved by the end of December. This assumes no further significant impact of COVID in terms of an increase in referral numbers and/or increased staff absences.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.3 Children’s Community (Alder Hey)

6.3.1 Paediatric Speech & Language Therapies (SALT)

Indicator		Performance Summary					Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Latest and previous 3 months					The CCG may not deliver on all aspects of the SEND improvement plan as the SALT waiting time improvement trajectory cannot be met within the plan's timescales (due to impact of COVID-19). Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase and/or impact of a second wave.
RED	TREND	Incomplete Pathways (92nd Percentile)				<=18 weeks: Green > 18 weeks: Red	
		May-20	Jun-20	Jul-20	Aug-20		
		26 wks	30 wks	27 wks	27 wks		
		Average waiting times <= 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The number of patients waiting over 18 weeks for an initial assessment decreased from 224 in July to 142 in August. There was a decrease in the number of referrals in August: 71 were received compared to 134 in July. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> The service moves into phase 3 of the pandemic response, there has been an increase in face to face activity in clinic and risk assessments have been taking place to support a return of therapists into school. The waiting time work is ongoing and making good progress and the waiting list is focused on reducing the waiting times for those CYP who have waited the longest. The improvement plan has been adjusted to take account of increases in referrals during June, July and August and the projected impact on waiting times have been modelled; the service continues to work to deliver the improvement plan to reduce the longer 18+ waits to the 92% standard by December 2020. 							
When is performance expected to recover:							
As outlined in the Trust's recovery plan, average waits are scheduled to be reduced to 18 weeks by September 2020 and maximum waiting times by December 2020. This assumes no further significant impact of COVID in terms of an increase in referral numbers, an increase in staff absences and /or the impact of school closures on activity plans.							
Quality:							
There are no identified quality issues.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Cameron Ward		Rob Caudwell		Peter Wong			

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.

6.3.2 Paediatric Dietetics

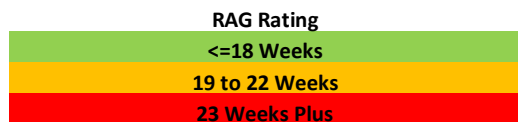
Since the outbreak of the pandemic, the Trust has expressed concerns regarding the validity of the DNA and cancellation data. This is because a significant number of appointments continue to be cancelled and rescheduled as the Trust manages preferences for face to face and digital appointments, which is not representative of service activity and performance alone.

The activity reported in the August contract statement is very positive and shows that there were a total of 59 dietetic appointments, and that the average waiting time was 4.8 weeks with no patients waiting over 18 weeks.

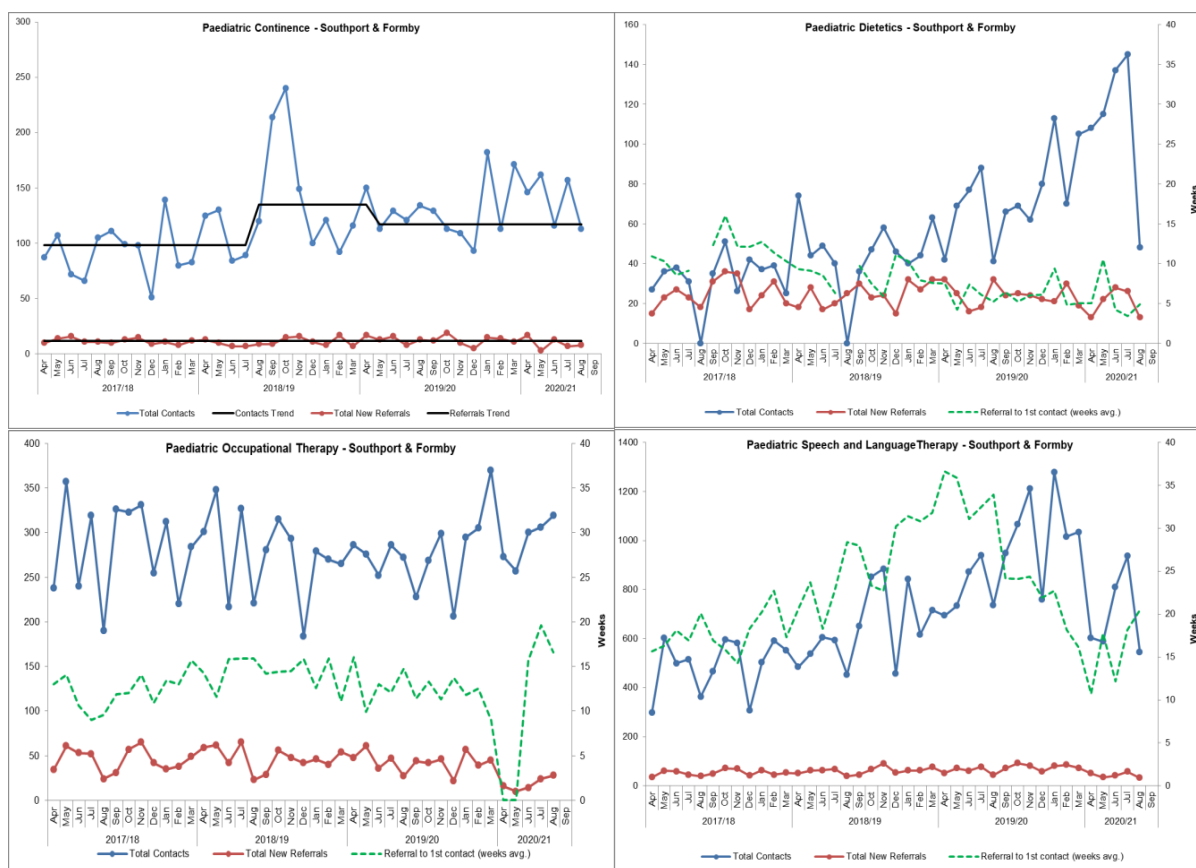
As the current dietetics reporting measure is an outlier and inconsistent with reporting for other services, the CCG had been working with the Trust to develop a new reporting model that more accurately reflects service activity and waiting times, and which reports DNA/cancellations by exception. Due to the impact of COVID-19, this development had been put on hold but is progressing again. It is anticipated that the new reporting model will be implemented in the next few months.

Figure 13 - Alder Hey Community Paediatric Dietetic Waiting Times – Southport & Formby CCG

Paediatric DIETETICS - Southport & Formby	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Number of Referrals	13	22	28	26	13
Incomplete Pathways - 92nd Percentile	14.28	13.52	5.20	5.52	7.52
Incomplete Pathways RTT Within 18 Weeks	100.00%	100.00%	100.00%	100.00%	100.00%
Total Number Waiting	23	26	28	29	21
Number Waiting Over 18 Weeks	0	0	0	0	0



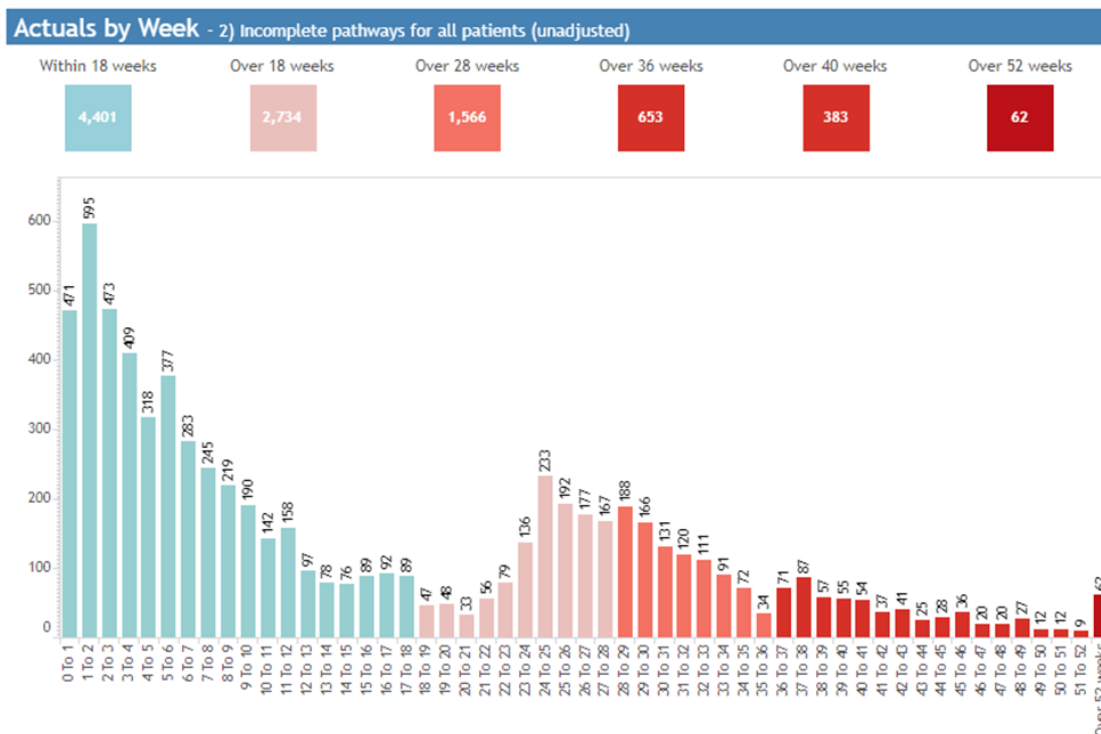
6.4 Alder Hey Activity & Performance Charts



7. Appendices

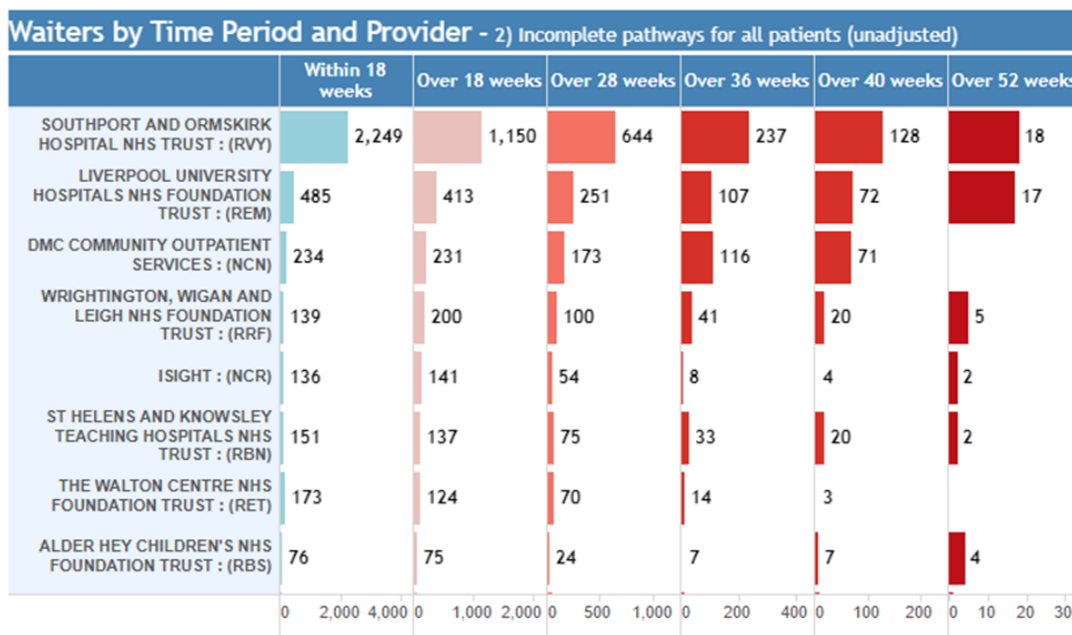
7.1.1 Incomplete Pathway Waiting Times

Figure 14 - Southport & Formby CCG Patients waiting on an incomplete pathway by weeks waiting



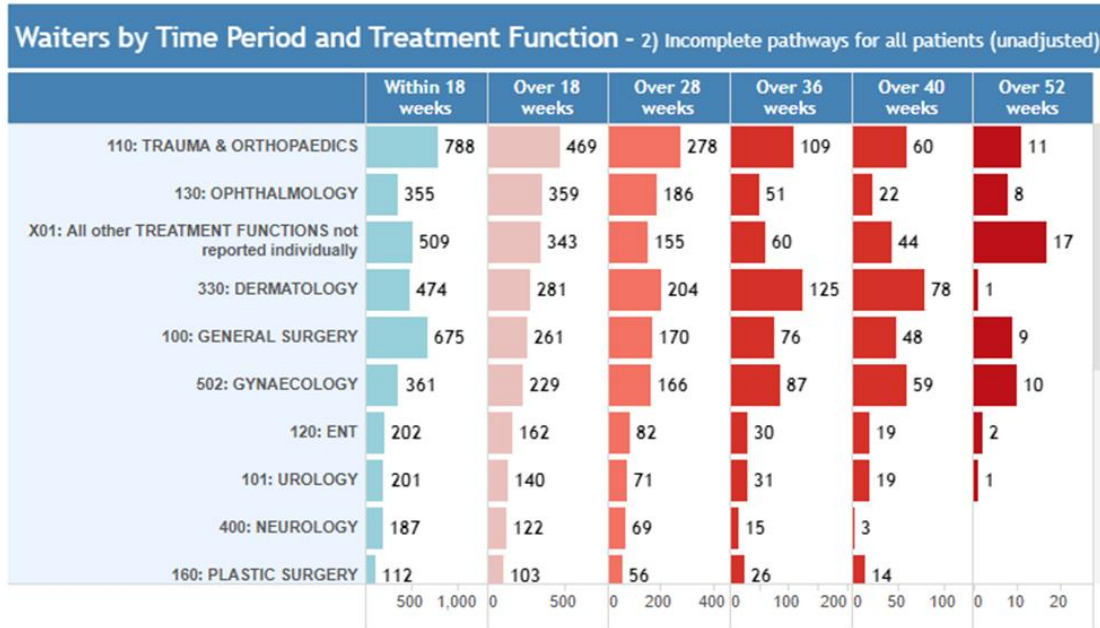
7.1.2 Long Waiters analysis: Top Providers

Figure 15 - Patients waiting (in bands) on incomplete pathway for the top Providers



7.1.3 Long waiters analysis: Top Provider split by Specialty

Figure 16 - Patients waiting (in bands) on incomplete pathway for Southport & Ormskirk Hospital NHS Trust



MEETING OF THE GOVERNING BODY
November 2020

Agenda Item: GB20/149.2	Author of the Paper: Martin McDowell Chief Finance Officer Email Martin.Mcdowell@southportandformbyccg.nhs.uk Tel: 0151 317 8350	Clinical lead: N/A
Report date: November 2020		

Title: Financial Position of NHS Southport & Formby Clinical Commissioning Group -
Month 6 2020/21

Summary/Key Issues:

This paper presents the Governing Body with an overview of the Month 6 financial position for NHS Southport and Formby Clinical Commissioning Group as at 30th September 2020.

The standard business rules set out by NHS England require a 1% surplus in each financial year. However, as part of the CCG's long term recovery plan, the original control total set by NHS England for 2020/21 was a surplus of £0.900m (0.4%). The CCG draft financial plan identified a QIPP savings requirement of £14.956m to achieve the notified control total.

The risk adjusted (likely case) financial position for 2020/21 was assessed in the CCG's draft financial plan at £8.900m deficit. It should be noted that the draft plan was not approved by NHS North West.

In response to the COVID emergency, temporary financial arrangements were implemented for the period April to September 2020 and the original financial plan suspended. CCG allocations have been revised and financial performance will be assessed against revised allocations.

On 15 September 2020, NHS England and Improvement published guidance on the financial and contracting framework for the remainder of the 2020/21 financial year which support phase 3 of the NHS response to the COVID-19 pandemic. Funding arrangements are to be managed at system level (Cheshire & Merseyside Health and Care Partnership) (HCP) with fixed funding envelopes issued to each system and a requirement for commissioners and providers to achieve financial balance within these envelopes.

The Cheshire and Merseyside HCP are required to lead the system and mutually agree individual organisational surplus and deficit positions to be delivered in 2020/21 within the specified funding envelopes. System funds include nationally agreed allocations, block contracts, growth funding, funds for COVID related expenditure and top up funding.

As part of the financial arrangements described above, NHS England and Improvement have advised that NHS Southport & Formby CCG is required to deliver a year end control total deficit of £3.765m in 2020/21.

All system partners have been working on their expenditure forecasts and financial plans for the remainder of the year and the CCG have submitted a draft financial plan which is at review stage with the Cheshire and Mersey Health Care Partnership.

The latest draft planning return was submitted to NHSE/I on 12th October 2020 and a further submission will be made on 21st October 2020. An assessment of CCG expenditure for the remainder of the financial year has been worked through. The most likely forecast year end position has been calculated as a deficit of £10.047m, which is £6.282m in excess of the required control total and action will be required to mitigate the financial risk facing the CCG. It should also be noted that the forecast deficit may be subject to potential revision pending feedback from NHSE/I.

The CCG is anticipating an additional allocation to address pressures from additional COVID costs and growth pressures in the latter part of the year and is awaiting confirmation from the HCP regarding this amount. There may also be additional funding available to support any overspending in relation to locally commissioning independent sector contracts.

For the first six months of this financial year, the CCG revised control total is breakeven and a monthly claims and reconciliation process has been agreed to reimburse costs directly related to COVID and to adjust allocations to support actual expenditure incurred by the CCG. As the allocation adjustments are retrospective, the CCG has reported cost pressures in each month with the expectation that additional cost pressures will be reimbursed in the following month. The CCG has not included any unconfirmed additional allocations within its year to date position.

It should be noted that NHS England have advised that the year to date position may be subjected to an external audit commissioned by NHS England to confirm that funds have been applied reasonably and according to guidance issued.

The CCG has received additional allocations of £5.665m to date to support COVID related costs and other CCG cost pressures up to Month 5.

The Month 6 financial position is an overspend of £1.532m which consists of COVID related costs which have yet to be reimbursed of £0.879m and a further variance against plan of £0.653m. It is anticipated that the CCG will receive a retrospective funding allocation to support these cost pressures and return to a breakeven position.

The main overspending areas are Continuing Healthcare due to COVID related costs and a legacy issues relating to joint funded cases, Primary Care and block contract agreements with NHS providers which are partly offset by underspending areas with non-NHS providers. Other cost pressures are due to COVID related costs in Month 6 which are anticipated to be reimbursed in Month 7.

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 control total for Southport and Formby CCG was a surplus of £0.900m for 2020/21. The QIPP efficiency requirement to deliver the financial plan was £14.956m. A draft opening plan estimated the CCG's likely case deficit at £8.900m.

- Temporary arrangements have been implemented for the financial year to date. The revised control total for the period to 30th September 2020 is breakeven.
- A monthly reconciliation process has been agreed to reimburse costs directly related to COVID and adjust for actual expenditure incurred. It should be noted that this process may be subject to independent audit review, commissioned by NHS England.
- COVID-19 phase 3 guidance was issued on 31st July 2020 which confirmed that existing financial arrangements are to continue through to the end of September 2020 and also described restoration requirements. A revised financial framework will be implemented from October 2020 and will be based on agreed financial plans which are currently being developed by the Cheshire & Merseyside Health Care Partnership. As part of this process, NHS England and Improvement have advised that NHS Southport & Formby CCG is required to deliver a year end control total deficit of £3.765m in the second half of 2020/21.
- The most likely forecast year end position has been calculated as a deficit of £10.047m, which is £6.282m in excess of the required control total and action will be required to mitigate this risk in order to deliver the required control total deficit.
- The CCG has received additional allocations of £5.665m to date to support COVID related costs and other cost pressures up to Month 5.
- The Month 6 financial position is an overspend of £1.532m. The CCG will be reliant upon the receipt of a retrospective allocation (“top-up”) to address the Month 6 overspend and return to a break-even position.

Links to Corporate Objectives 2019/20 (x those that apply)

X	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.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To ensure 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.
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	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.

x	To progress a potential CCG merger to have in place an effective clinical commissioning group function.
---	---

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 November 2020

1. Executive Summary

This report focuses on the financial performance of Southport and Formby CCG as at 30th September 2020.

Table 1 – CCG Financial Position

	Budget (Months 1-6)	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	Forecast Outturn
	£000	£000	£000	£000	£000	£000
Acute	58,752	58,752	58,151	(600)	58,151	(600)
Mental Health	10,629	10,629	10,543	(86)	10,543	(86)
Continuing Care	10,029	10,029	11,049	1,019	11,049	1,019
Community Health	11,893	11,893	12,184	291	12,184	291
Prescribing	12,729	12,729	13,291	562	13,291	562
Primary Care	12,893	12,893	13,110	217	13,110	217
Corporate & Support Services	1,115	1,115	1,099	(15)	1,099	(15)
Other	4,167	4,167	4,511	344	4,511	344
Total Operating budgets	122,208	122,208	123,939	1,731	123,939	1,731
Reserves	200	200	0	(200)	0	(200)
In Year Planned (Surplus)/Deficit	0	0	0	0	0	0
Grand Total (Surplus)/Deficit	122,408	122,408	123,939	1,532	123,939	1,532

Financial Arrangements April to September 2020

The CCG financial plan for 2020/21 is currently in draft form and has been suspended until further notice as a result of the COVID emergency. A temporary finance regime was implemented for the period 1st April to 31st July 2020 and CCG allocations were replaced with revised allocations to reflect the temporary finance and contracting arrangements in place. As part of Phase 3 guidance issued on 31st July 2020 existing processes have continued until the end of September 2020.

A monthly claim process to recover any costs directly related to COVID and also a monthly reconciliation process to adjust CCG allocations to support reasonable variances against the CCG revised allocations is in place during this period. The monthly reconciliation process has been retrospective, based on the financial position submitted to NHS England for each month end and subject to review before additional allocations are confirmed.

On 31st July 2020 a letter from the NHS Chief Executive and Chief Operating Officer described the third phase of the response to COVID-19 which provided an update on the COVID national alert level; set out priorities for the remainder of 2020/21 and outlined the financial arrangements as agreed with Government for Autumn 2020. Processes regarding

nationally set block contracts and retrospective top up funding were agreed to continue through to September 2020.

Financial Arrangements October 2020 to March 2021.

On 15 September 2020, NHS England and Improvement published guidance on the financial and contracting framework for the remainder of the 2020/21 financial year which support phase 3 of the NHS response to the COVID-19 pandemic. Funding arrangements are to be managed at system level with fixed funding envelopes issued to each system and a requirement for commissioners and providers to achieve financial balance within these envelopes.

The Cheshire and Merseyside Health Care Partnership are required to mutually agree individual organisational surplus and deficit positions to be delivered in 2020/21.

The arrangements are summarised as follows:

- Block contracts and top up arrangements with providers will remain in place until further notice.
- Nationally mandated contracts will apply through 2020/21; block payment arrangements supersede activity and finance contract schedules with focus on restoration of levels of activity to pre COVID levels with local management of the COVID response.
- Funding arrangements are to be at system level with fixed funding envelopes issued to each system – providers and commissioners must achieve financial balance within these envelopes. There is a requirement for the system to break-even and the system may mutually agree to deliver organisational surplus and deficit positions.
- The fixed funding envelopes for systems:

Include

Nationally calculated CCG allocations and block contracts including system top up

Growth funding – for new services and capacity growth

COVID-19 allocation

Funding to providers for directly commissioned services

Exclude

Funding for Cancer Drugs Fund

COVID-19 services funded by the Government – e.g. Nightingale Hospitals

National service development funding (SDF)

Funding for the elective incentive scheme and the independent sector above amounts included in funding envelopes.

As part of the financial arrangements described above, NHS England and Improvement have advised that NHS Southport & Formby CCG is required to deliver a year end control total deficit of £3.765m in 2020/21.

All system partners have been working on their expenditure forecasts and financial plans for the remainder of the year and the CCG have submitted a draft financial plan which is at review stage with the Cheshire and Mersey Health Care Partnership.

The latest draft planning return was submitted to NHSE/I on 12th October 2020 and a further submission will be made on 21st October 2020. An assessment of CCG expenditure for the remainder of the financial year has been worked through. The most likely forecast year end position has been calculated as a deficit of £10.047m, which is £6.282m in excess of the required control total and action will be required to mitigate this financial risk in order to

deliver the required control total deficit of £3.765m. It should also be noted that the forecast deficit may be subject to potential revision pending feedback from NHSE/I.

CCG Expenditure Plan

The CCG expenditure plan has changed for the period as a result of actions implemented in response to the COVID emergency.

Block contracts have been agreed for NHS providers, the values of which are directed by NHS England and NHS improvement, based on expected expenditure for the period using 2019/20 performance to Month 9 as a baseline for the calculations. Non-Contract Activity (NCA) invoicing has also been suspended with income normally relating to NCA's being allocated to NHS providers within the Block arrangement.

Some Independent Sector contracts have been procured nationally for a short period of time, and as a result, the CCG will not incur costs for these providers although the CCG's revised allocation is expected to be adjusted to take account of the reduced expenditure. Other contracts with Non-NHS providers have been renegotiated for the period based on expected activity levels.

Income for General Practice has been protected at 2019/20 levels to recognise the need to direct primary care resources to the COVID response rather than the business as usual activities which generate some of the GP contract payments.

Month 6 Financial Position

The Month 6 financial position as at 30th September 2020 is a deficit of £1.532m. This consists of COVID costs which have yet to be reimbursed of £0.879m and further year to date variance to plan of £0.653m which should be reimbursed through the top-up process. A month 7 allocation adjustment is expected to enable the CCG to deliver the required break even position.

The CCG has received an additional allocation of £5.665m for the reimbursement of COVID related costs and other cost pressures up to Month 5. A further sum of £1.532m has been identified during Month 6 bringing the total up to £7.197m. These cost pressures in Month 6 are anticipated to be reimbursed in Month 7.

The main variances from the revised allocations can be analysed as follows, the overspending areas have now reduced due to the allocation adjustment received in Month 6.

- The Continuing Care budget is overspent in respect of additional care packages related to hospital discharges to support the COVID response and prior year issues. There has been an increase in the overspend in Month 6 due to legacy issues relating to Joint Funded cases and the inclusion of expected costs relating to retrospective case reviews for packages agreed in response to the COVID emergency.
- Overspends on the Community budget relating to block purchase of Intermediate Care beds, the costs have reduced in Month 6 in line with end dates of agreed contracts.
- The overspend on Primary care budgets relates to increased costs on the LQC budget as a result of increased claims and COVID costs, prior year issues and the Prescribing budget due to increased costs for activity during the year. The prescribing increase was not included in the revised CCG allocations as the baseline for calculation was Month 11 2019/20 and increased costs related to COVID did not take effect until Month 12.

- Costs of HCP programmes have been included in Month 6, resulting in an overspend on the other services budget.
- Overspends on Acute services relating to NHS provider block contract payments which are higher than the CCG revised allocation due to high costs in the base period in 2019/20 which was used to calculate the block payments for 2020/21.

COVID-19 and the CCG Financial Recovery Plan

The Covid-19 pandemic was declared on 12 March 2020 and the UK government made announcements about how the population should act including the confirmation of funding to support NHS organisations throughout this pandemic.

Throughout 2019/20, the CCG worked with the regional team alongside system partners to identify options to reduce the system financial gap and restore long term financial sustainability. “Business as usual” processes have been suspended in the year to date to allow focus to be concentrated on the NHS response to the COVID-19 pandemic. This includes changes to the NHS financial and contracting regime, the introduction of central command and control measures and a pause on previous financial recovery processes with regulators in the short term. The CCG will continue to work with partners as appropriate to focus on key QIPP areas to ensure that projects can be progressed in the post pandemic period.

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	n/a	
		0.5% Non-Recurrent Reserve	n/a	
		Control Total (April-September)	tbc	
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 < 2020/21 allocation	✓	
5	BPPC	NHS - Value YTD > 95%	99.86%	
		NHS - Volume YTD > 95%	92.92%	
		Non NHS - Value YTD > 95%	98.81%	
		Non NHS - Volume YTD > 95%	97.47%	

- The standard business rules set out by NHS England require CCGs to deliver a 1% surplus.
- The CCG control total for 2020/21 was a surplus of £0.900m. The revised control total for April to September 2020 is **breakeven**.
- The breakeven target has not been achieved in Month 6 due to the retrospective allocation adjustment from NHS England not received or confirmed as it remains subject to review.
- The 0.5% Contingency reserve and the 0.5% Non-Recurrent reserve are not required for April to September 2020.
- The QIPP target for 2020/21 identified in the draft financial plan was **£14.956m**. The CCG will be working alongside system partners to develop transformational schemes to support the NHS as it builds services through the “Recovery” phase of the post-COVID response.
- BPPC targets have been achieved with the exception of NHS by volume. The underperformance is largely attributable to the early part of the financial year and invoices which do not meet the BPPC target are minimal in later months. Excluding underperformance average performance is 97.17%. Performance will continue to be closely monitored.

2. CCG Financial Position – Month 6 2020-21																							
Report	Commentary																						
<p style="text-align: center;">Southport & Formby CCG Forecast Outturn at Month 6</p> <table border="1"> <caption>Southport & Formby CCG Forecast Outturn at Month 6</caption> <thead> <tr> <th>Cost Area</th> <th>Variance (£'000)</th> </tr> </thead> <tbody> <tr> <td>CONTINUING CARE PACKAGES</td> <td>1,019</td> </tr> <tr> <td>PRESCRIBING</td> <td>562</td> </tr> <tr> <td>OTHER</td> <td>305</td> </tr> <tr> <td>INTERMEDIATE CARE</td> <td>274</td> </tr> <tr> <td>DELEGATED CO-COMMISSIONING</td> <td>118</td> </tr> <tr> <td>LOCAL ENHANCED SERVICES</td> <td>85</td> </tr> <tr> <td>MENTAL HEALTH</td> <td>66</td> </tr> <tr> <td>NCAs</td> <td>135</td> </tr> <tr> <td>CCG RESERVE BUDGET</td> <td>200</td> </tr> <tr> <td>FORECAST DEFICIT (MONTH 6)</td> <td>1,532</td> </tr> </tbody> </table>	Cost Area	Variance (£'000)	CONTINUING CARE PACKAGES	1,019	PRESCRIBING	562	OTHER	305	INTERMEDIATE CARE	274	DELEGATED CO-COMMISSIONING	118	LOCAL ENHANCED SERVICES	85	MENTAL HEALTH	66	NCAs	135	CCG RESERVE BUDGET	200	FORECAST DEFICIT (MONTH 6)	1,532	<ul style="list-style-type: none"> The CCG Month 6 position is an overspend of £1.532m after the application of additional allocations received. The main financial pressures relate to: <ul style="list-style-type: none"> Continuing Care due to increased cost and number of packages, COVID related costs, legacy issues for joint funded cases and a provision for CHC retrospective case reviews. Prescribing due to increased activity since March 2020, mainly related to COVID. Other services relating to HCP programme costs, GP pensions liability, the Primary Care COVID hub and Sefton transformation programme expenses. Intermediate Care due to additional bed capacity purchased in response to COVID. Primary care Delegated Commissioning due to reduced allocations under the new financial framework and increased costs. Local Enhanced Services for COVID related costs and increased quarterly claims. The cost pressures are partly offset with savings on Independent Sector contracts which have been procured nationally and NCA costs. Some of the additional allocations are also held on the CCG reserve budget. The CCG requires an allocation adjustment (top up) to address the reported deficit for Month 6 and return the CCG to breakeven.
Cost Area	Variance (£'000)																						
CONTINUING CARE PACKAGES	1,019																						
PRESCRIBING	562																						
OTHER	305																						
INTERMEDIATE CARE	274																						
DELEGATED CO-COMMISSIONING	118																						
LOCAL ENHANCED SERVICES	85																						
MENTAL HEALTH	66																						
NCAs	135																						
CCG RESERVE BUDGET	200																						
FORECAST DEFICIT (MONTH 6)	1,532																						

3. CCG Reserves Budget							
Report							Commentary
Reserves Budget	Opening Budget (Draft) £m	Revised Budget (Apr-Sept) £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m	
QIPP Target	(14.956)	(4.985)				(4.985)	<ul style="list-style-type: none"> The CCG reserve budgets reflect the draft financial plan. In the draft financial plan, the QIPP target was held as a negative budget and would be offset with budget transfers from operational budgets into the reserves budget as schemes were achieved during the year. Provision was included in the plan for cost pressures identified in 2019/20 Funding was included in the plan for other investments expected to be agreed during provider contract negotiations. The revised CCG allocations for April – July 2020 included an allocation of £4.520m against the CCG reserves budget as a result of the NHS England allocation adjustments. Additional allocations were received in Month 5 to reflect a continuation of the temporary financial arrangements for Months 5 and 6. An additional allocation of £1.618m was received in Month 5 to reimburse COVID related costs incurred in Month 5 and to support other cost pressures. To date £5.482m has been deployed to CCG operational budgets with the remaining £0.183m held in reserves. The final balance on the CCG reserve budget at Month 6 is £0.200m.
QIPP Achieved						0.000	
Primary Care Allocations	(1.000)	(0.333)				(0.333)	
CCG Contingency Budget (0.5%)	1.102	0.367				0.367	
Financial Planning Pressures	1.000	0.333				0.333	
Other reserves	0.044	0.015				0.015	
Early Supported Discharge	0.300	0.100				0.100	
NHSE control total adjustments		4.520	0.435		(0.435)	4.520	
NHSE additional allocations			5.665		(5.482)	0.183	
Total Reserves	(13.510)	0.017	6.100	0.000	(5.917)	0.200	

4. Statement of Financial Position				
Report				Commentary
Summary working capital:				
Working Capital and Aged Debt	Quarter 1	Quarter 2	Prior Year 2019/20	
	M3	M6	M12	
	£'000	£'000	£'000	
Non-Current Assets	5	12	15	
Receivables	1,237	13,504	846	
Cash	3,602	1,310	30	
Payables & Provisions	(5,314)	(21,218)	(15,469)	
Value of Debt > 180 days	223	138	174	
				<ul style="list-style-type: none"> The non-current asset (Non CA) balance relates to assets funded by NHS England for capital projects. 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 £0.138m. The previously reported outstanding debt from Southport & Ormskirk NHS Trust of £0.137m was paid in early October and the reduction in aged debt will be reflected in the next period report. At month 6, the CCG had drawn down £120.096m and made payments via NHS Business Services Authority of £12.029m, totalling £132.125m (56.9%) of its Annual Cash Drawdown Requirement (ACDR). The target cash balance at this point in the year is £116.113m (50.0%). The large difference is as a result of the CCG having to pay providers a block payment one month in advance on instruction from NHS England as part of the Covid-19 response. The remaining ACDR available of £100.100m will be managed through the financial year.

5. Recommendations

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

- The control total for Southport and Formby CCG was a surplus of £0.900m for 2020/21. The QIPP efficiency requirement to deliver the financial plan was £14.956m. A draft opening plan estimated the CCG's likely case deficit at £8.900m.
- Temporary arrangements have been implemented for the financial year to date. The revised control total for the period to 30th September 2020 is breakeven.
- A monthly reconciliation process has been agreed to reimburse costs directly related to COVID and adjust for actual expenditure incurred. It should be noted that this process may be subject to independent audit review, commissioned by NHS England.
- COVID-19 phase 3 guidance was issued on 31st July 2020 which confirmed that existing financial arrangements are to continue through to the end of September 2020 and also described restoration requirements. A revised financial framework will be implemented from October 2020 and will be based on agreed financial plans which are currently being developed by the Cheshire & Merseyside Health Care Partnership. As part of this process, NHS England and Improvement have advised that NHS Southport & Formby CCG is required to deliver a year end control total deficit of £3.765m in the second half of 2020/21.
- The most likely forecast year end position has been calculated as a deficit of £10.047m, which is £6.282m in excess of the required control total and action will be required to mitigate this risk in order to deliver the required control total deficit.
- The CCG has received additional allocations of £5.665m to date to support COVID related costs and other cost pressures up to Month 5.
- The Month 6 financial position is an overspend of £1.532m. The CCG will be reliant upon the receipt of a retrospective allocation ("top-up") to address the Month 6 overspend and return to a break-even position.

Martin McDowell
Chief Finance Officer
November 2020

MEETING OF THE GOVERNING BODY November 2020

Agenda Item: GB20/150	Author of the Paper: Jo Roberts Merseyside CCGs Equality and Inclusion Service Jo.Roberts10@nhs.net 07826 921 628	Clinical Lead: N/A
Report date: 7 th October 2020		

Title: COVID-19 Equality Briefing Version 9

Summary/Key Issues:

The outbreak of COVID-19 in the UK has meant that the NHS has been operating under unprecedented emergency measures.

Evidence emerged early on that people who experience poverty / health inequalities and protected characteristics of 'Black, Asian Minority Ethnic', older age, faith and gender were being disproportionately affected by COVID-19. Health inequalities have significantly increased. In addition, services that were suspended have had an overt negative effect on people.

Throughout the pandemic the Merseyside CCG Equality and Inclusion Service has highlighted that all reset and recovery plans must consider the impact on people and develop mitigating actions, prior to making decisions to act or risk further disadvantage and poor outcomes. As NHS organisations are now planning for Winter and a Second Wave of COVID-19 they need be mindful of the emerging evidence that further groups of people are being impacted on by COVID-19 with spikes of cases in particular groups

The equality briefing is a live document which continues to be updated to include further intelligence, reports and resources to share across the system. This enables the CCG to pay 'due regard' to its legal duty during the various phases from initial outbreak, response, reset/ recovery planning to second wave and winter planning.

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

The Governing Body is asked to receive this report.

Links to Corporate Objectives 2019/20 (x those that apply)

x	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.
---	---

X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To ensure 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.
X	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.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	X			The Equality Briefing incorporates intelligence and feedback from local organisations further to their engagement with patients and wider public (Healthwatch, VCF, NHS Trusts)
Clinical Engagement	X			The Equality Briefing incorporates intelligence and recommendations received from clinical colleagues across Merseyside.
Equality Impact Assessment	X			The Equality Briefing includes equality considerations.
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			The Equality Briefing has been shared with the CCG Incident Management Team for action/ wider circulation from Version 3 onwards. Version 5 Presented to Governing Body June 2020 Version 7 Presented to CCG SMT July 2020 Version 8 Presented to EPEG September 2020 Version 8 Presented to CCG SMT October 2020

Merseyside CCG Equality and Inclusion Service

COVID-19 Equality Briefing


<p>Briefing Date : Version (3): 30th March 2020 Version (4): 20th April 2020 Version (5): 14th May 2020 Version (6): 2nd June 2020 Version (7): 8th July 2020 Version (8): 10th August 2020 This Version (9): 24th September 2020</p>	<p>Author of the Paper: Andy Woods Senior Governance Manager Merseyside CCGs Equality and Inclusion Service Email: Andrew.Woods3@nhs.net</p> <p>Jo Roberts Merseyside CCGs Equality and Inclusion Service Manager Email: Jo.Roberts10@nhs.net</p>
<p>Title: COVID-19 Equality Briefing</p>	

<p>Background</p>	<p>The outbreak of COVID-19 in the UK has meant that the NHS has been operating under unprecedented emergency measures.</p> <p>Evidence emerged early on that people who experience poverty / health inequalities and protected characteristics of ‘Black, Asian Minority Ethnic’, older age, faith and gender were being disproportionately affected by COVID-19¹. Health inequalities have significantly increased. In addition, services that were suspended have had an overt negative effect on people.</p> <p>Throughout the pandemic the Merseyside CCG Equality and Inclusion Service has highlighted that all reset and recovery plans must consider the impact on people and develop mitigating actions, prior to making decisions to act or risk further disadvantage and poor outcomes. As NHS organisations are now planning for Winter and a Second Wave of COVID-19 they need be mindful of the emerging evidence that further groups of people are being impacted on by COVID-19 with spikes of cases in particular groups, e.g. Women aged 20 to 40.</p> <p>The Equality Act 2010 is a statutory act. Public Sector Equality Duty (known as the ‘equality duty’ or ‘PSED’) remains active. This means all service changes, even in emergency circumstances such as responding to COVID-19 and recovery planning, must still be given ‘due regard’ to the objectives of:</p> <ul style="list-style-type: none"> • Eliminating discrimination, harassment and victimisation • Advancing equality of opportunity • Fostering good relations between different protected characteristics. <p>There continues to be a legal requirement for NHS organisations to publicly make available equality analysis reports on how ‘due regard to</p>
--------------------------	--


¹ Health inequalities have widened dramatically since 2010 in the North West – ‘Due North Report’ PHE- 2014 , ‘Health Equity in England Marmot Review 10 Years on’ - February 2020. COVID -19 disproportionate impact - Evidence continues to emerge in relation to protected characteristics of ‘older age, disability (long term underlying illness), male and BAME being disproportionately affected by COVID-19. ‘Disparities in the risk and outcomes of COVID-19’ – June 2020. People living in poverty and people who experience health inequalities are experiencing disproportionate impact direct and indirect impacts of COVID-19 on health and wellbeing -Rapid evidence briefing by the Health & Equity in Recovery Plans Working Group- June 2020 (Version 1).

	<p>PSED' was made when changing services.</p> <p>NHS Commissioners and Service Providers are still required to comply with legislation that covers: Equality, Human Rights, Duty of Care, Health and Safety and Employment.</p> <p>This document presents system-wide equality and health inequality considerations for Commissioners, Providers and other organisations that operate in collaboration with NHS organisations.</p>
Barriers for People with Protected Characteristics and mitigations	The enclosed differential table provides NHS Commissioners and Service Providers with equality considerations to incorporate in their response and recovery of COVID-19. Mitigations have been provided along with further recommended actions for NHS organisations. Further equality related publications are available in Appendix 1.
Key Issues	<ul style="list-style-type: none"> • Prompt decision making without fully considering equality impacts. • Disproportionate impact of COVID-19 on particular groups and health inequalities widening. • Changes to service provision. • Accessible Communications to meet information and communication needs for people with a disability or sensory loss on latest COVID-19 guidance and changes to services. • The need for local targeted campaigns and information giving; for those at risk (broader than the national highest risk groups) on key information across protected characteristic and other vulnerable groups.
Recommendations	<ol style="list-style-type: none"> 1. It is essential that the three NHS priorities as outlined in Simon Steven's letter dated 31st July 2020; Third Phase of NHS Response to COVID-19 are unpinned by the findings and recommendations within this Equality Briefing. The NHS priorities noted as follows: <ol style="list-style-type: none"> a. Accelerating the return to near-normal levels of non-COVID health services, making full use of the capacity available in the 'window of opportunity' between now and winter. b. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable COVID spikes locally and possibly nationally. c. Doing the above in a way that takes account of lessons learned during the first COVID peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention. 2. Review this Equality specific brief alongside local and national guidance. 3. Distribute COVID-19 Equality Brief to all relevant teams across organisation and wider system partners where appropriate. 4. Providers and CCGs to ensure that when they are reviewing services they develop existing internal documentation to evidence Public Sector Equality Duty 'Due Regard'. PSED is still active. 5. CCGs, Providers and wider system partners to ensure that Organisation Boards are sighted on the latest version of the Equality Briefing and all associated appendices. 6. CCGs and Providers to continue to seek assurance of service provision from interpreter agencies (language and BSL). 7. Ensure communications are inclusive, timely and informative (in terms of appointment time, location, PPE requirements etc.). 8. Develop targeted campaigns, engagement and communications with vulnerable people and communities who are in high priority need e.g. Black, Asian and Minority Ethnic communities, and people living in


- deprived areas.
9. Ensure patient data of COVID-19 cases and deaths are recorded by protected characteristic e.g. ethnicity and disability in addition to the standard age and sex characteristics. Data should be monitored locally so that the intelligence can be used to inform targeted engagement.
 10. Ensure workforce risk assessments updated in line with National recommendations around Black, Asian and Minority Ethnic staff.
 11. Commissioners and Providers to resume Workforce reporting; Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) in line with NHS England letter dated 19th May 2020. (Enclosed in Appendix 1)
 12. Further to national advice that EDS2 reporting is for local determination; Commissioners and Providers should publish EDS2 summary reports on external websites. It is acceptable to re-publish existing summary reports if it has not been possible to update due to current organisational pressures.
 13. Commissioners and Providers to work collaboratively on Equality, Quality and health inequality considerations for recovery plans. Access advice and support from Provider Equality Leads and Merseyside CCGs Equality and Inclusion Service.
 14. Commissioners and Providers to be cognisant of Human Resources (HR) implications in the return to “business as usual” in relation to Staff Risk Assessments, supporting staff, processes for raising concerns, use of Freedom to Speak Up Guardians etc. This also applies to the event of a Second Wave of COVID-19 and the possibility that some staff may need to return to shielding. Link to NHS Employers publications available in Appendix 1.
 15. Ensure Commissioners and Providers continue to promote access to learning from emerging evidence and best practice. Continue to engage with local regional and national shared learning opportunities to identify best practice.
 16. Provide nominations from your organisation for the North West Region Black, Asian and Minority Ethnic Advisory Group further to the enclosed letter from Bill McCarthy, Executive Regional Director (North West) NHS England and Improvement 8th June 2020.



BMc KMcb BAME
2020-06-08.pdf
 17. Respond to Black, Asian and Minority Ethnic assurance request from Regional Chief People Officer NHSE & I (North West) 20th June 2020.






BAME Assurance
Letter 20062020.pdf
 18. Take actions in response to the letter dated 24th June 2020 from Dr Kanani, Medical Director for Primary Care NHSE &I, and Amanda Pritchard, Chief Operating Officer NHSE & I



C0625-risk-assessme
nts-for-at-risk-staff-c
 19. Commissioners and Providers to use the recovery planning key equality considerations in Appendix 3.

Protected Characteristic	Issue	Remedy/ Mitigation	Recommended Actions
<p>Age</p>	<p>Over 65 Access to services and treatment.</p> <p>Human Rights Article 2 would relate to rationing of services and the ethical decision making in who receives recourses in life/death situations.</p>	<p>The challenge for local health commissioners and services in the event of a second wave of COVID-19 is to develop a consistent approach, based on an understanding and communication of risk on a case-by-case basis and to avoid a discriminatory approach.</p> <p>Refer to Publications approval reference: 001559 Maintaining standards and quality of care in pressurised circumstances https://www.england.nhs.uk/coronavirus/publication/maintaining-standards-pressurised-circumstances/</p> <p>and BMA ethical issues guidance note: https://www.bma.org.uk/advice-and-support/covid-19/ethics/covid-19-ethical-issues</p> <p>and refer to NICE guidance: https://www.nice.org.uk/covid-19</p> <p>and refer to NICE Guidance: COVID-19 rapid guideline: critical care in adults https://www.nice.org.uk/guidance/ng159</p> <p><i>Note this guidance was updated on 29th April 2020 to stating that the Clinical Frailty Scale should be used as part of a holistic assessment, but should not be used for younger people, people with stable long-term disabilities, learning disabilities or autism.</i></p>	<p>Ensure processes are in place to communicate guidance with clinical staff and ensure methods auditable.</p>

	Digital Inclusion – people who are digitally and socially excluded cannot access online services like health advice or services	Ensure people who do not have access to digital platforms are not disadvantaged by offering alternative communication or consultation methods.	
	<p>Vulnerable People – All Ages Vulnerable people (broader than Government list) being made aware of specific services available to them via targeted campaigns.</p> <p>Potentially missed opportunities to identify Safeguarding Issues as service recovery moves from face to face to virtual appointments.</p>	<p>Ensure Communications/ Engagement Teams access national and local information sources.</p> <p>https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19</p> <p>https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people</p> <p>Resources shared by local Safeguarding Boards.</p>	<p>CCGs and Providers to work collaboratively with networks e.g. Voluntary Organisations, Local Authority, Police, Fire Service, Healthwatch etc. to ensure communications are shared with communities.</p> <p>CCGs to ensure there is ongoing engagement and inclusive communication with communities.</p> <p>Service Providers to review processes to support identification of safeguarding issues.</p>
	<p>People living in Care Homes/ Other Housing COVID-19 poses a higher risk to populations that live in close proximity to each other.</p>	Commissioners to ensure that national and local information is shared with Care Home colleagues.	Commissioners and Providers to ensure that collaborative work is ongoing with Local Authority, Care Quality Commission (CQC) and Care Home colleagues to monitor and review capacity and share information with relevant parties.
	<p>Working Age Groups disproportionately impacted upon by COVID-19</p>	NHS Employers has now provided guidance and support to employers on creating proactive approaches to risk assessment for	CCGs and Providers to review organisational process which supports staff to raise concerns.

	<p>Carers</p> <p>Worklessness; people who have been furloughed experiencing poor mental health</p> <p>Local spikes of COVID-19 cases in Working Age people and also Women Age 20 to 40.</p>	<p>staff, including physical and mental health https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff</p> <p>NHSE & I: Resources and actions to support NHS employees with caring responsibilities</p> <p>  </p> <p>B0016 _Employers for Carers Launch LetCarers - Advice to OrCarers - Advice to Int</p> <p>B0016 - Working B0016 - Working</p> <p>Ensure services are accessible.</p>	<p>CCGs and Providers to ensure communication is shared across staff networks.</p> <p>Ensure any local messages on social distancing and risks are communicated clearly to this group.</p>
	<p>Children and Young People</p> <p>Digital divide: not all have access to the internet or laptops to access health care advice/ other services online.</p> <p>Increase in the number of mental health admissions for people with Eating Disorders.</p> <p>Negative impact on Children</p>	<p>Resources available in Appendix 1.</p>	<p>Ensure services are accessible via telephone.</p> <p>CCGs and Providers to ensure that service information is shared with Local Authorities for onward circulation to schools / wider community groups.</p> <p>CCGs and Providers to continue to monitor activity and direct link to COVID-19; e.g. service reduction, isolation etc.</p> <p>Providers to review individual patient support needs for access to services.</p> <p>CCGs and Providers to communicate</p>

	and Young People's Mental Health		resources available.
Disability	<p>All</p> <p>Impact of COVID-19 on people with disabilities and access to services.</p> <p>Concerns that people with learning disabilities and children and young people with SEND will not get equal access to treatment.</p> <p>Human Rights Article 2 would relate to rationing of services and the ethical decision making in who receives recourses in life/death situations.</p>	<p>The challenge for local health commissioners and services in the event of a second wave of COVID-19 is to develop a consistent approach, based on an understanding and communication of risk on a case-by-case basis and to avoid a discriminatory approach.</p> <p>Refer to Publications approval reference: 001559 Maintaining standards and quality of care in pressurised circumstances https://www.england.nhs.uk/coronavirus/publication/maintaining-standards-pressurised-circumstances/</p> <p>and BMA ethical issues guidance note: https://www.bma.org.uk/advice-and-support/covid-19/ethics/covid-19-ethical-issues</p> <p>and refer to NICE guidance: https://www.nice.org.uk/covid-19</p> <p>and refer to NICE Guidance: COVID-19 rapid guideline: critical care in adults https://www.nice.org.uk/guidance/ng159</p> <p><i>Note this guidance was updated on 29th April 2020 to stating that the Clinical Frailty Scale should be used as part of a holistic assessment, but should not be used for younger people, people with stable long-term disabilities, learning disabilities or</i></p>	<p>Ensure processes are in place to communicate guidance with clinical staff and ensure methods auditable.</p>

	<p>Digital Inclusion – people who are digitally and socially excluded cannot access online services like health advice or services.</p> <p>Impact on people who are Carers of people with dementia and/or learning disabilities and not being able to attend appointments or inpatient visiting.</p>	<p><i>autism.</i></p> <p>Ensure people who do not have access to digital platforms are not disadvantaged by offering alternative communication or consultation methods.</p>	<p>Assess individual patient needs and support for Carers. Reasonable Adjustments.</p>
	<p>Sensory; D/deaf people</p> <p>D/deaf, Deaf blind</p> <p>D/deaf people may require additional support to understand national / local guidance on COVID-19 and changes to service and also support to access video consultations.</p>	<p>Ensure there is access to British Sign Language for D/deaf people</p> <p>Commissioners of BSL interpreter services (CCG and Provider organisations) to collate information on interpreter agency provision, capacity and Business Continuity Plans escalating any potential gaps as appropriate through organisation’s internal escalation process.</p> <p>Consider use of Relay UK (previously Next Generation Text) to support communication with patients. https://www.relayuk.bt.com/</p>	<p>Commissioners of interpreter services to review contract requirements to ensure any revisions include Quality Standards for Translation and Interpretation services.</p> <p>Commissioners of interpreter services to monitor usage and use intelligence / activity data to share with CCG Equality and Inclusion Service.</p> <p>Explore access to video-conferencing facilities available free during COVID-19 to support non Face to Face healthcare appointments via Sign Health. https://www.bslhealthaccess.co.uk/</p> <p>CCGs to work with IT system suppliers to</p>

	<p>D/deaf; barriers experienced following the introduction of face masks/ coverings when D/deaf people use lip reading.</p>	<p>Sign Health continues to publish BSL videos on their website to update D/deaf people on the latest COVID-19 guidelines. https://www.signhealth.org.uk/coronavirus/</p> <p>Resources available in Appendix 1.</p>	<p>review General Practice IT kit in the event they do not have access to e-consult. E.g. access to laptops for Skype etc.</p> <p>CCGs and Providers to work collaboratively with networks e.g. Voluntary Organisations, Deaf Charities, etc. to ensure communications are shared with communities.</p> <p>CCGs and Providers to ensure they respond to any recommendations from Healthwatch surveys undertaken during COVID-19 on patient access/ experience etc.</p> <p>CCG Equality and Inclusion Service to work with Healthwatch colleagues to identify/ support any gaps in feedback from specific communities.</p> <p>CCGs to ensure there is ongoing engagement and inclusive communication with communities.</p> <p>Liaise with Procurement colleagues with a view to sourcing approved transparent face coverings for use in appropriate setting.</p>
	<p>Sensory; Visual Impairments People with visual impairments may require additional support to understand national / local guidance on COVID-19 and changes to service.</p>	<p>Ensure Communications/ Engagement Teams access national and local information sources:</p> <p>RNIB: https://www.rnib.org.uk/campaigning/priority</p>	<p>CCGs and Providers to work collaboratively with networks e.g. Voluntary Organisations, Sight Charities, etc. to ensure communications are shared with communities.</p>

	<p>-campaigns/accessible-health-information/coronavirus-and-accessible-online-information</p> <p>RNIB https://www.rnib.org.uk/news/campaigning/accessible-covid-19-information</p> <p>Public Health England: (Audio, Large Print) https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus-resources</p> <p>Guidance is now available in easy read and in a range of community languages see https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance</p> <p>All NHS organisations to review accessibility tools on websites</p>	<p>CCGs and Providers to ensure they respond to any recommendations from Healthwatch surveys undertaken during COVID-19 on patient access/ experience etc.</p> <p>CCG Equality and Inclusion Service to work with Healthwatch colleagues to identify/ support any gaps in feedback from specific communities.</p>
Disability: Workforce	<p>NHS Employers has now provided guidance and support to employers on creating proactive approaches to risk assessment for staff, including physical and mental health</p> <p>https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff</p>	<p>Providers to resume Workforce Disability Equality Standard reporting.</p>
<p>Neurodiversity, Learning Disabilities, low levels of literacy</p> <p>People with neurodiversity or learning disabilities may require additional support to understand national / local guidance on COVID-19 and changes to service.</p>	<p>Ensure Communications/ Engagement Teams access national and local information sources:</p> <p>https://www.mencap.org.uk/advice-and-support/health/coronavirus-covid-19</p>	<p>Ensure monitoring arrangements in place for Care Plans and personalised care.</p> <p>CCGs and Providers to ensure compliance with Accessible Information Standard; e.g. information available in easy read.</p> <p>CCGs to ensure resources are shared with</p>

	<p>Difficulty reported by people using NHS 111 online services.</p> <p>Anxiety amongst people with Learning Disabilities following the introduction of face masks/ coverings and the public not necessarily understanding that there are groups of people exempt from wearing them.</p>		<p>General Practice colleagues to share with families who may need additional support.</p> <p>CCGs to seek assurance from NHS 111 service provider on mitigations in place to support people who have difficulty using the online function.</p> <p>CCGs and Providers to ensure exemptions are communicated.</p>
	<p>Disability: Children</p>	<p>Ensure parents/ carers/ guardians are involved in any changes to care plans.</p>	<p>Ensure monitoring arrangements in place for Care Plans and personalised care.</p> <p>CCGs and Providers to ensure compliance with Accessible Information Standard; e.g. information available in easy read.</p> <p>CCGs to ensure resources are shared with General Practice colleagues to share with families who may need additional support.</p>
	<p>Cancer People undergoing cancer treatment may need support to understand any changes to treatment plans.</p>	<p>https://www.macmillan.org.uk/coronavirus/cancer-and-coronavirus</p>	<p>Continue to keep patients informed of any changes to service delivery.</p>
	<p>Mental Health: All Redeployment of other care professionals to respond to coronavirus in the event of a second wave will help save</p>	<p>Organisations to link with Equality Leads, Organisation Development (OD) colleagues for access to local and national support agencies for both staff and patients.</p>	<p>Commissioners and Providers to ensure recovery plans include priorities as highlighted in Simon Stevens letters dated 29th April 2020 and 31st July 2020. Letters included in Appendix 1.</p>

	<p>lives. But it also risks leaving already vulnerable older people and those living with mental health conditions exposed.</p> <p>The impact of COVID-19 is likely to increase demand for mental health services e.g. PTSD frontline staff, bereavement, Black, Asian and Minority Ethnic, domestic violence, isolation etc.</p>	<p>https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19</p> <p>https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/</p> <p>https://www.mentalhealth.org.uk/coronavirus</p>	
<p>*Race (in the context of Equality legislation)</p>	<p>People whose first language is not English may need support to understand national/ local guidance and service changes and support to access services.</p>	<p>Commissioners of language interpreter services (CCG and Provider organisations) to collate information on interpreter agency provision, capacity and Business Continuity Plans escalating any potential gaps as appropriate through organisation’s internal escalation process.</p> <p>Commissioners of language interpreter services (CCG and Provider organisations) to identify if interpreter agencies provider Video provision.</p> <p>Ensure Communications/ Engagement Teams access national and local information sources: https://www.doctorsoftheworld.org.uk/coronavirus-information/#</p> <p>Guidance is now available in easy read and in a range of community languages see https://www.gov.uk/government/publication</p>	<p>Commissioners of interpreter services to review contract requirements to ensure any revisions include Quality Standards for Translation and Interpretation services.</p> <p>Commissioners of interpreter services to monitor usage and use intelligence / activity data to share with CCG Equality and Inclusion Service.</p> <p>Explore access to video-conferencing facilities.</p> <p>CCGs and Providers to work collaboratively with networks e.g. Voluntary Organisations, Black, Asian and Minority Ethnic Community Development Projects, etc. to ensure communications are shared with communities.</p> <p>CCGs and Providers to ensure they respond to any recommendations from</p>

		<p>s/covid-19-stay-at-home-guidance</p> <p>Ensure organisations connect with BME CDW Projects where appropriate to support any targeted communications.</p> <p>Liverpool: Liverpool Community Development Service (LCDS) http://psspeople.com/whats-happening/news/introducing-liverpool-community-development-services</p> <p>Sefton: Sefton CVS https://seftoncv.org.uk/projects/bme/</p> <p>Halton, St Helens and Knowsley: SHAP Ltd http://www.shap.org.uk/housing-support/knowsley/bme-community-development-service/</p> <p>Ensure organisations can signpost people to Migrant Help. https://www.migranthehelpuk.org/contact</p>	<p>Healthwatch surveys undertaken during COVID-19 on patient access/ experience etc.</p> <p>CCG Equality and Inclusion Service to work with Healthwatch colleagues to identify/ support any gaps in feedback from specific communities.</p>
	<p>Gypsy and Romany Travellers Largely mobile populations and populations with lower literacy are more likely to miss accurate public health messages.</p>	<p>Further support is available through Irish Community Care http://iccm.org.uk/contact/</p>	<p>Organisations to ensure communication is effective and clear, through trusted organisations and individuals, in a culturally appropriate and sensitive way.</p>
	<p>Black, Asian and Minority Ethnic: All</p>	<p>Refer to resources in Appendix 1.</p>	<p>Organisations to ensure communication is effective and clear, through trusted</p>


	<p>Known conditions with poorer outcomes e.g.; Sickle cell anaemia, cardiovascular disease, hypertension, diabetes, maternal deaths, and infant deaths. Known historic barriers in relation to accessing medical services.</p>		<p>organisations and individuals.</p> <p>Organisations to ensure that services are accessible and support patients to navigate services and support from other agencies.</p>
	<p>Black, Asian and Minority Ethnic; Workforce Black, Asian and Minority Ethnic people disproportionately impacted upon by COVID-19. Refer to statistical reviews available in Appendix 1.</p> <p>Black, Asian and Minority Ethnic people are less likely to have career development opportunities, lack of progression, differential attainment, increased referrals to disciplinary processes and pay gap inequalities.</p> <p>Black, Asian and Minority Ethnic; Patients</p>	<p>NHS Employers has now provided guidance and support to employers on creating proactive approaches to risk assessment for Black, Asian and Minority Ethnic staff, including physical and mental health https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff</p>	<p>CCG and Providers to amend staff risk assessment templates to include Black, Asian and Minority Ethnic and concerns on physical and mental health.</p> <p>CCGs and Providers to review organisational process which supports staff to raise concerns.</p> <p>CCGs and Providers to ensure communication is shared across staff networks.</p> <p>Commissioners and Providers to resume Workforce Race Equality Standard reporting.</p> <p>CCGs and Providers to nominate organisational leads for the Regional Strategic Advisory Board and respond to NHSE requests for information on Black, Asian and Minority Ethnic workforce.</p> <p>Ensure the organisation is represented at the Equality Collaborative Workforce Focussed Group.</p>

	<p>Black, Asian and Minority Ethnic people disproportionately impacted upon by COVID-19. Refer to statistical reviews available in Appendix 1.</p> <p>Prevalence of particular medical conditions in Black, Asian and Minority Ethnic population and perceived barriers in accessing healthcare services.</p>		<p>Implement national recommendations to support Black, Asian and Minority Ethnic workforce and patients.</p> <p>Review how services are delivered to consider how to meet the needs of particular communities and to support particular groups to access services. E.g. Outreach services.</p>
Religion and Belief	<p>A person's religion or belief may impact treatment options</p>	<p>Refer to information resources in Appendix 1.</p>	<p>Ensure access to religious and spiritual networks, Provider Lead Chaplain or Spiritual Teams.</p>
	<p>A person may have specific religious or spiritual need that they may need you to support them with during the End of Life phase or after death. Current Infection control issues may impact on achieving those needs. Inability for family/ friends to be with a dying person may breach Human Rights Articles 3 and 8.</p>	<p>Guidance relating to issues around death and burial for faith communities https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased</p>	<p>Ensure each patient is treated as an individual following local guidance and with support of local infection teams to ensure that where possible religious and spiritual needs are met and undertaken in the safest manner.</p> <p>Providers to work collaboratively with families/ friends.</p>
Pregnancy and Maternity	<p>Pregnant women are considered in the 'vulnerable' group of people at risk of coronavirus</p>	<p>National Guidelines are available to support service providers in their response to COVID-19. https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/</p> <p>NHS Employers has now provided</p>	<p>Ensure pregnant staff and patients are aware of how to access support.</p> <p>Local resource to support pregnant people: https://www.improvingme.org.uk/</p>


		<p>guidance and support to employers on creating proactive approaches to risk assessment for staff, including physical and mental health https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff</p>	
	<p>Fertility Services</p> <p>Storage limit for embryos and gametes</p> <p>Local Commissioning Policy Age criteria to commence cycle/s means that delays in access to services (either for existing or new patients) may impact on patients aged 40-42. NB refer to local policy</p>	<p>The Government has confirmed that the current 10-year storage limit for embryos and gametes will be extended by two years.</p> <p>Individual cases can be discussed between GP, CCG, Service Provider and Individual Funding Request leads.</p>	<p>Service Providers to ensure patients are informed of Government guidelines.</p> <p>Service Provider to consider Age when clinically triaging existing and new appointments.</p>
Sex (M/F)	<p>During periods of confinement domestic abuse (a crime mostly impacting women and girls) tends to increase, and that the health care that offers a way of identifying this issue will be under unprecedented pressure.</p> <p>Privacy and safety issues if consultations are virtual or by video.</p> <p>Women, including those who are pregnant and on maternity leave, should not be disadvantaged in their careers by following government</p>	<p>National programme and resources available https://www.gov.uk/government/publications/coronavirus-covid-19-and-domestic-abuse/coronavirus-covid-19-support-for-victims-of-domestic-abuse</p> <p>Ensure guidance on shielding, self-isolation is followed.</p>	<p>Ensure any communications provide signposting to Voluntary Organisations and referrals to Safeguarding Team or Human Resources Team as appropriate.</p> <p>Providers to review letter templates to give patient options to rearrange telephone / video-consultation appointments.</p> <p>Ensure group are included in staff communications.</p>

	<p>advice to stay at home.</p> <p>Women are more likely to work in higher risk and low paid key worker roles.</p> <p>https://www.theguardian.com/world/2020/mar/29/low-paid-women-in-uk-at-high-risk-of-coronavirus-exposure</p>	<p>Ensure guidance on shielding, self-isolation is followed and Health and Safety procedures.</p>	<p>Ensure organisation response considers actions to improve protection and health and well-being of key workers.</p> <p>Ensure organisation monitors adherence with PPE, Infection Control and procedures to support staff to raise concerns.</p>
	<p>Patients and Staff: Working from home and caring responsibility</p>		<p>Ensure recovery/ reset plans include flexibility options for people working from home with caring responsibilities to support them to access services.</p> <p>Ensure communication lines open for staff, through one to ones, Freedom to Speak Up Guardians etc. to discuss/ address any issues.</p>
	<p>Access to Mental Health services</p>		<p>For Staff: Develop a clear mental health support system ensuring that there are continuous reminders of where support can be found, and this is done in a multifaceted way. Give information (form of an email) to each individual employee explaining the system and process and asking for a 'sign off/receipt' in order to show that the employee has received and understood the information. Seek feedback from staff if they are using such services (and if not why not) and what support they would like to see to help them.</p> <p>For Patients: Ensure that mental health resources are shared with staff and patients. – Resources available in Appendix 1.</p>

<p>Sexual Orientation</p>	<p>Access to key and supportive information</p> <p>Less likely to seek medical attention due to poor experience and discrimination and experience higher levels of health inequality.</p> <p>Privacy issues if virtual or video consultations directly linked to sexual orientation if patient living in home of multiple-occupancy/ shared accommodation.</p>	<p>National information available to support LGB people to access healthcare services. https://www.stonewall.org.uk/about-us/news/covid-19-%E2%80%93-how-lgbt-inclusive-organisations-can-help</p>	<p>Ensure communications from Stonewall and any other LGB community group are distributed.</p> <p>Organisations to link with Equality Leads for access to local and national support agencies for both staff and patients.</p> <p>Assess individual patient needs at the point of contact.</p> <p>Providers to review letter templates to give patient options to rearrange telephone / video-consultation appointments.</p>
<p>Gender Reassignment</p>	<p>Access to key and supportive information</p> <p>Less likely to seek medical attention due to poor experience and discrimination.</p>	<p>National information available to support people who are/ have transitioned to access healthcare services. https://www.stonewall.org.uk/about-us/news/covid-19-%E2%80%93-how-lgbt-inclusive-organisations-can-help</p>	<p>Ensure communications are from Stonewall and other Transgender community groups are distributed.</p> <p>Organisations to link with Equality Leads for access to local and national support agencies for both staff and patients.</p>
<p>Marriage and Civil Partnership</p>	<p>Refer to Mental Health –All Refer to Religion and Belief Refer to Sex (M/F) Domestic Violence</p>	<p>Resources available in Appendix 1.</p>	<p>Ensure family members are included in individual care planning as appropriate.</p>
<p>Other</p>	<p>Health Inequalities and Poverty Migrant workers who are vulnerable and unable to access public funds.</p>	<p>Resources available in Appendix 1.</p>	<p>Communications and Engagement Teams to ensure information is accessible to all staff with a view to signposting patients.</p>

			 From Migrant Help key info re access to
	<p>People within the criminal justice service and prisons COVID-19 poses a higher risk to populations that live in close proximity to each other. (NHSE commissioned services)</p>	<p>National guidance available for responding to COVID-19 within prison services.</p>	<p>Ensure organisation response includes information sharing with those delivering services within prisons.</p> <p>CCGs to liaise with General Practice to ensure people leaving prison are able to access General Practice services.</p>
	<p>Health Inequalities and Poverty E.g. Unhealthy behaviours; smoking, excessive consumption of alcohol, poor diet and low levels of physical activity.</p> <p>Difficulty reported by networks in engaging with certain communities.</p> <p>Poor diet children</p> <p>Poorer Northern areas more impacted by COVID-19 spikes. People feeling like they still have to go to work due to poverty.</p>	<p>Resources available in Appendix 1.</p>	<p>CCGs and Providers to work with local communities to support Safeguarding people in poorer communities.</p> <p>Organisation recovery plans to include the continued communication of information to support people different communities.</p> <p>Review how services are delivered to consider how to meet the needs of particular communities and to support particular groups to access services. E.g. Outreach services.</p> <p>Ensure organisations share any information on local resources/ supplies with Local Authorities for onward communication to schools and community groups.</p> <p>Ensure any health messages on social distancing and risk messages are communicated widely. Communicate resources on local support available for people living in poverty who are experiencing COVID-19 symptoms and share resources on reporting workplace</p>

<p>All</p>	<p>Decision Making The normal course of action, of writing and submitting Equality Analysis reports (EIAs) to committees, and then acting, may be too slow a process for rapidly changing environments. However, the <u>Courts follow precedent and deviation from the precedent implies risk.</u></p>	<p>CCGs and Providers have established Governance arrangements in place.</p>	<p>concerns (Appendix 1). Wherever possible current equality processes around meeting PSED must be maintained , however if this is deemed too impractical in an emergency situation then actions that need to be taken; Use a methodology to record decisions and acknowledge PSED responsibilities. The Courts will understand the ‘time crunch/ delivering at pace’ to fighting the epidemic, but they will want to see how PSED has been incorporated into that process, even if that process has been temporarily abridged. Refusing to meet PSED is not an option. Commissioners and Providers must be cognisant that Equality Impact Assessments are public documents.</p>
	<p>Recovery Planning</p>	<p>Human Rights Any restrictions must be carefully thought through, so that restrictions are rights-respecting rather than breaching the very standards that we all need to maintain our safety and dignity</p>	<p>Review service change log. What dependencies are there to resume service, equality considerations and any mitigation needed. Engage with relevant stakeholders. Applicable to all NHS Organisations including CCGs for General Practice. Ensure staff are treated as an individual if returning to work ensuring local guidance is followed in relation to Health and Safety and local infection prevention and control measures. Continue to work with sub-contractors in relation to Response and Recovery plans. Share best practice across system, e.g. digital inclusion; use of telephone and video consultations between patients and</p>

			<p>clinicians.</p> <p>Ensure organisation representation at Community Advisory Group (Co-ordinated by Merseyside Police).</p> <p>Ensure ongoing Monitoring of Safeguarding referrals.</p> <p>Ensure Commissioners and Providers continue to promote access to learning from emerging evidence and best practice. Continue to engage with local regional and national shared learning opportunities to identify best practice.</p>
<p>Contact Details of a number of support agencies for people with Protected Characteristics or specific disabilities are available from Provider Equality Leads (via Best Practice Guidance for Reasonable Adjustments).</p> <p>All advice to the public about what to do during the pandemic is issued by Public Health England (PHE) and published at https://www.gov.uk/coronavirus There is also supporting information on https://www.nhs.uk/conditions/coronavirus-covid-19/ This is the only official source of advice.</p> <p>Local, Regional and National information sources is provided as follows:</p> <div data-bbox="206 938 266 1007">  </div> <p>200409 Accessible Information about CO</p>			

Appendix 1 COVID-19 Equality Related News Articles/ Statistical Reports/ Guidance/ Resources



COVID-19 Equality
Specific documents.xl

Appendix 2 COVID-19 Public Sector Equality Duty (PSED) Briefing to CCG Governing Bodies and Provider Boards



COVID-19 and PSED
briefing for GB and Pr

Appendix 3 Recovery Planning; Service Change Key Equality Considerations



Recovery Planning;
Service Change Key E

Version	Change Log
1	
2	Additions to barriers matrix
3	<ul style="list-style-type: none"> *Over 65's added to Age in relation to bed pressures and access to respiratory equipment. *Recommendations updated to include target audience for brief. *Provider Lead Chaplain or Spiritual Teams added to Religion or Belief. *Safeguarding and Human Resources added to mitigations on Sex (M/F) issue relating to domestic abuse. *End of Life Care needs added to Religion or Belief.
4	<ul style="list-style-type: none"> *Recommendations updated to include: Providers and CCGs to note that the Equality and Human Rights Commission has suspended reporting on specific equality duties for this year. The General Duty is still in force. *Guidance relating to issues around death and burial for faith communities added to Religion or Belief *easy read and community languages government information source added to Disability and Race *Web links added to Age: Vulnerable (All Ages) *Web links added to the end of the barriers matrix to include Public Health England official sources of advice *NHS England collated information sources list embedded at the end of the barriers matrix. *Reference to NICE guidance replaced with national guidance on maintaining quality on Age (Over 65 and disability). *BMA ethical guidance added to Age (Over 65 and disability).
5	<ul style="list-style-type: none"> *Dates added to Briefing Date to highlight version control. *Equality Legal Duty added to Background section *Reference to recovery, recommended actions and additional appendices added to Barriers Matrix section *key issue added: disproportionate impact of COVID-19 on particular groups. *key issue removed: translation and interpretation provision *key issue: wording added: "changes to services" to third bullet point. *key issue: wording added "the need to" to opening sentence of last bullet point. *recommendations: wording added "and CCGs" and "PSED is still active" to recommendation 3. *recommendation added: CCGs and Providers to ensure Governing Bodies and Organisation Boards respectively are sighted on Equality Duty and associated risks by sharing the latest version of the Equality Brief and PSED brief v3 (Appendix 2). *recommendation added: CCGs and Providers to continue to seek assurance of service provision from interpreter agencies (language and BSL). *recommendation removed: reporting requirements suspension.

	<p>*recommendation added: Ensure patient data of COVID-19 cases and deaths are recorded by protected characteristic e.g. ethnicity and disability in addition to the standard gender, sex characteristics.</p> <p>*recommendation added: Ensure workforce risk assessments updated in line with National recommendations around Black, Asian and Minority Ethnic staff.</p> <p>*Structural/ formatting changes made to barriers matrix to include recommended actions column. Recommended actions added to each Protected Characteristic and Issue.</p> <p>*Disproportionate impact on Black, Asian and Minority Ethnic people added to Race protected characteristic.</p> <p>*Human Rights issue added to Religion and Belief protected characteristic.</p> <p>*Additional consideration added to barriers matrix: Health Inequalities and Poverty.</p> <p>*Additional consideration added to barriers matrix: Decision Making.</p> <p>*Additional consideration added to barriers matrix: Recovery.</p> <p>*Appendix 1 added: includes statistical reports, guidance, national letters, health journal articles and newspaper articles linked to relevant protected characteristics and patient / staff groups.</p> <p>*Appendix 2 added: PSED brief for CCG Governing Bodies and Provider Boards.</p>
6	<p>*background narrative updated to reference the need to consider equality issues in recovery planning.</p> <p>*recommendation 8: age added and reference to gender removed.</p> <p>*recommendation added: Commissioners and Providers to resume Workforce reporting; Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) in line with NHS England letter dated 19th May 2020.</p> <p>*recommendation added: Further to national advice that EDS2 reporting is for local determination; Commissioners and Providers should publish EDS2 summary reports on external websites. It is acceptable to re-publish existing summary reports if it has not been possible to update due to current organisational pressures.</p> <p>*recommendation added: Commissioners and Providers to work collaboratively on Quality and Equality considerations for recovery plans. Access advice and support from Provider Equality Leads and Merseyside CCGs Equality and Inclusion Service.</p> <p>*Disability: issue added to neuro-diversity of people reporting difficulty using NHS 111 online services. Recommended action also added.</p> <p>*Race: Black, Asian and Minority Ethnic: narrative amended to reflect that NHS Employers has now published guidance.</p> <p>*Pregnancy and Maternity: issue added to barriers matrix specific to fertility services; services resuming and storage limits. Mitigations and Recommended Actions added.</p> <p>*Other: Health Inequalities and Poverty: Narrative reworded in the issue section and now includes low level of physical activity and difficulty reported by networks in engaging with certain communities.</p> <p>*Appendix 1 updated with further publications. Publications added since the last issue of the Equality Briefing are highlighted in yellow for ease of reference.</p>
7	<p>*recommendation added: Commissioners and Providers to be cognisant of Human Resources (HR) implications in the return to “business as usual” in relation to Staff Risk Assessments, supporting staff, processes for raising concerns, use of Freedom to Speak Up Guardians etc. Link to NHS Employers publications available in Appendix 1.</p> <p>*recommendation added: Ensure Commissioners and Providers continue to promote access to learning from emerging evidence and best practice. Continue to engage with local regional and national shared learning opportunities to identify best practice.</p> <p>*recommendation added: Provide nominations from your organisation for the North West Region Black, Asian and Minority Ethnic Advisory Group further to the enclosed letter from Bill McCarthy, Executive Regional Director (North West) NHS England and Improvement 8th June 2020.</p> <p>*recommendation added: Respond to Black, Asian and Minority Ethnic assurance request from Regional Chief People Officer NHSE & I (North West) 20th June 2020.</p> <p>*recommendation added: Take actions in response to the letter dated 24th June 2020 from Dr Kanani, Medical Director for Primary Care NHSE & I, and Amanda Pritchard, Chief Operating Officer NHSE & I</p> <p>*recommendation added: Commissioners and Providers to use the recovery planning key equality considerations in Appendix 3.</p> <p>*Age Over 65: reference to disability removed.</p> <p>*Age Over 65: issue and mitigation added relating to digital inclusion</p> <p>*Age Over 65's: link to NICE guidance added to mitigation.</p>

	<p>*Age: Vulnerable All Ages recommended action added for CCGs to ensure there is ongoing engagement and inclusive communication with communities.</p> <p>*Age: Working Age issues, mitigations and recommendations added relating to Groups disproportionately impacted upon by COVID-19, Carers and Worklessness.</p> <p>*Disability All: issue relating to prioritisation of patients in the response to COVID-19 and human rights duplicated from Age section; includes mitigations and further recommended action.</p> <p>*Disability All: issue and mitigation added relating to digital inclusion.</p> <p>*Disability Sensory; D/deaf; recommended action added to ensure there is ongoing engagement and inclusive communication with communities.</p> <p>*Disability Sensory; D/deaf: issue added in relation to barriers experienced following the introduction of face masks/ coverings when D/deaf people use lip reading. Resource including in Appendix 1 and recommended action added.</p> <p>*Disability: issue added in relation to workforce, mitigation and further recommended action included to resume Workforce Disability Equality Standard reporting.</p> <p>*Disability; neuro-diversity, learning disabilities; issue added in relation to Anxiety amongst people with Learning Disabilities following the introduction of face masks/ coverings and the public not necessarily understanding that there are groups of people exempt from wearing them. Recommended action added.</p> <p>*Race Black, Asian and Minority Ethnic: Workforce added to header.</p> <p>*Race Black, Asian and Minority Ethnic: recommendation added for Commissioners and Providers to resume Workforce Race Equality Standard reporting.</p> <p>*Race Black, Asian and Minority Ethnic patient issues and recommended action added relating to disproportionate impact of COVID-19 and prevalence of particular medical conditions in Black, Asian and Minority Ethnic population and perceived barriers in accessing healthcare services.</p> <p>*Pregnancy and Maternity: reference to NHS Employers guidance on risk assessments added to mitigations.</p> <p>*All Decision Making: additional sentence added to recommended action for Commissioners and Providers to be cognisant that Equality Impact Assessments are public documents.</p> <p>*All Recovery Planning: further recommended action added for Commissioners and Providers to continue to promote access to learning from emerging evidence and best practice. Continue to engage with local regional and national shared learning opportunities to identify best practice.</p> <p>*Appendix 1 updated with further publications. Publications added since the last issue of the Equality Briefing are highlighted in yellow for ease of reference.</p> <p>*Appendix 3 added; includes Recovery Planning Service Change Key Equality Considerations for recovery planning.</p>
8	<p>*BAME replaced with Black, Asian and Minority Ethnic throughout.</p> <p>*Background narrative: amended to reference evidence of COVID-19 on particular groups of people and to reference widening health inequalities. Information sources included.</p> <p>*Key Issues: 'and health inequalities widening' added to the sentence- Disproportionate impact of COVID-19 on particular groups.</p> <p>*Key issues: changes to service provision added.</p> <p>*Recommendations: new recommendation added: It is essential that the three NHS priorities as outlined in Simon Steven's letter dated 31st July 2020; Third Phase of NHS Response to COVID-19 are unpinned by the findings and recommendations within this Equality Briefing. The NHS priorities noted as follows:</p> <ol style="list-style-type: none"> a. Accelerating the return to near-normal levels of non-COVID health services, making full use of the capacity available in the 'window of opportunity' between now and winter. b. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable COVID spikes locally and possibly nationally. c. Doing the above in a way that takes account of lessons learned during the first COVID peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention. <p>*Recommendations: Reference to specific staff groups removed from the sentence 'Distribute COVID-19 Equality Brief to all relevant teams across organisation'. Added: 'and wider system partners where appropriate'.</p> <p>*Recommendations: recommendation on ensuring Governing Bodies and Organisation Boards are sighted on legal duty and briefing reworded to: CCGs, Providers and wider system partners to ensure that Organisation Boards are sighted on the latest version of the Equality</p>

Briefing and all associated appendices.

*Recommendations: additional narrative added regarding inclusive communications as follows: Ensure communications are inclusive, timely and informative (in terms of appointment time, location, PPE requirements etc.).

*Recommendations: Narrative on targeted engagement amended to read: Develop targeted campaigns, engagement and communications with vulnerable people and communities who are in high priority need e.g. Black, Asian and Minority Ethnic communities, and people living in deprived areas.

*Recommendations: narrative added to the collection of COVID-19 related deaths to include: monitored locally so that the intelligence can be used to inform targeted engagement.

*Recommendations: Health inequalities added to the following: Commissioners and Providers to work collaboratively on Equality, Quality and health inequality considerations for recovery plans. Access advice and support from Provider Equality Leads and Merseyside CCGs Equality and Inclusion Service.

*Age Over 65: reference to other countries guidelines removed.

*Age Over 65: Access to services and treatment added as an issue.

*Age Over 65: mitigation narrative amended from 'the challenge for local health commissioners and services if cases continue to rise on current projections is to develop a consistent approach, based on an understanding and communication of risk on a case-by-case basis and to avoid a blunt ageist approach to read 'the challenge for local health commissioners and services the event of a second wave of COVID-19 is to develop a consistent approach, based on an understanding and communication of risk on a case-by-case basis and to avoid a discriminatory approach'.

*Age Over 65: note added to the NICE Guidance 159 to read Note this guidance was updated on 29th April 2020 to stating that the Clinical Frailty Scale should be used as part of a holistic assessment, but should not be used for younger people, people with stable long-term disabilities, learning disabilities or autism.

*Age Vulnerable People-All Ages: link updated to reflect the latest shielding guidance.

*Age Vulnerable People-All Ages: new issue, mitigation and further action added relating to potential missed opportunities to identify Safeguarding Issues as service recovery moves from face to face to virtual appointments.

*Disability All: reference to other countries guidelines removed.

*Disability All: new issue added: Impact of COVID-19 on people with disabilities and access to services.

*Disability All: new issue added: Concerns that people with learning disabilities and children and young people with SEND will not get equal access to treatment.

*Disability All: mitigation narrative amended from 'the challenge for local health commissioners and services if cases continue to rise on current projections is to develop a consistent approach, based on an understanding and communication of risk on a case-by-case basis and to avoid a blunt ageist approach to read 'the challenge for local health commissioners and services the event of a second wave of COVID-19 is to develop a consistent approach, based on an understanding and communication of risk on a case-by-case basis and to avoid a discriminatory approach'.

*Disability All: reference to NICE Guideline 159 added to mitigation.

*Disability D/deaf: support to access video consultations added to issue and mitigation narrative added for CCGs to work with IT service on General Practice IT Kit/ Equipment.

*Disability Mental Health All: reference to a second wave added to the issues and reference to NHSEI letter dated 31st July 2020 added to the further actions column.

*Race People whose first language is not English: support to access services narrative added to the issue.

*Sex M/F: issue added for Patients and Staff: Working from home and caring responsibility. Further recommendation action added.

*Sex M/F: issue added for Access to Mental Health services. Further recommendation added.

*Appendix 1 updated with further publications. Publications added since the last issue of the Equality Briefing are highlighted in yellow for ease of reference.

9	<p>*Throughout: BAME abbreviation removed throughout and replaced with Black, Asian and Minority Ethnic.</p> <p>*Background: opening narrative amended to reflect the current phase including winter planning and a second wave and emerging evidence of spikes in cases in particular groups.</p> <p>*Recommendations: sentence added to recommendation 14: This also applies to the event of a Second Wave of COVID-19 and the possibility that some staff may need to return to shielding.</p> <p>*Age: Working Age: issue and further recommended action added relating local spikes of COVID-19 cases in Working Age people and Women aged 20 to 40.</p> <p>*Age: Children and Young People: issue and further recommended action added relating to digital divide and not all have access to the internet or laptops to access health care advice/ other services online.</p> <p>*Age: Children and Young People: issue and further recommended action added relating to an increase in the number of mental health admissions for people with Eating Disorders.</p> <p>*Age: Children and Young People: issue and further recommended action added relating to the negative impact of COVID-19 on Children and Young People's Mental Health</p> <p>*Disability: All: issue and further recommended action added relating to the impact on people who are Carers of people with dementia and / or learning disabilities and not being able to attend appointments or inpatient visiting.</p> <p>*Race: asterix added to the protected characteristic to indicate the word race is used in the context of Equality legislation.</p> <p>*Race: Black, Asian and Minority Ethnic: All: specific reference to Sickle Cell Anaemia removed and replaced with the following issue; Known conditions with poorer outcomes e.g.; Sickle cell anaemia, cardiovascular disease, hypertension, diabetes, maternal deaths, infant deaths. Known historic barriers in relation to accessing medical services. Mitigation and further recommended action added.</p> <p>*Race: Black, Asian and Minority Ethnic: Workforce: issue added in relation to Black, Asian and Minority Ethnic people are less likely to have career development opportunities, lack of progression, differential attainment, increased referrals to disciplinary processes and pay gap inequalities. Further recommended action added to ensure the organisation has representation at the Equality Collaborative Workforce Focussed Forum.</p> <p>*Sex M/F issue and further recommended action added relating to domestic abuse and privacy and safety issues if consultations are virtual or by video.</p> <p>*Sexual Orientation: issue and further recommended action added Privacy issues if virtual or video consultations directly linked to sexual orientation if patient living in home of multiple-occupancy/ shared accommodation.</p> <p>*Other: Health Inequalities and Poverty: issue and further recommended action added relating to children and poor diet.</p> <p>* Other: Health Inequalities and Poverty: issue and further recommended action added relating to Poorer Northern areas more impacted by COVID-19 spikes. People feeling like they still have to go to work due to poverty.</p> <p>*Appendix 1 updated with further publications. Publications added since the last issue of the Equality Briefing are highlighted in yellow for ease of reference.</p>
---	--

COVID-19 Equality Related News Articles/ Statistical Reports/ Guidance/ Resources etc							
Items added since the last circulation of the Equality Brief are highlighted in yellow.							
Type	Title	Published by	Website / Link to article	Article Date	Link to Protected Characteristics	Patient	Staff
Article	Younger women 'bearing brunt' of second wave of Covid in UK	Guardian	https://www.theguardian.com/world/2020/sep/22/younger-women-bearing-brunt-of-second-wave-of-covid-in-uk	22.09.2020	Age Sex	v	v
Data	Coronavirus and the social impacts on Great Britain: 18 September 2020	Office National Statistics	https://www.ons.gov.uk/releases/coronavirusandthesocialimpactsongreatbritain18september2020	18.09.2020	All	v	v
Report	Emerging evidence on COVID-19's impact on money and resources	The Health Foundation	https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-money-and-resources	17.09.2020	All	v	v
Guidance	COVID-19: epidemiology, virology and clinical features	Public Health England	https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features	16.09.2020	All	v	v
Resource	Guidance for parents and carers on supporting children and young people's mental health and wellbeing during the coronavirus (COVID-19) pandemic	Public Health England	https://www.gov.uk/government/publications/covid-19-guidance-on-supporting-children-and-young-peoples-mental-health-and-wellbeing/guidance-for-parents-and-carers-on-supporting-children-and-young-peoples-mental-health-and-wellbeing-during-the-coronavirus-covid-19-outbreak	14.09.2020	Age	v	v
Resource	Guidance for the public on the mental health and wellbeing aspects of coronavirus (COVID-19)	Public Health England	https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing	14.09.2020	All	v	v
Resource	Health and Care Video Library Health information at your fingertips	Health and Care Videos	https://www.healthandcarevideos.uk/	08.09.2020	All		v
Guidance	Framework to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services	NHS England	https://www.england.nhs.uk/coronavirus/publication/framework-to-assist-nhs-trusts-to-reintroduce-access-for-partners-visitors-and-other-supporters-of-pregnant-women-in-english-maternity-services/	08.09.2020	Pregnancy and Maternity	v	
Report	COVID-19: mental health and wellbeing surveillance report	Government	https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/1-about-this-report	08.09.2020	All	v	v
Resource	Webinar recording: Building back from COVID-19: tackling health inequality in partnership	Social Care Institute for Excellence	https://www.scie.org.uk/integrated-care/delivering/tackling-health-inequality-webinar?utm_campaign=11759938_SCIELine%2010%20September%202020&utm_medium=email&utm_source=SOCIAL%20CARE%20INSTITUTE%20FOR%20EXCELLENCE%20&utm_sfid=0036f00003JDcH4AAL&utm_role=Manager&dm_i=405,7020Y,20DANS,S7020,1	08.09.2020	All	v	v

Report	The impact of COVID-19 on mental health in England	British Medical Association (BMA)	https://www.bma.org.uk/what-we-do/population-health/mental-health/the-impact-of-covid-19-on-mental-health-in-england	07.09.2020	All	v	v
Guidance	The Mental Capacity Act (2005) (MCA) and deprivation of liberty safeguards (DoLS) during the coronavirus (COVID-19) pandemic	Department of Health and Social Care	https://www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity/the-mental-capacity-act-2005-mca-and-deprivation-of-liberty-safeguards-dols-during-the-coronavirus-covid-19-pandemic	07.09.2020	Disability	v	
Report	Beyond COVID: New thinking on the future of adult social care	Social Care Institute for Excellence	https://www.scie.org.uk/files/care-providers/coronavirus/beyond/new-thinking-adult-social-care.pdf	Sep-20	Age	v	
Resource	Every Mind Matters: Children and young people's mental health	NHS	https://www.nhs.uk/oneyou/every-mind-matters/	Sep-20	Age	v	
Article	Council's coronavirus age group warning as infection rates double in a week	Liverpool Echo	https://www.liverpooecho.co.uk/news/liverpool-news/councils-coronavirus-age-group-warning-18891060	07.09.2020	Age	v	v
Report	National COVID-19 surveillance reports, including weekly summary of findings monitored through various COVID-19 surveillance systems.	Government	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914813/Weekly_COVID19_Surveillance_Report_week_36_FINAL.pdf	04.09.2020 weekly ongoing	All	v	v
Guidance	Coronavirus (COVID-19) guidance for employers	Equality and Human Rights Commission (EHRC)	https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-guidance-employers	03.09.2020	All		v
Report	COVID-19 policy tracker A timeline of national policy and health system responses to COVID-19 in England	The Health Foundation	COVID-19 policy tracker A timeline of national policy and health system responses to COVID-19 in England	03.09.2020	All	v	v
Report	Impact of COVID-19 on working lives New findings and analysis on the ongoing impact of the coronavirus pandemic on working lives	CIPD	https://www.cipd.co.uk/knowledge/work/trends/good-work/covid-impact	03.09.2020	All	v	v
Resource	PPE portal: how to order emergency personal protective equipment	Government	https://www.gov.uk/guidance/ppe-portal-how-to-order-emergency-personal-protective-equipment	02.09.2020	All	v	v
Guidance	Coronavirus (COVID-19): changes to the Care Act 2014	Government	https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014	01.09.2020	All	v	v
Guidance	Coronavirus (COVID-19): what to do if you're employed and cannot work	Government	https://www.gov.uk/guidance/coronavirus-covid-19-what-to-do-if-youre-employed-and-cannot-work	01.09.2020	All	v	v

Resource	Support now (Additional services to support staff)	NHS People	https://people.nhs.uk/help/	Sep-20	All		v
Resource	Reporting a Health and Safety Issue	Health and Safety Executive	https://www.hse.gov.uk/contact/concerns.htm	Sep-20	All	v	v
Meeting Notes/ Data	SAGE 53 minutes: Coronavirus (COVID-19) response, 27 August 2020	Government	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/918726/S0727_Fifty-third_SAGE_meeting_on_COVID-19.pdf	27.08.2020	All	v	v
Resource	Coronavirus (COVID-19) & Sickle Cell Disorder	Sickle Cell Society	https://www.sicklecellsociety.org/coronavirus-and-scd/	27.08.2020	Race	v	v
Guidance	Reintroduction of NHS continuing healthcare	Department of Health and Social Care	https://www.gov.uk/government/publications/reintroduction-of-nhs-continuing-healthcare	21.08.2020	All	v	
Resource	Video consulting with your NHS A guide for patients	NHS England and Improvement	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/08/C0638-nhs-vc-patient-quick-guide-a4.pdf	Aug-20	All	v	
Resource	Video consulting with your patients A guide for NHS Staff	NHS England and Improvement	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/08/C0638-nhs-vc-nhs-staff-quick-guide-a4.pdf	Aug-20	All		v
Article	Coronavirus: Cover-up fears as reviews of Covid-19 deaths among NHS staff to be kept secret	Independent	https://www.independent.co.uk/news/health/coronavirus-nhs-staff-deaths-secret-cover-up-ministers-a9667156.html?utm_source=upday&utm_medium=referral	15.08.2020	All		v
Article	Sheer fear': mental health impacts of Covid-19 come to fore	Guardian	https://www.theguardian.com/world/2020/aug/14/sheer-fear-mental-health-impacts-of-covid-19-come-to-fore	15.08.2020	All	v	v
Article	BBC	Guardian	Fears the coronavirus pandemic will hit women hardest	14.08.2020	Sex	v	v
Article	UK's poorest 'skip meals and go hungry' during coronavirus crisis	Guardian	https://www.theguardian.com/uk-news/2020/aug/12/coronavirus-lockdown-hits-nutritional-health-of-uks-poorest	13.08.2020	Other - Poverty	v	v
Resource	Free Wellbeing Support Service for our Health/Care Workers	Project5	https://www.project5.org/	Aug-20	All		v
Resource	Reuniting as a team Seven ways to bounce back after COVID	NHS Our People	https://people.nhs.uk/guides/aod-reuniting-as-a-team/	Aug-20	All		v
Resource	Virtual All Staff Common Room. Culturally Diverse Virtual Staff Common Room	NHS Events	https://www.events.england.nhs.uk/events	Aug-20	All Race		v
Resource	Liberate has partnered with the NHS to offer you a free subscription until December 2020 to the #1 meditation app for POC/BAME communities.	NHS and Liberate	https://people.nhs.uk/help/support-apps/liberate-meditation/	Aug-20	Race		v

Guidance	Domestic abuse: get help during the coronavirus (COVID-19) outbreak	Government	https://www.gov.uk/guidance/domestic-abuse-how-to-get-help	13.08.2020	Sex		v	v
Article	I'm disabled but was told I won't receive critical care if I get Covid. It's terrifying	Guardian	https://www.theguardian.com/society/2020/aug/13/disabled-wont-receive-critical-care-covid-terrifying	13.08.2020	Disability		v	
Stakeholder Engagement	Letter to participants in Public Health England's Understanding the impact of COVID-19 on BAME groups review: August 2020	Government Equalities Office	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908584/Minister_for_Equalities_letter.pdf	11.08.2020	Race		v	v
Guidance	North West COVID-19 Community Risk Reduction Framework: A framework to help local partnerships reduce the risk of transmission and impact of COVID – 19 on local communities	NHS England and Improvement	https://www.southseftonccg.nhs.uk/media/4225/nw-covid-19-community-risk-reduction-framework--august-2020.pdf	Aug-20	All		v	
Resource	Radio station launch: for people living with Dementia	Music 4 Dementia	https://m4dradio.com/	Aug-20	Resource		v	
Resource	BMJ Best Practice for all NHS staff in England	BMJ Best Practice for all NHS staff in England	https://www.bmj.com/company/hee/	Aug-20	All		v	
Resource	Website Launch: Supporting your recovery after COVID-19	NHS England and Improvement	https://www.yourcovidrecovery.nhs.uk/	Aug-20	All		v	v
Guidance	PPE portal: how to order emergency personal protective equipment	Government	https://www.gov.uk/guidance/ppe-portal-how-to-order-emergency-personal-protective-equipment	10.08.2020	All		v	v
Guidance	COVID-19: epidemiology, virology and clinical features	Public Health England	https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features	07.08.2020	All		v	v
Guidance	Implementing phase 3 of the NHS response to the COVID-19 pandemic	NHS England and Improvement	https://www.england.nhs.uk/wp-content/uploads/2020/08/implementing-phase-3-of-the-nhs-response-to-covid-19.pdf	07.08.2020	All		v	v
Resource	Optional badges/lanyards to promote ongoing social distancing	Government	https://www.gov.uk/government/publications/please-give-me-space-social-distancing-cards-or-badges	07.08.2020	All		v	v
Article	Parents, carers and disabled people in UK 'twice as likely to lose job'	Guardian	https://www.theguardian.com/world/2020/aug/06/parents-carers-and-disabled-people-in-uk-twice-as-likely-to-lose-job	06.08.2020	Age Disability		v	v

Article	I had to hide myself again': young LGBT people on their life in UK lockdown	Guardian	https://www.theguardian.com/world/2020/aug/05/i-had-to-hide-myself-again-young-lgbt-people-on-their-life-in-uk-lockdown	05.08.2020	Sexual Orientation		
Article	British BAME groups face 'greater barriers' than white people in avoiding Covid-19	Guardian	https://www.theguardian.com/world/2020/aug/05/british-bame-groups-face-greater-barriers-than-white-people-in-avoiding-covid-19	05.08.2020	Race	v	
Podcast	Catching up or falling behind? Geographical inequalities in the UK	Institute for Fiscal Studies	https://www.ifs.org.uk/podcast/geographical-inequalities-in-the-uk	05.08.2020	All	v	v
Guidance	Guidance for parents and carers on supporting children and young people's mental health and wellbeing during the coronavirus (COVID-19) pandemic	Public Health England	https://www.gov.uk/government/publications/covid-19-guidance-on-supporting-children-and-young-peoples-mental-health-and-wellbeing/guidance-for-parents-and-carers-on-supporting-children-and-young-peoples-mental-health-and-wellbeing-during-the-coronavirus-covid-19-outbreak	04.08.2020	Age	v	v
Guidance	Guidance for the public on the mental health and wellbeing aspects of coronavirus (COVID-19)	Public Health England	https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19	04.08.2020	All	v	v
Report	Emerging evidence on health inequalities and COVID-19: July 2020	The Health Foundation	https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-health-inequalities-and-covid-19-july-2020	04.08.2020	All	v	v
Guidance	Aftercare needs of inpatients recovering from COVID-19	NHS England and Improvement	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0705-aftercare-needs-of-inpatients-recovering-from-covid-19-aug-2020.pdf	03.08.2020	Disability	v	
Report	Catching up or falling behind? Geographical inequalities in the UK and how they have changed in recent years	Institute for Fiscal Studies	https://www.ifs.org.uk/inequality/geographical-inequalities-in-the-uk/	03.08.2020	All	v	v
Article	COVID-19 casts light on respiratory health inequalities	The Lancet	https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30308-8/fulltext	01.08.2020	All	v	
NHS Publication	Understanding different bereavement cultures and how staff may experience grief	NHS England and Improvement	https://www.liverpoolccg.nhs.uk/media/4501/bereavement-cultures.pdf	Jul-20	All		v
NHS Publication	WE ARE THE NHS: People Plan 2020/21 - action for us all	NHS England and Improvement	https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-us-all-1.pdf	31.07.2020	All		v
NHS Letter	Third Phase of NHS Response to COVID-19	NHS England and Improvement	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf	31.07.2020	All	v	v
Podcast	Covid-19, racism and the roots of health inequality	Kings Fund	https://www.kingsfund.org.uk/audio-video/podcast/covid-19-racism-health-inequality	30.07.2020	Race	v	v

Article	Covid studies to examine virus link with ethnicity	BBC	https://www.bbc.co.uk/news/amp/health-53565655	28.07.2020	Race		v	v
Guidance	COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services	NICE	https://www.nice.org.uk/guidance/ng179/resources/covid19-rapid-guideline-arranging-planned-care-in-hospitals-and-diagnostic-services-pdf-66141969613765	27.07.2020	All		v	
Report	Coronavirus Act 2020: the public sector equalities duty impact assessment	Government	https://www.gov.uk/government/publications/coronavirus-act-2020-equality-impact-assessment/coronavirus-act-2020-the-public-sector-equalities-duty-impact-assessment	28.07.2020	All		v	v
Report	Resuming health services during the Covid-19 pandemic What can the NHS learn from other countries?	Nuffield Trust	https://www.nuffieldtrust.org.uk/files/2020-07/resuming-health-services-web.pdf	24.07.2020	All		v	v
Article	Disabled people exempt from wearing face coverings under new government guidance	Government	https://www.gov.uk/government/news/disabled-people-exempt-from-wearing-face-coverings-under-new-government-guidance	24.07.2020	Disability		v	v
Report	Excess Weight and COVID-19 Insights from new evidence	Public Health England	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/903770/PH_Insight_Excess_weight_and_COVID-19.pdf	24.07.2020	All		v	v
Article	Coronavirus: Fears over 'face covering hate crime' as new laws go live	Disability News Service	https://www.disabilitynewsservice.com/coronavirus-fears-over-face-covering-hate-crime-as-new-laws-go-live/	23.07.2020	Disability		v	v
Guidance	New recommendations for primary and community health care providers in England	Public Health England	https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/new-recommendations-for-primary-and-community-health-care-providers-in-england	23.07.2020	All		v	v
Report	Coronavirus Survey: Interim Report - April - May 2020	Healthwatch Liverpool	https://healthwatchliverpool.co.uk/report/2020-07-22/coronavirus-survey-interim-report-april-may-2020	22.07.2020	All		v	
Report	Communities at risk: the early impact of COVID-19 on 'left behind' neighbourhoods	Oxford Consultants for Social Inclusion (OCSI)	https://ocsi.uk/2020/07/22/the-early-impact-of-covid-19-on-left-behind-neighbourhoods/	22.07.2020	All		v	
Resource	Kooth; an online mental wellbeing community for young people aged 11 to 25.	Kooth	Kooth.com	21.07.2020	Age Disability		v	v
Resource	Wellbeing support line for health and social care workers	Samaritans	https://www.samaritans.org/how-we-can-help/health-and-care/here-listen-support-line-nhs-people/	21.07.2020	All			v

Resource	NHS Workforce Bulletin	NHS Employers	https://mailchi.mp/5d4582cd4c9f/nhs-workforce-bulletin-212691?e=[UNIQID]	20.07.2020	All		v
Report	Direct and indirect impacts of COVID-19 on health and wellbeing Rapid evidence review July 2020 (Version 2)	CHAMPS Public Health	https://www.champspublichealth.com/sites/default/files/media_library/1-Rapid%20review%20of%20impacts-V2-final_0.pdf	16.07.2020	All		v
Resource	See, Hear, Respond Rapid support for children and young people affected by the coronavirus crisis	Barnados	https://www.barnados.org.uk/see-hear-respond	Undated	Age Disability		v
Resource	Brief guidance for safe enquiry about domestic abuse in 'virtual' health settings	Royal College of Obstetricians and Gynaecologists and multiple partners	https://safelives.org.uk/sites/default/files/resources/Domestic%20abuse%20guidance%20for%20virtual%20health%20settings-%20C19.pdf	Undated	Sex		v
Report	Coronavirus: Impact on young people with mental health needs. Report 2 Summer 2020	Young Minds	https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf	Jul-20	Age Disability		v
Article	Steep decline in mental health of young carers and young adult carers following Coronavirus outbreak	Carers Trust	Steep decline in mental health of young carers and young adult carers following Coronavirus outbreak	15.07.2020	Age Disability		v
Article	UK experts fear up to 120,000 Covid-19 deaths this winter	Guardian	https://www.theguardian.com/world/2020/jul/14/action-to-stop-winter-covid-19-second-wave-in-uk-must-start-now	14.07.2020	All		v
Article	Ten million Britons unable to attend funerals in lockdown	Guardian	https://www.theguardian.com/world/2020/jul/14/ten-million-britons-unable-to-attend-funerals-in-lockdown	14.07.2020	All		v
Article	NHS data reveals 'huge variation' in Covid-19 death rates across England	Guardian	https://www.theguardian.com/world/2020/jul/13/nhs-data-reveals-huge-variation-in-covid-19-death-rates-across-england	13.07.2020	All		v
Article	Immunity to Covid-19 could be lost in months, UK study suggests	Guardian	https://www.theguardian.com/world/2020/jul/12/immunity-to-covid-19-could-be-lost-in-months-uk-study-suggests	12.07.2020	All		v
Report	Workforce race inequalities and inclusion in NHS providers	Kings Fund	https://www.kingsfund.org.uk/sites/default/files/2020-07/workforce-race-inequalities-inclusion-nhs-providers-july2020.pdf	07.07.2020	Race		v
Report	Being a patient First report of the Patients Association's patient experience programme	The Patients Association	https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=16708179-90d6-41dd-a360-2c53b7e9ebe7	06.07.2020	All		v

NHS Letter	Stepping back up of key reporting and management functions	NHS England and Improvement	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0634-stepping-back-up-of-key-reporting-and-management-functions-letter.pdf	06.07.2020	All		v	v
Resource	Caring4nhspeople	Horizons	http://horizonsnhs.com/caring4nhspeople/	N/A	All			v
Guidance	Education, health and care needs assessments and plans: guidance on temporary legislative changes relating to coronavirus (COVID-19)	Government; Department of Education	https://www.gov.uk/government/publications/changes-to-the-law-on-education-health-and-care-needs-assessments-and-plans-due-to-coronavirus/education-health-and-care-needs-assessments-and-plans-guidance-on-temporary-legislative-changes-relating-to-coronavirus-covid-19	06.07.2020	Age Disability		v	
Article	UK charities face soaring demand for grief counselling due to Covid-19	Guardian	https://www.theguardian.com/world/2020/jul/06/uk-charities-face-soaring-demand-for-grief-counselling-due-to-covid-19	06.07.2020	Disability		v	v
Article	World-leading study into long-term health impacts of COVID-19 launched by UKRI and NIHR	UK Research and Innovation	https://www.ukri.org/news/world-leading-study-into-long-term-health-impacts-of-covid-19-launched-by-ukri-and-nihr/	05.07.2020	All		v	v
Article	Covid-19 crisis has exposed inequalities for mental health and learning disabilities	Nursing Times	https://www.nursingtimes.net/news/coronavirus/covid-19-crisis-has-exposed-inequalities-for-mental-health-and-learning-disabilities-03-07-2020/	03.07.2020	Disability		v	v
Report	The Doctor will zoom you now	National Voices, Healthwatch England and Traverse	https://www.nationalvoices.org.uk/sites/default/files/public/publications/the_dr_will_zoom_you_now_-_insights_report.pdf	01.07.2020	All		v	
Resource	COVID-19: Updated guidance for people with thalassaemia	United Kingdom Thalassaemia Society	https://ukts.org/wp-content/uploads/2020/07/UKTS-Patient-Info-30620FINAL.pdf	30.06.2020	Race		v	v
Report	RECOVERY POSITION WHAT NEXT FOR THE NHS?	NHS Providers	https://nhsproviders.org/recovery-position-what-next-for-the-nhs	30.06.2020	All		v	v
Resource	Domestic violence and abuse: Safeguarding during the COVID-19 crisis	Social Care Institute for Excellence	https://www.scie.org.uk/care-providers/coronavirus-covid-19/safeguarding/domestic-violence-abuse	29.06.2020	Sex		v	v
Article	Neurological and neuropsychiatric complications of COVID-19 in 153 patients: a UK-wide surveillance study	The Lancet	https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30287-X/fulltext	25.06.2020	Disability		v	
Article	How is COVID-19 affecting children and young people in BAME communities?	Royal College of Paediatrics and Child Health	https://www.rcpch.ac.uk/news-events/news/how-covid-19-affecting-children-young-people-bame-communities	24.06.2020	Age Race		v	
Article	Address inequality to protect Black workers against Covid-19, says UNISON	Unison	https://www.unison.org.uk/news/press-release/2020/06/address-inequality-protect-black-workers-covid-19-says-unison/	23.06.2020	Race			v

NHS Letter	Perinatal support for Black, Asian and minority ethnic Women during the COVID-19 Pandemic	NHS England and Improvement	https://madeinheene.hee.nhs.uk/Portals/0/LMS%20Letter%20re%20Perinatal%20Support%20For%20Black%20Asian%20and%20Minority%20Ethnic%20Women%20during%20the%20COVID-19%20Pandemic.pdf	22.06.2020	Pregnancy and Maternity Race		
Article	BAME doctors being placed at risk due to lack of Covid-19 risk assessments, BMA survey reveals	British Medical Association (BMA)	https://www.bma.org.uk/news-and-opinion/bame-doctors-being-placed-at-risk-due-to-lack-of-covid-19-risk-assessments-bma-survey-reveals	22.06.2020	Race		v
Resource	A Parent's Guide to Black Lives Matter	Yoopies	https://yooopies.co.uk/c/press-releases/blacklivesmatter	22.06.2020	Race	v	v
Report	Cancer x Coronavirus: The impact on young people	Teenage Cancer Trust	https://www.teenagecancertrust.org/sites/default/files/Cancer-coronavirus-report-June-2020-Teenage-Cancer-Trust.pdf	19.06.2020	Age Disability	v	
Article	Emerging evidence on COVID-19's impact on mental health and health inequalities	The Health Foundation	https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-mental-health-and-health	18.06.2020	Disability	v	v
Report	Covid-19: understanding inequalities in mental health during the pandemic	Centre for Mental Health	https://www.centreformentalhealth.org.uk/covid-19-inequalities-mental-health	18.06.2020	Disability	v	v
Data and Statistics	CQC publishes data on deaths in care settings broken down by ethnicity	Care Quality Commission (CQC)	https://www.cqc.org.uk/news/stories/cqc-publishes-data-deaths-care-settings-broken-down-ethnicity	17.06.2020	Age Disability	v	
Report	COVID-19 Insight: Issue 2	Care Quality Commission (CQC)	https://www.cqc.org.uk/sites/default/files/20200615%20COVID%20IV%20Insight%20number%202%20final%20%281%29.pdf	17.06.2020	All	v	v
Report	Covid-19 and early intervention: Understanding the impact, preparing for recovery	Early Intervention Foundation	https://www.eif.org.uk/report/covid-19-and-early-intervention-understanding-the-impact-preparing-for-recovery	16.07.2020	Age	v	v
Article	Staff Networks are key to supporting BAME progressions	People Management	https://www.peoplemanagement.co.uk/news/articles/staff-networks-are-key-to-supporting-bame-progression	16.06.2020	Race		v
Report	Beyond the data : understanding the impact of COVID-19 on BAME communities	Public Health England	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf	16.06.2020	Race	v	v
Article	Historical racism may be behind England's higher BAME Covid-19 rate	Guardian	https://www.theguardian.com/world/2020/jun/16/historical-racism-may-be-behind-englands-higher-bame-covid-19-rate	16.06.2020	Race	v	v
Resource	Covid-19 Guidance: How to put on and remove a mask safely when you are blind or partially sighted	Sight Loss Council	https://www.sightlosscouncils.org.uk/blog/covid-19-guidance-how-to-put-on-and-remove-a-mask-safely-when-you-are-blind-or-partially-sighted	15.06.2020	Disability	v	

NHS Letter	Freedom to Speak Up Guardians	NHS England and National Freedom to Speak Up	https://www.nationalguardian.org.uk/wp-content/uploads/2020/06/c0582_ngo-and-wres-letter_15junerev.pdf	15.06.2020	All		v
Podcast	Various Titles	HSJ	https://www.hsj.co.uk/home/hsj-health-check-podcast	15.06.2020 and ongoing	All	v	v
Newspaper	Minorities more at risk from Covid-19 because of racism, says report	Guardian	https://www.theguardian.com/inequality/2020/jun/13/leaked-report-says-racism-and-inequality-increase-covid-19-risk-for-minorities	13.06.2020	Race	v	v
Resource	FAQs on the use of face masks and coverings in hospital settings	NHS England and Improvement	https://madeinheene.hee.nhs.uk/Portals/0/FAQs%20on%20the%20use%20of%20face%20masks%20and%20coverings%20in%20hospital%20settings%20to%20prevent%20COVID-19%20transmission%2012%20June%202020.pdf	12.06.2020	All	v	v
Report	COVID-19 and inequalities	Institute for Fiscal Studies	https://www.ifs.org.uk/inequality/covid-19-and-inequalities/	11.06.2020	All	v	v
Resource	COVID-19 guidance: How can health settings support blind or partially sighted people?	Sight Loss Council	https://www.sightlosscouncils.org.uk/Blog/covid-19-guidance-6-ways-health-settings-can-support-blind-and-partially-sighted-people	11.06.2020	Disability	v	
Newspaper	Man 'fighting for life' after Covid-19 crisis delays NHS cancer scan	Guardian	https://www.theguardian.com/society/2020/jun/09/man-fighting-for-life-after-covid-19-crisis-delays-nhs-cancer-scan	09.06.2020	Disability	v	
Newspaper	Britons with life-threatening conditions denied care during pandemic	Guardian	https://www.theguardian.com/society/2020/jun/08/britons-life-threatening-conditions-denied-care-coronavirus-pandemic	08.06.2020	Disability	v	
Article	Next steps for work on COVID-19 disparities announced	Government	https://www.gov.uk/government/news/next-steps-for-work-on-covid-19-disparities-announced	04.06.2020	All	v	v
NHS Letter	NHS Support for Patients who are shielding	NHS England and Improvement	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0583-nhs-update-on-shielding-june-2020.pdf	04.06.2020	All	v	v
Article	Coronavirus: Pandemic sees spike in learning disabled deaths	BBC	https://www.bbc.co.uk/news/disability-52891401	02.06.2020	Disability	v	
Data and Statistics	COVID-19: review of disparities in risks and outcomes	Public Health England	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889195/disparities_review.pdf	02.06.2020	All	v	v
Report	Hidden Figures: The Impact of the COVID-19 Pandemic on LGBT Communities in the UK May 2020 3rd Edition	LGBT Foundation	https://lgbt.foundation/coronavirus/hiddenfigures	May-20	Sexual Orientation	v	v
Resource	Health Safety and Wellbeing: Risk Assessment (and other resources)	NHS Employers	https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff	28.05.2020	All		v
Resource	Accessible Formats: Coronavirus Resources for the public	Health Education England	https://library.nhs.uk/	28.05.2020	Disability	v	

Report	An Unsafe Distance: the impact of the COVID-19 pandemic on Excluded People in England	Doctors of the World	https://www.doctorsoftheworld.org.uk/wp-content/uploads/2020/05/covid19-brief-rna-report.pdf	22.05.2020	All		v	v
Guidance	BPS guidance on meeting the psychological needs of people with learning disabilities and their carers	British Psychological Society	https://www.bps.org.uk/news-and-policy/bps-guidance-meeting-psychological-needs-people-learning-disabilities-and-their	21.05.2020	Disability		v	
Newspaper	Thousands of cancer patients could die early due to coronavirus delays, study finds	Guardian	https://www.theguardian.com/society/2020/may/20/thousands-of-cancer-patients-could-die-early-due-to-coronavirus-delays-study-finds	20.05.2020	Disability		v	
Report	COVID-19 Insight	Care Quality Commission (CQC)	https://www.cqc.org.uk/sites/default/files/20200501%20COVID%20V%20update%20number%201%20ACCESSIBLE.pdf	19.05.2020	All		v	v
NHS Letter	Diverse representation in decision making and workforce equality	NHS England and Improvement	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/C0516-workforce-equality-letter-19-may-2020.pdf	19.05.2020	All		v	v
Resource	COVID-19 Advice; NORTH WEST, NORTH WALES AND ISLE OF MAN CONGENITAL HEART NETWORK	Congenital Heart Network	https://www.northwestchdnetwork.nhs.uk/covid-19-advice/	19.05.2020	Disability		v	
Guidance	Legal guidance for mental health, learning disability and autism, and specialised commissioning services supporting people of all ages during the coronavirus pandemic	NHS England and Improvement	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0454-mhlda-spec-comm-legal-guidance-v2-19-may.pdf	19.05.2020	Disability		v	
Data and Statistics	Type 1 and Type 2 diabetes and COVID-19 related mortality in England: a whole population study	NHS England and Improvement	https://www.england.nhs.uk/wp-content/uploads/2020/05/valabhji-COVID-19-and-Diabetes-Paper-1.pdf	19.05.2020	Disability - Long Term Conditions		v	v
Resource	ThinkNinjamental health app	NHS England / Healios	https://www.nhs.uk/apps-library/thinkninja/	18.05.2020	Age Disability		v	
Resource	Coronavirus Latest NHS Guidelines translated into 60 languages	Doctors of the World	https://www.doctorsoftheworld.org.uk/coronavirus-information/	18.05.2020 (NB updated following update to COVID-19 symptoms list).	Race		v	
Resource	COVID-19: public health Information and guidance related to public health services, including mental health and isolation.	Local Government Association	https://www.local.gov.uk/our-support/coronavirus-information-councils/covid-19-public-health	May-20	All		v	

Call for Action	Enhancing mental health resilience and anticipating treatment provision of mental health conditions for frontline Healthcare workers involved in caring for patients during the COVID-19 Pandemic – A call for action.	NHS Clinical Leaders Network	http://www.cln.nhs.uk/document_uploads/CLN-Paper-V.6.6.pdf	May-20	Disability - Mental Health		v
Resource	Welcome to the NHS Volunteer Responders Programme	Royal Voluntary Service	https://volunteering.royalvoluntaryservice.org.uk/nhs-volunteer-responders-portal	N/A	All	v	v
Newspaper	BAME women make up 55% of UK pregnancy hospitalisations with Covid-19	Guardian	https://www.theguardian.com/world/2020/may/16/bame-majority-pregnant-women-hospitalised-covid-19-troubling-midwives	16.05.2020	Race	v	v
Data and Statistics	Covid-19 deaths of patients with a learning disability notified to LeDeR	NHS England and Improvement	https://www.england.nhs.uk/publication/covid-19-deaths-of-patients-with-a-learning-disability-notified-to-leder/	15.05.2020 and weekly ongoing	Disability	v	
NHS Letter	Domestic abuse during COVID-19: a reminder of advice for NHS staff	NHS England and Improvement	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/C0376-domestic-abuse-duringcovid-19-letter.pdf	15.05.2020	Sex	v	v
Resource	Health Education England e-Learning for Healthcare’s Domestic Violence and Abuse programme updated	Health Education England	https://www.e-lfh.org.uk/programmes/domestic-violence-and-abuse-e-learning-for-health-visitors-and-nurses/	14.05.2020	Sex		v
Guidance	Operating framework for urgent and planned services in hospital settings during COVID-19	NHS England and Improvement	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/Operating-framework-for-urgent-and-planned-services-within-hospitals.pdf	14.05.2020	All	v	v
Health Journal Article	Up to 10,000 people could be waiting more than a year for operations	Health Service Journal (HSJ)	https://www.hsj.co.uk/coronavirus/up-to-10000-people-could-be-waiting-more-than-a-year-for-operations/7027649.article	14.05.2020	All	v	
Newspaper	Coronavirus: Concerns for people with learning disabilities in care homes	BBC	https://www.bbc.co.uk/news/av/health-52665256/coronavirus-concerns-for-people-with-learning-disabilities-in-care-homes	14.05.2020	Disability	v	
Newspaper	One in four youths with mental health issues cannot get help during lockdown	Guardian	https://www.theguardian.com/society/2020/may/14/one-in-four-youths-cant-get-mental-health-support-amid-covid-19-crisis	14.05.2020	Age Disability - Mental Health	v	
Newspaper	Italian doctors find link between Covid-19 and inflammatory disorder	Guardian	https://www.theguardian.com/science/2020/may/13/italian-doctors-find-link-between-covid-19-and-inflammatory-disorder	13.05.2020	Age	v	

Newspaper	Pregnant healthcare worker sues NHS agency over employment rights	Guardian	Pregnant healthcare worker sues NHS agency over employment rights	13.05.2020	Pregnancy and Maternity			v
Best Practice Sharing	COVID-19: good council practice	Local Government Association	https://www.local.gov.uk/our-support/coronavirus-information-councils/covid-19-good-council-practice	13.05.2020 and ongoing	All		v	v
Health Journal Article	CORONAVIRUS NHS England seeks advice amid 'shielded' patient concerns	Health Service Journal (HSJ)	https://www.hsj.co.uk/coronavirus/nhs-england-seeks-advice-amid-shielded-patient-concerns/7027626.article	13.05.2020	All		v	v
Newspaper	Brink of collapse': parents of disabled children buckling under 24-hour care	Guardian	https://www.theguardian.com/society/2020/may/13/parents-disabled-children-buckling-under-24-hour-care-coronavirus	13.05.2020	Disability		v	
Newspaper	Coronavirus patient DNA study could tell us why some fare worse	Guardian	https://www.theguardian.com/science/2020/may/13/coronavirus-patient-dna-study-could-tell-us-why-some-fare-worse	13.05.2020	All		v	v
Resource	COVID-19 Update: Risk Reduction Framework for NHS staff at risk of COVID-19 infection	Faculty of Occupational Medicine	https://www.fom.ac.uk/covid-19/update-risk-reduction-framework-for-nhs-staff-at-risk-of-covid-19-infection	12.05.2020	All			v
Newspaper	Testing for coronavirus in UK care homes a 'complete system failure'	Guardian	https://www.theguardian.com/society/2020/may/12/testing-coronavirus-uk-care-homes-complete-system-failure	12.05.2020	Age		v	v
Newspaper	Platitudes won't stop more BAME health workers and patients dying of Covid-19	Guardian	https://www.theguardian.com/society/2020/may/12/platitudes-bame-health-workers-covid-19-british-asian-gp-protecting-staff	12.05.2020	Race		v	v
Guidance	Working safely during COVID-19 in offices and contact centres	Government	https://assets.publishing.service.gov.uk/media/5eb97e7686650c278d4496ea/working-safely-during-covid-19-offices-contact-centres-110520.pdf	11.05.2020	All			v
Guidance	Coronavirus (COVID-19) guidance for professionals	Human Fertility and Embryology Authority	https://www.hfea.gov.uk/treatments/covid-19-and-fertility-treatment/coronavirus-covid-19-guidance-for-professionals/	11.05.2020	Pregnancy and Maternity		v	v
Strategy	Our plan to rebuild: The UK Government's COVID-19 recovery strategy	Government	https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy	11.05.2020	All		v	v
Newspaper	Equality watchdog urged to investigate Covid-19 impact on BAME people	Guardian	https://www.theguardian.com/world/2020/may/10/equality-watchdog-urged-investigate-impact-on-bame-people-london-mayor	10.05.2020	Race		v	v
Data and Statistics	ICNARC report on COVID-19 in critical care 08 May 2020	Intensive Care National Audit and Research Centre	https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports	09.05.2020	All		v	v
Guidance	Coronavirus (COVID-19) guidance for employers	Equality and Human Rights Commission (EHRC)	https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-guidance-employers	07.05.2020	All			v

Data and Statistics	Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020	Office National Statistics	https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020	07.05.2020	Race Sex		
Article	Will COVID-19 be a watershed moment for health inequalities?	The Health Foundation	https://www.health.org.uk/publications/long-reads/will-covid-19-be-a-watershed-moment-for-health-inequalities	07.05.2020	All		
Health Journal Article	The Integrator: An opportunity to tackle widening health inequalities	Health Service Journal (HSJ)	https://www.hsj.co.uk/commissioning/the-integrator-an-opportunity-to-tackle-widening-health-inequalities/7027589.article	07.05.2020	All		
Health Journal Article	Revealed: the NHS' plan to protect BAME staff from covid-19	Health Service Journal (HSJ)	https://www.hsj.co.uk/workforce/revealed-the-nhs-plan-to-protect-bame-staff-from-covid-19/7027571.article	06.05.2020	Race		
Health Journal Article	NHS faces major problems as charities contemplate withdrawing support	Health Service Journal (HSJ)	https://www.hsj.co.uk/commissioning/nhs-faces-major-problems-as-charities-contemplate-withdrawing-support/7027580.article	06.05.2020	All		
Data and Statistics	COVID-19 Daily Deaths	NHS England and Improvement	https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/	06.05.2020 and ongoing daily	All		
Government Review	Review into factors impacting health outcomes from COVID-19	Public Health England	https://www.gov.uk/government/news/review-into-factors-impacting-health-outcomes-from-covid-19	05.05.2020	All		
Newspaper	Coronavirus: What is the UK's test, track and trace strategy?	BBC	https://www.bbc.co.uk/news/health-52475688	05.05.2020	All		
Data Statistics	BAME COVID-19 DEATHS – What do we know? Rapid Data & Evidence Review	Centre for Evidence Based Medicine (CEBM)	https://www.cebm.net/covid-19/bame-covid-19-deaths-what-do-we-know-rapid-data-evidence-review/	05.05.2020	Race		
Resource	COVID-19: Equality & Human Rights Impact & Resources	Arc of Inclusion	https://www.arcofinclusion.co.uk/COVID19Equality	04.05.2020 ongoing	All		
NHS Letter	COVID-19 response: Primary care and community health support care home residents	NHS England and Improvement	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/COVID-19-response-primary-care-and-community-health-support-care-home-residents.pdf	01.05.2020	Age		
Guidance	Receiving and storing patient images from online consultations	Medical Defence Union (MDU)	https://www.themdu.com/guidance-and-advice/latest-updates-and-advice/receiving-and-storing-patient-images-from-online-consultations	01.05.2020	All		
Research	Are some ethnic groups more vulnerable to COVID-19 than others?	Institute for Fiscal Studies	https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others/	01.05.2020	Race		
Blog	A note for all BAME colleagues working in the NHS	NHS England and Improvement	https://www.england.nhs.uk/blog/note-for-all-bame-colleagues-working-in-the-nhs/	01.05.2020	Race		

Data and Statistics	Coronavirus and the social impacts on Great Britain	Office National Statistics	https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/30april2020	30.04.2020 and ongoing weekly.	All		
Guidance	COVID-19 – ethical issues. A guidance note	British Medical Association (BMA)	https://www.bma.org.uk/media/2360/bma-covid-19-ethics-guidance-april-2020.pdf	30.04.2020	All		
Blog	COVID-19: Five dimensions of impact	The Health Foundation	https://www.health.org.uk/news-and-comment/blogs/covid-19-five-dimensions-of-impact	29.04.2020	All		
NHS Letter	Second phase of NHS response to COVID-19	NHS England and Improvement	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/second-phase-of-nhs-response-to-covid-19-letter-to-chief-execs-29-april-2020.pdf	29.04.2020	All		
Newspaper	Coronavirus: Lack of sign language interpreters leads to legal case against government	BBC	https://www.bbc.co.uk/news/disability-52323854	28.04.2020	Disability		
Blog	Equality diversity and inclusion at the time of crisis and beyond	NHS Confederation	https://www.nhsconfed.org/blog/2020/04/equality-diversity-and-inclusion-at-the-time-of-crisis-and-beyond	28.04.2020	All		
Newspaper	UK lockdown: Calls to domestic abuse helpline jump by half	BBC	https://www.bbc.co.uk/news/uk-52433520	27.04.2020	Sex		
Data and Statistics	Coronavirus and the social impacts on disabled people in Great Britain	Office National Statistics	https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/coronavirusandthesocialimpactsondisabledpeopleingreatbritain/2020-04-24	24.04.2020	Disability - All		
Article	Better access to health services for Deaf community is needed	Open Access Government	https://www.openaccessgovernment.org/access-to-health-services-for-deaf-people/86029/	24.04.2020	Disability - D/deaf		
Blog	Gender and Covid-19: the immediate impact the crisis is having on women	The London School of Economics and Polic	https://blogs.lse.ac.uk/politicsandpolicy/gender-and-covid19/	23.04.2020	Sex		
Briefing	The impact of COVID-19 on BME communities and health and care staff	NHS Confederation	https://www.nhsconfed.org/resources/2020/04/the-impact-of-covid19-on-bme-communities-and-staff	23.04.2020	Race		
Newspaper	Why are people from BAME groups dying disproportionately of Covid-19?	Guardian	https://www.theguardian.com/world/2020/apr/22/why-are-people-from-bame-groups-dying-disproportionately-of-covid-19	22.04.2020	Race		
Newspaper	Ethnic minorities dying of Covid-19 at higher rate, analysis shows	Guardian	https://www.theguardian.com/world/2020/apr/22/racial-inequality-in-britain-found-a-risk-factor-for-covid-19	22.04.2020	Race		
Health Journal Article	Exclusive: deaths of NHS staff from covid-19 analysed	Health Service Journal (HSJ)	https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article	22.04.2020	All		

Health Journal Article	Apology after NHS sends thousands of dead people covid-19 warnings	Health Service Journal (HSJ)	https://www.hsj.co.uk/technology-and-innovation/apology-after-nhs-sends-thousands-of-dead-people-covid-19-warnings/7027473.article	22.04.2020	Disability - Cancer		
Guidance	Public Sector Equality Duty	Equality and Human Rights Commission (EHRC)	https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty	20.04.2020	All	v	v
Resource	Free access to online BSL Interpreters enabling communication between Deaf people and health care providers	Sign Health	https://www.bslhealthaccess.co.uk/	16.04.2020	Disability - D/deaf	v	
Survey Report	Vulnerability to food insecurity since the COVID-19 lockdown	Food Foundation	https://foodfoundation.org.uk/wp-content/uploads/2020/04/Report_COVID19FoodInsecurity-final.pdf	14.04.2020	Other - Poverty	v	v
Newspaper	Coronavirus: Front-line NHS staff 'at risk of PTSD'	BBC	https://www.bbc.co.uk/news/uk-52258217	12.04.2020	All		v
Newspaper	Coronavirus: Ethnic minorities 'are a third' of patients	BBC	https://www.bbc.co.uk/news/uk-52255863	12.04.2020	Race	v	
Newspaper	Coronavirus: 'Difficult' cancer care decisions taken	BBC	https://www.bbc.co.uk/news/health-52235467	09.04.2020	Disability - Cancer	v	v
Briefing	How we're responding to coronavirus pandemic	Equality and Human Rights Commission (EHRC)	https://www.equalityhumanrights.com/en/our-work/blogs/how-were-responding-coronavirus-pandemic	09.04.2020	All	v	v
Resource	Equality Impact Assessment: CQC COVID-19 Regulatory Response	Care Quality Commission (CQC)	https://www.cqc.org.uk/sites/default/files/20200408_coronavirus_regulatory_response_eia.pdf	08.04.2020	All	v	v
Newspaper	Labour urges emergency aid for domestic abuse services	Guardian	https://www.theguardian.com/society/2020/apr/08/labour-urges-emergency-aid-for-domestic-abuse-services?CMP=Share_AndroidApp_Email	08.04.2020	Sex	v	v
NHS Letter	Maintaining standards and quality of care in pressurised circumstances	NHS England and Improvement	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/maintaining-standards-quality-of-care-pressurised-circumstances-7-april-2020.pdf	07.04.2020	All		v
Newspaper	BAME groups hit harder by Covid-19 than white people, UK study suggests	Guardian	https://www.theguardian.com/world/2020/apr/07/bame-groups-hit-harder-covid-19-than-white-people-uk?CMP=Share_AndroidApp_Email	07.04.2020	Race	v	v
Guidance	Standard operating procedure (SOP) for general practice in the context of coronavirus (COVID-19)	NHS England and Improvement	https://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/	06.04.2020	All	v	v

Newspaper	Hertfordshire hospital forced to consider who should be refused oxygen	Guardian	https://www.theguardian.com/world/2020/apr/05/hertfordshire-hospital-forced-to-consider-who-should-be-refused-oxygen	05.04.2020	All		v	v
Resource	The equality and human rights impacts of Covid-19	Equally Ours	https://www.equallyours.org.uk/resources/the-equality-and-human-rights-impacts-of-covid-19/?utm_source=Equally+Ours+Newsletter&utm_campaign=57d3d493de-April+2+2020+newsletter&utm_medium=email&utm_term=0_104ed5022f-57d3d493de-58967433	02.04.2020	All		v	v
Report	Caring behind closed doors Forgotten families in the coronavirus outbreak	Carers UK	https://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_April20_pages_web_final.pdf	Apr-20	All		v	v
Resource	Home Office Domestic Abuse Campaign	Home Office	https://homeoffice.brandworkz.com/BMS/albums/?album=104ed5022f-57d3d493de-58967433	Apr-20	Sex		v	v
Report	Coronavirus: Impact on young people with mental health needs	Young Minds	https://youngminds.org.uk/media/3708/coronavirus-report_march2020.pdf	Mar-20	Age Disability		v	
Government Parliamentary notification	Coronavirus (Covid 19) inquiry launched	Parliament	https://www.parliament.uk/business/committees/committees-a-z/commons-select/women-and-equalities-committee/news-parliament-2017/coronavirus-covid-19-inquiry-aunched-19-21-/	30.03.2020	All		v	v
Government Legislation	Coronavirus bill: summary of impacts (EXCLUDES EQUALITY CONSIDERATIONS)	Government	https://www.gov.uk/government/publications/coronavirus-bill-summary-of-impacts/coronavirus-bill-summary-of-impacts	23.03.2020	All		v	v
NHS Letter	COVID-19 Prioritisation within Community Health Services	NHS England and Improvement	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0145-COVID-19-prioritisation-within-community-health-services-1-April-2020.pdf	19.03.2020	All			
Best Practice Sharing	Good practice for working with people and communities during the COVID-19 outbreak (18 March 2020)	NHS England and Improvement	https://www.england.nhs.uk/participation/news/	18.03.2020	All		v	
NHS letter	IMPORTANT AND URGENT – NEXT STEPS ON NHS RESPONSE TO COVID-19	NHS England and Improvement	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/urgent-next-steps-on-nhs-response-to-covid-19-letter-simon-stevens.pdf	17.03.2020	All		v	v

COVID -19 and Public Sector Equality Duty: Briefing.

State of play:

The Equality Act 2010 is a statutory act. Public Sector Equality Duty (also known as the 'equality duty' or 'PSED') remains active. This means all service changes, even in emergency circumstances such as responding to COVID-19, must still be given 'due regard' to the objectives of:

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity
- Fostering good relations between different protected characteristics.

There continues to be a legal requirement for NHS organisations to publicly make available equality analysis reports on how 'due regard to PSED' was made when changing services.

Litigation:

NHS Organisations are still required to comply with legislation that covers: Equality, Human Rights, Duty of Care, Health and Safety and Employment.

Evidence continues to emerge in relation to protected characteristics of 'older age, disability (long term underlying illness), male and BAME being disproportionately affected by COVID-19. In addition, services that have been suspended (e.g. IVF) will be having an overt negative effect on some protected characteristics.

The HSJ¹ has predicted, post COVID -19, a slew of legal action against the NHS, and asking how services complied with the equality duty is always a 'fast track' to the court room. .

Applying PSED and protecting the organisation

Wherever possible current equality processes around meeting PSED must be maintained, however if this is deemed too impractical in an emergency situation then actions need to;

1. use a methodology to record decisions and acknowledge PSED responsibilities.

The normal course of action, of writing and submitting Equality Analysis reports (EIAs) to committees, and then acting, may be too slow a process for rapidly changing environments. However, the Courts follow precedent and deviation from the precedent implies risk. The Courts will understand the 'time crunch/ delivering at pace' to fighting the epidemic, but they will want to see how PSED has been incorporated into that process, even if that process has been temporarily abridged. Abandoning PSED is not an option.

As such:

In Provider Organisations –

- The expertise of Equality officers² should be sought and central to the decision making process including attendance at relevant meetings so that the expert officer name is recorded within meeting minutes.

¹ https://www.hsj.co.uk/coronavirus/nhs-told-to-expect-huge-number-of-legal-challenges-after-pandemic/7027448.article?mkt_tok=eyJpIjoiWXPVNU1XRmhNbUkxTXpJdylsInQiOiJFM0M0aFE1a2hKZnREamNGSjNyNFJVV21sTEtExGSUIReXQzTVl0ck14VGFSM2ZOeVwvQmhLRm0wNFpHUXI6dmF6UkNNZkZ1UGUwd2UzdEgrckduMWZOaWNYMXV3dmhIbk01Y1FkWWVncL2xGWUV0WGFKeXRjIn2xCVHJaaW9KQnZRN3JtIn0%3D

- As part of their attendance equality officers need to record (within the minutes or separately) conversations specifically looking at the PSED Objectives. Even if there are no answers, the fact of asking the right question helps in defence. Equality officers will temporarily become a ‘living log’ and their contemporaneous notes can be used as evidence. Equality officers are advised to draft up EIAs as they go along using their notes and conversations to inform the reports.

In CCGs –

- Continue to produce EIA reports, these reports can be brief and ‘remain open’ i.e. subject to change as more evidence comes forward. The EIA reports in this situation are to help identify gaps in provision, especially around COVID-19 new services, and create an ‘equalities issues/task log’ on which CCGs can develop services with partners and providers. Evidence of decision making is required by CCGs when changes are made to General Practice, even when changes are nationally directed.

2. Try to identify impacts against particular actions in relation to protected characteristics

In NHS Organisations:

Use of an-excel spreadsheet, either recording ‘decisions made’ or ‘services changed’ collating all service changes in one place. The design of this can be organisation specific but ‘equality columns’ need to be added that show:

Core reason why service suspended/changed	PSED considered (Y/N) If yes – how? If no – when will it?	Protected characteristics most likely to be impacted	Mitigations	Core dependencies for service to be resumed/phase 2

- Core reason why service suspended

Record the core reason, typically: ‘staff/patients at risk of COVID-19 infection’ or ‘staff decanted to emergency duties’, or ‘staff levels falling below service delivery requirement due to self-isolation’, or any other reason that applies.

- PSED considered Y/N

In this column, the answer should be ‘yes’ and then a note on how it was considered, e.g. EIA report or minute of meeting. **Do not tick ‘yes’ if you have no evidence of it being recorded.**

If the answer is ‘No’ – then this needs circling back to as quickly as possible. A conversation with the relevant people looking at PSED objectives and recording that meeting is the absolute minimal requirement. Once this is done the ‘no’ can be turned in to ‘yes’

- Protected characteristic most likely to be impacted

² This needs to be an actual equality officer, not a member of staff assigned ‘an equality brief’ as part of their other duties.

In this column identify one or two protected characteristics that may be impacted on, to do this consider who uses the particular service the most. If you think all protected characteristics will be impacted equally, then put 'all'. For example: closure of IVF service – 'female, 30-40 age range'; Reduced hours walk in centre – 'all'.

- Mitigations

Insert mitigations for what actions have been identified to address potential issues that you have identified for people with protected characteristics for example; Face to Face appointments changed to telephone appointments will impact on D/deaf people and people whose first language is not English, a mitigation could be video interpreting provision in place.

- Core dependencies for service to be resumed

State here the necessary element that would allow service to resume, for example : 'PPE availability', 'staff levels improve', 'dependent support service e.g. haematology – not yet available'

3. Provide an explanation, where services are reduce/suspended as to what the likely effect will be on patients.

In NHS Organisations:

The spread sheet is only a 'record' of decisions, there need to be a comprehensive note as to why the service was suspended/reduced, the effect of this and on whom, how people/patients were notified and the necessary steps needed to reopen presented to committee/BOARD at the earliest possible opportunity.

Governance – 'due regard' and decision makers

The legislation states that 'due regard' be given to PSED. The term 'due regard' is a 'legalese' term, meaning the decision makers of the organisation are the only ones with the 'power' of due regard. Legal precedent holds that the 'decision makers' are in fact those legally responsible for the organisation and are more likely to be the 'elected members' or 'the Board' of the organisation.

In normal circumstances, Equality Analysis reports (EIAs) are written on a proposal and identify any PSED implications. This report is then presented to the Board, who read the report (and in reading and understanding the report are paying 'due regard') and then make a decision on the proposal with the equality implications consciously considered. This is the safe correct lawful process.

Organisations that do not follow this process are carrying risk. The further away equality decisions are made from the Board, the greater the risk if things go wrong. If the Board considers a proposal without the equality implications being understood to that proposal, then the following decision would be deemed 'unlawful' under the Equality Act 2010.

In times of emergencies, officers may want to act immediately, if they do so they must have PSED in mind as they act and then submit their decision to the Board at the earliest possible opportunity. This process would go against precedent, and would be tested in Court to see if any other option was available; for example: could members of the board be briefed over the phone/video link? Have members of the board temporary assigned a lead person/committee to consider PSED and decision making in emergencies to support officers? If the organisation cannot show how it has tried to maintain the line of 'due regard' then the risk is high of making an 'unlawful decision'.

Consultation

In emergency circumstances, the rules around consultation can be temporarily suspended, however, they cannot be suspended indefinitely as the public have 'reasonable expectation' to be involved in decision making around provision of services. – both as part of legal precedent and as part of the NHS constitution.

Where services will be changed/altered, due to social distancing measures or staff shortages, for the foreseeable future, consultation with all interested parties still needs to take place. The process may change and be more 'virtual orientated' but 'communications teams' should now look at how they can communicate and link with patients, voluntary sector and the different communities linked to different protected characteristics.

Where an NHS Organisation make changes and see that they want to keep the change permanently, then the full consultation process must be adhered too before the change is accepted by the organisation as permanent.

Human Rights

The human rights that are most likely to be in play are:

- [Article 2: Right to life](#)
- [Article 3: Freedom from torture and inhuman or degrading treatment](#)
- [Article 8: Respect for your private and family life, home and correspondence](#)
- [Article 14: Protection from discrimination in respect of these rights and freedoms](#)

Article 2 would relate to rationing of services and the ethical decision making in who receives recourses in life/death situations.

Article 3 would relate to how a person has been treated, namely in terms of respecting the person and treating them in a dignified way including the body of a deceased person. Serious concern over patients purposefully dying alone could be considered inhuman or degrading.

Article 8 would relate to how the family of a patient has been involved and valued as part of the person's treatment process. The potential lack of PPE for family to stay with dying patients could be a serious source of concern.

Article 14 – relates to the fair treatment in applying human rights across all human beings (and not just some)

If an organisation is upholding PSED, then it is less likely they are to infringe human rights. But article 3 and 8 pose particular problems as they link to the potential lack of PPE and the consequence of this for patients and family.

Final thoughts:

It is clear that NHS services are going through unprecedented times as a deliverer of health services to the population. In being held accountable, organisations will have to provide evidence as to its thinking and rationale around decisions to change services or develop emergency services to meet COVID-19 infected patients' needs. It will be accepted that these are difficult times by the courts, but

it will not be accepted if organisations have simply abandoned all accountability under the laws mentioned above. It is therefore essential that records of decisions, and examples of how processes have been abridged to fit the fast moving circumstances have been put in place and then how the processes return to more normal routines as the pressures have been managed.

In terms of equality and PSED, it is always better to have 'something' rather than 'nothing' in relation to systems. The Courts have a clear line of sight, in how they expect PSED to be handled and delivered by organisations. The above processes are to assist in minimising risk, where organisations have stopped using their usual processes and have no, or struggling to put, processes in place.

Merseyside CCGs Equality and Inclusion Service

14th May 2020

Change Log	
V1	Internal Draft
V2	Internal Draft
V3	For publication

Recovery Planning; Service Change Key Equality Considerations

As organisations look to review how services can be delivered it is important that organisational reset plans include consideration of people with Protected Characteristics. In order to identify any potential impacts it is important to understand how the service has historically been delivered so that the proposed change is clear. It is also important to understand the population accessing the service by using activity data (ideally broken down by protected characteristic). Example equality considerations as organisations look to resume services include;

	Example Issues	Can we evidence our considerations for patients and/ staff
Age	<p><i>Young Children: difficulty in social distancing during waiting time for appointments.</i></p> <p><i>Parents with multi - young children who don't have access to childcare due to COVID -19 means they may need to take all children into a hospital environment for an appointment for one of the children.</i></p> <p><i>Areas for safe storage/facilitate prams and pushchairs and COVID-19 precautions/disinfecting</i></p> <p><i>Young adults: may believe that COVID -19 does not affect them and reluctant to comply with protocols. Likely to bring 'friends' to appointments for company.</i></p> <p><i>Impact of digital solutions for appointments on Older Age</i></p> <p><i>Access to service; age criterion</i></p> <p><i>Patient Transport Services for elderly: COVID-19 protocols in place</i></p> <p><i>Elderly people: high risk factor from COVID-19 consider safety of appointments (include care home residents coming in for appointments with carers)</i></p>	
Disability	<p><i>Travel- risk of COVID-19 in public transport/ social distancing with 'one metre plus' messaging and compliance</i></p> <p><i>Impact of digital solutions for appointments for people who have sensory impairments or people with learning disabilities or dementia.</i></p> <p><i>Meeting people's information and communication needs; large print, email, British Sign Language.</i></p> <p><i>Needs associated with mental health, learning disabilities, neuro-diversity: reading and accepting appointments, arriving at appointments, social distancing and understanding rules e.g. one metre plus rule and wearing</i></p>	

	<p>face coverings.</p> <p>Access to service; Prevalence of groups accessing the service and Reasonable Adjustments to accommodate and cater for people with differing disabilities.</p> <p>Support for carers accompanying disabled people to appointments – COVID-19 safety protocols</p> <p>Patient Transport Services for disabled patients – COVID-19 protocols in place</p> <p>Service provision for housebound people</p>	
Gender Reassignment	<p>Inclusive communications</p> <p>Trans people report barriers in accessing healthcare services and transphobic attitudes.</p>	
Marriage and Civil Partnership	<p>Inclusive communications</p> <p>Partners attending appointments with partners: restrictions and rules linked to COVID-19.</p> <p>Consider where a 'partner/spouse' is carrying out the function of a carer and needs to be included in consultations.</p>	
Pregnancy and Maternity	<p>Travel; risks of COVID-19 in public transport/ and social distancing with 'one metre plus' messaging and compliance.</p> <p>Concerns regarding safe environment regards COVID-19/ social distancing and PPE at appointments.</p> <p>Information on COVID-19 safety protocols and pregnancy.</p>	
Race	<p>BAME statistically report receiving a lesser service from NHS.</p> <p>BAME statistically more susceptible to COVID-19.</p> <p>Access to interpreter provision.</p> <p>Literacy e.g. Gypsy and Romania Travellers.</p> <p>Medical conditions prevalent in ethnic minorities: resources adequate to meet need.</p> <p>Where diseases/cancer more aggressive/virulent in BAME people, services need to address early intervention</p> <p>Information on accessing services.</p>	
Religion or Belief	<p>A person's religion may impact treatment options and how they access services.</p> <p>Proposed changes to service may impact on organisation's ability to adapt care plans to meet religious needs.</p>	

	<i>Inclusive communications.</i>	
Sex (M/F)	<p><i>Access to service; sex criterion</i></p> <p><i>Reluctance to adhering to face covering requirements and social distancing.</i></p>	
Sexual Orientation	<p><i>Inclusive communications to support access to service and positive patient experience.</i></p> <p><i>Prevalence: Medical conditions prevalent in LGBTQ+, resources adequate to meet need.</i></p>	
Other – Socioeconomic Factors impacting on inclusion and ‘did not attend’ performance	<p><i>Access to transport / public transport and social distancing (One metre plus rule)</i></p> <p><i>Homelessness and ‘couch surfing’ – follow up appointments/ shifting addresses</i></p> <p><i>Evictions (layoff and redundancies linked to COVID-19 pandemic) – correspondence not finding right person/ people falling through the ‘welfare net’ and missing notifications & appointments.</i></p> <p><i>Access to technology/ digital platforms/ social media etc.</i></p> <p><i>Prisoners/Young offenders’ appointments – COVID-19 protocols</i></p> <p><i>Veterans and appointments: covid-19 protocols</i></p> <p><i>Substance abuse: missing appointments/lack of covid-19 protocols/social distancing at appointments if under the influence of a substance</i></p> <p><i>Consider local Public Health Profiles:</i> https://fingertips.phe.org.uk/profile/health-profiles/area-search-results/E12000002?search_type=list-child-areas&place_name=North%20West</p>	

MEETING OF THE GOVERNING BODY November 2020

Agenda Item: GB20/151	Author of the Paper:	Clinical lead:						
Report date: November 2020	Niall Pemberton Business Continuity and EPRR Manager, Midlands and Lancashire CSU niall.pemberton@nhs.net	N/A						
Title:								
Emergency Preparedness Resilience and Response (EPRR) Annual Assurance and Winter Planning for 2020/21								
Summary/Key Issues:								
<p>The NHS England Core Standards for EPRR are the minimum requirements commissioners and providers of NHS funded services must meet. Commissioners and providers of NHS funded services must assure themselves against the core standards on an annual basis.</p> <p>However, this year (2020/21) NHSE/I recognises that the detailed and granular process of previous years would be excessive while the NHS prepares for a potential further wave(s) of COVID-19, as well as upcoming seasonal pressures and the operational demands of restoring services.</p> <p>The amended process for 2020/21 focusses only on three key areas only and are summarised as; assurance that any outstanding matters from the previous year's submission have been completed, plans are in place in respect of learning from COVID19 and that that learning is reflected in the CCGs winter plans.</p>								
Recommendation		<table border="1" style="float: right;"> <tr><td>Receive</td><td style="width: 20px; height: 20px;"></td></tr> <tr><td>Approve</td><td style="text-align: center;">x</td></tr> <tr><td>Ratify</td><td style="width: 20px; height: 20px;"></td></tr> </table>	Receive		Approve	x	Ratify	
Receive								
Approve	x							
Ratify								
<p>The Governing Body is asked to</p> <ul style="list-style-type: none"> Consider the report and to approve the CCG as being fully compliant in the three key areas 								

Links to Corporate Objectives 2020/21 (x those that apply)

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.

x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To ensure 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.

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				
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	



Emergency Preparedness Resilience and Response (EPRR) Annual Assurance and Winter Planning for 2020/21 20th October 2020

1. Introduction

The NHS England Core Standards for EPRR are the minimum requirements commissioners and providers of NHS funded services must meet. Commissioners and providers of NHS funded services must assure themselves against the core standards on an annual basis.

However, this year (2020/21) NHSE/I recognises that the detailed and granular process of previous years would be excessive while the NHS prepares for a potential further wave(s) of COVID-19, as well as upcoming seasonal pressures and the operational demands of restoring services.

The **amended** process for 2020/21 will therefore focus on **three** key areas only:

Three key areas of focus for 2020/21

1. **The updated assurance position of any organisations that were rated partially or non-compliant in 2019/20.**
2. **Assurance that all the relevant commissioners and providers of NHS-funded care have undertaken a thorough and systematic review of their response to the first wave of the COVID-19 pandemic, and a plan is in place to embed learning into practice.**
3. **Confirmation that any key learning identified as part of this process is actively informing wider winter preparedness activities for your system.**

This report seeks to provide information regarding how the CCG can meet the requirements outlined above.

It is intended to compliment additional returns from the CCG regarding their assurance position and progress against 2019 returns alongside assurance on the CCGs response and learning from COVID (key area 2).

Table 1 outlines the approach and timelines provided by NHSE/I

Table 1 – Summary of Proposed Timeline

Date	Activity Summary
31 October 2020	statements of assurance are made to regional EPRR teams by CCGs
31 December 2020	regional EPRR teams submit their statement of assurance to the national EPRR team
28 February 2021	national EPRR team to have completed conversations with regional teams

31 March 2021	national EPRR assurance reported to the NHS England and NHS Improvement Board and Department of Health and Social Care (DHSC)
---------------	---

2. Key Areas - Review of the Compliance Against Each Key Area

Key Area 1

The updated assurance position of any organisations that were rated partially or non-compliant in 2019/20.

Recommendation - Full Compliance to be reported to NHSE/I

The rationale for that recommendation is provided below.

For 2019/20 the CCG reported a level of “Substantial Compliance” as it was fully compliant with all of the required core standards with the exception of two standards which were partially compliant. The matrix of standards that was presented to and approved by the Governing Body in September 2019 is shown below.

Table 1

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	9	9	0	0
Command and control	2	1	1	0
Training and exercising	3	2	1	0
Response	5	5	0	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	9	0	0
CBRN	0	0	0	0
Total	43	41	2	0

There were only two standards out of the 43 core assurance standards areas that the CCG was partially compliant in. These are:

- Training and Exercising (1 area)
- Command and Control (1 area)

Table 2 below summarises the specific detail requirement of each of the 2 standards that were partially compliant. The detailed control documents are available in Appendix 2.

Table 2 – The Detail Requirement related to the 2 Partially Compliant Standards.

Domain	Detail Requirement	Evidence
Command and Control	<p>"On-call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf of the Chief Executive Officer / Clinical Commissioning Group Accountable Officer.</p> <p>The identified individual:</p> <ul style="list-style-type: none"> • Should be trained according to the NHS England EPRR competencies (National Occupational Standards) • Can determine whether a critical, major or business continuity incident has occurred • Has a specific process to adopt during the decision making • Is aware who should be consulted and informed during decision making • Should ensure appropriate records are maintained throughout." 	See Below
Training and Exercising	Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise participation	See below

Since the September 2019 submission, the CCG has evidenced progress sufficient to be able to now report full compliance. This is due to three key factors:

- The CCGs **response** to Covid19 and lessons learned from March 2020 – October 2020 activity.
- The **communications and awareness raising** in preparation for EU Exit and in response to Covid-19.
- The **response and exercises** that the CCGs have been exposed to with the advent of Covid-19 and EU Exit.

Input into the CCG preparedness and response is provided by Midlands and Lancashire Commissioning Support Unit (CSU) at Corporate Governance Support Group (CGSG) which services as an opportunity for progress reporting and challenge to the process. The CGSG met throughout 2019 and 2020. Additionally, the CCGs Incident Management Team have managed the response to Covid19 throughout March 2020 – October 2020 which has supported the CCG response capability.

The CGSG has highlighted a number of areas where the CCG has maintained 2019/20 compliance levels and progressed towards full compliance status for 2020/21. This includes:

- On call training for on-call managers
- Business Continuity Exercise and Testing – Exercise Zeus In February 2020 (focus on Severe Weather, Loss of Power and IT systems).
- Response to Major Incident- Major Incident Management Team set up for Covid19
- Training Needs Analysis undertaken as routine annual cycle and as part of Covid19 lessons learned.
- A CCG Incident Centre set up due to Covid-19

- A system wide lessons learned questionnaire commissioned by the CCG and reported to Governing Body. Included in the Appendices below.
- Participation and completion of a 6 week exercise in Exercise Coronet (NHSE/I Covid Exercise in April 2020)
- Full attendance at Exercise Else II – Resilience Planning Workshop (MLCSU input)
- Full attendance across 2019/20 to the Local Health Resilience Partnership Strategic and Practitioner Board facilitated by NHSE/I EPRR Teams. (attended by MLCSU)
- MLCSU attendance at NCSC Pathfinder Exercises
- MLCSU attendance at LHRP Commissioning Sub Group meetings across 2020
- MLCSU attendance at EU exit briefings and exercises throughout Q4 2019.

Key Area 2

Assurance that all the relevant commissioners and providers of NHS-funded care have undertaken a thorough and systematic review of their response to the first wave of the COVID-19 pandemic, and a plan is in place to embed learning into practice.

Recommendation - Full Compliance to be reported to NHSE/I

The rationale for that recommendation is detailed below.

- Appendix 1a shows the returns received from the main providers. The onus is on the CCG to be assured that providers have undertaken such a review. This can be evidenced in the returns attached.
- Liverpool University Foundation Hospitals NHS Trust have returned a note of full compliance for the period, having previously had 4 areas of noncompliance.
- NHSE/I have asked that each provider returns a template. These are shown in the appended information.
- The CCG's Sounding Board (internal staff engagement forum) have undertaken a survey of lessons learned and staff feedback related to Covid-19
- Appendix 1b shows the report developed by the CCGs and the findings of the report
- The content of the returns demonstrate and that the CCG have undertaken a thorough and systematic review as highlighted in Key Area 2 above.
- The information has been presented to the CCG Interim Programme Lead – Corporate Services who is aware of the key findings from this review when they are working with Provider colleagues to manage Phase 3 and implement the Winter Plan.
- It is to be noted that some of the key actions Providers will undertake and to follow up with the Trust on and/or seek to share good practice.
- The Providers will make their own submission to the core standards and **evaluation of the standards they meet is by NHSE/I not the CCG.**

Key Area 3

Confirmation that any key learning identified as part of this process is actively informing wider winter preparedness activities for your system.

Recommendation - Full Compliance

The rationale for that recommendation is provided below.

- The CCGs have produced a Winter Plan 2020/21 alongside Local Authority and NHS partners.

- Within the winter plan the CCGs have reviewed all Covid-19 services. Learning from what has worked well has been incorporated into the CCGs Winter Plan alongside learning to improve patient flow and discharge across the system (included in Appendix 3).

3. Recommendations

The Governing Body is asked to consider the report and asked to approve Southport and Formby CCG as fully compliant in the three key areas.

APPENDICES

Appendix 1a – File Links to the Completed Provider Templates



EPRR Core Assurance
2020 LUH - SSCCG R



SO EPRR assurance
2020.pdf

Appendix 1b – File Links to the CCG COVID19 Review



Sounding Board C-19
Staff Survey Results S

Appendix 2 – File Links to the Detailed 2019-20 Core Assurance Framework returns



SSSFCCG.xlsb

Appendix 3 – File Link to the CCG Winter Plan



SO System Winter
Plan V11.pdf

EPRR Assurance 2020 – Cheshire and Mersey

Liverpool University Hospitals NHS Foundation Trust

<p>Compliance 2109 Progress made 2020 on partially compliant areas identified last year. (Return N/A if fully compliant)</p>	<p>Aintree University Hospital Site</p> <p>Fully Compliant (N/A)</p> <p>Royal Liverpool and Broadgreen Hospital Sites</p> <p>Core Standard 17 - Mass Countermeasures</p> <p><i>September 2019 – “Due to recent acquisition of small community based services, the Trust is currently assessing its capability against guidance available. Upon completion, risk will be assessed planning will commence.”</i></p> <p>Outcome – Small teams of community nurses facilitate care at hospital satellite premises and home-based services for patient groups including patients who would be prioritised for vaccination. A small team of community nurses is currently trained in immunisation and vaccination and the Trust has access to GP records for the cohort of patients via Trust systems. In order for the Trust to support regional community vaccination schemes, contemporaneous vaccination training for a wider group of community nurses could be reviewed/implemented in conjunction with a review of relevant satellite premises and emergency equipment.”</p> <p>Core Standard 23 - Excess Deaths Planning</p> <p><i>September 2019 – “Multi agency partners continue to develop planning arrangements in response to changes in national guidance and real estate. LRF Plan in place but under review. Regional plan may impact on trust arrangements (RLH site).”</i></p> <p>Outcome - All allocated Trust actions in relation to above have been completed.</p> <p>Core Standard 40 - Strategic LHRP Representation</p> <p><i>September 2019 – “Trust to be represented by Accountable Emergency Officer, or an appropriate director, at Local Health Resilience Partnership (LHRP) Meetings with required attendance levels met (75%).”</i></p> <p>Outcome - Director of Performance & Resilience designated to represent the Trust from January 2020. LHRP Strategic Meetings cancelled for 2020 due to Covid 19.</p>
---	--

	<p>Core Standard 61 - PRPS</p> <p><i>September 2019 – “16 PRPS Suits in place. 8 x Gen.1 suits and 8 x Gen.2 suits. This is a reduction of stock held. NHSE have agreed this. Partial grading due to official guidance from NHSE being stock of 24 suits.”</i></p> <p>Outcome – DHSC national PRPS replacement scheme rolled out across acute Trust sites. PRPS for AUH and RLH acute sites reviewed July 2020. Adequate stocks held on acute sites. PRPS mutual aid scheme in place with participating Trusts (developed by AUH and recently managed by NHSE/ I Cheshire & Merseyside).</p>
<p>Mid Term Covid Review Date of debrief / Review Key Lesson</p>	<p>The Trust conducted a Covid 19 mid-term review 17 June 2020.</p> <p>The debrief was attended by cross-specialty senior leaders with discussion facilitated by a presentation including examples of best practice and issues for improvement. These were identified from outcomes of a staff questionnaire.</p> <p>A Debrief Report including recommendations was presented to Board by the Emergency Accountable Officer on 24th June 2020.</p>
<p>Process for embedding the learning from the review Include changes to procedures and communications</p>	<p>The extended period of incident response facilitated opportunity to promptly implement learning within the Phase One response.</p> <p>Further examples of good practice and lessons learned including debrief recommendations to be implemented within the Trust response to subsequent Covid 19 phases.</p> <p>Governance procedures for embedding changes includes discussion / decision at multi-disciplinary director led Covid 19 TCG and associated clinical and corporate fora, with escalation of issues for decision and papers submitted to Executive Oversight Group as required.</p> <p>Changes in practice detailed in Trust wide Covid 19 communications messages with supporting documents uploaded to a central hub.</p> <p>Changes in practice at Ward and department level supported by information and advice from relevant teams including Senior Nursing, Patient Flow, IPC and Procurement Teams.</p> <p>The above is further supported by the post-merger review and reconfiguration of divisional structures ensuring delivery of integrated multi-site services and service changes, and in addition the emergency plans integration programme including Winter Planning arrangements.</p>

<p>Winter Plans Areas from review that have influenced Winter planning</p>	<p>The introduction of the daily CoFlow Ward Plan to clarify ward colour coding evaluated as essential good practice following the Phase One response. This has been embedded within the Phase Three response and is viewed as critical to Winter Planning during Covid 19 activity.</p> <p>A further recommendation related to developing a pre-planned route for capacity escalation. This has been implemented taking a short term rather than long term approach in order to provide flexibility in responsiveness to rapidly changing occupancy and capacity status.</p> <p>A recommendation for development of a dashboard / data set to support the above is currently under development.</p> <p>Within the Covid Debrief it was acknowledged that the Trust maintained adequate critical care capacity throughout the Phase One response. This remains a priority action within the Phase Three response and is referenced as a key action within the Trust Winter Plan.</p> <p>It was recommended that corporate nursing and divisional teams explore ways to continue to support the upskilling achieved via inter-departmental redeployment during the Covid 19 Phase One response. This training remains current and ongoing for Covid Phase Three and Winter 2020/21.</p> <p>The level of PPE training and promotion of IPC information and advice including FFP3 fit testing will support the Trust response to instances of Covid 19 and other infectious diseases during the Winter season.</p> <p>The Trust will be delivering seasonal influenza measures including vaccination programme.</p>
---	--

Trust: Liverpool University Hospitals NHS Foundation Trust

Signed AEO: 

Date: 15/10/2020



<p>Compliance 2109 Progress made 2020 on partially compliant areas identified last year. (Return N/A if fully compliant)</p>	<p>N/A as our Statement of compliance level was rated as SUBSTANTIAL compliance.</p>
<p>Mid Term Covid Review Date of debrief / Review Key Lessons</p>	<ul style="list-style-type: none"> • Phase 1 presentation to Trust Board by Chief Operating Officer on 3 June 2020 • Debrief sessions held with Trust Staff covering clinical and non-clinical on both sites in May and June 2020 • Debrief presentation by Silver Commander to Gold Command on 9 June 2020
<p>Process for embedding the learning from the review Include changes to procedures and communications</p>	<ul style="list-style-type: none"> • Business with Covid – Programme Board established to oversee lessons learned and ensure oversight following the initial disbanding of Gold & Silver Command • Continuation of Clinical Reference Group (CRG) ensuring clinical risks and decisions understood with clinical directors responsible in developing safe and effective actions to mitigate. • Continued use of ‘Boydell’ patient oxygen dashboard which now includes details of swabbing status, patient moves etc to facilitate patient flow. • Staff communications / Trust News – weekly and Covid specific bulletins in place to keep staff informed of any changes in status. • Trust didn’t experience any significant issues with procurement or PPE and could offer mutual aid <p>Lessons learned and good practice from Phase 1 include</p> <ul style="list-style-type: none"> • Same Day Emergency Care (SDEC) up and running from 19 October 2020 • The Emergency Floor footprint has been extended with Minor Injuries, DVT and the Ambulatory Service relocating into this area to support a greater ‘pull’ approach from ED and opportunities to offer mutual aid. • In addition, there are 2 separate Clinical Decisions Units that have been designed (5 spaces in Red CDU and 6 spaces in Amber CDU) to support patient flow from ED. • COVID Surge Plan reviewed and updated • Quality Impact Assessments (QIAs) have been completed and reviewed from Phase 1 • Risk Assessments are continually under review

	<ul style="list-style-type: none"> Reviewed patient communication with family / relative / carers
<p>Winter Plans Areas from review that have influenced Winter planning</p>	<ul style="list-style-type: none"> The Trust Patient Flow and Escalation policy has been refreshed, all actions and escalation levels are detailed to support surge and effective de-escalation of the ED. There is now a daily system partners meeting to review patients identified as coming to the end of their hospital stay to support safe discharge. Temporary closure of Childrens ED in Ormskirk - Extended opening times for 2 hours from 10pm to midnight we are able to see approximately 50% of the patients affected by the current service changes Continued monitoring of staff redeployment plan, continued focus to review both nursing and medics recruitment and retention plans Continued monitoring of PPE compliance, donning and doffing training and staff fit testing Staff flu vaccination plan commenced in September 2020

Name of Trust

Southport and Ormskirk Hospital NHS Trust

Signed AEO



Date

27.10.20

Sounding Board

Staff Survey – COVID-19

Summary

October 2020



Staying **local & together**
together with you

- The Sounding Board Staff Survey – COVID-19 was additional to the annual national staff survey.
- The COVID pandemic resulted in staff changing their working routines and locations rapidly in March 2020
- The aim of the survey was to gain an insight into how everyone was coping with the new working practices and how the CCG could support them both professionally and with any health and wellbeing issues. The majority of staff are working from home for the foreseeable future.
- Next Steps: The results of the survey are being discussed with the Task and Finish group and Debbie Fairclough. The key points will be considered for inclusion in future plans for the CCG.
- The Sounding Board Staff Survey – COVID-19 will be made available when finalised.



General Comments

The members of the CCG have coped really well with the rapid change to working practices from March 2020 and managed to adapt to working in their new environment effectively.

- **Working Week.** A flexible working week (home/office) would appear to be preferable going forward, when the COVID regulations and guidelines are changed.
- **Home based working:** The IT equipment should be of a good consistent standard for all staff (laptop/screen). A survey of equipment will take place to see what staff have in place already. This is also an opportunity to consider additional items for purchase through a grants scheme.
- Additional items of equipment (chairs/tables) that are more suitable to an office environment and that will support staff working at home needs additional investigation.



- Additional costs to working at home requires clarity around what can be claimed back.
- **IT support** has been effective and needs to be maintained.
- **Office location:** If we are to move to new offices our staff have questions around issues such as car parking, parking costs and also how this will work going forward.
- **Meetings.** The teams have adapted to the use of virtual conferences and meetings. One concern is that we are having back to back meetings so need to people to have a break to reflect on the discussions, etc. it's been suggested that we build in a break of 15 mins between meetings.
- **Communications.** Each of the teams has utilised Teams, Skype, Zoom etc. to keep in touch with each other on a regular basis. The weekly Staff Bulletin has been a great support for everyone during COVID.



- **Support.** To support the health and wellbeing of staff it's important that people don't feel isolated and if they have issues they have the confidence and support of colleagues and line managers to approach them to discuss.



Please select type of organisation:

Clinical Commissioning Group

Publishing Approval Reference: 000719

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	9	9	0	0
Command and control	2	1	1	0
Training and exercising	3	2	1	0
Response	5	5	0	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	9	0	0
CBRN	0	0	0	0
Total	43	41	2	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Severe Weather response	14	14	0	0
Long Term adaptation planning	5	3	2	0
Total	19	17	2	0

Overall assessment:	Substantially compliant
----------------------------	-------------------------

Instructions:

- Step 1: Select the type of organisation from the drop-down at the top of this page
- Step 2: Complete the Self-Assessment RAG in the 'EPRR Core Standards' tab
- Step 3: Complete the Self-Assessment RAG in the 'Deep dive' tab
- Step 4: Ambulance providers only: Complete the Self-Assessment in the 'Interoperable capabilities' tab
- Step 5: Click the 'Produce Action Plan' button below

Ref	Domain	Standard	Detail	Clinical Commissioning Group	Evidence - examples listed below
1	Governance	Senior Leadership	<p>The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio.</p> <p>A non-executive board member, or suitable alternative, should be identified to support them in this role.</p>	Y	<ul style="list-style-type: none"> Name and role of appointed individual
2	Governance	EPRR Policy Statement	<p>The organisation has an overarching EPRR policy statement.</p> <p>This should take into account the organisation's:</p> <ul style="list-style-type: none"> Business objectives and processes Key suppliers and contractual arrangements Risk assessment(s) Functions and / or organisation, structural and staff changes. <p>The policy should:</p> <ul style="list-style-type: none"> Have a review schedule and version control Use unambiguous terminology Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested Include references to other sources of information and supporting documentation. 	Y	<p>Evidence of an up to date EPRR policy statement that includes:</p> <ul style="list-style-type: none"> Resourcing commitment Access to funds Commitment to Emergency Planning, Business Continuity, Training, Exercising etc.
3	Governance	EPRR board reports	<p>The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually.</p> <p>These reports should be taken to a public board, and as a minimum, include an overview on:</p> <ul style="list-style-type: none"> training and exercises undertaken by the organisation summary of any business continuity, critical incidents and major incidents experienced by the organisation lessons identified from incidents and exercises the organisation's compliance position in relation to the latest NHS England EPRR assurance process. 	Y	<ul style="list-style-type: none"> Public Board meeting minutes Evidence of presenting the results of the annual EPRR assurance process to the Public Board
4	Governance	EPRR work programme	<p>The organisation has an annual EPRR work programme, informed by:</p> <ul style="list-style-type: none"> lessons identified from incidents and exercises identified risks outcomes of any assurance and audit processes. 	Y	<ul style="list-style-type: none"> Process explicitly described within the EPRR policy statement Annual work plan

5	Governance	EPRR Resource	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties.	Y	<ul style="list-style-type: none"> EPRR Policy identifies resources required to fulfill EPRR function; policy has been signed off by the organisation's Board Assessment of role / resources Role description of EPRR Staff Organisation structure chart Internal Governance process chart including EPRR group Process explicitly described within the EPRR policy statement
6	Governance	Continuous improvement process	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements.	Y	
7	Duty to risk assess	Risk assessment	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers.	Y	<ul style="list-style-type: none"> Evidence that EPRR risks are regularly considered and recorded Evidence that EPRR risks are represented and recorded on the organisations corporate risk register
8	Duty to risk assess	Risk Management	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	Y	<ul style="list-style-type: none"> EPRR risks are considered in the organisation's risk management policy Reference to EPRR risk management in the organisation's EPRR policy document
9	Duty to maintain plans	Collaborative planning	Plans have been developed in collaboration with partners and service providers to ensure the whole patient pathway is considered.	Y	Partners consulted with as part of the planning process are demonstrable in planning arrangements
11	Duty to maintain plans	Critical incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as defined within the EPRR Framework).	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> current in line with current national guidance in line with risk assessment tested regularly signed off by the appropriate mechanism shared appropriately with those required to use them outline any equipment requirements outline any staff training required
12	Duty to maintain plans	Major incident	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as defined within the EPRR Framework).	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> current in line with current national guidance in line with risk assessment tested regularly signed off by the appropriate mechanism shared appropriately with those required to use them outline any equipment requirements outline any staff training required
13	Duty to maintain plans	Heatwave	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heatwave on the population the organisation serves and its staff.	Y	<p>Arrangements should be:</p> <ul style="list-style-type: none"> current in line with current national guidance in line with risk assessment tested regularly signed off by the appropriate mechanism shared appropriately with those required to use them outline any equipment requirements outline any staff training required

14	Duty to maintain plans	Cold weather	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves.	Y	Arrangements should be: <ul style="list-style-type: none"> • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
15	Duty to maintain plans	Pandemic influenza	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to pandemic influenza.	Y	Arrangements should be: <ul style="list-style-type: none"> • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
16	Duty to maintain plans	Infectious disease	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases such as Viral Haemorrhagic Fever. These arrangements should be made in conjunction with Infection Control teams; including supply of adequate FFP3 and PPE trained individuals commensurate with the organisational risk.	Y	Arrangements should be: <ul style="list-style-type: none"> • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
18	Duty to maintain plans	Mass Casualty	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed).	Y	Arrangements should be: <ul style="list-style-type: none"> • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
20	Duty to maintain plans	Shelter and evacuation	In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary.	Y	Arrangements should be: <ul style="list-style-type: none"> • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required
24	Command and control	On-call mechanism	A resilient and dedicated EPRR on-call mechanism is in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. This should provide the facility to respond to or escalate notifications to an executive level.	Y	<ul style="list-style-type: none"> • Process explicitly described within the EPRR policy statement • On call Standards and expectations are set out • Include 24 hour arrangements for alerting managers and other key staff.

25	Command and control	Trained on-call staff	<p>On-call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf of the Chief Executive Officer / Clinical Commissioning Group Accountable Officer.</p> <p>The identified individual:</p> <ul style="list-style-type: none"> • Should be trained according to the NHS England EPRR competencies (National Occupational Standards) • Can determine whether a critical, major or business continuity incident has occurred • Has a specific process to adopt during the decision making • Is aware who should be consulted and informed during decision making • Should ensure appropriate records are maintained throughout. 	Y	<ul style="list-style-type: none"> • Process explicitly described within the EPRR policy statement
26	Training and exercising	EPRR Training	<p>The organisation carries out training in line with a training needs analysis to ensure staff are competent in their role; training records are kept to demonstrate this.</p>	Y	<ul style="list-style-type: none"> • Process explicitly described within the EPRR policy statement • Evidence of a training needs analysis • Training records for all staff on call and those performing a role within the ICC • Training materials • Evidence of personal training and exercising portfolios for key staff
27	Training and exercising	EPRR exercising and testing programme	<p>The organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements.</p> <p>Organisations should meet the following exercising and testing requirements:</p> <ul style="list-style-type: none"> • a six-monthly communications test • annual table top exercise • live exercise at least once every three years • command post exercise every three years. <p>The exercising programme must:</p> <ul style="list-style-type: none"> • identify exercises relevant to local risks • meet the needs of the organisation type and stakeholders • ensure warning and informing arrangements are effective. <p>Lessons identified must be captured, recorded and acted upon as part of continuous improvement.</p>	Y	<ul style="list-style-type: none"> • Exercising Schedule • Evidence of post exercise reports and embedding learning
28	Training and exercising	Strategic and tactical responder training	<p>Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise participation</p>	Y	<ul style="list-style-type: none"> • Training records • Evidence of personal training and exercising portfolios for key staff
30	Response	Incident Co-ordination Centre (ICC)	<p>The organisation has a preidentified Incident Co-ordination Centre (ICC) and alternative fall-back location(s).</p> <p>Both locations should be annually tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.</p>	Y	<ul style="list-style-type: none"> • Documented processes for establishing an ICC • Maps and diagrams • A testing schedule • A training schedule • Pre identified roles and responsibilities, with action cards • Demonstration ICC location is resilient to loss of utilities, including telecommunications, and external hazards
31	Response	Access to planning arrangements	<p>Version controlled, hard copies of all response arrangements are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.</p>	Y	<p>Planning arrangements are easily accessible - both electronically and hard copies</p>

32	Response	Management of business continuity incidents	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).	Y	<ul style="list-style-type: none"> • Business Continuity Response plans
33	Response	Loggist	The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents. Key response staff are aware of the need for keeping their own personal records and logs to the required standards.	Y	<ul style="list-style-type: none"> • Documented processes for accessing and utilising loggists • Training records
34	Response	Situation Reports	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents.	Y	<ul style="list-style-type: none"> • Documented processes for completing, signing off and submitting SitReps • Evidence of testing and exercising
37	Warning and informing	Communication with partners and stakeholders	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.	Y	<ul style="list-style-type: none"> • Have emergency communications response arrangements in place • Social Media Policy specifying advice to staff on appropriate use of personal social media accounts whilst the organisation is in incident response • Using lessons identified from previous major incidents to inform the development of future incident response communications • Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes • Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work
38	Warning and informing	Warning and informing	The organisation has processes for warning and informing the public (patients, visitors and wider population) and staff during major incidents, critical incidents or business continuity incidents.	Y	<ul style="list-style-type: none"> • Have emergency communications response arrangements in place • Be able to demonstrate consideration of target audience when publishing materials (including staff, public and other agencies) • Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which compliments the response of responders • Using lessons identified from previous major incidents to inform the development of future incident response communications • Setting up protocols with the media for warning and informing
39	Warning and informing	Media strategy	The organisation has a media strategy to enable rapid and structured communication with the public (patients, visitors and wider population) and staff. This includes identification of and access to a trained media spokespeople able to represent the organisation to the media at all times.	Y	<ul style="list-style-type: none"> • Have emergency communications response arrangements in place • Using lessons identified from previous major incidents to inform the development of future incident response communications • Setting up protocols with the media for warning and informing • Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespeople and 'talking heads'
40	Cooperation	LRHP attendance	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75% annually) Local Health Resilience Partnership (LHRP) meetings.	Y	<ul style="list-style-type: none"> • Minutes of meetings

41	Cooperation	LRF / BRF attendance	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.	Y	<ul style="list-style-type: none"> Minutes of meetings Governance agreement if the organisation is represented
42	Cooperation	Mutual aid arrangements	<p>The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies.</p> <p>These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England.</p>	Y	<ul style="list-style-type: none"> Detailed documentation on the process for requesting, receiving and managing mutual aid requests Signed mutual aid agreements where appropriate
46	Cooperation	Information sharing	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders, during major incidents, critical incidents or business continuity incidents.	Y	<ul style="list-style-type: none"> Documented and signed information sharing protocol Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation and the Civil Contingencies Act 2004 'duty to communicate with the public'.
47	Business Continuity	BC policy statement	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System (BCMS) in alignment to the ISO standard 22301.	Y	Demonstrable a statement of intent outlining that they will undertake BC - Policy Statement
48	Business Continuity	BCMS scope and objectives	The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented.	Y	<p>BCMS should detail:</p> <ul style="list-style-type: none"> Scope e.g. key products and services within the scope and exclusions from the scope Objectives of the system The requirement to undertake BC e.g. Statutory, Regulatory and contractual duties Specific roles within the BCMS including responsibilities, competencies and authorities. The risk management processes for the organisation i.e. how risk will be assessed and documented (e.g. Risk Register), the acceptable level of risk and risk review and monitoring process Resource requirements Communications strategy with all staff to ensure they are aware of their roles Stakeholders
49	Business Continuity	Business Impact Assessment	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s).	Y	<p>Documented process on how BIA will be conducted, including:</p> <ul style="list-style-type: none"> the method to be used the frequency of review how the information will be used to inform planning how RA is used to support.
50	Business Continuity	Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Y	Statement of compliance
51	Business Continuity	Business Continuity Plans	<p>The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to:</p> <ul style="list-style-type: none"> people information and data premises suppliers and contractors IT and infrastructure <p>These plans will be reviewed regularly (at a minimum annually), or following organisational change, or incidents and exercises.</p>	Y	<ul style="list-style-type: none"> Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation

52	Business Continuity	BCMS monitoring and evaluation	The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	Y	<ul style="list-style-type: none"> • EPRR policy document or stand alone Business continuity policy • Board papers
53	Business Continuity	BC audit	The organisation has a process for internal audit, and outcomes are included in the report to the board.	Y	<ul style="list-style-type: none"> • EPRR policy document or stand alone Business continuity policy • Board papers • Audit reports
54	Business Continuity	BCMS continuous improvement process	There is a process in place to assess the effectiveness of the BCMS and take corrective action to ensure continual improvement to the BCMS.	Y	<ul style="list-style-type: none"> • EPRR policy document or stand alone Business continuity policy • Board papers • Action plans
55	Business Continuity	Assurance of commissioned providers / suppliers BCPs	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements work with their own.	Y	<ul style="list-style-type: none"> • EPRR policy document or stand alone Business continuity policy • Provider/supplier assurance framework • Provider/supplier business continuity arrangements

Ref	Domain	Standard	Detail	Clinical Commissioning Group	Evidence - examples listed below	Organisational Evidence	Self assessment RAG Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. Green (fully compliant) = Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments
Deep Dive - Severe Weather											
Domain: Severe Weather Response											
1	Severe Weather response	Overheating	The organisation's heatwave plan allows for the identification and monitoring of inpatient and staff areas that overheat (For community and MH inpatient area may include patients own home, or nursing/care home facility)	Y	The monitoring processes is explicitly identified in the organisational heatwave plan. This includes staff areas as well as inpatient areas. This process clearly identifies relevant temperature triggers and subsequent actions.	EPRR Plan outlines triggers from PHE national Heatwave Plan and actions for CCG in event of overheating.	Fully compliant				
2	Severe Weather response	Overheating	The organisation has contingency arrangements in place to reduce temperatures (for example MOUs or SLAs for cooling units) and provide welfare support to inpatients and staff in high risk areas (For community and MH inpatient area may include patients own home, or nursing/care home facility)	Y	Arrangements are in place to ensure that areas that have been identified as overheating can be cooled to within reasonable temperature ranges, this may include use of cooling units or other methods identified in national heatwave plan.	EPRR Plan outlines triggers from PHE national Heatwave Plan and actions for CCG in event of overheating. Buildings are well ventilated and fans available	Fully compliant				
3	Severe Weather response	Staffing	The organisation has plans to ensure staff can attend work during a period of severe weather (snow, flooding or heatwave), and has suitable arrangements should transport fail and staff need to remain on sites. (Includes provision of 4x4 where needed)	Y	The organisations arrangements outline: - What staff should do if they cannot attend work - Arrangements to maintain services, including how staff may be brought to site during disruption - Arrangements for placing staff into accommodation should they be unable to return home	staff have remote working and VPN capability.	Fully compliant				
4	Severe Weather response	Service provision	Organisations providing services in the community have arrangements to allow for case loads to be clinically prioritised and alternative support delivered during periods of severe weather disruption. (This includes midwifery in the community, mental health services, district nursing etc)		The organisations arrangements identify how staff will prioritise patients during periods of severe weather, and alternative delivery methods to ensure continued patient care						
5	Severe Weather response	Discharge	The organisation has policies or processes in place to ensure that any vulnerable patients (including community, mental health, and maternity services) are discharged to a warm home or are referred to a local single point-of-contact health and housing referral system if appropriate, in line with the NICE Guidelines on Excess Winter Deaths.	Y	The organisations arrangements include how to deal with discharges or transfers of care into non health settings. Organisation can demonstrate information sharing regarding vulnerability to cold or heat with other supporting agencies at discharge	Contained within CCG Severe Weather Plan.	Fully compliant				
6	Severe Weather response	Access	The organisation has arrangements in place to ensure site access is maintained during periods of snow or cold weather, including gritting and clearance plans activated by predefined triggers	Y	The organisation arrangements have a clear trigger for the pre-emptive placement of grit on key roadways and pavements within the organisations boundaries. When snow / ice occurs there are clear triggers and actions to clear priority roadways and pavements. Arrangements may include the use of a third party gritting or snow clearance service.	Managed by estates provider for CCG buildings.	Fully compliant				
7	Severe Weather response	Assessment	The organisation has arrangements to assess the impact of National Severe Weather Warnings (including Met Office Cold and Heatwave Alerts, Daily Air Quality Index and Flood Forecasting Centre alerts) and takes predefined action to mitigate the impact of these where necessary	Y	The organisations arrangements are clear in how it will assesses all weather warnings. These arrangements should identify the role(s) responsible for undertaking these assessments and the predefined triggers and action as a result.	staff receive and have access to weather warnings. CSU circulates severe weather warnings to on call group.	Fully compliant				
8	Severe Weather response	Flood prevention	The organisation has planned preventative maintenance programmes are in place to ensure that on site drainage is clear to reduce flooding risk from surface water, this programme takes into account seasonal variations.	Y	The organisation has clearly demonstratable Planned Preventative Maintenance programmes for its assets. Where third party owns the drainage system there is a clear mechanism to alert the responsible owner to ensure drainage is cleared and managed in a timely manner	Building managed by Management company Regency Property Asset Management who take responsibility for management of the site at Merton House & Curzon Road managed by NHS property services. CCG occupies 1st Floor and 3rd floor locations in the building. Flood risk locations incite low risk for the buildings (June 2019)	Fully compliant				
9	Severe Weather response	Flood response	The organisation is aware of, and where applicable contributed to, the Local Resilience Forum Multi Agency Flood Plan. The organisation understands its role in this plan.	Y	The organisation has reference to its role and responsibilities in the Multi Agency Flood Plan in its arrangements. Key on-call/response staff are clear how to obtain a copy of the Multi Agency Flood Plan	CCG have access through CSU and LRF planning via Resilience Direct	Fully compliant				

10	Severe Weather response	Warning and inform	The organisation's communications arrangements include working with the LRF and multi-agency partners to warn and inform, before and during, periods of Severe Weather, including the use of any national messaging for Heat and Cold.	Y	The organisation has within its arrangements documented roles for its communications teams in the event of Severe Weather alerts and or response. This includes the ability for the organisation to issue appropriate messaging 24/7. Communications plans are clear in what the organisations will issue in terms of severe weather and when.	Heatwave and Cold weather information included on the CCG website and social media. Communication in emergency action plan outlines process for messaging and distribution of messages.	Fully compliant				
11	Severe Weather response	Flood response	The organisation has plans in place for any preidentified areas of their site(s) at risk of flooding. These plans include response to flooding and evacuation as required.	Y	The organisation has evidence that it regularly risk assesses its sites against flood risk (pluvial, fluvial and coastal flooding). It has clear site specific arrangements for flood response, for known key high risk areas. On-site flood plans are in place for at risk areas of the organisations site(s).	BC plan details process for Loss of Premises. Buildings not listed as flood risk - July 2019, checked by CSU.	Fully compliant				
12	Severe Weather response	Risk assess	The organisation has identified which severe weather events are likely to impact on its patients, services and staff, and takes account of these in emergency plans and business continuity arrangements.	Y	The organisation has documented the severe weather risks on its risk register, and has appropriate plans to address these.	EPRR Risks included in organisation risk management and BC plans and EPRR plan cover severe weather.	Fully compliant				
13	Severe Weather response	Supply chain	The organisation is assured that its suppliers can maintain services during periods of severe weather, and periods of disruption caused by these.	Y	The organisation has a documented process of seeking risk based assurance from suppliers that services can be maintained during extreme weather events. Where these services can't be maintained the organisation has alternative documented mitigating arrangements in place.	Supply chain considered and reviewed as part of EU exit activities.	Fully compliant				
14	Severe Weather response	Exercising	The organisation has exercised its arrangements (against a reasonable worst case scenario), or used them in an actual severe weather incident response, and they were effective in managing the risks they were exposed to. From these event lessons were identified and have been incorporated into revised arrangements.	Y	The organisation can demonstrate that its arrangements have been tested in the past 12 months and learning has resulted in changes to its response arrangements.	Exercise undertaken within the last 12 months.	Fully compliant				
15	Severe Weather response	ICT BC	The organisations ICT Services have been thoroughly exercised and equipment tested which allows for remote access and remote services are able to provide resilience in extreme weather e.g. are cooling systems sized appropriately to cope with heatwave conditions, is the data centre positioned away from areas of flood risk.	Y	The organisations arrangements includes the robust testing of access services and remote services to ensure the total number of concurrent users meets the number that may work remotely to maintain identified critical services	Imersey have reviewed and tested the VPN and remote working capability of staff within the CCG Jan 2019.	Fully compliant				
Domain: long term adaptation planning											
16	Long term adaptation planning	Risk assess	Are all relevant organisations risks highlighted in the Climate Change Risk Assessment are incorporated into the organisations risk register.	Y	Evidence that there is an entry in the organisations risk register detailing climate change risk and any mitigating actions	No	Partially compliant	Assess climate risk for the CCG and reflect information on risk register.	CCG AEO	end of 2019	
17	Long term adaptation planning	Overheating risk	The organisation has identified and recorded those parts of their buildings that regularly overheat (exceed 27 degrees Celsius) on their risk register. The register identifies the long term mitigation required to address this taking into account the sustainable development commitments in the long term plan. Such as avoiding mechanical cooling and use of cooling hierarchy.	Y	The organisation has records that identifies areas exceeding 27 degrees and risk register entries for these areas with action to reduce risk	Triggers identified within EPRR Plan with CCG specific actions and system pressures.	Partially compliant	Monitoring of building overheating in hot weather.	CCG AEO	Q2 2020	
18	Long term adaptation planning	Building adaptations	The organisation has in place an adaptation plan which includes necessary modifications to buildings and infrastructure to maintain normal business during extreme temperatures or other extreme weather events.	Y	The organisation has an adaptation plan that includes suggested building modifications or infrastructure changes in future	would be managed through impact assessments for buildings & new premises.	Fully compliant				
19	Long term adaptation planning	Flooding	The organisations adaptation plans include modifications to reduce their buildings and estates impact on the surrounding environment for example Sustainable Urban Drainage Systems to reduce flood risks.	Y	Areas are identified in the organisations adaptation plans that might benefit drainage surfaces, or evidence that new hard standing areas considered for SUDS	none identified	Fully compliant				
20	Long term adaptation planning	New build	The organisation considers for all its new facilities relevant adaptation requirements for long term climate change	Y	The organisation has relevant documentation that it is including adaptation plans for all new builds.	Impact assessment for new buildings would manage this	Fully compliant				

Overall assessment:										
Ref	Domain	Standard	Detail	Evidence - examples listed below	Organisation Evidence	Self assessment RAG Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. Green (fully compliant) = Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments



Southport & Ormskirk System Winter Plan 2020/21

24th August 2020

NHS Southport & Formby CCG, NHS West Lancashire CCG, Southport & Ormskirk Hospital NHS Trust, Lancashire & South Cumbria NHS Foundation Trust, Mersey Care NHS Foundation Trust, Virgin Care, Sefton Metropolitan Borough Council, Lancashire County Council working together.

24.08.20 Version 11.0

Contents

No.	Title	Page
1.	Sign off	3-4
2.	Executive Summary	5
3.	Introduction	6
4.	Evidence Base: 4a. Analytics 4b. Winter 2019/20 Lessons Learnt 4c. COVID-19 Lessons Learnt	7 7-9 10 11
5.	Escalation / Managing Demand & Expected Peaks in Activity	12
6.	Winter Initiatives 2019/20	13-15
7.	Performance Management	16
8.	Communicable Diseases & Outbreaks	17
9.	EU Brexit Assurance	18-19
10.	Communications Plan	20
11.	Risk Log and Mitigating Actions	21
	Appendices	22
	Appendix 1 - Cheshire and Mersey HCP System Assurance / KLOE Checklist	23-29
	Appendix 2 - Additional schemes implemented to support the winter plan	30

1. Sign off

Signatories	
Name: Fiona Taylor Chief Officer NHS Southport & Formby CCG	Signature: Date:
Name: Jackie Moran Director NHS West Lancashire CCG	Signature: Date:
Name: Trish Armstrong-Child Chief Executive Southport & Ormskirk Hospital NHS Trust	Signature: Date:
Name: Dr David Snow Chair of the S&O Local A&E Delivery Board Southport & Ormskirk System	Signature: Date:
Name: Deborah Butcher Director of Adult Social Services Sefton Metropolitan Borough Council	Signature: Date:
Name: Chris Cote Head of Service, Adult Social Care (Central Community, Promoting Independence and Support Services)	Signature: Date:

Lancashire County Council	
Name: Debbie Curran XXX Virgin Care	Signature: Date:
Name: XXX XXX Mersey Care NHS Foundation Trust	Signature: Date:
Name: Tracy Cookscowen Community and Wellbeing and Children and Young People Network Clinical Director Lancashire and South Cumbria NHS FT	Signature: Date:
Name: XXX XXX North West Ambulance Service	Signature: Date:

2. Executive Summary

The Winter Plan 2020/21 is the Southport & Ormskirk (S&O) system response to unplanned care over the winter period which builds upon the all year round plans in place. It has been developed in collaboration between the following system partners:

- Southport & Formby CCG (SFCCG);
- West Lancashire CCG (WLCCG);
- Southport & Ormskirk System
- Southport & Ormskirk Hospital NHS Trust (SOHT);
- Sefton Metropolitan Borough Council (SMBC);
- Lancashire County Council (LCC);
- Virgin Care (VC);
- Mersey Care NHS Foundation Trust (MCFT);
- Lancashire and South Cumbria NHS Foundation Trust (LSCFT)
- North West Ambulance Service (NWAS)

To develop the Winter Plan 2020/21 system partners used the following evidence base:

- Analytics including COVID-19;
- Winter 2019/20 lessons learnt review;
- Current strategies across the Cheshire & Mersey Health & Care Partnership / Lancashire Integrated Care System and Place based / Borough based strategies across both Southport & Formby and West Lancashire.

It is acknowledged that this plan will partially and not wholly mitigate the risks that exist in the local system. The methodology used to develop the plan has supported the system, as far as is practicably possible, to be proactive rather than reactive to the challenges that variation across the winter period can bring.

The plan focuses around 3 key objectives:

1. 20-30% reduction in A/E attendances
2. Zero corridor care, maintain <85% occupancy
3. Maintain same day discharge as early in the day as possible

3. Introduction

The Southport & Ormskirk (S&O) system believe the best place for its resident population to be cared for is within their own home when safe to do so but recognise that for some people this will not always be possible. Strategically the system objectives for the Winter Plan 2020/21 are to:

- Improve safety and reduce risk across the local system;
- Improve patient and staff experience;
- Support wider health and care system sustainability;
- Focus on the greatest area of volume and clinical risk.

The Winter Plan for 2020/21 is evidence based and its development has been informed by:

- **Winter Lessons Learnt from 2019/20** – this was undertaken through local discussion and collation of information from system leaders;
- **COVID-19 Lessons Learnt** – this was undertaken through local discussion and collation of information from system leaders;
- **Analytics** - provided by internal SFCCCG Business Intelligence Team using information from Aristotle.

This Winter Plan is a dynamic document and will partly mitigate but not wholly mitigate the risk to the system in 2020/21. Governance arrangements are in place to monitor the performance and impact of the plan at a Southport & Ormskirk system level and up to the North Mersey A&E Delivery Board.

Going forward for 2021/2022 the system intention is to continue to ensure that the plan is closely aligned strategically to contract mechanisms that are in place and the longer-term plan for sustainability of local services.

System Financial Position

There is a need to take into account the revised financial regime in place due to COVID-19 whilst acknowledging the local system is financially challenged.

Working with finance teams, a national financial return was required for 1 September 2020. This included estimates of costs for those priority schemes that require financial support. This is due to new budgetary arrangements being in place from 1 October 2020 and so at the time of the submission of this plan, financial allocations for the remainder of the year plus COVID support remains unconfirmed. CCGs are operating in an uncertain environment in order to enable them to make additional funding commitments for winter. At this stage given the circumstances the CCGs have no other option but to go at risk to fund schemes and initiatives contained within this plan. Funding has been put into the IBCF for work across our health and social care interface and as there is no additional allocation at this time, it is unlikely that Social Care will be able to provide further funding. Therefore this will remain under review by all parties in accordance with the emerging financial framework.

4. Evidence Base

Data for routine emergency admissions, ED attendances and 12-hour waits as well as COVID-19 data has been considered for modelling use to assist in the compilation of the winter plan. The priority schemes are being used within the Venn model that has quantified the potential impact.

4a. Analytics

The evidence of the extent, impact and timing of future COVID-19 waves is being considered. Modelling undertaken during the first COVID-19 peak is being used to provide more detailed modelling to track performance during the winter months. For planning purposes the historic levels of emergency admissions has been used with the need to escalate internal facilities and to increase the number of diversions from ED and the numbers of discharges.

A&E Attendances

The information below provides indicative average daily numbers of patients needing to be diverted from ED.

Month	2 Year Average	Daily Average	Daily Avg. at -20%	Daily Avg. at -30%	Assumed Daily Reduction (-20%)	Assumed Daily Reduction (-30%)
Oct	7,271	235	188	164	-47	-70
Nov	7,504	250	200	175	-50	-75
Dec	7,174	231	185	162	-46	-69
Jan	7,095	229	183	160	-46	-69
Feb	6,630	237	189	166	-47	-71
Winter period total	35,674	236	189	165	-47	-71

Emergency admissions information to include

The information below provides indicative average daily numbers of admissions which need to be diverted from admission

Month	2 Year Average	Daily Average	Daily Avg. at -20%	Daily Avg. at -30%	Assumed Daily Reduction (-20%)	Assumed Daily Reduction (-30%)
Oct	1,566	51	40	28	-10	-22
Nov	1,573	52	42	29	-10	-23
Dec	1,554	50	40	28	-10	-22
Jan	1,573	51	41	28	-10	-22
Feb	1,434	51	41	29	-10	-23
Winter period total	7,699	51	41	29	-10	-22

The figures below provide a snapshot of the ED pressures that will need to be mitigated with this plan.

Row Labels	Date	Sum of Number of patients 4-12hrs - Type 1 DTA to Admission	Sum of Number of patients 12hrs plus - Type 1 DTA to Admission
2019	Jun	415	5
	Jul	300	4
	Aug	255	0
	Sep	294	5
	Oct	513	26
	Nov	685	15
	Dec	675	22
2020	Jan	662	13
	Feb	611	9
	Mar	319	10
	Apr	56	0
	May	28	0
	Jun	38	1
	Jul	56	2

Although the local system recognises via the analytics the demand created by respiratory conditions during winter, other conditions are being targeted in order to improve bed availability. The acute Trust bed reconfiguration will enable the co-location of stroke and complex rehab patients. There will be an extension of the acute care unit by 6 x beds. There will also be 18 x additional side rooms create along with a Frailty Assessment Unit (seated and trolley facility). In addition, we have responded to the Cheshire and Merseyside application for funding for the current unfunded bed on Critical Care and the additional funding for the 4 beds released as part of the Coronary Care move off the Unit. This will give the Trust an additional 5 level 3 Beds without having to move across into the Theatre capacity.

Response times in the community to mitigate hospital admissions will be maintained at 2-hour response rates for community teams.

Non-Elective: Paediatric Admissions

Analytics from 2019/20 showed to expect a spike in October / November in paediatric admissions associated with respiratory. As part of Extended Access requirements for 2020/21 the number of appointments offered by the current provider needs to be increased. To ensure demand management, West Lancashire CCG will utilise these appointments for Children. The appointments are to be available at peak times, i.e. 4pm to 8pm in the evening to offer alternative provision to ED. The Appointments will be available via NHS 111. Clinical discussions are on-going at the time of the submission of this plan regarding the hours of operation of the Paediatric ED during the winter period.

Elective: Attendances & Admissions

Throughout the initial phase of COVID-19 S&OHT did not stop the elective programme for urgent cancer cases. This will be the same for any similar spikes or surges.

Phase 3 recovery of elective admissions assumes pre-COVID-19 levels of activity. This is planned to be in place by October working alongside Renacres. There will be reduced levels of routine elective admissions in the first half of January depending on the level of winter related activity impacted on bed capacity. The position will continue to be reviewed throughout January and February.

Discharges

This will support demand / capacity for initiatives relating to Home First, bed base and inform KPIs.

Current performance standards on Delayed Transfers of Care (DTOC) monthly reported delays were suspended from March 2020. There are no plans nationally to return to this reporting arrangement and instead NHS provider partners will continue to provide daily reporting through the Strategic Data Collection Service (SDCS) in the short term in order to identify the numbers of people leaving hospital, where they are discharged to and the reasons why some people remain in hospital.

The COVID-19 Hospital Discharge Requirement indicates:

Pathway 0 (has synergy to ICRAS Lane 1) 50% of discharges via this route;

Pathway 1 (has synergy to ICRAS Lane 2) 45% of discharges via this route;

Pathway 2 (has synergy to ICRAS Lane 3) 4% of discharges via this route;

Pathway 3 (has synergy to ICRAS Lane 4) 1% of discharges via this route;

(Not weighted but based upon a review of national evidence by Professor John Bolton).

The acute Trust has a rolling programme to support the implementation of 'Annex B' (Clinical reason to reside) since it was published in March 2020. Now the clinical reason to reside in an acute Trust features in 'Annex A' of the newly published directive on 21.08.20, work continues with ward teams to further embed this directive. The Head of Patient Flow has had a leadership role in promoting 'Annex B / Annex A' and has worked in partnership with the Clinical Directors on this. Daily Board Rounds take place and a weekly 'Grand Round' where at the opportunity is taken to check, chase and challenge decisions around the clinical reason to reside. All patients are triaged as 'red' or 'green' on admission and are allocated a bed accordingly (links to COVID management). Patients have their surveillance swab when a DTA is applied and this is repeated at 5 days and weekly until discharge. The Trust adheres to national guidance in relation to this and appropriate patients receive an exit swab 48hrs prior to discharge. The Discharge Policy is being updated to reflect the latest information from the centre.

Work is underway to consider how admission avoidance and integrated discharge teams can be co-ordinated in ED. This includes therapy staff, social workers, frailty team in a multi-disciplinary approach to admission intervention and timely discharge and led by a single organisation.

Local Authority partners across both Sefton and West Lancashire commission the voluntary sector to provide a 'Take Home & Settle Service' to support the local discharge process. The system has in place a process for contacting patients shortly after discharge which reflects the requirement in the COVID-19 Hospital Discharge Requirement.

4b Winter 2019/20 Lessons Learnt

The lessons learnt identified by system partners are illustrated below

What went well...	Would have been even better if...
<ul style="list-style-type: none"> • Commencement of Rapid Response by Sefton LA – facilitated weekend discharge and is now embedded; Built on placed-based care and Integrated Care Teams; Provides greater confidence for Winter 2020/21. • Commencement of Intermediate Care Strategy between Sefton LA and SFCCG. • Expansion of the community based Reablement offer in Sefton. • Fit for purpose initiatives. • Growing maturity of the system to understand demand / capacity analysis and data modelling. • Frailty practitioners in the acute Trust. • Home First. • ESD for Stroke in Southport & Formby. • Therapy recruitment within the acute trust. • Lancashire CATCH model admission avoidance. • Lancashire – alignment of the hospital and Reablement teams with the CATCH service to ensure a responsiveness and flexibility 7/7 • Lancashire – outbreak management and care home recovery service across the County to support the care home sector • Lancashire – establishment of the PPE procurement and delivery hub to support the care sector early in the pandemic • Lancashire – weekly care provider webinar alongside daily calls and sharing of all info and guidance on the provider portal • Lancashire – creation and maintaining of the Care Capacity Tracker containing critical information for ICPs, and which auto-uploads into NECS national tracker. • Joint work with care homes in Lancashire to increase confidence to keep people in their usual place of residence. 	<ul style="list-style-type: none"> • Could have used demand and capacity in a more distinct way. • Greater emphasis on demand management at the front door of ED and admission avoidance. • Greater emphasis on whole system flow. • Initiatives were more integrated in nature as opposed to silo. • Impact on services / workforce had been more fully understood in relation to some of the initiatives. • There had of been no corridor care or boarding. • Patients were proactively ‘pulled through the system’ rather than ‘pushed’. • Some vacancies within Lancs_ CC had been filled (these have been filled substantively).

4c. COVID-19 Lessons Learnt

The local system will continue with their lessons learnt from COVID-19. One particular lesson was that we have not fully utilised the additional community beds that were commissioned and some have been empty, this was partly due to the fact that patients and families do not want to utilise Care Homes due to the negative perception that existed and they prefer to go home where possible. Therefore, while we'll ensure there is a bed base for 6-week D2A patients and will also increase investment in Home First pathway. Lessons learnt from across the Care Home Sector have been considered and will be further supported through joint working across Health & Social Care utilising the cell structure that has been established.

Joint system working and situational awareness has allowed locality planning for surge and mitigation of issues. The West Lancashire Clinical Huddles will continue through winter at the PCN level.

- Attend Anywhere software in use and will continue.
- Telephone access to primary care services will continue.
- Enhanced discharge function which facilitates adherence to the two hour target.

5. Escalation / Managing Demand & Expected Peaks in Activity

The overall approach outlined within this plan, including the schemes and initiatives contained within, is one of reducing demand on hospital services as part of business as usual. By managing bed occupancy levels this allows some flexibility to meet peaks in hospital demand or if community based schemes are pressured.

The health and care system operates in a collective and responsive fashion and so additional activities are undertaken when the system is under pressure to meet peaks in demand. This is monitored daily with alerts advised to the system if there are any additional actions to be undertaken. System pressure is measured several times a day across the North Mersey footprint through the Escalation Management System (EMS) that Trusts and other delivery partners report via the Midlands & Lancashire CSU (MLCSU). The EMS status is then aggregated to provide an assessment of the North Mersey position against the NHSE Operational Pressure Escalation Level (OPEL) national escalation scale. In essence this allows system pressures to be monitored and escalation through agreed trigger criteria as pressure rises with the intention of agreed proactive action to avoid where possible severe or catastrophic pressure or escalation.

EMS had previously been adopted across Southport and a further review of escalation processes in readiness for winter 2019/20 identified some administrative issues that were preventing the community provider for the Southport & Formby CCG area being able to access EMS – this has now been resolved. EMS has now been rolled-out across Lancashire so during 2020/21 the S&O system will benefit from having EMS in use across its entire footprint that should further support local system escalation.

In addition to EMS, and as part of S&O system resilience, twice daily escalation calls have been diarised and will be utilised should they be required. The afternoon call is intended to be a ‘step-up’ call with system Directors should the need arise.

The C&M capacity tracker will be utilised to signal trends and inform against the plan’s progress. The tracker does not include West Lancashire community services or care homes so this will need to be taken into account.

The Mutual Aid plan for Lancashire ICS will mean that each ICP will be able to request support from other areas to help assist with Intermediate Care bed provision. Partners on the ICS wide winter planning and mutual aid task and finish group will develop the plan. The Primary Care Networks (PCN) hold daily huddles to inform Mutual Aid. Virgin Care has the ability to flex their workforce to manage reported peaks and troughs where possible with staff able to move across the services to support demand as identified through sitrep reporting and regular ‘huddles’. Mutual Aid includes arrangements for Intermediate Care across into neighbouring CCG areas. Ongoing provider sitreps and EMS plus escalation tool is utilised across the health economy. LSCFT utilise PRAG (priority rating tool) to support the identification of the patients at highest risk and clinical triage. All services have a surge plan and business continuity plan bespoke to the area of service delivery which will help to support when demand may outstrip supply. Additional staff may be sought via temporary staffing agencies.

The community providers of LSCFT and Virgin Care have mutual aid in place as part of routine practice. This will need to be extended into the Out of Hospital Cell to consider wider scale mutual aid in the same way as this will need to be part of the Hospital cell. The mutual aid agreement developed between the organisations in the Liverpool system is being considered for use in the S&O system.

6. Winter Initiatives 2020/21

The initiatives contained within the Winter Plan 2020/21 have been developed with regard to the evidence base. The plan details either newly developed or a further enhancement of those identified in the Winter Plan 2019/20.

The initiatives contained within the Winter Plan 2020/21 are not the sum total that were put forward by the system but are those that have been identified as those that will have the most impact in addressing the 3 key objectives (ED avoidance, hospital flow and discharge) and managing risk in the local system to support a safe winter. They have all been tested through the Venn Model for the purposes of consistency due to the system commitment to implement the recommendations from the Demand & Capacity Review (Venn September 2019). In addition various scenarios have been developed to test out potential excess demand in order to make an informed decision in how to close the identified gap that exists for capacity.

The system approach is focussed initially on admission avoidance. A number of schemes including NHS111 First, hospital at home and care home support intend to provide community based services. This will reduce admissions and therefore bed occupancy. Integrated teams will be based in ED to avoid the admissions. The Acute Trust are introducing a number of schemes including the emergency care village approach to ensure patients are seen within the right hospital setting and not in locations where there will be delays accessing treatment. This will reduce length of stay. Finally the discharge approach operating a "pull" arrangement led by community providers will extract patients earlier from hospital so reducing their length of stay.

Summary of the schemes

Theme / Focus Area	Initiative / Scheme	Organisation	Comments
Attendance and admission avoidance	Hospital @ Home - initially looking at utilising OPAT for respiratory and Cellulitis and step down- medical time interventions	LSCFT, VC S&O	
	Alternative transport for MH patients in ED.	MCFT (Mental Health)	Funding required
	Triage car extended hours	MCFT (Mental Health)	Funding required
	NHS 111 First	S&O	Funding required-funding requested by NHS Digital lead
	GP streaming	S&O	Funding confirmed from SFCCG non-recurrent for a 6 month period – a clinical

		S&FCCG	and commissioning review will be required to determine impact due to NHS111 First development
Expansion of flu vaccines		S&FCCG WLCCG	
Social care - additional crisis and Home First hours for winter		LCC	Funding required – part of the L&SC ICS submission
Additional Reablement capacity for winter		LCC	Funding required – part of the L&SC ICS submission
Social Care – Countywide pool of care staff to support Care Homes with outbreak management, staff absences due to COVID etc		LCC	Funded currently through LA COVID monies
Reablement and Home First. Social worker in ED and rapid discharge from ED		SMBC	Funding required – available through additional national £300m monies
Increase therapy capacity to increase rehabilitation. Offer 7 days a week for urgent domiciliary rehab to support greater flow		LSCFT MCFT VC	Funding required for S&F. Funding agreed for WL
Frailty Outreach supporting PCN schemes including enhancing care homes		S&FCCG S&O	Part funding requested from S&O
Urgent Treatment Centre UTC to offer 1 appointment per hour to ED		WLCCG	
Extended hours DES. New model for central & north practices (links to NHS 111 first)		S&FCCG	

		WLCCG	
	Ensure the process for ICAT referral and the Home First pathway is refined to increase Home First capacity. Including Medway access for Social Care Team. West Lancs. related	LCC	Some funding is in place, but additional workforce requirements to meet increased demand across winter requested via L&SC ICS submission
In hospital flow	Rightsizing - reduces overcrowding in ED and improves safe patient flow through-out the hospital	S&O	Funding required – Trust has submitted its Phase 3 plans / assumptions to NHS England and awaiting outcome. The scheme is reliant upon sign-off from regulators regarding the Trusts forecasted financial position in context to projected spend to deliver winter (M7 – 12) and COVID recovery.
	Creation of Emergency Care Village to enhance Same Day Emergency Care services	S&O	Funding received £1.729m (national capital monies)
	Tactical Initiatives (includes the development of the , Ward One, Winter Medical Workforce Plan which will include an 'Escalation Team', separate team to manage any outlying patients and a junior doctor to support the Discharge Lounge as the acuity of patients is predicted to be higher during the winter period with COVID)	S&O	The Trusts can part fund tactical schemes. The remaining funding required for full implementation has been submitted under Phase 3 plans / assumptions to NHS England and awaiting outcome.
	Modern Matron cover at the weekend and bed flow coordinator weekend cover.	MCFT (mental health)	Funding required – request made to the C&M HCP
Discharge	Community beds winter capacity requirements	WLCCG S&FCCG	
	Additional night staff for residential rehab units to support people	LCC	Funding required – part of the L&SC

	with more complicated needs and maximise bed usage		submission
	Increase District Nursing capacity to support greater number of fast track discharges at End of Life	LSCFT VC	Funding required
	To increase the reablement capacity within New Directions, thus expanding the Home First capacity across the Sefton Borough.	SMBC	Funding required

The Venn modelling indicates the priority 1 and priority 2 schemes delivering the equivalent of 30 beds initially that meets demand indications. Further work is required to fully implement the schemes that would offer the equivalent of up to 60 beds including the requirement to resolve the financial support needed for some of the schemes – at this stage given the circumstances the CCGs have no other option but to go at risk to fund schemes and initiatives contained within this plan.

At this point the schemes proposed will increase bed capacity to meet the expected demand. If demand exceeds this capacity then this risk is unmitigated. There are a series of priority 3 schemes which are being developed which have a longer lead-in time eg after 1 October 2020 which will provide additional capacity to meet community and hospital based demand pressures. If the workforce risks flagged cannot be addressed then this is a capacity constraint which may become unmitigated.

7. Performance Management

The performance management of the Winter Plan 2020/21 will be overseen by the S&O Local A&E Delivery Board, which reports into the North Mersey A&E Delivery Board (AEDB) and the Sefton System Management Board (SMB).

The S&O system will regularly review a series of key performance indicators to gauge progress on the three key objectives. There will be a series of complementary information sets to develop a whole system understanding of delivery.

The information will include:

20-30% reduction in A/E attendances	Baseline versus daily performance
Zero corridor care, maintain <85% occupancy	Daily performance
Same day discharge as early as possible in the day	Numbers of patients being discharged on the RFD list and the numbers not discharged
Other data	Number of people who meet the criteria to reside (Replacing DTOCs with reporting through the SDCS portal) Re-admission rates A/E 4 hour target performance

The information will be available to the AEDB who will be overseeing delivery of the plan.

8. Communicable Diseases and Outbreaks

8a. Handling of Communicable Disease Outbreaks

The statutory responsibility for managing communicable disease outbreaks continues to sit with Public Health England - they respond to health protection incidents in England as per National Guidance specific to pathogen and setting. The Director of Public Health is responsible for the consequence management of any outbreaks in community settings. These are developed through agreed health protection processes such as outbreak control teams which respond to outbreaks of communicable disease.

In Sefton, there is a COVID-19 outbreak plan which sets out how community outbreaks in Sefton will be managed (<https://www.sefton.gov.uk/miscellaneous-pages/covid-19-outbreak-management-plan.aspx>). Trusts are responsible for responding to outbreaks which are associated with NHS sites and care delivery, with support from Public Health England as required, additionally the DPH can support with wider consequence management - for example communications with members of the public.

The Acute Trust has in place policies / plans relating to, for example, Seasonal Influenza, Pandemic Influenza and Gastroenteritis - these are regularly reviewed with the need to review the influenza plans on an annual basis due to the changing nature of influenza. The Trust has in place a COVID policy / plan with IPC being part of the Trust Command structure which includes the Nurse Consultant for IPC being part of Gold Command. In addition, the acute Trust has an Infection Control manual should there be an outbreak of any kind. The acute Trust link in with PHE, LA PH, NHSE&I and the CCGs as appropriate and are represented at Borough specific planning groups Chaired by the LA. Outbreaks also form part of the Trust Major Incident Plan.

In Lancashire, the CCGs and providers have EPRR and infection control plans related to Outbreak management. Each Local Authority has plans for Care home outbreak management and supporting the care homes. CCGs are linking with LRF and LA planning regarding C-19 outbreaks and requirements for local testing units.

8b. Approach to COVID Testing for Staff

System partners have in place an approach to COVID testing for staff which reflects national guidance. Within the acute Trust all testing of staff was initially undertaken on site by an independent provider. When numbers and absences decreased to a minimal level this on-site testing ceased and staff are now using the regional community offer. This has allowed on-site testing at the Trust to be utilised to support the re-instatement of the elective programme. A process was also put in place for anti-body testing with Lancashire & South Cumbria NHS Trust reporting an 82% take up response. As of yet a national vaccine programme is not yet available however system partners will work within national and local arrangements to put plans in place for a vaccination programme should one become available.

8c. Management of Nosocomial Infections

Nosocomial Infections are identified within the acute Trust setting by the Consultant Microbiologist and the IPC Team. These are reported internally as well as externally to PHE and NHSE&I. Each case is formally reviewed by the Director of Infection Prevention Control (DIPC) who is also the Executive Director of Nursing, clinical teams and representatives from the Trust Risk Management Team. Lessons learnt are

identified and included in 'Grand Rounds', mandatory training and reported through into the IPC monthly performance report which is part of the Trust's own internal governance process. Infection Prevention Control Teams are in place to support management within community settings.

8c. Flu

Both Sefton and West Lancashire have governance structures established for the management of Winter Flu. The respective Flu Plans reflect the national flu programme which when published in August 2020 outlined changes to existing cohorts including provision for all 50-64 year olds from November 2020. Targets exist for the vaccination of the eligible population with priority being given to achieving maximum uptake amongst existing eligible cohorts as they continue to be most at risk of flu. The additional offer will include:

- Household contacts of those on the NHS shielded patient list
- Children in school YR7
- Health and social care workers employed via direct payment
- The offer of an injectable vaccine for children whose parents object to porcine gelatine in LAIV.
- Phased offer Nov-Dec for 50-64 year olds – subject to supply of the vaccine.

Flu plans will be further update to take into account the following information and guidance which is expected shortly:

- 50-64 year olds - providers will be given notice in order to have services in place for additional cohorts later in the season.
- Guidance from DHSC will be issued in September on how and when additional adult vaccines can be accessed.
- DHSC are looking to expand the workforce who are able to administer the vaccine
- DHSC/PHE are considering alternative delivery methods
- Providers of children vaccination programmes will receive further information relating to porcine gelatine alternatives.
- NHSE/I are developing a call and recall service to supplement local arrangements.
- National service specs to support standardises commissioning within hospital trusts to offer vaccinations to pregnant women who attend maternity and at-risk patients who attend in and out patient appointments.

System partners have plans in place to build upon the positive achievement in 2019/20 in relation to staff flu vaccination. In 2019/20, S&O exceeded the national target for immunisation of acute Trust staff (91%) and the Trust will be offering flu vaccination to 100% of staff. The Sefton Flu Action Plan (July 2020) which will be updated in-line with national guidance indicated an 80% target ambition for acute Trust staff and the acute Trust plan is looking to once again exceed this ambition with plans being developed via the Acute Trust Flu Planning Group. Lancashire & South Cumbria NHS Foundation Trust also have a strategy in place with leadership from the Occupational Health Team and are planning a 7 week programme with Peer to Peer Training underway and are putting in place a flu voucher scheme. Virgincare will be running a vaccination programme for all staff on site with a view to increase uptake to 90%.

9. EU Brexit Assurance

A key consideration in the delivery of the Winter Plan is the imminent departure from the European Union on 31st December 2020. If a trade deal is ratified by 31st December 2020 the UK will enter into a new relationship with the EU in January 2021. However, if a trade deal is not agreed the default is a 'disorderly exit' from the EU ('no deal' scenario), which presents a significant amount of risk for the health and care system.

The [EU Exit Operational Readiness Guidance](#) summarises the Government's contingency plans and covers actions that all health and adult social care organisations should take in preparation for EU Exit.

EU Exit risk assessments address the seven areas of activity in the health and care system that the Department of Health and Social Care is focussing on 'no deal' exit contingency planning:

- supply of medicines and vaccines
- supply of medical devices and clinical consumables
- supply of non-clinical consumables, goods and services
- workforce
- reciprocal healthcare
- research and clinical trials
- data sharing, processing and access

The impact of a 'no deal' exit on the health and adult social care sector is not limited to these areas, and contingency plans will also need to be developed to mitigate risks in other areas. Following on from the extensive 'EU Exit Readiness' planning in 2019, All NHS organisations have a significant level of insight into the risks their organisations face should a 'no deal' scenario materialise. All organisations across the health and care system will revisit these risks and ensure contingency plans are reviewed as we head towards 31st December 2020.

Local actions will include consideration of:

- Ensuring Business Continuity and EPRR Plans are up to date;
- Ensuring EU Exit SROs and associated SMEs are in place;
- Robust Communication Plans and key messages for front line staff;
- Operational guidance and plans are up to date;
- Revisit exercises address outstanding actions;
- Consideration of differences; implications of winter, COVID-19, surge managements, vulnerable population;
- Ensure local risk assessments are up to date.

Local NHS actions will include:

- Prescribing and dispensing as normal;
- Not stockpiling. Over-ordering of medicines will be investigated;
- Reporting any shortages through local routes and collaboration;
- Organisations ensuring they are familiar with the latest information on supply disruption

Local Authority colleagues have been reviewing their preparedness for The EU Exit. Supply issues around medication and equipment such as PPE could be of concern. Both Lancashire County Council and Sefton MBC have a robust policy and procedures in place to respond to both single and multiple provider failure with Lancashire having stress tested their policy and procedures undertaken in 2020 by the Military.

System partners have reviewed details relating to EU Exit staffing risks and this is summarised as follows:

- S&O - action plan relating to EU Exit identified staffing as 'Green' RAG rated;
- LSCFT – identified very low numbers of staff needed to apply for the EU Settlement Scheme and minimal risk for Southport & Formby area;
- Virgin Care – no staffing risks identified;
- Sefton MBC – less than 5% of the workforce were identified as EU nationals and have assessed that the risks are minimal;
- Lancashire County Council – unlikely in the initial stages that there will be a significant impact on the workforce.

10. Communications Plan

Our health economy communications plan will include actions around:

- How services are accessed – taking into account digital access
- What will happen when people do attend:
 - Safety and reassurance around the risk of Covid-19
- Services working differently:
 - As a NHS 111 First “fast follower” health economy starting in October, a separate supporting communications plan is being developed
 - In-hospital changes such as same-day emergency care
 - Changes to discharge processes
- Expansion of the flu vaccination programme, higher uptake targets and changes to delivery of flu vaccinations
- Incorporating and supporting the national campaigns, Stay Well This Winter and then Help Us Help You

We will also be alert to the potential for:

- Further outbreaks of the Covid-19 virus (in NHS settings and in the community) potentially leading to localised restrictions that may impact on NHS services
- A vaccination programme for Covid-19
- The impact on the NHS of the UK formally leaving the EU on 31 December 2020 without ratified deal

| The plan will be a live document and be updated as more information becomes available.

| Communications teams will work in partnership to allow health and social care promote consistent and timely messages.

The system winter plan will also be disseminated through all staff groups and services to encourage awareness and delivery of objectives.

11. Risk Log

Risks and mitigating actions are illustrated below:

No.	Risk	Mitigating Actions
1	<p>Workforce</p> <ul style="list-style-type: none"> - Gaps in establishment - Additional capacity - Recruitment by other organisations e.g. NHS 111 - Burnout, annual leave requirements 	<ul style="list-style-type: none"> • Recruit substantive staff across both health and social care • Recruit temporary staff • Flex staff to support demand • Joint approach to some services e.g. therapies • Support staff taking annual leave • Offer health and wellbeing support • Medical workforce plan • Use of NHS Professionals and other approved agencies to support safer staffing levels • Daily escalation meetings and nurse staffing huddles to identify, manage and mitigate any risk in real-time
2	<p>Recovery – Phase 3</p> <ul style="list-style-type: none"> - Restoration - Addressing backlog - Winter pressures - COVID-19 – spikes 	<ul style="list-style-type: none"> • Maximise use of independent sector for elective cases to free potential beds for emergency admissions (There will be a need to review the impact of any additional demand on social care and community services as a result of this) • Source additional capacity to address backlogs
3	<p>Finance – lack of funds</p>	<ul style="list-style-type: none"> • Focus on all schemes not requiring funds • Additional monies claimed from NHSE/I • CCGs have no other option but to go at risk to fund schemes and initiatives contained within this plan at the time of submission
4	<p>Capacity – to meet demand including deflections from A/E due to NHS111 First</p>	<ul style="list-style-type: none"> • Additional schemes to create capacity • Greater focus on admission avoidance and diversion to alternative community and place based care • PCNs are jointly planning 'Hot' clinics and 'Hot' visiting services to enable ongoing separation of C-19 hot and cold patients • UTC are installing a hot pod at the front door to enable remote observations for c-19 suspected patients, advice and support from voluntary sector organisations • Further developments to support SDEC - Non-999 ambulance conveyances are going directly to SDEC - this has commenced in August 2020. Four x GP surgery pilot commencing September 2020 with full roll-out to all GP practices in October 2020. All 'minors green patients (non-COVID)' are now being seen in SDEC. DVT pathways established and running in SDEC. Low risk chest pain now being seen in SDEC. Clinical

		lead for SDEC co-developed a suite of pathways that have been shared with general practice and ED. Developments regarding SDEC pathways have been developed and agreed via the S&O Clinical Reference Group. Once NHS111 First is operational, SDEC will be a pathway that can be utilised for diversion away from ED.
5	Fragility of care home sector	<ul style="list-style-type: none">• On-going support from local authorities• On-going review of bed occupancy and voids to identify critical areas of concern

Appendices

1. KLOEs
2. Additional schemes

Cheshire & Mersey HCP System Assurance / KLOE Checklist

Demand

Key lines of enquiries (KLOE)	AEDB response
In what ways is the local system working to reduce avoidable admission into hospital or other environments?	<ul style="list-style-type: none"> • NHS 111 First with SDEC reconfiguration at S&O ED • CAS/APAS development • Short intensive support service and SERV car • Development of system wide frailty model • Development of direct booking options to support NHS 111 • Develop links into VCF • Explore referrals to pharmacists and dentists • Hospital@home schemes
What are the key drivers of system demand?	<ul style="list-style-type: none"> • Respiratory illness –Pulmonary rehab and targeted intervention. • Children's attendances at ED – commissioning children's extended access specifically for this group • Increase in Walk in presentations at ED link to NHS 111 first and above • Increased frailty admissions
How is the local system expecting demand to be different this winter (compared to previous winters)?	<ul style="list-style-type: none"> • Increased respiratory presentations • Usual colds/flu/fever but with heightened concern and need to segregate from other patients • Late presentations are expected to increase • Potential exacerbations due to reluctance to attend
How is the local system planning to manage any surge in demand this winter (primary, community and secondary care)?	<ul style="list-style-type: none"> • PCN winter plan with community services • Hot pod and visiting service planned • EMS plus escalation and action cards • PCN daily discharge huddle to escalate flow issues – MDT with all system representation • Continuation of SITREP monitoring • Community and secondary care daily reviews • Further integration of community teams in ED to more respond to increases in demand • Frailty Outreach is supporting PCN schemes in S&F including enhancing care homes. The Enhanced Health in Care Homes scheme will deliver proactive care with a weekly check in with homes and an MDT. Structured Medication Reviews will also be implemented; there is an anticipated reduction in admissions / attendances as a result of this. Extended hours DES, with a new model for central & north practices in S&F which is aligned to the 7 day access service – the impact will be reviewed • PCNs in West Lancs are planning for the Flu vaccination rollout, as well as local level

	<p>surge plans, this is to enable mutual aid between PCN partners and between the PCNs. The process will also enable Primary and Community joint situational awareness of pressures and includes Care home pressures monitoring and enhance care home service planning.</p>
<p>How will the local system maintain effective oversight of performance across the winter months?</p>	<ul style="list-style-type: none"> • Local A&EDB dashboard – OTIS • Winter scheme KPIs and monitoring • Reports to System Management Board for escalation and oversight • Use of C&M OOH capacity tracker

Capacity

Key lines of enquiries (KLOE)	AEDB response
<p>How is the local system seeking to make maximum use of existing and potential capacity this winter, including mutual aid?</p>	<ul style="list-style-type: none"> • Venn model refresh for 2020/21 • Care home bed capacity monitoring • Partner based consideration of all prioritised schemes • ICAT/ICRAS to track and monitor home first capacity and utilisation • Community Team input into EMS and PCN huddle so pressures can be managed and mutual aid implemented if needed • ICS wide mutual plan for intermediate care (L&SC) • UTC to offer appointment slots to ED for redirection • NHS 111 first and CAS implementation to ensure patients can be booked into the most appropriate capacity • Tier 2 services will be restored • Continued use of attend anywhere and video consultations to maintain capacity • Revisions made to Southport & Ormskirk sites supported by national capital monies to create more capacity • Mutual aid to be pursued through Hospital and Out of Hospital Cells

How is the local system seeking to balance increasing emergency demand with the restoration of critical services (esp. routine elective care)?

- Electives are delivered on the Ormskirk site and use is being made of independent sector capacity (Renacres), however there are still capacity constraints
- All providers are continuing to monitor workforce SITREPs to ensure sufficient staffing to deliver services
- Hot and cold sites will be utilised, including hot visiting
- All providers of Tier 2 services have had to submit detailed restoration plans and business case plans
- Many community services continued to provide services during COVID-19 peak

Workforce

Key lines of enquiries (KLOE)	AEDB response
<p>What steps is the local system taking to maximise the utilisation and effectiveness of its permanent workforce?</p>	<ul style="list-style-type: none"> • Workplace risk assessments have been implemented across all A&EDB partners • Community and primary care are joint planning for winter, flu plan delivery and phlebotomy • Therapy integration workshops with all partners • Integrated discharge planning team • MDTs/INT with PHM approach to target interventions
<p>Where workforce gaps exist what potential contingency procedures can be invoked?</p>	<ul style="list-style-type: none"> • Recruitment to key roles including S&O Trust and social care to ensure staffing before autumn • Temporary staff continue to fill a number of vacancies in S&O Trust • Maintenance of some key roles already recruited to during COVID-19 • Mutual aid arrangements in place and staffing level monitoring is on-going across the system • Closer liaison with other providers e.g. haematology with LUHFT
<p>What are the key workforce risks over winter across the system? What mitigations are being put in place to reduce risk?</p>	<ul style="list-style-type: none"> • Some staff may still need to change duties due to circumstances following risk assessment • Loss of staff due to isolation and increased COVID-19 transmission locally/localised outbreak containment • Recruitment is key to some schemes and this is a risk • Staffing levels, vacancy rates and sickness are monitored and this will continue • Agency staff have been sought where there have been specific gaps and this will also continue • GP Federation, PCN and community staff have supported each other to deliver hot sites and hot visiting and this will also continue • Therapy staff are now planning integrated working across Sefton, WL and S&O Trust

Exit Flow

Key lines of enquiries (KLOE)	AEDB examples
What are the key risks to flow?	<ul style="list-style-type: none"> • ESD not implemented in WL, this is now part of winter plan • Community capacity if second peak • Local outbreak/lockdown and impact on care sector • Longer rehab delaying onward flow in community beds • Weekend working • Peaks in demand, late ED presentations
How is the local system seeking to work together to support improved flow at system exit points?	<ul style="list-style-type: none"> • Venn refresh of modelling to ensure capacity is mapped to demand • 7 day Integrated Discharge Planning Team in order to support weekend flow and discharge • The system has a weekend plan that contains predictions and partner responses - the weekend plan details and identified risk and mitigating actions that have been put in place. • Daily discharge huddles and long stay reviews • Reinvigorated communications regarding the benefits of 'Red to Green' • Promotion of the initial and refreshed national directive for hospital discharge • Daily check and challenge from the roving team in the acute Trust with an operational and Executive buddy system having been identified for every ward • Seconded Executive to support system partnership working • ECIST support with discharge pathways will be on-going • ECIST support with system wide urgent care programme secured - initial system wide workshop held in September 2020 • Community bed flow via joint working and SAFER • S&O recruitment to key roles by autumn and bed reconfiguration • Weekly review and oversight of local NHS system including community, elective and urgent care services promoting a co-ordinated and system based response (Director led System Management Group reporting into the SMB) • On call within the community providers and social care to provide

	<p>leadership oversight over seven days</p> <ul style="list-style-type: none">• On-going review of workforce capacity and review of community caseloads at regular intervals to prioritise flow. LSCFT professional leadership will be utilised to support staff in terms of re prioritisation. The capacity of wider workforce and teams will be considered in addition to ICRAS and IDTP.
What lessons learnt from COVID-19 related to exit flow will be implemented/ maintained through this winter?	<ul style="list-style-type: none">• More emphasis on Home first and attendance/ admission avoidance than beds due to patients wanting to go home• MDT working through IDPT to continue• Establishment of the Integrated Discharge Team

External Events

Key lines of enquiries (KLOE)	AEDB response
What local system impacts are anticipated related to a 2 nd COVID-19 surge?	<ul style="list-style-type: none"> • Care sector impact due to localised outbreak management anticipated • Impact on workforce especially high risk staff and isolation • IPC constraints while trying to restore services may mean some targets slip • Potential to reduce/pause non-critical services as per wave 1. Aiming to minimise any such changes to avoid backlog increasing
What local system impacts are anticipated related to flu?	<ul style="list-style-type: none"> • Increased focus on vaccinations impact of children's immunisations and workforce capacity needs to be considered • Anticipate issues due to high volume of patients screened as 'hot' and requiring hot clinic or re-booking
What local system impacts are anticipated related to Brexit?	<ul style="list-style-type: none"> • Workforce shortfalls • Supplies/consumables being dealt with at national level and suppliers are stockpiling • Possible impact on medicine's shortages however contingency plans can be re-enacted
Does the local have an approved communications plan agreed?	<ul style="list-style-type: none"> • Established Comms group across the local system • Link to regional and national comms approach via comms leads • Comms leads linked to NHS 111 first regional comms • Comms leads linked to Regional COVID-19 comms teams • Help us to help you messages being planned across multiple platforms

Winter 2020/21 Planning – AEDB Risk Log

Region: North West		
A&E Delivery Board: Southport and Ormskirk		
What are the top three identified risks for the A&E Delivery Board ahead of winter?	What mitigating actions will be/have been put in place to reduce the risk ahead of winter?	Please RAG rate mitigating actions in terms of risk to delivery, i.e. GREEN = low risk to delivery/very achievable; RED = high risk to delivery/dependent upon multiple factors/stakeholders to ensure delivery
Workforce – ability to recruit additional staff and need to mitigate potential staff losses to other services e.g. NHS 111 First	<ul style="list-style-type: none"> Recruit substantive staff Recruit temporary staff Joint approach to some services e.g. therapies Support staff taking annual leave Offer health and wellbeing support 	Amber
Phase 3 recovery (elective backlog, restoration of all services, backlog of referrals) alongside winter pressures and potential second COVID-19 spike	<ul style="list-style-type: none"> Maximise use of independent sector for elective cases to free potential beds for emergency admissions Source additional capacity to address backlogs 	Amber
Finance – lack of funds to support schemes	<ul style="list-style-type: none"> Focus on all schemes not requiring funds Additional monies claimed from NHSE/I At this stage given the circumstances the CCGs have no other option but to go at risk to fund schemes and initiatives contained within this plan. Funding has been put into the IBCF for work across our health and social care interface and as there is no additional allocation at this time, it is unlikely that Social Care will be able to provide further funding. 	Red

Winter 2020/21 Planning – AEDB Further Support

Region: North West

A&E Delivery Board:

Is there any further support to winter planning that could be provided to the A&E Delivery Board by either the NHSE&I North West regional/national team?

- Continued support on NHS 111 First project is required to help mobilise the programme, however the project team is established and supportive.
- Confirmation of funding available for additional Intermediate care requirements. The ICS have collated a return to the OOH Cell in L&SC, but confirmation is required so that plans can be put into action.
- An understanding of how additional capacity required for a 24/7 CAS/APAS may be funded, as this is an expansion of the service and not a COVID-19 requirement.

Appendix 2

Additional schemes implemented to support the winter plan

In addition to the schemes mentioned earlier there are a series of additional schemes in place (or effective from 1 October) to supplement the local system. These are continuation of schemes from 2019/20 or schemes considered business as usual although positively impacting on the system.

Theme / Focus Area	Initiative / Scheme	Organisation	Comments
Attendance and admission avoidance	Same Day Emergency Care. GP referrals into ACU	S&O	
	Additional Extended Access. Appointments for Children	WLCCG	
	Reduce/limit interventions of low clinical value. To protect capacity in Winter eg ear syringing, nail cutting low risk foot care to create capacity for greater wound care	LSCFT	
	Building on Integrated Care Team approach	SMBC	
	Joint plan for PCNs and Community Care to manage surge and potential second peak, this will include use of infectious POD and Hot visiting service	WLCCG	
	ESD for Stroke. Requires commission of therapy and nursing resources to enable a step down pathway to be introduced in WL	WLCCG	Funding required
	Access Red Cross wheelchairs. Support patients to access Red Cross wheelchairs who would normally sit out with the national wheelchair specification	WLCCG	
	SISS Phase 2 recruitment	VC	
	High Intensity Users. Identify regular attenders and offer targeted interventions	S&FCCG	
	Pulmonary Rehab. Virtual	VC	
	Joint health/chronic pain. Have attend anywhere clinics	S&O	
	GP visiting service, aimed to release primary care capacity and reduce attendance to ED		
	Widening access to treatment room service over 6/7 days	LSCFT	Funding required
	Explore the potential of a clinic base in the North of the Sefton. This will allow patients to be redirected to a community clinic and support meeting the demand in the community	MCFT	
	Discharge	Support the inpatient therapy team. Support ability to manage complex equipment discharges	S&O
Agree the system model for integrated discharge planning		All	Funding may be required to implement the agreed model

MEETING OF THE GOVERNING BODY November 2020

Agenda Item: GB20/152	Author of the Paper: Terry Stapley Corporate Business Manager Terry.Stapley@southseftonccg.nhs.uk	Clinical Lead: N/A
Report date: November 2020		

Title: Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map: Q2 2020/21

Summary/Key Issues:

The members are presented with the updated Corporate Risk Register (CRR) and GBAF for Q2 2020/21 as at 30 September 2020. Also provided is a heat map which summarises the mitigated CCG risks scored 12 and above.

The documents have been reviewed and updated by the respective risk leads and, following analysis by the respective committees, presented through the review and scrutiny process.

Also presented is an update on the position of the risks for COVID-19, SEND and Fraud, Bribery and Corruption.

Recommendation	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
Following review and scrutiny, the Governing Body is asked to: <ul style="list-style-type: none"> • approve the report content and actions • note the actions of the Audit Committee • make recommendation for any further updates and actions 	

Links to Corporate Objectives 2019/20 (x those that apply)

X	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.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.

x	To ensure 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.
x	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
x	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.
x	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

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			Reviewed by the respective risk leads, committees and Leadership Team. The documents are as presented to the Audit Committee in October 2020

Report to the Governing Body November 2020

1. Executive Summary

The paper provides an updated Corporate Risk Register (CRR), Risk Heat Map and Governing Body Assurance Framework (GBAF) as at 30th September 2020 (Q2 2020/21).

The GBAF has been presented to the risk leads for review and update.

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

Also presented is an update on the COVID-19 risks which have now been incorporated into the main CRR and the latest SEND Risk Register which is reviewed by the SEND Continuous Improvement Board.

2. Position Statement 30th September 2020 (Q2 2020/21)

2.1 Governing Body Assurance Framework (GBAF)

There are a total of 12 risks against the revised and updated strategic objectives for 2020/21.

GBAF Risk Positions (*appendix A*)

Risk	Score	Number of Risks
Low	1-3	0
Moderate	4-6	0
High	8-12	7
Extreme	15 - 25	5

GBAF Highlights

The majority of risk scores have been increased as a result of the COVID-19 outbreak. The Department of Health and NHS England have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken and work is progressing on the next phase.

2.2 COVID/Corporate Risk Register (CRR) and Risk Heat Map

The COVID risks ('C' reference) have been incorporated into the Corporate Risk Register and aligned to the CCG committees to be presented through the review and scrutiny process. These will be monitored to ensure aligned correctly and reviewed by the risk leads in terms of risk themes. Of the 29 COVID-19 risks, there are 7 rated as high (score of 12) or above and currently aligned to:

- Finance and Resource: 1
- Quality and Performance: 5
- Primary Care Commissioning: 1

Of the 53 operational risks on the CRR as at 30th September 2020 (Q2 2020/21), there are 24 rated high (score of 12) or above:

- Finance and Resource: 2
- Quality and Performance: 16
- Primary Care Commissioning: 6

The CRR presented (**appendix D**) now includes any risks reduced below the normal reporting threshold of 12 for one cycle. This is following discussion at Audit Committee of the process for removing risks from the register and to assure the committee on mitigation of that risk before removal, as included in the below:

Recent Movement of Operational Risks	
<ul style="list-style-type: none"> • 10 new risks 	<ul style="list-style-type: none"> • JC31: <u>PTII confidential</u> - Audit Committee received detail. • JC32: <u>PTII confidential</u> - Audit Committee received detail. • JC33: <u>PTII confidential</u> - Audit Committee received detail. • JC34: <u>PTII confidential</u> - Audit Committee received detail. • JC35: <u>PTII confidential</u> - Audit Committee received detail. • AC009: Risk of commissioning fraud due to CCGs looking pragmatically at supporting their health economy and promoting new ways of working. This may have meant new contracts being established at short notice. • AC010: Risk of CHC and PHB fraud due to lack of assessments and new ways of working. • AC011: Risk of Primary Care Contractor Fraud, resulting in increased expenditure in GP primary care services. • QUA81: Adult ASD service is reporting waits of 6 years for assessment with demand far outstripping capacity. This has a risk to reputation for both CCGs. The high waits will also impact on SEND arrangement in particular the transition of CYP to adult services. • QUA82: Eating Disorder service has had long standing challenges around achieving 18 hour waits. In addition the service is not NICE compliant.
<ul style="list-style-type: none"> • 2 risks increased 	<ul style="list-style-type: none"> • JC32: <u>PTII confidential</u> - Audit Committee received detail. • QUA080: There is a risk to the delivery and quality of phlebotomy service as it resumes business as usual in line with COVID restrictions - significant loss in capacity and potential increases in access times. <ul style="list-style-type: none"> ○ Rationale: Detailed action being progressed with additional capacity created through COVID initiatives supported by GP Federations in S&F and SS. Focus on workforce, profiling future demand and capacity required to support.

<ul style="list-style-type: none"> 41 risks have remained static of which 3 have been recommended for removal: 	<ul style="list-style-type: none"> QUA011: Risk of infection/ hospital admission caused by poorly maintained nebuliser equipment resulting in harm to patients. <ul style="list-style-type: none"> Rationale: .All work completed to date apart from reviewing nebuliser use for specialist groups such as bronchiectasis. A task and finish group will be set up to conduct a review and develop guidance for clinicians. Task group to be set up August 2020. Request closure of this risk. QUA058: There is a risk to deliver appropriate patient care caused by the high number of nursing vacancies at Southport and Ormskirk Trust resulting in compromised quality of care. <ul style="list-style-type: none"> Rationale: Recommended for closure at JQPC in June 2020. Awaiting confirmation at Audit Committee. JC30: <u>PTII confidential</u> - Audit Committee received detail.
<ul style="list-style-type: none"> 0 risks have reduced to below the reporting level 	<ul style="list-style-type: none"> N/A
<ul style="list-style-type: none"> Of the risks below the reporting level of 12: 6 have been recommended for removal (<i>see register</i>) 	<ul style="list-style-type: none"> QUA020a: There is a risk to mental health patients caused by the 12 hour waiting time in A&E resulting in compromised quality of patient care. <ul style="list-style-type: none"> Rationale: Request closure of the risk due to reducing number of 12 hour breaches and ongoing work supporting processes and reporting including AED delivery board, escalation processes and improved reporting/learning mechanisms. QUA022: There is a risk that patients will miss their follow-up review date caused by lack of clinical capacity and estates resulting in delayed treatment for patients (SFCCG) <ul style="list-style-type: none"> Rationale: Request closure of this risk as it has been superseded by lost to follow-up risks and Covid recovery work. QUA025a: Risk that patients could be harmed or receive inadequate care caused by a lack of assurance and capacity within the commissioned Looked After Children's Health Team resulting in potential negative effect on outcome. <ul style="list-style-type: none"> Rationale: The LAC health team has recruited to the additional CCG funded posts and is now its full complement of staff. The risk has therefore reduced and can be closed. QUA062: There is a risk of not achieving full utilisation of ERS caused by a number of South Sefton GPs still using paper referrals resulting in referrals not being processed and accepted by Aintree University Hospital. <ul style="list-style-type: none"> Rationale: Request to close due mandated usage of ERS by GPs. JC26: <u>PTII confidential</u> - Audit Committee received detail. JC28: <u>PTII confidential</u> - Audit Committee received detail.
COVID Risks	
<ul style="list-style-type: none"> 8 risks have been recommended for removal 	<ul style="list-style-type: none"> C2: Some care home providers will not accept patients needing to be transferred from hospital without a negative Covid 19 swab result. <ul style="list-style-type: none"> Rationale: Request closure - this no longer poses a risk to the system as there is now provision for Covid positive patients within Southport and Formby C5: LUHFT have implemented a restriction on the accepting of routine elective referrals, and have requested referrers to hold onto referrals unless the patients cannot wait or be seriously compromised if not assessed within 6-12 months. This is against national guidance as per Adam Andrews (Head of planned care ? -NHSE/I) <ul style="list-style-type: none"> Rationale: This risk is to be closed due to reopening of services and referrals being allowed C13: Second stage letter received from Simon Stevens 29th April, requesting

	<p>plans to be developed for Urgent and where possible routine activity to resume. Plans are to be developed with local and regional teams, however, no local guidance has been issued, which could lead to different providers prioritising different services going live, leading to surge in activity that providers may not be able to deal with.</p> <ul style="list-style-type: none"> ○ Rationale: Request to close due to progression to phase 3 planning and restoration supporting hcp. <ul style="list-style-type: none"> ● C14: During the initial period of the COVID pandemic, planned care staff have been redeployed to support IMT duties. As recovery activities ramp up, the planned care team will be required to support the development and implementation of the recovery plan. Redeployment of staff was enacted before the redeployment policy was enacted. Therefore a disproportionate amount of resource from the commissioning team was allocated to the care home cell. Therefore, the team does not have the resilience/resource to pick up required activities whilst team members are redeployed. <ul style="list-style-type: none"> ○ Rationale: Request to close due to staff recruitment and step down of IMT. ● C29: There is a risk that staff are not fully protected due to the current lack of PPE supplies particularly in primary care, CHC/PHB/Care Homes/Domiciliary Care/Pharmacies. <ul style="list-style-type: none"> ○ Rationale: National solution have now been set up and each practice has access to supplies. Risk reduced. Supplies of PPE have returned to normal level. No further risk - Proposal to close risk. ● C30: There is a risk that patients will not be shielding due to delays in national EMIS searches being available <ul style="list-style-type: none"> ○ Rationale: Weekly list have been sent electronically to practice via EMIS. Practice able to monitor shielding patients. National guidance has relaxed shielding guidance allowing patients to go outdoors and mix in bubbles of 6. Proposal to close risk. ● C31: Risk to sustainability of General Medical Service due to COVID-19 <ul style="list-style-type: none"> ○ Rationale: On-line consultations and video consultations has allowed more mobile working for staff. Antibody test has been completed and swabbing is more readily available. Proposal to close risk. ● C32: There is a risk that patients will not be seen for essential ongoing appointments due to availability of staff in primary care <ul style="list-style-type: none"> ○ Rationale: Practices are utilising more online and video consultations to allow for more agile working. Proposal to close risk.
--	---

COVID-19 Risk Positions (12+)

Risk	Score	Number of Risks
High	8-12	11
Extreme	15 – 25	7

CRR Details and Highlights

The risk highlights can be seen in the heat map **appendix B**, with the detail being shown in the corporate risk register **appendix D**.

3. SEND Risks

The Audit Committee is presented with a copy of the latest confidential SEND Continuous Improvement Board (CIB) risk register as at 7th July 2020, which sits separate due to the differing risk score matrix.

4. Fraud, Bribery and Corruption Risks

The fraud risks devised by MIAA have been incorporated into the CCGs risk register and are all a low to moderate level. As part of the main register the risks are presented through the risk review process and will be monitored by the respective committee.

5. Risk Review: Process Monitoring

A review has been carried out on the process for the management of the risks. Further work will be done on this over the coming months and will include:

- Timeline of submission dates and mapping of process so as to ensure the risks are reviewed and updates submitted at each stage of the process
- Responsibilities of each committee lead/contact
- Review of content and process for each committee, ensuring continual review by each committee of 'all' risks within the register or their domain, which will now include:
 - COVID risks
 - Fraud, Bribery and Corruption risks
 - SEND risks (*sits as a separate document due to the differing risk matrix used*)
- Process and review support for risk owners and committee leads
- Review at Senior Management Team meetings on a monthly basis to allow review and scrutiny to take place.

6. Audit Committee Recommendation: 14th October 2020

At the Audit Committee meeting in October 2020 the membership reviewed and discussed the documents and approved it for submission to the governing body subject to the following:

- GBAF and CRR are to be received by Leadership Team to review an error with risk scoring, noting issues in relation to the colour coding on the Risk Heat Map.
- Reference was made to risk JC30 (Private PII). This risk had been proposed for removal due to mitigating actions being applied. It was felt that the Heat Map provided conflicting information as the risk was marked as green which suggests the risk scoring is low, although it has a score of 25. The members asked that a review of the colours used takes place to avoid any further confusion.
- Reference was made to risk CR35 (Risk home providers will not accept patients without a negative Covid 19 swab). This risk had been mapped incorrectly on the Heat Map. This has now been amended.
- The members did not approve the following risks for removal as listed in section 2:
 - C2
 - C5
 - C13
 - C14
 - C29
 - C30
 - C31
 - C32
 - QUA011
 - QUA020a
 - QUA022
 - QUA058
 - QUA025a
 - QUA062
 - JC26 (PTII confidential)
 - JC28 (PTII confidential)
 - JC30 (PTII confidential)

- The above risks will continue to be shown on the Corporate Risk Register until approved for removal at the next Audit Committee (January 2021).
- The Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map will be reviewed at Senior Management Team on a monthly basis for completeness.

7. Appendices

Appendix A – Governing Body Assurance Framework

Appendix B – Risk Heat Map

Appendix C – Risk Themes

Appendix D – Corporate Risk Register

Appendix E – Risk Matrix

Terry Stapley
Corporate Business Manager
October 2020

Southport and Formby CCG
Governing Body Assurance Framework
2020/21

Update as at: 30th September 2020 (Q2 2020/21)

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

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

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
1. To support the implementation of the Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.	1.1 Diversion of supporting and recovering from COVID-19	Cameron Ward	12	12	<ul style="list-style-type: none"> Sefton2gether plan agreed by all partners Implementation plan prepared. Implementation suspended due to Covid-19 (national request) Recovery underway to incorporate Sefton2gether implementation Phase 3 planning includes recovery and focus on addressing health inequalities incorporating Sefton2gether objectives Planning underway for 2021/22 commissioning intentions to re-focus on Sefton2gether ambitions and objectives Maintain communications with all stakeholders
	1.2 Reconfigurations of organisations detract from implementation agenda	Cameron Ward	9	9	<ul style="list-style-type: none"> Review implementation approach alongside potential organisational changes
2. To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional	2.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified	Cameron Ward Martin McDowell	16	16	<ul style="list-style-type: none"> Joint Quality and Performance committee meetings continuing Review of performance and shortfall areas identified and pursued.

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
measures.	<p>2.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.</p> <p>2.3 Failure to have in place plans in the event of a no-deal Brexit after the transition period may result in adverse consequences for patients due to potential medicines supply issues</p>	<p>Debbie Fairclough</p> <p>Jan Leonard</p>	<p>16</p> <p>20</p>	<p>8</p> <p>16</p>	<ul style="list-style-type: none"> • Covid-19 will impact on provider abilities to meet standards • Cancer Alliance supporting providers on cancer performance shortfalls • Statutory Lead in place • NHSE approval of assurance against key standards. • Full incident management team and cell arrangements established in response to of C-19 • AO lead role for Sefton in wider system c-19 response • EU exit event attended • NHSE sitrep procedure now paused • NHSE EU exit webinars scheduled for forthcoming months for CCG leads • Business continuity exercise for leadership team completed for February 2020 • EU Exit planning arrangements to recommence • UK left EU on 31.1.20 • NHSE will issue guidance in October 2020 setting out the NHS operational response requirements. • Interim Programme Lead – Corporate Services is the identified “UK end of transition SRO” for the CCG. • CCG responding to c-19 response through establishment of IMT and key cells

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	2.4 Failure to have in place care home provider failure plans could adversely affect continuity of care for patients.	Jane Lunt	9	20	<ul style="list-style-type: none"> Care home provider failure plan in place and has been tested CCG and LA lead have met to consider and review risks and remain in contact to ensure any new risks are identified and managed The COVID19 outbreak will have a significant and adverse impact on delivery of this objective.
3. To ensure 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.	3.1 Failure to deliver the CCGs overall QIPP plan	Martin McDowell	9	20	<ul style="list-style-type: none"> The COVID19 outbreak will have a significant and adverse impact on delivery of this objective.
	3.2 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents the future development of integrated commissioning and the implementation of integration plans. (prev 6.1)	Tracy Jeffes	9	9	<ul style="list-style-type: none"> Integrated Commissioning Group membership expanded and joint development programme commenced. established and plan for more ambitious joint working Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements Working together on implementation plan for the Health & Wellbeing strategy and the 5 year plan BCF steering group is actively reviewing commissioning activity in BCF plan ICG role and function review completed and workplan established

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
					<p>with clear objectives for the three new joint commissioning posts. in place and AQuA sessions agreed.</p> <ul style="list-style-type: none"> New BCF approved by council and governing bodies with s75 agreed Many areas of development are paused to enable c-19 response, however now recommencing.
<p>4. To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).</p>	<p>4.1 Current work pressures reduce ability to engage on the transformation agenda.</p>	<p>Jan Leonard/ Tracy Jeffes</p>	<p>9</p>	<p>9</p>	<ul style="list-style-type: none"> PCN expectation document completed LQC for 2019/20 operational and schemes live PCN Social prescribing link workers commenced in post December and now supporting C-19 response for most vulnerable- are working to further develop the service offer, but are constrained by more limited onward referral routes due to C-19. Two additional roles commenced and a further two in recruitment. Social prescribing link workers commenced in post December and now supporting C-19 response for most vulnerable Extended access schemes all live. Monitoring of impact. Proposal for Formby to be presented to JOG Draft quality dashboard being presented to PCCiC PCNs have been completed plans and a maturity matrix for NHSE which will assist with planning and support from the CCG Many areas of the PCN DES are now suspended due to C-19 but work on care homes continues.

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
					<ul style="list-style-type: none"> Collaborative work across Sefton with partners to deliver the PCN care home DES is progressing PCNs with CCG co-ordination have submitted PCN additional roles allocation plans to NHSE.
<p>5. 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.</p>	<p>5.1 Lack of engagement of all providers in the development of the Provider Alliance.</p> <p>5.2 Ability and capacity of PCNs to develop and to contribute to the integration model.</p>	<p>Jan Leonard</p> <p>Jan Leonard</p>	<p>12</p> <p>16</p>	<p>12</p> <p>16</p>	<ul style="list-style-type: none"> Supporting the development of the Provider Alliance Producing a project initiation document and project plan for the development of the Provider Alliance Supporting monthly meetings of the Provider Alliance and the Operational Group CCG co-Charing (with Public Health) Falls Work Stream, Comms and Engagement and Social Prescribing Work streams in place for falls and childrens and social prescribing Operational Delivery Group being reviewed to improve effectiveness The COVID19 outbreak has had a significant and adverse impact on delivery of this objective but work has now recommenced Phased development of PCNs PCN progress reviewed by PCC 2 PCNs now re-authorized and work to ensure PCN services are offered to populations of non-participating practices in development MOUs in place for Medicines Hub Contractual monitoring in place for 7 day access service Development sessions with Wider Group

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
6. To progress a potential CCG merger to have in place an effective clinical commissioning group function.	6.1 Organisation reconfiguration detracts from strategic commissioning (prev 6.2)	Tracy Jeffes	9	9	<ul style="list-style-type: none"> • Working together on developing the Health & Wellbeing strategy and the 5 year plan • Ensuring the primacy of “place” within NHS guidance as the key planning and integrated commissioning footprint, regardless of larger commissioning footprints for some other services. • Timescales for possible reorganisation of CCGs allows for the strengthening of place / integrated commissioning arrangements in advance of organisational change. • Joint Integration Commissioning Workshop action plan complete. • Ongoing positive engagement at Integrated Commissioning Group meetings. • Merger process was paused due to c19 response and strategic discussions now underway to agree way forward.

Strategic Objective 1	To support the implementation of the Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.		
Risk 1.1	Diversion of supporting and recovering from COVID-19		
Risk Rating	Lead Director		
Initial Score	3 x 4 = 12	Cameron Ward	
Current Score	3 x 3 = 9	Date Last Reviewed	
		30 September 2020	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Informal Senior Leaders Oversight Group to be established with independent facilitator Regular liaison with partners including Board to Board meetings and co-ordination meetings Recovery groups in place for the S&O and Liverpool systems involving providers and commissioner Implementation Plan prepared Five year plan Sefton2gether agreed by partners. 	Action	Responsible Officer	Due By
	Preparing commissioning intentions for 2021/22	Cameron Ward	31.12.20
	Await feedback on Phase 3 Sefton Place Plan, activity and finance submissions	Cameron Ward	31.10.20
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Monthly IPR approach and reporting Review progress at Leadership Team 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 1	To support the implementation of the Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.		
Risk 1.2	Reconfigurations of organisations detract from implementation agenda		
Risk Rating	Lead Director Cameron Ward Date Last Reviewed 30 September 2020		
Initial Score	3 x 3 = 9		
Current Score	3 x 3 = 9		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):	
<ul style="list-style-type: none"> Focussing on business as usual Increased focussed on performance levels Clarity of roles and responsibilities during times of change Increased engagement and communications between partners 		Action	Responsible Officer
		Continuing to emphasise business as usual in all CCG dealings	Cameron Ward
Assurances (how do we know if the things we are doing are having an impact?):			
<ul style="list-style-type: none"> Reviews of performance levels across the system and of individual organisations Board to board meetings Meetings within Cheshire & Merseyside Health & Care Partnership 			
Additional Comments:		Link to Risk Register:	

Strategic Objective 2		To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 2.1		There is a risk that identified areas of adverse performance are not managed effectively or initially identified		
Risk Rating Initial Score 4x4 = 16 Current Score 4x4 = 16		Lead Director Cameron Ward Martin McDowell Date Last Reviewed 30 September 2020		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Roll out of Aristotle Business Intelligence portal makes performance information available to all CCG staff at all times New Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated Performance Exceptions formally considered through respective CCFs and Joint Quality and Performance committee Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week. New management structure put in place with clear lines of accountability and responsibility Identified individuals update monthly through integrated performance meetings and SMT Links between Contracting team and CQPG to triangulate on quality aspects of performance CCG Improvement and Assessment Framework performance reported to Governing Body quarterly Continued monthly performance meetings internally On-going review of all standards by governing body Newly established escalation process has been developed for performance issues 		Action	Responsible Officer	Due By
		Continued monitoring of associated risks	All	on-going
		Monthly performance calls with NHSE to review all constitutional targets. Key areas are highlighted as exceptions: <ul style="list-style-type: none"> - A&E performance - Diagnostic test waits performance - Cancer wait times performance - RTT performance 	All	On-going
		Performance issues highlighted during weekly meetings with CCG commissioning staff (initiated form November 2019)	Cameron Ward	On-going
		Potential impact on performance with efforts focussed on Covid-19		
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked Integrated Performance Report shows CCG understanding of issues and oversight of actions Integrated Performance Reports may show improved performance as a result of robust management by CCG Performance continues to be maintained 				

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

Strategic Objective 2		To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 2.2		Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.		
Risk Rating		Lead Director		
Initial Score	4x4=16	Tracy Jeffes-Debbie Fairclough		
Current Score	2x4=8	Date Last Reviewed		
		30 September 2020		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> • CCG Commissions EPRR and Business Continuity support from MLCSU • CCG has in place business continuity plans with plans and strategies refreshed September 2018 • Emergency Planning training • CCG Statutory Lead Director of Place – North • NHSE Self-Assessment Assurance process completed. Development Plan in place. • Business Continuity Plans exercised, with an action plan being progressed as a result of the plan being implemented. • Mutual aid confirmed with neighbouring CCGs • Fast access laptops now in place to enable working at remote locations at all times • Deep Dive assessment of severe weather impact undertaken • Leadership Training completed in February 2020 for Programme Lead for Corporate Services 		Action	Responsible Officer	Due By
		Action plan from exercising from Business Continuity Plans being implemented	Lisa Gilbert	Ongoing
		On-going training for key staff – multiagency response training event.	Tracy Jeffes	Ongoing
		Leadership training to take place in February 2020 – completed	Programme Lead for Corporate Services	Completed
		AO lead role for Sefton in wider system c-19 response		
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> • NHSE assurance through self-assessment and improvement plan • Response received from NHSE assuring our assessment and plans. Substantial assurance received from NHSE against the EPRR core standards for 2018/19. 		<ul style="list-style-type: none"> • System wide Pan Flu planning to be established 		
Additional Comments:		Link to Risk Register:		

Strategic Objective 2		To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 2.3		Failure to have in place plans in the event of a no-deal Brexit after the transition period may result in adverse consequences for patients due to potential medicines supply issues		
Risk Rating		Lead Director		
Initial Score	4x5=20	Jan Leonard–Debbie Fairclough		
Current Score	4x5=20	Date Last Reviewed 30 September 2020		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> • CCG continues to participate in NHSE events on planning • CCG MM lead is linked into national programme • MM hub model will provide medicines resilience in primary care • Communication from NHS England shared with practices and LMC asking for feedback on any specific issues. • EU no deal NHSE Sitrep procedure now implemented • EU exit lead attended planning workshop • Business continuity plans and strategy have been updated and approved by LT 8.10.19 • Business continuity exercise for leadership team held February 2020. 		Action	Responsible Officer	Due By
		NHSE sitrep procedure now paused.	Programme Lead for Corporate Services	tbc
		EU Exit planning arrangements to recommence		
		COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken.		
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
Additional Comments:		Link to Risk Register:		

Strategic Objective 2		To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 2.4		Failure to have in place care home provider failure plans could adversely affect continuity of care for patients		
Risk Rating		Lead Director		
Initial Score	3 x 3 = 9	Jane Lunt		
Current Score	4x5=20	Date Last Reviewed		
		30 June 2020		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Care home provider failure plan in place and has been tested: enacted in the last 12 months with the safe transfer of patients. This was followed with a Lessons Learnt even to identify any areas of improvement. Actions were identified and put in place to mitigate for any future care home failures. CCG and LA lead have met to consider and review risks and remain in contact to ensure any new risks are identified and managed Plans taken through IPA (Individual Patient Activity Programme Board) for annual review. Good engagement with CSU and colleagues leading on patient assessment and placement 		Action	Responsible Officer	Due By
		COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models well affect the objective will be undertaken.		
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> A successfully tested care home provider failure plan in place Monitoring of plans through IPA 				
Additional Comments:		Link to Risk Register:		

Strategic Objective 3		To ensure 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.		
Risk 3.1		Failure to deliver overall QIPP plan		
Risk Rating		Lead Director		
Initial Score	3 x 3 = 9	Martin McDowell		
Current Score	4 x 5 = 20	Date Last Reviewed		
		30 September 2020		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> STB with independent chair meets monthly to progress the transformation plan Working groups established to progress key aspects of the programme Maximising the existing resources and managing workloads within budget. Additional support staff now in place for Sefton provider Alliance, integrated commissioning, digital and Shaping Care Together. Recruitment underway for comms 		Action	Responsible Officer	Due By
		Transition Plan for 2020/21 being considered with partners for associated staffing support being quantified.	Cameron Ward	
		Financial approaches to take into account service delivery	Cameron Ward	31.12.20
		Chief Officer oversight of transition continues with independent support	Fiona Taylor	31.12.20
		COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken.		
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Monitoring performance of transformation programme milestones 				
Additional Comments:		Link to Risk Register:		

Strategic Objective 3	To ensure 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.			
Risk 3.2	There is a risk that financial pressures across health and social care impacts negatively on local services and prevents the future development of integrated commissioning and the implementation of integration plans			
Risk Rating	Lead Director			
Initial Score	3x3=9	Tracy Jeffes		
Current Score	3x3=9	Date Last Reviewed		
		30 September 2020		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Health and wellbeing board executive in place Review of current BCF and Section 75 arrangements now complete; approved and signed off. Integrated Commissioning Group established and plan for more ambitious joint working – work now significantly progressed Making It Happen – joint approach to integration approved, with implementation agreed. Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements - review underway Finalised iBCF and BCF and aligned to “Making it Happen” Implementation plan for the Working together on developing the Health & Wellbeing strategy and the 5 year plan Steering Group established to monitor and further develop the ambitions within the pooled budget Joint planning group established (refresh of HWB strategy and development of underpinning Sefton 5 year plan). ICG role and function review completed 		Action	Responsible Officer	Due By
		Working together on implementation plan for the Health & Wellbeing strategy and the 5 year plan	Tracy Jeffes Cameron Ward	Complete
		Joint planning group continue to meet to refresh HWB approved by governing body and HWB Board. Joint delivery plan to de-agreed	Cameron Ward	July 2020
		Membership widened and arrangements strengthened. Joint commissioning posts in place, Aqua session planned and joint work programme established		July 2020
		New BCF approved by council and governing bodies and new S.75 now signed.	Tracy Jeffes	Complete
		Many areas of development were paused to enable c-19 response but recommencing in July 2020		Complete
			Review of joint integrated commissioning workplans	Cameron Ward
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Senior leader meetings Health & Wellbeing Executive meetings 		<ul style="list-style-type: none"> Capacity to deliver on all priority areas. 		
Additional Comments:		Link to Risk Register:		

Strategic Objective 4	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs)..			
Risk 4.1	Current work pressures reduce ability to engage on the transformation agenda			
Risk Rating Initial Score Current Score	3x3=9 3x3=9	Lead Director Jan Leonard / Tracy Jeffes Date Last Reviewed 30 September 2020		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Delegated Commissioners of Primary Medical Care services Primary Care Commissioning Committee given rating of significant assurance by MIAA LQC for 20/21 reviewed as a result of COVID and revised, changes agreed by Approvals Panel and scheme now live. Work plan for transformation in place New GP contract in place PCNs reauthorized with 2 PCNs covering Formby and Ainsdale & Birkdale. Network services to Central and North delivered by SF Health (GP Fed) Medicines Hub operational and medicines offer to PCNs has been accepted. Engagement plans for PCNs covering non participating practices to go to PCCC Contractual monitoring in place for 7 day access service Working with PCNs to support their development 		Action	Responsible Officer	Due By
		Additional roles reimbursement returns being worked through and plans in place with PCNs to support plans.	Jan Leonard / Tracy Jeffes	Oct 20
		Social prescribing remains in place and extended	Jan Leonard / Tracy Jeffes	On going
		Changes to QoF being reviewed as local agreement with commissioners required for income protected indicators.	Jan Leonard	Nov 20
		IIF fund launched by NHSE in October 20. Targeted at PCNs, impact on non participating practices	Jan Leonard / Tracy Jeffes	Oct 20
		Enhanced Health in Care Homes service to commence in October	Jan Leonard / Tracy Jeffes	Oct 20
		Plans to maintain and expand COVID response through winter being mobilised	Jan Leonard	Oct 20
		PCN additional roles allocation plans submitted to NHSE/I	Tracy Jeffes / Jan Leonard	Sept 20
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Aristotle primary care dashboard in development Transformation monitoring through Primary Care Commissioning Committee LQC monitoring 				
Additional Comments:		Link to Risk Register:		
Strategic Objective 5	To 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.			

Risk 5.1	Lack of engagement of all providers in the development of the Provider Alliance.		
Risk Rating Initial Score 3 x 4 = 12 Current Score 3 x 4 = 12	Lead Director Jan Leonard Date Last Reviewed 30 September 2020		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Supporting the development of the Provider Alliance Supporting monthly meetings of the Provider Alliance and the Operational Group CCG co-Charing (with Public Health) Falls Work Stream Ensuring alignment of provider alliance priorities with work of Integrated Commissioning Group 	Action	Responsible Officer	Due By
	Work on priorities being reviewed post COVID	Jan Leonard / Tracy Jeffes	Nov 20
	New Chair in place presents opportunity to refocus group	Jan Leonard / Tracy Jeffes	Nov 20
	Establishment of Partnership Assembly via HCP reinforces importance of Place / Borough	Jan Leonard / Tracy Jeffes	Dec 20
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
•			
Additional Comments:	Link to Risk Register:		

Strategic Objective 5	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.		
Risk 5.2	Ability and capacity of PCNs to develop and to contribute to the integration model.		
Risk Rating Initial Score 4 x 4 = 16 Current Score 4 x 4 = 16	Lead Director Jan Leonard Date Last Reviewed 30 September 2020		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> • Phased development of PCNs • PCN progress reviewed by Primary Care Commissioning Committee • 2 PCNs now re-authorised • MOUs in place for Medicines Hub • Contractual monitoring in place for 7 day access service • MOU in place with SF Health to offer network services to non-participating practices 	Action	Responsible Officer	Due By
	Regular meetings in place with CDs to support PCN development, opportunity to expand to Sefton wide meetings	Jan Leonard / Tracy Jeffes	
	Work on ICT development with community provider recommenced post COVID	Jan Leonard / Tracy Jeffes	
	Workforce support and Development being progressed	Jan Leonard / Tracy Jeffes	
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> • Review of PCN progress 			
Additional Comments:	Link to Risk Register:		
Links to risk 4.1			

Strategic Objective 6	To progress a potential CCG merger to have in place an effective clinical commissioning group function.								
Risk 6.1 (prev 6.2)	Organisation reconfiguration detracts from strategic commissioning								
Risk Rating Initial Score Current Score	<table border="1"> <tr> <td>3x3=9</td> <td colspan="2">Lead Director Tracy Jeffes</td> </tr> <tr> <td>3x3=9</td> <td colspan="2">Date Last Reviewed 30 September 2020</td> </tr> </table>			3x3=9	Lead Director Tracy Jeffes		3x3=9	Date Last Reviewed 30 September 2020	
3x3=9	Lead Director Tracy Jeffes								
3x3=9	Date Last Reviewed 30 September 2020								
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):								
<ul style="list-style-type: none"> Focussing on business as usual Increased focussed on performance levels Clarity of roles and responsibilities during times of change Working with neighbouring CCGs to design a larger CCG which ensured locally responsive planning / commissioning through clear governance arrangements. Ensuring the primacy of “place” within NHS guidance as the key planning and integrated commissioning footprint, regardless of larger commissioning footprints for some other services. Timescales for possible reorganisation of CCGs allows for the strengthening of place / integrated commissioning arrangements in advance of organisational change. Joint Integration Commissioning Workshop action plan complete. Paper presented to cabinet and governing body. Joint Commissioning Intention for 2020/21 developed and available Joint integrated commissioning posts now operational 	Action	Responsible Officer	Due By						
	Paper to go to both cabinet and governing body recommendations for more integrated working.	Cameron Ward	Complete						
	Joint commissioning intention for 2020/21 in development and to be available from February 2020.	Cameron Ward	Complete						
	Integrated Commissioning Group plans to be progressed with support from HWBB Executive	Cameron Ward	June 2020						
	Development work on hold to deal with Covid 19 but now recommencing	Stephen Williams	July 2020						
	Integrated Commissioning workplans to be reviewed	Cameron Ward	30.11.20						
	Strategic discussions underway regarding future configuration of CCGs	Fiona Taylor	On-going						
	Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):							
<ul style="list-style-type: none"> Reviews of performance levels across the system and of individual organisations Board to board meetings 	Capacity to deliver on all priority areas.								
Additional Comments:	Link to Risk Register:								

SOUTHPORT AND FORMBY CCG - SUMMARY OF CORPORATE RISKS HEAT MAP Q2 2020/21

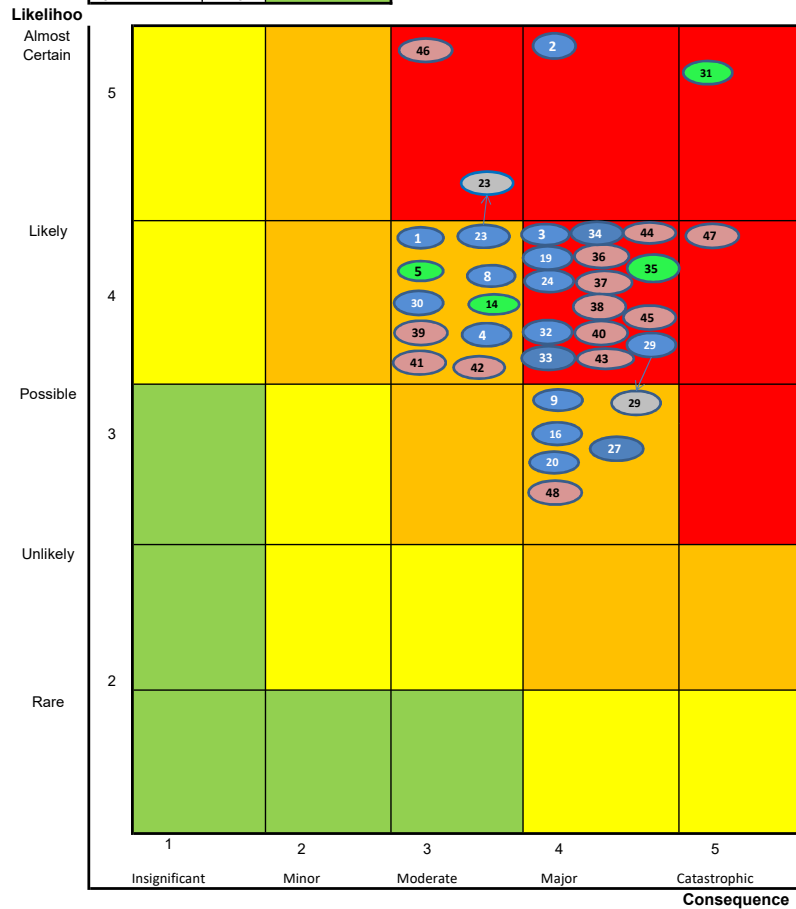
(MITIGATED SCORES - 12 AND ABOVE)

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



Significant

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



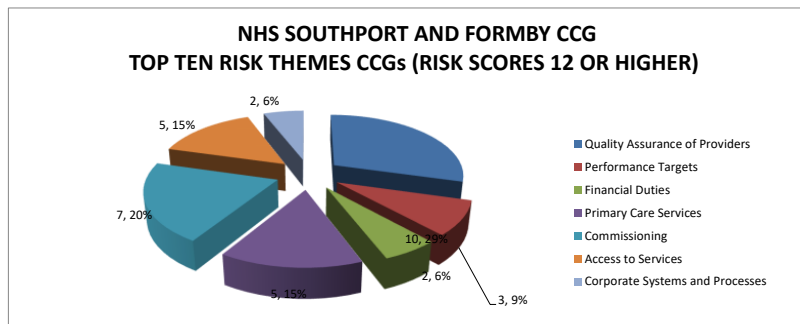
Key	Risks	CRR ID	Score	Risk Owner	Equivalent SS Key
1	Not delivering National KPI Access Psychological Therapies	QUA002	12 (4x3)	KMcC	1
2	Sustainability of S&O Hosps - fin pressures, clinical staff shortages	QUA003	20 (5x4)	KMcC	x (N)
3	Quality of care - stroke services below performance & quality	QUA005	16 (4x4)	KMcC	x (N)
4	Non delivery A&E target - patient flow S&O	QUA006	12 (4x3)	KMcC	2 - similar
5	Infectory hospital admissions - poorly maintained nebuliser equipt	QUA011	12 (4x3)	JO	3
6					5
7					6
8	Extra service pressures due to lack of workforce planning and financial pressures	QUA026	12 (4x3)	TJ	7
9	Non delivery of SEND recommendations	QUA033	12 (3x4)	JLu	8
10					9
11					10
12					11
13					28
14	Safe and appropriate patient care - nursing capacity at S&O	QUA058	12 (4x3)	BP	12
15					13
16	Failure to meet national emergency ambulance responses - ARP	QUA063	12 (3x4)	JS	14
17					15
18					16
19	Non delivery of GP medical services	JC03	16 (4x4)	JL	17
20	Records transfer issues.	JC05	12 (3x4)	JL	18
21					21 and 23
22					22
23	Non delivery of 62 day target for cancer impacting diagnosis, treatment and outcomes	QUA070	15(5x3)	KMcC	24
24	Service pressures due to capacity issues at S&O haematolgy and haemato-oncology	QUA074	16 (4x4)	KMcC	x (N)
25					x (N)
26					x (Y)
27	Risk to IAPT service delivery following notice by provider to cease provision 1.4.2020	QUA076	12 (3x4)	KMcC	26
28					27
29	Risk to Mental Health LTP ambitions due to lack of finances re challenging QIPP for 2021	QUA077	12 (3x4)	GJ	29
30	Performance and quality at AUH site LUHFT due to service reconfiguration from merger	QUA078	12 (4x3)	BP	33
31	Confidential - Private	JC30	25 (5x5)	JL	34
32	Risk to performance, quality and delivery of the CHC programme caused by COVID-19	QUA079	16 (4x4)	JLu	35
33	Non delivery of CCG control total/savings plan in 2020/21 due to emerging pressures	FR0011	16 (4x4)	MMcD	36
34	Not deliver planned QIPP target in 2020/21 due to non-delivery of high risk QIPP	FR0011a	16 (4x4)	MMcD	37
35	Risk home providers will not accept patients without a negative Covid 19 swab	C2	16(4x4)	CW	38
36	Increase in size of elective care waiting lists, caused by reduced activity due to COVID-19	C3	16(4x4)	BD/TH	39
37	Risk of reduced survial outcomes due to delays in diagnosis and treatment of cancer	C10	16(4x4)	SMc	40
38	Risk of delays to cancer diagnosis and treatment	C11	16(4x4)	SMc	41
39	Risk that there is insufficient capacity within the CCGs to manage HR	C25	12(4x3)	HR Lead	42
40	Risk regarding primary care access to routine referrals into secondary care	C33	16(4x4)	AP	43
41	Risk to security of the site in terms of antisocial behaviour, theft and criminal damage.	C35	12(3x4)	MW	44
42	Significant loss in capacity and potential increases in access times - phlebotomy service	QUA080	12(3x4)	JS	45
43	Confidential - Private	JC32	16(4x4)	JL	46
44	Confidential - Private	JC33	16(4x4)	JL	47
45	Confidential - Private	JC34	16(4x4)	JL	48
46	Adult ASD service, waiting times continue to remain under review	QUA81	15(5x3)	GJ	49
47	Adult Eating Disoder service has long standing challenges around achieving 18 hour waits.	QUA82	20(4x5)	GJ	50
48	Risk that the CCG will continue to fail the 62 day constitutional access target for cancer	QUA071	12(3x4)	Smc	x (N)

Equivalent SS Key
x (N)
x (Y)
21 and 23
2 - similar

No equivalent risk on SS Heat Map (N - and not on SS CRR)
 No equivalent risk on SS Heat Map (Y - but on SS CRR)
 1 risk on SF but 2 risks to cover equivalent on SS Heat Map
 Similar risk on Heat Map

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

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



Key Risks	ID	Owner	Theme
1 Not delivering National KPI Access Psychological Therapies	QUA002	KMcC	Quality Assurance of Providers
2 Sustainability of S&O Hosps - fin pressures, clinical staff shortages	QUA003	KMcC	Quality Assurance of Providers
3 Quality of care - stroke services below performance & quality	QUA005	KMcC	Quality Assurance of Providers
4 Non delivery A&E target - patient flow S&O	QUA006	KMcC	Quality Assurance of Providers
5 Infactory hospital admissions - poorly maintained nebuliser equipt	QUA011	JO	Quality Assurance of Providers
6			
7			
8 Extra service pressures due to lack of workforce planning and financial pressures	QUA026	TJ	Quality Assurance of Providers
9 Non delivery of SEND recommendations	QUA033	JLu	Performance Targets
10			
11			
12			
13			
14 Safe and appropriate patient care - nursing capacity at S&O	QUA058	BP	Quality Assurance of Providers
15			
16 Failure to meet national emergency ambulance responses - ARP	QUA063	JS	Quality Assurance of Providers
17			
18			
19 Non delivery of GP medical services	JC03	JL	Primary Care Services
20 Records transfer issues.	JC05	JL	Corporate Systems and Processes
21			
22			
23 Non delivery of 62 day target for cancer impacting diagnosis, treatment and outcomes	QUA070	KMcC	Performance Targets
24 Service pressures due to capacity issues at S&O haematology and haemato-oncology	QUA074	KMcC	Quality Assurance of Providers
25			
26			
27 Risk to IAPT service delivery following notice by provider to cease provision 1.4.2020	QUA076	KMcC	Commissioning
28			
29 Risk to Mental Health LTP ambitions due to lack of finances re challenging QIPP for 2021	QUA077	GJ	Commissioning
30 Performance and quality at AUH site LUHFT due to service reconfiguration from merger	QUA078	BP	Performance Targets
31 Confidential - Private	JC30	JL	Primary Care Services
32 Risk to performance, quality and delivery of the CHC programme caused by COVID-19	QUA079	JLu	Commissioning
33 Non delivery of CCG control total/savings plan in 2020/21 due to emerging pressures	FR0011	MMcD	Financial Duties
34 Not deliver planned QIPP target in 2020/21 due to non-delivery of high risk QIPP	FR0011a	MMcD	Financial Duties
35 Risk home providers will not accept patients without a negative Covid 19 swab	C2	CW	Access to Services
36 Increase in size of elective care waiting lists, caused by reduced activity due to COVID-19	C3	BD/TH	Quality Assurance of Providers
37 Risk of reduced survival outcomes due to delays in diagnosis and treatment of cancer	C10	SMc	Access to Services
38 Risk of delays to cancer diagnosis and treatment	C11	SMc	Access to Services
39 Risk that there is insufficient capacity within the CCGs to manage HR	C25	HR Lead	Corporate Systems and Processes
40 Risk regarding primary care access to routine referrals into secondary care	C33	AP	Access to Services
41 Risk to security of the site in terms of antisocial behaviour, theft and criminal damage.	C35	MW	Access to Services
42 Significant loss in capacity and potential increases in access times - phlebotomy service	QUA080	JS	Commissioning
43 Confidential - Private	JC32	JL	Primary Care Services
44 Confidential - Private	JC33	JL	Primary Care Services
45 Confidential - Private	JC34	JL	Primary Care Services
46 Adult ASD service, waiting times continue to remain under review	QUA81	GJ	Commissioning
47 Adult Eating Disorder service has long standing challenges around achieving 18 hour waits.	QUA82	GJ	Commissioning
48 Risk that the CCG will continue to fail the 62 day constitutional access target for cancer	QUA071	SMc	Commissioning

PTU/PTII		COVID-19										Update: Q2 2020/21: 30 September 2020																
Details of Risk										Initial Score			Key controls and assurances in place (and actions completed) (What controls/systems are already in place to prevent the risk from being realised...)				Residual Score Q2 2020			Lead Review Date		Comm Review Date		Mitigating Actions				
Committee	Area/Team Ref	SF	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action	Action Owner/Lead	Q4 19/20	Q1 2021	Trend to prior Q	Overall Trend	Theme							
COVID	Quality and Performance Committee	C2	SF	Q1 15/4/20 (C-19)	Unplanned Care	Some care home providers will not accept patients needing to be transferred from hospital without a negative Covid 19 swab result.	Cameron Ward / Sharon Forrester / Jane Keenan	5	4	20	4	4	16	Sep-20	Sep-20	The COG to continue to pursue alternative provision. Work collaboratively with the LA to support and protect our care home market. REQUEST CLOSURE - THIS NO LONGER POSES A RISK TO THE SYSTEM AS THERE IS NOW PROVISION FOR COVID POSITIVE PATIENTS WITHIN SOUTHPORT AND FORMBY	Cameron Ward / Sharon Forrester / Jane Keenan	NA	16	N/A	↓							
COVID	Quality and Performance Committee	C3	SF	Q1 15/4/20 (C-19)	Planned care	There is a risk that an increase in size of elective care waiting lists, caused by reduced activity during COVID-19 pandemic, will have adverse effects on wait times for patients and possibly health outcomes.	Billie Dodd / Terry Hill	4	4	16	4	4	16	Sep-20		Weekly calls with Acute Trust (S&O) and neighbouring GCGs (Liverpool/CCG) to understand impacts of COVID19 and signpost strategies. S&O to provide elective care updates, including data re: waiting lists (as waiting list numbers of 8 weeks behind current position). The COG are working with its Acute/community providers on QIPP programmes area's under the auspices of the system management group to deliver transformational change that will bring about both reduced demand and improved productivity that will support recovery.	Billie Dodd/Terry Hill	NA	16	N/A	↔							
COVID	Quality and Performance Committee	C5	SF	Q1 15/4/20 (C-19)	Planned care	LUMFT have implemented a restriction on the accepting of routine elective referrals, and have requested referrals to hold onto referrals unless the patients cannot wait or be seriously compromised if not assessed within 6-12 months. This is against national guidance as per Adam Andrews (Head of planned care - NHSE)	Billie Dodd / Terry Hill	3	4	12	3	3	9	May-20		Conversations between LCCG and Sefton GB chairs have taken place, along with exec conversations between Fines Lommens (LCCG Chair) and Deputy medical director for LUMFT. Additionally, weekly calls with elective care leads at LCCG are taking place to understand change to policy. Expectation that national guidance will be published imminently, which will clarify expectations regarding process Acute trusts should follow during the pandemic.	Billie Dodd/Terry Hill	NA	9	N/A	↓							
COVID	Quality and Performance Committee	C10	SF	Q1 15/4/20 (C-19)	Planned Care/Cancer	There is a risk of reduced survival outcomes due to delays in diagnosis and treatment of cancer	Sarah McGrath	5	4	20	4	4	16	Sep-20		Guidance on stratification for treatment. Cancer Alliance STREP weekly reporting referrals, waiting times and waiting list sizes. Use of surgical hubs to provide safer capacity. Established Endoscopy Recovery Team	Cancer Alliance NHSE	NA	16	N/A	↓	Access to Services						
COVID	Quality and Performance Committee	C11	SF	Q1 15/4/20 (C-19)	Planned Care/Cancer	There is a risk of delays to cancer diagnosis and treatment from gaps in safety netting processes between primary and secondary care	Sarah McGrath	4	4	16	4	4	16	Sep-20		EMIS safety netting system communications to primary care	Sarah McGrath	NA	16	N/A	↔	access to Services						
COVID	Quality and Performance Committee	C13	SF	Q1 15/4/20 (C-19)	Planned care	Second stage letters received from Simon Stevens 26th April requesting plans to be developed for urgent and where possible routine activity to resume. Plans are to be developed with local and regional teams, however no local guidance has been issued, which could lead to different providers prioritising different services going live leading to surge in activity that providers may not be able to deal with.	BD/TH	4	2	8	2	2	4	May-20		Weekly calls with Southport & Ormskirk and West Lancs are progressing discussions regarding plans for opening up further urgent and no urgent services with an expectation that the lead will provide further clarity early 14th May. This is a deadline for plans to be submitted to the recovery cell on 14th May. This does not provide sufficient time to try to coordinate with neighbouring commissioning providers to align and establish a plan to ensure that demand can be managed appropriately.	BD/CW/TH	NA	4	N/A	↓							
COVID	Quality and Performance Committee	C14	SF	Q1 15/4/20 (C-19)	Planned care	During the initial period of the COVID pandemic, planned care staff have been redeployed to support IMT duties. As recovery activities ramp up, the planned care team will be required to support the development and implementation of the recovery plan. Redeployment of staff was created before the redeployment plan was created. Therefore a disproportionate amount of resource from the commissioning team was allocated to the care home call. Therefore the team does not have the resilience resource to pick up required activities whilst team members are redeployed.	BD/TH	3	3	9	2	2	4	May-20		Redeployment has been escalated to CCCLT for discussion. Recruitment of 2 x band 7 project manager and 1 x project facilitator is under way and will support the delivery of QIPP recovery, however will not provide the resilience in the team in the short term. Proposal for redeployment of team members to support recovery post 15th May. CLOSE DUE TO STAFF RECRUITMENT AND STEP DOWN OF IMT	CW/BD/TH	NA	4	N/A	↓							
GGVID	Finance and Resource	C15	SF	Q1 15/4/20 (C-19)	Finance	Failure to identify all costs associated with the COVID pandemic for recovery under guidance issued by NHSE may lead to increased financial pressure	Martin McDowell	3	4	12	2	3	6	Apr-20	Jul-20	Links established with DDA working group and with MLCBU regarding discharge tracker and ongoing monitoring to ensure all associated packages of care are captured and cost reported appropriately. Communications established to ensure COVID related costs are notified to the Finance team. Monthly reporting of COVID costs and review of cost base to identify COVID related spend.	Martin McDowell MOVED TO FR0011	NA	6	N/A	↑	Corporate Systems and Processes Financial Duties						

COVID-19										Update: Q2 2020/21: 30 September 2020												
Details of Risk										Initial Score		Residual Score Q2 2020			Lead Review Date		Comm Review Date		Mitigating Actions			
Committee	Area/Team Ref	SF	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action		Action Owner/Lead	Q4 19/20	Q1 2021	Trend to prior Q	Overall Trend ↑ ↓	Theme
COVID	Finance and Resource	C16a	SF	Q3-8/20	Finance	Failure to accurately and fully identify packages of care for all patients discharged from hospital under the COVID emergency response guidance may mean that funds associated are not recovered from the appropriate NHS England improvement funding streams leading to increased risk of financial pressure to the CCG.	Alison Ormsod	3	4	12	2	3	6	Jul-20	Jul-20	<ul style="list-style-type: none"> Ongoing review of systems and processes across North Mersey via MLCSU and CCGs during the emergency response period. Monthly reporting processes established via NHS England. Regular review of cost base for packages of care to identify COVID related spend and ensure inclusion through the monthly process to recover COVID associated costs. 	Alison Ormsod MOVED TO FR0011	N/A	N/A	N/A		
GOVID	Finance and Resource	C16	SF	Q1-15/4/20 (C-19)	Finance	Failure to progress with the Sefton financial recovery plan which may result in risk to long term financial sustainability across the health economy	Martin McDowell	4	4	16	4	4	16	Jun-20	Jul-20	<ul style="list-style-type: none"> QIPP progression suspended during the COVID emergency response and revised financial regime implemented nationally - Contracting process for 2020/21 suspended - Further guidance regarding the financial regime for the remainder of 2020/21 expected in July 2020 DMG work to develop QIPP processes and governance arrangements has progressed in Q1. 	Martin McDowell MOVED TO FR0011a	N/A	16	N/A	→	Financial Duties Commissioning
COVID	Finance and Resource	C16	SF	Q1-15/4/20 (C-19)	Finance	Risk that progress with transformation QIPP schemes which are not affected by COVID is stalled as a result of COVID activities.	Cameron Wardl Martin McDowell	4	4	16	4	4	16	Jun-20	Jul-20	<ul style="list-style-type: none"> QIPP progression suspended during the COVID emergency response and revised financial regime implemented nationally - Contracting process for 2020/21 suspended - Further guidance regarding the financial regime for the remainder of 2020/21 expected in July 2020 DMG work to develop QIPP processes and governance arrangements has progressed in Q1. 	Cameron Wardl Martin McDowell MOVED TO FR0011a	N/A	16	N/A	+	Financial Duties Commissioning
GOVID	Finance and Resource	C16	SF	Q1-15/4/20 (C-19)	Finance	Failure to review and assess long term changes to medium long term health needs through the COVID period may impact the CCG financially in the longer term	Cameron Wardl Martin McDowell	4	4	16	3	3	9	Jun-20	Jul-20	<ul style="list-style-type: none"> Communications and engagement with CCG and provider recovery calls will be key in determining financial limits of future changes as part of QIPP work and contracting processes going forward. 	Cameron Wardl Martin McDowell MOVED TO FR0011a	N/A	9	N/A	+	Financial Duties Commissioning
COVID	Finance and Resource	C25	SF	Q1 15/4/20 (C-19)	Human Resources	There is a risk that there is insufficient capacity within the CCGs to manage HR as a business as usual function, given the increase in national guidance and local demands, resulting in a failure to adequately support staff.	HR Lead	5	3	15	4	3	12	Sep-20	Jul-20	<ul style="list-style-type: none"> Additional interim leadership support has been provided during the Covid-19 response by the Project Director (Place). This will continue on an interim basis until a decision regarding ongoing support is formally made. A review of the CCGs HR and OD function has been produced (May 2020) with a series of recommendations made to support a transition to business as usual activity and recovery. The CSU has started to provide fortnightly virtual HR support sessions for CCG staff and line managers. Clarification of roles and responsibilities between the CSU and CCGs is one of the report's recommendations. 	HR Lead	N/A	12	N/A	↓	
COVID	Finance and Resource	C27	SF	Q1-16/4/20 (C-19)	Medicine Management	Financial risk on prescribing spend	Suzanne Lynch	4	3	12	4	3	12	May-20	Jul-20	<ul style="list-style-type: none"> Monitoring of prescribing changes due to COVID19 in development with B1 - Monitoring which will be available mid May will provide a more accurate assessment of level of risk. 	Suzanne Lynch MOVED TO FR0011	N/A	12	N/A	→	
GOVID	Primary Care Commissioning Committee in Common	C29	SF	Q1-16/4/20 (C-19)	PPE	There is a risk that staff are not fully protected due to the current stock of PPE supplies particularly in primary care (GPHD) Core Homes/Demistry/ Care Pharmacies.	Fiona Taylor	6	4	24	2	3	6	Aug-20	Aug-20	<ul style="list-style-type: none"> Risk has been mitigated as much as possible, but a small residual risk remains in the event of a surge in PPE which must be accepted. The National Supply Direction flows remains an option should available supplies run out - National solution have now been set up and each practice has access to supplies. Risk reduced. Supplies of PPE have returned to normal level. No further risk - Proposal to close risk. 	Mel Wright	N/A	6	N/A	+	
COVID	Primary Care Commissioning Committee in Common	C30	SF	Q1-15/4/20 (C-19)	Primary Care	There is a risk that patients will not be shielding due to delays in national EMIS searches being available	ADJ/E	5	5	25	2	2	4	Jul-20	Jul-20	<ul style="list-style-type: none"> The CCG worked with clinicians supported with meds management input to create searches to identify patients at highest clinical risk during COVID-19. Patients were identified from the BMA/RCCP and NHS guidance issued in March 'Unshieldable Patients - The Role of General Practice during COVID-19' and those patients thought to be clinically appropriate. CCGs were asked not to develop searches until further guidance was made available, but due to the central searches that had been run which had not been accurate and the time delay putting vulnerable groups of patients at significant risk, practices ran locally developed searches to identify shieldable GP practices ran searches and communicated with patients identified on 4-4-20 Practices were asked to review their list of patients prior to sending the letter to ensure accuracy of the list produced Once national codes were released practices were asked to ensure all shielding patients had the appropriate code on to ensure they synchronise with national list 	AD	N/A	4	N/A	+	
COVID	Primary Care Commissioning Committee in Common	C34	SF	Q1-15/4/20 (C-19)	Primary Care	Risk to sustainability of General Medical Service due to it.	it	6	5	30	2	2	4	Jul-20	Jul-20	<ul style="list-style-type: none"> CCG and Practices are following changes to guidance as it happens. A check list for action to be considered in a continuity plan has been drawn up and will be shared with the practice - Merseyside has given assurance on IT solutions to enable remote working including an increase in bandwidth to accommodate higher usage. Community setting has been put into place to enable patients to be managed in the community. HotRed sites have now been established. PPE, workforce and antibody testing remain risks to the system and delivery of these plans. Practices have now activated standard access for buddy practices - sharing agreements are in place and a resilience platform has been developed to allow practice to highlight problems before reaching crisis point - On-line consultations and video consultations has allow more mobile working for staff. Antibody test has been completed and awaiting is more readily available. Proposal to close risk. 	it	N/A	4	N/A	+	

COVID-19										Update: Q2 2020/21: 30 September 2020																
Details of Risk										Initial Score		Key controls and assurances in place (and actions completed) (What controls/ systems are already in place to prevent the risk from being realised...)				Residual Score Q2 2020		Lead Review Date		Comm Review Date		Mitigating Actions				
Committee	Area/Team Ref	SF	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action		Action Owner/Lead	Q4 19/20	Q1 2021	Trend to prior Q	Overall Trend	Theme				
COVID	Primary Care Commissioning Committee in Common	C22	SF	Q1-15/4/20 (C-19)	Primary Care	There is a risk that patients will not be seen for essential ongoing appointments due to availability of staff in primary care	AP	4	4	16	4	4	8	Jul-20	Jul-20	Practices are following the national primary care standard operating procedures utilising digital first options for patients to access general practice, enabling flexible working solutions for clinicians. Video consultation solutions have been identified and utilised in general practice.	AP	N/A	8	N/A	+					
COVID	Primary Care Commissioning Committee in Common	C33	SF	Q1 15/4/20 (C-19)	Primary Care	Risk regarding primary care access to routine referrals into secondary care	AP	5	5	25	4	4	16	Sep-20	Sep-20	NHSE guidance to primary care is to continue referring as normal, however no similar instruction has been issued to trusts who were advised to stop elective activity at the beginning of the COVID outbreak. North Mersey - CCGs are in discussion with LIFT and other Trusts to ensure all services are open again ASAP. Advice given to primary care regarding use of Advice and Guidance, adding as much detail as possible to referral letter to aid secondary care triage, use of Dzwirgent pathways, and safety netting processes within general practice	AP	N/A	9	N/A	↓					
COVID	Quality and Performance Committee	C35	SF	Q1 15/4/20 (C-19)	Satellite Test Centres	Risk to security of the site in terms of antisocial behaviour, theft and criminal damage. Site in Bootle particularly identified as problematic by both Police and Army.	Mel Wright	4	4	16	3	4	12	May-20	Jul-20	Security staff and secure site plan under development.	Mel Wright	N/A	12	N/A	↓					
PTI	Quality and Performance Committee	QUA002	SF	Jan 15: Q4 2014/15	Commissioning and Delivery	There is risk of patients being harmed or receiving inadequate care caused by failure to deliver against National Key Performance Indicator for IAPT (Improving Access to Psychological Therapies) resulting in the potential for reduced levels of patient care.	Karl McCluskey (Jan Leonard & Geraldine O-Carridi)	4	3	12	4	3	12	Nov-19	Apr-20	<ul style="list-style-type: none"> Monthly performance and contractual meetings and reporting process in place Enhanced open access provision for patients to self refer including easier on line referral. Group sessions and LTC pilot in place Business case for additional investment approved. 		12	12	↔	↔	Quality Assurance of Providers				
PTI	Quality and Performance Committee	QUA003	SF	Apr 2015: Q1 2015/16	Commissioning and Delivery	There is a risk to the sustainability of Southport and Ormskirk Hospital Trust caused by financial pressures and shortages in clinical staff resulting the potential decrease in the quality of patient care.	Karl McCluskey	5	4	20	5	4	20	Sep-20	Sep-20	<ul style="list-style-type: none"> Selfan Transformation Board established with underpinning sustainable work stream. PMO in place with agreed leadership across the system Project plan towards development of PCBG established and agreed Joint Committee established with WLCOG and S&FCOG Programme Board established with S&OHT, WLCOG, S&FCOG, C&MHCP to oversee the development of Shaping Care Together to pursue initially a public engagement exercise including partners Overnight Group led by NHSEJ established Clinical leads from CCG identified and contributing development of clinical models with S&OHT Clinical models review at stroke group (May 2019), clinical QIPD and governing body (30 June 2019) Agreed risk share contractual agreement in place for 2019/20 with S&G Joint Turnaround Director in place across the system 		20	20	↔	↔	Quality Assurance of Providers				
PTI	Quality and Performance Committee	QUA005	SF	Q1 2016/17	Commissioning and Delivery	There is a risk that stroke services fall below the required performance and quality standards caused by gaps and unwarranted variation across the stroke pathway resulting in decreased standards of patient care.	Karl McCluskey	4	4	16	4	4	16	Sep-20	Sep-20	<ul style="list-style-type: none"> Strategic model of care developed and agreed across north Mersey and the C&M Healthcare Partnership North Mersey Stroke Board re-established Outline project timetable through to PCBG development in place which is monitored through the stroke board through to committee in common stroke board reinstated following COVID and progressing with PCBG 		16	16	↔	↔	Quality Assurance of Providers				
PTI	Quality and Performance Committee	QUA006	SF	Apr 2015: Q1 2015/16	Commissioning and Delivery	There is a risk of poor quality patient care in A&E caused by increase in demand on the service, decreased staffing and poor patient flow resulting in non delivery of A&E target (SF)	Karl McCluskey (Sharon Forrester)	3	3	9	4	3	12	Nov-19	Sep-20	<ul style="list-style-type: none"> A&E Executive Delivery Board in place Monthly contractual performance meetings Monthly Integrated Performance Report: reported to Governing Body. Monthly Quality meeting: reported to Governing Body. Revised performance trajectory agreed with that weekly Long stay review meeting implemented. Multi agency discharge events in place to mitigate escalation NI mutual aid in place to support improvement Revised performance trajectory agreed with NHSI System working collaboratively to maintain system patient flow Spot purchasing of additional beds Super stranded 3 day event Community bed MADE undertaken Cross boundary working and mutual aid considered and in place where possible Additional senior medical staffing and consultant ward rounds Boarding and additional escalation areas opened 		12	12	↔	↑	Quality Assurance of Providers				

COVID-19										Update: Q2 2020/21: 30 September 2020													
Details of Risk										Initial Score		Residual Score Q2 2020				Lead Review Date		Comm Review Date		Mitigating Actions			
Committee	Area/Team Ref	SF	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Key controls and assurances in place (and actions completed) (What controls/ systems are already in place to prevent the risk from being realised...)				Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action				
																		Review					
																		Action Owner/Lead	Q4 19/20	Q1 2021	Trend to prior Q	Overall Trend	Theme
PTI	Quality and Performance Committee	QUA011	SF	Sep 2016: Q2 2016/17	Commissioning	Risk of infection/ hospital admission caused by poorly maintained nebuliser equipment resulting in harm to patients.	Jenny Owen	4	3	12	<ul style="list-style-type: none"> Disinfectant Cup-Group informed Identifying short term solution for patients currently prescribed a nebuliser to be reviewed, be given advice on cleaning equipment and have access to replacement filters and tubing. Long term liaising with respiratory teams, consultants, LCH and QIP. Patients to ensure bases are right for the future. Patient information leaflet produced. 	4	3	12	Nov-19	Jul-20	<p>Primary Care presenting - Following the completion of the search it was identified that Merseyside Management did not have the capacity to take through - As to reset the Merseyside practice will review the data as part of the practice patient annual review and complete the process - Should a patient be identified as needing a full review they will be referred to the appropriate specialist team. The referral process will be completed by April 2018.</p> <p>July 2018 - This process went to the LMC in Feb 18 and was approved. Issues in CCG given deadline for referral in for Sept 2018. - Audit process put in place to review activity and effectiveness will report Nov 18. - Work being undertaken with providers and primary care to identify and put in place safe patient pathways across the system in line with best practice.</p> <p>Sept 18 - Email sent direct to CCG and provider Nurses to outline the review process along with referral forms and leaflet 17th April 2018. This was also put in the bulletin. The Community respiratory Team agreed to do the reviews during the summer period therefore the referrals need only be written until end of August 2018.</p> <p>Current status - referral process is complete and commissioners are awaiting for a feedback report on numbers identified, referred and reviewed from the respiratory team and practice facilitators. - Nov 18 - CCG still awaiting the report from Mersey Care re numbers of patients received, reviewed and sent back to primary care with a plan. Not all patients have been reviewed to date this has been discussed with the clinical lead for Southport Dr. Kai Schatz and she advised that the remaining patients could be reviewed over the summer months next year (2019) all patients however will have received a leaflet to show them how to clean the nebulisers and a name of a company they can get replacement tubing from.</p> <p>Report received from the provider. The service only received one third of the number that were identified. The reasons behind this are inconclusive. The service have agreed to extend the referral process out so there is no time limit to sending referrals to try to capture as many patients as possible. - ID to resend communications out to practices.</p> <p>Nov 19 - Mersey Care respiratory team will take ongoing referrals for nebuliser use review as opposed to a limited timeframe for review. All work completed to date apart from reviewing nebuliser use for specialist groups such as bronchiectasis. A task and finish group will be set up to conduct a review and develop guidance for clinicians. Task group to be set up August 2020. REQUEST CLOSURE OF THIS RISK</p>	12	12	↔	↔	Quality Assurance of Providers	
PTI	Quality and Performance Committee	QUA020a	SF	Jan 2016: Q4 2015/16	Commissioning and Delivery	There is a risk to mental health patients caused by the 12 hour waiting time in A&E resulting in compromised quality of patient care.	Karl McCluskey (Gordon Jones)	4	3	12	<ul style="list-style-type: none"> Refreshed processes for escalation and alert to the CCG and NHS England Trust has implemented CRHT model from October 2018 - this should enable crisis interventions to be undertaken in a community setting. Joint operational arrangements between Aintree and Mersey Care, day to day/hour to hours arise so as to ensure adequate provision. Recovery Action Plan in place to address capacity issues within Mersey Care wards RCA process: review of patient should they experience excessive waiting or admission. 	3	3	9	Nov-19	Jul-20	<p>CORE 24 funding now in place (Sept 2018) to enable 24/7 mental health liaison in Aintree and Southport. Discussions on sustainability on-going.</p> <p>1 x 12 hour mental health breach reported in SDGH in June 2018. Severe bed pressures contributed to the delay (previous one reported in October 2018). Zero 12 hour breaches have been reported in Aintree in over 12 months.</p> <p>Trust is aiming to fully implement CRHT model from October 2018 - this should enable crisis interventions to be undertaken in a community setting.</p> <p>SDGH and Mersey care are establishing closer working links.</p> <p>Mersey Care are working to draft business case to seek gold standard CRHT response. In addition they are seeking to funding to main stream NNAS Triage Care</p> <p>Nov 19 - CCG meeting NHSE to discuss Mental Health 12 hour breaches to establish consistency in reporting and discuss issues with flow and AMHP availability and patient safety - Meeting 20/11/2019</p> <p>REQUEST CLOSURE OF THE RISK DUE TO REDUCING NUMBER OF 12 HOUR BREACHES AND ONGOING WORK SUPPORTING PROCESSES AND REPORTING INCLUDING AED DELIVERY BOARD, ESCALATION PROCESSES AND IMPROVED REPORTING/LEARNING MECHANISMS</p>	9	9	↔	↓	Quality Assurance of Providers	
PTI	Quality and Performance Committee	QUA022	SF	Sep 2016: Q2 2016/17	Commissioning and Delivery	There is a risk that patients will miss their follow-up review date caused by lack of clinical capacity and estates resulting in delayed treatment for patients (SFCCG)	Karl McCluskey	4	4	16	<ul style="list-style-type: none"> Monthly contract meetings with providers Clinical Quality and performance meetings Clinical lead for contracts and quality Weekly and monthly monitoring through SMT and contractual performance. Reporting system developed that provides earlier notification of waiting time concerns. Is reviewed on a weekly basis and reported to SMT (Senior Management Team and SLT (Senior Leadership Team). Integrated Performance Report developed and presented monthly to Governing Body RTT provider/commissioning group established 	3	3	9	Sep-20	Sep-20	<ul style="list-style-type: none"> Meeting RTT targets, with regard to follow-up reviews on-going monitoring in place. The Trust is reviewing long waiting patients and capacity within the Divisions. Strategic North Mersey review of dermatology Action plans with timelines being developed/discussed at contract meetings. Currently achieving 94% and expect delivery through winter. Despite dip in performance during winter, continued to achieve RTT - May performance 94%. Quality Committee requesting what contractual levers the CCG will use should the Trust continue to have follow-up patients tipping over review date. Feb 19 - follow-up reviews have decreased from 5000 to 2100. This is continuously being monitored via the contract meetings Sept 19 update - feedback expected at 18/09/19 contract meeting, letter sent form CCG re details of the issues, actions and assurance measures. Nov 19 - Planned care lead and quality lead have dates for the Trust fortnightly exec meeting and will attend to support assurance. <p>REQUEST CLOSURE OF THIS RISK AS IT HAS BEEN SUPERCEDED BY LOST TO FOLLOW-UP RISKS AND COVID RECOVERY WORK</p>	9	9	↔	↓	Performance Targets	

COVID-19										Update: Q2 2020/21: 30 September 2020														
Details of Risk										Initial Score			Residual Score Q2 2020				Mitigating Actions			Review				
Committee	Area/Team Ref	SF	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Key controls and assurances in place (and actions completed) (What controls/systems are already in place to prevent the risk from being realised...)	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action	Action Owner/Lead	Q4 19/20	Q1 2021	Trend to prior Q	Overall Trend	Theme		
PTI	Quality and Performance Committee	QUA025a	SF	Jun 2015: Q1 2015/16	Quality	Brendan Prescott (Helen Case)	4	4	16	<ul style="list-style-type: none"> Action plan aligned to Business Continuity Plan KPIs in contract for Looked After Children and monitored through Quality Committee and contract meetings. CCG concerns raised by Chief Nurse via meetings with Director of Operations and Integration at NWS Chief Nurse concerns reported to both JQC and Governing Body. Designated Doctor for LAC now in post NWS restructure now complete Designated Nurse oversight and support in place for the team Commissioner/Provider update meetings held every 3 months Band 7 and 6 now in post 	1	4	4	Aug-20	Aug-20	<ul style="list-style-type: none"> LAC now at full establishment - does not meet guidance for numbers of LAC. Designated Nurse for Children in Care escalated to the Chief Nurse who has recommended a business case to be undertaken for additional funding. Also briefing paper for the leadership team to be presented in June 2019. Jun 19 - Briefing paper to LT was deferred due to provider organisation being asked to review their financial position provided to them by the CCG. The CCG have discussed this with the provider and the possibility of recruited additional staff with the available monies. As such the business case has been temporarily put on hold. September 19 - Extra capacity within the LAC team agreed with plan for 2 Band 5 LAC nurses to be recruited. Full service capacity expected by December 2019. Senior leadership within the team is changing so risk until recruitment remains the same. November 2019. Two band 5 posts are in the process of being recruited. Ongoing issues with long term sickness and staffing stability within the LAC team with a further member of the team leaving a band 6 post. Trust has back-filled reduced staffing capacity with some secondment posts however current staffing resource remains below required capacity. CCG business case for additional funding for the LAC team has been agreed and Mersey Care has been informed of CCG intention to increase funding. CCGs have communicated with Mersey Care that Mersey Care need to recruit additional 3 full time posts (x1 band 7; x1 band 6 and x1 band 5) with additional funding based on recommendations of the Designated Nurse CCG. Due to ongoing staffing capacity issues and reduced performance issues within the LAC contract, risk to remain the same. Mar 20 - still some discussion between CCG and Mersey Care finance leads about the level of funding into the LAC team but once this has been agreed then this risk can be removed as no further mitigating action will be required. Jun 20 - The LAC contract has now received additional financial resource from the CCG. Recruitment to additional CCG funded posts has been progressed with one new nurse commencing in post in December 2019, a further nurse due to start on 22.06.2020 and an administrator expected to start in July 2020. Therefore the staffing resource is improved and the risk is reducing. August 20 - the LAC health team has recruited to the additional CCG funded posts and is now its full complement of staff. The risk has therefore reduced and can be closed. 		8	4	↓	↓	Quality Assurance of Providers		
PTI	Quality and Performance Committee	QUA026	SF	Jun 2016: Q1 2016/17	Corporate	Tracy Jeffes	4	3	12	<ul style="list-style-type: none"> Link into C&M Healthcare Partnership Workforce Development work stream. Continue to work with Sefton Council on wider strategies to promote Sefton as a 'great place to work' Development of workforce element in Sefton Transformation Programme Sefton Transformation programme work force group established and working on the development of a workforce plan for Sefton 	4	3	12	Jun-20		<ul style="list-style-type: none"> Greater connection with wider strategic HR Workforce and OD groups through COVID response to be maintained. Baseline work completed on current workforce challenges in Sefton as part of Transformation Programme. System response and action plan to be developed as part of Provider Alliance work stream on HR and OD. 		12	12	↔	↔	Quality Assurance of Providers		
PTI	Quality and Performance Committee	QUA033	SF	Mar 2017: Q4 2016/17	Commissioning	Jane Lunt	3	3	9	<ul style="list-style-type: none"> Monitoring of SEND Action Plan via local and internal governance arrangements (including JQC) with regular progress updates being reported to Chief Officer Formal monitoring meetings established with DfE & NHS with outcome reporting to DoH in place. New model for DCO developed across the health system. Funding arranged from existing resource within the CCG and providers. Letter received from the Minister in March 2018 acknowledging the progress to date. ASD Diagnostic element of the pathway approved by CCG Health SEND strategic Group established and meet bi-monthly Financial position reported through to SMT, SLT and governing body. Commitment made for up to £100k recurrent for NDP/ASD/ADHD and up to £50k recurrent to support SALT reducing waiting lists / input into the NDP diagnostic pathway. Included as regular agenda item for governing body meetings, senior leadership team, leadership team and joint quality committee in order to monitor and review action plan and progress. 	3	4	12	Aug-20	Aug-20	<ul style="list-style-type: none"> Nov 18 - Chief Nurse as current DCO undertaking operational visits to health professionals across local system. New DCO to commence in role December 2018. DCO for Sefton and Liverpool now in post May 19 - SEND re-inspection took place April 19. Jun 19 - SEND inspection report published 13/06/19. SEND action plan reviewed and amended to reflect the inspection report completed by CCG COO. SEND strategic group now led by CFO to oversee implementation of new action plan. MMcD: Additional investment secured for key services (SALT) to reduce waiting times. Review of waiting times for other key services underway, expected to report end of July. Initial response being prepared by CCG/LA for sending to DfE/DH ahead of meeting on 18 July 2019. Focus on performance escalated with all providers involved in delivering SEND services. Nov 19 - Long waiters list results reduced and action plan in place to reach 18 week trajectory by 2020. SENDIAS embedded Jul 20 - A restoration and recovery report has been produced for the SEND Continuous Improvement Board on July 7th 2020 outlining plans for all health related actions contained in the improvement plan. The report confirms restoration of services post COVID and planning of recovery position for health related actions that are not in line with improvement plan timescales 		12	12	↔	↑	Performance Targets		
PTI	Quality and Performance Committee	QUA058	SF	Mar 18: Q4 17/18	Quality	Brendan Prescott	4	3	12	<ul style="list-style-type: none"> Monitoring of Safer staffing reports developed by Trust via CCORM on monthly basis with one to one meetings with CCG QN and Trust DoN to ensure delivery of quality of care to patients at the Trust. 	4	3	12	Aug-20	Aug-20	<ul style="list-style-type: none"> Nov 19 - trust continue recruitment and retention work. Recognition that this is a national issue of registered nurse vacancies. This is being regularly monitored via CCORM. Mar 20 - It is recommended this be removed as the CCG are not directly mitigating against this risk. Assurances and updates are being obtained via meetings like CQPG and CF. April 20 - this was reviewed by Audit Committee and it was requested to remain for further discussion. Jun 20 - This is ongoing risk for all Providers and will continue to be monitored via CCORM and the SOB. Recommended for closure at JQPC in June 2020. Awaiting confirmation at Audit Committee. 		12	12	↔	↔	Quality Assurance of Providers		

COVID-19										Update: Q2 2020/21: 30 September 2020													
Details of Risk										Initial Score		Residual Score Q2 2020			Lead Review Date		Comm Review Date		Mitigating Actions				
Committee	Area/Team Ref	SF	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realised...)	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action		Action Owner/Lead	Q4 19/20	Q1 2021	Trend to prior Q	Overall Trend	Theme
PTI	Quality and Performance Committee	QUA063	SF	Jun 2018: Q1 2018/19	Commissioning and Delivery	There is the risk of failure to provide emergency ambulance responses that meet the national ARP programme. At a local level delays in handover times at providers impacts on ARP and ambulance availability resulting in decreased standards of patient care and safety. There has been a refocus of target deadlines for the ARP programme following difficulty in implementing in 2018/19	Janet Spalten	3	4	12	<ul style="list-style-type: none"> Weekly and daily performance monitoring Information shared with all CCGs on monthly basis at NWS/NHS111 meeting with NM commissioners present. Collaboration with other Providers who contribute to the Pathway e.g. acute trusts and ambulance handovers times, introduction of alternatives to transfer with community trust. 	3	4	12	Sep-20	Sep-20	<ul style="list-style-type: none"> NW regional work continues with Aintree (due to high activity and trauma centre status) being one of six trusts identified for improvement work in handovers. Focus on ED internal improvements required to reduce handover delays. As part of NWS contract it has been agreed that work will continue with the first six trusts and that a further group will be identified for improvement work. On-going work with community trusts to develop alternatives to transfers for patients seen by NWS who do not require conveyance but alternative support within the community. Ambulance commissioning team working with NWS to develop SDIP to deliver performance within ARP standards and trajectories for reducing conveyances, improving handover delays and workforce/resource capacity. Will also link with roster review, continued transformation and delivery of new models of care and implementation of Carter recommendations. Nov 19 - The 2019/20 contract agreement with NWS 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. 24/8/20 Ambulance Response Programme agreed (19/20) and range of initiatives introduced to improve service delivery: <ul style="list-style-type: none"> Re-optimising vehicle fleet to increase response vehicles Improving call pick up times in Emergency Operation Centres Use of Manchester triage tool to support hear and treat and see and treat and reduce conveyances to hospital Re-alignment of staffing resources to meet demand with roster review Local initiatives/pathways introduced to provide alternatives to conveyancing 11/9/20 - No further update on above due to COVID 19 stand down of formal reporting. Plans in place to return reporting to business as usual 		12	12	→	→	Quality Assurance of Providers
PTI	Primary Care Commissioning Committee in Common	JC03	SF	Mar 2017: Q4 2016/17	Commissioning	Pressure in primary medical care services resulting from workload, workforce and funding. Risk that GP Practices will be unable to continue to provide medical services.	Jan Leonard	4	4	16	Strategic priority of the CCG. Discussed at Joint Commissioning Committee. GP5YFV plans. LOC funding to support transformation.	4	4	16	Sep-20	Sep-20	<ul style="list-style-type: none"> International recruitment application due at end Nov 17. Primary care workshop planned for mid Nov to review Shaping Sefton plans. Views from localities to be gathered to build plan. 2 year LOC to be considered. LOC planning meetings scheduled. Further clinical pharmacist application to be submitted, specification for Extended Access (7 days services) near finalised, to be presented to GB Feb 18 ahead of procurement. Despite GP5YFV roll out no reduction in pressure in practices. Clinical pharmacist application submitted. LOC being finalised. LOC has been approved via approvals panel. Clinical Pharmacy pilot bid successful. Plan to mobilise clinical pharmacists progressing. Bids for Primary Care Network funding being progressed. Pilot is being trialled in North locality for 3 months then will be rolled out to all localities. 7 day access live, monitoring appointment usage and impact on core hours. 7 of the 8 Localities have been successful in obtaining funds to develop Primary Care Networks. 7 day access Hub is now live and offering appointment between 5pm and 8pm weekday evenings and 10am to 1pm weekends. staff include GP, ANP, PN and physio from November 2018. Working through implications of new GP contract and changes regarding PCN formation. LT will review applications on behalf PCCC. 7 PCNs have been authorised by the CCG and plans in place to cover populations of non PCN practice populations. PCNs asked to confirm plans to mobilise extended hours. CCG support offer made to PCNs for medicines management and social prescribing. Resilience funding secured for several practice with further application to be submitted by Sept 2019. PCNs have secured funding to enable a first five scheme and a last five scheme to be implemented which will support new GP's in their first five years and also GP's who are approaching retirement. 		16	16	→	→	Primary Care Services
PTI	Primary Care Commissioning Committee in Common	JC05	SF	Apr 2017: Q1 2017/18	Commissioning	Risk to continuity of patient care due to impact of delays in records transfers.	Jan Leonard	5	4	20	PCSE working groups, regular updates to practices. Discussed at Joint Committee and LMC liaison meetings.	3	4	12	Sep-20	Sep-20	<ul style="list-style-type: none"> Attendance at meeting by CCG reps. JL has written to T Knight at NHSE regarding on-going situation and lack of progress, awaiting formal response. Issues raised at Regional Meeting, similar issues in other areas, await formal response. Issues continue with concerns over performers lists - meeting with NHSE Jan 18 to discuss actions. Issues continue to be raised and forwarded to NHSE / PCSE. JL to escalate to FT. No further update although PCSE staff now based within Regatta Place with NHSE which may help with resolving issues. Issues continue, committee felt risk of likelihood has increased. Further incidents have been identified around children not being invited for screening. A subgroup has been set up to reduce further incidents. Practice views to be sought re current situation with PCSE in practice. It was agreed at PCCC that practices should be contacted on a quarterly basis to establish if problems are resolving with PCSE or if they continue. The first survey will take place in October 2019. The survey demonstrated that whilst some practices hadn't had an incident in recent months, those that did continued to struggle to get any resolution. Issue will be raised again with NHSE. The PCCC reviewed the survey and agreed that the risk can be reduced. Escalation process with T Knight at NHSE agreed. There is no escalation process in place at PCSE. Confirmation received that individual issues to be shared with NHSE on an individual basis. A further survey will be undertaken within general practice to establish current situation. 		12	12	→	↓	Corporate Systems and Processes
PTI	Quality and Performance Committee	QUA071	SF	refreshed 10.5.19	Commissioning and Delivery	There is a risk that the CCG will continue to fail the 62 day constitutional access target for cancer resulting in delays to cancer diagnosis and treatment and associated poorer clinical outcomes	Karl McCluskey (Sarah McGrath)	4	3	12	<ul style="list-style-type: none"> S&O CRM and GPGC monthly S&O cancer performance meetings (monthly) S&O Cancer Locality meetings (quarterly) Strengthened process for sharing pathway level and 104 days breaches with CCG Internal to CCG/PTL meetings monthly to discuss Quality and performance group and at NHSE performance via through KLOES Superseded by Covid arrangements led by Cheshire and Merseyside Cancer Alliance Weekly Sriso reporting Focus on PTL size rather than performance 	4	3	12	Sep-20		<ul style="list-style-type: none"> Recovery plan submitted but sustained recovery not anticipated in 2019/20. Chief Operating Officer cancer meetings in place. Strengthened process for harm review of very long waiting cancer patients Cancer Alliance Restoration plan with focus on reducing numbers of patients waiting > 104 days and recovery of endoscopy services 		12	12	→	→	Performance Targets
PTI	Quality and Performance Committee	QUA077	SF	Nov-19	Commissioning	There is a risk that the challenging QIPP financial target in 2021 will impact on Mental Health LHM services - eg Crisis, IAPT, Individual Placement Support, SMI health checks and CYP. by the lack of available financial envelope for delivery. CCG is working with providers to agree part year allocations for development as per the Phase 3 guidance issued on 15 September MHIS as standard	Gordon Jones	4	4	16	<ul style="list-style-type: none"> Phase 3 guidance and Health Care Partnership exercise Ongoing dialogue with providers aimed at part year investment M108 	3	4	12	Sep-20	Sep-20	<ul style="list-style-type: none"> Mental Health commissioning working with finance to understand the financial envelope for 2021 and beyond. Ongoing dialogue with providers aimed at part year investment M108 		16	16	→	→	Commissioning

COVID-19										Update: Q2 2020/21: 30 September 2020													
Details of Risk										Initial Score		Residual Score Q2 2020				Lead Review Date		Comm Review Date		Mitigating Actions			
Committee	Area/Team Ref	SF	date	Area/Team/Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Owner	Likelihood	Consequence	Score	Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realised...)	Likelihood	Consequence	Score	Lead Review Date	Comm Review Date	Proposed Action	Action Owner/Lead	Q4 19/20	Q1 2021	Trend to prior Q	Overall Trend	Theme	
PTI	Quality and Performance Committee	QUA080	SF	NEW 01/06/2020	Commissioning	There is a risk to the delivery and quality of phlebotomy service as it resumes business as usual in line with COVID restrictions - significant loss in capacity and potential increases in access times	Janet Spallen	3	4	12	Leadership Team and SMT briefed on immediate issues and impact on service delivery. Remedial work to be progressed both locally and as part of collaborative work with LCCG, LUHFT, MCFI, LSCFT and Clinical Labs and engagement with primary care. Local action plan to be developed.	3	4	12	Sep-20	Sep-20	Collaborative project group established across Sefton and Liverpool Local capacity and demand exercise underway Opportunities to increase workforce short term being explored Issues more prominent in south Sefton at present but Southport & Formby also included in scope as may also be affected as routine referrals re-incorporated into service going forward 11/9/20 Detailed action being progressed with additional capacity created through COVID initiatives supported by GIP Federations in S&F and SS. Focus on workforce, profiling future demand and capacity required to support.		N/A	9	↓	↓	Commissioning
PTI	Quality and Performance Committee	QUA078	SF	Mar-20	Commissioning	There is a risk to performance and quality at the ALUH site LUHFT caused by the service reconfiguration due the merger resulting in potential adverse impact on care and outcomes.	Brendan Prescott	4	3	12	Enhanced surveillance at CQPG. NHSEI oversight at LUHFT CQPG Work ongoing	4	3	12	Aug-20	Aug-20	Feb 20 - Risk of performance presented and discussed at monthly CQPG, quarterly QSG and monthly JGPC with feedback into combined CF for provider action. Provider updates on monthly basis at CQPG on merger progress and any issues identified. Jun 20 - LUHFT DoN and CCG Chief Nurse to review and agree on enhanced surveillance indicators to provide assurance on KLOEs as a result of the newly merged organisation. This agreement has been delayed by COVID-19 but forms part of the recovery plans for the Trust and will be monitored by reconvened CQPG Jul 20 - LCCG has revised the agenda and work plan for the CQPG and Commissioning Forum (CF) meetings so as to focus on areas of greatest risk post COVID-19. The current administration arrangements have been revised to reduce risk and fragmentation of approach, with LCCG leading this		12	12	↔	↔	Performance Targets
PTI	Quality and Performance Committee	QUA079	SF	Mar-20	Commissioning	There is a risk to performance, quality and delivery of the CHC programmes caused by COVID-19 resulting people being lost in the system, care packages not being appropriate to patient need and a post COVID 19 backlog of referrals and assessments.	Jane Lunt	4	4	16	SfIs, SOs; Established Financial Controls; Audits of Financial Systems; Completion of Start/ Leaver Documentation	4	4	16	Aug-20	Aug-20	• continue to Checklist and retain checklists) • telephone calls with clients/families to ensure package meets needs • Quality of services - monitor standards even if they are not reported formally • Finance, time and staffing will be required to address backlog Jun 20 - The suspension of statutory processes for CHC remains in place. CCG have submitted estimated backlog of cases for September 2020 in preparation for return to pre-COVID process. End to end service development will resume Q2/Q3 2021. Twice weekly calls with MLCSU are in place to review any operational issues caused by COVID.		16	16	↔	↔	COVID-19
PTI	Finance and Resource	FR0011	SF	Q1 2020/21	Finance	There is a risk of non delivery of the CCG's control total in 2020/21 due to emerging pressures on expenditure or non-delivery of its savings plan.	Martin McDowell	4	4	16	• Robust review of all CCG expenditure through monthly management accounting routines. • Examination of QIPP savings and opportunities at beginning of financial year as part of financial planning. On-going monitor throughout the year. • Scheme of delegation in place internally to limit authority to commit CCG resources to senior management. • Revised QIPP reporting arrangements through F&R Committee anticipated to enable greater impact of "check and challenge". • Monthly reporting process to the Governing Body. • Finance involvement in multi-disciplinary COVID working groups to monitor discharge arrangements and to design and implement information capture/reporting mechanisms to ensure that all COVID related expenditure is recorded appropriately. • Use of the ADAM system to capture all COVID associated packages of care based on information provided via discharge to assess processes through MLCSU. • Monitoring of prescribing changes due to COVID-19 in development with the BI team. Monitoring information will provide a more accurate assessment of level of risk.	4	4	16	Aug-20	Jul-20	• On-going review and monitor of cost behaviours to provide an early warning system regarding emerging financial pressures. • Opening plan likely case deficit reported as £8.9m. (£9.8m adrift from plan). • Revised financial guidance for period April to July 2020 reduces risk to financial position as a consequence of non-delivery of QIPP schemes. • Links established with DZA working group and with MLCSU regarding discharge tracker and ongoing monitoring to ensure all COVID associated packages of care are captured and costs reported appropriately. • Communications established to ensure that COVID related costs are notified to the Finance team • Monthly reporting of COVID costs and review of cost base to identify COVID related spend. • Ongoing review of systems and processes across North Mersey via MLCSU and CCGs during the emergency response period. • Monthly reporting processes established via NHS England. • Plan in place for Medicines Management QIPP work post COVID-19 support.	Martin McDowell	N/A	16	↔	↔	Financial Duties
PTI	Finance and Resource	FR0011a	SF	Q1 2020/21	Finance	There is a risk that the CCG will not fully deliver its planned QIPP target in 2020/21 caused by non-delivery of high risk QIPP schemes resulting in a failure to deliver required levels of savings.	Martin McDowell Cameron Ward	4	4	16	• Monthly review and monitoring of all QIPP schemes to assess delivery in year and highlight risks and issues affecting delivery of planned QIPP savings. • Revised QIPP reporting arrangements through F&R Committee anticipated to enable greater impact of "check and challenge". • Continued focus on QIPP through the emergency response through CCG PMO/ Committee meetings. Ongoing discussions with system partners to ensure progression with QIPP activities where appropriate and to understand timescales for the recovery period and work on further QIPP schemes in the recovery period. • PMO to develop an understanding of system partner QIP/ QIPP schemes which will continue to be progressed during the COVID response period and maintain communications with all parties.	4	4	16	Sep-20	Sep-20	• CCG needs to continue focus upon delivery of new models of care arising from COVID arrangements. • QIPP Progression suspended during the COVID emergency response and revised financial regime implemented nationally. Contracting processes for 2020/21 suspended. Further guidance regarding the financial regime for the remainder of 2020/21 expected - July 20. • PMO work to develop QIPP processes and governance arrangements has progressed in the year to date.	Martin McDowell	N/A	16	↔	↔	Financial Duties
PTI	Quality and Performance Committee	QUA081	SF	New Sep 20	Commissioning and Delivery	Adult ASD service, waiting times continue to remain under review	Gordon Jones	3	5	15	• Provider has undertaken capacity and planning exercise • Provider is developing investment case • Investment will have to be considered by CCG and if approved funding can be released to reduce waits with an agreed improvement trajectory.	5	3	15	Sep-20	Sep-20	• Investment will have to be considered by CCG and if approved funding can be released to reduce waits with an agreed improvement trajectory. • Clinical Quality and performance meetings • SEND relationship meeting with MCT.	Access to services	N/A	N/A	N/A	N/A	Commissioning
PTI	Quality and Performance Committee	QUA082	SF	New Sep 20	Commissioning and Delivery	Adult Eating Disorder service has had long standing challenges around achieving 18 hour waits. In addition the service is not NICE compliant	Gordon Jones	4	5	20	• Provider has developed investment case • Investment will have to be considered by CCG and if approved funding can be released to reduce waits with an agreed improvement trajectory.	4	5	20	Sep-20	Sep-20	• CCGs have the provider to refresh business case as it did not have the aspiration to be NICE compliant • The provider has recruited to 1.8WTE psychology posts commencing in Sept/October	Access to services	N/A	N/A	N/A	N/A	Commissioning

Risk Matrix

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

Risk Ratings

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

↓ Significant Risks

Significant Risks

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

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

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

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

MEETING OF THE GOVERNING BODY
November 2020

Agenda Item: GB20/153	Author of the Paper: Jane Lunt Director of Quality, Outcomes & Improvement (Chief Nurse Liverpool / Interim Chief Nurse, Sefton CCG's) Jane.lunt@liverpoolccg.nhs.uk	Clinical Lead: Jane Lunt Director of Quality, Outcomes & Improvement (Chief Nurse Liverpool / Interim Chief Nurse, Sefton CCG's) Jane.lunt@liverpoolccg.nhs.uk
Report date: November 2020		

Title: Children and Young Peoples Delivery Plan 2020 – 2025

Summary/Key Issues:

Welcome to 'My Sefton: happy, healthy, achieving, heard', our 2020-2025 plan for all children, young people and their families that sets out how we intend to maximize the health and wellbeing of all our children and young people living in Sefton.

Together, we at Sefton Council, NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, have agreed a series of priorities for future services and support. These priorities are based on what children, young people, their families and their Carers have told us of their experiences and what we know about their current care.

Sefton Council led on the development of an exciting partnership vision for the Borough of Sefton called Sefton 2030. When developing the vision partners worked closely with our communities, including children and young people, to understand what was important to them.

This is our single strategic and overarching plan for all services which affect children and young people across Sefton. It sets out how the Council, with its strategic partners, intends to achieve improvements.

Recommendation

The Governing Body is asked to receive this report.

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

Links to Corporate Objectives 2019/20 (x those that apply)

X	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 ensure 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.

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



My Sefton

HEARD, HAPPY, HEALTHY, ACHIEVING

The plan for all children, young people and their families living in Sefton

Children and Young People's Plan
2020/25

"A hundred years from now, it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drove..... but the world may be different because I was important in the life of a child."

Forest E Witcraft

Foreword and Introduction

Welcome to 'My Sefton: happy, healthy, achieving, heard', our 2020-2025 plan for all children, young people and their families that sets out how we intend to maximize the health and wellbeing of all our children and young people living in Sefton

Together, we at Sefton Council, NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, have agreed a series of priorities for future services and support. These priorities are based on what children, young people, their families and their Carers have told us of their experiences and what we know about their current care.

Sefton Council led on the development of an exciting partnership vision for the Borough of Sefton called Sefton 2030. When developing the vision partners worked closely with our communities, including children and young people, to understand what was important to them.

This is our single strategic and overarching plan for all services which affect children and young people across Sefton. It sets out how the Council, with its strategic partners, intends to achieve improvements.

We have used information from our Joint Strategic Needs Assessment to inform the plan and will seek to ensure that children and young people's needs are understood and met. This information together with what we already know about our area from previous work and conversations has informed the priorities in this document. This plan, therefore, has been written around the four themes of:

- Heard
- Happy
- Healthy
- Achieving

We have also set out clear actions for how we will address the priorities under each theme and how we will measure the progress of these actions. While it is important to measure progress, we acknowledge there has to be a balance with how children and young people experience life and what is important to them. These priorities incorporate the seven principles for corporate parenting:

1. To act in the best interests, and promote the physical and mental health and well-being, of those children and young people.
2. To encourage children and young people to express their views, wishes and feelings.
3. To consider the views, wishes and feelings of children and young people.
4. To help children and young people gain access to and make the best use, of services provided by the local authority.
5. To promote high aspirations, and seek to secure the best outcomes, for children and young people.

6. For children and young people to be safe, and for stability in their home lives, relationships and education or work, and
7. To prepare children and young people for adulthood and independent living

Alongside this, we have a plan for the whole of the local NHS called Sefton 2gether, led by the CCGs. Like Imagine Sefton, the plan is rooted in all that we know from the JSNA and then goes further, based on discussions with our health and care partners in the borough and from speaking with our residents about what they would like for the future. Sefton 2gether's ambitious priorities for children, young people, their families and Carers are reflected in and complement those contained in this plan – My Sefton: happy, healthy, achieving, heard.

We know we cannot achieve our priorities without working together with our wider partners across health and care in Sefton. Working together is important in times of challenge, austerity has seen significant cuts in the money going to public services so there is a need to work differently and achieve better with less. Organisations from the public sector, schools, voluntary, community and private sector have been working together to provide support to children and young people and their families as we understand that it is our collective responsibility to ensure we can create the right conditions for children and young people to thrive in Sefton.

We recognise that each organisation is just one part of a whole system and that by working together we can make the best use of the resources available to provide support where it is most needed.

These organisations are committed to maintaining, strengthening and maximising partnership working to best support the children and young people of Sefton. This plan will build upon the strength we have in Sefton around our partnership working and what we already do well.

Fiona Taylor, Chief officer of NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, Vicky Buchannan, Interim Director of Children's Social Care and Education, Cllr John Joseph Kelly



What's the story in Sefton?

The Sefton Children's JSNA, complete in August 2018 highlights the following key points for us grouped by our themes:

Heard:	Happy:	Healthy:	Achieving:
Child Sexual Exploitation referrals fluctuate with the highest count being 97 in Quarter 4 of 2015/16 and the lowest 43 in Q3 of 2016/17.	Children looked after rate per 10,00 was 85 in 2017, compared to 61.7 nationally again this continues to rise.	In Sefton in 2017 2.4% of Pupils had a Statement of Special Educational Needs or EHC Plan, compared to a national average of 2.8%	In 2017 95% benefited from funded early education (24% more than the English average). 98% of 3 and 4 year olds also benefited. Pupils in these early years phase development attainment was in line with national averages.
The Carers Trust 2019 reported that there are an estimated 700'000 young Carers in the UK, 68% are bullied and miss an average of 48 schools' days per year, 48% reported being stressed. Sefton Carers support 600 young carers.	In 2016/17 the rate of Family Homelessness was at 0.3 per 1000, nationally this was 1.9. This equates to a count of 31 households. For Young people aged 16 -24 this rate was 0.16 per 100,000 in 2016/17 (19 individuals) below national average.	In 2017 3.6% of our pupils had a Learning Disability (this figure has consistently been around 4% since 2013).	In Key Stage 4 the % of Pupils attaining Grade 9 to 5 or 9 to 4 in English and Maths was below the national average at 37% and 60% (English averages were 43% and 64% in 2016/17). 94% went on to education or training after this stage
	The of Children living in poverty in 2017/18 in Bootle was 28% before housing costs and 31% after housing costs, for Sefton Central this is recorded as 15 % and 19% and for Southport 21 %	In 2017 15.5 children in every 1000 pupils enrolled in one of Sefton's state funded schools were recognised as having autistic spectrum disorders, this has risen from 14.4 in 2015.	In Key Stage 2 pupils attainment in Reading, writing and Maths were all above national averages.

and 30%.

Hospital Admissions for Mental Health Conditions are higher than national averages at 97.5 per 100,000 in 2016/17 down from 146.6 in the previous year. 1 in 10 Children are affected by Mental Health Problems. Self-Harm has increased and is higher than national averages

Rates are continually higher than England and the North West

Our LA's Overall Absence has decreased by 0.16% from 4.94% in 2017/18 to 4.78% in 2018/19, which is 0.24% higher than the National average of 4.54% and equivalent to 21,128 more missed sessions in your LA than the National cohort, with pupils at our LA missing an average of 12.3 sessions (this is 1.7 more than the National cohort) Our LA's average for the last 3 academic years is 4.88% and we have been consistently higher than the National average in the last 3 academic years for Overall Absence.

The rate of NEET for 16 -24 years olds was at 4.5 % in 2017. This figure has improved between 2013 and 2017 but still remains higher than national averages

First time entrants to the Youth Justice System aged 10 – 17 was at 220.2 in 2016 this had fallen since 2012 when it was at 578.7. The rates are below national averages

The overarching aims for starting well in Sefton, taken from the Health and Well Strategy:

- Every child will achieve the best start in their first 1001 days
- Education and training will enable every young person to unlock the door to more choices and opportunities
- Every child and young person will have a successful transition to adulthood

In 2025 we will know we have made a difference by raising the % of Children achieving a good level of development from 69% to 74%. Continue to reduce the proportion of our 16 – 17 Not in Education and Training. Improve the experience of Transitions experience as measured by our annual survey and by having a fully adopted joint transitions pathway.

About the plan

We have looked at the last plan and what is still important to our children, young people and their families. This plan has been shaped by the analysis of our performance and progress to date, alongside the trends identified in the Joint Strategic Needs Assessment (JSNA) which allows us to establish trends across a wide range of data.

More importantly through Consultation with a wide range of Youth Groups, Schools and Key Stakeholders and Professionals.

we have also listened and what children, young people and families tell us has led us to identify a number of priorities for action over the course of this Plan. We recognise achievements from the last plan to include:

- Early Years Foundation Stage (EYFS), achieving a good level of development, we are the highest in the North West (NW) and above the regional average
- Sefton's Not in Employment Education or Training (NEET) group has improved over the 3 year period, performing better than Liverpool City Region (LCR) and staying in line with the North West
- Sefton has consistently exceeded the England and North-West numbers, for children benefitting from the "Two Year Old Offer". Since the introduction of the Two Year Old Offer in 2009, Sefton has worked in close partnership with Health and Early Years settings to identify and engage with the families of rising two year olds who meet the criteria
- We have seen a decrease in young people being involved with Anti-Social Behaviour, one significant reason could be we have issued Gang Injunctions along with the police, which have significantly decreased youth Anti-Social Behaviour in the Area. (80% of the cases are adults)

We recognise that some areas from our previous plan still need our focus and these are reflected in the 2020 – 2025 plan.

Child health and wellbeing are dependent on supportive and safe homes; studies repeatedly show the importance of having at least one supportive caring adult to establishing childhood resilience. This is critical so that children are able to bounce back when difficulty threatens that happiness. Through access to play, leisure, sport, cultural activities and positive interaction in families that spend time together, there are opportunities for happy memories to be made and resilient capacities to be built, all of which greatly enhance the foundation for happiness and lifelong wellbeing.

Our ambition is to improve outcomes for all children as we want to break the link between a person's background and where they get to in life.

We will be child focused, children and young people are our primary concern, we will listen and respond to children and young people and we will focus on strengths and building resilience. We will support our children, young people and their families to lead healthy lifestyles and have good emotional wellbeing and mental health.

We will do this through the actions in 12 priority areas under each of the headings Heard, Happy, Healthy, and Achieving shown below. These 12 priorities are based on what the evidence in the JSNA and our consultation tells us we need to get better at.

We have identified a short set of indicators where we want to see real positive change. There is a detailed action plan being developed in draft which describes the actions in terms of steps of delivery and impact Some of these we are able to deliver through the services we directly provide, and others require us to a combined effort to influence wider changes. Importantly, we will always look at the story behind the data through the eyes and voice of children, young people and families.

Heard

Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.

United Nations Convention on the rights of a child. Article 12

These are our priorities:

Priority 1. Ensure children’s voices are heard and families will get the right support and help at the right time.

We will give children and young people opportunities to be engaged in decision making processes and give them as much influence as possible.

Children and young people will be treated respectfully as we recognise that children, young people, parents and Carers (including Young Carers) are experts by experience

We will take time to listen, it is a two-way conversation.

We will do what we say we are going to do and recognise that involvement is a continuous process and not just a one off exercise.

Priority 2. Engage with a wide range of youth networks and groups that support young people

We will work with children and young people to understand what works for them in terms of involvement and will we also accept. that children and young people are not always going to tell us what we want to hear – in the way we want to hear it

We will be respectful of difference and celebrate diversity.

Based on our localities model and primary care networks we will continue to provide universal services that are accessible to everyone in the borough.

Priority 3. Place children and young people at the core of decisions we make about them.

We will ensure that children and young people will always be central to decisions we make about them and their journeys will be shaped by their voice and experience. Children will be supported by professionals they trust who listen to them, made to feel their opinion is valued and take actions to meet their needs and tackle concerns they raise.

Young people say: Everyone wants to feel safe (Imagine Sefton 2030). Sefton value, we listen value and respect each others views. Look at info from youth groups e.g. Symbol, Chameleons.

The actions we will take:

We will listen to children and young people by ensuring that barriers to participation and progress are addressed using multiple techniques and methods so we can hear the voice of the child. We will work closely with Young Advisers at Sefton CVS and key youth groups in the Borough to ask questions, clarify understanding and give them the opportunities to be engaged in decision making processes and have as much influence as possible. We will support families to access the right help at the right time, through activity such as the redesign of integrated advocacy services, improving our local offer, and ensuring equality of access to our universal services. We will help build tolerant communities that value all children and young people as members and give them positive opportunities to contribute. We will be joined up and inclusive and challenge poor practice and accept challenge constructively. More children and young people will express satisfaction with our services and we can evidence improvements. The SEND continuous improvement work has the voice of the child at its heart.

An action plan will be developed to show where any measures we look at are held to account.

Happy

*Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.
United Nations Convention on the rights of a child, Article 31*

These are our priorities.

Priority 4. Ensure positive emotional health and wellbeing of children and young people by empowering families to be resilient.

We will create and promote children and young people's emotional health and wellbeing by supporting them and their families to make positive choices. We will have strength informed approaches to ensure engagement and strengthening of families including promoting healthy relationships.

We will improve access to the right support from the right service at the right time and build on the strength of families and their inclusive networks.

This will be a key consideration at points of transition.

Priority 5. Protect those at risk of harm

We want all children and young people to be safe and to feel safe. We will help children live in safe and supportive families and ensure the most vulnerable are protected by tackling those factors which risk harming their life chances, including those children and Young People acting as carers. We will reduce the impact on children living in households which experience neglect, domestic abuse or parental substance use by the provision of a range of support and services. We will prevent and safeguard all children from exploitation and safeguard individual children who are identified as at risk.

We will work to address the concerns expressed to us through the consultation on Gangs and Knife Crime in our communities.

Priority 6. Encourage fun, happiness and enjoyment of life

We want children and young people to live in a good environment that they can enjoy. Sefton is a great place to live and grow up. We have a wealth of resources and assets in the community such as the coast and green spaces that can be used for pleasure, sport and other leisure opportunities.

We will encourage and provide or commission a diverse range of culture, exercise and socially connective activities in our borough ensuring a One Council approach with Green Sefton and Localities

Young people say: Being near the river and coast makes me feel happy and well. Young People told us feeling safe has a direct link to feeling happy. "If you are happy all other things will fall into place"

The actions we will take:

We will have a family approach and will work with our partners to develop vibrant communities that take responsibility for the aspirations, opportunities and achievements of their young people so families and children experience a positive home life.

We will promote partnership working including joint commissioning so we can invest in children and young people's futures. We will improve information and advice on access to play, leisure, sport and cultural opportunities. We will utilise Early Intervention and Prevention services such as the roll out of Adverse Childhood Experiences (ACE's) working to help build resilience and strengthen protective factors in the lives of children and young people and their families to reduce the impact of these experiences on future life chances.

We want to develop a confident and competent workforce to ensure all professionals working with children and young people have appropriate awareness, training and ongoing support, that's built around the needs and outcomes of each individual. The outcomes and impact we are aiming for will be monitored by the Health and Wellbeing Board to ensure we are supporting positive social connections and relationships.

Healthy

Every child has the right to the best possible health, (United Nations Convention on the rights of a child, Article 24)

These are our priorities:

Priority 7. To enable positive mental health and Wellbeing through prevention where ever possible and to provide timely support and access to services when needed.

We will do all we can to identify problems early as we know the vast majority of mental health problems experienced in adult life emerge before young people reach adulthood. We will ensure high quality specialist services for those who need them.

We will strengthen the protective factors of mental health and wellbeing by enabling children and young people to develop skills around building friendship, self-esteem, resilience and mindset.

Priority 8. To Enable children’s health and development.

We will promote positive health choices by parents, especially during pregnancy. We will encourage care that keeps children healthy and safe and promote children’s health and development. Where problems are identified in health and development they can get support as early as possible. Focusing efforts on the 1st 1000 days and school readiness.

We will encourage children and young people to achieve and maintain a healthy weight through education, support and commissioned services.

Priority 9. Reduce health inequalities so children and young people can achieve good health.

We will endeavour to offer the right infrastructure to promote good health behaviours and reduce lifestyle factors that lead to early illness such as smoking and poor diet that will affect young people into adulthood.

We will reduce a range of risk taking behaviours including, alcohol and other drug use and unhealthy Sexual Activity.

We will take a preventative approach to manage rising demand across education, health, social care and SEND from the earliest point in a child’s life through focused operational improvement in this area and ensuring the system works together, for example linking economic growth Agenda, Living Well Sefton and Active Sefton to

contribute to the environment we need to achieve this.

gYoung people say: “I play rugby”; e.g. being fit and healthy (Sefton Imagine 2030), more youth friendly things for people to do are our priorities.

The 2019 Health and Wellbeing Strategy Consultation identified the top issue under “Start Well, Grow Well” to be help Children and Young People with Mental Health Problems including problems with drink drugs and self harm. The CYPP consultation told us “if children are protected and preventions have been put in place children will have better mental health”

The actions we will take:

We want children and young people to be healthy and will promote healthy eating, delivery of the North Mersey Prevention Programme and a review of mental health services recognising the importance and significance of getting this right. We will seek to reduce hospital admissions for children and young people around alcohol and will continue to commission services and use campaigns such as Responsible Drinking and Challenge 25.

We will develop locality profiles in order to understand what the current risks are to young people including that young people know about healthy relationships and issues relating to consent. This will allow us to provide a quality provision targeted to local needs and inequalities and we will also focus on transitions from primary to secondary school, starting school further education and working life to improve outcomes. We will clearly measure and demonstrate improved relevant Child Health Profiles Indicators from the Baseline.

Achieving

*Every child has the right to an education. Education must develop every child's personality, talents and abilities to the full.
United Nations Convention on the rights of a child, Articles 28 and 29*

These are our priorities:

Priority 10. Children are ready for school

A great start will shape children's lifelong health and wellbeing. We will ensure that all children are ready for school with good social and emotional development. We will secure and sustain better all-round outcomes for babies and children which narrows the gap between vulnerable children and others.

We will take a preventative approach from the earliest point in a child's life in order that we can identify problems in children's health and development so they can get help with their problems as early as possible.

Priority 11. Raise achievement and ensure young people have the life skills so they are well prepared for adulthood.

We will have a clear understanding of the aspirations of our young people and what they have told us is important to them. We will respect and encourage the hopes and dreams of the children and young people we work with.

We know high quality education is the greatest liberator so want all pupils to make at least "good" progress in every year of their education. We will ensure that all children attend good or better educational settings in Sefton and barriers to participation and progress are addressed. There will be a broad and balanced curriculum equipping them with the life skills they need to be independent and successful as an adult. These skills and opportunities to achieve will also value the contribution of sport, cultural,

Priority 12. Children and young people with Special Educational Needs and/or disabilities achieve their full potential

We want children with complex individual needs to have the best life chances. We will enhance joint commissioning of support between education, health and care services for children with special educational needs and disabilities. To ensure services work together. We will ensure that all parts of the Sefton Send Local offer work together to meet the needs of children and young people with SEND and that they achieve their full potential and that people know the range of services available to them. We will ensure all children have access to an educational setting that is appropriate to their needs, including those with SEND and social, emotional and behavioural difficulties. We will from the earliest point in a child's life encourage independence, where appropriate, and ensure families have timely

social and health education in preparing young people for their future. When preparing for adulthood we will have pathways to employment that ensure they are moving towards good quality sustainable work. We will focus on ensuring our children leave school with the right skills such as financial management, how to deal with bullying and citizenship, and maintaining wellbeing when carrying out caring responsibilities.

access to support so their experience improves and the needs of their children are identified early and met.

We will encourage equalities of access to universal services so all Children and Young People with SEND and/or Autism can gain maximum benefit from what Sefton has to offer.

Through our consultation of this plan Young people told us we need to instil the right life skills and not judge young people by numbers and grades only.

The actions we will take:

We want young people to leave school with the appropriate skills and qualifications they need and the opportunity to access, training, apprenticeships and employment which will include working with skills and employment resources and local colleges to improve access to learning and meaningful opportunities. The local offer will be kept up to date, refreshed regularly and promoted to ensure we are providing good information, advice and guidance to young people and their families.

We will continue to provide universal services with a focus on specific groups and communities and equality of access for all through this plan and the SEND Improvement Plan and SEND Joint Commissioning Plan to ensure delivery of these ambitions

Delivering our Vision

The Health and Wellbeing Board (incorporating our Children's Trust) gives overarching vision through the Health and Wellbeing Strategy and oversees the delivery of the Children and Young Peoples Plan. It gives overarching Governance and Accountability with membership from across Health, Social Care, the third sector and plans to include Police and Housing.

The Children and Young Peoples plan will be delivered through the work of the Children's Improvement Board and Operational Service Improvement Plans and through the development of a comprehensive Integrated Commissioning plan.

The Commissioning plan will be clear of our demand, supply and unmet need and our intentions to work with the market, and how we manage the complex range of services across the Council, Health and wider partners to meet the needs of our Children within the challenging budget envelope, working on a regional basis where the benefits are clear and ensure seamless delivery of services whether the need is health or Social Care in the most effective way.

Useful Links:

PHE Child Health Profile for Sefton

<https://fingertips.phe.org.uk/profile/health-profiles/data#page/0/gid/1938132696/pat/6/par/E12000002/ati/101/are/E07000026>

Thrive Model

<http://implementingthrive.org/about-us/the-thrive-framework/>

Early Help Strategy <https://www.sefton.gov.uk/your-council/plans-policies/children,-young-people-and-families.aspx>

Health and Wellbeing Strategy <https://www.sefton.gov.uk/your-council/plans-policies.aspx>



My Sefton

HEARD, HAPPY, HEALTHY, ACHIEVING

The plan for all children, young people and their families living in Sefton

Children and Young People’s Plan
2020/25

“A hundred years from now, it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drove..... but the world may be different because I was important in the life of a child.”

Forest E Witcraft

Foreword and Introduction

Welcome to 'My Sefton: happy, healthy, achieving, heard', our 2020-2025 plan for all children, young people and their families that sets out how we intend to maximize the health and wellbeing of all our children and young people living in Sefton

Together, we at Sefton Council, NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, have agreed a series of priorities for future services and support. These priorities are based on what children, young people, their families and their Carers have told us of their experiences and what we know about their current care.

Sefton Council led on the development of an exciting partnership vision for the Borough of Sefton called Sefton 2030. When developing the vision partners worked closely with our communities, including children and young people, to understand what was important to them.

This is our single strategic and overarching plan for all services which affect children and young people across Sefton. It sets out how the Council, with its strategic partners, intends to achieve improvements.

We have used information from our Joint Strategic Needs Assessment to inform the plan and will seek to ensure that children and young people's needs are understood and met. This information together with what we already know about our area from previous work and conversations has informed the priorities in this document. This plan, therefore, has been written around the four themes of:

1. Heard
2. Happy
3. Healthy
4. Achieving

We have also set out clear actions for how we will address the priorities under each theme and how we will measure the progress of these actions. While it is important to measure progress, we acknowledge there has to be a balance with how children and young people experience life and what is important to them. These priorities incorporate the seven principles for corporate parenting:

1. To act in the best interests, and promote the physical and mental health and well-being, of those children and young people.
2. To encourage children and young people to express their views, wishes and feelings.
3. To consider the views, wishes and feelings of children and young people.

4. To help children and young people gain access to and make the best use, of services provided by the local authority.
5. To promote high aspirations, and seek to secure the best outcomes, for children and young people.
6. For children and young people to be safe, and for stability in their home lives, relationships and education or work, and
7. To prepare children and young people for adulthood and independent living

Alongside this, we have a plan for the whole of the local NHS called Sefton 2gether, led by the CCGs. Like Imagine Sefton, the plan is rooted in all that we know from the JSNA and then goes further, based on discussions with our health and care partners in the borough and from speaking with our residents about what they would like for the future. Sefton 2gether's ambitious priorities for children, young people, their families and Carers are reflected in and complement those contained in this plan – My Sefton: happy, healthy, achieving, heard.

We know we cannot achieve our priorities without working together with our wider partners across health and care in Sefton. Working together is important in times of challenge, austerity has seen significant cuts in the money going to public services so there is a need to work differently and achieve better with less. Organisations from the public sector, schools, voluntary, community and private sector have been working together to provide support to children and young people and their families as we understand that it is our collective responsibility to ensure we can create the right conditions for children and young people to thrive in Sefton.

We recognise that each organisation is just one part of a whole system and that by working together we can make the best use of the resources available to provide support where it is most needed.

These organisations are committed to maintaining, strengthening and maximising partnership working to best support the children and young people of Sefton. This plan will build upon the strength we have in Sefton around our partnership working and what we already do well.

Fiona Taylor, Chief officer of NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, Vicky Buchannan, Interim Director of Children's Social Care and Education, Cllr John Joseph Kelly



What is this plan?

We want every child and young person in Sefton to be healthier, happy and able to take advantage of opportunities that will help them reach their full potential.

This is why we have themed our priorities around these headings:



Heard



Happy



Healthy



Achieving

We want to make things better for children and young people in Sefton.

We want to make things better for their families as well.

Heard

Every child has the right to express their views feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.

United Nations Convention on the rights of a child, Article 12



Happy

Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.

United Nations Convention on the rights of a child, Article 31



Healthy

Every child has the right to the best possible health.

United Nations Convention on the rights of a child, Article 24



Achieving

Every child has the right to an education. Education must develop every child's personality, talents and abilities to the full.

United Nations Convention on the rights of a child, Articles 28 & 29



Heard

Every child has the right to express their views feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.

United Nations Convention on the rights of a child, Article 12



These are our priorities:

Priority 1

1. Ensure children's voices are heard.

Priority 2

2. Engage with a wide range of youth networks and groups that support young people.

Priority 3

3. Place children and young people at the core of decisions we make about them.

The actions we will take:

1. We will ensure that children's voices are represented on all boards
2. The support families receive helps to reduce concerns escalating
3. We will help build tolerant communities that value all children and young people as members and ensure positive opportunities for them to contribute
4. Listen to Children and Young People - Give children and young people opportunities to be engaged in decision making processes and give them as much influence as possible
5. Ensure that barriers to participation and progress are addressed
6. Look at multiple techniques and methods to ensure we can hear the voice of the child
7. We will challenge poor practice and accept challenge constructively
8. We will be joined up and inclusive and encourage equality of access to universal services.
9. Co-produce the SEND Joint Commissioning to ensure parent carers are a key part of quality assurance of progress against improvement plans.
10. Recommissioning of the advocacy service
11. Improve communication of 'you said we did'
12. Work closely with the Young Advisors at Sefton CVS and other key youth groups in the borough to ask questions, clarify understanding and shape the landscape going forward

Happy

Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.

United Nations Convention on the rights of a child, Article 31



These are our priorities:

Priority 4

Ensure positive emotional health and wellbeing of children and young people by empowering families to be resilient.

Priority 5

Protect those at risk of harm.

Priority 6

Encourage fun, happiness and enjoyment of life.

The actions we will take:

1. Promote partnership working, joint commissioning and investing in children and young people's futures
2. Establish and deliver a joint children's commissioning plan being clear on collective spend, collective demand, collective unmet need, and the services we want to jointly invest in.
3. Have a family approach
4. Focus on prevention and timely support for children and young people's mental health
5. Work with the voluntary and community sector to develop vibrant communities that take responsibility for the aspirations, opportunities and achievements of their children and young people
6. Improve information and advice on access to play, leisure, sport and cultural opportunities for children and young people
7. Reduce the impact on children and young people of living in households experiencing neglect by the provision of a range of support and services
8. Improve access to emotional health and wellbeing support
9. Ensure all professionals working with children and young people have appropriate awareness and training and ongoing support to provide a graduated response to emotional health and wellbeing
10. Use the Health and Wellbeing Board to monitor impact to ensure we are supporting an environment that encourages positive social connections, relationships and encourage resilience and confidence
11. Continue the roll out of the ACEs working to reduce the impact of Adverse Childhood Experiences on future life chances
12. Working with families to increase the proportion of children experiencing a positive home life

Health

Every child has the right to the best possible health.

United Nations Convention on the rights of a child, Article 24



These are our priorities:

Priority 7

To enable positive mental health and wellbeing through prevention wherever possible and to provide timely support and access to services when needed.

Priority 8

To enable children's health and development.

Priority 9

Reduce health inequalities so children and young people can achieve good health.

The actions we will take:

1. Use campaigns to increase awareness of the issues around alcohol such as Challenge 25 and responsible drinking campaigns
2. Reduce hospital admissions for children and young people around alcohol by continuing to integrated and commission a model of drug and alcohol services that works across the system including early intervention and prevention
3. Monitor the Active Sefton 0-19 delivery programme
4. Develop locality profiles to understand what the current risks to young people are in terms of location, activity and people to ensure young people know about healthy relationships and issues relating to consent
5. Use the outcomes of the Sefton Emotional Health and Wellbeing Survey to deliver outcomes and improve the results
6. Provide quality provision targeted to local needs and inequalities
7. Delivery of a Clean Air Strategy for Sefton
8. Ensure the transitions work includes transitions from Primary to Secondary school and improve outcomes for this, as well as considering other transitions such as starting school, further education and work life
9. Review and co-ordinate healthy eating initiatives to ensure we have a borough wide offer that's supports education about healthy eating and accessing to

Achieving

Every child has the right to an education. Education must develop every child's personality, talents and abilities to the full.

United Nations Convention on the rights of a child, Articles 28 & 29



These are our priorities:

Priority 10

Children are ready for school.

Priority 11

Raise achievement and ensure young people have the life skills so they are well prepared for adulthood.

Priority 12

Children and young people with Special Educational Needs and/or disabilities achieve their full potential.

Our priorities

1. Ensure children's voices are heard.
2. Engage with a wide range of youth networks and groups that support young people.
3. Place children and young people at the

Heard

1. Ensure positive emotional health and wellbeing of children and young people by empowering families to be resilient.
2. Protect those at risk of harm.
3. Encourage fun, happiness and

Happy

1. To enable positive mental health and wellbeing through prevention where ever possible and to provide timely support and access to services when needed.
2. To enable children's health and development

Healthy

1. Children are ready for school.
2. Raise achievement and ensure young people have the life skills so they are well prepared for adulthood.
3. Children and young people with Special Educational Needs and/or disabilities achieve their full potential

Achieving

How we will do it



Our vision

We want every child and young person to be heard, healthy, happy, and to achieve their full potential. We want them to feel loved, valued and respected and to be safe and secure

How we know if we've made a difference?

The plan will be measured through indicators from the Police, Health, Social Care, Public Health, Early Help, Active Sefton, Green Sefton and Sefton CVS.

We have chosen indicators to reflect each priority and theme, for example:

Heard:

Rate of Children Meeting 'Good' for Work Being Child Centred (%)

Happy:

Proportion of Pupils with Social / Emotional / Mental Health Needs (%)

Healthy:

Proportion of Children Classed as Overweight or Obese at reception and Year 6 (%)

Achieving:

Key Stage 2 (ALL): % Achieving Expected Standard (Test RWM)

Children and Young Peoples Delivery Plan 2020 – 2025

Priority	Enabler	Governance route	Dashboard indicators
HEARD			
Priority 1: Ensure children’s voices are heard and families will get the right support and help at the right time.	CSC Improvement Action Plan Targeted Early Help Action Plan JTAI Action Plan Public Health Work Plan 2020/21	Children’s Partnership Board Children’s Services Performance Group Early Help Board Public Health / Health and Wellbeing Board LSCB	9, 14 and 15, 16
Priority 2: Engage with a wide range of youth networks and groups that support young people	CSC Improvement Action Plan Public Health Work Plan 2020/21 Partnership working with the CVS Young Advisor. Targeted Early Help Action Plan JTAI Action Plan	Children’s Partnership Board Children’s Services Performance Group Public Health / Health and Wellbeing Board Early Help Board	27
Priority 3: Place children and young people at the core of decisions we make about them.	CSC Improvement Action Plan Targeted Early Help Action Plan JTAI Action Plan	Children’s Partnership Board Children’s Services Performance Group Early Help Board LSCB	9 – 13
HAPPY			
Priority 4: Ensure positive emotional health and wellbeing of children and young people by empowering families to be resilient.	Emotional Health and Wellbeing Strategy CSC Improvement Action Plan Targeted Early Help Action Plan JTAI Action Plan	Children’s Partnership Board Children’s Services Performance Group Early Help Board Emotional Health and Wellbeing Steering group.	9 – 16
Priority 5: Protect those at risk of harm	JTAI Action Plan CSC Improvement Action Plan Targeted Early Help Action Plan	Early Help Board LSCB	14 – 16

		Children's Partnership Board Children's Services Performance Group	
Priority 6: Encourage fun, happiness and enjoyment of life	Active Sefton Green Sefton JTAI Action Plan Targeted Early Help Action Plan	Early Help Board Children's Partnership Board	1, 2, 9
HEALTHY			
Priority 7: To enable positive mental health and wellbeing through prevention where ever possible and to provide timely support and access to services when needed.	CSC Improvement Action Plan. Public Health Work program JTAI Emotional Health and Wellbeing Strategy Children's Integrated Commissioning delivery plan Targeted Early Help Action Plan	Children's Integrated Commissioning Group Children's Services Performance Group. Public Health / Health and Wellbeing Board Early Help Board Children's Partnership Board LSCB	9 and 10.
Priority 8: To enable children's health and development.	Public Health Work Program CSC Improvement Action Plan Provider Alliance Early Year Priority Active Sefton JTAI Targeted Early Help Action Plan	Children's Services Performance Group. Public Health / Health and Wellbeing Board Early Help Board Children's Partnership Board LSCB	1 – 8 5-28; 33-37
Priority 9: Reduce health inequalities so children and young people can achieve good health.	Integrated Commissioning Work Program Public Health Work Program Targeted Early Help Action Plan JTAI	Health and Wellbeing Board Early Help Board Children's Partnership Board LSCB	1 -2
ACHIEVING			
Priority 10: Children are ready for school	Sefton Provider Alliance priority Targeted Early Help Startegy JTAI	Sefton Provider Alliance Early Help Board Children's Partnership Board.	17 – 18

<p>Priority 11: Raise achievement and ensure young people have the life skills so they are well prepared for adulthood.</p>	<p>CSC Improvement Plan Targeted Early Help Strategy JTAI</p>	<p>Children’s Partnership Board Children’s Services Performance Group Early Help Board</p>	<p>17 – 25</p>
<p>Priority 12: Children and young people with Special Educational Needs and/or disabilities achieve their full potential</p>	<p>SEND Continuous Improvement Plan SEND Joint Commissioning Plan. JTAI Targeted Early Help Strategy</p>	<p>SEND Continuous Improvement Board Early Help Board Children’s Partnership Board</p>	<p>22</p>



Our priorities

1. Ensure children's voices are heard.
1. Engage with a wide range of youth networks and groups that support young people.
2. Place children and young people at the core of decisions we make about them.

Heard

1. Ensure positive emotional health and wellbeing of children and young people by empowering families to be resilient.
2. Protect those at risk of harm.
3. Encourage fun, happiness and enjoyment of life

Happy

1. To enable positive mental health and wellbeing through prevention where ever possible and to provide timely support and access to services when needed.
2. To enable children's health and development.

Healthy

1. Children are ready for school.
2. Raise achievement and ensure young people have the life skills so they are well prepared for adulthood.
3. Children and young people with Special Educational Needs and/or disabilities achieve their full potential

Achieving

How we will do it

Promoting partnership working, joint commissioning and investing in children and young people's futures. We recognise that each organisation is just one part of a whole system and that by working together we can make the best use of the resources available to provide support where it is most needed.

Having a family approach. Using early intervention and prevention to build resilience and strengthen protective factors in the lives of children, young people and their families.

Ensuring that services are delivered cost effectively.

Smoothing the transition between childhood and adulthood.

Focus on prevention and timely support for children and young people's mental health

Listening to children and young people. Giving children and young people opportunities to be engaged in decision making processes and give them as much influence as possible. This will be crucial to us in improving their future.

Ensuring that services are delivered cost effectively.

Our vision

We want every child and young person to be heard, healthy, happy, and to achieve their full potential. We want them to feel loved, valued and respected and to be safe and secure

How we know if we've made a difference?

The plan will be measured through indicators from the Police, Health, Social Care, Public Health, Early Help, Active Sefton, Green Sefton and Sefton CVS.

We have chosen indicators to reflect each priority and theme, for example:

Heard:

Rate of Children Meeting 'Good' for Work Being Child Centred (%)

Happy:

Proportion of Pupils with Social / Emotional / Mental Health Needs (%)

Healthy:

Proportion of Children Classed as Overweight or Obese at reception and Year 6 (%)

Achieving:

Key Stage 2 (ALL): % Achieving Expected Standard (Test RWM)

MEETING OF THE GOVERNING BODY
November 2020

Agenda Item: GB20/154	Author of the Paper: Kerrie France Deputy Director of Quality, Outcomes & Improvement (Deputy Chief Nurse, Liverpool CCG) Kerrie.france@liverpoolccg.nhs.uk Tel: 07799408283	Clinical Lead: Jane Lunt Director of Quality, Outcomes & Improvement (Chief Nurse Liverpool / Interim Chief Nurse, Sefton CCG's) Jane.lunt@liverpoolccg.nhs.uk
Report date: November 2020		

Title: SEND Improvement Plan and Business Continuity Arrangements

Summary/Key Issues:

This report provides the Governing Body with an update on the SEND Improvement plan and performance dashboard.

Recommendation

The Governing Body is asked to receive this report.

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

Links to Corporate Objectives 2019/20 (x those that apply)

x	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.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To ensure 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).

x	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.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	x			Sefton Parent Carers are members of the Health Performance Improvement Group.
Clinical Engagement				
Equality Impact Assessment			x	
Legal Advice Sought			x	
Quality Impact Assessment			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees	x			The SEND Continuous improvement Board members updated on CCG and DCO arrangements on 13 th October 2020.

Report to the Governing Body November 2020

1. Executive Summary

- 1.1 The purpose of this report is to update the Governing Body health related actions in the Sefton SEND Improvement Plan and provide an overview of the SEND performance dashboard for August 2020.
- 1.2 It is recommended that the report be considered by the Governing Body to;
- Receive update on health related actions contained in the improvement plan and areas of focus ahead of DFE re-visit due on 8th December 2020.
 - Note dashboard contains details on progress made on actions 1, 2, 3 and 4 of the improvement plan and focused work relating to actions 5 ahead of DFE visit.
 - Update on Designated Clinical Officer cover arrangements.
 - Assurance of leadership and governance oversight arrangements within the CCG's for SEND sub groups of the Board and improvement plan actions.
 - Provide updated risks and mitigating actions for the SEND partnership approved by SEND Continuous Improvement Board

2. Introduction and Background

- 2.1 In December 2016, a written statement of action was issued in Sefton by Department for Education, and more recently in April 2019, resulting in an Improvement Notice issued in June 2019.
- 2.2 The CCG's recognise the importance of implementing all of the actions identified for children with SEND, Improvement Notice and works collaboratively with partners to address any health related actions.
- 2.3 A SEND Continuous improvement Board and series of Joint sub groups are in place to progress improvements deemed necessary for children, young people and their families. The Health performance Improvement Group is established to enable health commissioners and providers to focus on specific health related actions. Health Watch and Sefton Parent Carer Forum are partners on the group and integral to ensuring the views of children, young people and their families are represented and integral to driving up the quality of services

3. Key Issues

- 3.1 Preparations for the DFE and NHSE/I SEND re-visit are underway and Sefton SEND partnership must provide specific evidence by 8th November 2020 ahead of the visit scheduled for 8th December 2020.

- 3.2 Progress has been made in relation to the improvement plan and this can be evidenced in the Health Performance dashboard relating to actions 1,2,3 and 4.
- 3.3 There are a series of key areas requiring focused attention ahead of the visit including evidencing Improvement in quality of health advices for EHCP's, achievement of revised trajectories for waiting times for therapy services and CAMHS. Exception reporting is contained in the Health Performance dashboard outlining details of plans to progress and evidence improvements. Commissioning an ASD 16-18 weeks pathway and establishment of reporting metrics to address high waiting times highlighted by Mersey Care for ASD 18-25 services is also being prioritised by commissioning leads and providers.
- 3.4 The Associate Chief Nurse (SEND) secondment ended on 30th September 2020 to take up a new role with NHS Liverpool CCG from 1st October 2020 as Deputy Director of Quality, outcomes and improvement (Deputy Chief Nurse). In view of the synergies between Liverpool and Sefton, there is agreement to maintain an oversight function for SEND in Sefton and Liverpool to support the CCG's and health providers to meet their statutory requirements for SEND and any associated shared learning in the region.
- 3.5 The Designated Clinical Officer role for Sefton and Liverpool, ended in post on 30th September and the post was advertised prior to the DCO leaving by the provider Trust Mersey Care, but unfortunately interviews for a replacement were unsuccessful. In order to mitigate any risk and ensure cover arrangements are in place, the CCG's have worked closely with the DCO, prior to leaving and Mersey Care service leads and we have secured 2 days per week cover from Designated Nurse for Children in care, who will now take on interim role as DCO two days per week until the DCO post is appointed. These arrangements commenced from the 19th October 2020.
- 3.6 Key priorities have been agreed for the DCO functions to ensure cover arrangements are in place up to the appointment of the new DCO.
- 3.7 Key responsibilities for the SEND improvement plan has been strengthened significantly within the SEND partnership and the nominated leads within Sefton CCG's are accountable for completion of any actions required by the CCG plus monitoring and assurance of actions contained within the improvement notice findings and improvement plan relating to all health providers and Designated Clinical Officer.
- 3.8 Arrangements are in place for SEND sub groups to have nominated CCG representatives who will be accountable for driving forward any actions/ improvements identified by the sub group and associated action plans. See appendix 2.
- 3.9 The SEND risk register has been updated to reflect changes in leadership and mitigations in place to ensure oversight and governance of any actions contained in the improvement plan are in place. See appendix 3.

4. Recommendations

- 4.1 The Governing Body are asked to note;
- Assurance on current position on health related actions contained in the improvement plan and reported in the dashboard.
 - Note dashboard contains details on progress made on actions 1, 2, 3 and 4 of the improvement plan and focused work relating to actions 5 ahead of DFE visit planned on 8th December 2020.
 - Note the Designated Clinical Officer cover arrangements.

- Assurance of leadership and governance oversight arrangements within the CCG's for SEND sub groups of the Board and improvement plan actions (see appendix 1 of letter attached)
- Note updated risks and mitigating actions for the SEND partnership approved by SEND Continuous Improvement Board

5. Appendices

Appendix 1 – Performance Dashboard



August 2020
performance dashboe

Appendix 2 - Assurance of leadership and governance oversight arrangements



SEND update
8.10.2020.docx

Appendix 3 – SEND Risk register



Item 11 20201013
SEND Risk Register v1

Kerrie France
Deputy Director of Quality, Outcomes & Improvement (Deputy Chief Nurse)
November 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	Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb			Mar	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%	2019/20															↑	1%	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	National Average	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 2019, 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 6%, 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	Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb			Mar	Oct-19	Jan-20	Apr-20	Jul-20	Oct-20			Jun-21		
KPI 1/2	From 01.06.19 19 % of EHCPs commenced will be completed within statutory	Local Authority Education		Quarterly	3%	2019/20															↑	8%	14%	10% of new EHCPs from 01.06.2019. New statutory reporting period commences	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. Notably 40% 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 2018 has now almost completely cleared. 14.7 to 17.7, which has completely cleared
KPI 1/2a	% of New EHCPs commenced 01.01.20 completed within statutory timescales	Local Authority Education		Quarterly	TBC	2020/21																	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 - National Expectation	Current Performance												Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary			
					Jul-19	Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb			Mar	Oct-19	Jan-20	Apr-20	Jul-20	Oct-20			Jun-21		
KPI 1/3	% of EHC Reviews completed Y6, Y7 and Yr. 11	Local Authority Education		Quarterly	100%	2019/20															↔		16%	50% Complete	95%	95%	95%	95%	95%	The Service is currently focused on identifying and planning for the review of children and young people with EHC plans (1) preparing for adulthood review, (2) attending a Sefson mainstream school or other institution and moving between key phases of education, and (3) those not attend a Sefson mainstream school or other institution, by the 31st 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 NCTs and will be moving between key phases of education in 2020. Review meetings for 77 of these children and young people have been held. 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 attend 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.
KPI 1/3a	All other EHC Reviews	Local Authority Education		Quarterly	100%	2020/21															↔		16%	32%	48%	60%	10% (New Academic Year)	100%		
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	Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb			Mar	Oct-19	Jan-20	Apr-20	Jul-20	Oct-20			Jun-21		
KPI 1/4	% of EHC audits assessed as at least Good (local measure)	Local Authority Education		Quarterly	N/A	2019/20															↔		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	Current Performance												Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary			
					Jul-19	Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb			Mar	Oct-19	Jan-20	Apr-20	Jul-20	Oct-20			Jun-21		
KPI 1/5	% of EHCs 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	2019/20															↔		60%	70%	85%	90%	95%	95%	100% achieved in August 2020 and sustained since September 2019, even with transfer to new system.	
Actions 1.6: Quality of Health Information																														
KPI	Action	Source	Lead	Frequency	Baseline	Current Performance												Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary			
					Jul-19	Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb			Mar	Oct-19	Jan-20	Apr-20	Jul-20	Oct-20			Jun-21		
KPI 1/6	% improvement in the quality of health information contained in EHCPs	Local Authority (GDC via QA system)		Quarterly	N/A	2019/20															↔		Establish baseline by 31st October 2019	80%	90%	95%	95%	95%	In total 9 health advices were reviewed by the QA group between April and June 2020. Of those improvements were seen in 3 of the advices reviewed. It is anticipated that this will improve rapidly within the next quarter with all advices being completed by the practitioners involved with the child or young person's care.	

Actions 2.1: A documented and approved management and accountability framework to be in place for the DCO																																								
KPI	Action	Source	Lead	Frequency	Baseline Jun-19	Performance												Direction of Travel	Achieving Target?	Spark Line	Performance Target				Commentary															
						Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb				Mar	Dec-19 6 Months	Jun-20 12 Months	Dec-20 18 Months		Jun-21 24 Months														
KPI 2/1	Submission of quarterly DCO report	DCO	Emma Powell DCO	Quarterly	0	2019/20														1.0																				Quarterly report information presented as part of the submission of the DCO's annual report in July 2020.
						2020/21	1.0				1.0																												Completed July 2020 and shared with partners	
KPI 2/2	Annual DCO report	DCO	Emma Powell DCO	Annually	0	2019/20																																	Completed July 2020 and shared with partners	
						2020/21					1.0																													
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	2019/20																																		Completed. The report has been shared with the SEND Health Performance Improvement Group in January 2020 and SENDICB in February 2020. A total of 41 staff participated in the survey during December 2019. 16 questions in total with 50% 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 was initially deferred until October 2020, but will now be completed in September 2020 due to the current DCO moving into a secondment on 1st October 2020.
						2020/21																																		

Actions 3.1: All relevant health professionals are aware of their responsibilities and contribution of EHCs.																																								
KPI	Action	Source	Lead	Frequency	Baseline Jul-19	Performance												Direction of Travel	Achieving Target?	Spark Line	Performance Target				Commentary															
						Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb				Mar	Dec-19 6 Months	Jun-20 12 Months	Dec-20 18 Months		Jun-21 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	2019/20																																		All advice for Sefton EHCs now being completed by the health practitioners involved with the child or young person's care.
						2020/21					100%	100%																												
KPI 3/2	% of positive "parental satisfaction survey" results received following completion of EHC process			Bi-annually	Baseline to be established	2019/20																																	Parental survey (in shortened form) to be repeated in Autumn 2020	
						2020/21																																		
KPI 3/3	% of staff having completed training	Health Performance Group	Lindsay Marilton / Helen Pruden		Baseline established 232 staff February 2020	2019/20																																	96 staff trained out of total of 232 to date. As part of restoration and recovery plans the HEE group have revised training dates and they are now planned for September and October enabling a total of 240 multi-agency staff to participate. 162 staff are booked onto these sessions indicating that at least 76.4% of the total workforce will be trained by October 2020. Large venue booked to enable social distancing and capacity for 30 staff per session factored into planning. HEE report to be brought to July SENDICB. Plans are in progress with OPE advisor for team leaders in health to receive training during June and July 2020 to focus on quality assurance process of health advisors, as per SDIP requirements for health	
						2020/21																																		
KPI 3/4	% of staff having completed refresher training	Health Performance Group	Lindsay Marilton / Helen Pruden		N/A	2019/20																																		
						2020/21																																		
KPI 3/5	% of staff confirming their increased level of confidence in the process following training		Lindsay Marilton / Helen Pruden	Quarterly	Baseline to be established following training	2019/20																																		NASen have provided course evaluations for any staff that completed training on 2nd and 3rd March 2020, demonstrating increased levels of confidence post training with 100% of staff in attendance reporting an increased knowledge and confidence in writing child specific outcomes.
						2020/21																																		

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					Direction of Travel	Achieving Target?	Spark Line	Commentary					
KPI	Action	Source	Lead	Frequency	Baseline (in weeks)	Performance													Oct-19					Dec-19	Jun-20	Dec-20	Jun-21	
					Jun-19	Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	3 Months	6 Months	12 Months	18 Months	24 Months					
KPI 5/1	Average waiting time for Paediatric Diagnostics (Weeks) (PD)	Alder Hey	BI	Monthly	9	2019/20	6.8	3.4	5.7	5.9	4.8	8.5	6.2	4.9	7.4	8.3	4.2	4.6	8	8	8	7	7	↑	Yes		All therapy services have been impacted on as a result of the COVID-19 pandemic. In line with NHS guidance for community services, all but clinically urgent services were cancelled to support the acute response. As we move into Phase 3 of the pandemic response, the focus of activity has been service restoration, specifically the increase in face to face activity both in clinic and education settings. The approach to Phase 3 was set out in advice to the NHS issued on 31st July 2020. During August, environmental risk assessments have been taking place to support a return of therapists into school settings. This includes ensuring the relevant PPE is available and patient specific risk assessments are carried out. Physiotherapy and OT waiting times are below the commissioned position of 18 weeks, and average waits for both teams have reduced between July and August. Physiotherapy average waiting times have continued to reduce between May and August and are on a revised trajectory to meet SEND KPI by the end of August. The service is delivering all first appointments within the commissioned level of 18 weeks. The service has returned to pre-covid levels of activity which has been achieved through the return of staff to services from June following COVID redeployment and from July onwards the service has increased number of F2F appointments and also further increased the number of virtual assessments taking place. From September, previous support programmes in schools completed by the assistant will be delivered either in school, following appropriate risk assessment or if this is not possible, children will be invited to attend a F2F appointment in clinic. OT waiting times have reduced between July and August and the service is back to pre-covid levels of activity which is having a positive impact on waiting times. Sensory workshops have been delivered virtually from 23rd July as a webinar, with a presentation from 3 therapists and questions and answers via a chat line throughout the live broadcast. Families have been invited to book into the workshop following referral. Those Parents and Carers unable to attend the live webinar are able to log into a link to watch the recording at a more convenient time. Workbooks and information is shared with families including a sensory net account which families are able to email at any point in the future for information and advice. A follow up telephone appointment to monitor quality is completed. The sensory workshops are planned every 6 weeks with the next one on the 23rd September, this will ensure that the maximum wait for sensory workshop is maximum 6 weeks. For motor OT assessments a telephone and video consultation on Attend Anywhere is offered to parents/carers of all new referrals. This includes information gathering and result in the provision of advice and signposting with some patients discharged. For those families requiring more support, a 2nd telephone or video consultation is offered for more in-depth assessment with the child this will include the use of resources, eg. pegs and boards (sent out in advance of the appointment) for the Therapist to observe. Where clinically indicated, a F2F appointment is offered in clinic setting. The service have revised their pathway going forward so that all initial appointments will be virtual with the assessments carried out in a F2F setting and plans are underway to roll this out during September and October. From September, previous support programmes in schools, completed by the assistant, will be delivered either in school, following appropriate risk assessment or if this is not possible, children will be invited to attend a F2F appointment in clinic. The service changes and increased activity levels will support the planned achievement of SEND KPI waiting times by end of September	
KPI 5/2	Average waiting time for Occupational Therapy (OT) (Weeks)	Alder Hey	BI	Monthly	15	2019/20	15.0	14.6	12.6	11.7	13.0	11.1	16.8	14.3	12.9	11.4	14.4	8.1	15	14	13	10	10	↓	No			
KPI 5/3	Average waiting times for Paediatric Physiotherapy (PT) (Weeks)	Alder Hey	BI	Monthly	6	2019/20	4.9	5.9	6.1	6.0	4.8	4.5	5.7	5.1	5.1	9.1	7.0	7.9	6	6	6	6	6	↓	No			
KPI 5/4	Average waiting times for Speech and Language Therapy (SALT) (Weeks)	Alder Hey	BI	Monthly	30	2019/20	35.5	36.3	30.9	29.7	31.9	23.6	24.7	24.2	25.6	21.6	18.4	19.0	25	20	18	18	18	↑	No			
KPI 5/5	CAMHS - % Referral to choice within 6 weeks	Alder Hey	BI	Monthly	Staged Target March 20: 92%	2019/20										58.1%	89.9%	86.0%	58.9%	50.0%	50.0%	staged target March 2020: 92%	staged target June 2020: 92%	↓	No			
KPI 5/6	CAMHS - % referral to partnership within 18 weeks	Alder Hey	BI	Monthly	Staged Target March 20: 75%	2019/20										82.9%	72.4%	70.0%	69.9%	50.0%	50.0%	staged target March 2020: 75%	staged target June 2020: 92%	↓	No			
KPI 5/7	Initial Health Assessments for Children in Care returned to Sefton Local Authority within statutory timescale (% returned within 20 working days of the child entering care)	Sefton CCGs	BI	Monthly	100% within 20 working days	2019/20													100%	100%	100%	100%	100%	↑	No			
KPI 5/8	Initial Health Assessments returned to Sefton Local Authority for Children in Care with identified SEND requirements (% returned within 20 working days of the child entering care)	Sefton CCGs	BI	Monthly	100% within 20 working days	2019/20													100%	100%	100%	100%	100%	↑	Yes			
KPI 5/9	Percentage of ASD assessments started within 12 Weeks	Alder Hey	BI	Monthly	90% within 12 weeks	2019/20													90%	90%	90%	90%	90%	↔	Yes			

KPI	Description	Source	Lead	Frequency	Target	2019/20	2020/21	2019/20	2020/21	Notes	90%	90%	90%	90%	90%
KPI 5/10	Percentage of ASD assessments completed within 30 Weeks	Alder Hey	BI	Monthly	90% within 30 weeks	100%	100%	100%	100%	100%	Yes	90%	90%	90%	90%
										August saw 100% compliance which satisfies the monthly target.					
KPI 5/11	ASD open referral backlog reduction	Alder Hey	BI	Quarterly	Staged reduction from the starting point of 758		631				Yes		638 (Jun 20)	473 (Sep 20)	323 (Dec 20)
										June saw a backlog of 631 open ASD Referrals.					
KPI 5/12	Percentage of ADHD assessments started within 12 Weeks	Alder Hey	BI	Monthly	90% within 12 weeks	100%	100%	100%	88.0%	81.0%	No	90%	90%	90%	90%
										August saw 81.0% compliance which is a deterioration and remains below the 90% target.					
KPI 5/13	Percentage of ADHD assessments completed within 30 Weeks	Alder Hey	BI	Monthly	90% within 30 weeks	100%	100%	100%	100%	100%	Yes	90%	90%	90%	90%
										August saw 100% compliance which satisfies the monthly target.					
KPI 5/14	ADHD open referral backlog reduction	Alder Hey	BI	Quarterly	Staged reduction from the starting point of 519		428				Yes		439 (Jun 20)	339 (Sep 20)	239 (Dec 20)
										June saw a backlog of 428 open ADHD Referrals.					

Actions 5.15: Commission neurodevelopmental diagnostic pathway and resulting reduction in waiting times for commissioned adult services (NB: data relates to access times to general physical health services)															Performance Target					Commentary						
KPI	Action	Source	Lead	Frequency	Baseline (in weeks)	Performance													Direction of Travel		Achieving Target?	Spark Line				
						Jun-19	Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb					Mar			
KPI 5/15	Average waiting time for Dietetics (PD) (Weeks)	Mersey Care	BI	Monthly	10	2019/20	14.0	19.0	18.0	13.0	9.0	10.0	8.0	8.0	8.0	11.0	7.0	10.0	Yes		The data referenced within this section is for July 2020. In line with the CCG's reporting and assurance processes, this data is routinely reported a month in arrears due to the internal validation processes, so the August data is not due or expected until October. The reporting timescales are being reviewed with the provider in an attempt to obtain more timely reporting for the purposes of SEND. Weekly reviews by the Trust have shown longest waiting times to be increasing but that the higher priority patients are being seen and triage is being completed in a timely fashion. Weekly review of the waiting list / times are now business as usual. There have been increases in the average number of referrals for all therapy disciplines in June as general practice resume to business as usual. Waiting times have been significantly impacted for all with the number of visits declined by household patients. KPI 5.15 Dietetics remains with 18 week target and has improved on last month. KPI 5.16 has improved and now within target. KPI 5.17 Physio has breached the 18 week target this month moving to 24 weeks. Performance improvement plans will be developed for next month detailing issues and action being taken. There has been pressure on OT and Physio resources in managing demands from urgent care for admission avoidance and to support timely discharge competing against planned care priorities. KPI 5.18 Recruitment continues to be a challenge for SALT with position considerably worsened in month with a further 1WTE on extended absence due to adoption leave. It is going to be challenging to recover back to 18 weeks within reasonable time frame with staffing being critical element. In absence of available workforce Trust have provided assurances on how patients are being triaged to determine priority and reviewed at regular intervals with telephone calls where deemed routine / low priority to check that clinical needs haven't changed and case requires escalation. Trust has also briefed CCG leads on value of virtual consultations in managing within COVID restrictions. Trust has submitted briefing update to be considered by CCG to provide assurance as to how clinical care is being managed.					
						2020/21	12.0	15.0	17.0	10.0									Performance has improved on the previous period and remains within the 18 weeks target.			18	18	18	18	18
KPI 5/16	Average waiting time for Occupational - Therapy (OT) (Weeks)	Mersey Care	BI	Monthly	14	2019/20	18.0	16.0	16.0	14.0	16.0	12.0	11.0	9.0	9.0	12.0	12.0	14.0	Yes			18	18	18	18	18
						2020/21	15.0	18.0	21.0	13.0										Performance has improved on the previous period and is now below the 18 weeks target.			18	18	18	18
KPI 5/17	Average waiting times for Physiotherapy (PT) (Weeks)	Mersey Care	BI	Monthly	16	2019/20	20.0	20.0	18.0	17.0	18.0	20.0	17.0	16.0	16.0	17.0	15.0	16.0	No		18	18	18	18	18	
						2020/21	20.0	18.0	21.0	24.0										Performance has deteriorated on the previous period and is now above the target.		18	18	18	18	18
KPI 5/18	Average waiting times for Speech and Language Therapy (SALT) (Weeks)	Mersey Care	BI	Monthly	25	2019/20	12.0	14.0	13.0	10.0	12.0	13.0	16.0	15.0	19.0	22.0	21.0	25.0	No		18	18	18	18	18	
						2020/21	21.0	24.0	30.0	30.0										Performance remained stable compared to the previous period and remains above the 18 weeks target.		18	18	18	18	18

8th October 2020

Southport & Formby CCG

5 Curzon Road
Southport
PR8 6PL

South Sefton CCG

Merton House
Stanley Road
Bootle
L20 3DL

Tel: 0151 317 8456

Email: southsefton.ccg@nhs.net

Dear Colleagues,

Re: Handover of SEND duties within Sefton CCGs and DCO update

Firstly, I just wanted to pass on my sincerest thanks to you all for my secondment opportunity in Sefton. It has been a pleasure working with you all and I thank you for working collaboratively with me and for your commitment to improving services for children and families with SEND.

My secondment ended on 30th September 2020 and I have taken up a new role with NHS Liverpool CCG from 1st October 2020 as Deputy Director of Quality, outcomes and improvement (Deputy Chief Nurse).

In view of the synergies between Liverpool and Sefton in terms of chief nurse leadership, NHS provider services and outcomes/ findings following SEND DFE/ NHSE reviews, I will be maintaining an oversight function for SEND in Sefton and Liverpool to support the CCG's and health providers to meet their statutory requirements for SEND and any associated shared learning in the region.

This means I will continue to chair the health performance improvement group and attend SEND Continuous Improvement Board in Sefton.

I will also continue to lead the Health Education England (HEE) Neurodiversity group with Sefton partners up until the end of project in April 2021 to drive forward workforce training needs identified.

In terms of the Designated Clinical Officer role for Sefton and Liverpool, Emma Powell ended in post on 30th September and has taken up a strategic leadership role in Liverpool Council. The post was advertised prior to the DCO leaving post by the provider Trust Mersey Care, but unfortunately interviews for a replacement were unsuccessful and further interviews are planned on 19th October 2020.

In order to mitigate any risk and ensure cover arrangements are in place, the CCG's have worked closely with the DCO, prior to leaving and Mersey Care service leads and we have secured 2 days per week cover from Designated Nurse for Children in care, Helen Case, who will now take on interim role as DCO two days per week until the DCO post is appointed. These arrangements will commence from the 19th October 2020. Helen is an experienced

NHS Southport & Formby CCG Chair: Dr Rob Caudwell

NHS South Sefton CCG Chair: Dr Craig Gillespie

Chief Officer: Fiona Taylor

Designated Nurse for Children in Care in Sefton and has excellent relationships with partners in Sefton and is a member of the SEND Health performance improvement group.

Key priorities have been agreed for the DCO functions to ensure cover arrangements are in place up to the appointment of the new DCO. These include; membership of the Multi-agency audit group to support driving up the quality of Education health care plans, as well as Joint chair of the SEND sub group for co-production and communication and relationship management with Sefton Parent Carer Forum. Any on- going daily operational issues as they arise will be managed by Mersey Care clinical leads e.g. management of the DCO email inbox for onward signposting to relevant services.

Assurance of actions that were required for October 2020, relating to actions 2 (DCO) in the Improvement plan are on track for completion and an update on KPI 2.1 and 2.3 is expected at the Health Performance improvement group on 23rd October 2020.

Arrangements are in place for **SEND sub groups** to have nominated CCG representatives who will be accountable for driving forward any actions/ improvements identified by the sub group and associated action plans. **Appendix one** outlines nominated personnel within the CCG for SEND sub groups.

For all actions contained in the **SEND improvement plan**, **appendix 2** outlines key personnel with the CCG's to lead on improvement notice actions. Key responsibilities for the SEND improvement plan has been strengthened significantly within the SEND partnership and the nominated leads within Sefton CCG's are accountable for completion of any actions required by the CCG plus monitoring and assurance of actions contained within the improvement notice findings and improvement plan relating to all health providers and Designated Clinical Officer.

Evidence gathering has already commenced and the health performance group now incorporates a quality focus to enable providers to share case studies and obtain feedback directly from Sefton parent carer forum and Health Watch representatives. All partners have been briefed on the DFE re-visit and have been requested to share any examples of practice ahead of the re-visit with Gill Cowley, in Sefton local authority.

Once again, I would like to extend my gratitude to the SEND partnership for working collaboratively with me to drive forward improvements at pace in response to DFE/ NHSE& I findings for children, young people and their families with SEND and I look forward to continuing to support SEND system-wide improvements across the region.

Yours sincerely

KERRIE FRANCE

*Deputy Director of Quality, outcomes and improvement (Deputy Chief Nurse).
NHS Liverpool CCG*

NHS Southport & Formby CCG Chair: Dr Rob Caudwell
NHS South Sefton CCG Chair: Dr Craig Gillespie
Chief Officer: Fiona Taylor

Appendix 1 – CCG Nominated leads for SEND joint sub groups

SEND Joint sub groups	nominated leads for Sefton CCG's
Joint performance sub group	<ul style="list-style-type: none"> • Martin McDowell (Chief Finance Officer) • Peter Wong (Children & Young People Commissioning Lead) / Jo Herndlhofer (Children and Young People Programme Manager)
Joint Co –production / communication	<ul style="list-style-type: none"> • Peter Wong (Children & Young People Commissioning Lead) / Jo Herndlhofer (Children and Young People Programme Manager)
Joint Leadership group	<ul style="list-style-type: none"> • Fiona Taylor (Chief officer) / Jane Lunt (Interim Chief Nurse)
Joint commissioning group	<ul style="list-style-type: none"> • Martin McDowell (Chief Finance Officer) • Peter Wong (Children & Young People Commissioning Lead) / Jo Herndlhofer (Children and Young People Programme Manager)

NHS Southport & Formby CCG Chair: Dr Rob Caudwell
NHS South Sefton CCG Chair: Dr Craig Gillespie
Chief Officer: Fiona Taylor

Appendix two - SEND Improvement Plan – Nominated CCG leads for Key performance Indicators

Action 1

Performance Measures & Milestones – Operational EHCP Completion & Quality

KPI	Action	Lead CCG
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	Debbie Fahy Business Intelligence Analyst
KPI 1.6	% improvement in the quality of health information contained in EHCPs	Peter Wong Children & Young People Commissioning Lead
Outcome 1.6 Personal Health Budgets -	To increase the use of Personal Health Budgets (PHB) as part of EHCPs	Tracey Forshaw (Assistant chief Nurse) Mark Scott (Communications and Engagement Officer)

Action 2

To address the poor operational oversight of the Designated Clinical Officer (DCO) across health services in supporting children and young people who have special educational needs and/or disabilities and their families

All of actions 2 in the SEND improvement plan are complete, but series of ongoing reports as per KPI 2.1 and 2.2 and bi-annual provider survey as per KPI 2.3.

KPI	Action	Lead CCG
KPI 2.1	Submission of quarterly DCO Report	Jane Lunt (Director of Quality, Improvement and Outcomes (Interim Chief Nurse Sefton CCG's)

KPI 2.2	Annual DCO report	Jane Lunt - Director of Quality, Improvement and Outcomes (Interim Chief Nurse Sefton CCG's)
KPI 2.3	Provider survey of understanding of DCO role	Jane Lunt - Director of Quality, Improvement and Outcomes (Interim Chief Nurse Sefton CCG's)

Action 3 - To improve the lack of awareness and understanding of Health Professional in terms of their responsibilities and contribution to EHCPs

KPI	Action	Lead CCG
KPI 3.1 & 3.2	Health practitioners routinely write health submissions for EHC plans for the children and young people (via Audit). % of positive "parental satisfaction survey" results received following completion of EHCP process (links to actions 4)	Peter Wong (Children & Young People Commissioning Lead)
KPI 3.3; 3.4 & 3.5	% of staff having completed training % of staff having completed refresher training % of staff confirming their increased level of confidence in the process following training.	Jo Herndlhofer (Children and Young People Programme Manager)

Action 4 - To address the weakness of co-production with parents, and more generally in communications with parents

KPI	Action	Lead CCG
-----	--------	----------

<p>KPI 4.1 to 4.6</p>	<p>Increased level of trust and confidence of parents and carers - in the local area to provide support (via survey)</p> <p>Parents, carers and young people rate the level of help and support children and young people with SEND receive to meet their needs (via Survey)</p> <p>Parents, carers and young people rate the level of</p>	<p>Peter Wong (Children & Young People Commissioning Lead)/ Jo Herndlhofer (Children and Young People Programme Manager)</p>
-----------------------	---	---

	<p>information and advice available about the assessment process to support children and young people</p> <p>Parents and carers feel that they can influence change to service delivery</p> <p>Parents and carers feel that they are listened to in the development and review of EHCPs</p> <p>Parents, carers and young people believe that communication has improved (via survey)</p>	
--	--	--

Action 5

To address the weakness of joint commissioning in ensuring that there are adequate services to meet local demand

KPI	Action	Lead CCG
KPI 5.1 – 5.14	Average waiting times Alder Hey commissioned services (Paediatric therapies, ASD/ ADHD/ CAMHS/ LAC)	<p>Debbie Fahy (Business Intelligence Analyst)</p> <p>Peter Wong Children & Young People Commissioning Lead/ Jo Herndlhofer (Children and Young People Programme Manager)</p> <p>Helen Case – Designated Nurse for Children in Care</p>
KPI 5.15 – 5.18	Average waiting times Adult commissioned services therapy services	<p>Janet Spallen (Head of Commissioning and Delivery Urgent Care and Community Services)</p> <p>Debbie Fahy (Business Intelligence)</p>

		Analyst)
Additional 18-25 KPIs under development for adult services mental health / Learning disability service providers	Waiting times for ASD/ ADHD/ Learning disability services	Gordon Jones (Mental Health Programme Manager) Debbie Fahy (Business Intelligence Analyst)

SEND Continuous Improvement Board Risk Register					Updated Following SEND System Leadership and Governance											
Date 13th October 2020					Date											
Details of Risk					Inherent Risk			Residual Risk			Mitigating Actions					
Ref	Risk Description	Trigger	Result	Owner	Probability	Impact	Score	Existing Controls			Proposed Action Plans			Action Owner	Target Date	Action Status
1	System not held to account	Lack of governance infrastructure and absence of agreed leadership accountability. ASD Pathway not in place	System not held to account and performance does not improve	Chief Executive Sefton Council	3	4	12	System partnership agreed that the Council will hold system to account. SEND Improvement Board established and chaired by Cabinet Member Adult Social Care. Governance agreed by HWBB. Multi-agency sub group established for System Leadership & Governance co led by the Chief Executive of the Council and the Chief Officer of the CCGs. Progress reporting to HWB and SENDCIB. Progress reported to Cabinet 28th May 2020 O&S (Children's Services and Safeguarding) provide added rigor on a quarterly basis (stood down during initial phase of COVID - meetings restarted 22nd September and SEND Improvement Plan update report received)	2	4	8	SENCIB will continue to meet via remote access channels, attendance will be agreed by the Chair of SENDCIB All SENDCIB subgroups continue to meet Progress report to Health and Wellbeing Board 9th December 2020 Progress report to O&S (Children's Services and Safeguarding) January 2021	Head of Strategic Support & Deputy Chief Officer CCG	Dec-20	Open	
2	Lack of consistent leadership	CCG reconfiguration. Any changes in Council leadership. Secondments end Leadership across the system required to respond to COVID-19	Change in lead officers could lead to loss of system memory and confused priorities. Change in lead officers could lead to gaps while vacancies are filled	Chief Executive Sefton Council	3	4	12	SEND CIB membership agreed. Attendance monitored and nominated deputies in place. Cabinet Member Adult Social Care identified as Chair. Lead officers identified for each sub group. Council Senior Management Arrangements confirmed December 2019. Lead Officers to nominate deputy where appropriate. Terms of reference for sub groups in place. Chief Nurse arrangements in place. Seconded Associate Chief Nurse will continue secondment on a 1 day per week basis, will continue to chair Health Performance Group Health SEND Performance Improvement Group established to ensure system-wide ownership and accountability of SEND actions. System Leadership and Governance Sub Group reviews capacity on a regular basis during the COVID19 pandemic	2	4	8	Leadership, commissioning and performance Sub groups continue to meet monthly.	Chief Executive Sefton Council/ Chief Officer CCG's	Dec-20	Open	
3	Reduction in funding available	Council has reduced budget by 55% and is required to save a further £45m over the next three years. CCG has also had funding reduced. Additional funding in 2020/21 is insufficient to meet need	Lack of resources to meet demand	Chief Executive Sefton Council	5	4	20	Sound financial management. Close budget monitoring procedures in place in the Council and CCG. Joint Commissioning Strategy agreed. Funding for ASD diagnostic and assessment pathway has now been commissioned by Sefton CCG's from April 2020. Non recurrent funding has been agreed to clear waiting list and Transforming Care funding for 2020 awarded to support pilot across Liverpool and Sefton for those children waiting using an alternative provider (AXIA). CCG have agreed to fund SENDIASS Re-prioritise Sensory OT service review between CCG's and local authority using feedback from SENDIAS service. Joint Commissioning Strategy reviewed July 2020 in light of COVID 19 pandemic Council secured funding from Department for Education to roll out Mental Health Teams in schools. Main partner Venus	4	4	16	Budgets and Joint Commissioning Strategy to continue to be reviewed in light of COVID 19 pandemic - note this will be subject to consideration of government funding approaches. Council has committed to protect funding for vulnerable children until at least December 2020 subject to Government providing details of funding going forward. Recruit to take place to roll out Mental Health teams in schools.	Chief Executive Sefton Council/ Chief Officer CCG's	Jan-21	Open	

Date 13th October 2020					Date														
Details of Risk					Inherent Risk			Residual Risk			Mitigating Actions								
Ref	Risk Description	Trigger	Result	Owner	Probability	Impact	Score	Existing Controls			Proposed Action Plans			Action Owner	Target Date	Action Status			
4	Performance is not accurately monitored (quality assurance)	Lack of quality data and intelligence. Records not maintained in a timely manner. Confusion over KPI definitions.	Council unable to hold the system to account	Chief Executive Sefton Council	3	4	12	Council has put in place tracking arrangements for EHCPs and reviews. Performance reported monthly to SENDCIB Sequencing of performance monitoring has been considered and SENDCIB advised of timings. There is a process of data validation to ensure accuracy of data submissions.			3	3	9	Consideration is being given to the implementation of a new case management system in the Council (on hold in light of resources required to support response to COVID 19 pandemic) Over time manual spreadsheet keeping to be made obsolete.			Head of Strategic Support & Deputy Chief Officer CCG	Dec-20	Open
5	Increasing demand on services means that the system will be unable to meet need	Increases in need such as Autism continues to grow. Pathways to access services e.g. Aiming High. Data for 18-25 year olds accessing health services not fully understood	System unable to meet need	Chief Executive Sefton Council	4	4	16	Strategic Needs Assessment developed Joint Commissioning Strategy and associated Action Plan agreed and reviewed July 2020 An ASD pathway is in place which will inform commissioning. Early Help referrals			3	3	9	SEND forecasting models to be developed. Market sufficiency to be better understood. More work to take place to understand the needs of the 18-25 year old cohort. SEND forecasting models to be developed. Continuous learning from best practice Impact of Covid 19 to be assessed and impact understood.			Head of Strategic Support & Deputy Chief Officer CCG	Dec-20	Open
6	Lack of leadership and specialist capacity.	Increasing demand on health and Council wide services calls for the same resource to be used on other priorities. Changes in staffing. Staff turnover	Failure to progress Improvement Plan	Chief Executive Sefton Council	4	3	12	Council and CCG prioritise activity Additional capacity agreed in Council SEND Team Senior SEN Advisor in place in Council. Headteacher previously seconded to Council continues to work with the Improvement team and schools to deliver the required change. Increased capacity in SENDIAS and Speech and Language Therapists. Secondment of Associate Chief Nurse into CCG ends but current potholder will continue to provide support as described in risk 2. Designated Clinical Officer due to leave post on 1st October 2020 - recruitment planning has taken place and handover of functions until post recruited to members of CCG and host trust, Mersey Care. All improvement actions relating to action 2 due up to end September are planned to be completed prior to post holder leaving.			3	3	9	Council and CCG will continue to consider organisational pressures in light of COVID19. Capacity to continue to be reviewed at multi-agency sub group for System Leadership & Governance. DCO recruitment prioritised and backfill arrangements to be monitored.			Chief Executive Sefton Council/ Chief Officer of the CCGs	Dec-20	Open
7	Unable to meet demand due to gaps in specialist skills	Skills deficits in specialist areas. Speech and Language Therapy. Occupational Therapy sensory assessments. COVID-19 pandemic disrupts recruitment process e.g. Alder Hey continues to recruit to posts to support the implementation of the agreed improvements for ASD and ADHD, pandemic causing delay of 3 months. Due to promotion some gaps in management of Educational Psychologist Team Covid 19 means that some training deferred as staff redeployed to focus on the pandemic	Delays in completion and review of EHCPs. Unacceptable waiting times for clinical assessments and diagnoses.	Chief Executive Sefton Council	4	4	16	Performance monitoring in place. Additional capacity being identified where possible. NASEN training delivered - March 2020 and September 2020. Additional funding secured to support delivery of training. Trajectories established to improve waiting times . Resource planning takes account of staff returning to substantive roles as part of phase 3 reset and recovery planning. Health providers working as part of school cell to plan for clinical treatments to be delivered in schools. For any child/ young person requiring clinical intervention face to face, infection prevention control guidelines adhered to maintain safety. Backfill arrangements in place for Educational Psychologist Team			3	4	12	System to continue to monitor resources. Assess impact of COVID-19 pandemic and ensure business continuity in place and appropriate communications are in place. Impact of delays in recruitment and training to be assessed and remedial action plan put in place. Workforce training on use of digital technologies and use of video consultation has been factored into restoration and recovery planning as this a new skill requirement for some of the workforce. NASEN training planned October 2020 - will be delivered virtually if impacted by Covid surge.			Chief Executive Sefton Council/ Chief Officer of the CCGs	Ongoing	Open

Date 13th October 2020							Date								
Details of Risk					Inherent Risk			Existing Controls	Residual Risk			Mitigating Actions			
Ref	Risk Description	Trigger	Result	Owner	Probability	Impact	Score		Probability	Impact	Score	Proposed Action Plans	Action Owner	Target Date	Action Status
8	Perception that change is slow	Lack of prioritisation of activity in improvement plan and lack of transparency in anticipated timescales for change. Impact of COVID-19 pandemic and actions being taken not understood by all stakeholders.	Young people, carers and parents perceive that nothing is changing. Further loss of trust and confidence in the system. Lack of understanding of activity and approach during COVID-19 pandemic	Chief Executive Sefton Council	5	3	15	Parents and Carers represented at SENDCIB and in between formal meetings. SPCF reps have attended the Co-production sub group meetings and are integral to the task and finish groups The Council's Head of Communities and the DCO now attend the Sefton Parent Carer Forum (SPCF) on a regular basis. Engagement with Council services has been funnelled through the Head of Communities Clear leadership on communication and engagement. Terms of reference for sub groups in place. Lead Officers nominated deputy where appropriate.	4	3	12	Seek feedback re pace of change from key stakeholders on a regular basis. Update on the impact of COVID-19 pandemic and associated changes and ongoing activity to be discussed at SENDCIB.	Head of Communities & DCO	Ongoing	Open
9	Pace of Change	Demands on partners are added to by demands from activity outside of the Improvement Plan activity, that require input and time from key stakeholders e.g. development of strategies and plans.	Lack of resources to meet demand	Chief Executive Sefton Council	3	4	12	Oversight at System Leadership & Governance Sub Group Review and streamline meetings where feasible Alternative methods for attendance e.g. skype or Microsoft Teams in place.	3	3	9	Prioritisation of activity Continue to consider other avenues for obtaining parent/ carer views e.g. once review issued seek parents comments, consultation events etc	Chief Executive Sefton Council/ Chief Officer CCG's	Dec-20	Open
10	Resource required to deliver Improvement Plan	Recruitment of resources to deliver the Improvement Plan took longer than anticipated Improvement Plan Targets are not being met Tasks prioritised meaning some activity is not effectively resourced Impact of COVID- 19 may reduce staffing available to work on Improvement Plan activity	Slippage in delivery timescales	Chief Executive Sefton Council	4	4	16	Strategic oversight of progress. Review of reporting mechanisms agreed by System Leadership and Governance Sub Group Plan in place by September 2020 to deal with other reviews including new temporary staff	3	4	12	System Leadership and Governance Sub Group will continue to review capacity on a regular basis during the COVID19 pandemic Staffing resource to be reviewed by the end of 2020.	Chief Executive Sefton Council/ Chief Officer CCG's	Dec-20	Open

Date 13th October 2020							Date										
Details of Risk					Inherent Risk			Residual Risk			Mitigating Actions						
Ref	Risk Description	Trigger	Result	Owner	Probability	Impact	Score	Existing Controls			Probability	Impact	Score	Proposed Action Plans	Action Owner	Target Date	Action Status
11	Pathway for ASD/ Neuro Pathway (clarification of terminology)	Lack of NICE compliant ASD diagnostic pathway	Slippage in delivery timescales Frustration for families Delays in diagnosis can adversely impact on outcomes for individuals	Chief Officer NHS South Sefton CCG & NHS Southport & Formby CCG	5	4	20	<p>Joint ASD and ADHD diagnostic pathway task and finish group established to review the wider issues relating to ASD provision, focusing on improvement planning and performance in the management of waiting times and transition support (see section 5.2.1 of action plan for evidence)</p> <p>Recovery plan signed off by March 2020 SENDCIB.</p> <p>Data validation exercise has been completed by the provider trust and improvement trajectory shared at March 2020 SENDCIB .</p> <p>The CCG's met with Alder Hey to discuss the impact of COVID-19 on the ASD/ADHD pathways and how Alder Hey has prioritised activities using guidance on 'Covid 19- Prioritisation within Community Health Services' and vulnerable children and young people</p> <p>Alder Hey have made changes to the way ADHD and ASD clinics are delivered to maintain social distancing measures and are using telephone and virtual approaches such as video links.</p> <p>Alder Hey have secured Axia and Healios to support the delivery of NICE compliant ASD assessments in Sefton, in order to adhere to the waiting list trajectories wherever feasible.</p> <p>A presentation was delivered to SENDCIB in March 2020 outlining the process to eliminate the backlog by end of March 2021.</p> <p>SENCIB informed of Covid recovery planning and impact on waiting list backlog by 3 months- July 2020.</p>	5	4	20	<p>The impact of Covid 19 needs to be assessed and understood, as part of recovery planning for Covid 19 and will be presented to SENDCIB in due to course due to the ongoing national pandemic work.</p> <p>Work has commenced with adult provider, Mersey care to review establish reporting metrics and waiting times for young people up to 25 years, aiming to promote equity of provision for assessment and diagnostics for ASD between children and adult services. The CCGs are awaiting a business case from Mersey Care NHS FT to consider the options for additional investment to reduce unacceptably high wait times for ASD assessment with a clear mobilisation plan and clear trajectory to reduce waits. Once received a paper will be taken to Leadership Team in October for consideration.</p> <p>The joint commissioning plan for 2020/2021 to develop ASD pathway outlining provision from universal to specialist services level.</p>	Chief Officer NHS South Sefton CCG & NHS Southport & Formby CCG	Apr-21	Open		
12	Speech and Language Waiting Times	Increasing waiting times for accessing the service and inability to meet demand Referrals to the service remain higher than planned levels COVID 19 pandemic increase waiting times e.g. in April, waiting times have increased above improvement trajectory. There has been a marked reduction of referrals in month, but it is expected this will increase once children return to schools and needs are identified.	Delays in accessing services, can adversely impact on outcomes for individuals	Chief Officer NHS South Sefton CCG & NHS Southport & Formby CCG	4	4	16	<p>Additional investment allocated to provider to address waiting list.</p> <p>Waiting time recovery plan in place and monitored by SEND performance workstream and Health SEND Performance Improvement Group.</p> <p>Ongoing monitoring of waiting time performance included in CCG Integrated Performance Report</p> <p>Ongoing monitoring included in Health SEND Oversight Framework.</p> <p>Jan 2020 SALT waiting times reduced in line with planned trajectories - 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. As of 31 March 2020 SALT Service met target of 18 weeks.</p> <p>Up- skilling early years and universal health staff has commenced and Health Education England funding secured for training early years practitioners in the future - Training dates planned for September 2020 for up to 40 staff in NNBH 0-19 services.</p> <p>Ongoing contract monitoring as part of CCG usual business operations. In May, there was a slight reduction in waiting times from previous month and Alder Hey complete revised trajectory as part of restoration and recovery reporting. Monthly monitoring of performance in place.</p>	4	3	12	<p>Continued monitoring of this to ensure improvement is sustained via contracting processes, oversight framework and multi agency work stream performance, management assessment and provision.</p> <p>Deliver training around SALT to universal workforce, plus early help and Family Wellbeing Centres. The HEE group to consider training as part of recovery planning.</p> <p>Joint commissioning plan for 2020-2021 factored plans to create a universal pathway for speech, language and communication. This workstream is led by HEE group members and pathway to be based on new national PHE guidance.</p> <p>SENCIB to consider impact of COVID-19.</p>	Chief Officer NHS South Sefton CCG & NHS Southport & Formby CCG	Apr-21	Open		

Date 13th October 2020					Date												
Details of Risk					Inherent Risk			Residual Risk			Mitigating Actions						
Ref	Risk Description	Trigger	Result	Owner	Probability	Impact	Score	Existing Controls			Probability	Impact	Score	Proposed Action Plans	Action Owner	Target Date	Action Status
13	CAMHS	Increasing waiting times for accessing the service and inability to meet demand. Referral criteria to access CAMHS not known or understood.	Delays in accessing services, can adversely impact on outcomes for individuals	Chief Officer NHS South Sefton CCG & NHS Southport & Formby CCG	4	4	16	<p>Ongoing monitoring of waiting time performance included in CCG Integrated Performance Report</p> <p>Ongoing monitoring included in Health SEND Oversight Framework</p> <p>Ongoing contract monitoring as part of CCG usual business operations.</p> <p>Specialist CAMHS Key performance indicators have been agreed and are now reported on a monthly basis from January 2020.</p> <p>An improvement trajectory has been agreed up till end March 2020 and the service is ahead of schedule.</p> <p>Impact of Covid 19 means that Specialist Mental Health service provision via Alder Hey is reduced along with the wider CAMHS partner delivery, offers are changing as much face to face activity is reduced and risk assessment being undertaken to ensure that more vulnerable children and young people are not adversely affected.</p> <p>24/7 specialist mental health crisis care support has been commissioned and implemented during the pandemic, ahead of commissioning schedule. This has resulted in targeting vulnerable children through telephone triage, A&E review or next day appointments.</p> <p>KOOTH on line support extended to cover 18 to 25.</p> <p>Sefton Youth Making Better Opportunities with Leaders (SYMBOL) meeting discussed the impacts of COVID-19 on young people</p> <p>Schools Get Talking weekly meeting of children and young people with SEND facilitated by voluntary sector</p>	4	4	16	<p>Continued monitoring of this to ensure improvement is sustained via contracting processes, oversight framework and multi agency work stream performance, management assessment and provision.</p> <p>Assess impact of Covid on children's mental health needs as a partnership and develop approaches to respond to need .</p> <p>A panel of experts from Public Health and SEND hosting a Zoom session with parents and carers where COVID 19 experiences can be shared and queries answered</p> <p>November 2020 Sefton Youth Making Better Opportunities with Leaders (SYMBOL) meeting will discuss improving communication and engagement</p>	Chief Officer NHS South Sefton CCG & NHS Southport & Formby CCG	Dec-20	Open		

Date 13th October 2020					Date												
Details of Risk					Inherent Risk			Residual Risk			Mitigating Actions						
Ref	Risk Description	Trigger	Result	Owner	Probability	Impact	Score	Existing Controls			Probability	Impact	Score	Proposed Action Plans	Action Owner	Target Date	Action Status
14	Community Paediatrics	<p>Increasing waiting times for accessing the service and inability to meet demand.</p> <p>Changes in personnel take time to embed.</p> <p>Confidence in the system needs to improve e.g. letters are not quality assured before being sent out</p> <p>The Pandemic may result in an increase in appointment cancellations plus increase in children not brought for appointments.</p>	Delays in accessing services, can adversely impact on outcomes for individuals	Alder Hey	4	4	16	<p>Appointment system reviewed</p> <p>New standard operating procedure been developed to improve the appointment booking system - rolled out Oct. 19</p> <p>Ongoing monitoring of waiting time performance included in CCG Integrated Performance Report</p> <p>Ongoing monitoring included in Health SEND Oversight Framework</p> <p>Ongoing contract monitoring as part of CCG usual business operations. Alder Hey presented to March SENDCIB and provided update regarding planned change in process to enable an electronic solution for re-ordering medications this has now gone live and is working well.</p> <p>The delivery of face to face activity is extremely limited due to the current national requirements regarding social distancing and PPE. Currently all OPD appointments are using technological approaches e.g. telephone/ video conferencing, unless patients require a clinical intervention.</p> <p>QCRM oversight of reduced level of activity, in comparison to pre-Covid</p> <p>Alder Hey are promoting attendance using trust communications.</p>	4	3	12	<p>Continued monitoring of this to ensure improvement is sustained via contracting processes, oversight framework and multi agency work stream performance, management assessment and provision.</p> <p>SENDCIB and LSCB partners to consider as part of restoration and recovery planning.</p> <p>There is a requirement for Enhanced PPE for Children and young people who require Aerosol Generating Procedures (AGP). Work is being undertaken with partners to address this.</p>	Alder Hey	Dec-20	Open		
15	Unable to measure EHCP and Reviews accurately	<p>Lack of clear recording process and tracking mechanism for reviews not in place</p> <p>Review process not formally completed</p>	Unable to report current performance	Chief Executive Sefton Council	5	3	15	<p>Year 6 & Yr 11 Reviews have been prioritised</p> <p>Prioritised reviews as agreed by SENDCIB are progressing</p> <p>Tracker in place</p> <p>Approval of additional temporary resources to complete review process to sustainably improve performance levels .</p> <p>July SENDCIB considered a planned approach to improving performance of review completion. Additional funding agreed for 2 temporary caseworkers and new recruits in post by September 2020.</p>	5	2	10	<p>Performance sub group will monitor progress in this area.</p>	Head of Communities	Nov-20	Open		
16	Failure to deliver Improvement Plan with continued pace and impact due to COVID-19 pandemic	<p>COVID-19 pandemic diverts resources away from Improvement Plan activity or reduces workforce capacity. Return of children to school may increase demand on services.</p>	Targets and deadlines in Improvement Plan not met. System unable to meet demand	Chief Executive Sefton Council	5	4	20	<p>Business Continuity Plans in place</p> <p>Phase 2 recovery planning has commenced in May 2020</p> <p>SENDCIB kept informed of recovery plans.</p> <p>Children and Young People Cell liaising with schools and colleges to return to education.</p> <p>Restoration and recovery report for health related actions submitted to SENDCIB in July 2020</p>	5	4	20	<p>SENDCIB to consider impact of COVID-19 and recommend any changes in deadlines and KPIs to HWB.</p> <p>SENDCIB to consider changes to recovery plans.</p>	Chief Executive Sefton Council	Oct-20	Open		

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 16th September 2020	Chair: Helen Nichols
--	---------------------------------

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG anticipates breaking even for the first six months of the financial year under the temporary arrangements in place. New guidance has been issued setting out the arrangements for the rest of the financial year (months 7 to 12). 	<ul style="list-style-type: none"> The CCG anticipates delivery of its revised Control Total (breakeven) for each month from April to September 2020 subject to confirmation of excess COVID and top-up funding. Work is required to confirm the impact on the CCG of the latest guidance regarding the arrangements for the rest of the financial year. The early prediction is that the CCG will be forecasting a deficit and will not be able to deliver either its revised 2020/21 Control Total or Statutory Duty. 	<ul style="list-style-type: none"> All expenditure must be reviewed to deliver improvements in both efficiency and effectiveness of services. The CCG must ensure that QIPP plans are in place to address the underlying deficit from a CCG and system level. These plans must be ready for implementation as soon as possible.

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

<ul style="list-style-type: none"> The committee approved the Flexible Working and Special Leave Policy, which had been updated further since review in July 2020. The committee received the HR Performance Dashboard. <ul style="list-style-type: none"> There has been a reduction in sickness absence rate from June to July 2020. The appraisal process, which was on hold during the start of the financial year as a result of the COVID response, has restarted. There is a slight improvement in the Statutory and Mandatory training compliance rate from June to July 2020. The outstanding training is
--

being addressed with members of staff and reminders are published in the CCG staff bulletin periodically.

- The committee received an update on QIPP progress and agreed on a new type of report for future meetings, which sets out the plan for the remainder of the financial year and measures against this.
- The committee approved the F&R Committee Risk Register and noted the work that has been undertaken to amalgamate the COVID risks where appropriate.
- The committee received the Individual Funding Request Service Report Q1 2020/21.
- The committee received the summary of COVID Improvement Grant applications that have been submitted to NHSE/I and ratified CCG support for the bids.
- The committee received an estates update, including an update on future office working and the Merton House accommodation lease.
- The committee received a report which provided an analysis of the significant impact of COVID-19 on prescribing activity and cost pressures across the CCG from March to June 2020.
- The committee approved the Pan Mersey APC recommendation to commission Fremanezumab injection (Ajovy®▼) for prophylaxis of migraine.

Key Issues Report to Governing Body



Joint Quality and Performance Committee held on 30th July 2020 **Chair:
Dr Rob Caudwell**

Key Issue	Risk Identified	Mitigating Actions
<ol style="list-style-type: none"> 1. Issue of increase Never Event reporting at LUFT. A meeting with the Director of Patient Safety to be convened. 2. Primary and secondary interface issues. Group now meeting for Southport and Ormskirk system to review themes. Proposal of clinical forum to be facilitated between primary and secondary care physicians. 3. GP workload identified as an issue. Need to publicise the GP service provision during Covid 19 and clarity of local status of Covid 19 infections and adherence to guidance. 4. Re alignment of serious incident process to ensure CCG Governing Body assurance on serious incident management. 		

- | | | |
|---|--|--|
| <ol style="list-style-type: none">5. IPR report to Committee was not complete with data. An action to revise the reporting process to allow for late submission of data to provide assurance to Joint Quality and Performance Committee.6. Review of current 24 hour mental health crisis line and what is being provided by services.7. Issue of medication by midwives is an issue. Chief Nurse to contact Heads of Midwifery directly.8. Patient experience during Covid 19 to be presented. Review methods of engagement and potential GP involvement at EPEG. | | |
|---|--|--|

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 27th August 2020	Chair: Dr Rob Caudwell
--	-----------------------------------

Key Issue	Risk Identified	Mitigating Actions
<ol style="list-style-type: none"> 1. Communication from secondary to primary care is an issue with a direct effect of management of patients on transferral of care/ treatment. 2. The variation in advice and guidance responses which has an impact on patient management in primary care. 3. IPR - reduction in performance has a negative impact on patient outcomes. 4. Review of CCG CRR given the replication of risks and the role of respective committees to focus on impact will be proposed. 5. Legislative delay to MCA/ DOLS until 2022. 		<p>To be raised at the planned primary / secondary interface meeting for the Southport system.</p> <p>To be raised at the primary / secondary care interface meeting.</p> <p>Review of recovery plans and trajectory as well as assurance on the clinical prioritisation processes of trusts will be sought. Panel process to review sample of long waiters will also be established.</p> <p>This will be taken to LT for a view. Further training is being undertaken. JQPC role is to review risks to determine any negative impact on patient safety, experience and outcomes.</p> <p>CCGs will continue to work under current processes and prepare for changes accordingly.</p>

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

- None

Key Issues Report to Governing Body



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

Key Issue	Risk Identified	Mitigating Actions
Scale of non-participation in the Network Contract Directed Enhanced Service for 20/21 affecting GP practices in Central & North localities.	Patients will be unable to access the services set out in the service specifications (Enhanced Health in Care Homes, Extended Hours, Structured Medication Reviews and Early Cancer Diagnosis).	Discussions are underway with NHSE a suitable provider to ensure that the service specifications are delivered within the timescales set out in the DES guidance.

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

Joint Operational Group reports from June and July 2020 were received by the committee.

The financial position of the CCG was reported, including details of the block arrangements in place with providers and how COVID expenditure is being tracked and reported.

The Primary Care Programme report was noted.

Performance report relating to 7 Day Access, Out of Hours and Directed Enhanced Services was reviewed. The Chair asked that a letter of thanks be sent to Southport and Formby GP Federation, SF Health Ltd, regarding their provision of services during the COVID pandemic.

Key Issues Report

Southport & Formby Localities

April 2020 – September 2020



Southport & Formby		
Key Issues	Risks Identified	Mitigating Actions
1. COVID 19	<ul style="list-style-type: none"> • Patient care. • Staffing levels. • Community service provision at this time. • Business as usual still in place. 	<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. • Covid swab testing service in place to protect primary care workforce.
2. Community Services – accessibility and availability of various services; existing key issue pre-Covid in relation to visibility and relationships. Now superseded due to Covid. Concerns over re-introduction of specific services	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Escalated to CCG Chair / LSCFT – commitment agreed to improve DN attendance at MDT meetings and contact details to be shared. • GP query email inbox established by LCFT to deal with issues as they arise; being promoted to practices to encourage direct contact with provider to enable issues to be resolved in a timely manner. • 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/communications. • LSCFT representation agreed to attend future locality meetings in November. • CCG looking at delivery of all services (B12s and ear syringing in particular).
3. 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; 	<ul style="list-style-type: none"> • CCG continue to escalate through Quality team. • Further escalated through Contract meetings. • Commissioning Manager has met with Trust

Key Issues Report

Southport & Formby Localities

April 2020 – September 2020



	<ul style="list-style-type: none"> Practices not aware with regard to relevant vaccinations needed. GDPR issues – pt would have to be contacted before records could be shared. 	Midwifery lead for local solution.
4. Phlebotomy services	<ul style="list-style-type: none"> Capacity concerns due to Covid restrictions both within community services and practices' own ability to deliver. 	<ul style="list-style-type: none"> CCG Commissioning team working with all providers to increase provision and improve accessibility. This is being monitored.
5. Availability of Covid testing for primary care workforce	<ul style="list-style-type: none"> Risk to ability to deliver primary care services. 	<ul style="list-style-type: none"> CCG has established local testing service with GP Federation to support primary care and local authority to work alongside national testing programme.
6. QoF 20/21 – practices concerns over their ability to reach achievements during Covid.	<ul style="list-style-type: none"> Quality outcomes Practice resilience 	<ul style="list-style-type: none"> CCG working with Locality Clinical leads to make plan for protected indicators.

Key Issues Report

Southport & Formby Localities

April 2020 – September 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

April 2020 – September 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 July 2020, 10.30am to 12.30pm
Skype Meeting

Attendees (Membership)		
Dil Daly	Lay Member (F&R Committee Vice Chair), S&F CCG	DD
Jan Leonard	Director of Place, S&F CCG	JL
Susanne Lynch (item FR20/95-part onwards)	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
In attendance		
Steph Graham (items FR20/87-88 & FR20/91-92)	Assistant HR Business Partner, Midlands & Lancashire CSU	SG
Jane Keenan (items FR20/87-96)	Interim CHC Programme Lead, S&F CCG	JK
Brendan Prescott (items FR20/87-96)	Deputy Chief Nurse, S&F CCG	BP
Kathryn Saul (items FR20/87-88 & FR20/91)	Registration Authority Team Manager, Informatics Merseyside	KS
Cameron Ward	Interim Director of Strategy & Outcomes, S&F CCG	CW
Apologies		
Karl McCluskey	Director of Strategy & Outcomes, S&F CCG	KMcC
Helen Nichols	Lay Member (F&R Committee Chair), S&F CCG	HN
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	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Jan 20	Feb 20	Mar 20	May 20	June 20	July 20
Helen Nichols	Lay Member (Chair)	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	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	✓	✓	✓							
Dr Hilal Mulla	GP Governing Body Member	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓
Colette Riley	Practice Manager & Governing Body Member	A	✓	✓	✓	✓	✓	A	A	✓	✓	A
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	A	A	A	✓	✓	✓	✓	✓	✓	✓	✓
Jan Leonard	Director of Place	A	A	✓	✓	✓	✓	A	✓	A	✓	✓
Susanne Lynch	Head of Medicines Management	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes	✓	A	A	A	A	A	A	A	A	A	A
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	*	*	*	*	*	*	✓	*	✓	*

No	Item	Action
General business		
FR20/87	<p>Apologies for absence</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Finance & Resource Committee meeting today was taking place via Skype.</p> <p>Apologies for absence were received from Helen Nichols, Colette Riley and Karl McCluskey.</p> <p>The following points were noted by the committee:</p> <ul style="list-style-type: none"> • Dil Daly would chair the meeting in Helen Nichols' absence. • Cameron Ward had joined the meeting in his capacity as interim cover for the CCG Director of Strategy and Outcomes role. • Susanne Lynch would be late in joining the meeting. • Kathryn Saul and Steph Graham had joined the meeting to present items <i>FR20/91</i> and <i>FR20/92</i> respectively. The Chair decided to cover both of these items directly after item <i>FR20/88 (Declarations of Interest)</i> to allow both presenters to leave the meeting early after covering their respective items. The rest of the meeting would follow the order of the agenda. The minutes of the meeting would be structured in line with the original order of the agenda. 	
FR20/88	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have regarding issues arising at committee meetings which might conflict with the business of NHS Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
FR20/89	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 24th June 2020 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
FR20/90	<p>Action points from the previous meeting</p> <p>FR20/71 Finance Report - Month 2 2020/21</p> <p>AOR reported that the chart detailing the CCG outturn at month 3 has been developed to provide clarification on the treatment of the NHS control total adjustments and QIPP target for the year to date. Action closed.</p>	

No	Item	Action
	<p>FR20/77 CCG Procurement Schedule 2020/21- 2021/22 It was noted that the due date for the actions regarding the CCG procurement schedule was September 2020.</p> <p>FR20/79 Update - Phase-out of Faxes / Fax Technology MMcD reported that the process to phase-out the use of faxes / fax technology by primary care in Southport & Formby is ongoing and is reported through the CCG Information Management & Technology (IM&T) Steering Group. Action to remain on the tracker.</p> <p>FR20/82 Prescribing Report – Month 12 2019/20 Work is ongoing to identify prescribing costs across the system (including GP practices, community service and secondary care) during the COVID-19 response period, to understand the impact on total system costs. The analysis will not include acute care, however, due to lack of access to drug cost data. Action to remain on the tracker. [This update was provided during item <i>FR20/101</i> after SL had joined the meeting].</p> <p><i>It was noted that all other actions on the action tracker following the June 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>	
<i>Policies for Approval</i>		
FR20/91	<p>Registration Authority (RA) Policy KS presented the Registration Authority (RA) policy, which has been reviewed and updated to take into account legislation changes and national guidance. The policy has been reviewed and recommended for approval by the Corporate Governance Support Group.</p> <p>KS presented the updates to the policy, which were shown via track changes on the policy received by the committee, as well as summarised on the cover sheet for this item. It was noted that the following two appendices had been added to the policy but had not been included with the policy sent for the meeting pack, in error:</p> <ul style="list-style-type: none"> • Appendix 1 - NHS Digital Remote Smartcard Registration Emergency Guidance v1.0 – national guidance • Appendix 2 - Emergency Remote Registration Process – local process used by Informatics Merseyside <p>KS confirmed that she would send the appendices to TK for circulation to the committee.</p> <p><i>The committee approved the updated Registration Authority policy and noted that the appendices would be circulated following the meeting.</i></p> <p><i>KS left the meeting.</i></p>	KS / TK
FR20/92	<p>HR Policies SG presented the following updated HR policies, which have been reviewed by the Corporate Governance Support Group and recommended for approval:</p>	

No	Item	Action
	<ul style="list-style-type: none"> • Flexible Working and Special Leave Policy • Equality and Diversity Policy • Capability Policy • Secondment Policy <p>SG presented the updates made to each policy, which were shown via track changes on the policies received by the committee, as well as summarised on the cover sheet for this item. The committee discussed the updates; queries were raised in relation to the Flexible Working and Special Leave Policy, with explanation and commentary provided by SG.</p> <p><i>The committee approved the Flexible Working and Special Leave Policy, Equality and Diversity Policy, Capability Policy and Secondment Policy.</i></p> <p><i>SG left the meeting.</i></p>	
Governance: COVID-19		
FR20/93	<p>CCG Governance in the Context of COVID-19 – People</p> <p>AOR presented a completed checklist regarding governance in the context of COVID-19, which was specifically focused on Human Resources governance. This checklist has been developed by MIAA (the CCG’s internal auditors) to assist CCGs in reviewing their governance arrangements during the COVID-19 emergency response period. The checklist has been completed to provide information on arrangements implemented by the CCG during the response period. It has been reviewed by MIAA and will be updated regularly as part of the emergency response.</p> <p>This completed checklist was received by the Audit Committees in Common on 8th July 2020, together with a completed checklist on generic governance in the context of COVID-19 which had also been presented at the last F&R Committee meeting on 24th June 2020. MIAA is developing further checklists in relation to governance during the COVID response, which will be sent to the CCG when finalised.</p> <p>Members provided positive feedback on the level of assurance provided by the completed checklist.</p> <p><i>The committee received this report and noted the contents of the completed checklist.</i></p>	
Committee Governance		
FR20/94	<p>F&R Terms of Reference – QIPP Responsibilities and Duties</p> <p>MMcD presented the F&R Committee Terms of Reference, which included proposed updates to reflect the revised responsibilities and duties of the F&R Committee in relation to QIPP. It was noted at the last F&R Committee meeting that the Joint QIPP and Financial Recovery Committee had been formally dis-established as a substantive governing body sub-committee and that the roles and responsibilities had transferred to a QIPP Delivery Group which will report to the respective F&R Committees of the Sefton CCGs. Following discussion at the last F&R Committee meeting, the Terms of Reference were reviewed by the CCG’s Interim Lead for Corporate Services and amendments have been proposed for sections 3.3 and 4.8, which were shown via track changes.</p>	

No	Item	Action
	<p>The committee agreed the proposed updates to the F&R Committee Terms of Reference.</p> <p><i>The committee agreed the proposed updates to the F&R Committee Terms of Reference to reflect the committee's revised responsibilities and duties in relation to QIPP. The updated Terms of Reference will be presented to the Senior Leadership Team, which has been provided with delegated authority from the Governing Body to sign-off the F&R Committee Terms of Reference following updates regarding QIPP.</i></p>	
<i>Finance</i>		
FR20/95	<p>Finance Report - Month 3 2020/21</p> <p>AOR provided an overview of the month 3 2020/21 financial position for NHS Southport & Formby CCG as at 30th June 2020. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • In response to the COVID-19 emergency, temporary financial arrangements have been implemented for the period April – July 2020 and the original financial plan has been suspended. CCG allocations have been revised and performance is assessed against the revised allocations. • The revised CCG Control Total is breakeven for each month from April to July 2020; a monthly claims and reconciliation process has been agreed to reimburse costs directly related to COVID-19 and to adjust allocations to support actual expenditure incurred by the CCG. The original Control Total for 2020/21 was a surplus of £0.9m. • The month 3 reported financial position was an overspend of £1.88m. The position is expected to improve in month 4 to an overspend of £1.58m following confirmation of additional COVID-19 related funding from NHS England / Improvement (NHSE/I). • Better Payment Practice Code (BPPC) targets have been achieved. This will continue to be monitored monthly to ensure performance is maintained. <p><i>SL joined the meeting.</i></p> <p>The committee had a detailed discussion regarding the finance report. MMcD commented that the breakeven target has not been achieved in month 3 due to the retrospective allocation adjustment from NHSE/I not having been confirmed, as it remains under review. Although a deficit will be reported for month 4, it is anticipated that the CCG will reach a breakeven position once the COVID funding reimbursement and top up of allocation is received from NHSE/I, confirmation of which is awaited.</p> <p>MMcD informed the committee that he joined a national update meeting for NHS chief finance officers / finance directors (on 14th July 2020), where a briefing was provided on NHS financial arrangements during the COVID response. The briefing confirmed that current financial arrangements will continue into August and potentially September 2020. The guidance for the rest of the financial year is expected by the end of July 2020.</p> <p>DD referred to the recent news announcement that the NHS in England will receive an extra £3bn of funding to prepare for a possible second wave of the</p>	

No	Item	Action
	<p>Coronavirus. MMcD provided commentary on the potential impact of this funding on the CCG, noting that it would fund Nightingale Hospital beds, retention of additional capacity in the Independent Sector, continuation of the early discharge scheme and a wider flu vaccination programme ahead of winter.</p> <p><i>The committee received the finance report and noted the summary points as detailed within the recommendations section of the report.</i></p>	
FR20/96	<p>Continuing Healthcare Update Report July 2020 – High Cost Cases</p> <p>JK presented a report, which provided a year-on-year cost comparison of high cost cases with a value of £100k or more. The report also detailed a proposal for creating an enhanced level of governance and scrutiny through the establishment of a formal High Cost & Complex Care Panel for the Southport and Formby area with clear Terms of Reference.</p> <p>The following tables in the report were presented to the committee:</p> <ul style="list-style-type: none"> • Table 1: Number of high cost cases and average cost per annum, year-on-year since 2012/13. • Table 2: The total cost of high cost packages, year-on-year since 2012/13. • Table 3: Details of current high cost cases as at month 2 2020/21. <p>It was noted that the high cost case analysis had been adjusted for inflation in providing a year-on-year comparison. Table 1 showed a simultaneous rise in the number and average cost of high cost cases. Table 2 showed a significant rise in total cost to the CCG of high cost cases as a direct result of the increased number and average cost of cases.</p> <p>JK reported that in order to provide further assurance and an increased level of scrutiny of high cost cases, a draft Terms of Reference has been developed for the High Cost and Complex Care Panel to consider all cases over £100k. Further consultation is required with Midlands & Lancashire CSU and Sefton MBC regarding this panel. The draft Terms of Reference seek to enhance the current level of governance by consolidating and creating a clear and transparent process and level of scrutiny surrounding high cost cases. Further details, including the aims, roles and responsibilities of the panel, were included within the report received by the committee. The draft Terms of Reference will be presented to the Individual Patient Activity (IPA) Programme Board for discussion and ratification.</p> <p>The committee had an extensive discussion regarding this report. It was noted that there has been a high level of scrutiny on high cost cases to date, carried out by CCG and CSU colleagues. The High Cost and Complex Care Panel will provide further assurance and governance in relation to the process of high cost case reviews. BP noted that the CCG will need to review the frequency of panel meetings to align with clinical reviews as per the CHC framework. He commented that the panel process will help to ensure that the cost commitment is both appropriate and as efficient as possible in meeting patient need.</p> <p><i>The committee received the High Cost Cases report and noted the summary points as detailed within the recommendations section of the report.</i></p>	

No	Item	Action
	<i>BP and JK left the meeting.</i>	
FR20/97	<p>QIPP 2020/21 – Progress Update at July 2020 AOR presented a report which provided an update on current progress for QIPP projects as part of the 2020/21 QIPP plan, and asked the committee to note the following:</p> <ul style="list-style-type: none"> • The QIPP target in the opening plan is £14.96m. Significant risks remain regarding operational delivery and in the further development of the remaining QIPP schemes - given the unknown long term impact of the COVID emergency on health services, and shifting priorities as a result of the pandemic. • The COVID-19 response has suspended usual contracting mechanisms and further guidance is expected regarding the remainder of 2020/21. This will impact on the CCG's financial plan and future QIPP requirement. • The suspension of contract processes for 2020/21 means that significant uncertainty remains around the mechanisms available to the CCG to reduce costs in 2020/21. • Projects totalling £6.15m have been identified along with a number of pipeline schemes currently totalling £0.90m. There are currently 45 projects, 17 of which are active, with the remainder being in the pipeline or pending stage. • The CCG will need to engage with system partners to implement the post COVID financial regime, progress transformation through QIPP schemes and continue with work towards long term financial sustainability. • A meeting has been arranged (to take place in August 2020) between Southport & Formby CCG, West Lancashire CCG and Southport & Ormskirk NHS Trust to review joint QIPP plans and cost reduction. • Work is being undertaken on check and challenge appendices, which will be presented at a future F&R Committee meeting. <p>The committee discussed the QIPP update. CW commented on the unusual circumstances in relation to COVID-19 and the current financial regime, and the impact of this on the development and delivery of QIPP schemes.</p> <p>DD reported that he had discussed the QIPP update report with HN prior to the meeting. They had both provided positive feedback on the level of detail in the report but asked for further information in response to the following queries:</p> <ol style="list-style-type: none"> 1) What level of savings is expected from each QIPP project? 2) What savings are CCG only and what savings are system wide? 3) Are the savings realisable cash savings or efficiency savings? <p>AOR confirmed that she would update the QIPP report with responses to these questions for presentation at the next F&R Committee meeting.</p> <p><i>The committee received the QIPP progress update report and noted the summary points as detailed within the recommendations section of the report.</i></p>	AOR
FR20/98	<p>Finance & Resource Committee Risk Register MMcD presented the F&R Committee Risk Register and noted the following changes have been made since presentation at the last committee meeting in June 2020:</p>	

No	Item	Action
	<ul style="list-style-type: none"> The finance and resource related COVID risks have now been incorporated into the F&R Committee Risk Register. Following discussion at the last meeting, COVID sub-risk C15a has been added - related to the accuracy / completeness of CHC activity data during the COVID response. Following discussion at the last meeting, new risk FR0012 has been added - related to outstanding 2019/20 contract differences between the CCG and Southport and Ormskirk NHS Trust. <p>AOR reported that further work is required on the COVID risks that have been allocated to the F&R Committee; she noted that a number of the risks could be consolidated and / or incorporated into the overall finance risk and sub-risks FR0011, FR0011a and FR0011b. AOR presented a working document to propose a way in which to consolidate the risks, noting that there are certain HR related risks that would need to remain as they are. The committee agreed with this approach. AOR confirmed that work on consolidation of the finance and resource related COVID risks would be undertaken prior to presentation of the F&R Risk Register at the next committee meeting. AOR also noted that the status of COVID risk C28 in relation to Medicines Management required review, which she would discuss with SL.</p> <p>MMcD recommended that the opening and post mitigation total score for the overall finance risk (FR0011) for 2020/21 in relation to delivery of the CCG's Control Total (£0.9m surplus) / statutory duty (breakeven) should remain at 16. The committee agreed that this was an accurate assessment given the uncertainty in relation to COVID-19 and that guidance for the remainder of the financial year still needs to be confirmed.</p> <p>The committee discussed the future of CCG estates, reflecting on the largely positive experience of staff working remotely as a result of COVID-19. It was suggested that there may be an opportunity to reduce estates costs and introduce more remote working as a permanent feature. MMcD reported that estates options are currently being reviewed, with consideration being given to the need for provision of public access to Governing Body Part I meetings, taking into account social distancing requirements.</p> <p><i>The committee approved the F&R Committee Risk Register, noting that further work will be undertaken on the COVID risks.</i></p>	AOR
FR20/99	<p>Finance Strategy Update</p> <p>MMcD reported that there was no further update to provide on the CCG's finance strategy, in addition to what had already been reported at the meeting.</p>	
<i>IT</i>		
FR20/100	<p>Update - IT Bids</p> <p>MMcD provided an update on IT bids and noted that guidance is still awaited from NHSE/I and the Government regarding availability of funding for IT bids.</p> <p><i>The committee received this verbal update.</i></p>	

No	Item	Action
<i>Prescribing</i>		
FR20/101	<p>Prescribing Update – Month 1 2020/21</p> <p>SL provided a verbal update regarding prescribing. Having undertaken initial analysis of the COVID-19 impact on prescribing during March and April 2020, further work is required to cleanse the prescribing data to gain an accurate understanding. A report relating to March, April and May 2020 will be produced for the next F&R Committee meeting.</p> <p><i>The committee received this verbal update.</i></p>	SL
FR20/102	<p>Pan Mersey APC Recommendations</p> <p>SL asked the committee to consider approving the Pan Mersey APC recommendation to commission the following medicine: Cannabis extract oromucosal spray (Sativex®) as recommended by NICE, for the symptomatic treatment of moderate to severe spasticity in adult patients with multiple sclerosis when other pharmacological treatments for spasticity are ineffective.</p> <p>It was noted that this recommendation had been reviewed and supported by the CCG's Joint Medicines Operational Group.</p> <p><i>The committee approved the Pan Mersey APC recommendation to commission Cannabis extract oromucosal spray (Sativex®).</i></p>	
Minutes of Steering Groups to be formally received		
FR20/103	<p>Information Management & Technology (IM&T) Steering Group – May 2020</p> <p>The committee received the minutes of the IM&T Steering Group meeting, which took place on 12th May 2020.</p> <p>MMcD commented that IT arrangements have been implemented well during the COVID response but there have been bandwidth related issues due to the demand on video conferencing tools. The committee discussed remote working, virtual meetings and the need to consider the most efficient use of staff time.</p>	
Closing business		
FR20/104	<p>Any Other Business</p> <p><u>Office 365</u></p> <p>MMcD provided an update on the planned implementation of Office 365, as part of the national rollout of Microsoft Teams across the NHS. A national agreement between the NHS and Microsoft, which will run to April 2023, enables NHS organisations in England access to the latest Microsoft 365 suite and provides additional discounts for the NHS. A combination of previous investment and national funding means that the CCG has sufficient funding available to pay for the Microsoft 365 suite up to January 2022, although the agreement is to April 2023. There will therefore be a cost pressure for the CCG, which will emerge in 2022. The Leadership Team has reviewed options and, given that this is a</p>	

No	Item	Action
	<p>national NHS initiative, agreed that the CCG sign up to the Microsoft 365 suite as an individual organisational tenant.</p> <p><u>Provisional F&R Committee Meeting – 19th August 2020</u></p> <p>The committee discussed the provisional F&R Committee meeting scheduled for 19th August 2020. It was noted that historically, provisional F&R Committee meetings in August have focussed solely on the finance report. The committee agreed to cancel the provisional meeting, given that current financial arrangements will continue into August 2020 and that guidance for the rest of the financial year is awaited.</p> <p><u>Committee Administration</u></p> <p>DD thanked TK for ensuring the committee meeting pack was issued earlier than usual to allow him to review the papers with HN prior to the meeting.</p>	
FR20/105	<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 16th September 2020 10.30am to 12.30pm Skype Meeting</p>	

Finance and Resource Committee Minutes

Wednesday 16th September 2020, 10.30am to 12.30pm
Skype Meeting

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	Director of Place, S&F CCG	JL
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
Martin McDowell	Chief Finance Officer, S&F CCG	MMcD
Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
Ex-officio Member*		
Fiona Taylor	Chief Officer, S&F CCG	FLT
In attendance		
Michelle Carberry	Senior Associate, Niche Health and Social Care Consulting	MC
Billie Dodd	Deputy Director of Commissioning and Delivery, S&F CCG	BD
Steph Graham (items FR20/106-110)	Assistant HR Business Partner, Midlands & Lancashire CSU	SG
Apologies		
Karl McCluskey	Director of Strategy & Outcomes, S&F CCG	KMcC
Cameron Ward	Interim Director of Strategy & Outcomes, S&F CCG	CW
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Membership	Aug 19	Sept 19	Oct 19	Nov 19	Jan 20	Feb 20	Mar 20	May 20	June 20	July 20	Sept 20
Helen Nichols	Lay Member (Chair)	A	✓	✓	✓	✓	✓	✓	✓	✓	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]	✓	✓	✓								
Dr Hilal Mulla	GP Governing Body Member	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Colette Riley	Practice Manager & Governing Body Member	✓	✓	✓	✓	✓	A	A	✓	✓	A	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	A	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jan Leonard	Director of Place	A	✓	✓	✓	✓	A	✓	A	✓	✓	✓
Susanne Lynch	Head of Medicines Management	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes	A	A	A	A	A	A	A	A	A	A	A
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	*	*	*	*	*	✓	*	✓	*	✓

No	Item	Action
General business		
FR20/106	<p>Apologies for absence</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Finance & Resource Committee meeting today was taking place via Skype.</p> <p>Apologies for absence were received from Karl McCluskey and Cameron Ward.</p> <p>Billie Dodd, the CCG's Deputy Director of Commissioning and Delivery, had joined the meeting on behalf of Karl McCluskey and Cameron Ward.</p> <p>Michelle Carberry from Niche Health and Social Care Consulting had joined the meeting as an observer, as part of the recently commissioned independent review of Southport and Formby CCG's governance arrangements.</p>	
FR20/107	<p>Declarations of interest regarding agenda items</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 Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. <i>Item FR20/116: Updated CCG Procurement Schedule 2020/21 - 2021/22</i> CR declared that she is Practice Manager of a GP practice which is a member of the Southport & Formby Health GP Federation. HM declared he is a partner GP at a practice which is a member of the Southport & Formby Health GP Federation. It was noted that CR and HM could have a potential conflict of interest in relation to any procurement decision associated with the GP Federation. The Chair reviewed the declarations and decided that as this item was providing an update on the CCG procurement schedule and contract end dates, with the committee not required to make a decision, CR and HM could be present during this item and participate in discussion. <p><i>Item FR20/118: COVID Improvement Grant Applications</i> HM declared that he is a partner GP at a practice (The Corner Surgery) which has submitted a COVID Improvement Grant joint application (with The Marshside Surgery) to NHS England / Improvement (NHSE/I) and therefore had a potential conflict of interest in relation to this item. It was noted that the F&R Committee was receiving details of the summary of applications for information and as good practice, and to ratify CCG support. Although it was noted that HM did have an interest, the F&R Committee is not the "approving body" for Improvement Grants; the body with statutory responsibility for</p>	

No	Item	Action
	<p>approving or declining such grants is NHSE/I. Therefore HM's attendance at the meeting did not constitute a material conflict of interest. It was, however, agreed that HM would not participate in the discussions / ratification relating to the combined application from The Corner Surgery / The Marshside Surgery.</p>	
<p>FR20/108</p>	<p>Minutes of the previous meeting and key issues The minutes of the previous meeting held on 22nd July 2020 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
<p>FR20/109</p>	<p>Action points from the previous meeting</p> <p>FR20/79 Update - Phase-out of Faxes / Fax Technology MMcD reported that the process to phase-out the use of faxes / fax technology in primary care across Southport & Formby is in progress. There are currently two remaining practices that are using fax / fax technology; iMerseyside are liaising with these practices to understand the reasons behind this. Action to remain on the tracker until there are no longer any faxes / fax technology in use by primary care in Southport & Formby.</p> <p>FR20/82 Prescribing Report – Month 12 2019/20 It was noted that analysis in relation to prescribing costs during the COVID-19 response was included in the report for item <i>FR20/121: COVID-19 Prescribing Cost Impact Analysis March – June 2020</i>. Action closed.</p> <p>FR20/97 QIPP 2020/21 – Progress Update at July 2020 It was noted that a verbal update would be provided for item <i>FR20/113: QIPP 2020/21 – Progress Update at September 2020</i>. AOR reported that the CCG's original QIPP plan has been significantly affected by the current financial regime and suspension of contract processes for 2020/21. She confirmed that the following questions, which were raised at the last committee meeting, will be addressed in future reporting following review of the latest financial guidance for the remainder of 2020/21. Future reporting is to be discussed further under item <i>FR20/113</i>. Action still open.</p> <ol style="list-style-type: none"> 1) What level of savings is expected from each QIPP project? 2) What savings are CCG only and what savings are system wide? 3) Are the savings realisable cash savings or efficiency savings? <p><i>It was noted that all other actions on the action tracker following the July 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>	
<p><i>Policies for Approval</i></p>		
<p>FR20/110</p>	<p>Flexible Working and Special Leave Policy SG presented the Flexible Working and Special Leave Policy, which had been updated further since being approved by the committee in July 2020. The following updates had been proposed since review of the policy by the Corporate Governance Support Group but had not been included in the version reviewed by the committee in July.</p>	

No	Item	Action
	<p>1) An update regarding child bereavement leave following legislation in April 2020, which introduced new leave rights for employed parents following the death of a child. This has been extended further in Section 23 of the Agenda for Change Terms and Conditions, the wording from which has been adapted and included in the CCG's Flexible Working and Special Leave Policy.</p> <p>2) An update regarding payroll considerations for unpaid leave, which has been confirmed by payroll. The update notes that authorised unpaid leave will essentially be treated as a salary sacrifice.</p> <p>A typographical error was noted on page 7 of the policy, which states that 'Authorised unpaid leave is a deduction that is made after before Tax and Pension deductions have been made (i.e. it is a salary sacrifice).' SG confirmed that the word 'after' is to be deleted, which she would action via the CCG's Corporate Governance Manager.</p> <p>The committee approved the updated Flexible Working and Special Leave policy subject to correction of the typographical error noted above.</p> <p>SG left the meeting.</p>	SG
<i>HR</i>		
FR20/111	<p>HR Performance Dashboard</p> <p>MMcD presented the HR Performance Dashboard 2020/21, which included information up to July 2020, and noted the following:</p> <ul style="list-style-type: none"> • There has been a reduction in sickness absence rate from June to July 2020. • The appraisal process, which was on hold during the start of the financial year as a result of the COVID response, has restarted; this has led to a slight rise in the appraisal completion rate. A further improvement is expected in the next report presented to the committee. • There is a slight improvement in the Statutory and Mandatory training compliance rate from June to July 2020. The outstanding training is being addressed with members of staff and reminders are published in the CCG staff bulletin periodically. The compliance rate is expected to improve further with the restarting of the appraisal process. <p>HN raised concerns regarding the percentage of days lost due to stress / anxiety / depression in July 2020, which was at its highest since the beginning of the financial year. She queried if this had any connection to the COVID-19 pandemic and remote working. MMcD confirmed that the figure relates to a small number of staff and that the cases concerned are typically due to long-term issues. FLT reported that the communications team has undertaken activity to maintain regular communication between the CCG and staff during the pandemic and remote working to support wellbeing.</p> <p>The committee received the HR Performance Dashboard.</p>	
<i>Finance</i>		
FR20/112	<p>Finance Report - Month 5 2020/21</p> <p>AOR provided an overview of the month 5 2020/21 financial position for NHS</p>	

No	Item	Action
	<p>Southport & Formby CCG as at 31st August 2020. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The 2020/21 Control Total for Southport and Formby CCG was a surplus of £0.900m. As a result of the COVID-19 response, temporary arrangements have been implemented for the financial year to date. The revised Control Total for the period is breakeven. • COVID-19 phase 3 guidance was issued on 31st July 2020, which confirmed that existing financial arrangements are to continue through to the end of month 6 and also described restoration requirements. • On 15th September 2020, NHSE/I published guidance on contracts and payments for the remainder of 2020/21. The CCG is reviewing this guidance to understand the implications. Work will be undertaken on the CCG forecast for the remaining six months of the financial year. • A monthly reconciliation process has been agreed to reimburse costs directly related to COVID and adjust for actual expenditure incurred. This process may be subject to independent audit review, commissioned by NHSE/I. • The month 5 financial position is an overspend of £1.619m. The CCG is reliant upon the receipt of a retrospective allocation to address the month 5 overspend and return to a breakeven position. • The Better Payment Practice Code (BPPC) targets have been achieved with the exception of NHS by volume. This exception will be reviewed to understand the reasons for not meeting the target. • Progress has been made in the resolution of Southport & Ormskirk's outstanding aged debt with the CCG. Discussions will continue regarding reaching a full resolution. <p>The committee had a detailed discussion regarding the CCG's financial position and the financial regime in place. Discussion included benchmarking in relation to COVID expenditure and claims; 2019/20 outstanding items in relation to Agreement of Balances; the CCG's obligation to deliver QIPP savings and the deliverability of savings; QIPP savings in the context of existing financial arrangements; the CCG's forecast outturn and variance to date; and COVID expenditure returns in relation to discharge costs.</p> <p>MMcD provided commentary on the latest financial guidance released on 15th September 2020 and what other considerations need to be taken into account (e.g. winter pressures) to assess the impact on the remaining six months of the financial year.</p> <p>AOR provided an update regarding available funding from NHSE/I to support CHC backlog assessments, which need to be completed by March 2021. She also reported that the CCG and Local Authority are having regular meetings regarding COVID pooled budget arrangements, COVID related expenditure and reimbursement. The CCG is awaiting details of the Local Authority's original budget provision to provide assurance around additional costs related to COVID-19. Work is also ongoing to evaluate hospital discharges to ensure that all COVID related packages have been appropriately captured in CCG information systems and that there are no omissions or duplications between the CCG information and the Local Authority submissions; AOR to provide an update on this work at the next F&R Committee meeting.</p> <p><i>The committee received the finance report and noted the summary points as detailed within the recommendations section of the report.</i></p>	<p>AOR</p>

No	Item	Action
FR20/113	<p>QIPP 2020/21 – Progress Update at September 2020</p> <p>AOR and MMcD provided a verbal update regarding QIPP progress. A formal report had not been produced in time for this meeting due to capacity and annual leave of key personnel. A discussion would take place at this meeting regarding the type of report that is to be presented at future committee meetings.</p> <p>AOR provided an update on the QIPP work that is currently ongoing. The CCG’s Commissioning Team is working on a number of QIPP initiatives including the High Intensity User programme and projects which relate to reductions in non-elective work at Southport & Ormskirk NHS Trust - working in conjunction with Trust colleagues.</p> <p>The committee had an extensive discussion regarding future reporting of QIPP progress at F&R Committee meetings. It was agreed that in the first instance, the next QIPP report is to set out the objectives and schemes / savings the CCG is planning to deliver within the next six months. Subsequent reports to the committee are to measure against these objectives. It was noted that it is the F&R Committee’s responsibility to ensure that the objectives are being met and if they are not, to understand the reasons why. Reports are to provide a clear indication of which savings / schemes are feasible. MMcD confirmed an outline of this report would be produced and shared with the Chair.</p> <p>HN stressed the importance of focussing on efficiency savings as well as realisable cash savings within the next six months, as the former was likely to produce benefits within the system regardless of the financial regime in place.</p> <p>SL noted the importance of having an awareness of the wider system QIPP work and the associated NHS groups in place within the North West and the broader Cheshire & Merseyside Health & Care Partnership.</p> <p><i>The committee received this verbal update and agreed on the type of report to be received at meetings in the immediate future.</i></p>	MMcD
FR20/114	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the F&R Committee Risk Register and noted the following work that has been undertaken since presentation of the risk register at the last committee meeting in July 2020 (updates were shown in blue for the committee’s reference).</p> <ul style="list-style-type: none"> • AOR has reviewed and consolidated the finance and resource related COVID risks where appropriate. • Further to review by SL, risk C28 regarding the lack of access to medicines during COVID-19 has been reallocated to the Joint Quality & Performance Committee to monitor. • The HR related COVID risks have been reviewed by the HR risk lead and updated where required. Following feedback at the South Sefton F&R Committee meeting in July 2020, the HR risk lead has reviewed and reduced the residual score for COVID risk C21 (related to increase in staff sickness absence rate due to the effects of COVID-19) from 10 to 8 due to the controls in place and evidence from sickness level data. <p>The Chair provided positive feedback on the work undertaken and the updates made to the risk register. MMcD thanked AOR for her work on the amalgamation</p>	

No	Item	Action
	<p>of the COVID risks.</p> <p><i>The committee approved the F&R Committee Risk Register.</i></p>	
FR20/115	<p>Individual Funding Request Service Report Q1 2020/21</p> <p>JL presented the Individual Funding Request (IFR) Service Report for Q1 2020/21. Activity has reduced in this period due to the COVID-19 pandemic and suspension of elective activity. The main reported IFR procedures / treatments requested were for Continuous Glucose Monitoring and Lymphoedema.</p> <p><i>The committee received this report.</i></p>	
Contracts		
FR20/116	<p>Updated CCG Procurement Schedule 2020/21- 2021/22</p> <p>BD presented a procurement schedule for the CCG, which outlined clinical contracts or services that may require re-procurement during 2020/21 - 2021/2022. The schedule had been updated with more operational detail since it was last presented to the committee in June 2020 following concerns raised at the meeting in relation to the large number of contracts due to end by 31st March 2021 and the associated workload. BD provided an overview of the schedule and commented that the anticipated workload would be shared across CCG teams, is business as usual and is manageable.</p> <p>BD provided an update on individual contracts and procurement including the Southport & Formby Community Services contract and the GP out of hours contract.</p> <p>A query was raised in relation to GP practices in Southport & Formby not having expressed an interest in the local delivery of the Learning Disabilities – Direct Enhanced Service (DES) provided by the South Sefton Primary Healthcare (GP Federation) in 2019/20 or 2020/21. FLT explained that the Sefton CCGs had arranged this service through the GP Federation as an alternative option for GP practices that did not sign up directly to the DES. As GP practices in Southport & Formby had signed up directly to the DES, they did not require the alternative option provided through the GP Federation.</p> <p><i>The committee received this report.</i></p>	
FR20/117	<p>Contract Planning Process 2021/22</p> <p>MMcD provided a verbal update on the CCG's contract planning process for the next financial year. He noted that this item is on the committee work plan for September, as this is usually the time of year when the CCG sets out its commissioning intentions to providers for the next financial year. However, as the local contracting regime has been suspended for 2020/21 due to the COVID-19 pandemic and given uncertainty regarding the future, the usual contract planning process has not taken place in September this year. The CCG's Senior Contracts Manager is in the process of reviewing the latest guidance released by NHSE/I regarding contracts and payments for the remainder of 2020/21.</p> <p>FLT commented that despite the uncertainty as a result of the COVID-19 pandemic, significant work has been undertaken at the CCG in relation to</p>	

No	Item	Action
	<p>restoration planning.</p> <p><i>The committee received this verbal update.</i></p>	
<i>Estates</i>		
FR20/118	<p>COVID Improvement Grant Applications</p> <p>MMcD presented a report providing details of applications submitted by GP practices for COVID Improvement Grants.</p> <p>NHSE/I has offered GP practices the opportunity to apply for COVID Improvement Grants for works directly in relation to the COVID-19 pandemic; further details in relation to the criteria for applications were within the report received by the committee. Applications have been submitted by Ainsdale Medical Centre, Churchtown Medical Centre, St Marks Medical Centre and The Corner Surgery / The Marshside Surgery (combined application as the two practices are co-located).</p> <p>The summary of applications was being presented to the F&R committee for information and as good practice, and to ratify CCG support. The summary had been reviewed by the CCG's Primary Care Joint Operational Group. It was noted that the body with statutory responsibility for approving or declining such grants is NHSE/I.</p> <p><i>The committee received the summary of COVID Improvement Grant applications and ratified CCG support for the bids. Due to a declared interest, HM was excluded from commenting on the application from The Corner Surgery / The Marshside Surgery (further details regarding this interest are under item FR20/107).</i></p>	
FR20/119	<p>Estates Update</p> <p>MMcD provided a verbal update regarding the CCG's office accommodation. The CCG's Leadership Team is reviewing future options regarding staff working from the office whilst adhering to social distancing guidelines. The option to introduce a mix of working from home and the office is being explored. The Leadership Team is also reviewing the number of staff to desks ratio for future office working. There had been a plan to commence the return to office working from September 2020 but the recent rise in COVID cases in Sefton has put this on hold. The committee discussed this update and future options for office working.</p> <p>MMcD provided an update on the CCG's Merton House accommodation lease and noted that future options are being reviewed by the Leadership Team.</p> <p><i>The committee received this verbal update.</i></p>	
<i>IT</i>		
FR20/120	<p>Update - IT Bids</p> <p>MMcD provided a verbal update on IT bids, noting that guidance is still awaited regarding availability of funding for IT bids, including GPIT Business as Usual bids. The CCG is in the process of submitting bids for the Digital First</p>	

No	Item	Action
	<p>programme.</p> <p>MMcD reported that the CCG will be further extending the use of laptops to enable more agile working due to the COVID-19 pandemic.</p> <p><i>The committee received this verbal update.</i></p>	
<i>Prescribing</i>		
FR20/121	<p>COVID-19 Prescribing Cost Impact Analysis March – June 2020</p> <p>SL presented a report, which provided an analysis of the significant impact of COVID-19 on prescribing activity and cost pressures across Southport & Formby CCG from March to June 2020. The report showed activity at GP practice and community service level, comparing cost impact and activity during the COVID period against historic monthly trends. The report provided a review of overall cost as well as detailing specific areas / drugs which had notable changes in prescribing patterns during March to June 2020.</p> <p>The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • In March 2020, Southport & Formby CCG experienced its highest monthly increase in prescribing activity over the last 5 years of available data. Items appeared to return to within expected levels during April and May 2020 but June 2020 data shows an overall cost close to peak COVID activity. • The CCG has experienced inflated costs for some drugs, including Sertraline, as a result of the pandemic. The monthly cost per items has been significantly higher than it had been in the months before the COVID pandemic. • The CCG has seen a significant uptake in the use of the Electronic Prescription Service (EPS) since the pandemic. Use of EPS has been promoted by practices as well as the CCG. <p>Members discussed the report and provided positive feedback on the work undertaken and the detailed analysis, thanking Tom Roberts (Analysist at the CCG) and SL. The Chair requested that the analysis within the report be used as a basis for the work that will be undertaken on the CCG forecast for the remaining six months of the financial year, which was noted by MMcD. SL confirmed that the Medicines Management team would be working on the prescribing forecast for the remainder of the financial year.</p> <p>HM raised a number of clinical related queries in relation to the report which would be discussed further at the next Joint Medicines Operational Group meeting.</p> <p>SL provided positive feedback on the clinical work undertaken by Coloplast during the pandemic. It was agreed for a letter to be sent from the CCG to thank Coloplast for the work undertaken.</p> <p><i>The committee received this report.</i></p>	SL / HM
FR20/122	<p>Pan Mersey APC Recommendations</p> <p>SL asked the committee to consider approving the Pan Mersey APC recommendation to commission the following medicine:</p>	

No	Item	Action
	<p>Fremanezumab injection (Ajovy®▼) for prophylaxis of chronic migraine in adults where at least 3 preventive drug treatments have failed and the company provides it according to the commercial arrangement.</p> <p>Fremanezumab has been recommended by NICE for prophylaxis of migraine and currently has a red drug status. It is a PBR excluded high cost drug and an additional treatment option in the pathway.</p> <p>It was noted that this recommendation had been reviewed and supported by the CCG's Joint Medicines Operational Group.</p> <p><i>The committee approved the Pan Mersey APC recommendation to commission Fremanezumab injection (Ajovy®▼) for prophylaxis of migraine.</i></p>	
Closing business		
FR20/123	<p>Any Other Business No items of other business were raised at this meeting.</p>	
FR20/124	<p>Key Issues Review 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: Wednesday 21st October 2020 10.30am to 12.30pm Microsoft Teams Meeting</p>	

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

Thursday 30th July 2020, 9am to 12noon
Skype Meeting

Attendees (Membership)		
Dr Rob Caudwell	GP Governing Body Member, Chair, SFCCG	RC
Martin McDowell	Chief Finance Officer, SSCCG/SFCCG	MMcD
Dr Doug Callow	GP Quality Lead / GB Member, SFCCG	DC
Dr Gina Halstead	GP Clinical Quality Lead / GB Member, Deputy Chair, SSCCG	GH
Karl McCluskey		KMcC
Dr Jeffrey Simmonds	Director of Strategy and Outcomes, SFCCG / SSCCG	JS
Brendan Prescott	Secondary Care Doctor, SFCCG Deputy Chief Nurse and 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, SSCCG/SFCCG	FLT
In attendance		
Kerrie France (for part of meeting) Jennie Piet	Associate Chief Nurse SEND, SSCCG/SFCCG Programme Manager Quality and Performance, SSCCG/SFCCG	KF JP MS
Mel Spelman	Programme Manager for Quality and Risk, SSCCG/SFCCG	
Helen Roberts	Lead Pharmacist, SSCCG/SFCCG	HR
Apologies		
Karl McCluskey	Director of Strategy & Outcomes, SSCCG/SFCCG	KMcC
Cameron Ward (Deputising for Karl McCluskey)	Interim Director of Strategy & Outcomes, SSCCG/SFCCG	CW
Susanne Lynch	Head of Medicines Management, SSCCG/SFCCG	LS
Tracey Forshaw	Assistant Chief Nurse, SSCCG/SFCCG	TF
Minutes		
Michelle Diabile	PA to Chief and Deputy 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

✓ = Present A = Apologies N = No meeting D = Deputy V= received a virtual JQPC meeting pack

Name	Membership	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20	July 20
Dr Rob Caudwell	GP Governing Body Member (Chair)	✓	✓	✓	A	A	N	✓	✓	✓	V	V	✓	✓
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	A	✓	✓	A	N	✓	A	✓	V	V	✓	✓
Dil Daly	Lay Member for Patient & Public Involvement						N	✓	✓	✓	V	V	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A	✓	✓	✓	A	N	A	A	✓	V	V	A	✓
Karl McCluskey	Director of Strategy and Outcomes	A	A	✓	A	D	N	D	A	✓	D	A	A	A
Debbie Fagan	Chief Nurse & Quality Officer (on Secondment)	D	D	D			N							
Dr Gina Halstead	Chair and Clinical Lead for Quality (Deputy Chair)	✓	A	A	✓	✓	N	✓	✓	✓	V	V	✓	✓
Martin McDowell	Chief Finance Officer	✓	A	A	A	A	N	✓	A	✓	V	V	✓	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	✓	A	A	N	A	A	A	V	V	A	A
Jane Lunt	Chief Nurse (on Secondment from LCCG)				✓	✓	N	✓	A	✓	V	V	✓	✓
Brendan Prescott	Deputy Chief Nurse and Head of Quality and Safety	✓	✓	✓	A	A	N	✓	✓	✓	V	V	✓	✓
Fiona Taylor	Chief Officer Ex-officio member of JQPC Committee	A	A	A	A	A	N	A	A	A	V	V	✓	✓

No	Item	Action
General		
20/100	<p>Welcome and Apologies for Absence</p> <p>The Chair welcomed all to the meeting. Apologies for absence were noted from Susanne Lynch, Cameron Ward and Tracey Forshaw.</p>	
20/101	<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.</p> <p>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 these interests did not constitute any material conflict of interest with items on the agenda. • Under Agenda Item 20/103 – Matters Arising/Action Tracker - Dr Rob Caudwell declared that he works with a company giving medical advice/consultancy called Medloop. 	
20/102	<p>Minutes of the Previous Meeting and key Issues</p> <p>With the following amendment, the minutes of the previous meeting held on 25th June 2020 were approved as an accurate reflection of the meeting:-</p> <p>Page 3 of the minutes, under agenda item 20/88 below bullet point entitled Agenda Item 19/36, GP Quality Lead Update. The third paragraph to read:- <i>Dr Gina Halstead informed that her practice was sending 0-5 year's correspondence to the Health Visiting Team because Alder Hey NHS Foundation Trust was not copying in the Health Visiting Team. Jane Lunt provided assurance that Alder Hey NHS Foundation Trust has oversight of this and has improvement plans in place in relation to communication.</i></p> <p>The key issues log was approved as an accurate reflection of the main issues from the previous meeting held on 25th June 2020.</p>	
20/103	<p>Matters Arising/Action Tracker</p> <p>The Committee received the action tracker and the following updates were noted:-</p> <ul style="list-style-type: none"> • Agenda Item 19/36, GP Quality Lead Update <p>Tracey Forshaw to raise the issue in relation to what contingency arrangements are in place regarding Health Visitor's sickness absence.</p>	

No	Item	Action
	<p>It was noted that the forum where Tracey Forshaw was to raise the issue of contingency arrangements during health visitor sickness absences had been placed on hold due to Covid 19. However Health Visitor Liaison Helen Moore has met with Tracey Forshaw on 29th June 2020 and work is progressing with the support of Karen Garside in determining what information needs to come across.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/182, Deputy Chief Nurse Report <p>It had been suggested that the issue of patients not receiving discharge letters should be raised at CQPG.</p> <p>It was noted that some GP practices are not receiving copies of outpatient letters. Concerns were highlighted that GPs are not being made aware who is overseeing patients care.</p> <p>Jane Lunt suggested requesting a single point of contact for LUHFT to enable the letters to be distributed to the right people. A new action was noted for Jane Lunt to request a single point of contact from LUHFT in relation outpatient letter distribution.</p> <p>Action deferred to the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 19/183, Clinical Director Update <p>Brendan Prescott to request that data concerns be raised at the next provider meeting. Dr Gina Halstead and Dr Rob Caudwell to send examples of long waits for neurology appointments to Brendan Prescott.</p> <p>It was suggested investigating what is in the Walton Centre's recovery plan in relation to GP outpatient referrals.</p> <p>An action was noted for Brendan Prescott to contact Cameron Ward to ascertain what is in the Walton Centre's recovery plan in relation to GP outpatient referrals.</p> <p>Brendan Prescott advised that he had contacted Cameron Ward who in turn contacted Sam Jones in relation to the Walton Centre's recovery plan. Sam Jones has been on leave and therefore the information has not yet been received by the CCG. Action deferred to the next meeting.</p> <p>Positive feedback was highlighted in relation to the neurology advice line.</p> <ul style="list-style-type: none"> • Agenda Item 19/201, Clinical Director Quality Update <ul style="list-style-type: none"> (i) Jane Lunt to escalate concerns in relation to midwives not being trained to use EMIS to Caron Lapping, Director of Nursing and Midwifery at Liverpool Women's Hospital NHS Foundation Trust. <p>Jane Lunt informed that Caron Lapping has recently returned following a period of long term sickness absence. Jane has a meeting scheduled with Caron Lapping. The need to get Midwives trained to use EMIS was highlighted. It was noted that the training can be undertaken remotely and takes half a day to complete.</p> <p>Action deferred to the next meeting.</p>	<p>JL</p> <p>BP</p>

No	Item	Action
	<ul style="list-style-type: none"> Agenda Item 20/90, Corporate Risk Register – Quality Update <p>Tracey Forshaw to confirm if the personal health budget risk is on the SEND CIB risk register.</p> <p>It was noted that personal health budget risk is not on the SEND CIB risk register. The Committee queried if it should be on the SEND CIB risk register and if the level of risk to SEND is greater than the risk to any other person. Jane Lunt and Brendan Prescott advised they would discuss this issue and report back at the next meeting.</p> <ul style="list-style-type: none"> Agenda Item 20/96, Joint Targeted Area Inspection (JTAI) Action Plan <p>Dr Gina Halstead to provide details in relation to a concern raised regarding a safeguarding referral that had not being made directly by a Gastroenterologist at Alder Hey NHS Foundation Trust. The Gastroenterologist had written to the patient's GP practice to make the referral. Dr Gina Halstead to provide the details to Jane Lunt for escalation.</p> <p>Jane Lunt confirmed that the referral has been made by Alder Hey NHS Foundation Trust. The Committee expressed concern in relation to this issue because the correct safeguarding referral procedure had not been followed by the Trust. Jane Lunt advised that she would follow this up with Alder Hey NHS Foundation Trust and request written confirmation acknowledging the correct Safeguarding referral procedure.</p> <p>Action: Jane Lunt to request written confirmation from Alder Hey NHS Foundation Trust acknowledging the correct safeguarding referral procedure.</p> <p>It was noted that this case has highlighted gaps in the system.</p> <p>Brendan Prescott informed that he would highlight Alder Hey NHS Foundation Trust's failure to follow the safeguarding referral process at the next CF meeting and obtain a formal minuted response.</p> <p>Fiona Taylor suggested convening a Clinical Forum for senior clinical leaders to have opportunity to discuss their issues collectively. The forum should convene regularly with attendees to include Dr Gina Halstead, Dr Rob Caudwell, Dr Doug Callow, Brendan Prescott and or Tracey Forshaw and representation from NHS Liverpool CCG and Alder Hey NHS Foundation Trust colleagues.</p> <p>It was noted that there is a gap in primary care representation at CQPG meetings. Fiona Taylor, Jane Lunt and Brendan Prescott to address this.</p> <p>Action: Brendan Prescott to highlight Alder Hey NHS Foundation Trust's failure to follow the safeguarding referral process at the next CF meeting and obtain formal minuted response.</p> <p>Action: Jane Lunt to convene at Clinical Forum.</p> <p>Action: Jane Lunt, Brendan Prescott and Fiona Taylor to address the gap in primary care attendance at the CQPG meetings.</p> <p>Action: Fiona Taylor to highlight the gap in primary care representation at CQPG meetings with the CCG's Chairs.</p>	<p>JL</p> <p>JL/BP</p> <p>JL</p> <p>BP</p> <p>JL</p> <p>JL/BP/FLT</p> <p>FLT</p>

No	Item	Action
	<ul style="list-style-type: none"> • Agenda Item 20/97, Engagement and Patient Experience Group (EPEG) Key Issues <p>(i) Dr Rob Caudwell to contact IMerseyside to request a list of approved applications.</p> <p>Dr Rob Caudwell advised that he had contacted IMerseyside but had not received a response to date but will follow it up. He explained that it is not a list of approved applications but a plan, across the CCG's. He advised that he has received some information from NHSEI in relation to "Digital First". Dr Rob Caudwell declared that he uses Med Loop which is about to launch "Web GP".</p> <p>The Committee requested clarity of rules including specific demographic information. Martin McDowell advised that he would request a position statement from Louise Taylor and share it with the Committee.</p> <p>Action: Martin McDowell to contact Louise Taylor to obtain a position statement and share it with the Committee.</p> <p>(ii) Dr Gina Halstead to take the suggestion of having IT champions at practices for patients who require basic computer literacy support to the next PCN meeting.</p> <p>Dr Gina Halstead informed that she had not attended the previous Bootle PCN Meeting. It was suggested exploring the concept of basic IT literacy training provision with the Social Prescribing Team. Dr Gina Halstead suggested contacting Tracey Jeffes in the first instance.</p> <p>Action: Dr Gina Halstead to contact Tracey Jeffes via email, copying in Dil Daly, to request support and advice from the Social Prescribing Team in relation to the suggestion of having IT champions at practices, for patients who require basic computer literacy support.</p> <ul style="list-style-type: none"> • Agenda Item 20/98, Any Other Business <p>Michelle Diable to add Fiona Taylor to the Membership Attendance Tracker within the Joint Quality Performance Committee minutes.</p> <p>Action completed and to be removed from the tracker.</p>	<p>RC</p> <p>MMcD</p> <p>GH</p>
20/104	<p>Deputy Chief Nurse Report</p> <p>Brendan Prescott presented the Deputy Chief Nurse Report which seeks to provide an update regarding the key issues that have occurred since the last report was presented to the Committee in June 2020. The Committee noted the following key highlights:-</p> <p><u>Liverpool University Hospitals NHS Foundation Trust (LUFT)</u></p> <p>The July 2020 LUFT CQPG had a focussed agenda where the Trust provided updates on workforce reset regarding staff engagement pre and post-merger with the development of new set of values and behaviours and staff survey which has been delayed due to Covid 19. The Trust presented their reset staged plan which the sets out key principles on the recovery over 3 phases.</p>	

No	Item	Action
	<p>It was highlighted that since this report was written the Trust has declared a further 4 Never Events, taking the total to 6. NHSEI are aware. The CCG is working with the Trust in relation to this. It was noted that prior to the merger Aintree Hospital site had 8 Never Events and a lot of work was undertaken following this, mostly in relation to practice in theatre. A LUFT Never Event update will be included at the next Governing Body Meeting. This will also be discussed at CQPG and an update to be provided at the next Leadership Team Meeting.</p> <p>It was noted that a series of meetings are to be convened with Kerrie France, Brendan Prescott and Neil Jones to discuss what processes are currently in place at the Trust and the development work required to address Never Events.</p> <p>It was noted that as of 8th July 2020 there were 37 Covid 19 positive patients occupying 2 wards.</p> <p>In relation to enhanced surveillance Commissioning and Trust colleagues will meet outside of CCQRM to agree on key lines of enquiry to provide assurance post-merger.</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u></p> <p>The Trust provided further detail on recovery plans at the July 2020 Southport and Ormskirk Hospital CCQRM. Phase 2 of recovery - business with Covid 19, is focussing on the restoration of non-urgent elective services and theatre lists running on Southport site with reduced capacity at Ormskirk and utilising one day of theatre lists at Renacres independent hospital.</p> <p>The Trust Medical Director has highlighted the resumption of development work with LUFT colleagues on the sustainability for fragile services across the North Mersey area including, head and neck; ophthalmology and haematology. Initial discussions between respective clinical and managerial representatives from both Trusts were interrupted due to Covid 19 capacity.</p> <p>Going forward the Interface Discharge Group will be chaired by the Chief Nurse of Sefton CCGs and will look to engage all stakeholders to improve the safety and quality of the patient journey in light of the development of new pathway processes as a result of Covid 19.</p> <p><u>Mersey Care NHS Foundation Trust</u></p> <p>The Inaugural Combined Community and Mental Health CF took place between NHS South Sefton and NHS Liverpool CCGs in July 2020. It is planned to move to a joint community CQPG in September 2020.</p> <p>Further detail on recovery trajectories of challenged community services has been requested as part of the Trust's react, recover and reshape plan.</p> <p>The Trust will also be providing further detail on the care home support with community matron involvement at August CCQRM.</p> <p><u>Lancashire and South Cumbria NHS Foundation Trust</u></p> <p>The request was made at the July 2020 Lancashire and South Cumbria CCQRM for the Trust to provide the recovery process plan which requires approval from Trust gold command before release. Updates have been received at July 2020 CCQRM with the Trust able to report 100 % compliance on BAME staff risk assessments and 100 % for pregnant employees.</p>	

No	Item	Action
	<p>Significant welfare support has been provided for Trust returning to work in August following the lifting of shielding measures. The level of incident reporting has risen to pre lockdown levels.</p> <p>The Trust has highlighted issues with estates to observe infection prevention control adherence for community clinics and have stated the productivity of community service such as phlebotomy and moving to an appointment only system will affect waiting times. This is recognised as system issue for phlebotomy with CCG commissioning colleagues looking to develop, potential equitable solutions.</p> <p><u>Alder Hey NHS Foundation Trust</u></p> <p>The Trust underwent an inspection of the following core services in January 2020: Urgent and Emergency Services; Neonatal Services; End of Life Care; Surgery; Outpatients; Specialist Mental Health Services (community and inpatient). In addition, a Well Led assessment was undertaken in February 2020. Overall the Trust's ratings position did not change following this inspection; it remained as Good overall, with Outstanding for Caring, Good for Effective, Responsive and Well Led and Requires Improvement for Safe.</p> <p>The Trust action plan against recommendations will be presented at future CQPGs for assurance.</p> <p>A concern was raised in relation to inappropriate information contained in a letter sent to parents from Community Paediatrics at Alder Hey NHS Foundation Trust. Determining if this is an isolated incident or if it is a wider system issue is to be explored. Jane Lunt advised that she would raise this concern to the next CF meeting.</p> <p>Action: Jane Lunt to raise the concern in relation to inappropriate information being sent to patients from Community Paediatrics at Alder Hey NHS Foundation Trust at the next CF meeting.</p> <p>Jane Lunt informed the Committee of a Consultant Neurologist employed at Alder Hey NHS Foundation Trust that has been recently suspended. Following which, child cases have been reviewed and reallocated accordingly.</p> <p>It was noted that the Consultant had set himself up as a "nation expert", therefore there is a potential this could affect not just local children but children from all over the country. The Consultant's spouse is employed as a head teacher in Knowsley and what she is disclosing to the children affected, is causing an issue. This has been reported on StEIS as an incident. All appropriate organisations are aware. A group has been convened to manage this incident, with an action plan in place and also a communication strategy is in place, all of which are being fully supported. Weekly meetings are taking place with NHSEI involvement. A further update will be provided at the next Joint Quality and Performance Committee which will include Sefton children quantification information.</p> <p>Action: Jane Lunt to provide an update following the suspension of a Consultant Neurologist and to include Sefton Children quantification information.</p>	<p>JL</p> <p>JL</p>

No	Item	Action
	<p><u>Care Home Training Offer</u></p> <p>CCG, Local Authority Public Health and Mersey Care Infection Prevention Control have met to discuss and plan for the further offer of training to care home staff. This will include an audit function to focus training priorities. Mersey Care NHS Foundation Trust has agreed to undertake this function and the quality team are currently prioritising care homes for review by infection prevention control staff. As of July 2020, 128 had either received training or had reported staff as being trained. Two care homes have so far refused offer of support on infection prevention control and PPE training. One home is now subject to CQC enforcement action and has agreed to draw on support from infection prevention control colleagues in order to comply with the CQC action notice.</p> <p><u>Fit Testing</u></p> <p>The current supply of masks used locally in the care of PHB clients will not be available once the current supply ends. All staff that have been fit tested for mask use will require refit testing on another product which has been purchased. There is currently enough stock within the Emergency Local Authority supply to last approximately 2 - 3 months. Approximately 120 carers will need to be refit tested which will include Children and young people. The Programme Manager for Performance and Quality has been working with the Local Authority to source suitable alternatives and to determine if purchasing can happen at a smaller scale for personal health budget clients.</p> <p>Mersey Fire and Rescue had agreed to support with doing the actual fit testing possibly on 2 sites although yet to be agreed on the site. Discussions continue with all stakeholders next week (Local Authority, MFRS, CHC, Local Authority and Sefton Carers) to agree plan, timescales and responsibilities.</p> <p><u>DMC Health Care (Dermatology)</u></p> <p>CCGs served a contract performance in March 2020, due to concerns governance issues in non-compliance of serious incident management in line with the serious incident framework. DMC Health Care are in the process of undertaking a full review of their serious incident process, the action plan is due to be shared with the CCGs, which will be monitored at the quality contracting meeting to support reassurance. A SBAR was submitted to NHSEI in March 2020 when the contract performance notice was served and will be raised at the August 2020 Quality Surveillance Group.</p> <p>It was noted that Brendan Prescott will join the national teleconference scheduled to take place on 31st July 2020 by NHSEI. The aim being to obtain a 360 degree perspective of DMC Health Care as provider and to decide the appropriate action.</p> <p>Cameron Ward was not in attendance but wished to note that the Commissioning and Quality Teams are aware of the DMC issue in Kent and Medway where the CCGs and CQC are investigating their level 4 service (and separately their GP practices). The CCGs do not have any level 4 services and so no immediate action is required locally. The CCGs await the outcome and then will then consider if any local action is required.</p>	

No	Item	Action
	<p><u>SEND</u></p> <p>A restoration and recovery report has been produced for the SEND Continuous improvement Board on July 7th 2020 outlining plans for all health related actions contained in the improvement plan.</p> <p>It was noted that it was reported at the last JTAI Improvement Plan meeting that all but one of the therapy services will be on track by 31st July 2020 and the other therapy service to be on track by 31st August 2020.</p> <p><u>Healthwatch</u></p> <p>Numerous concerns had been raised in relation to the Sefton phlebotomy service. The consultation normally takes 5 minutes but is now taking 15 minutes which presents a challenge. GPs were not aware that only urgent bloods could be requested via the community service and therefore a number of referrals had been rejected and not sent back to practices as they were not marked urgent which posed a risk. It was highlighted that GP's were having to telephone the phlebotomy service to request blood tests offering an explanation as why the blood tests were needed. It was noted that there are similar issues at Southport and Formby and also in relation to urgent imaging. The factors driving the variation are to be explored. A successful incident management process took place and it was agreed that the service would not turn any blood test requests away that were non urgent.</p> <p>A booking line was introduced in Sefton consisting of a multi-platform offer for phlebotomy services. There was large input from Liverpool based patients using the booking line. The increased number of calls resulted in a delay for Sefton patients.</p> <p>The low payment for blood tests was highlighted. It was noted that payments are under review. Work is being undertaken to remove inappropriate phlebotomy referrals to deal with demand issues.</p> <p>To assist with footfall reduction management, patients are being asked to have their annual blood check-up if appropriate, when presenting at the practice.</p> <p>Other emerging COVID themes from Healthwatch community members include increased need for mental health support, updates on how community services will be available moving forward and Healthwatch have work planned to review domiciliary care and engage remotely with care home residents and their relatives.</p> <p>Outcome: The Committee noted the Deputy Chief Nurse Report.</p>	
20/105	<p>Information Governance Management Framework/Information Governance Data Security and Protection Policy</p> <p>The Committee queried the date of October 2029 which was stated on the policy. An amendment was suggested in relation to Appendix A of the NHS South Sefton CCG document, as it refers to Sefton CCG instead of NHS South Sefton CCG.</p> <p>It was agreed to defer this agenda item until the next meeting and to invite Lisa Gilbert to present it.</p>	

No	Item	Action
	<p>Action: Michelle Diable to advise Lisa Gilbert of the amendment to be made to the Appendix A of the policy and to invite her to the next meeting to present the policy.</p> <p>Outcome: The Committee deferred the Information Governance Management Framework/Information Governance Data Security and Protection Policy to the next meeting.</p>	MD
20/106	<p>Clinical Director Quality Update</p> <p>Patient's perception of GP service provision during Covid 19 and of Covid 19 in general was highlighted as requiring better management.</p> <p>Concerns were raised in relation to the Flu Campaign which is advising people over the age of 50 to receive the flu vaccination this year. Lack of vaccines and the impact this will have on health associated infections and antibiotic prescribing were highlighted.</p> <p>Red key performance indicators were highlighted at the CCF and CCQRM meetings and the absence of supporting narrative. System working management is to be explored.</p> <p>Reoccurring themes of falls at Southport were highlighted. Quality and Safety concerns are exacerbated due to Covid 19. Adverse discharges were noted due to delays or failure to receive discharges. Fiona Taylor and Dr Rob Caudwell to obtain an understanding of what governance arrangements are in place.</p> <p>Action: Fiona Taylor and Dr Rob Caudwell to obtain an understanding of what governance arrangements are in place in Southport in relation to the reoccurring themes of falls.</p> <p>Patient's cancer test results are being sent to GPs without supporting information. Dr Rob Caudwell to raise this issue with Terry Hankin.</p> <p>Action: Dr Rob Caudwell to raise the issue of patient's cancer test results being sent to GP's without supporting information with Terry Hankin.</p> <p>It was noted that patients are being advised to telephone NHS 111 instead of presenting at A&E. This poses the issue of how patients will be screened and will impact on general practice.</p> <p>The Committee noted that that the CCGs are working with the Local Authority to produce a joint communication message in relation to how the CCG is responding to Covid 19. The use of SMS messaging to provide the public with local Covid 19 status updates and information on how to reduce the spread of infection is to be explored.</p> <p>Outcome: The Committee noted the verbal Clinical Director Quality Update.</p>	<p>FLT/RC</p> <p>RC</p>
20/107	<p>New Arrangements for the Process and Management of Alerts and Cascades Across the North West</p> <p>Brendan Prescott presented this item to the Committee for information purposes.</p> <p>It was noted that drug alerts sent via the Central Alerting System (CAS) can contain lengthy attachments, are time consuming to review and many of which are not applicable to GP practices.</p>	

No	Item	Action
	<p>The Medicines Management Team Primary Care Network (PCN) offer includes management of CAS alerts that involve medicines and medical devices.</p> <p>Dr Gina Halstead requested for Helen Roberts to confirm the start date for PCN CAS alerts management.</p> <p>Action: Helen Roberts confirm PCN CAS alert management start date.</p> <p>Outcome: The Committee noted the new arrangements for the process and management of alerts and cascades across the North West.</p>	HR
20/108	<p>AGILE – UK Wide Phase I Platform for the Rapid Evaluation of Candidates for Coved 19</p> <p>Brendan Prescott presented the AGILE – UK Wide Phase I Platform for the Rapid Evaluation of Candidates for Covid 19 report which seeks to request approval from the Committee in relation to the issuing of a letter of assurance for the AGILE study, to be promoted across Southport and Formby and South Sefton.</p> <p>The focus of the research in the Northwest is on antiviral drugs, where the aim is to primarily recruit patients in the community. All the other phase II/III Coved 19 trials in the UK, apart from PRINCIPLE are focussed on hospitalised patients with severe/critical Coved 19.</p> <p>It is hoped that using an antiviral drug in high-risk patients in the early stage of Coved 19 diseases will reduce hospital admission, disease severity and death.</p> <p>Outcome: The Committee approved the letter of assurance for the AGILE study to be promoted across Southport and Formby and South Sefton.</p>	
Quality and Performance		
20/109	<p>Changes to Current Serious Incident Process where NHS Liverpool CCG is Not the Lead Commissioner</p> <p>Mel Spelman presented the Changes to Current Serious Incident Process report on behalf of Tracey Forshaw which seeks to inform the Committee of the changes proposed in relation to current the serious Incident process.</p> <p>It was noted that moving forward, it is proposed that whilst the CCGs remain separate statutory organisations, the role and function:-</p> <ul style="list-style-type: none"> • Where NHS South Sefton CCG and NHS Southport and Formby CCG are the lead commissioner and/or • Where the lead commissioning organisation falls outside of the scope of NHS Liverpool CCG the management of serious incidents to be transferred back across to the Sefton CCGs. This will provide the necessary assurance to the Sefton CCGs governing bodies. Processes have been drafted with all CCGs in full agreement. This will require oversight by NHSEI in terms of assurance. <p>Where NHS Liverpool CCG are the lead commissioner, the process will remain in place, with NHS Liverpool CCG managing the serious incidents on behalf of the Sefton CCGs. Sefton CCGs are represented at the Serious Incident Review Group panel meetings, with reporting coming through to support assurance.</p>	

No	Item	Action
	<p>This process has been well supported and positively evaluated by all parties.</p> <p>Outcome: The Committee noted the Changes to Current Serious Incident Process where NHS Liverpool CCG is not the Lead Commissioner Report.</p>	
20/110	<p>Integrated Performance Report</p> <p>Jennie Piet presented the Integrated Performance Report which seeks to provide the Committee with an overview of provider performance for both NHS South Sefton and NHS Southport and Formby CCGs. It was noted that the reports provide a draft overview due to changes in the Business Intelligence Team.</p> <p>The following highlights were noted by the Committee:-</p> <p>The data shows that the improvements to performance are being made by the Trusts. Screening diagnostics figures are expected to rise when the service is back on line as the number of referrals will increase as will the waiting times as a consequence.</p> <p>Infection control national trajectories have not been set for this year so the previous year's trajectories are being used as a benchmark.</p> <p><u>NHS Southport and Formby CCG</u></p> <p>It was noted that the stroke service has declined, the underlying factors are being explored.</p> <p>The Committee acknowledged that there is a lot of pressure to obtain all the data in a timely manner; however the absence of CAMHS data was highlighted as a concern. It was suggested that any null returns should be reflected clearly in the executive summary of the report. Kerrie France informed that CAMHS data has been received by the CCG. It was noted that Alder Hey NHS Foundation Trust had provided assurance at the last CQPG meeting when challenged about the late receipt of data.</p> <p>It was suggested revising the reporting process to allow for late submission of data to provide assurance to the Committee.</p> <p>Action: Performance reporting process to be revised to allow for late submission of data to provide assurance to the Committee.</p> <p>The Committee noted that from July 2020, the Chief Finance Officer is the Executive Lead in relation to performance reporting.</p> <p><u>IAPT</u></p> <p>It was noted that IAPT performance and recovery plans are to be discussed at Governing Body. Sue Gough is to be invited to attend the Governing Body meeting.</p> <p>Action: Michelle Diable to liaise with Terry Stapley to invite Sue Gough to the next Governing Body meeting to talk to the IAPT agenda item.</p> <p>Long waits to get through to the 24 hour crisis line were highlighted. A review of the 24 hour mental health crisis line and what is being provided by services is to be undertaken.</p>	<p>MMcD</p> <p>MD</p>

No	Item	Action
	<p>Cameron Ward was not in attendance but wished to note that there is a helpful series of summaries across performance topics. There are backlogs noted in a number of areas including cancer, diagnostics and therapies and children and young people. There is a need to continue to have quality oversight of these backlogs to provide assurance that urgent cases are being prioritised. In addition, consideration needs to be given to any services which have been suspended due to Covid 19 and not yet re-started. There are some good performance areas e.g. A and E, some cancer areas need to take into account reduced activity levels which masks some issues.</p> <p>Outcome: The Committee noted the Integrated Performance Report.</p>	
20/111	<p>Serious Incident Report</p> <p>Mel Spelman presented the Serious Incident Reports for NHS South Sefton CCG and NHS Southport and Formby CCG which seek to provide the Committee with a Q1 2020/21 update on the performance of serious incident management, in line with the National Serious Incident Framework.</p> <p><u>NHS South Sefton CCG</u></p> <p>As per the new process, all RCAs received for Mersey Care Community and Mental Health and all those received for Liverpool University NHS Foundation Trust Hospitals, will be reviewed by the NHS Liverpool CCG SIRG panel.</p> <p>NHS South Sefton CCG Serious Incident Report Group (SIRG) members will be invited to comment on RCAs and sit on the panel where necessary. Additionally, a member of the quality team will attend each Liverpool SIRG meeting and report back any issues, themes or trends as appropriate.</p> <p>Mel Spelman explained that this process will impact the detail provided to the committee in terms of the South Sefton CCG Serious Incident report and sought clarity from the group as to what will need to be included. A discussion with the group confirmed that an overall update will be provided for SIs involving South Sefton CCG patients only, and trends and themes will be requested from Liverpool CCG for all LUFT and MCFT serious incidents as a whole.</p> <p><u>NHS Southport and Formby CCG</u></p> <p>As per the new process, all RCAs received for Southport and Ormskirk and Lancashire Care NHS Foundation Trust will continue to be reviewed by the Southport and Formby CCG SIRG panel with feedback being sent through to the Quality Team at NHS Liverpool CCG.</p> <p>Following a review of the process by NHS Southport and Formby CCG and NHS Liverpool CCG, as discussed earlier, it has been recommended that NHS Southport and Formby CCG will resume management of the serious incident process for NHS Southport and Formby CCG commissioned providers. This would include Southport and Ormskirk Hospitals and Lancashire and South Cumbria NHS Foundation Trust. It also includes serious incidents reported by the CCG on behalf of smaller providers and general practices commissioned by the CCG. This recommendation will be submitted to the Senior Management Team and Leadership team at both CCGs.</p> <p>Outcome: The Committee noted the Serious Incident Report.</p>	

No	Item	Action
For Information		
20/112	<p>Corporate Governance Support Group Key Issues</p> <p>The Committee received the Key Issues from the Corporate Governance Support Group meeting held on 18th June 2020.</p> <p>Outcome: The Committee noted the Corporate Governance Support Group Key Issues.</p>	
Closing Business		
20/113	<p>Joint Medicines Operation Group (JMOG) Key Issues</p> <p>Helen Roberts presented the key issues arising from the JMOG meeting held on 3rd June 2020. Helen wished to highlight the following 2 concerns:-</p> <ul style="list-style-type: none"> • The requirement to improve communications in relation to medication and ordering prescriptions changes at LUFT for patients with learning disabilities. <p>Jane Lunt advised that she would raise this issue at the next CQPG meeting and report back to this meeting.</p> <p>Action: Jane Lunt to raise the issue of improving communications to support for patients with learning disabilities in relation to medication and prescription ordering changes at the next CQPG and report back to this meeting.</p> <ul style="list-style-type: none"> • The process in place for midwives to request a medication reviews after they have taken a drug history. Incomplete drug history taken by midwives whereby pregnancies are not recorded. There is a risk of harm to unborn babies from medication taken during pregnancy, as GPs are often unaware that a patient is pregnant in order to conduct a medication review. <p>It was noted that this poses a patient safety issue. It was suggested that GPs and the Heads of Midwifery meet to address this issue.</p> <p>Action: Jane Lunt to arrange for the Heads of Midwifery and GPs to meet to address the issue in relation to the absence of a full drug history being by midwives.</p>	<p>JL</p> <p>JL</p>
20/114	<p>NHS Southport and Formby CCG SIRG Minutes</p> <p>The Committee received the minutes from the NHS Southport and Formby CCG SIRG meeting held on 3rd June 2020.</p> <p>Outcome: The Committee noted the Southport and Formby CCG SIRG Minutes SIRG minutes.</p>	
20/115	<p>SEND Performance Improvement Group Minutes and Key Issues</p> <p>The Committee received the minutes and key issues from the meeting held on 22nd May 2020. It was suggested presenting the SEND recovery plan at a future meeting.</p>	

No	Item	Action
	<p>Action: SEND recovery plan to be presented a future meeting by Kerrie France.</p> <p>Outcome: The Committee noted the SEND Performance Improvement Group Minutes and Key Issues.</p>	KF
20/116	<p>Primary Care Committees in Common Minutes</p> <p>The Committee received the minutes from the NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common meeting held on 21st May 2020.</p> <p>Outcome: The Committee noted the NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common minutes.</p>	
20/117	<p>Any Other Business</p> <p>Fiona Taylor wished to inform the Committee of media interest following the death of a four year old South Sefton patient four years ago. The deceased child's mother is challenging how the incident was handled by North West Ambulance Service (NWAS). Fiona Taylor requested that a piece of work is to be undertaken to establish lessons learned. NHS Blackpool CCG as lead commissioner of NWAS is managing media enquiries.</p> <p>Action: Jane Lunt to establish the lessons learned following the death of a South Sefton child 4 years ago.</p> <p>Mel Spelman informed that EPEG will meet in September 2020 and will be focusing on the impact of Covid 19. Providers will be asked to provide a summary and present the changes they have put in place and the impact it has had and is having on their patients. Mel asked the Committee to advise if they have ideas or suggestions for the next EPEG meeting.</p> <p>Kerrie France informed that Healthwatch are conducting a review on behalf of SEND in relation to the introduction of digital technology which will form part of the evidence for the next DfE review. Kerrie advised that she would share the work being undertaken in this regard with Mel Spelman.</p> <p>Action: Kerrie France to share the work being undertaken by Healthwatch in relation to the introduction of digital technology review with Mel Spelman.</p> <p>Mel Spelman suggested having primary care representation at the next EPEG meeting. Dr Rob Caudwell advised that he would endeavor to attend or nominate a representative.</p>	<p>JL</p> <p>KF</p>
20/118	<p>Key Issues Arising From This Meeting</p> <p>The Committee noted the following key issues:-</p> <ul style="list-style-type: none"> (i) Issue of increase Never Event reporting at LUFT. A meeting with the Director of Patient Safety to be convened. (ii) Primary and secondary interface issues. Group now meeting for Southport and Ormskirk system to review themes. Proposal of clinical forum to be facilitated between primary and secondary care physicians. 	

No	Item	Action
	<ul style="list-style-type: none"> (iii) GP workload identified as an issue. Need to publicise the GP service provision during Covid 19 and clarity of local status of Covid 19 infections and adherence to guidance. (iv) Re alignment of serious incident process to ensure CCG Governing Body assurance on serious incident management. (v) IPR report to Committee was not complete with data. An action to revise the reporting process to allow for late submission of data to provide assurance to Joint Quality and Performance Committee. (vi) Review of current 24 hour mental health crisis line and what is being provided by services. (vii) Issue of medication by midwives is an issue. Chief Nurse to contact Heads of Midwifery directly. (viii) Patient experience during Covid 19 to be presented. Review methods of engagement and potential GP involvement at EPEG. 	
20/119	<p>Date of Next Meeting</p> <p>Thursday 27th August 2020, 9am – 12noon, via skype.</p>	

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

Thursday 27th August 2020, 9am to 12noon
Skype Meeting

Attendees (Membership)		
Dr Rob Caudwell	GP Governing Body Member, Chair, SFCCG	RC
Martin McDowell	Chief Finance Officer, SSCCG/SFCCG	MMcD
Dr Doug Callow	GP Quality Lead / GB Member, SFCCG	DC
Dr Gina Halstead	GP Clinical Quality Lead / GB Member, Deputy Chair, SSCCG	GH
Karl McCluskey		KMcC
Dr Jeffrey Simmonds	Director of Strategy and Outcomes, SFCCG / SSCCG	JS
Brendan Prescott	Secondary Care Doctor, SFCCG Deputy Chief Nurse and 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, SSCCG/SFCCG	FLT
In attendance		
Natalie Hendry	Designated Safeguarding Manager for Adult	NH
Ehsan Haqqani	Interim Primary Care Quality Lead	EH
Jennie Piet	Programme Manager Quality and Performance, SSCCG/SFCCG	JP
Mel Spelman	Programme Manager for Quality and Risk, SSCCG/SFCCG	MS
Tracey Forshaw	Assistant Chief Nurse, SSCCG/SFCCG	TF
Pippa Joyce	Deputy Head of Information Governance, CSU	PJ
Apologies		
Cameron Ward	Interim Director of Strategy & Outcomes, SSCCG/SFCCG	CW
Susanne Lynch		
Dr Jeffrey Simmonds	Head of Medicines Management, SSCCG/SFCCG Director of Strategy and Outcomes, SFCCG / SSCCG	SL JS
Helen Roberts	Secondary Care Doctor, SFCCG Lead Pharmacist, SSCCG/SFCCG	HR
Minutes		
Robert Foden	Quality Improvement Support Officer	RF

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

✓ = Present A = Apologies N = No meeting D = Deputy V= received a virtual JQPC meeting pack

Name	Membership	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20
Dr Rob Caudwell	GP Governing Body Member (Chair)	✓	✓	A	A	N	✓	✓	✓	V	V	✓	✓	✓
Graham Bayliss	Lay Member for Patient & Public Involvement	A	✓	✓	A	N	✓	A	✓	V	V	✓	✓	✓
Dil Daly	Lay Member for Patient & Public Involvement					N	✓	✓	✓	V	V	✓	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	✓	✓	A	N	A	A	✓	V	V	A	✓	✓
Karl McCluskey	Director of Strategy and Outcomes	A	✓	A	D	N	D	A	✓	D	A	A	A	A
Debbie Fagan	Chief Nurse & Quality Officer (on Secondment)	D	D			N								
Dr Gina Halstead	Chair and Clinical Lead for Quality (Deputy Chair)	A	A	✓	✓	N	✓	✓	✓	V	V	✓	✓	A
Martin McDowell	Chief Finance Officer	A	A	A	A	N	✓	A	✓	V	V	✓	✓	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	A	✓	A	A	N	A	A	A	V	V	A	A	A
Jane Lunt	Chief Nurse (on Secondment from LCCG)			✓	✓	N	✓	A	✓	V	V	✓	✓	✓
Brendan Prescott	Deputy Chief Nurse and Head of Quality and Safety	✓	✓	A	A	N	✓	✓	✓	V	V	✓	✓	✓
Fiona Taylor	Chief Officer Ex-officio member of JQPC Committee	A	A	A	A	N	A	A	A	V	V	✓	✓	A

No	Item	Action
General		
20/120	<p>Welcome and Apologies for Absence</p> <p>The Chair welcomed all to the meeting. Apologies for absence were noted from Helen Roberts, Susanne Lynch, Jeff Simmonds & Cameron Ward.</p>	
20/121	<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.</p> <p>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 these interests did not constitute any material conflict of interest with items on the agenda. 	
20/122	<p>Minutes of the Previous Meeting and key Issues</p> <p>The committee reviewed the minutes from the previous meeting held on 30th July 2020.</p> <p>BP informed that an amendment is required on action 19/182 of the action tracker and he will forward the formal words for the minutes to be amended. The rest of the minutes were agreed to be an accurate reflection of the meeting.</p> <p>The key issue log was approved as an accurate reflection of the main issues from the previous meeting held on 30th July 2020.</p>	
20/123	<p>Matters Arising/Action Tracker</p> <p>The Committee received the action tracker and the following updates were noted:-</p> <ul style="list-style-type: none"> Agenda Item 19/182, Deputy Chief Nurse Report <p>Update: Update next meeting. JL will take this action to LUHFT at a meeting she has with them next week.</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> Agenda Item 19/183, Clinical Director Update <p>Update: Update next meeting.</p>	<p>Jane Lunt</p> <p>SCCG/ Brendan</p>

No	Item	Action
	<p>CW informed that he is meeting with Sam James regarding Walton Centre's Recovery Plan week beginning 31/08/20.</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> • Agenda Item 19/201, Clinical Director Quality Update <p>Update: Update next meeting. JL raised with Caron Lappin, DON at Liverpool Women's Hospital, after returning from sick leave and who has had more illness and will now be retiring on ill health. An interim is to be appointed to the post. JL has escalated the action again and it will be picked up at CQPG.</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> • Agenda Item 20/90, Corporate Risk Register – Quality Update <p>Update: Update next meeting. BP confirmed conversation with Kerrie France, Clinical Lead for SEND and Tracey Forshaw. Confirmed PHB development is a key item for SEND Performance group which has representation from CYP professionals and the Sefton Carers Centre. BP assured by progress being made and review to be carried out in December 2020.</p> <p>TF recently held a CYB PHB mapping group exercise with LCCG and partners including representatives from Liverpool & Sefton LAs, CSU colleagues and Sefton Carers Centre. A number of actions resulted in this session to strengthen services for CYB PHBs and further meetings are to be had. Debbie Fairclough is supporting from a Governance point of view for the CCGs. TF is to converse with JL re work to be looked into at LCCG.</p> <p>Kerry France provided an update on SEND actions being on track for December 2020 and PHB development was part of the plan with no risks raised in relation to children with SEND in completion of actions. The Sefton parent forum is promoting children's PHBs. BP recommended there was currently no requirement to place CYP SEND PHB development on the risk register.</p> <ul style="list-style-type: none"> • Agenda Item 20/96(i) & (ii), Joint Targeted Area Inspection (JTAI) Action Plan <p>Update: Update next meeting. BP informed that the issue had been raised by Karen Garside at the CF on 07/08/20 has not been raised at CQPG yet. TF attends the CQPG for Alder Hey which is next due to be held on 18/09/20.</p> <ul style="list-style-type: none"> • Agenda Item 20/96(iii), Joint Targeted Area Inspection (JTAI) Action Plan <p>Update: Update next meeting. BP requires further clarity.</p> <ul style="list-style-type: none"> • Agenda Item 20/96(iv), Joint Targeted Area Inspection (JTAI) Action Plan <p>Update: Update next meeting. BP requires further clarity.</p>	<p>Prescott</p> <p>Jane Lunt</p> <p>Tracey Forshaw/ Jane Lunt / Brendan Prescott</p> <p>Jane Lunt</p> <p>Jane Lunt & SCCG/ Brendan Prescott & Fiona Taylor</p>

No	Item	Action
	<ul style="list-style-type: none"> • Agenda Item 20/96(v), Joint Targeted Area Inspection (JTAI) Action Plan <p>Update: Update next meeting. Not yet complete</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> • Agenda Item 20/97(i), Engagement and Patient Experience Group (EPEG) Key Issues <p>Update: Update next meeting. RC informed some movement, money available for first fund. Co-ordinating and clarification needed as to which providers are being supported, tight turn around. MMcD informed ready to put bids in.</p> <ul style="list-style-type: none"> • Agenda Item 20/97(ii), Engagement and Patient Experience Group (EPEG) Key Issues <p>Update: Update next meeting. Validity of sharing information to be discussed, defer to next meeting MMcD will pick up with Louise Taylor.</p> <ul style="list-style-type: none"> • Agenda Item 20/97(iii), Engagement and Patient Experience Group (EPEG) Key Issues <p>Update: Update next meeting. GH not present</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> • Agenda item 20/104(i), Deputy Chief Nurse Report <p>Update: Update next meeting. JL to pick up at Alder Hey CQPG.</p> <ul style="list-style-type: none"> • Agenda item 20/104(ii), Deputy Chief Nurse Report <p>Update: Update next meeting. JL informed that this incident has been raised as an SI and LCCG are working with the trust and LA Partners to oversee the management of the incident. The Neurologist involved has retired. The RCA is due to be submitted in several weeks. The trust are managing communications which have been challenging due the fact the wife of the Neurologist is a Head Teacher in the Knowsley area and the public have become aware of this, complaints have also been received at LCCG. LCCG are assured that no harm has been identified to any patients and that the trust has a robust approach to patient harm with up to 1100 children reviewed.</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> • Agenda item 20/105, Information Governance Management Framework/Information Governance Data Security and Protection Policy 	<p>Fiona Taylor</p> <p>SFCCG/ Rob Caudwell</p> <p>SCCG/ Martin McDowell</p> <p>SCCG/ Gina Halstead</p> <p>Jane Lunt</p> <p>Jane Lunt</p>

No	Item	Action
	<p>Update: Close On today's agenda.</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> • Agenda item 20/106(i) Clinical Director Quality Update <p>Update: Update next meeting RC informed issue was raised with the Chief Executive at S&O on a system management call (SMC) and they were not aware of the falls theme at the trust. Another SMC was to be made in the afternoon (27/08/20).</p> <ul style="list-style-type: none"> • Agenda item 20/106(ii), Clinical Director Quality Update <p>Update: Update next meeting Action not been picked up specifically with Terry Hankin at S&O Trust, RC informed would be better to meet Clinicians and Primary Care meeting proposed to happen in September 2020, RC awaiting Terry Hankin to confirm attendees. RC continuing to communicate with Terry Hankin at the trust.</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> • Agenda item 20/107, New Arrangements for the Process and Management of Alerts and Cascades Across the North West <p>Update: Update next meeting Updated from Helen Roberts via email – MMT support for medicines/medical device alerts for PCNs starts 1 October 2020.</p> <p>Further details had been shared with Jane Lunt regarding concerns about support for patients with learning disabilities at LUHFT.</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> • Agenda item 20/110(i), Integrated Performance Report <p>Update: Update next meeting MMcD carried out revision of timescales, performance reports, couple of areas info not available in time, working with providers to submit more timely responses.</p> <ul style="list-style-type: none"> • Agenda item 20/110(ii), Integrated Performance Report <p>Update: Update next meeting Confirm Sue Gough able to attend Governing Body for IAPT agenda item.</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> • Agenda item 20/113(i) & (ii) Joint Medicines Operation Group (JMOG) Key Issues <p>Update: Update next meeting No Update</p> <p style="text-align: center;">---</p>	<p>SFCCG/ Rob Caudwell & SCCG/ Fiona Taylor</p> <p>SFCCG/ Rob Caudwell</p> <p>Helen Roberts</p> <p>SCCG/ Martin McDowell</p> <p>SCCG/ Michelle Diable</p> <p>LCCG/ Jane Lunt</p>

No	Item	Action
	<ul style="list-style-type: none"> • Agenda item 20/115, SEND Performance Improvement Group Minutes and Key Issues <p>Update: Update next meeting No Update</p> <p style="text-align: center;">---</p> <ul style="list-style-type: none"> • Agenda item 20/117(i) Any Other Business <p>Update: Update next meeting JL informed there had been little media interest, update further at next meeting.</p> <ul style="list-style-type: none"> • Agenda item 20117(ii) Any Other Business <p>Update: Update next meeting Defer to next meeting, KF on leave.</p>	<p>SCCG/ Kerrie France</p> <p>LCCG/ Jane Lunt</p> <p>SCCG/ Kerrie France</p>
20/124	<p>Deputy Chief Nurse Report</p> <p>BP introduced the report which was taken as read by the committee.</p> <p><u>LUHFT</u> A number of never events have occurred this year. LCCG/SSCCG are working with the trust for assurance and it was reported that significant work is going on at LUHFT (all sites) to investigate and investigate incidents. LCCG/SSCCG are also working with LUHFT in regards to their merger and looking into the different cultures and approaches taken by the different sites of LUHFT focusing on safety. The Trust is also working on recovery processes concurrently.</p> <p>Monthly meetings are scheduled with the Director of Patient Safety at LUHFT, outside of the CQPG in regards to never event learning across the Trust.</p> <p>There has been increase in overall waiting times, a harm review is taking place and prioritisation of patients deemed most at harm are being expedited.</p> <p><u>S&O Trust</u> The CPN relating to SI management at the Trust is still open. It is envisaged to be closed imminently. Further performance information is being sought around the Trust's SI processes which the CCG is waiting to come through. TF has had a discussion with the Assistant Director Integrated Governance at S&O Trust who informed that SI management as per national framework has continued during the COVID19 period they have managed to continue to support the process almost as normal. The Trust has been meeting timelines in relation to investigating and producing RCAs.</p> <p>There are ongoing issues with Ophthalmology which are discussed at CQPG. There are further on-going discussions between the Trust and the Commissioners and Quality Team. The trust have been asked to track ophthalmology patients through detailing which patients are being prioritised and to confirm the capacity they have to deal with patients in this area.</p> <p><u>Mersey Care</u> Sue Gough & Hilal Mulla have picked up via the CQPG obtaining information regarding the trust recovery processes for business as usual in relation to older person's mental health services.</p>	

No	Item	Action
	<p><u>Lancashire & South Cumbria Foundation Trust</u> The Trust is bringing services back to pre COVID19 levels and resource issues have been identified. The Trust is using a RAG rating to prioritise cases and workloads.</p> <p><u>Alder Hey</u> Meetings have been had with the Trust and CCGs for assurance on never event management, and an independent peer review is to commence by the Imperial College London into the Trust's surgical safety.</p> <p><u>DMC</u> CCG attended a NHSE&I north meeting regarding DMC as NHSEI wanted to obtain a view of the services DMC provide across the country. The quality of their SI reporting and subsequent RCAs was raised and discussed at this meeting by other commissioners. DMC have provided assurance that their SI processes will improve and have developed a detailed action plan.</p> <p><u>COVID19 Activity</u> Several COVID19 outbreaks in care homes were reported in August. Support has been given to the homes in relation to IPC in conjunction with Mersey Care & the LA, including extra training in PPE measures.</p> <p><u>JTAI</u> Meetings continue and 3 actions are currently RAG rated red. COVID19 has affected progress of these actions. Specialist Mental Health improvement times have been particularly affected, this will be discussed at LT, around revised strategies.</p> <p>The committee agreed to receive the report.</p>	
20/125	<p>Information Governance Management Framework/Information Governance Data Security and Protection Policy</p> <p>Pippa Joyce presented the report which explains the management framework within the CCG and how it impacts information governance. The report needed to be approved by the committee.</p> <p>The main changes to note to the committee were around GDPR and spelling, there were no points changed in relation to legislation.</p> <p>The report is to go Governing Body meeting in the next week and demonstration that that the CCG has adapted the policies contained within will require to be demonstrated.</p> <p>Committee approved the document.</p> <p>There was brief discussion around the time of reviewing policies which currently stands at 3 years. The committee agreed that this was an appropriate timescale and should not be more than 3 years.</p>	
20/126	<p>Clinical Director Quality Update</p> <p>The leads for this agenda item are Gina Halstead & Doug Callow.</p> <p>There was discussion regarding quality schedule and KPI mechanism for GPs around quality, advice and guidance with variance in response.</p>	

No	Item	Action
	<p>DC informed that it is the measuring of quality that is required and the risks involved for a specialist to give advice, any significant events and incident that fall under threshold and feedback is important.</p> <p>GP & Primary Care advice guidance need to know how they are going to get a response. Need timely advice to avoid referral.</p> <p>Physio appointments - Face to face physio assessments are still being done remotely, this was discussed at clinical leads meeting 26/08/20. There is some confusion around clinicians and what they are offering.</p> <p>Patients can be seen in the first instance by video, with follow up face to face consultations if required.</p>	
20/127	<p>JQPC Work Plan</p> <p>MS gave an overview of the document and informed that not many changes had been made since previous review.</p> <p>Contributors to the work plan were asked to look at any issues with dates to come through to JQPC timescales might not be correct.</p> <p>Primary Care Quality Agenda is now suggested to come through quarterly, MS will liaise with EH regarding this item.</p> <p>MS asked committee members to contact her if they have any queries regarding the work plan.</p> <p>The committee approved the document.</p>	
Quality and Performance		
20/128	<p>Integrated Performance Report</p> <p>JP introduced and gave a review of the document.</p> <p>For May 2020 at S&O Trust Regarding – % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) shows no patients, this is potentially correct as cancer screening was not up and running at this time. Recovery plans when this service will be re-started have not been seen by JP.</p> <p>Issues have been raised in regards to S&O Trust's Planned Care. The Trust continued with urgent elective treatments, there has been an increase in waiting lists for patients. The trust are working on prioritising patients and looking to align and improve and reduce patient waiting times and lists. There has been increase in referrals to the trust but not to pre-COVID19 levels.</p> <p>Diagnostic Test reporting has improved month on month.</p> <p>Incomplete non-emergency pathways waiting no more than 18 weeks had increased.</p> <p>SFCCG are not achieving 5 cancer indicators. S&O Trust are not achieving 1.</p>	

No	Item	Action
	<p>There has been reduction in contract performance due to COVID19.</p> <p>All the IPC HCAI measures are based on last year's trajectories as no measurements were issued this year.</p> <p>Mental health – Increased IAPT, moved to recovery 59%, above 50% target, looking at provider demand and capacity, shared with commissioners on 13/08/20. There are separate providers for IAPT no direct link with Mersey Care.</p> <p>Dementia – Measures failing, 66.7% down to 63.7% – was achieved at S&O last year</p> <p>Timeliness of communications with primary care has gone through this committee.</p> <p>Alder Hey – Recovery plan for CAMHS, increasing in phase 2, waiting times should reduce and should hit revised targets. CAMHS are expecting a surge on their services. AHP cases loads being revised, home visits being offered for high risk patients.</p> <p>Increase in eating disorders, this is being reflected nationally.</p> <p>Two new pathways for ADHD & ASD started in April 2020 and are performing to target.</p> <p>Draft recovery plans are due for submission by 01/09/20.</p> <p>Secondary care referrals have increased from previous months but are below pre COVID19 levels.</p> <p>Increase in breaches for non-emergency care and waiting more than 52 weeks failed.</p> <p>Information sub-group has restarted in July to focus on recovery planning.</p> <p>There is a phase 3 planning process underway which is intended to get the NHS back to pre-COVID-19 levels of performance particularly in elective and cancer services. There are significant risks this can be achieved which will leave remaining risks to longer waiting patients. The exact position will not be known until next month, planning deadline of 21/09/20. CW will update for the next meeting.</p> <p>There remain outstanding questions relating to cancer patient waits of 104 days and harm reviews. 104 day harm reviews guidance in draft to be included at CQPG & CCQRM for providers to have that guidance, and TF liaises with Sarah McGrath.</p>	
20/129	<p>Quality Risk Register</p> <p>MS overviewed the number of risks currently reported on the CCG's risk register.</p> <p>A number of risks had been added since the last meeting, some related to COVID19. Some risks for commissioning are duplicates of existing risks already recorded. MS asked whether these risks are superseded by the risks currently on the register.</p> <p>Cancer risks were discussed and whether they could be merged.</p>	

No	Item	Action
	<p>The risk Inappropriate Discharges to the community - Care homes not accepting patients without having a negative test was also discussed and whether it could now be removed.</p> <p>Commissioning Team risks – A&E Performance for both CCGs – SFCCG performing well possibly due to number of patients being reduced, SSSCG – 0.2% off target, it was questioned if these risks need to stay on the register.</p> <p>Commissioning & Delivery and Planned Care risks have been broken down to CCG area.</p> <p>Billie Dodd has organised a session on the Corporate risk register for the Commissioning Team staff to assist in providing more guidance on updating the register and quality of entries. The Commissioning Team’s risks will then be regularly reviewed.</p> <p>The risk relating to 12 hour breaches from S&O Trust - none have been recently reported.</p> <p>Quality Team risks have been reviewed and 2 were closed.</p> <p>Staffing issues at S&O Trust highlighted, the risk and issue has not yet gone to audit committee, when it does it will be recommended for closure.</p> <p>Risk related to LAC is also expected to be closed, as capacity in the team has now been mitigated against.</p> <p>JL informed that the risk register, to be effective, should focus on active risks to ensure active management.</p> <p>Risks should be on the register due to an acceptable level of risk. For example if the performance has improved and there are no problems at A&E the risk can come off the register. If problems reoccur the risk should then be re-added at a later date. Risks that are present and impacting patient safety or risk of harm should be on the register and not just in case something happens. The mechanism is there to re-flag a risk should the risk become live again.</p> <p>Risk register to be looked at in the round at the CCG which will provide better governance.</p> <p>There was a view that risks need to be looked at from a 360 degree view with regards to the impact of quality safety and patient harm and patient delivery should be the focus. The committee’s role in reviewing the risk register is to ensure that Trusts have robust processes in place and treating patients effectively due to their clinical needs and not just processing waiting lists.</p> <p>The CCGs do gain some assurance from providers and Trusts and their robust systems which ensure quality measures are in place. To create a better focus & improve impact on patient experience it is important to the committee that they see the correct areas of risk at both provider and CCG level.</p> <p>It was recognised difficulties in cross referencing which committees should be picking up and questioning specific risks. There has been discussion from JL with leadership team at the CCG in regards to different committees requiring updates on the same risks and going forward an internal review is suggested to revise and align risks for the right committees. There are repetitive risks on the register from different teams.</p>	

No	Item	Action
	<p>JL will discuss the risk register with Debbie Fairclough then take the issue to SMT then possibly to LT before updating the JQPC.</p>	
20/130	<p>CCG Safeguarding Team Q1 (2020-21) Safeguarding Quality Schedule update and Quarterly Safeguarding Update – Covid 19</p> <p>NH gave an update on Safeguarding for Q1.</p> <p>Safeguarding KPIs for providers were stood down in Q1 for the trusts, they did submit some KPIs however and exception reports. No assurance levels assigned as no full data sets received due no full KPI suite. Training at the trusts is to become a priority. The Trusts have supplied exception reporting for safeguarding training. Safeguarding staff will work with the trusts going forward as part of their recovery plans.</p> <p>Expecting trusts to step back up KPI reporting in Q2, looking at providers to build in quality assurance functions. Quality site visits happened last year but working with providers what they can do now i.e. virtual visits as an extra layer of assurance and to update going forward.</p> <p>Safeguarding Children’s and Adult’s boards up and running again.</p> <p>Safeguarding Team continue to provide support to providers and locality groups.</p> <p>Official MCA delayed until April 2022.</p> <p>Increase in capacity for Safeguarding Team - Designated Doctor for children in care plus GP posts. Extra resource required for administration support and extra Safeguarding Administrator post in the Safeguarding Team is required.</p> <p>A lot of activity within LEDER, role of LAC to cover LCCG, North Mersey LEDER processes, working task & finish group reviewing processes and case review group attendance.</p>	
20/131	<p>LeDeR Update</p> <p>TF gave an overview of the current LeDeR situation for the North Mersey region. A lot of work has been carried out with scrutiny from NHSE&I.</p> <p>TF has taken on the role as Local Area Co-Ordinator for LCCG due to the departure of staff members.</p> <p>During the initial COVID 19 period the number of deaths attributed to people with learning disabilities increased. A lot of activity was initiated for rapid reviews to be completed for the North Mersey area. A co-ordinated approach was required involving the providers of the 3 CCGs. NHSE&I supplied additional funding for the reviewers to complete the reviewer and administration support.</p> <p>A North Mersey Steering Group is to be established managed at LCCG to provide an oversight and governance to the LeDeR process for the North Mersey region. The steering group will include members from the LA. A chair for this meeting is to be confirmed. The minutes from the established LeDeR Process Review/Task & Finish Group & LeDeR Case Review meetings will be sent to the steering group for review.</p>	

No	Item	Action
	<p>It was historically difficult engage with the LA for LeDeR Case reviews but this has now improved and they are involved in the review of cases and take actions as necessary, social work actions and comments are forwarded from the case review meetings via the LA. Providers also attend the case review meetings to get direct feedback on individuals who have been admitted to their services.</p> <p>LeDeR has been under resourced since its inception in 2017 with no additional support for providers or the CCGs. This has prevented delivery of the program as set out by NHSE&I.</p> <p>TF has been reporting through to NHSE&I fortnightly with updates on the current status of LeDeR reviews for the North Mersey region. It is expected that all current outstanding LeDeR Case reviews will be reviewed or under review and coming to completion by end of December 2020.</p> <p>NHSE&I have agreed to fund a Band 5 LeDeR Co-Ordinator Role (12 months non concurrent) to support the full LeDeR process. The role will support the reviewers in obtaining information from the providers and support and facilitate the running of the required meetings, including taking notes, producing minutes, ensuring actions as disseminated and feedback sent and general administration relating to LeDeR processes.</p> <p>BP highlighted and thanked TF for her work in the past few months, including picking up LCCG Co-Ordinator role.</p> <p>TF has liaised with GP Sue Gough in attending the LeDeR Case review meetings and LeDeR Steering Group Meeting as this is an area of interest to her. (SG is retiring in March 2021).</p>	
For Information		
20/132	<p>Joint Medicines Operation Group (JMOG) Key Issues</p> <p>The committee confirmed the document was read with no comments.</p>	
20/133	<p>NHS Southport and Formby CCG SIRG Minutes and Key Issues</p> <p>RC had discussions with S&O Trust's Accountable Officer on the System Management Board regarding falls pathways not being implemented across the trust. A number of SIs have been reported in relation to falls. Issue of falls also raised at the Trust's CCQRM.</p>	
20/134	<p>NHS South Sefton CCG SIRG Minutes and Key Issues</p> <p>There is a lack of assurance regarding DMC. A north region meeting had been attended by the CCG and facilitated by NHSE&I to gain a national point of view. Concerns are being monitored through the SIRG meetings and action plan monitoring being carried out by through contract and performance meetings.</p> <p>DMC have been transparent and corresponded and communicated well during discussions.</p>	

No	Item	Action
20/135	<p>SEND Performance Improvement Group Minutes and Key Issues</p> <p>The committee confirmed the document was read.</p>	
20/136	<p>JTAI Improvement Plan Meeting Minutes and Key Issues</p> <p>The committee confirmed the document has read.</p>	
Closing Business		
20/137	<p>Any Other Business</p> <p>None</p>	
20/138	<p>Key Issues Arising From This Meeting</p> <p>1. Communication from secondary to primary care is an issue with a direct effect of management of patients on transferral of care/ treatment. To be raised at the planned primary / secondary interface meeting for the Southport system.</p> <p>2. The variation in advice and guidance responses which has an impact on patient management in primary care. To be raised at the primary / secondary care interface meeting.</p> <p>3. IPR - reduction in performance has a negative impact on patient outcomes. Review of recovery plans and trajectory as well as assurance on the clinical prioritisation processes of trusts will be sought. Panel process to review sample of long waiters will also be established.</p> <p>4. Review of CCG CRR given the replication of risks and the role of respective committees to focus on impact will be proposed. This will be taken to LT for a view. Further training is being undertaken. JQPC role is to review risks to determine any negative impact on patient safety, experience and outcomes.</p> <p>5. Legislative delay to MCA/ DOLS until 2022. CCGs will continue to work under current processes and prepare for changes accordingly.</p>	
20/139	<p>Date of Next Meeting:-</p> <p>Thursday 24th September 2020, 9am to 12noon via Skype.</p>	

Audit Committees in Common NHS Southport and Formby CCG Minutes

Wednesday 8th July 2020, 2.30pm to 5pm
Skype Meeting

Southport and Formby CCG Audit Committee Members Present		
Helen Nichols	Lay Member (S&F Audit Committee Chair)	HN
Dil Daly	Lay Member (S&F Audit Committee Vice Chair)	DD
South Sefton CCG Audit Committee Members Present		
Alan Sharples	Lay Member (SS Audit Committee Chair)	AS
In attendance		
Alison Ormrod	Deputy Chief Finance Officer, SFCCG and SSCCG	AOR
Adrian Poll	Audit Manager, MIAA	AP
Andy Ayre	Manager - Audit, Grant Thornton	AA
Judy Graves	Corporate Business Manager, SFCCG and SSCCG	JG
Apologies (Southport and Formby CCG Audit Committee Members)		
Vikki Gilligan	Practice Manager Governing Body Member	VG
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Apologies (South Sefton CCG Audit Committee Members)		
Graham Bayliss	Lay Member (SS Audit Committee Vice Chair)	GB
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Apologies (Regular Attendees)		
Martin McDowell	Chief Finance Officer, SFCCG and SSCCG	MMcD
Joanne Brown	Partner - Audit, Grant Thornton	JB
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SFCCG and SSCCG	TK

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Position	Nov 19	Jan 20	Apr 20	Jun 20	July 20
Southport and Formby Audit Committee Membership						
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓
Dil Daly	Lay Member (Vice Chair)		✓	✓	✓	✓
Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓	✓	✓	A
Vikki Gilligan	Practice Manager Governing Body Member			A	✓	A
In attendance						
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	A
Alison Ormrod	Deputy Chief Finance Officer	✓	A	✓	✓	✓
Leah Robinson	Chief Accountant [On maternity leave from end of June 2020]	✓	✓	✓	✓	
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓	✓	✓		
Adrian Poll	Audit Manager, MIAA	✓	A	✓		✓
Robin Baker	Audit Director, Grant Thornton	A	A			
Georgia Jones	Manager, Grant Thornton	✓	✓			

Name	Position	Nov 19	Jan 20	Apr 20	Jun 20	July 20
Joanne Brown	Partner - Audit, Grant Thornton			A	A	A
Andy Avre	Manager – Audit, Grant Thornton			✓	✓	✓

No	Item	Action
General Business		
A20/65	<p>Introductions and apologies for absence</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Audit Committees in Common (CiC) meeting today was taking place via Skype.</p> <p>Apologies for absence were received from the following Southport & Formby Audit Committee members: Vikki Gilligan and Jeff Simmonds.</p> <p>Apologies for absence were received from the following South Sefton Audit Committee members: Graham Bayliss and Jeff Simmonds.</p> <p>Apologies for absence were received from the following regular attendees: Martin McDowell and Joanne Brown.</p> <p>It was noted that Helen Nichols, Chair of the Southport & Formby Audit Committee, would chair this CiC meeting.</p> <p>The Chair noted that the South Sefton Audit Committee was inquorate as at least one other member was not present in addition to the Audit Committee Chair. The Sefton CCGs' governance lead, Debbie Fairclough, has been consulted about this issue; she has advised that the meeting proceed and that South Sefton decisions / recommendations (to be detailed within the South Sefton version of the minutes) or combined Audit CiC decisions / recommendations made at this meeting will need to be ratified by the South Sefton Audit Committee at the next quorate meeting. This matter is to be raised at the next meeting by the South Sefton Audit Committee Chair.</p>	
A20/66	<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 Southport & Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Southport & Formby Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <p>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.</p>	
A20/67	<p>Minutes of the previous meetings and key issues:</p> <p>The minutes of the Southport and Formby Audit Committee meeting on 22nd April 2020 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from the meeting.</p> <p>The minutes of the Southport and Formby Audit Committee meeting on 17th</p>	

	<p>June 2020 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from the meeting.</p>	
<p>A20/68</p>	<p>Action points from previous meetings</p> <p>A19/39 (S&F and SS): Whistleblowing Policy It was noted that the due date for the action regarding training for Governing Body Lay Members with responsibility for whistleblowing was October 2020.</p> <p>A19/108 (S&F and SS): Draft Report on MHIS Compliance Statement The publication date for each of the Sefton CCGs' Mental Health Investment Standard (MHIS) Compliance Statement has been confirmed as 9th July 2020. It was noted that a debrief of the audit procedures for the MHIS would now take place between the external auditors and joint CCG management, and that the outcomes would be reported back to the Audit CiC at the next meeting in October 2020. This action is to supersede the current action on the tracker.</p> <p>A20/11 (S&F and SS): Update on Follow Up Actions / Response from MLCSU re. HR Case AOR reported that there was not an update regarding a response from Midlands & Lancashire CSU in relation to the follow up actions from the HR case reported at the Audit CiC meeting on 15th January 2020. Members stressed the need for completion of this action as soon as possible. AS asked that the CCG's Chief Officer be kept informed of communications with Midlands & Lancashire CSU regarding this issue. TK to provide this feedback to MMcD.</p> <p>A20/18 (S&F and SS): Challenge Question: Insights from the spread of the Primary Care Home <u>What are the CCG's views on the four key lessons in the report and how these could be implemented to help reduce emergency admissions in your locality</u> AOR provided a verbal update to the Audit CiC regarding a response to the above challenge question, with information and data provided by members of the Sefton CCGs' Commissioning Team. It was noted that the CCGs' Business Intelligence team will re-run data regarding A&E attendances and admissions in residential homes to capture 2018/19 data against 2019/20 data for comparison purposes. AOR also provided a verbal update on high intensity users of A&E and the social (particularly mental health) aspect in relation to A&E attendances, using information and case studies provided by the Sefton CCGs' mental health lead. The Audit CiC discussed the verbal update and requested that a formal report with a response to the above challenge question be presented to the Audit CiC at the next meeting in October 2020; TK to add to the Audit CiC work plan. This action is to supersede the existing two actions in relation to this challenge question on the action tracker.</p> <p>A20/24 (S&F and SS): Any other business <u>MHIS Compliance Statement</u> It was noted that the MHIS Compliance Statement for each of the Sefton CCGs has been signed-off by the Chief Officer and will be published on the respective CCG websites on 9th July 2020. Each compliance statement has been emailed to the Senior Leadership Team with confirmation of the publication date. It was agreed to close this action.</p> <p>A20/24 (S&F): Any other business <u>CHC Retrospective Claim – ME. Southport & Formby CCG Only</u> AOR reported that the CCG does not have a specific policy in relation to</p>	<p>AA / AOR</p> <p>TK</p> <p>TK</p>

	<p>Continuing Healthcare (CHC) payments or retrospective claims. The CCG will work with Midlands & Lancashire CSU to develop a policy. Development of a policy has been delayed due to the COVID-19 pandemic but will be actioned. A further update will be provided at the next Audit CiC meeting in October 2020. This action is to supersede the current action on the tracker.</p> <p>A20/24 (S&F): Any other business <u>CHC Retrospective Claim – ME. Southport & Formby CCG Only</u> In reference to the action to check whether there is specific guidance in relation to retrospective CHC payments – AOR reported that there is specific guidance from NHS England, which is used by the CCG, and will be incorporated into the policy referred to in the previous action. It was agreed to close this action.</p> <p>A20/31 (S&F): Information Governance Annual Service Report AOR reported that the CCG has a plan in place to meet the Information Governance training compliance target by the (extended) submission deadline of 30th September 2020 for the Data Security and Protection Toolkit (DSPT). HN enquired about the implication of the DSPT submission deadline extension on those who had already completed training within the 2019/20 financial year. AOR to raise this query with the IG team and email the outcome to Audit Committee members.</p> <p>A20/35 (S&F): Losses, Special Payments and Aged Debt In reference to the aged debt invoice for the amount of £137,155 relating to Southport & Ormskirk NHS Trust and Emergency Department GPAU follow-ups – AOR reported that a letter to the Trust has been drafted to query why this invoice is being disputed, but is yet to be sent. Members raised concerns that this aged debt invoice has remained outstanding. HN queried whether the draft letter incorporates issues in relation to the 2019/20 contract between Southport & Formby CCG and the Trust. She requested that MMcD provide an update to members regarding this letter, including her query in relation to the 2019/20 contract issues, as soon as possible.</p> <p><i>It was noted that all other Southport & Formby CCG related actions on the action tracker following the April and May 2020 Audit Committee meetings 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>AOR</p> <p>AOR</p> <p>AOR (MMcD)</p>
<p>Governance</p>		
<p>A20/69</p>	<p>CCG Governance in the Context of COVID-19 AOR presented the following two completed checklists, which have been developed by MIAA (the Sefton CCGs’ internal auditors) to assist CCGs in reviewing their governance arrangements during the COVID-19 emergency response period:</p> <ul style="list-style-type: none"> • Governance in the context of COVID-19 • COVID-19 - Governance - People <p>The checklists have been completed with information on arrangements implemented by the Sefton CCGs during the response period. They have been reviewed by MIAA and will be updated regularly as part of the emergency response. The first checklist was presented to the respective Finance & Resource (F&R) Committees of the Sefton CCGs in June 2020; the second checklist (‘COVID-19 – Governance – People’) will be presented to the F&R Committees in July 2020.</p> <p>Members provided positive feedback on the level of assurance provided by</p>	

	<p>the completed checklists. It was noted that the respective Governing Bodies of the Sefton CCGs had recently undertaken cyber security training (1st July 2020 for Southport & Formby CCG and 2nd July 2020 for South Sefton CCG); members therefore requested that the response to the Cyber Risks question within the 'Governance in the context of COVID-19' checklist be updated with this information.</p> <p>AP reported that MIAA is developing further checklists in relation to governance during the COVID response, which will be sent to the CCGs when finalised.</p> <p><i>The Audit CiC received this report and noted the contents of the checklists.</i></p>	AOR
A20/70	<p>Losses, Special Payments and Aged Debt</p> <p>AOR provided an update on losses, special payments and aged debt for Southport & Formby CCG since the last report was presented to the Audit Committee in April 2020. No losses have been identified for write-off and no special payments have been made in this period.</p> <p>AOR reported on the outstanding debt as at 30th June 2020. Of the total debt outstanding (£374,282), there are four invoices above the £5k threshold which are greater than six months old, amounting to a total of £222,455. Further details were within the report received by the committee.</p> <p>The first invoice for the amount of £137,155 relates to Southport & Ormskirk NHS Trust and Emergency Department – GP Assessment Unit follow-ups. [This invoice was discussed by the committee under item A20/68: Action points from previous meetings.]</p> <p>The remaining three invoices for the total amount of £85,300 relate to GP IT funding. AOR confirmed that these invoices have now been paid by NHS England.</p> <p><i>The Southport & Formby Audit Committee received the Losses, Special Payments and Aged Debt Report.</i></p>	
A20/71	<p>CCG Published Registers</p> <p>JG presented an update report on the following published registers for Southport & Formby CCG as at 30th June 2020:</p> <ul style="list-style-type: none"> • Register of Procurements • Register of Conflict Breaches • Register of Sponsorship • Gifts and Hospitality Register • Register of Interests <p>The report provided an update on the processes in place for each register, the work carried out to date and the next steps.</p> <p>The following registers were enclosed for the committee to review:</p> <ul style="list-style-type: none"> • Gifts and Hospitality Register • Register of Interests: Unpublished – Governing Body, Contractors and Employees • Register of Interests: Unpublished – Member Practices • Register of Interests: Published – Governing Body, Contractors and Employees • Register of Interests: Published – Member Practices <p>The committee provided positive feedback on the work in progress with the</p>	

	<p>registers.</p> <p>The Gifts and Hospitality Register was discussed. JG confirmed that a review will be undertaken to ensure anyone in receipt of gifts or hospitality from a potential supplier is not involved in purchasing decisions involving that supplier. Work has commenced on reviewing and combining the Register of Sponsorship with the Gifts and Hospitality Register, further to an internal audit recommendation. It was noted that once this work is completed, the combined register would need to be reviewed periodically; AP confirmed that this review could be incorporated into a future MIAA internal audit work plan.</p> <p>In reference to the current Gifts & Hospitality Register, concerns were raised that a number of entries may not comply with the Managing Conflicts of Interest and Gifts and Hospitality Policy, as the value of the accepted gifts / hospitality was above the limit in the policy. JG confirmed that guidance regarding gifts and hospitality has been communicated to staff. Further to discussion, it was agreed that the value limit in the policy needed to be reviewed and potentially increased (guidance permitting) or the non-compliant entries need to be addressed. The committee agreed that if the value limit were to be increased, £50 would be an appropriate limit (guidance permitting). The committee requested that the Leadership Team review the Gifts & Hospitality Register against the policy and decide whether the value limit needs to be increased. If the value limit is not increased, the non-compliant entries in the register need to be addressed by the CCG. AOR to provide this feedback to the Leadership Team.</p> <p><i>The Southport & Formby Audit Committee received an update report on the CCG's published registers as at 30th June 2020.</i></p>	<p>AOR</p>
<p>A20/72</p>	<p>Policy Tracker</p> <p>AOR presented the policy tracker, which provides an update on the review status of all CCG policies. The cover sheet for this item included a status update on the 14 policies that are out of their review dates, which was noted by the Audit CiC.</p> <p>TK reported on an error within the policy tracker report and clarified that the Security Management Policy is yet to be reviewed by the Corporate Governance Support Group, after which it will be presented to the respective Finance & Resource Committees of the Sefton CCGs for approval.</p> <p>The Audit CiC raised concerns about the significant length of time elapsed since the Infertility Policy and Commissioning Policy were due to be reviewed. Members noted that the existing policies are still valid but requested the following for assurance:</p> <ul style="list-style-type: none"> • A report is to be presented at the next Audit CiC meeting in October 2020, which provides an update on the review status of both policies and the factors causing the continued delay. TK to add this to the Audit CiC work plan and request a report from the CCGs' Interim Lead for Corporate Services and CCGs' Director of Place - North. • The Audit CiC requested that the existing policies be presented to the respective Governing Bodies of the Sefton CCGs to reapprove / confirm that they are satisfied with the policies in their existing form. TK to request this be actioned by the CCGs' Interim Lead for Corporate Services. <p><i>The Audit CiC received the policy tracker.</i></p>	<p>TK</p> <p>TK</p>

<p>A20/73</p>	<p>Data Security and Protection Toolkit Sign-off Arrangements TK reported that in January 2020, the Southport & Formby Audit Committee had delegated approval of the sign-off of the Data Security and Protection Toolkit (DSPT) to the Chief Finance Officer and Audit Committee Chair. TK confirmed that she would arrange a meeting between the Chief Finance Officer and the Audit Committee Chair to sign-off the DSPT ahead of the extended submission deadline of 30th September 2020.</p> <p><i>The Southport & Formby Audit Committee received this verbal update.</i></p>	<p>TK</p>
<p><i>Audit</i></p>		
<p>A20/74</p>	<p>Audit Committee Recommendations Tracker AOR presented the Audit Committee Recommendations Tracker, which provides an update on progress against recommendations made to the Audit Committees through reports and internal audit review procedures.</p> <p>It was noted that the internal audit recommendation for each of the Sefton CCGs to report sponsorship on the respective Gifts and Hospitality Registers had been marked as green (completed). The Audit CiC agreed that the rating needed to be changed to amber further to the update provided under item A20/71, which noted that work on this recommendation is ongoing and yet to be completed; AOR to action.</p> <p>The Audit CiC were asked to review the contents of the tracking document and approve the removal of all items which are now complete relating to 2018/19 and 2019/20, in preparation for reviews being undertaken in 2020/21. The Audit CiC agreed this proposal subject to the amendment noted for the item regarding the Gifts and Hospitality Registers, which is to remain on the tracker.</p> <p><i>The Audit CiC received the Audit Committee Recommendations Tracker and agreed the removal of all items which are now complete, relating to 2018/19 and 2019/20. The item regarding the Gifts and Hospitality Registers, however, is to change to amber and remain on the tracker. This joint Audit Committee decision is to be ratified by the South Sefton Audit Committee at the next quorate meeting.</i></p>	<p>AOR</p>
<p>A20/75</p>	<p>Annual Audit Letter 2019/20 AA presented the Annual Audit Letter, which provides a high level summary of the findings of the external audit of Southport & Formby CCG for 2019/20. As this is a public document, it will be published on the CCG's website; TK to action.</p> <p><i>The Southport & Formby Audit Committee received the Annual Audit Letter 2019/20.</i></p>	<p>TK</p>
<p>A20/76</p>	<p>MIAA Internal Audit Progress Update AP provided a verbal update on progress against the Internal Audit Plan for 2020/21. He reported that an audit in relation to Primary Care Commissioning is being undertaken. MIAA will also be commencing a post implementation review of the Adam Dynamic Purchasing System in relation to Continuing Healthcare.</p> <p><i>The Southport & Formby Audit Committee received a verbal update on internal audit progress.</i></p>	
<p>A20/77</p>	<p>Internal Audit Charter AP presented the Internal Audit Charter, which is mandated through the Public Sector Internal Audit Standards (2016) and is a formal document that</p>	

	<p>defines the internal audit activity's purpose, authority and responsibility. AP reported that the charter provides the framework against which MIAA provides the CCG's internal audit.</p> <p>The committee discussed the charter and the Internal Audit Plan for 2020/21. Audit CiC members asked MIAA to consider incorporating a joint self-assessment workshop for both of the Finance & Resource Committees of the Sefton CCGs. AP to review incorporating this into the plan and liaise with TK regarding the timing of this session.</p> <p><i>The Southport & Formby Audit Committee received the Internal Audit Charter.</i></p>	AP / TK
Risk		
A20/78	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map</p> <p>AOR presented the Governing Body Assurance Framework (GBAF), Corporate Risk Register (CRR) and Heat Map for Southport & Formby CCG. The Heat Map summarises all the mitigated risks for the CCG with a score of 12 and above. The latest risk register for Special Educational Needs and Disabilities (SEND) was also presented.</p> <p>It was noted that the COVID-19 risks have now been incorporated into the CRR and will undergo further review by the responsible committees. The Heat Map will be reconfigured as appropriate once the COVID-19 risks have been fully aligned into the CCG's risk processes.</p> <p>The committee referred to principle risk 2.3 within the GBAF (<i>Failure to have in place plans in the event of a no-deal Brexit after the transition period may result in adverse consequences for patients due to potential medicines supply issues</i>). It was noted that under the 'Key changes since last review' section for this risk, an update had been added to note that the CCG has been responding to the COVID-19 pandemic through establishment of the Incident Management Team and key cells. The committee queried the connection between this update and the principle risk which was in relation to Brexit. JG confirmed she would check this issue with the risk lead to obtain clarity.</p> <p>The committee stressed the need for Brexit risks to be reassessed given the end of the Brexit transition period is approaching (31st December 2020). The committee asked for this issue to be discussed by the Leadership Team with a focus on what issues are being identified and what actions the CCG is taking in terms of Brexit and the end of the transition period; AOR to provide this feedback to the Leadership Team.</p> <p>The committee discussed COVID risk C-29 within the CRR (<i>There is a risk that staff are not fully protected due to the current lack of PPE supplies particularly in primary care, CHC / PHB / Care Homes / Domiciliary Care / Pharmacies</i>). The committee queried the residual risk score of 12, noting that it may be too high given the mitigating actions documented. JG confirmed she would raise this query with the risk lead to obtain clarity on the rationale behind the scoring.</p> <p>The following risks were recommended for removal from the CRR, with the rationale for removal provided within the report received by the committee: FR0010, FR0010a, FR0010b, JC24 and C34. The committee approved this recommendation.</p> <p>Concerns were raised regarding the length of time since a number of the</p>	<p>JG</p> <p>AOR</p> <p>JG</p>

	<p>risks on the CRR were last reviewed. JG confirmed that she has raised this issue with the committee risk leads and the CCG's Interim Lead for Corporate Services. AOR to raise this issue with MMcD.</p> <ul style="list-style-type: none"> • The Southport & Formby Audit Committee approved the updates to the GBAF, CRR and Heat Map subject to the actions noted at the meeting under this item. • The Southport & Formby Audit Committee approved the removal of the following risks from the CRR: FR0010, FR0010a, FR0010b, JC24 and C34. • The Southport & Formby Audit Committee noted the re-mapping of the Heat Map is to be carried out to include COVID risks once they have been fully aligned into the CCG's risk processes. 	AOR
Key Issues of other committees to be formally received		
A20/79	<p>Key Issues reports of other committees</p> <ul style="list-style-type: none"> • Finance and Resource Committee (March and May 2020) • Joint Quality and Performance Committee (March, April and May 2020) • Primary Care Commissioning Committee (March and May 2020) <p>The Southport & Formby Audit Committee received the key issues of the Finance and Resource Committee, Joint Quality and Performance Committee and Primary Care Commissioning CiC meetings for the months detailed above.</p>	
Closing business		
A20/80	<p>Any Other Business</p> <p><u>Capita ISAE 3402 Service Auditor Report</u> AOR reported that Southport & Formby CCG has received the Service Auditor Report for Capita (Primary Care Support England), which relates to primary care support services for the financial year 2019/20. The auditors have noted one control objective with exceptions. Primary Care Support England has agreed remedial actions with its auditors and this will be followed up to ensure that the right controls and assurance checks are operating for this area in 2020/21. AA confirmed that Grant Thornton has also received this report. The Southport & Formby Audit Committee received this verbal update.</p>	
A20/81	<p>Key Issues Review</p> <p>AOR highlighted the key issues from the meeting and these will be circulated as a Key Issues report to Governing Body.</p>	
A20/82	<p>Review of Meeting</p> <p>HN asked Audit CiC members to provide feedback on the meeting today. Members provided positive feedback on the meeting, particularly with regard to the chairing and time keeping.</p>	
	<p>Date and time of next meeting</p> <p>Audit Committees in Common Wednesday 14th October 2020, 1.30pm-4pm Location TBC</p>	

NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common
Approved Minutes 16.07.2020 – Part I

Date: Thursday 16th July 2020 Time 10.00-11.00am
Venue: Skype meeting due to Covid-19 Pandemic

Members		
Graham Bayliss	SS CCG Lay Member (Co Chair)	GB
Dil Daly	SF CCG Lay Member (Co Chair)	DD
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	SF 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 SSSCCG 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
Dr 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	Mar20	April 20	May 20	July 20
Members:							
Graham Bayliss	SS CCG Lay Member (Chair)	A	C	✓	C	✓	✓
Dil Daly	S&F CCG Lay Member (Co Chair)	✓	C	✓	C	✓	✓
Alan Sharples	SS CCG Lay Member	✓	C	✓	C	✓	✓
Helen Nichols	S&F CCG Lay Member	✓	C	✓	C	✓	✓
Fiona Taylor	S&F SS CCG Chief Officer	A	C	✓	C	✓	A
Martin McDowell	S&F SS CCG Chief Finance Officer	A	C	✓	C	✓	✓
Jan Leonard	S&F CCG Director of Place (North)	✓	C	✓	C	✓	✓
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	N	C	N	C	N	N
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	C	✓	C	✓	✓
Alan Cummings	NHSE Senior Commissioning Manager	A	C	✓	C	N	✓
Non- Voting Attendees:							
LMC Representative		N	C	✓	C	✓	A
Health Watch Representative		N	C	✓	C	✓	A

Name	Membership	Jan 20	Feb 20	Mar20	April 20	May 20	July 20
Dr Craig Gillespie	GP Clinical Representative	✓	C	✓	C	✓	✓
Dr Kati Scholtz	GP Clinical Representative	✓	C	✓	C	✓	✓
Tracy Forshaw	SS SF CCG Primary Care Quality Manager	A	C	✓	C	N	✓
Eshan Haqqani	SS SF CCG Interim Care Quality Manager	N	C	✓	C	✓	✓
Richard Hampson	SSECCG Primary Care Contracts Manager	✓	C	✓	C	✓	✓
Debbie Fairclough	SS SF CCG						✓
No	Item						Action
PCCiC20/44	<p>Apologies for absence</p> <p>Welcome and Introductions The members of the committee introduced themselves.</p>						
PCCiC20/45	<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>						
PCCiC20/46	<p>Minutes of the previous meeting Date 21st May 2020 was agreed as an accurate record.</p>						
PCCiC20/47	<p>Action points from the previous meeting Members reviewed the action tracker and the tracker was updated.</p>						

PCCiC20/48	<p>Report from Operational Group and Decisions Made:</p> <p>June 2020:</p> <p>Key Issues to report back to the Primary Care Commissioning Committee in Common – South Sefton</p> <p>42 Kingsway submitted an application to close their list for 12 months. The committee agreed that they would support the practice to close for 6 months. An action plan will be put into place to help support the practice to open fully. It was noted that the practice have applied for some resilience funding to support transformation.</p> <p>Blundellsands Surgery has requested that their list closure is extended for a further 6 months. This was supported by the group due to the number of new patient registrations when the list was open. Further work to be done with Crosby locality to address on-going issues of patient movement.</p> <p>It was proposed that the Primary Care Committee in Common should continue to meet bi-monthly as a result of assurances received by MIAA. Meetings would be via Skype during the Covid 19 pandemic.</p> <p>Key Issues to report back to the Primary Care Commissioning Committee in Common – Southport and Formby</p> <p>It was proposed that the Primary Care Committee in Common should continue to meet bi-monthly as a result of assurances received by MIAA. Meetings would be via Skype during the Covid 19 pandemic.</p> <p>July 2020:</p> <p>Key Issues to report back to the Primary Care Commissioning Committee in Common – South Sefton and Southport and Formby</p> <p>2 Premises Improvement Grant applications were included in the pack, the Committee reviewed these, there were no comments. These will be submitted to F&R committee for approval.</p> <p>The process for reviewing QOF activity from 19/20 that has seen significant variance at practice level was discussed.</p> <p>It was reported that the 10 LeDer reviews are in the process of being submitted. The outcome of these and any learning will be shared back through the group.</p> <p>The recent outcome of a Judicial Review (elsewhere in the country) relating to payments to practices for Safeguarding work was discussed. Further work to agree a local rate for remuneration is required.</p> <p>It was noted that guidance from NHSE is expected imminently regarding the restarting of routine work in General Practice.</p> <p>The risk register was reviewed; a number of COVID risks were reduced. A new risk was added regarding access to phlebotomy services and the impact this is having on General Practice.</p> <p>An issue was highlighted regarding the weighting assigned to patients who reside in care homes. There was discussion around the process some concern that this may not be recorded correctly. Further work is being undertaken to understand the impact.</p> <p style="text-align: center;">Page 3 of 7</p> <p>2 Improvement Grant applications were included in the pack, the group</p>		
------------	--	--	--

PCCiC20/49	<p>Healthwatch Issues</p> <p>There was no representative from Healthwatch at the meeting.</p>		
PCCiC20/50	<p>PCN Update:</p> <p>South Sefton – Dr Gillespie gave feedback on the 2 PCNs in South Sefton, Seaforth and Litherland and the newly merged Crosby, Maghull and Bootle known as Team Sefton. 4 practices in Sefton have not signed to a PCN; however, 3 of the 4 practices have attended PCN meetings.</p> <p>Southport and Formby – Dr Scholtz gave feedback on Southport and Formby practices.</p> <p>Formby PCN continues to cover one practice not signed up to the Directed Enhanced Service (DES) for PCNs.</p> <p>Ainsdale and Birkdale PCN now covers one practice not signed up.</p> <p>Central and North localities no longer have PCN coverage.</p> <p>One practice in North did wish to sign up to the DES however there is not a geographically coterminous PCN to enable this.</p> <p>The CCG is working with providers and NHSE to ensure that the service specifications are delivered.</p> <p>PCNs in Sefton</p> <p>A PCN paper will be presented to the Leadership Team to review and authorise coverage of those practices that are not signed to a PCN.</p>		
PCCiC20/51	<p>Primary Care Finances</p> <p>It was reported that financial arrangements have changed due to Covid 19 with block arrangements in place to ensure delivery of services. The CCG is following advice from NHSE to support resolving the reported deficit of £152 to £78k for South Sefton to the end of July 2020. Southport and Formby reported deficit expected at £86k reducing to £71k following retrospective review. Advice from NHSE is to work through reviews on a month by month basis.</p> <p>Primary Care budgets are breaking even up to August 2020.</p>		

PCCiC20/52	<p>Primary Care Programme Report</p> <p>The Primary Care Programme Report was reviewed and updated, (updates highlighted blue) the exception is international recruitment which has no further update.</p>	
PCCiC20/53	<p>Performance (OOHs/7 Day Access/Contractual Compliance/DES</p> <p>South Sefton 7 Day Access service continued throughout the Covid 19 pandemic using a different operating model to reflect national guidance. Utilisation rates continue to rise above the national average set at 75% to 87%. The introduction of physiotherapy is now offered to patients.</p> <p>Go To Doc (GTD) is supporting the Covid Clinical Assessment Service for red and amber patients referred to the service by NHS 111. Regular meetings take place with Go To Doc to ensure contract compliance. It was noted that the Federation has been a great asset during the Covid 19 pandemic working alongside GTD and North West Boroughs to deliver services, the committee will write to the Federation expressing thanks for the support provided.</p> <p>The financial year 20/21 practices had 3 additional DES offered: Minor Surgery Out of Area Registrations Special Allocation Scheme</p> <p>Learning Disabilities DES is now part of LQC (for monitoring) all practices have signed up to this and have the option of providing the health check in practice or delegating to the Federation. Four practices in South Sefton have chosen the Federation option.</p> <p>Annual contract monitoring offering support and assurances will resume with practices as the CCG returns to usual business post Covid 19 with continued support from NHSE. There are no reported contract breaches.</p>	
PCCiC20/54	<p>Primary Care Quality Dashboard</p>	

PCCiC20/55	<p>Key Issues Log to Governing Body</p> <ul style="list-style-type: none"> • Joint Operational Group reports from June and July 2020 • PCN coverage of non- participating practices is robust in South Sefton. Southport and Formby are exploring coverage by alternative provider given the scale of no- participation. • The financial positon for the CCG was noted and block arrangements in place with providers. COVID expenditure being tracked and reported. • The Primary Care Programme report was noted. • Performance report relating to 7 Day Access, Out of Hours and Directed Enhanced Services was reviewed. A letter of thanks to be sent to South Sefton Federation and SF Health Ltd regarding their provision of services during COVID. 	
PCCiC20/56	<p>Any Other Business</p> <p>The GP survey has been released in July 2020, the survey was collected until March 20 therefore mainly unaffected by changes to ways in working a s a result of COVID. The performance of both CCGs is good and a further report will be presented to the next committee.</p>	
PCCiC20/57	<p>Date of Next Meeting:</p> <p>Date of Next Meeting: 17th September 2020 10.00-11.00am</p> <p>Venue: TBC</p>	
<p>Meeting Concluded.</p> <p>Motion to Exclude the Public:</p> <p>Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		