

Governing Body Meeting in Public Agenda

Date: Thursday, 29th January 2015 at 13.00 – 15.00 hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

13.00 hrs Members of the public may highlight any particular areas of concern/interest and address questions to Board members. If you wish, you may present your question in writing beforehand to the Chair.

13.15 hrs Formal meeting of the Governing Body in Public commences. Members of the public may stay and observe this part of the meeting.

The Governing Body

Dr Clive Shaw	Chair and Clinical Director	CS
Graham Morris	Vice Chair and Lay Member - Governance	GM
Dr Craig Gillespie	Clinical Vice-Chair and GP Governing Body Member	CG
Lin Bennett	Practice Manager and Governing Body Member	LB
Fiona Clark	Chief Officer	FLC
Michelle Creed	Chief Nurse, NHSE (Merseyside) <i>(co-opted member on behalf of Clare Duggan)</i>	MC
Roger Driver	Lay Member, Patient & Public Involvement	RD
Debbie Fagan	Chief Nurse	DF
Margaret Jones	Consultant in Public Health <i>(co-opted Member on behalf of Dr Janet Atherton)</i>	MJ
Maureen Kelly	Chair, Healthwatch <i>(co-opted Member)</i>	MK
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Sharon McGibbon	Practice Manager and Governing Body Member	SMcG
Dr Andrew Mimnagh	Clinical Director and Governing Body Member	AM
Peter Morgan	Deputy Chief Executive, Sefton MBC <i>(co-opted member on behalf of M Carney)</i>	PM
Dr Paul Thomas	Clinical Director and Governing Body Member	PT
Dr John Wray	Clinical Director and Governing Body Member	JW

In Attendance

Malcolm Cunningham	Head of Contracting & Procurement <i>for Re-procurement of P TS & NHS 111 Service</i>	MC
Karen Garside	Deputy Designated Nurse Safeguarding Children <i>for Child Sexual Exploitation & Safeguarding Declaration</i>	KG
Tracy Jeffes	Chief Delivery & Integration Officer <i>for Q3 CRR & GBAF</i>	TJ
Karl McCluskey	Chief Strategy and Outcomes Officer <i>for Integrated Performance Report & Strategic Plan</i>	KMcC
Brendan Prescott	Deputy Chief Nurse/Head of Quality & Safety <i>for Out of Hours Pharmacy Engagement</i>	BP

No	Item	Lead	Report	Receive/Approve	Time
Governance					
GB15/1	Apologies for Absence	Chair	-	R	3 mins
GB15/2	Hospitality Register	Chair	✓	A	2 mins
GB15/3	Minutes of the Previous Meeting	Chair	✓	A	5 mins
GB15/4	Action Points from Previous Meeting	Chair	✓	A	5 mins
GB15/5	Business Update	Chair	Verbal	R	5 mins
GB15/6	Chief Officer Report	FLC	✓	R	10 mins
GB15/7	GP Pressures and Supporting Practices	All	Verbal	R	5 mins

No	Item	Lead	Report	Receive/Approve	Time
Finance and Quality Performance					
GB15/8	Integrated Performance Report	KMcC/ MMcD/ DF	✓	R	10 mins
GB15/9	Quarter 3 2014/15 Risk Assurance Framework & Corporate Risk Register Update	TJ	✓	R	10 mins
Service Improvement/Strategic Delivery					
GB15/10	Child Sexual Exploitation	KG	✓	R	10 mins
GB15/11	Care Quality Commission Safeguarding Declaration	KG	✓	A	5 mins
GB15/12	Strategic Plan: National Guidance & Implications	KMcC	✓	R	10 mins
GB15/13	Out of Hours Pharmacy Engagement Report	BP	✓	R	10 mins
GB15/14	Re-Procurement of Patient Transport Services	MC	✓	A	5 mins
GB15/15	Re-Procurement of NHS 111 North West Service	MC	✓	A	5 mins
For Information					
GB15/16	Emerging Issues	ALL	Verbal	R	5 mins
GB15/17	Key Issues reports from committees of Governing Body: a) Quality Committee b) Service Improvement Redesign Committee		✓ ✓	R R	
GB15/18	Quality Committee Minutes	-	✓	R	
GB15/19	Finance & Resource Committee Minutes	-	✓	R	
GB15/20	Audit Committee	-	✓	R	
GB15/21	Service Improvement Redesign Committee Minutes	-	✓	R	
GB15/22	Locality Meetings: a) Seaforth & Litherland Locality b) Bootle Locality c) Crosby Locality d) Maghull Locality	- - - -	✓ ✓ ✓ ✓	R R R R	
Closing Business					
GB15/23	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting.</i>				5 mins
GB15/24	Date, Time and Venue of Next Meeting <i>Thursday 26th March 2015 at 13.00 at Boardroom, Merton House, Bootle</i>				-
Estimated meeting close					14:50

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

Hospitality Register

Recipient	Nature of Gift / Hospitality	Date Received	Approximate Value	Donated by
Emma Dagnall	Drinks at meal out	5/12/14	£15	GPs at Concept House Surgery
Emma Dagnall	Carvery Meal at Mons and drinks	17/12/14	£10	GPs at Concept House Surgery
Sean Reck	Drug company Meal and drink in London Carriage works following an update on "All Change in Cholesterol Management"	11/12/14	£25	MSD
David Smith	Commerce Dinner at Anglican Cathedral	4/12/14	£150	Liverpool Chamber of Commerce

Governing Body Meeting in Public Minutes

Date: Thursday, 27th November 2014 at 13.00 – 15.00 hrs
 Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

The Governing Body

Dr Clive Shaw	Chair and Clinical Director	CS
Graham Morris	Vice Chair and Lay Member – Governance	GM
Dr Craig Gillespie	Clinical Vice-Chair and GP Governing Body Member	CG
Lin Bennett	Practice Manager and Governing Body Member	LB
Fiona Clark	Chief Officer	FLC
Michelle Creed	Chief Nurse, NHSE (Merseyside) <i>(co-opted member on behalf of Clare Duggan)</i>	MC
Roger Driver	Lay Member, Patient & Public Involvement	RD
Debbie Fagan	Chief Nurse	DF
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Maureen Kelly	Chair, Healthwatch <i>(co-opted Member)</i>	MK
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Sharon McGibbon	Practice Manager and Governing Body Member	SMcG
Dr Andrew Mimnagh	Clinical Director and Governing Body Member	AM
Peter Morgan	Deputy Chief Executive, Sefton MBC <i>(co-opted member on behalf of M Carney)</i>	PM
Dr Paul Thomas	Clinical Director and Governing Body Member	PT
Dr John Wray	Clinical Director and Governing Body Member	JW

In Attendance

Paul Horwood	Insight, Engagement and Research Team Leader, SMBC	PH
Dwayne Johnson	Director of Older People, SMBC	DJ
Jan Leonard	Chief Redesign and Commissioning Officer	JL
Karl McCluskey	Chief Strategy and Outcomes Officer	KMcC
Lauren Sadler	Care Act Implementation, SMBC	LS
Helen Smith	Head of Safeguarding Adults	HS

The meeting was followed by a presentation by Dr Craig Gradden, Medical Director of Liverpool Community Health NHS Trust on 'Integrated Clinical and Quality Strategy'.

No	Item	Time
GB14/142	Apologies for Absence were received from Dr Clive, Shaw, Dr John Wray, Margaret Jones and Peter Morgan.	
GB14/143	Declarations of Interest regarding agenda items – there were no additional declarations to report.	
GB14/144	Hospitality Register – nil return.	
GB14/145	Minutes of the Previous Meeting were accepted as a true and accurate representation of the previous meeting.	
GB14/146	Action Points from Previous Meeting 14/125 New Case for Change Process – Taken through Service Improvement and Redesign Committee. 14/126 Healthy Liverpool Programme – full information had been circulated post meeting and all GB members gave approval to the establishment of a Committee in Common.	

No	Item	Time
	<p>14/132 Breast Services at Southport & Ormskirk – additional capacity has now been added at Aintree. The Governing Body is now assured there are no patient treatment delays.</p> <p>14/134 – Key Issues Log – Corporate Governance Support Group - Liverpool Clinical Labs – CG confirmed the Quality Committee has been assured regarding the pressure placed on staff although there are still some issues to be resolved.</p>	
GB14/147	<p>Business Update</p> <p>A Q2 assurance meeting was taking place this week – the CCG continues to make good progress.</p> <p>A ‘Big Chat’ at Bootle Cricket Club the previous week had provided an opportunity to listen to the public. CG believed it went well, lots of people had attended and the CCG had received positive feedback.</p> <p>NW Leadership Awards – GM congratulated FLC on winning the North West Leadership Academy ‘Inspirational Leader of the Year’ Award.</p> <p>The Bootle Locality Manager and Medicines Management, together with staff at Aintree Hospital had also received a Partnership Award for Stoma Care. The Governing Body thanked them for all their hard work on behalf of the CCG. FLC observed that commissioners working with providers had directly impacted to improve patient care.</p> <p>FLC informed the Governing Body that Catherine Beardshaw, Chief Executive Officer at Aintree would be retiring in the near future. The CCG thanked her for all her hard work.</p> <p>Clock View – FLC had recently visited the new Clock View facility on the old Walton Hospital site. She believed it would be an excellent facility, with handover of the building expected mid-December and open to patients in February 2015. FLC would arrange a visit to the facility if anyone was interested.</p>	
GB14/148	<p>Chief Officer Report</p> <p>FLC presented the Chief Officer report to the Governing Body.</p> <p>Five Year Forward View – most of the content had already been pulled into the strategic thinking of the CCG.</p> <p>Co Commissioning Guidance - had been published and FLC confirmed the CCG’s intention to work collaboratively with NHSE. Further detail will come back through to the Governing Body in due course to agree the CCG’s approach. A meeting had been held with LMC to discuss further investment and benefits of co-commissioning for South Sefton.</p> <p>Quarter 1 Assurance – full report had been received and Quarter 2 Assurance has been completed today with no concerns.</p> <p>Integrated Personal Commissioning – an application had been submitted earlier this month to participate in a nationally-led programme. The CCG had been shortlisted and been called to London at very short notice. Still awaiting outcome.</p>	

No	Item	Time
	<p>Debbie Fagan updated the Committee on item 11 – this had been agreed and the first student would be accepted from January 2015.</p> <p>Student Placements – NHS England has asked the CCG to provide a report for the organisation’s National Strategic Board in December around the engagement of student ambassadors and caremakers. The CCG would be visiting Edge Hill University in the near future to present its commissioning intentions.</p> <p>IM&T - PS to be asked to give a demonstration of functionality on Ericom. AM confirmed it would be useful.</p> <p>Cheshire/Mersey Neuro/Acquired Brain Injury (ABI) Rehab Pathway – the Governing Body supported the recommendation to extend the funding for a further 12 months of a pilot scheme that had been running for 2 years. The funding associated with this pilot has been included within the CCG’s strategic financial plan for 2015/16, although the CCG would seek to change the funding arrangement from the current funding on population basis to an activity-related basis.</p> <p>MK asked if GP practices were able to receive electronic discharges, as there had been recent problems with delayed discharges. Sample audits would need to be carried out to understand what was happening.</p> <p>Action: The Governing Body received the content of the report and approved the recommendation to extend the ABI Rehab Pathway pilot scheme for a further 12 months.</p>	PS
GB14/149	<p>Safeguarding Annual Report</p> <p>DF informed the Governing Body the report would normally have been presented to the Quality Committee in the first instance, however, due to timelines had come directly to the Governing Body.</p> <p>HS provided assurance to the Governing Body that the organisation is effectively responding to the safeguarding needs of children, adults and their families across the Southport and Formby CCG population.</p> <p>FLC explained that as safeguarding lead across the Merseyside CCG network, a paper would be going to the next meeting to ask for a slightly increased investment in relation to some of the statutory duties that have come out of the Care and Support Act. Subject to that discussion, it would come back into the CCG for a decision. The CCG was cognisant of its responsibility and as Accountable Officer she would ensure an adequate service was provided across the region. It had also been added to the Corporate Risk Register to flag the issue up.</p> <p>RD, in regard to ‘Voice of the Child’, asked what interaction the CCG had with Sefton Council. DF confirmed there was a close working relationship, she was a member of the Council’s Children and Young People’s Board and any information was reported back into the Quality Committee.</p> <p>Action: The Governing Body received the Annual Report and approved the content.</p>	

No	Item	Time
GB14/150	<p>Remuneration Committee Terms of Reference</p> <p>The updated Terms of Reference were presented to the Governing Body. The Nurse Governing Body member cannot be the Chief Nurse because of her employment relationship in the organisation.</p> <p>Action: The Governing Body approved the revised Terms of Reference, subject to that amendment.</p>	
GB14/151	<p>Risk Management Strategy</p> <p>The Risk Management Strategy had been updated to reflect the change in governance processes since the CCG's inception 18 months earlier.</p> <p>Action: The Governing Body approved the revised Risk Management Strategy.</p>	
GB14/152	<p>Emergency Preparedness and Resilience and Response (EPRR) Statement of Compliance</p> <p>The EPRR Statement of Compliance was presented to the Governing Body which was asked to approve the recommendation in the report which was to note the compliance (the CCG had assessed itself and found itself to be fully compliant).</p> <p>Action: The Statement of Compliance was noted.</p>	
GB14/153	<p>Integrated Performance Report</p> <p>KMcC presented the integrated performance report to the Governing Body. Key areas highlighted included:</p> <p>(i) Finance</p> <p>The CCG continues to experience financial pressures in the area of acute care and Continuing Healthcare. The CCG has sufficient reserves in place and remains on course to deliver its planned surplus.</p> <p>(ii) C-difficile</p> <p>The CCG has a cumulative incidence of 34 against a target of 30.</p> <p>(iii) A&E Performance</p> <p>The CCG continues to achieve this target at aggregated CCG level, however Aintree continue to be challenged and failed to achieve the target over the latest month. The CCG continues to work with the Trust in supporting efforts to achieve this on a sustainable basis and the contract query remains live.</p> <p>Action: The Governing Body noted the performance and actions referred to in support of delivery.</p>	
GB14/154	<p>Update on CCG Strategy</p> <p>The Governing Body was briefed on progress against the strategic plan and programmes on mental health and intermediate care.</p> <p>The approach moving from strategy to delivery was set out reflecting the current direction for travel and progress that had been made.</p> <p>Action: the Governing Body received and noted the contents of the report.</p>	

No	Item	Time
GB14/155	<p>Care Act 2014</p> <p>LS updated the Governing Body Committee on the approach and progress to implementation of the Act in Sefton from 1st April 2015.</p> <p>An important aspect of the Act was to deliver a more preventive based approach. Work was underway to develop this further with public health and the CCGs.</p> <p>LS was currently reviewing existing policies and looking at joint working processes going forward, which may include ideas such as co-location.</p> <p>RD asked if the community voluntary sector were involved in the stock take – and asked Lauren to make it implicit.</p> <p>Action: the Governing Body received and noted the contents of the report.</p>	
GB14/156	<p>Commissioning Policy Review</p> <p>Historically local Primary Care Trusts jointly agreed a Commissioning Policy; this was known as the Cheshire and Merseyside Prior Approval Scheme and incorporated Procedures of Limited Clinical Value (2011). The policy was due for review and Cheshire and Merseyside Commissioning Support Unit (CSU) were commissioned to undertake the review on behalf of all the Cheshire and Merseyside Clinical Commissioning Groups (CCGs).</p> <p>The Governing Body were presented with details of the review, the engagement undertaken, the financial impact and the full policy.</p> <p>With regard to varicose veins, there was already a restricted access policy in place.</p> <p>The main changes to the fertility policy suggest the CCG adopts the NICE guidance which is to extend the age limit to 40 for access to IVF to offer 3 full cycles of IVF.</p> <p>The Governing Body considered the Equality Impact Assessment which recommended the adoption of the fertility policy.</p> <p>All CCGs across Merseyside have made this documentation as publicly available as possible. Its focus is on commissioning in accordance with clinical evidence and effectiveness.</p> <p>LB asked if providers were aware of this work. JL confirmed provider events had been held earlier in the year, which were well represented.</p> <p>PT asked how he should respond to a patient with varicose veins? The existing policy would remain in force and JL will report back to the Governing Body in January. The new policy was scheduled for implementation from April 2015.</p> <p>Action: The Governing Body approved the policy for implementation in April 2015.</p>	JL

No	Item	Time
GB14/157	<p>Sefton Strategic Needs Assessment</p> <p>The approach and methodology that had been used in the development of the Sefton Strategic Needs Assessment (SSNA) were summarised by KMcC. The outcomes for the SSNA were clearly defined and aimed at assisting commissioners, including CCGs in driving strategy formulation, commissioning intentions and health and wellbeing outcomes.</p> <p>The Governing Body was asked to receive the content of the Sefton Strategic Needs Assessment and also to request feedback from GPs to be fed back to Sefton's Business Intelligence Team.</p> <p>It was recognised this was an important document and RD asked if it could be made 'legible' for all people as it was important to get involvement. KMcC added it had been used at the recent 'Big Chat'.</p> <p>Action: The Governing Body received the contents of the report and noted the request for feedback from GPs.</p>	
GB14/158	<p>BCF Update</p> <p>The Governing Body reviewed the letter from NHS England highlighting the approval of the first submission subject to conditions. The joint Local Authority and CCG team are working to resubmit the plan to secure removal of the conditions by Friday 28th November 2014.</p> <p>FLC wished Sam Tunney all the best in her new role.</p> <p>Action: The Governing Body noted the contents of the letter and gave delegated authority for the Chief Officer and Chair to sign off the resubmission for 28th November 2014.</p>	FLC/CS
GB14/159	<p>Emerging Issues</p> <p>MMcD to bring a paper to January's Governing Body meeting regarding future financial allocations.</p>	MMcD
GB14/160	<p>Key Issues Reports from committees of Governing Body:</p> <p>a) Quality Committee b) Finance & Resource Committee c) Service Improvement Redesign Committee d) CCG Network</p> <p>Action: The Governing Body received the Key Issues reports.</p>	
GB14/161	<p>Quality Committee Minutes</p> <p>Action: The Governing Body received the Quality Committee meeting minutes.</p>	
GB14/162	<p>Finance & Resource Committee Minutes</p> <p>Action: The Governing Body received the Finance & Resource Committee meeting minutes.</p>	
GB14/163	<p>Merseyside CCG Network Minutes</p> <p>Action: The Governing Body received the CCG Network meeting minutes.</p>	
GB14/164	<p>Service Improvement Redesign Committee Minutes</p> <p>Action: The Governing Body received the Service Improvement Redesign Committee meeting minutes.</p>	

No	Item	Time
GB14/165	<p>Locality Meetings:</p> <ul style="list-style-type: none"> a) Seaforth & Litherland Locality b) Bootle Locality c) Crosby Locality d) Maghull Locality <p>Action: The Governing Body received the Locality Meeting minutes.</p>	
GB14/166	<p>Any Other Business</p> <p>An email would be circulated to GPs regarding the GP vacancy on the Governing Body following a meeting with the LMC last week.</p>	
GB14/167	<p>Date, Time and Venue of Next Meeting</p> <p>Thursday 29th January 2015 at 13.00 at Boardroom, Merton House, Bootle.</p>	

Governing Body Meeting in Public Actions following meeting in November 2014

No	Action	Action
GB14/125	New Case for Change Process <ul style="list-style-type: none"> The model documentation requires individuals and teams to provide a sufficient amount of information to enable robust decision making in respect of investment opportunities. This will ensure that there is a clear rationale and framework by which such decisions are made and will ensure that investment matches CCG strategic priorities. 	KMcC
GB14/148	IM&T <ul style="list-style-type: none"> PS to be asked to give a demonstration of functionality on Ericom. 	PS
GB14/156	Commissioning Policy Review <ul style="list-style-type: none"> JL to respond back to the Governing Body in January regarding varicose veins. 	JL
GB14/158	Emerging Issues <ul style="list-style-type: none"> MMcD to bring a paper to January's Governing Body meeting regarding future financial allocations. 	MMcD

MEETING OF THE GOVERNING BODY January 2015

Agenda Item: 15/06	Author of the Paper:						
Report date: January 2015	Fiona Clark Chief Officer Email: fiona.clark@southseftonccg.nhs.uk Tel: 0151 247 7069						
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 receive this report by way of assurance.	<table style="width: 100%;"> <tr> <td style="text-align: right;">Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives (<i>x those that apply</i>)	
X	Improve quality of commissioned services, whilst achieving financial balance.
X	Sustain reduction in non-elective admissions in 2014/15.
X	Implementation of 2014/15 phase of Virtual Ward plan.
X	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
X	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
X	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
X	Review the population health needs for all mental health services to inform enhanced delivery.

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

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

Report to the Governing Body **January 2015**

1. Shaping Sefton - Future Models of Care & Support

- 1.1 Work is underway in preparation for the King's Fund session led by Professor Chris Ham on 12th February 2015.
- 1.2 Shaping Sefton - Future Models of Care will bring together a wide ranging audience to help us co-create the discussion, working at pace to describe the models of care to shape the future of integrated Health & Social Care in Sefton. Building on the three Strategic priorities of the CCG, considering the economic position, and drawing our vibrant community, voluntary and faith sector it will connect with the Five Year Forward view and consider the opportunities afforded within Sefton.
- 1.3 The intention overseen through both the Health & Wellbeing Board and the CCG is to create the future models of care that can best meet the needs of the population, with our communities and key stakeholders within the available resources.
- 1.4 This work draws our whole CCG transformational programme together:
 - Self-Care, Prevention & Wellness;
 - Primary Care;
 - Intermediate Care;
 - Elective Care;
 - Community Services & support-Locality development;
 - Unplanned Care.
- 1.5 Underpinned by our programmes:
 - Cancer;
 - Diabetes;
 - Mental Health;
 - Cardio vascular disease;
 - Children's;
 - End of Life;
 - Neurology;
 - Respiratory;
 - Liver disease;
 - Kidney disease.
- 1.6 It takes us through our developing blueprints of our transformational programmes into the systematic delivery phase, connecting performance and expenditure through the PMO.
- 1.7 Currently the work of transformation is being overseen through the recently established service redesign committee; the Governing Body will continue to receive updates of this core work.

2. Better Care Fund (BCF)

- 2.1 The Governing Body will remember that the original BCF was submitted on 19th September 2014, as result of this was assessed as having two conditions, namely:
- The plan must further demonstrate how it will meet the national condition of having an agreed impact on the Acute sector;
 - The plan must further demonstrate how it will deliver the plan non-elective admissions reduction.
- 2.2 An advisor was appointed and we worked with Julie Warren to focus on the two areas. It was decided by the Health & Wellbeing Board that following this work the revised BCF should be resubmitted at the earliest opportunity, so this was done on 28th November 2014.
- 2.3 A letter was received on 19th December 2014 from Dame Barbara Hakin to confirm that following revision of the BCF for Sefton and National consistent assurance review (NCAR) the Sefton BCF was **Approved**.
- 2.4 This removed both conditions and gave Sefton permission to continue with the plan. The letter did ask the CCG to consider review of the ambitions for the level of reduction of non-elective admissions, in light of the experience of actual performance over winter, and the confidence of the 2014/15 outturn position, and firming of the plans for the 2015/16 contracting round. This work is underway and will need to be approved via the Governing Body through the Health & Wellbeing Board.
- 2.5 Ongoing support and oversight of the BCF plans will now be led by NHS England Regional/Area team along with the Local Government Regional peer rather than the BCF taskforce.

3. CCG Allocations

- 3.1 NHS England recently announced a significant investment of £1.9bn for the NHS in 2015/16. The allocations for individual CCG's were announced in December and have led to an increase for the CCG of 1.94% compared with an average increase for CCG's nationally of 3.74%. The bulk of the allocation distributed directly to CCG's (c. £1.5bn) has been earmarked to support CCG's that were below target compared to the allocation formula.
- 3.2 This has meant that the CCG, along with the five other Merseyside CCG's, has received the lowest level of funding distributed to CCG's. There are 2 component parts to the growth distribution. The first element covers maintenance of real-terms funding by increasing the CCG's allocation by inflation through the GDP deflator which fell to 1.4% in December. The second part relates to a share of system resilience funding announced by NHS England in 2014/15 worth £350m nationally. This funding equates to 0.54% of CCG baselines and has been consolidated recurrently into the CCG allocation meaning that no further allocations will be made available in 2015/16 to support system resilience and the CCG's plans need to take account of any elevated pressures during the year ahead.

- 3.3 The CCG's forecast allocation for 2015/16 (as per the report presented to the F&R Committee in November) was £226.646m. The latest announcement has increased this figure to £227.181m, an increase of £0.535m. However, the CCG has made provision of £1.204m within its expenditure plans for system resilience funding leading to additional pressures of £0.669m. The F&R Committee has received a detailed report on changes to the strategic plan and further updates are planned to the Governing Body in both February and March.
- 3.4 The impact of the application of differential growth to CCG's across the country has meant that the CCG's distance from target has reduced from 8.48% to 6.81%. It is expected that NHS England will continue with the policy of applying higher levels of growth to those CCG's that are under target and therefore the CCG should continue to plan upon receiving low levels of growth in the near future.

4. Dalton Review

- 4.1 The Dalton review was set by the Secretary of State for Health to look at new options and opportunities to help the best leaders and organisations in the NHS to do more for patients. The Department of Health has now published Examining new options and opportunities for providers of NHS care: The Dalton Review.
- 4.2 The organisational forms considered in this Review have different characteristics, benefits and barriers. Many are already being used in the NHS. It is clear that there should be no national blueprint or one size fits all. Accordingly, this Report does not impose wholesale change.
- 4.3 It identifies five themes:
- (i) One size does not fit all;
 - (ii) Quicker transformational and transactional change is required;
 - (iii) Ambitious organisations with a proven track record should be encouraged to expand their reach and have greater impact;
 - (iv) Overall sustainability for the provider sector is a priority;
 - (v) A dedicated implementation programme is needed to make change happen.
- 4.4 The CCG will consider the implementation of the outcomes of this review in light of the Shaping Sefton - New models of Care work.

5. Litherland Darzi Practice

- 5.1 NHS England as commissioner responsible for General Practice has informed the CCG that they are leading a consultation in relation to the Litherland Darzi practice. It is important that those consulted understand that NHS England (Cheshire & Mersey) is only consulting on the future of the Litherland Equitable Access Centre service. At this stage, there will be no change to the SSP GP Practice or the NHS South Sefton CCG commissioned Walk in Centre (WiC) service.

- 5.2 It is proposed that NHS England (Cheshire & Mersey) will work closely with NHS South Sefton CCG and the Local Authority on this consultation to understand the impact of the proposed closure on local GP access, in and out of hours; and the plans for urgent care (Walk in Centre).
- 5.3 NHS England (Cheshire & Mersey) will meet with Sefton Healthwatch to ensure an inclusive approach to the consultation is taken and to gain opinion on the proposed option. The patient consultation is two-fold:
- To commence a patient survey in mid-November to December 2014 and send the survey to the 600 registered patients;
 - The outcome of the patient survey will inform the patient consultation to commence end of January to end of February 2015 which is expected to take 4 weeks.
- 5.4 Patients and the public will be asked their views on the proposed closure of Litherland Darzi. Questionnaires will be available at the Litherland Darzi site, local GP practices, online and by request.
- 5.5 NHS England (Cheshire & Mersey) will, as part of the consultation process, be engaging with local GP practices. The Governing Body will receive further information in due course.

6. Breast Care Services S&O

- 6.1 The CCG has started a period of engagement from 19th January to 13th February 2015. A range of stakeholders will be involved, including patient groups and the engagement staff will be attending outpatient clinics to talk to current patients. The results of this engagement will be available in March 2015. Details are available on the CCG website.

7. Youth Service Pledge

- 7.1 The CCG are represented on the Youth Offending Service Board, by the Chief Nurse. The CCG have signed up to the Youth Offending Service Pledge as a member of this Board.
- 7.2 The Pledge consists of a number of principles and ways of working to ensure maximum use of available resources, including the role of the Chair.

8. Improving Access to Psychological Therapies Service (IAPT) Procurement

- 8.1 The Governing Body is aware that the current contract for the IAPT service is due to expire on 31st March 2015 and it was therefore necessary to undergo a procurement of the service. This took place between 29th August 2014 and 13th October 2014, following the EU (Part B) tendering process.
- 8.2 As a result following the recent tender of the IAPT service the successful bidder is Cheshire and Wirral Partnership. Mobilisation is now underway with a 1st April 2015 commencement date.

9. North West Commissioning Support Unit (NWCSU)

- 9.1 The CCG has completed its review of North West Commissioning Support Unit (NWCSU) services and has identified some services lines that could be beneficial to bring "in-house." The rationale for these possible changes include; increasing the chances of securing a high

quality and sustainable service, providing more essential capacity for the same resource and providing the same capacity at reduced cost. The CCG is required to make most effective use of its Running Cost Allowance (RCA) and this work is essential in assuring the Governing Body that the CCG is obtaining the best value for money, especially as our RCA will be reduced from April 2015.

- 9.2 Following a letter outlining our intentions to the Managing Director of NWCSU in December 2014, detailed work in conjunction with NWCSU colleagues is being undertaken to identify the possible risks and implications of these proposals, including possible re-pricing of some services. Following completion of this work, the Governing Body will be asked to make a decision on the best course of action. Any in-housing of CSU services is subject to revised national guidance (December 2014) however an initial assessment indicates that the CCG is unlikely to need to complete a full business case for the national NHS England Commissioning Support Service Strategy Team as long as the CCG, CSU and NHS England Area Team are in agreement over the changes.

10. CCG Quarter 2 Assurance

- 10.1 A meeting took place with NHS England on 24th November 2014 to discuss progress in Quarter 2. Progress on Domains 2, 4, 5 and 6 was confirmed as assured. The focus of the assurance meeting was therefore on two domains:

- Domain 1 - Are patients receiving clinically commissioned high quality services?
- Domain 3 - Are CCG plans delivering better outcomes for patients?

- 10.2 Following the Quarter 2 assurance meeting the CCG received a letter on 7th January 2015 from NHS England confirming the position. In summary NHS England confirmed that NHS South Sefton CCG is assured for Quarter 2. Domain 3 is the only Domain assured with support. This is consistent across Merseyside due to the continuing challenges commissioners are facing and risks across the system.

11. Co-Commissioning Update

- 11.1 There are 3 options as identified below for Co-Commissioning between the CCG and NHS England:



- 11.2 January saw the deadlines for applications for Primary Care Co-Commissioning to be submitted. The CCG constituent practices opted not to apply for joint or delegated commissioning and but will work with NHS England at level one - greater involvement in decision making. This gives members the time to consider fully the benefits and potential issues with developing Co-Commissioning further. Discussions are underway with NHS England (Cheshire & Merseyside) to firm up the arrangements.

11.3 Work will continue with the membership to consider the advantages of the other two options.

12. Local Authority Budget Setting 2015/16

- 12.1 Sefton MBC is currently in the process of finalising budget options to meet the £55 million of budgetary reductions to be made in 2015/16 and 2016/17. These reductions are being made as a result of Government funding cuts to the Local Authority and in the context of £114m which has already been cut from the Councils budget since 2010.
- 12.2 The depth and scale of this budgetary reduction has had, and will have, significant impacts on Council services and commissioning. This impact also includes those services commissioned with public, private, voluntary, community and faith partners to deliver support to our communities.
- 12.3 In shaping and determining reduction options officers from the Council have worked with colleagues in the CCGs to discuss the implications of these reduction options, as well as exploring the potential to mitigate their impact. In addition there has been ongoing liaison between the Council's Deputy Chief Executive and Chief Officer in terms of ensuring that our shared work towards better integration is sustained.

13. Sefton Systems Leadership - Local Vision Programme

- 13.1 Work has been underway under the leadership of the Sefton Health & Wellbeing Board (HWBB) and driven by Dr Janet Atherton - Director of Public Health and Fiona Clark, with input from Tracy Jeffes, to develop the concept of local systems leadership in Sefton. Arguably we are working in the most complex and challenging of times and if we are to realise our aspirations for redesign and effective use of the Sefton £, we need as system leaders to own and deal with the 'wicked problems', in Sefton at a local level.
- 13.2 Systems leadership describes the kind of leadership needed for leadership across boundaries, ie when individuals go beyond their own service, organisation or sector and interact with others, often with very different priorities and points of view. This approach is required when faced with large, complex, difficult and seemingly intractable problems; where there is a need to juggle multiple uncertainties, where no one person or organisation can find or organise the solution on their own; where everyone is grappling with how to make resources meet demand which is outstripping them; and where the way forward therefore lies in involving as many people's energies, ideas, talents and expertise as possible.
- 13.2 The Systems Leadership - Local Vision programme is a ground-breaking collaboration between Association of Directors of Adult Social Services, Association of Directors of Public Health, Department of Health, Local Government Association, NHS Confederation, NHS England, NHS Leadership Academy, Public Health England, Social Care Institute for Excellence, The National Skills Academy for Social Care, Think Local Act Personal, Virtual Staff College and the Leadership Centre that enables areas to create system-wide change through leadership collaboration and development.
- 13.3 Supported by Chris Lawrence-Petronie, whose work spans local government, the health sector and community engagement in both the UK and the USA with a focus on achieving sustainable systems change. The support is 30 days of facilitator time in the form of a £27k grant, a learning network hosted by the King's Fund and an online knowledge hub group for exchanging learning and building networks virtually. £10k has been contributed from the £20k North West Leadership Academy monies awarded to the CCG.

- 13.4 At a recent HWBB the work was discussed in the Provider Forum and work is underway to firm up the detail of the Sefton 'wicked problem' for a February implementation date. This programme absolutely compliments our work for Shaping Sefton to drive and achieve our vision for 2020.

14. North West Leadership Academy (NWLA)

- 14.1 The CCG in conjunction with Southport & Formby CCG have successfully bid and obtained a £20k award for the work on systems leadership in Sefton.
- 14.2 This funding will support the wider system leadership work across the Sefton Health & Wellbeing Board (HWBB) footprint. The support is predominately focused on work that will lead to change at a local level.
- 14.3 The CCG has also applied for funding of £75K to the NWLA to deliver collaborative commissioning for integrated care for Sefton. This is a whole system approach to complement our transformation work, by further developing integrated commissioning in Sefton by piloting a locality sensitive commissioning model. This will be underpinned by developing ownership and leadership of Sefton's Health & Wellbeing strategy, commissioning which drives public sector service transformation to deliver integrated care alongside the Better Care Fund integration schemes. We are awaiting the outcome of this bid.

15. Mersey Care Consultation - Transforming the Secure Pathway for Medium Secure Services

- 15.1 Mersey Care has formally written to the CCG to inform us of the plans to hold a formal public consultation which commenced on 12th January 2015 until 20th February 2015.
- 15.2 The purpose of the consultation is to provide Mersey Care NHS Trust with the opportunity to share their ambitious plans for the transformation of the secure pathway for medium secure services. The proposals enable patients from the region of Cheshire & Merseyside to benefit from access to the best clinical expertise, therapeutic treatments and also the best facilities for years to come.
- 15.3 The plan is to build a new Mersey Care Medium Secure Unit, within the grounds of the Mersey Care Maghull site. The service would run alongside high and low secure services to afford joint staff training opportunities and a critical mass of clinical experts on one site to support patients through their journey of recovery.
- 15.4 A series of events are to be held on 23rd January, 30th January and 4th February for key partners/stakeholders; network groups, local politicians, universities, commissioners, hospital providers, legal and advocacy services, health interest groups and members of the public. These are being held alongside other patient and carer sessions.

16. Joint Working Protocol between Sefton Overview & Scrutiny Committee (Health & Social Care) and the Clinical Commissioning Group

- 16.1 The Sefton Overview & Scrutiny Committee (Health & Social Care) approved a joint working protocol between themselves and NHS organisations at its meeting on 7th January 2015.

- 16.2 The purpose of the protocol is an agreement between Sefton MBC Overview and Scrutiny committee (Health & Social Care) (the 'OSC') and the commissioner and providers of health and social care services. It allows the OSC to discharge its role and functions.
- 16.3 The Chief Officer intends on behalf of the CCG to sign the agreement as Accountable Officer when all NHS organisations have been consulted.

17. Transforming Cancer Care - Clatterbridge Consultation

- 17.1 Patients, the public and local authorities have given their resounding approval to proposals to develop a new specialist cancer hospital in the heart of Liverpool. A Joint Health Scrutiny Committee of eight local authorities has also voted unanimously to support the proposals.
- 17.2 The Clatterbridge Cancer Centre NHS Foundation Trust carried out public consultation from 28th July to 19th October 2014 to get views on plans to expand and improve cancer services in Merseyside and Cheshire with a new hospital on the same site as the Royal Liverpool University Hospital and the University of Liverpool.
- 17.3 Its current sites in Wirral and Aintree would be retained, along with its network of chemotherapy and outpatient clinics in hospitals throughout the region, although inpatient beds and the most complex care would move to Liverpool. Independent experts from Liverpool John Moores University reviewed all the consultation responses and found that:
- 91% supported the vision;
 - 88.5% believed the proposals would achieve the vision and improve quality of care;
 - There was even strong support in Wirral and Cheshire West and Chester, where some patients would have slightly further to travel for inpatient beds and the most complex care: 78% of Wirral and 82% of Cheshire West and Chester respondents supported the vision; 71% of Wirral and 74% of Cheshire West and Chester respondents believed the proposals would achieve the vision and improve care.
- 17.4 The Transforming Cancer Care consultation team engaged with 100,950 people, including 10,433 face to face, at 117 roadshows and other meetings and events, as well as distributing 38,749 summary consultation documents. There were 1,054 formal consultation responses from individuals and 14 from groups/organisations.
- 17.5 Meanwhile, the Joint Health Scrutiny Committee for Cheshire and Merseyside – which was set up by Cheshire West and Chester, Halton, Knowsley, Liverpool, Sefton, St Helen's, Warrington and Wirral to review the proposals – has voted unanimously in favour of them, after hearing evidence from witnesses including frontline staff and patient representatives at a series of meetings in public.
- 17.6 It means The Clatterbridge Cancer Centre can now develop an outline business case for the project, which is expected to be approved next summer. That would be followed by a full business case in 2016. If approved, the new hospital would open in 2018 with further improvements to the Wirral site completed in 2019. For more information visit: www.transformingcancercaremc.nhs.uk.

18. NHS England Reconfiguration

18.1 The Cheshire & Merseyside team has now been established and functioning since Monday 5th January 2015. The team is led by Clare Duggan - Director of Commissioning Operations (DCO). The local NHS Team will work seamlessly with the NHS England North team led by Richard Barker.

18.2 Clare Duggan has been recruiting and has now finalised her senior team:

- Dr Kieran Murphy - Medical Director
- Phil Wadeson - Director of Finance
- Tina Long - Director of Nursing & Quality
- Andrew Crawshaw - Director of Operations and Assurance
- Anthony Leo - Director of Commissioning

18.3 Alison Tonge has been appointed to the role as Regional Director - Specialised Commissioning, reporting directly to Richard Barker.

19. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Clark
Chief Officer
January 2015

MEETING OF THE GOVERNING BODY January 2015

Agenda Item: 15/08	Author of the Paper:
Report date: January 2015	Karl McCluskey Chief Strategy & Outcomes Officer Email: karl.mccluskey@southseftonccg.nhs.uk Tel: 0151 247 7000 Debbie Fagan Chief Nurse and Quality Officer Email: debbie.fagan@southseftonccg.nhs.uk Tel: 0151 247 7000
Title: Integrated Performance Report	
Summary/Key Issues: This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group at November 2014 (note time periods of data are different for each source).	
Recommendation The Governing Body is asked to receive the contents of this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives	
x	Improve quality of commissioned services, whilst achieving financial balance.
x	Sustain reduction in non-elective admissions in 2014/15.
x	Implementation of 2014/15 phase of Virtual Ward plan.
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
	Review the population health needs for all mental health services to inform enhanced delivery.

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement		x		
Clinical Engagement		x		
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

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

South Sefton Clinical Commissioning Group

Integrated Performance Report

November 2014

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NB: CAVEAT TO THIS REPORT

Not all quality and performance information is available on a South Sefton footprint. Data has been provided at this level where available and Aintree Hospital Foundation Trust level data is used where not.

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at November 2014 (note: time periods of data are different for each source).

Key information from this report

Financial performance of the CCG at December 2014 (Month 9) is £1.767m overspent (£1.969m in M8) on operational budget areas before the application of Reserves. The CCG is on target to achieve the planned surplus by the end of the year. The forecast surplus is £2.300m as at Month 9. Funding of £0.548m which previously contributed to the CHC Restitution risk pool will be returned to the CCG in Month 10. Further discussion is required with NHS England to agree the effect of this funding on the agreed surplus.

Cdifficile Target – 5 new cases were reported in November 2014 taking the CCG total to 45 year to date compared to a plan of 40. Aintree reported 2 new cases in November bringing year to date total of 42 against a year-end target of 54. The Trust has undertaken a review of its Cdifficile policy and is now appealing the number of cases. The CCG has requested assurance that the Trust complies with national testing and reporting procedures and policies

MRSA – No new cases were reported for South Sefton CCG in November. However, the CCG remains over the plan of 0 with 2 reported cases and will remain so for the rest of the year. Both Aintree and the Walton Centre are reporting 1 case over a plan of 0.

A&E waits – whilst the CCG met the 95% target for November with a performance of 97.57%, Aintree did not meet the target recording 87.4%. Year to date CCG is flagged GREEN by achieving 98.2% with Aintree flagged AMBER with a performance of 91.44%.

Cancer Indicators – the year to date cancer indicators were achieved apart from 62 day screening against which Aintree achieved 88.73% against 90% target and the 62 day wait from GP referral against which Aintree achieved 84.10 against 85% target.

Secondary Care Activity: Emergency admissions for children with Lower Respiratory Tract Infections (Cumulative) - The CCG recorded 2 additional admissions compared to the same period last year, equating to 34.15 emergency admissions per 100,000 against a plan of 27.94.

Stroke Indicators – the CCG and Aintree did not achieve the 80% target for patients who had a stroke and spending at least 90% of their time on a stroke unit.

CCG Key Performance Indicators

NHS Constitution Indicators	Footprint	RAG
Ambulance Category A Calls (Red 1)	CCG	Red
RTT 18 Week Incomplete Pathway	CCG	Green
Cancer 2 Week GP Referral	CCG	Green
A&E 4 Hour Waits	CCG	Green
Other Key Targets		
A&E 4 Hour Waits	AUHT	Yellow
Ambulance Category A Calls (Red 1)	NWAS	Yellow
Ambulance Category A Calls (Red 2)	CCG	Red
Ambulance Category A Calls (Red 2)	NWAS	Yellow
Ambulance Category 19 transportation	NWAS	Yellow
MRSA	CCG	Red
MRSA	AUHT	Red
C.Diff	CCG	Red
Cancer 62 Day Urgent GP Referral	AUHT	Yellow
Cancer 62 Day Screening	AUHT	Red
PYLL Person (Annual Update)	CCG	Red
Local Measure: Diabetes	CCG	Red
Diagnostic Test Waiting Time	CCG	Red
Diagnostic Test Waiting Time	AUHT	Red
Stoke 90% time on stroke unit	CCG	Red
Stoke 90% time on stroke unit	AUHT	Red
Unplanned hospitalisation, asthma, diabetes, epilepsy under 19s	CCG	Red
Unplanned hospitalisation for chronic ambulatory care	CCG	Red
Emergency Admissions Composite Indicator	CCG	Red
IAPT - Prevalence	CCG	Red
IAPT - Recovery Rate	CCG	Red
Emergency Admissions for acute conditions that should not usual require hospital admission	CCG	Red

Key information continued...

Ambulance Activity: Category A Red 1 8 minute response time – Due to low performance in previous months, the CCG recorded 69.93% cumulative in November failing to achieve the 75% target.

Preventing People from Dying Prematurely: PYLL from causes considered amenable to healthcare – the CCG slightly failed to achieve targets for both males and females, recording 1894.30 against a target of 1833.68 (Males) and 2198.60 against 2128.24 (Females).

Patient Safety Incidents Reported – Aintree reported 2 Serious Untoward Incidents in November, 1 Slip/Trip/Fall and 1 unexpected death. This takes the Trust to 21 incidents year to date, with the highest number relating to delayed diagnosis. Southport and Ormskirk reported 3 incidents in November and 9 year to date.

2. Financial Position

2.1 Executive Summary

This section of the report focuses on the financial performance of the CCG at December 2014 (Month 9), which is £1.767m overspent on operational budget areas before the application of Reserves.

The CCG is on target to achieve the planned surplus by the end of the year. The forecast surplus is £2.300m as at Month 9. Funding of £0.548m which previously contributed to the CHC Restitution risk pool will be returned to the CCG in Month 10. Further discussion is required with NHS England to agree the effect of this funding on the agreed surplus.

The CCG also meets the other business rules required by NHS England, as demonstrated in **Figure 1** below. However, there are risks outlined later in this section that require monitoring and managing in order to manage and deliver the target, surplus position.

Figure 1 Financial Dashboard

Report Section	Key Performance Indicator		This Month	Prior Month
1	Business Rule (Forecast Outturn)	1% Surplus	✓	✓
		0.5% Contingency Reserve	✓	✓
		2.5% Non-Recurrent Headroom	✓	✓
3	Surplus	Forecast out-turn surplus / (deficit) before the application of reserves - £'000	-3,618	-3,286
4	QIPP	Unmet QIPP to be identified > 0	0	210
5	Running Costs (Forecast Outturn)	CCG running costs < National 2014/15 target of £24.78 per head	✓	✓
6	BPPC	NHS - Value YTD > 95%	98.7%	99.2%
		NHS - Volume YTD > 95%	90.5%	91.2%
		Non NHS - Value YTD > 95%	88.9%	88.8%
		Non NHS - Volume YTD > 95%	92.2%	92.0%

2.2 Resource Allocation

Changes to the RRL allocation this month are as follows:

- £0.103m Mental Health Resilience – part of the system resilience monies dedicated to supporting delivery of care to patients with mental health conditions.
- £0.368m Quality Premium Award – from achievements in 2013/14.

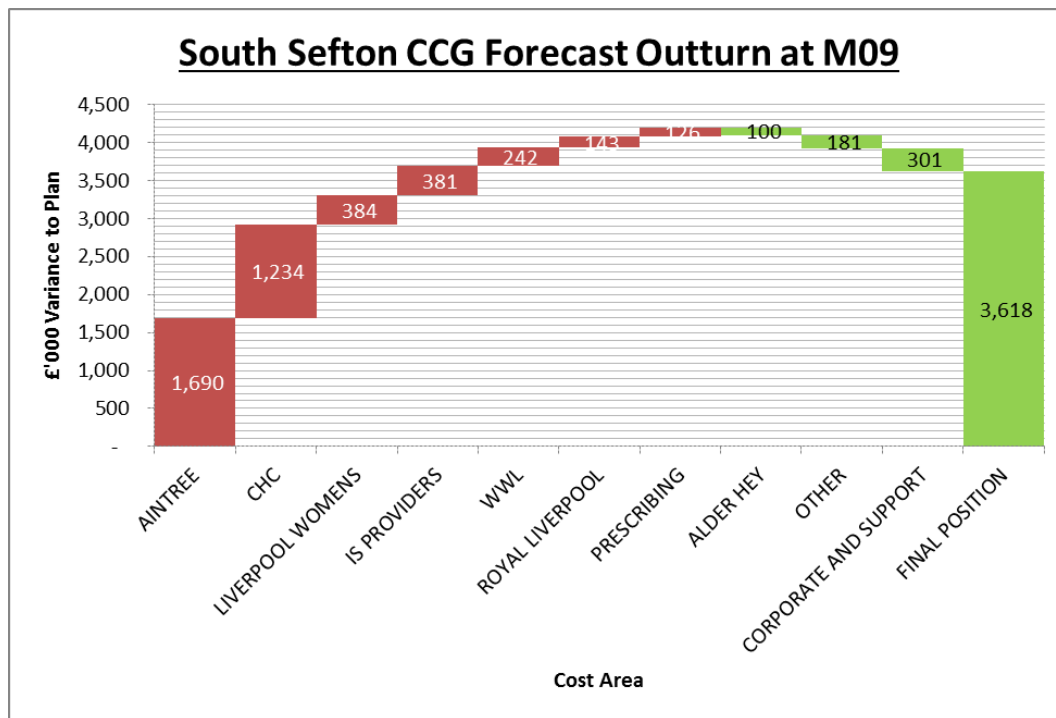
2.3 Financial Position to Date

The main financial pressures the CCG is experiencing are shown below in **Figure 2**. There are significant overspends in Acute Care, particularly at Aintree University Hospital and Liverpool Women's

Hospital. There are also significant overspends in Continuing Healthcare. This is offset partly by an underspend at Alder Hey NHS Trust and on Corporate and Support Services within the CCG.

Whilst the financial activity period relates to the end of December, the CCG has based its reported position on information received from Acute Trusts to the end of November 2014. The activity and finance relating to planned and unplanned care are covered in sections 5 and 6. The finance section of the paper therefore focuses on Continuing Healthcare and risks.

Figure 2 Financial Forecast outturn by Provider



Continuing Health Care (Adult)

This area continues to be a major risk for the CCG, with a year to date overspend of £0.870m. The forecast overspend has reduced this month to £1.2m due to a reduction in the anticipated costs of fast track cases.

The budget was increased by 4% from last year's expenditure levels, but the current data shows growth levels closer to 22%.

In addition to the activity increases in continuing healthcare, the CCG has also identified that some providers are insisting on charging higher prices. The framework under which prices are charged expires at the end of February 2015.

2.4 CCG Running Costs

The CCG is currently operating within its running cost target which forms part of this budget area. The forecast for the year is an underspend on Running Costs and other Corporate and Support Services. There are still a number of vacancies in the staffing structure, and it is expected that these will be filled during Q4.

It is important to note that although the CCG is operating below the 14/15 national target of £24.78 per head of population this will be reduced to £22.11 in 2015/16. Significant work is required in order to ensure this target is met next year. This review on running costs affordability is being led by the Deputy CFO and the Senior Management Team, with a report to be presented to the Governing Body in January 2015.

2.5 Evaluation of Risks and Opportunities

A number of risks continue to be monitored. These are outlined below:

- Overspends on Acute cost per case contracts – The CCG has experienced pressures at a number of providers. This pressure has been calculated at £2.762m (2.3% of the relevant budget), and this is included in the forecast position.
- Continuing Healthcare Costs – The CCG has experienced significant pressures on the growth of CHC cases this year, which is close to 22% compared to a planned increase in the budget of 4% compared to last year's activity. An independent review of CHC cases has commenced by an external consultant and detailed findings from this piece of work will be fed back to the Finance and Resource committee in due course. In addition to this a working group involving both the CCG and the Commissioning Support Unit meets regularly to review progress and risks of the CHC service.
- Continuing Healthcare restitution claims – Clarity has been provided by NHS England in respect of CCG obligations for CHC restitution claims. Funding set aside in reserves at the beginning of the year forms part of a national risk pool. Although the CCG continues to make payments to recipients, this expenditure is refunded in full from the national pool. CCGs were notified in December of a forecast underutilisation against the national pool and £0.548m will be returned to the CCG. This return of funding is based upon the national position using CCG submissions made in month 8.
- Estates – Latest estimates have now been received from both NHS Property Services and the organisation that administers the LIFT buildings. The CCG now has estimated charges for all premises, and has sufficient reserves to meet its financial obligations. However, these are not final charges, and the values could fluctuate.
- Prescribing / Drugs costs – The PPA has published its October data which has resulted in a significant change to the CCG's forecast position leading to a forecast overspend of £126k for the year. The PPA estimates are prone to significant movements throughout the year and committee members are reminded that prescribing forecasts are volatile. The forecast overspend is understood to partially reflect the increased price of Category M drugs which were increased from October 2014.

Reserve budgets are set aside as part of budget setting to reflect planned investments, known risks and an element for contingency. As part of the review of risks and mitigations, the finance team and budget holders reviewed the expected expenditure levels for each earmarked reserve. This is summarised in **Figure 4** and shows that the CCG has sufficient reserves to manage the risks identified.

Figure 3 Reserves Analysis

	£'000
Forecast Overspend	3,618
Available reserves	(3,618)
Surplus Reserves	0

The CCG remains on course to achieve its planned surplus.

3. Referrals

The following section provides an overview of referrals to secondary care to November 2014. Please note that Royal Liverpool Hospital did not submit Referrals for November 2014.

3.1 Referrals by source

Figure 4 The number of GP and 'other' referrals for the CCG across all providers for 2014/15.

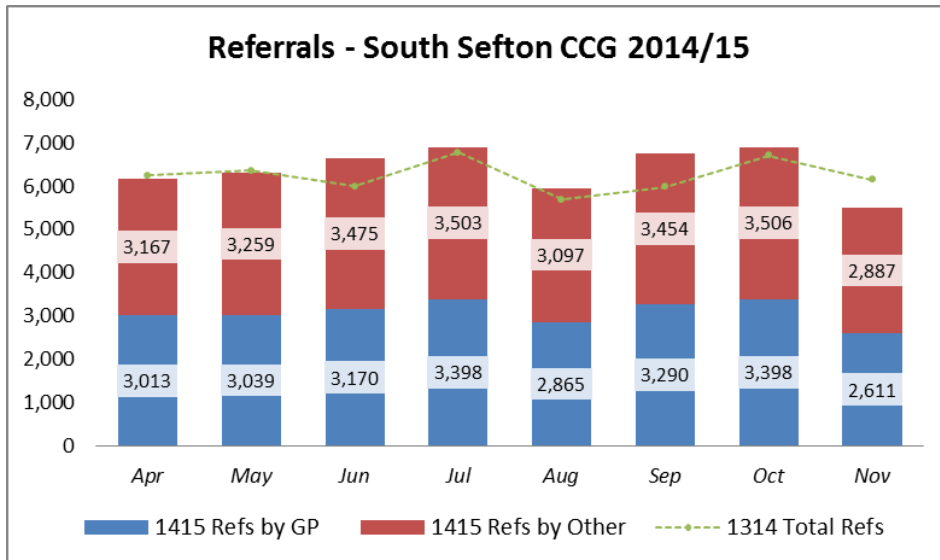


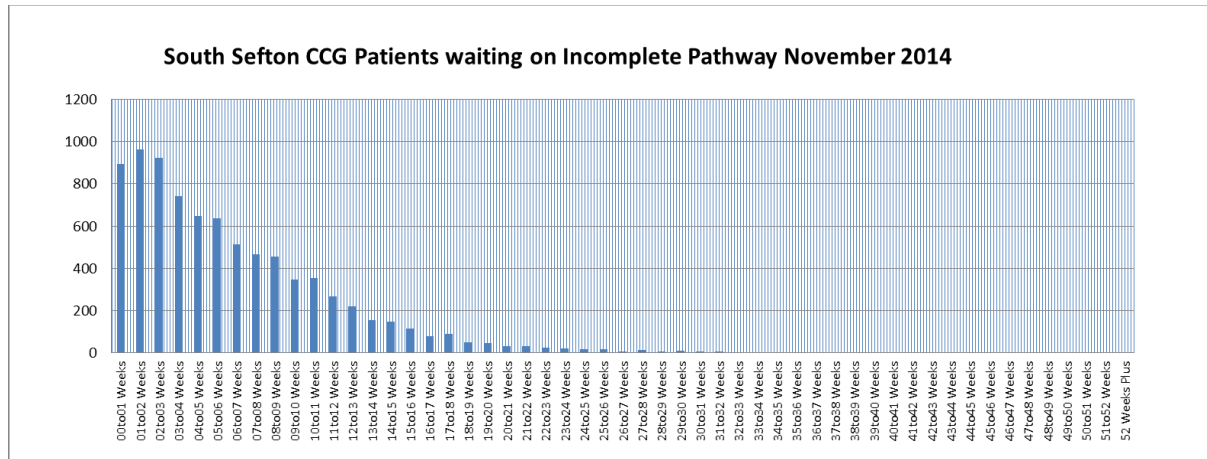
Figure 5 The number of GP and 'other' referrals for the CCG across all providers comparing 2013/14 and 2014/15 by month.

Referral Type	DD Code	Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	14/15 YTD	1314 YTD	YTD Variance	% YTD Variance
GP	03	GP Ref	3,013	3,039	3,170	3,398	2,865	3,290	3,398	2,611	24,784	23,567	1,217	5%
GP Total			3,013	3,039	3,170	3,398	2,865	3,290	3,398	2,611	24,784	23,567	1,217	5%
Other	01	following an emergency admission	183	178	156	199	160	176	183	163	1,398	1,436	-38	-3%
	02	following a Domiciliary Consultation			2	2	2	1	2	3	12	20	-8	-67%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	243	307	283	275	243	263	256	244	2,114	2,388	-274	-13%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,183	1,226	1,282	1,273	1,153	1,308	1,296	1,121	9,842	9,789	53	1%
	06	self-referral	191	250	297	264	246	272	275	230	2,025	2,023	2	0%
	07	A Prosthetist		3		1	2	1		3	10	23	-13	-130%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	255	260	260	279	214	245	275	229	2,017	1,713	304	15%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	200	208	226	251	212	316	283	201	1,897	1,515	382	20%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	4	2	1	3	10	3	9		32	36	-4	-13%
	13	A Specialist NURSE (Secondary Care)	9	12	6	9	7	7	9	10	69	69	0	0%
	14	An Allied Health Professional	128	95	88	102	88	84	80	68	733	577	156	21%
	15	An OPTOMETRIST	8	3	17	5	9	11	15	5	73	58	15	21%
	16	An Orthoptist									0	0	0	0%
	17	A National Screening Programme	3	4	1	11	2	7	4	2	34	61	-27	-79%
	92	A GENERAL DENTAL PRACTITIONER	208	184	210	174	171	193	168	43	1,351	1,568	-217	-16%
	93	A Community Dental Service	4	1	3	3	2	3	3	2	21	24	-3	-14%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	406	391	474	481	422	397	434	349	3,354	3,862	-508	-15%	
Other Total			3,025	3,124	3,306	3,332	2,943	3,287	3,292	2,673	24,982	25,162	-180	-1%
Unknown			142	135	169	171	154	167	214	214	1,366	1,180	186	14%
Grand Total			6,180	6,298	6,645	6,901	5,962	6,744	6,904	5,498	51,132	49,909	1,223	2%

4. Waiting Times

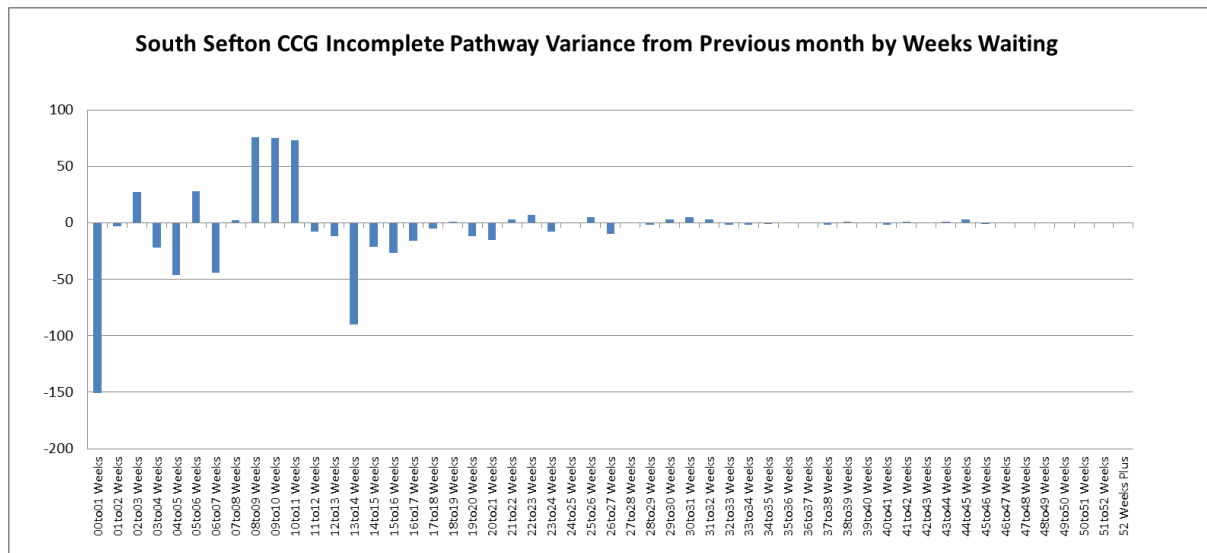
4.1 NHS South Sefton CCG patients waiting

Figure 6 Patients waiting on an incomplete pathway by weeks waiting



There were 310 patients (3.7%) waiting over 18 weeks on Incomplete Pathways at the end of November 2014 a decrease of 24 patients (-7.2%) from Month 7. There were no patients waiting over 52 weeks.

Figure 7 Variance of patients waiting on an incomplete pathway at the end of November 2014 compared to October 2014 by weeks waiting.



There were 8,330 patients on the Incomplete Pathway at the end of November 2014 a decrease of 188 patients (-2.2%). Over 18 Week Waiters decreased by 24 (-7.2%)

4.2 Top 5 Providers

Figure 8 Patients waiting (in bands) on incomplete pathway for the top 5 Providers.

Trust	0to10 wks	10to18 wks	18to24 wks	24to30 wks	30+ wks	Total
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST (REM)	4162	708	72	38	10	4990
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST (RQ6)	650	175	46	13	6	890
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST (RVY)	609	159	32	4	1	805
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST (REP)	319	157	28	5	4	513
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST (RBS)	362	71	23	5	8	469

4.3 52+ Week Waiters

52 Week Monthly Trend		April	May	June	July	August	September	October	November	December	January	February	March
South Sefton CCG	Complete Admitted (un-adjusted)	0	0	0	1	0	0	0	0				
	Complete Non-Admitted	0	0	1	1	0	0	0	0				
	Incomplete	0	2	2	0	0	0	0	0				
Aintree Trust	Complete Admitted (un-adjusted)	0	0	0	0	0	0	0					
	Complete Non-Admitted	0	0	0	0	0	0	0					
	Incomplete	0	0	0	0	0	0	0					

**Please note commissioner level data is published one month ahead of provider level data*

5. Planned Care

Performance at month 8, against the planned care elements of the contracts for NHS South Sefton CCG, shows an over-performance of £1m. Showing a % variance of 3% for month 8, this is a notable increase on the 1% reported in month 7. This over performance is mainly driven by Aintree University Hospitals NHS Foundation Trust price variance of £611k, Liverpool Women's NHS Foundation Trust price variance of £102k and Southport & Ormskirk Hospital over performance of £139k. Spire Liverpool has also shown a marked increase in over performance with a Month 8 variance of £112k. These over-performances are offset by under-performances at other Trusts in particular Alder Hey, Royal Liverpool & Renacres who are showing a combined under spend of -£422k.

5.1 All Providers

Figure 9 Planned Care - All Providers

Provider Name	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	143,289	95,701	98,218	2,517	2.63%	£27,897	£18,634	£19,245	£611	3.28%
Alder Hey Childrens NHS F/T	15,954	10,670	9,605	-1,065	-9.98%	£2,515	£1,701	£1,527	£174	-10.24%
Countess of Chester Hospital NHS Foundation Trust	0	0	96	96	0.00%	£0	£0	£15	£15	0.00%
East Cheshire NHS Trust	0	0	2	2	0.00%	£0	£0	£0	£0	0.00%
Liverpool Heart and Chest NHS F/T	964	644	755	111	17.32%	£480	£318	£356	£38	12.05%
Liverpool Womens Hospital NHS F/T	13,833	9,227	9,480	253	2.75%	£3,127	£2,085	£2,188	£102	4.90%
Royal Liverpool & Broadgreen Hospitals	28,270	18,884	18,541	-343	-1.82%	£5,653	£3,776	£3,678	£98	-2.59%
Southport & Ormskirk Hospital	12,412	8,291	9,120	829	10.00%	£2,614	£1,746	£1,885	£139	7.94%
ST Helens & Knowsley Hospitals	3,564	2,361	2,507	146	6.20%	£965	£644	£678	£34	5.29%
Wirral University Hospital NHS F/T	430	287	283	-4	-1.43%	£120	£80	£80	£0	-0.83%
Central Manchester University Hospitals Nhs FT	80	53	99	46	85.63%	£21	£14	£25	£11	81.62%
Fairfield Hospital	137	91	54	-37	-40.88%	£43	£29	£13	£16	-54.87%
ISIGHT (SOUTHPORT)	361	241	167	-74	-30.61%	£92	£61	£38	£23	-37.64%
Renacres Hospital	3,042	2,028	2,784	756	37.26%	£1,182	£788	£887	£99	12.59%
SPiRE LIVERPOOL HOSPITAL	2,762	1,845	2,006	161	8.72%	£770	£514	£627	£112	21.85%
University Hospital Of South Manchester Nhs FT	102	69	48	-21	-30.57%	£16	£11	£9	£1	-13.31%
Wrightington, Wigan And Leigh Nhs Foundation Trust	760	507	814	307	60.66%	£294	£196	£353	£157	80.27%
Grand Total	225,961	150,899	154,579	3,680	2.44%	£45,789	£30,598	£31,605	£1,006	3.29%

5.2 Aintree University Hospitals NHS Foundation Trust

Figure 10 Month 8 Planned Care - Aintree University Hospitals NHS Foundation Trust by POD

Aintree University Hospitals Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	11,670	7,795	7,985	190	2.43%	£7,758	£5,183	£5,418	£235	4.54%
Elective	2,139	1,429	1,465	36	2.53%	£5,823	£3,890	£4,039	£150	3.85%
Elective Excess BedDays	1,138	760	694	-66	-8.70%	£257	£172	£162	£10	-5.71%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	480	321	422	101	31.61%	£84	£56	£70	£14	25.06%
OPFANFTF - Outpatient first attendance non face to face	524	350	477	127	36.28%	£22	£15	£19	£4	29.65%
OPFASPCL - Outpatient first attendance single professional consultant led	29,030	19,389	19,084	-305	-1.57%	£4,416	£2,950	£2,875	£75	-2.53%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,606	1,073	1,051	-22	-2.03%	£178	£119	£114	£5	-4.36%
face	1,416	946	834	-112	-11.83%	£32	£21	£20	£2	-7.02%
OPFUPSPCL - Outpatient follow up single professional consultant led	78,682	52,548	52,757	209	0.40%	£6,261	£4,182	£4,064	£119	-2.83%
Outpatient Procedure	16,604	11,091	13,449	2,358	21.26%	£3,065	£2,047	£2,464	£417	20.35%
Grand Total	143,289	95,701	98,218	2,517	2.63%	£27,897	£18,634	£19,245	£611	3.28%

5.2.1 Aintree University Hospitals NHS Foundation Trust Key Issues

Planned care month 8 overspend, for contracted activity at South Sefton CCG, is showing a £611k (3%) over performance. This is a £300k increase on the Month 7 over performance of £299k.

As with previous months, the over performance increase is focused in Daycases, Elective and Outpatient Procedures. Whilst Daycases and Elective remains a similar variance to previous months, Outpatient Procedure cost variance continues to increase. Month 7 was reporting a £343k variance with month 8 increasing to £417k. There has also been £100k increase in month for Outpatient Follow Ups, although this remains is still under performing over all.

As in previous months, ENT and Urology are the biggest contributor to the overspend in OPPROCs. Whilst Urology & ENT make up 40% of the OPPROC over performance, Interventional Radiology has a zero plan for 1415 but is currently showing a spend of £236k for month 8. At the latest Information Sub-Group, Trust advised that the Urology lead consultant is back from absence in 1314 and this could be contributing to the increase in activity. There has also been 2 Consultant retirements in Urology and, as a result of the new staff being recruited, they could be seeing patients quicker than the previous.

The largest percentage variance against cost is in Cardiology & Breast Surgery. As reported in month 7, changes to Breast Services delivered at S&O have had an impact on Breast Surgery activity at Aintree. Short term and longer term proposals are being developed and therefore the overspend will continue until such proposals are agreed.

5.3 Liverpool Women's Hospital NHS F/T

Figure 11 Month 8 Planned Care - Liverpool Women's Hospital NHS F/T by POD

Lpool Womens Hospital Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
all other outpatients	52	35	38	3	9.56%	£218	£145	£157	£12	8.45%
Daycase	1,105	737	668	-69	-9.37%	£643	£429	£429	£0	0.02%
Elective	327	218	285	67	30.67%	£717	£478	£508	£30	6.31%
Elective Excess BedDays	31	21	7	-14	-66.15%	£6	£4	£2	£-3	-57.82%
One Stop Clinics	481	321	345	24	7.53%	£141	£94	£101	£7	7.34%
OPFANFTF - Outpatient first attendance non face to face	0	0	3	3	0.00%	£0	£0	£0	£0	0.00%
OPFASPCL - Outpatient first attendance single professional consultant led	2,265	1,511	1,559	48	3.19%	£306	£204	£210	£5	2.66%
OPFUPNFTF - Outpatient follow up non face to face	304	203	257	54	26.75%	£7	£5	£6	£1	26.74%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,035	4,025	3,963	-62	-1.55%	£506	£338	£332	£-5	-1.53%
Outpatient Procedure	3,229	2,154	2,351	197	9.16%	£582	£388	£442	£54	13.80%
Ward Attenders	4	3	4	1	49.93%	£0	£0	£0	£0	47.07%
Grand Total	13,833	9,227	9,480	253	2.75%	£3,127	£2,085	£2,188	£102	4.90%

5.3.1 Liverpool Women's Hospital NHS F/T Key Issues

AQN and responses from LWH discussed in detail at Contract Review meeting on 2nd October. CSU working closely with LCCG as issues in the AQN affect co-commissioners and in particular South Sefton and Knowsley.

The CSU investigated the OPCS codes in detail using the SUS data. This showed that there are two types of procedures which appear to be the same procedure, one relates to Gynaecology (MA23Z HRG Q555 OPCS code) and one which relates to the Maternity pathway (NZ05C R432). This change occurred in December 2013. The NZ05C HRG code is no longer separately chargeable as it is covered under the Ante Natal Pathway whereas the MZ23Z HRG code is chargeable under Gynaecology at £156

Outpatient Procedure. This finding has now been borne out by the external Capita Review which has verbally reported back to LCCG. This review also noted the change in recording. LWH has confirmed that the change was due to national guidance which was implemented in November 2013 with immediate effect.

5.4 Southport & Ormskirk Hospital

Figure 12 Month 8 Planned Care - Southport & Ormskirk Hospital by POD

Southport & Ormskirk Hospital Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,027	686	714	28	4.08%	£705	£471	£510	£39	8.18%
Elective	214	143	143	0	0.04%	£640	£428	£429	£1	0.22%
Elective Excess BedDays	0	0	7	7	0.00%	£0	£0	£2	£2	0.00%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	90	60	111	51	84.64%	£13	£9	£16	£8	89.38%
OPFANFTF - OP 1st Attendance non face to face	0	0	1	1	0.00%	£0	£0	£0	£0	0.00%
OPFASPCL - Outpatient first attendance single professional consultant led	3,360	2,244	2,131	-113	-5.05%	£463	£309	£284	-£26	-8.28%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	147	98	160	62	62.94%	£14	£9	£16	£6	69.79%
OPFUPNFTF - Outpatient follow up non face to face	0	0	66	66	0.00%	£0	£0	£0	£0	0.00%
OPFUPSPCL - Outpatient follow up single professional consultant led	5,509	3,680	4,118	438	11.90%	£453	£303	£335	£32	10.60%
Outpatient Procedure	2,065	1,379	1,669	290	21.00%	£326	£218	£295	£77	35.33%
Grand Total	12,412	8,291	9,120	829	10.00%	£2,614	£1,746	£1,885	£139	7.94%

5.4.1 Southport & Ormskirk Hospital key Issues

Planned Care for month 8 is showing a £139k (8%) over performance. The over performing variances are consistent with the previous 7 months of the financial year. Outpatient Procedures is showing the largest cost and % variance with a £77k or 35% variance in month 8.

Although Outpatient Procedures has over performed throughout 1415, the in-month increase in Outpatient Procedures can be attributable to the missing patients from the new PAS system. This appeared to be approximately 1,500 records on Outpatient Appointment outcomes.

5.5 Spire Liverpool Hospital

Figure 13 Month 8 Planned Care – Spire Liverpool Hospital by POD

Spire Liverpool Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	272	182	223	41	22.74%	£391	£261	£308	£47	17.84%
Elective	57	38	31	-7	-18.58%	£189	£126	£174	£47	37.65%
OPFASPCL - Outpatient first attendance single professional consultant led	596	398	377	-21	-5.30%	£78	£52	£50	-£2	-3.60%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,641	1,096	1,172	76	6.90%	£92	£61	£70	£9	13.90%
OPFUSPNCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Non Consultant Led)	98	65	56	-9	-14.45%	£5	£3	£3	£0	-14.45%
Outpatient Procedure	98	65	147	82	124.56%	£15	£10	£22	£12	119.25%
Grand Total	2,762	1,845	2,006	161	8.72%	£770	£514	£627	£112	21.85%

5.5.1 Spire Liverpool Hospital key Issues

Looking at POD group shows there to be a possible casemix issue with Elective activity as the plan is under-performing but the costs are over-performing. Drilling down into this activity highlights a

possible issue with T&O and in particular the HRG HR05Z – Reconstruction Procedures Category 2. The plan to November is for 28 spells with a cost of £259k. The actual performance for this HRG is 121 spells with a total cost of £1.1 million. This over-performance is offset by an under performance in HRGs HB12C Major Hip Procedures for non-Trauma Category 1 without cc (21 spells under plan, £115k under plan), HB21C Major Knee Procedures for Non Trauma category 2 without cc (48 spells under plan, £279k under plan) and HB61C Major Shoulder and Upper Arm Procedures for Non Trauma without cc (16 spells under plan, £84k under plan). Day cases and outpatient procedures remain over plan whereas outpatient first and follow ups remain under plan.

5.6 Other Providers

Figure 14 Month 8 Planned Care – Other Providers by POD

All other Trusts Planned Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	3,599	2,421	2,435	14	0.59%	£3,503	£2,353	£2,446	£93	3.96%
Elective	976	656	639	-17	-2.65%	£2,851	£1,910	£1,842	-£68	-3.56%
Elective Excess BedDays	602	403	493	90	22.46%	£140	£94	£112	£18	19.50%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	827	552	497	-55	-9.97%	£69	£46	£76	£30	64.78%
OPFANFTF - OP 1st Attendance non face to face	20	13	7	-6	-47.60%	£0	£0	£0	£0	-47.60%
OPFASPCL - Outpatient first attendance single professional consultant led	11,944	7,967	7,457	-510	-6.41%	£1,486	£991	£968	-£23	-2.29%
OPFASPCL - Outpatient first attendance single professional non consultant led	98	65	41	-24	-37.12%	£14	£9	£6	-£3	-35.64%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	1,083	723	572	-151	-20.87%	£97	£65	£56	-£9	-13.91%
OPFUPNFTF - Outpatient follow up non face to face	415	277	227	-50	-18.08%	£10	£6	£5	-£1	-18.50%
OPFUPSPCL - Outpatient follow up single professional consultant led	26,229	17,503	18,404	901	5.15%	£1,964	£1,311	£1,341	£30	2.29%
OPFUPSPCL - Outpatient follow up single professional non consultant led	349	231	329	98	42.14%	£27	£18	£22	£3	18.65%
Outpatient Procedure	6,463	4,318	4,078	-240	-5.55%	£874	£583	£584	£1	0.21%
All other Outpatients	1,012	675	564	-111	-16.40%	£330	£220	£198	-£22	-10.17%
Grand Total	53,664	35,835	35,755	-80	-0.22%	£11,381	£7,618	£7,660	£42	0.56%

6. Unplanned Care

Performance at month 8, against the unplanned care elements of the contracts for NHS South Sefton CCG, shows an over-performance of £1.2m (5%). This is mainly driven by the over performance at Aintree University Hospitals NHS Foundation Trust (£1.2m), and Royal Liverpool & Broadgreen Hospitals (£109k). No significant unplanned care increases evident at other trusts with a number of Trusts under performing in Unplanned Care.

6.1 All Providers

Figure 15 Month 8 Unplanned Care - All Providers

Provider Name	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	50,407	33,697	34,362	665	1.97%	£28,075	£18,768	£20,022	£1,254	6.68%
Alder Hey Childrens NHS F/T	9,195	6,001	5,795	-206	-3.43%	£2,070	£1,358	£1,265	£-93	-6.84%
Countess of Chester Hospital NHS Foundation Trust	0	0	39	39	0.00%	£0	£0	£11	£11	0.00%
East Cheshire NHS Trust	0	0	10	10	0.00%	£0	£0	£2	£2	0.00%
Liverpool Heart and Chest NHS F/T	108	73	41	-32	-43.47%	£158	£105	£73	£-33	-31.01%
Liverpool Womens Hospital NHS F/T	3,416	2,282	2,331	49	2.15%	£2,786	£1,861	£1,943	£82	4.42%
Royal Liverpool & Broadgreen Hospitals	5,641	3,771	3,919	148	3.93%	£1,982	£1,325	£1,434	£109	8.21%
Southport & Ormskirk Hospital	6,705	4,469	4,833	364	8.15%	£2,634	£1,771	£1,711	£-60	-3.40%
ST Helens & Knowsley Hospitals	978	654	555	-99	-15.14%	£388	£259	£243	£-16	-6.24%
Wirral University Hospital NHS F/T	245	163	199	36	22.05%	£90	£59	£59	£0	0.13%
Central Manchester University Hospitals Nhs FT	67	45	57	12	27.61%	£16	£11	£10	£-1	-6.87%
University Hospital Of South Manchester Nhs FT	41	27	23	-4	-16.25%	£14	£9	£3	£-6	-67.38%
Wrightington, Wigan And Leigh Nhs Foundation Trust	42	28	57	29	103.57%	£15	£10	£20	£10	94.27%
Grand Total	76,845	51,209	52,221	1,012	1.98%	£38,228	£25,537	£26,796	£1,259	4.93%

6.2 Aintree University Hospitals NHS Foundation Trust

Figure 16 Month 8 Unplanned Care - Aintree University Hospitals NHS Foundation Trust by POD

Aintree University Hospitals Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - Accident & Emergency	30,748	20,555	20,661	106	0.52%	£3,294	£2,202	£2,256	£54	2.46%
NEL - Non Elective	10,592	7,081	7,877	796	11.25%	£22,135	£14,797	£15,874	£1,077	7.28%
NELNE - Non Elective Non-Emergency	40	27	33	6	23.41%	£117	£78	£91	£13	16.05%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	34	23	147	124	546.76%	£8	£5	£34	£29	562.28%
NELST - Non Elective Short Stay	1,270	849	1,150	301	35.46%	£833	£557	£769	£212	38.15%
NELXBD - Non Elective Excess Bed Day	7,723	5,163	4,494	-669	-12.95%	£1,689	£1,129	£997	£-132	-11.66%
Grand Total	50,407	33,697	34,362	665	1.97%	£28,075	£18,768	£20,022	£1,254	6.68%

6.2.1 Aintree University Hospitals NHS Foundation Trust Key Issues

As highlighted throughout 14/15, Urgent Care over performance at Aintree Hospital is caused by Non Elective admissions. The Urgent Care over performance continues to rise showing a £1m cost variance for month 8, up from £910k in month 7. Patients are no longer being seen through CDU and therefore the NEL activity is showing a further increase on the original over performance. As reported in month 7, SSCCG, supported by the CSU, have been leading a piece of work to identify the factors that are driving the significant non elective increases. Aintree Provider report includes a section of tables summarising a selection of the findings from the group.

CCGs are not assured by the Trust's initial response to the Activity query Notice issued on behalf of the Aintree Collaborative Commissioning Forum and are considering triggering an external joint investigation.

6.3 Royal Liverpool & Broadgreen Hospitals

Figure 17 Month 8 Unplanned Care - Royal Liverpool & Broadgreen Hospitals by POD

The Royal Liverpool Hoispital Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - Accident & Emergency	4,403	2,943	2,958	15	0.50%	£368	£246	£251	£5	2.22%
AMAU - Acute Medical unit	52	35	41	6	17.95%	£5	£3	£4	£1	17.94%
NEL - Non Elective	648	433	539	106	24.43%	£1,338	£894	£963	£69	7.73%
NELNE - Non Elective Non-Emergency	24	16	16	-0	-0.27%	£126	£84	£110	£26	30.71%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	102	68	104	36	52.52%	£23	£15	£23	£8	52.51%
NELST - Non Elective Short Stay	102	68	98	30	43.72%	£66	£44	£53	£9	21.25%
NELXBD - Non Elective Excess Bed Day	310	207	163	-44	-21.34%	£70	£47	£37	£10	-20.47%
readmissions	0	0	0	0	#NUM!	£13	£9	£9	£0	0.00%
Grand Total	5,641	3,771	3,919	148	3.93%	£1,982	£1,325	£1,434	£109	8.21%

6.3.1 Royal Liverpool & Broadgreen Hospitals Key Issues

Urgent Care remains an issue within the Trust and non-elective admissions make up almost 90% of the total over-performance, with some notable over-performance also seen in non-elective excess bed-days. CSU analysis indicates that an increase in the volume of admission is responsible for the trust position.

By specialty, activity under the Accident & Emergency, General Medicine and Vascular Surgery make up the bulk of the over-performance in Urgent Care.

LCCG issued a formal Activity Query Notice to the Provider requesting explanations of the unexpected patterns of activity with 2014/15, specifically

- Emergency short stay – Accident and emergency and cardiology
- Non Elective admissions – accident and emergency, general medicine and vascular surgery
- No elective excess bed days - accident and emergency, general medicine and general surgery.

The Trust has previously stated that over performance in urgent care was as a result of the higher level of acuity of patients and increase in demand. The purpose of this information query is to undertake further analysis to substantiate the reasons for over performance.

6.4 Other Providers

Figure 18 Month 8 Unplanned Care – Other Providers

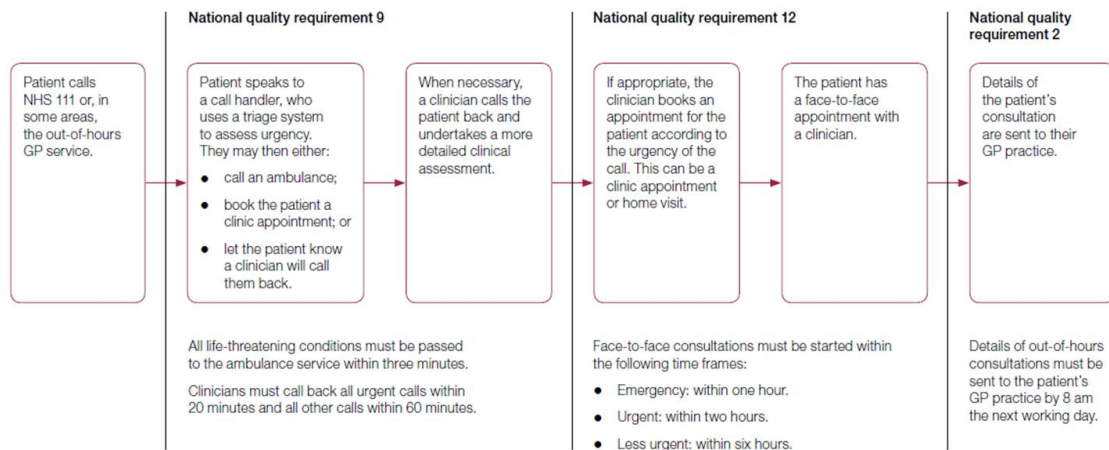
All Other Trusts Urgent Care PODS	Annual Activity Plan	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Annual Plan Price (£000s)	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - Accident & Emergency	15,746	10,381	10,500	119	1.15%	£1,440	£950	£959	£9	0.95%
NEL - Non Elective	2,343	1,523	1,510	-13	-0.86%	£3,170	£2,081	£2,049	£31	-1.51%
NELNE - Non Elective Non-Emergency	1,950	1,323	1,450	127	9.60%	£3,285	£2,227	£2,149	£78	-3.48%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	355	243	171	-72	-29.68%	£124	£85	£61	£24	-27.77%
NELST - Non Elective Short Stay	178	118	116	-2	-1.82%	£97	£65	£67	£2	3.27%
NELXBD - Non Elective Excess Bed Day	224	152	193	41	26.62%	£57	£39	£57	£18	46.40%
readmissions	0	0	0	0	#NUM!	£2	£2	£2	£0	0.00%
Grand Total	20,797	13,741	13,940	199	1.45%	£8,171	£5,444	£5,340	£104	-1.90%

7. Out of Hours Services

Out of Hours Services in South Sefton are provided by Go To Doc. National Quality Requirements for Out of Hours Services continue to be met. A dashboard is provided to commissioners by the service monthly. The flowchart below from the National Audit Office describes the national quality requirements.

Figure 19 National Quality Requirements (Source: National Audit Office)

National quality requirements relating to responsiveness



Source: National Audit Office

Figure 20 South Sefton Out of Hours Dashboard

Date Range : 01/11/2014 00:00:00 and 30/11/2014 23:59:59	Total	%
South		
QR02 Supply of Clinical Details Compliance	1511	100.00%
QR02 Breakdown	Total	%
Clinical Details sent before 8:00	1511	100.00%
Clinical details printed before 8:00	0	0.00%
Clinical details sent after 8:00	0	0.00%
Clinical details printed after 8:00	0	0.00%
Clinical details not sent	0	0.00%
Erroneous cases	0	0.00%
QR09 Life Threatening Conditions	2	100.00%
QR09 Breakdown	Total	%
Patient called ambulance within 3 minutes	1	50.00%
Patient called ambulance after 3 minutes	0	0.00%
OOH centre called ambulance within 3 minutes	1	50.00%
OOH centre called ambulance after 3 minutes	0	0.00%
QR09 Telephone Clinical Assessment (Urgent)	333	95.80%
QR09 Urgent Breakdown	Total	%
Urgent cases advised within 20 minutes	319	95.80%
Urgent cases not advised within 20 minutes	14	4.20%
QR09 Telephone Clinical Assessment (Other)	697	98.85%
QR09 Other Breakdown	Total	%
All other cases advised within 60 minutes	689	98.85%
All other cases not advised within 60 minutes	8	1.15%
QR12 Base Time to Consultation (Emergency)	0	0.00%
QR12 Base Emergency Breakdown	Total	%
Emergency cases consulted within 60 minutes	0	0.00%
Emergency cases consulted not within 60 minutes	0	0.00%
QR12 Base Time to Consultation (Urgent)	53	100.00%
QR12 Base Urgent Breakdown	Total	%
Urgent cases consulted within 120 minutes	53	100.00%
Urgent cases consulted not within 120 minutes	0	0.00%
QR12 Base Time to Consultation (Less Urgent)	586	100.00%
QR12 Base Less Urgent Breakdown	Total	%
Less urgent cases consulted within 360 minutes	586	100.00%
Less urgent cases consulted not within 360 minutes	0	0.00%
QR12 Visit Time to Consultation (Emergency)	1	100.00%
QR12 Visit Emergency Breakdown	Total	%
Emergency cases consulted within 60 minutes	1	100.00%
Emergency cases consulted not within 60 minutes	0	0.00%
QR12 Visit Time to Consultation (Urgent)	67	100.00%
QR12 Visit Urgent Breakdown	Total	%
Urgent cases consulted within 120 minutes	67	100.00%
Urgent cases consulted not within 120 minutes	0	0.00%
QR12 Visit Time to Consultation (Less Urgent)	199	97.99%
QR12 Visit Less Urgent Breakdown	Total	%
Less urgent cases consulted within 360 minutes	195	97.99%
Less urgent cases consulted not within 360 minutes	4	2.01%

8. Mental Health

8.1 Mersey Care NHS Trust Contract

Figure 21 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	2014/15 Plan	Caseload (Nov-2014)	Variance from Plan	% Variance
0 Variance	34	71	37	109%
1 Common Mental Health Problems (Low Severity)	23	32	9	39%
2 Common Mental Health Problems (Low Severity with greater need)	48	28	(20)	-42%
3 Non-Psychotic (Moderate Severity)	274	228	(46)	-17%
4 Non-Psychotic (Severe)	169	223	54	32%
5 Non-psychotic Disorders (Very Severe)	32	46	14	44%
6 Non-Psychotic Disorder of Over-Valued Ideas	43	50	7	16%
7 Enduring Non-Psychotic Disorders (High Disability)	133	192	59	44%
8 Non-Psychotic Chaotic and Challenging Disorders	83	87	4	5%
10 First Episode Psychosis	93	99	6	6%
11 On-going Recurrent Psychosis (Low Symptoms)	414	429	15	4%
12 On-going or Recurrent Psychosis (High Disability)	312	321	9	3%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	112	106	(6)	-5%
14 Psychotic Crisis	17	23	6	35%
15 Severe Psychotic Depression	7	3	(4)	-57%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	33	34	1	3%
17 Psychosis and Affective Disorder – Difficult to Engage	58	57	(1)	-2%
18 Cognitive Impairment (Low Need)	347	198	(149)	-43%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	462	658	196	42%
20 Cognitive Impairment or Dementia Complicated (High Need)	148	200	52	35%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	45	44	(1)	-2%
Reviewed Not Clustered	36	99	63	175%
No Cluster or Review	144	149	5	3%
Total	3,067	3,377	310	10%

8.2 Development of Clock View Site

On 17th February 2015 the new £25 million Mersey Care NHS Trust mental health facility at Clock View on the former Walton Hospital site will be opened. This 80 bedded facility will replace existing provision at Stoddart House on the Aintree Hospital site. Clock View is a new generation of mental health facilities and it will treat NHS South Sefton CCG, NHS Southport and Formby CCG (dementia inpatients), NHS Liverpool CCG and NHS Knowsley CCG (Kirkby) residents for a range of mental health issues and dementia, providing 80 individual bedrooms all with en-suite bathrooms. It will also provide a new psychiatric intensive care unit for those most in distress in need of urgent inpatient care.

Figure 22 CPA - Percentage of People under followed up within 7 days of discharge

Follow up from inpatient discharge		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
CB_B19	The % of people under adult mental health illness specialties who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	87.50%	93.75%	100%	100%

The above table shows current NHS South Sefton CCG performance achieving 100% against the 95% target at Month 8.

The Trust reports this KPI on a monthly basis but the consequence of the breach is based on the quarterly response.

This rationale for this indicator is that follow up after discharge from an inpatient spell for mental health patients on care programme approach (CPA) can reduce the risk of suicide as set out in 'National suicide prevention strategy for England' and 'Preventing suicide: A toolkit for mental health services'

Figure 23 CPA Follow up 2 days (48 hrs) for higher risk groups

Follow up from inpatient discharge			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
MH_KPI.40	CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by CRHT, Early Intervention, Assertive Outreach or Homeless Outreach Teams	95%	50%	100%	100%	100%	100%	100%	100%	100%

The above table shows current NHS South Sefton CCG performance achieving 100% against the 95% target.

The Trust reports this KPI on a monthly basis but the consequence of the breach is based on the quarterly response.

The rationale for this locally agreed indicator is similar to the national 7 day CPA follow up target and it was developed to ensure faster follow up for those patients deemed to be high risk. High risk in Mersey Care NHS Trust is defined in their discharge and transfer policy as service users with a history of serious self-harm, previous serious suicide attempts and a diagnosis of depressive disorder should be seen within 48 hours post discharge (Preventing suicide – A Toolkit for Mental Health Services - 2009).

8.3 Inclusion Matters Sefton

Figure 24 PHQ13_6 Proportion of people who complete treatment who are moving to recovery

South Sefton	Target	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Total	FOT
Entered (KPI4)		176	257	237	670	231	188	266	685	322	323	290	935	2290	3435
Entered (KPI4) HSCIC		175	190	210	575									575	2300
Completed (KPI5)		163	184	140	487	208	152	219	579	244	211	153	608	1674	2511
Completed (KPI5) HSCIC		150	175	125	450									450	1800
Moved to recovery (KPI6)		59	87	51	197	95	64	92	251	89	71	54	214	662	993
Moved to recovery (KPI6) HSCIC		55	80	45	180									180	720
Entered Below Caseness (KPI6b)		14	8	7	29	11	9	13	33	13	19	7	39	101	152
Entered Below Caseness (KPI6b) HSCIC		10	10	5	25									25	100
Prevalence	15%	0.72%	1.06%	0.98%	2.76%	0.95%	0.77%	1.09%	2.82%	1.33%	1.33%	1.19%	3.85%	9.42%	14.14%
Recovery	50%	39.6%	49.4%	38.3%	43.0%	48.2%	44.8%	44.7%	46.0%	38.5%	37.0%	37.0%	37.6%	42.1%	42.1%
Prevalence HSCIC	15%	0.72%	0.78%	0.86%	2.37%									2.37%	9.47%
Recovery HSCIC	50%	39.3%	48.5%	37.5%	42.4%									42.4%	42.4%

NHS England set a target of 3.75% prevalence for Quarter 4 2014/15. The Provider has reported that at Quarter 3 they have achieved a prevalence rate of 3.85%. The overall prevalence for Sefton is 3.45%

The Remedial Action Plan put in place in November 2014 has seen a positive impact on the number of patients accessing the service and the CCG continue to monitor the Remedial Action Plan against the agreed performance targets.

Following the recently undertaken re-procurement exercise for IAPT services a new provider has been awarded this contract, Cheshire Wirral Partnership NHS FT who will be commencing the new contract in April 2015. During the final quarter of the year 2014/15 the CCGs will be working with the Provider to

mobilise. Commissioners will be working to ensure that any transfer arrangements run as smoothly as possible and do not have detrimental effect on performance.

However, the Current Provider has expressed concerns about the additional work required to ensure the smooth transition and have alerted the CCGs that this may impact on performance of the service.

9. Liverpool Community Health NHS Trust Performance

9.1 Key Issues

- Impact of Virtual Ward and Urgent Care Pilots on the following services; District nursing, Community Matrons, Ward 35 admissions
- The baseline plans do not include activity associated with the additional investment. The trust has been asked to factor this into the proposed activity plans for 15/16.
- Operational Issues for a number of services; District Nursing, Treatment Rooms
- Interface with Acute Provider, Aintree University Hospital, increased referrals; Rehab at Home, Respiratory Service, IV Therapy
- Service Pressure - Community Equipment
- Waiting Times - The Trust continues to report significant waiting times for Paediatric Occupational Therapy and Speech and Language Therapy at Month 8.
- CQC Action Plan - The Care Quality Commission's (CQC) has published its report on Liverpool Community Health NHS Trust (LCH) following their inspection of services in May 2014. This inspection followed the publication in January of the CQC reports into Intermediate Care Service (Ward 35), Community Equipment Service and District Nursing, which resulted in warning notices being issued. The CQC has lifted these warning notices following their latest inspection and has given an overall rating for LCH as 'Requires Improvement'. The Trust has published its full Improvement Plan which outlines the progress the organisation has already made, and the new strategic priorities that have been agreed to help transform community services LCH's Medical Director provided a verbal update at the CRM/CQPG on 13th November 2014 and advised that the Trust has developed an Action Plan which has been submitted to the CQC. In addition the Trust has developed an Action Plan following a recent Single Item QSG (Quality Surveillance Group) Meeting with NHS England, this will be monitored at the monthly Commissioning Forum Meetings with CCGs and will feed into the Trust's overarching Improvement Plan, this was discussed at the Collaborative Forum on 4th December 2014.
- Delayed Transfers of Care indicator is performing well and additional intermediate care beds have been commissioned as part of resilience monies with a focus on step up as opposed to step down.
- The CCG Quality team are having conversations with LCH and the CSU regarding entry points and assessments for CHC patients.
- The provider are submitting national Walk In Centre Commissioning data sets but due to the instructions of the trusts Caldicott guardian no data sets contain any patient identifiable data. The implication of this is that the trust is not compliant with the current information schedule.
- The provider has been asked to include within the AQP dataset patients who have attended and have been discharged at first visit. This information is needed to inform the discussions between commissioners around developing a local tariff. This has been discussed with the provider during the recent review of the information schedule for 15/16 as part of the contract renegotiation process.
- AQP podiatry activity, costs and referrals are lower at month 8 than the first four months of the year. The podiatry block is performing below planned activity levels and referrals are also below plan.

The above issues are being addressed at Contract and Clinical Quality and Performance Group and the Finance and Information subgroup meetings.

10.Third Sector Contracts

- NHS Contracts 2014/15 with Third Sector Providers have been signed by all Parties and signed versions of the Contracts issued. The contracts are block therefore there is limited financial risk to the CCG.
- Contract Management meetings have taken place with Providers and actions resulting from these meetings are being progressed.
- CCG colleagues are currently reviewing data for inclusion in the next Integrated performance Report.

11. Quality and Performance

11.1 NHS South Sefton CCG Performance Dashboard

Performance Indicators		Data Period	Target	Actual	Direction of Travel	Exception Commentary	Current Period	Actions
IPM								
Treating and caring for people in a safe environment and protecting them from avoidable harm								
Incidence of healthcare associated infection (HCAI) Cdifficile (Cumulative) (CCG)	14/15 - November	40	45	↑	5 new cases reported in November 2014. A total of 45 cases reported YTD compared to a plan of 40 cases. 4 of the cases reported in November were aligned to Aintree Hospital (1 apportioned to a acute trust and 3 apportioned to community) and 1 case to the Royal Liverpool Broadgreen (apportioned to a acute). Of the 45 cases reported YTD 41 cases have been reported by Aintree Hospital (15 apportioned to community and 26 apportioned to community), 1 case reported by St Helens and Knowsley Hospital (apportioned to a acute), 1 case reported at The Royal Liverpool Broadgreen (apportioned to acute) and 2 cases reported by Southport and Ormskirk Hospital (apportioned to community).	The majority of the cases are attributable to Aintree University Hospital, the Trust provided an update regarding their C.Dif Action Plan at the December CQPG meeting. The CCG continues to consider appeals at the regular appeals meetings, the last meeting was held on 11th December. (4 appeals were supported - YTD 15 have been supported). Aintree University Hospital achieved their national C.Dif trajectory in Month 8 (November). For C.Dif cases attributed to other providers, cases are reviewed via co-commissioner arrangements. <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>		
Incidence of healthcare associated infection (HCAI) Cdifficile (Cumulative) (Aintree)	14/15 - November	54	42	↑	2 new cases have been reported in November bringing the year to date value to 42. Aintree remain below plan for the year.			
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	14/15 - November	0	2	↕	No new cases have been reported in November but the CCG remains red and will do for the remainder of the year due to the zero tolerance plan. The previous cases where reported against Aintree with one in May (Acute) and the other in July (Community)	Aintree Hospital reported a case in May 14, however following review by NHS England this case was found to be community acquired and attributed to South Sefton CCG. A second South Sefton case was initially reported by Aintree in July following a recent PIR (post infection review) NHS England attributed this case to Aintree Hospital. At the CQPG in October the Trust informed commissioners they had requested details of the decision making process from regional office and the reasons for assigning case to the Trust. At the December CQPG, the Trust confirmed that they are still awaiting feedback from NHS England, the CCG also confirmed they had requested feedback at their Quarter 2 Checkpoint meeting in November. <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	14/15 - November	0	1	↕	Conflicting data from HCAI database, which states 1 case reported in May 2014. Unif2 data reports 0 cases in May but 1 case in July 2014. (As at 5-1-15 - Info still showing the 1 case in May on HCAI database and 1 case showing on UNIFY2 report for July)	The Trust has not reported any further MRSA cases at Aintree in November, however the CCG has been informed about a case reported at the end of December 2014 / beginning of January 2015 (Liverpool CCG patient) a PIR will take place by place by 26 January. The CCG has queried the Nationally reported figures for Aintree as the HCAI data base and Unif2 state conflicting figures. As mentioned above the May 2014 case has been attributed to Community / South Sefton CCG so should therefore be removed from Aintree Hospital. Following the findings of the recent NHS England PIR - Aintree will have 1 MRSA case attributed to them in July / August 2014 (this may change in Month 9/10) <i>Please Note - Data has been taken from the National HCAI Database - this is updated centrally therefore not all local appeals will be reflected in the table.</i>		

Enhancing quality of life for people with long term conditions

Patient experience of primary care i) GP Services	Jul-Sept 13 and Jan-Mar 14		6.56%	New Measure	Percentage of respondents reporting poor patient experience of primary care in GP Services	
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 13 and Jan-Mar 14		9.52%	New Measure	Percentage of respondents reporting poor patient experience of GP Out of Hours Services	
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jul-Sept 13 and Jan-Mar 14	6%	6.92%	New Measure	The CCG reported a percentage of negative responses above the 6% threshold.	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	14/15 - November	192.19	204.59	New Plans	This measure now has a plan which is based on the same period previous year. The decrease in actual admissions is 4 below the same period last year.	Patient level data is being shared with practices to analyse inappropriate admissions and possible actions to address
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	14/15 - November	625.49	704.08	New Plans	This measure now has a plan which is based on the same period previous year. The increase in actual admissions is 9 more than the same period last year.	
Emergency Admissions Composite Indicator(Cumulative)	14/15 - November	1486.84	1,568.56	New Plans	This measure now includes a monthly plan, this is based on the plan set within the Outcome Measure framework and has been split using last years seasonal Performance. The CCG is over the monthly plan and had 19 more admissions than the same period last year.	Patient level data is being shared with practices to analyse inappropriate admissions and possible actions to address
IAPT - Prevalence	14/15 - November	15%	8.23%		The CCG are achieving 8.23% year to date which is an increase on last month which was 6.84% but is not on target to achieve 15% by the end of the year.	Identified issue with provider not applying nationally mandated definition of IPI. Action plan in place to ensure target met by end Q4 2014/15
IAPT - Recovery Rate	14/15 - November	50%	42.50%		The CCG are not achieving the 50% target reaching 42.50% and has not been achieved so far during 2014/15.	

Helping people to recover from episodes of ill health or following injury

Patient reported outcomes measures for elective procedures: Groin hernia	2012/13	Eng Ave 0.085	0.068	Refreshed data	The CCG improved on the previous years rate but failed to achieve a score higher than that of the England average.	
Patient reported outcomes measures for elective procedures: Hip replacement	2012/13	Eng Ave 0.438	0.430	Refreshed data	The CCG improved on the previous years rate but failed to achieve a score higher than that of the England average.	The CCG is very close to the England Average for PROMs data, discussions are currently taking place at CCG level to establish ownership of PROMs measure and to develop an improvement plan.
Patient reported outcomes measures for elective procedures: Knee replacement	2012/13	Eng Ave 0.318	0.343	Refreshed data	The CCG improved on both the previous years rate and achieved above the England average.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	14/15 - November		15.22			
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	14/15 - November	154.99	86.79	New Plans	This measure now has a plan which is based on the same period previous year. The decrease in actual admissions is 7 below the same period last year.	
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	14/15 - November	693.77	848.37	New Plans	This measure now has a plan which is based on the same period previous year. The increase in actual admissions is 18 above the same period last year.	Patient level data is being shared with practices to analyse trends and identify inappropriate or avoidable admissions.
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	14/15 - November	80%	77.78%	↑	South Sefton have failed to achieve the target for the 4th time since April 2014 (June, July, October and November).	See below for Aintree Hospital's Stroke narrative. In addition The Liverpool Royal did not achieve 90% for this measure recording 84.2% for Q.2. Out of 228 patients 36 did not spend 90% of time on a stroke unit. This is a slight drop from Q.1 which recorded 88.2% of patients spending 90% on a Stroke unit.

<p>% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)</p>	<p>14/15 - November</p>	<p>80%</p>	<p>67.65%</p>	<p>↓</p>	<p>Aintree have failed to achieve the target this month for the 5th time since April 2014 (June, July, August, October and November).</p>	<p>The Trust has provided an update regarding on-going actions to improve stroke performance, despite an improvement in performance at Q2 (Green). Aintree have not met the Q3 target:</p> <ul style="list-style-type: none"> • Ongoing work with bed management team to ensure a minimum of one stroke bed is always available • Ongoing work with A&E team to ensure appropriate initial assessment and stroke calls • Ongoing work with stroke team to ensure pathway is followed; patients with a possible diagnosis of stroke to be admitted to the stroke unit until alternative diagnosis confirmed • Stroke physician on site from 9am to 8pm to facilitate timely assessment and transfer of stroke patients. Door to needle time consistently achieved. • Audit of every stroke admission continues to take place
<p>% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)</p>	<p>14/15 - November</p>	<p>60%</p>	<p>100%</p>	<p>↔</p>		
<p>% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)</p>	<p>14/15 - November</p>	<p>60%</p>	<p>100%</p>	<p>↔</p>		
<p>Mental health</p>						
<p>Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)</p>	<p>14/15 - Qtr1</p>	<p>95%</p>	<p>100.00%</p>			
<p>Preventing people from dying prematurely</p>						
<p>Under 75 mortality rate from cancer</p>	<p>2013</p>		<p>158.70</p>			
<p>Under 75 mortality rate from cardiovascular disease</p>	<p>2013</p>		<p>72.60</p>			
<p>Under 75 mortality rate from liver disease</p>	<p>2013</p>		<p>22.60</p>			
<p>Under 75 mortality rate from respiratory disease</p>	<p>2013</p>		<p>38.00</p>			
<p>Rate of potential years of life lost (PYLL) from causes considered a menable to healthcare (Person)</p>	<p>2013</p>	<p>2,029.00</p>	<p>2,592.30</p>	<p>↑</p>	<p>South Sefton achieved above the planned figure for the latest data and is also a decreased performance from 2012 which had a rate of 2029.8. For 2013 the rate for Males was 2669.2, a drop from the previous year (2179.2). Females also had a drop in performance with a rate of 2517.7 compared with 1875.7 in 2012.</p>	<p>The annual variation is significant and the CCG is working with Public Health locally and regionally to understand this. Indications at present are that the PYLL is significantly susceptible to fluctuations due to changes such as young deaths, which introduces major swings, particularly at CCG level.</p>
<p>Cancer waits – 2 week wait</p>						
<p>Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)</p>	<p>14/15 - October</p>	<p>93%</p>	<p>94.23%</p>	<p>↔</p>		
<p>Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)</p>	<p>14/15 - October</p>	<p>93%</p>	<p>97.68%</p>	<p>↔</p>		
<p>Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)</p>	<p>14/15 - October</p>	<p>93%</p>	<p>95.61%</p>	<p>↔</p>		
<p>Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)</p>	<p>14/15 - October</p>	<p>93%</p>	<p>96.16%</p>	<p>↔</p>		

Cancer waits – 31 days						
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	14/15 - October	96%	98.17%	↔		
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	14/15 - October	96%	99.35%	↔		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	14/15 - October	94%	96.57%	↑		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	14/15 - October	94%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	14/15 - October	94%	96.55%	↓		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	14/15 - October	94%	99%	↓		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	14/15 - October	98%	100%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	14/15 - October	98%	100%	↔		
Cancer waits – 62 days						
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	14/15 - October		93.94%	↔		
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Aintree)	14/15 - October		92.81%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	14/15 - October	90%	97.96%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	14/15 - October	90%	88.73%	↑	Aintree achieved the target for October but failed year to date, due to previous months breaches.	Performance is greatly influenced by patient choice, especially in the early (pre-diagnosis) phase, and hampered by low numbers of treatments. In addition, the initial stage of the pathway is directly managed by the Central HUB and as such is difficult to influence by the Trust. This underperformance is effected by very low patient breach numbers, in addition Colonoscopy capacity has been raised as a Trust risk and the business case for consultant recruitment has been agreed.
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	14/15 - October	85%	86.09%	↔		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	14/15 - October	85%	84.10%	↔	Aintree failed the target for October and year to date. In October there were 7.5 breaches out of 45 patients in total. Underperformance reported YTD relates to breaches in May, June, September and October 2014. The Q2 data shows that the target was reached at 85.31%, year to date Q1 and Q2 the trust are failing at 84.44%	SBAR analysis for the patients who breached is currently being undertaken, however early indications are patient choice and complexity of pathways have been the key reasons affecting the achievement of the target.

Mixed Sex Accommodation Breaches			
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	14/15 - November	0.00	0.00
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	14/15 - November	0.00	0.00
Referral To Treatment waiting times for non-urgent consultant-led treatment			
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (CCG)	14/15 - November	0	0
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Aintree)	14/15 - October	0	0
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	14/15 - November	0	0
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Aintree)	14/15 - October	0	0
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	14/15 - November	0	0
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	14/15 - October	0	0
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	14/15 - November	90%	91.58%
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Aintree)	14/15 - October	90%	92.92%
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	14/15 - November	95%	97.05%
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Aintree)	14/15 - October	95%	97.13%
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	14/15 - November	92%	96.28%
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	14/15 - October	92%	96.80%

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	14/15 - November	95.00%	98.20%	↔	The causes are multi-factorial, but remain largely due to capacity to assess and make decisions promptly in A&E (either through lack of physical capacity or inefficient processes), and ability to maintain flow into assessment areas and through to wards. Discharge of patients from the trust also remains a challenge. Other issues include: - Variable performance in discharges from wards. - System pressures across the sector (activity through A&E excluding direct GP admissions to AMU now exceeds 2013 levels which included GP patients). - Complex assessments processes across Community Health and Social Services which at times is leading to delays. Recovery • Progress continued to be made during November on the revised EAU/Acute Medicine Unit/Short stay ward implementation. • Progress continues on the Discharge project with Liverpool Community Health (LCH). • Joint work with LCH, Merseycare and Social Services is being undertaken as part of the winter resilience planning • The Trust 4 hour action plan continues to be monitored and updated • ECST clinician (medical and nursing) meeting took place on for 10th December. • The new G/MOC and clinical manager rota was implemented on the 1st November The achievement of the standard remains a challenge in the context of the pressures across the whole community, the number of actions to completely embed and the change of practice and culture required. The Trust has agreed a plan with Monitor for 2014/15: Q3 90%, Q4 92%, Q1 93.5%, Q2 95.5%.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree)	14/15 - November	95.00%	91.44%	↓	The target not achieved in month (87.4%) and also year to date. The Trust has not achieved for any previous month in 2014/15.
Diagnostic test waiting times					
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	14/15 - November	1.00%	3.30%	→	See below for Aintree Hospital's narrative. It should also be noted that following a query from NHS England regarding underperformance of this indicator. The Trust provide a further update. The diagnostic target has not been met for the first time this year, and this was solely due to issues with echocardiography. Staffing pressures due to illness reduced capacity, coupled with delays in identifying the impact of the capacity issues on diagnostic performance. As the diagnostic procedure requires specialist operators it was difficult to provide cover at short notice. A full exception report is being submitted by the Trust which we will share as soon as we receive it. It also contains an action plan.
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	14/15 - November	1.00%	3.34%	→	Echocardiography waits exceeded the standard at 15% and endoscopy waits exceeded the standard in both colonoscopy at 1.6% and gastroscopy at 2.3%. Echo - Capacity is currently affected by a number of long term vacancies within the department. Referrals were 7.5% higher during April - November 2014 than the previous year. Plans for recovery continue to be developed (including on-going recruitment, a review of systems and processes for booking and ad hoc additional capacity) A trajectory for recovery is planned and improvement is expected month on month with achievement by Feb 2015. Endoscopy - The reason for underperformance related to capacity issues and patient cancellations. Endoscopy has experienced increased pressures due to the new rotation of SpRs being inexperienced in undertaking colon procedures. The business case for 2 Consultant Gastroenterologists has been agreed and recruitment is in progress.

Category A ambulance calls

Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	14/15 - November	75%	69.93%	↑	The CCG failed to achieve the 75% year to date, but did achieve the target in month (Nov) recording 78.72%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	14/15 - November	75%	69.32%	↔	The CCG failed to achieve the 75% year to date and also did not achieve the target in month (Nov) recording 66.47%.
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	14/15 - November	95%	95.60%	↔	
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	14/15 - November	75%	71.55%	↓	NWAS failed to achieve the 75% year to date and also did not achieve the target in month (Nov) recording 68.00%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	14/15 - November	75%	72.60%	↓	NWAS failed to achieve the 75% year to date and also did not achieve the target in month (Nov) recording 69.56%.
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	14/15 - November	95%	94.78%	↔	NWAS failed to achieve the 95% year to date and also did not achieve the target in month (Nov) recording 93.05%.

Local Measure

Diabetes Care Processes	14/15 - Qtr1	65.9%	42.3%	New Measure	The data search criteria is being adjusted as recording of smoking status may be too low. The effect will mean an overall increase for the indicator.
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Deep dive with commissioners for 20/01/15 was cancelled. Main issue with NWAS is the poor turnaround times and increased activity as reported last month particularly with red category calls..

The data search criteria is being adjusted as recording of smoking status may be too low. The effect will mean an overall increase for the indicator.

11.2 Mortality – Aintree Hospitals NHS Foundation Trust

As the Trust’s SHMI (Summary Hospital Mortality Index) has increased, the Risk Summit Action Plan has now been rag rated red for SHMI and also for deaths due to pneumonia. The Chair of the CCF has written to the Trust to ask them to review current performance and consider commissioning an independent review of SHMI and /or undertaking a collaboration with RLHBH which has a similar patient base but a lower SHMI. The Trust’s response was reviewed at the Collaborative Commissioning Forum (CCF) on the 4th December, the key points included in the response are:

- In addition to the formal responses to the questions the CCF raised, the Trust is currently finalising a report on our assessment of the latest SHMI data which highlights areas for further investigation by the Trust.
- The Trust have also invited members of the CCG’s Governing body to meet with members of the Aintree team which would also include David Fillingham, CEO of AQUA who is also a Non-Executive Director at Aintree. David has an in depth understanding of the reducing avoidable mortality work being done nationally and also at Aintree. This was discussed at the Avoidable Mortality Group meeting on 17th December

A Mortality Action Plan has been requested this will be monitored at the monthly CCF and CQPG meetings.

11.3 Friends and Family – Aintree Hospitals NHS Foundation Trust

Figure 25 Friends and Family – Aintree Hospitals NHS Foundation Trust

Clinical Area	Response Rate (RR) Target	RR Actual (Nov 2014)	RR - Trajectory From Previous Month (Sep 14)	Percentage Recommended (Eng. Average)	Percentage Recommended (Oct 2014)	PR - Trajectory From Previous Month (Sep 14)	Percentage Not Recommended (Eng. Average)	Percentage Not Recommended (Oct 2014)	PNR - Trajectory From Previous Month (Sep 14)
Inpatients	30%	39.4%	↑	95%	98%	↓	2%	1%	↔
A&E	20%	22.1%	↓	87%	86%	↑	6%	7%	↑

The Friends and Family Test (FFT) Indicator now comprises of three parts:

- % Response Rate
- % Recommended
- % Not Recommended

The Trust achieved the A&E response rate target achieving 22.1% in November against a target of 20%, however they missed the national average for percentage recommended by 1% and the national average for not recommended by 1%. As % recommended is a new measure performance will be monitored and regular updates provided to the CCG’s EPEG meetings.

The Trust achieved the Inpatient response rate target achieving 39.4% in November against a target of 30% and also exceeded the NHS England average for recommended and not recommended target.

Aintree Hospital have also agreed to share best practice and support other providers regarding improving response rates for FFT especially promoting the use of SMS, text, smartphone apps and

telephone surveys to encourage patient participation. The Trust also submit a quarterly FFT performance CQUIN report that is discussed at the CQPGs.

11.4 Complaints

At the Aintree CQPG on 10th December, the Trust presented their Quarter 2 '2C's' Complaints & Concerns Report. Complaints management is undertaken in accordance with the NHS (Complaints) regulations 2009. Complaints and concerns are regarded as an important source of intelligence on the quality of service provision. The Patient Advice & Complaints Team (PACT) manages this service in close liaison with the Divisional and Clinical Business Unit teams to ensure that where appropriate there are changes to practice and lessons are learnt and shared. The aim of the report is to identify and triangulate the themes and trends raised by those who use the Trust's services and provide assurance that changes to practice are implemented as a result.

Change to practice is identified within this report but it should be noted that, to gain full organisational learning and better triangulation, the content of this report should be utilised and read along with other Trust quarterly reports including the new Patient Experience Report and the Practice Improvement and lessons learnt report (P.I.L.L.)

The key messages from Quarter 2 are:

- Increase in concerns during this period.
- Appointments is still the most common concern subject
- Significant reduction in concerns relating to Implementation of Care.
- The top three most frequently occurring concerns themes recorded this quarter are:
 - Appointments
 - Clinical Treatment
 - Patient Information

The top three most frequently occurring complaint themes recorded this quarter are:

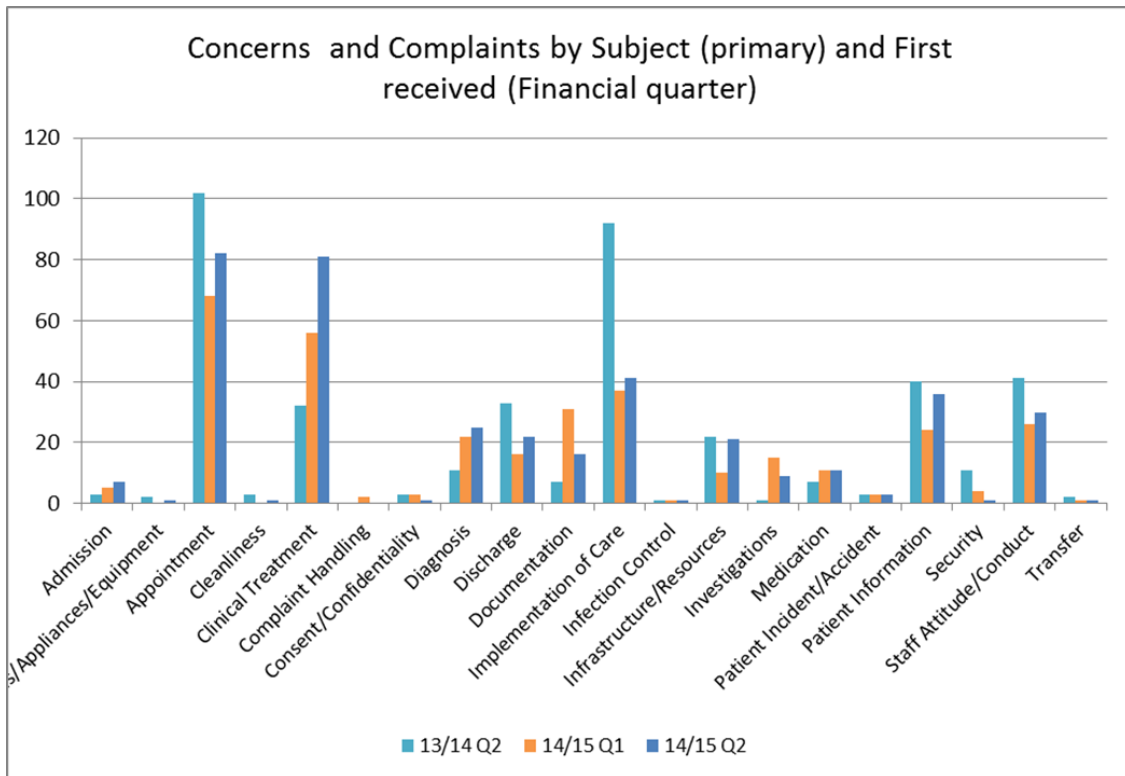
- Clinical Treatment
- Implementation of Care
- Diagnosis

The top two most frequently occurring themes for Quarter 2 were the same as the previous quarter Implementation of Care and Clinical Treatment which came top jointly. There has been a significant decrease from Quarter 1 in complaints in relation to Diagnosis.

The numbers of concerns received by the Trust have increased for this quarter and this could be due to the new Patient Advice and Complaints reception desk opening in July. This will be monitored each quarter so that it can be reviewed over a longer period of time.

The overall numbers of formal complaints received remains steady and although there has been a significant improvement in complaints being responded to within 60 days over the last 12 months there has been a slight increase in response times in Quarter 2.

Figure 26 Comparison of concern & complaints themes for Q2 of this financial year (2014/2015), Q1 of this financial year (2014/2015) & Q2 of the previous financial year (2013/2014)



11.5 Serious Untoward Incidents (SUIs)

Figure 27 NHS South Sefton CCG reported Serious Untoward Incidents

Incident Split by Provider

Provider / Type of Incident	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
Aintree University Hospital NHS Foundation Trust									
Delayed diagnosis				1			1		2
Slips/Trips/Falls					1				1
Drug Incident (general)					1				1
Failure to act upon Test Results								1	1
Alder Hey Children's NHS Foundation Trust									
Child Death			1	1					2
Liverpool Community Health NHS Trust									
Pressure ulcer - (Grade 3)	3	3	5	7	5	4	5	1	33
Pressure ulcer - (Grade 4)	3	4	4		1	2	1	1	16
Child Death				2				1	3
Liverpool Women's NHS Foundation Trust									
Maternity service		1							1
Mersey Care NHS Trust									
Admission of under 18s to adult mental health ward		1							1
Unexpected Death of Community Patient (in receipt)						1			1
Suicide by Outpatient (in receipt)						1			1
Grand Total	6	9	10	11	8	8	7	4	63

CCG SUIs

Type of Incident	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
Pressure ulcer - (Grade 3)	3	3	5	7	5	4	5	1	33
Pressure ulcer - (Grade 4)	3	4	4		1	2	1	1	16
Child Death			1	3				1	5
Delayed diagnosis				1			1		2
Slips/Trips/Falls					1				1
Unexpected Death of Community Patient (in receipt)						1			1
Suicide by Outpatient (in receipt)						1			1
Drug Incident (general)					1				1
Admission of under 18s to adult mental health ward		1							1
Maternity service		1							1
Failure to act upon Test Results								1	1
Grand Total	6	9	10	11	8	8	7	4	63

For South Sefton CCG patients there have been 4 serious incidents reported in November 2014, 63 SUIs reported YTD and zero Never Events. Year to date there have been 4 repeated incidents reported, detailed below;

- 33x Pressure ulcer - (Grade 3)
- 16x Pressure ulcer - (Grade 4)
- 5x Child Death
- 2x Delayed diagnosis

The majority of incidents occurred within Liverpool Community Health, the Trust is currently undertaking an aggregated pressure ulcer review with South Sefton and Liverpool CCGs an action plan has been provided and progress will be monitored at the CQPG meetings.

All incident investigations and action plans are discussed in detail at the CCG's Monthly SUI Management Group Meeting.

It should be noted that the data provided in the tables comes from Datix and not StEIS, as such differences in the figures reported for Liverpool Community Health and Mersey Care will be notable. These new data issues are being worked through with the Providers and the differing data sets.

Figure 28 Aintree University Hospital reported Serious Untoward Incidents

Provider SUIs									
Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
Communicable Disease and Infection Issue								1	1
Delayed diagnosis			1	1			1		3
Drug Incident (general)					1				1
Failure to act upon test results		3						1	4
Slips/Trips/Falls					1				1
Sub-optimal care of the deteriorating patient						1			1
Unexpected Death (general)		1							1
Grand Total	0	4	1	1	2	1	1	2	12

Incidents split by CCG									
CCG Name / Incident Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD
Knowsley CCG									
Failure to act upon test results		2							2
Unexpected Death (general)		1							1
Liverpool CCG									
Delayed diagnosis			1						1
Failure to act upon test results		1							1
Sub-optimal care of the deteriorating patient						1			1
Sefton CCG									
Delayed diagnosis				1			1		2
Drug Incident (general)					1				1
Failure to act upon test results								1	1
Slips/Trips/Falls					1				1
West Cheshire CCG									
Communicable Disease and Infection Issue								1	1
Grand Total	0	4	1	1	2	1	1	2	12

There have been 2 serious incidents reported in November 2014 relating to Communicable Disease and Infection Issue and Failure to act upon test results. The trust has reported 12 incidents YTD.

The trust has reported 12 repeated incidents YTD relating to the following;

There have been 2 repeated incidents during 2014/15

- 3x Delayed diagnosis
- 4x Failure to act upon test results

All incident investigations and action plans are discussed in detail at SUI/Complaints Monthly Management Group

12.Primary Care

12.1 Background

The primary care dashboard has been developed during the summer of 2014 with the intention of being used in localities so that colleagues from practices are able to see data compared to their peers in a timely and consistent format. From this, localities can use this data to request further analysis, raise queries with providers, determine local priorities for action, understand demand, and monitor improvement. The tool is to aid improvement, not a performance management tool.

12.2 Content

The dashboard is still evolving, but at this stage the following sections are included: Urgent care (A&E attendances and emergency admissions for children and adults separately), Demand (referrals, Choose & Book information, cancer and urgent referrals), and Prescribing indicators. Future developments during winter 2014 include QOF data, financial information, and public health indicators.

12.3 Format

The data is presented for all practices, grouped to locality level and RAG rated to illustrate easily variation from the CCG average, where green is better than CCG average by 10% or more, and red is worse than CCG average. Amber is defined as better than CCG average but within 10%. Data is refreshed monthly, where possible and will have a 6 week time lag from month end for secondary care data and prescribing data, and less frequent updates for the likes of annual QOF data. The dashboards have been presented to Quality Committee and to localities, and feedback has been positive. The dashboards will be available on the new Cheshire & Merseyside Intelligence Portal (CMiP)

12.4 Summary of performance

A summary of the primary care dashboard measures at locality level for data relating to June 2014 is presented below. The criteria for the Red, Amber, Green rating is described above in section 11.3

Figure 29 Summary of Primary Care Dashboard

	A&E Attendance rate per 1,000 for under 19's (12 Mths to Jun-14)	A&E Attendance rate per 1,000 for over 19's (12 Mths to Jun-14)	Emergency Admission rate per 1,000 for under 19's (12 Mths to Jun-14)	Emergency Admission rate per 1,000 for over 19's (12 Mths to Jun-14)
Bootle	422.6	351.9	56.1	144.4
Crosby	258.2	223.3	43.7	104.7
Maghull	126.0	225.1	70.5	108.9
Seaforth & Litherland	340.6	303.9	53.1	121.9
South Sefton CCG	305.3	276.3	54.0	119.9

Locality	GP referrals (JUNE 14)	GP urgent referrals as a % of all GP referrals	GP referrals / 1,000 patients	Cancer Fast Track / 1,000 patients	% Choose & Book
Bootle	865	6.7%	21.57	2.10	18.2%
Crosby & Waterloo	901	10.8%	19.09	1.55	23.2%
Maghull	632	15.8%	22.35	1.38	27.2%
Seaforth & Litherland	738	7.6%	18.84	1.91	19.9%
<i>South Sefton CCG</i>	<i>3136</i>	<i>9.9%</i>	<i>20.27</i>	<i>1.75</i>	<i>21.8%</i>

13. Programme Update

13.1 2014/15 Milestones

All programme milestones are green except for the following exceptions:

- Neurology: Clinical and Programme leads not yet identified.

13.2 CCG Strategic Performance

Newly developed strategic performance dashboard to monitor progress against four main CCG performance indicators.

The dashboards are all produced in a standard format using Accident and Emergency department and emergency admissions data extracted from Secondary User Services (SUS) files.

Emergency activity for the majority of dashboards are extracted using established Programme Budgeting Codes

- 02 (A-X) Cancers & Tumours
- 04 (A-X) Endocrine, Nutritional and Metabolic Disorders (Diabetes)
- 05 (A-X) Mental Health Disorders
- 07 (A-X) Neurological Problems
- 10 (A-X) Problems of circulation (Cardiovascular)
- 11 (A-X) Problems of the respiratory system

For the other programme areas Children and Young People are defined by age under 19 years old, Acute Kidney Injury (AKI) and Liver Disease are reviewed by the use of Primary Diagnosis Codes specified by NHS Right Care and Palliative Care is evaluated through Unbundled HRG codes which is the NHS England preferred choice.

A&E Attendances are measured by the use of Diagnosis Codes as produced by the Health and Social Care Information Centre. These codes are a broad classification of the types of diagnoses that patients require attendance in A&E.

CCG performance is broken down to show activity at locality and programme level.

Locality and programme leads will review Dashboards each month to identify areas of concern and support future service developments.

South Sefton CCG received National Recognition for the work and development of the Programme Dashboards when they were presented at the NHS England CSU BI Leads Network meeting in London.

CCG Locality Programme Dashboard

The CCG Locality Programme Dashboard has been created to identify performance at Programme Level by Locality. This will be required to inform future Service Planning, Development and Implementation.

The 3 parts of Information on the Dashboard are:

1) KPI

KPI is based on a RAG rating of RED, AMBER, GREEN

RED means YTD activity has increased this financial year.

AMBER means YTD performance has either stayed the same as last financial year or reduced by 0.9%

GREEN means YTD performance is 1% or more improved on last financial year.

2) Trend

Performance Improved	↓ ↓ ↓
	= = =
Adverse Performance	↑ ↑ ↑

The Key for the trend above shows 9 possible performance outcomes, the best being ↓ and the worst being ↑
The arrow indicates direction of activity, up arrow is increased activity and the down arrow indicates activity has decreased when compared against last financial year
The colour of the arrow is the in-month performance.

3) Sparkline

The sparkline information shows the YTD activity plotted per month and indicates current financial year trend.

South Sefton CCG Programme Locality Dashboard

September 2014

All Activity		AE Attendance			Emergency Admissions			Emergency Bed Days			Emergency Re-admissions		
CCG Level		KPI 1	Trend	Sparkline	KPI 2	Trend	Sparkline	KPI 3	Trend	Sparkline	KPI 4	Trend	Sparkline
Locality	Bootle	4.0%	↑		5.1%	↑		5.1%	↑		18.0%	↑	
	Crosby	23.5%	↑		3.0%	↑		-6.1%	↓		7.8%	↑	
	Maghull	39.3%	↑		7.1%	↑		-2.8%	↓		-3.4%	↓	
	Seaforth & Litherland	20.4%	↑		6.1%	↑		-10.7%	↓		-0.6%	=	

Activity - Programme		AE Attendance			Emergency Admissions			Emergency Bed Days			Emergency Re-admissions		
		KPI 1	Trend	Sparkline	KPI 2	Trend	Sparkline	KPI 3	Trend	Sparkline	KPI 4	Trend	Sparkline
Bootle	Acute Kidney Injury (AKI)				150.0%	↑		43.9%	↑		120.0%	↑	
	Cancer				48.8%	↑		3.6%	↑				
	Cardiovascular	0.0%	=		22.1%	↑		-10.1%	↓		-2.6%	↓	
	Childrens and Young People	6.8%	↑		2.8%	↑		17.8%	↑		183.3%	↑	
	Diabetes				68.2%	↑		59.4%	↑		400.0%	↑	
	Liver Disease				3.0%	↑		25.3%	↑		37.5%	↑	
	Mental Health	-26.8%	↓		-43.6%	↓		0.9%	↑				
	Neurology	-73.5%	↓		-17.1%	↓		-28.9%	↓		-8.8%	↓	
	Palliative Care				34.7%	↑		30.8%	↑		-6.7%	↓	
	Respiratory	-0.9%	=		1.2%	↑		-11.9%	↓		-1.3%	↓	
Crosby	Acute Kidney Injury (AKI)				133.3%	↑		58.7%	↑		125.0%	↑	
	Cancer				10.9%	↑		7.2%	↑				
	Cardiovascular	-31.3%	↓		-0.8%	=		-23.3%	↓		5.4%	↑	
	Childrens and Young People	-2.0%	↓		-4.0%	↓		10.7%	↑		-9.1%	↓	
	Diabetes				0.0%	=		11.0%	↑		11.1%	↑	
	Liver Disease				17.5%	↑		-7.2%	↓		0.0%	=	
	Mental Health	0.0%	=		-46.8%	↓		-70.1%	↓				
	Neurology	-69.6%	↓		-15.0%	↓		-26.6%	↓		-25.0%	↓	
	Palliative Care				33.3%	↑		16.1%	↑		42.9%	↑	
	Respiratory	-28.2%	↓		-7.7%	↓		-28.3%	↓		30.8%	↑	
Maghull	Acute Kidney Injury (AKI)				90.0%	↑		-39.7%	↓		0.0%	=	
	Cancer				12.8%	↑		-25.1%	↓				
	Cardiovascular	-50.0%	↓		16.9%	↑		-8.7%	↓		3.2%	↑	
	Childrens and Young People	0.2%	↑		0.5%	↑		-5.5%	↓		-75.0%	↓	
	Diabetes				2.6%	↑		4.8%	↑		-9.1%	↓	
	Liver Disease				32.1%	↑		45.5%	↑		100.0%	↑	
	Mental Health	6.7%	↑		-14.6%	↓		-48.5%	↓				
	Neurology	-72.7%	↓		-6.8%	↓		-19.0%	↓		-14.6%	↓	
	Palliative Care				95.8%	↑		73.6%	↑		40.0%	↑	
	Respiratory	84.6%	↑		4.6%	↑		-15.5%	↓		6.1%	↑	
Seaforth & Litherland	Acute Kidney Injury (AKI)				140.0%	↑		188.1%	↑				
	Cancer				-16.3%	↓		-24.2%	↓				
	Cardiovascular	-63.6%	↓		7.7%	↑		-15.6%	↓		9.7%	↑	
	Childrens and Young People	6.3%	↑		17.1%	↑		37.4%	↓		54.5%	↑	
	Diabetes				18.2%	↑		22.1%	↑		57.1%	↑	
	Liver Disease				-21.3%	↓		-53.4%	↓		-70.0%	↓	
	Mental Health	5.7%	↑		-44.6%	↓		-61.0%	↓				
	Neurology	-55.0%	↓		-10.3%	↓		-35.4%	↓		-36.6%	↓	
	Palliative Care				13.2%	↑		-17.1%	↓		7.1%	↑	
	Respiratory	18.6%	↑		8.7%	↑		-13.5%	↓		26.5%	↑	

AE Attendances for Childrens and Young People excludes Attendances at Liverpool Community due to Age Recording Discrepancies.

Appendix 1 Main Provider Activity & Finance Annual Comparison

Figure 30 Month 8 Planned Care - Aintree University Hospitals NHS Foundation Trust 13/14 – 14/15 Comparison

Aintree University Hospitals NHS F/T South Sefton CCG		2014/15												
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Daycase	Activity	1415 Activity Plan	923	923	969	1061	923	1015	1061	923				
	1415 Activity Actual	933	951	1028	1105	917	1017	1077	957					
	Price	1415 Price Plan	£613,314	£613,314	£643,980	£705,312	£613,314	£674,646	£705,312	£613,314				
1415 Price Actual	£615,656	£662,910	£669,748	£723,295	£611,195	£713,917	£725,692	£695,466						
Elective	Activity	1415 Activity Plan	169	169	178	194	169	186	194	169				
	1415 Activity Actual	180	188	169	190	181	202	181	174					
	Price	1415 Price Plan	£460,306	£460,306	£483,322	£529,352	£460,306	£506,337	£529,352	£460,306				
1415 Price Actual	£501,422	£536,883	£407,857	£512,442	£486,687	£582,022	£524,053	£488,028						
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	978	1011	978	1011	1011	978	1011	978				
	1415 Activity Actual	1012	1072	1010	1063	1043	1082	1411	1367					
	Price	1415 Price Plan	£1,897,370	£1,960,616	£1,897,370	£1,960,616	£1,960,616	£1,897,370	£1,960,616	£1,897,370				
1415 Price Actual	£1,970,074	£2,158,801	£2,005,594	£2,011,537	£2,018,160	£1,977,447	£2,348,269	£2,244,208						
AandE	Activity	1415 Activity Plan	2527	2611	2527	2611	2611	2527	2611	2527				
	1415 Activity Actual	2549	2650	2631	2622	2556	2527	2597	2529					
	Price	1415 Price Plan	£270,763	£279,789	£270,763	£279,789	£279,789	£270,763	£279,789	£270,763				
1415 Price Actual	£275,641	£287,645	£287,833	£283,344	£279,987	£276,870	£287,385	£277,673						

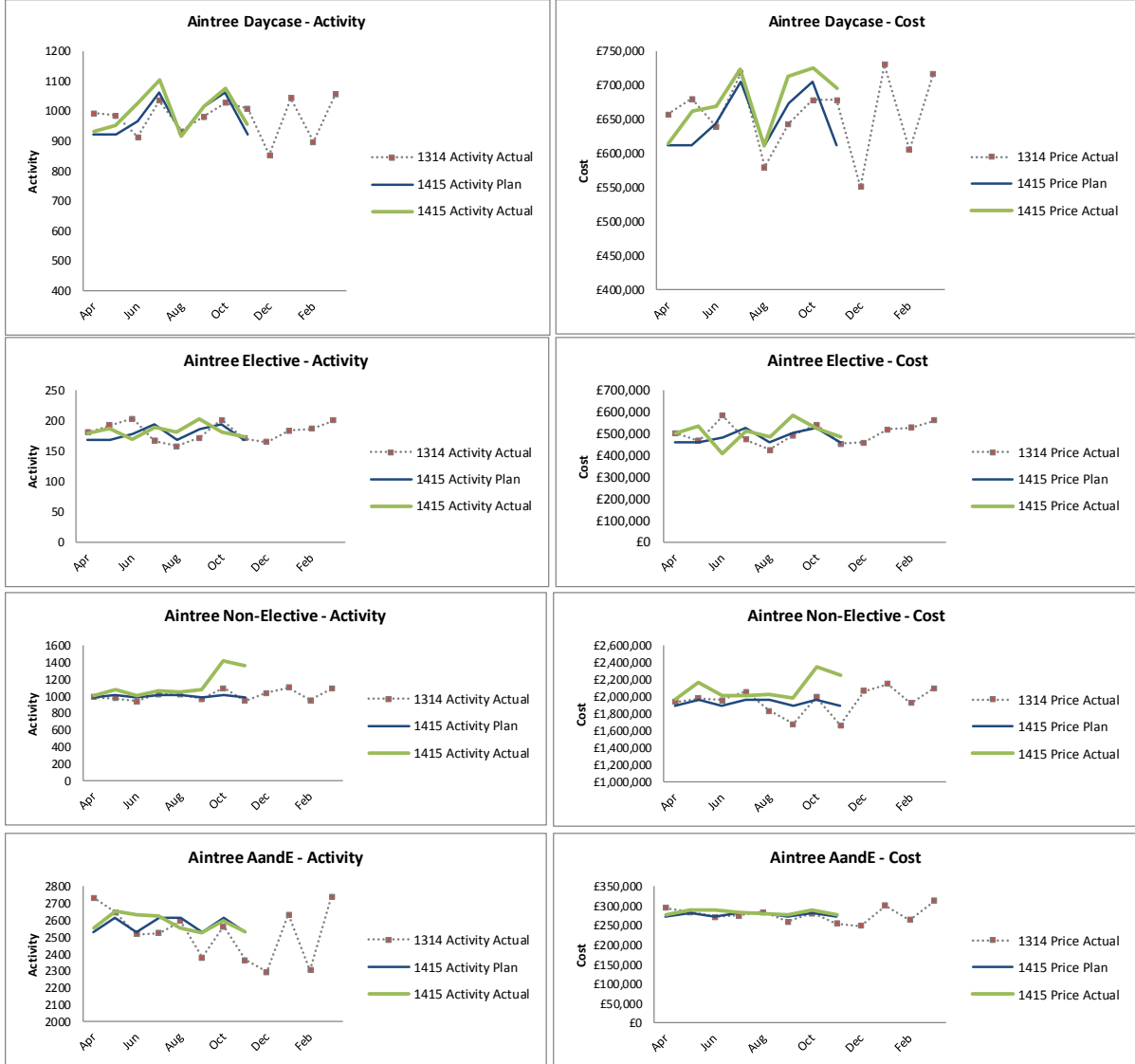


Figure 31 Month 8 Planned Care – Liverpool Women’s Hospital 13/14 – 14/15 Comparison

Liverpool Womens Hospital South Sefton CCG			2014/15											
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Daycase	Activity	1415 Activity Plan	84	90	95	99	99	74	95	105	95			
		1415 Activity Actual	85	80	99	94	70	65	89	86				
	Price	1415 Price Plan	£48,833	£52,045	£55,258	£57,828	£43,050	£55,258	£61,041	£55,258				
		1415 Price Actual	£51,580	£51,317	£71,771	£60,982	£47,574	£37,080	£58,075	£50,261				
Elective	Activity	1415 Activity Plan	25	26	28	29	22	28	31	28				
		1415 Activity Actual	25	42	38	54	46	23	28	29				
	Price	1415 Price Plan	£54,488	£58,072	£61,657	£64,525	£48,035	£61,657	£68,110	£61,657				
		1415 Price Actual	£60,106	£85,777	£59,466	£81,343	£74,213	£43,742	£53,981	£49,730				
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	123	127	123	127	127	123	127	123				
		1415 Activity Actual	118	112	146	155	116	113	130	128				
	Price	1415 Price Plan	£208,357	£215,980	£208,357	£215,980	£215,980	£208,357	£215,980	£208,357				
		1415 Price Actual	£204,996	£195,892	£248,939	£265,849	£202,205	£202,743	£230,006	£228,955				
AandE	Activity	1415 Activity Plan	138	144	138	144	144	138	144	138				
		1415 Activity Actual	112	168	157	184	130	141	144	129				
	Price	1415 Price Plan	£12,873	£13,344	£12,873	£13,344	£13,344	£12,873	£13,344	£12,873				
		1415 Price Actual	£10,226	£14,753	£14,552	£17,347	£12,151	£12,736	£13,914	£11,696				



Figure 32 Month 7 Planned Care – Royal Liverpool & Broadgreen Hospital 13/14 – 14/15 Comparison

Royal Liverpool Hospital South Sefton CCG		2014/15												
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Daycase	Activity	1415 Activity Plan	119	119	125	137	119	131	137	119				
	1415 Activity Actual	116	112	127	135	111	129	140	138					
	Price	1415 Price Plan	£105,580	£105,580	£110,859	£121,417	£105,580	£116,138	£121,417	£105,580				
	1415 Price Actual	£93,425	£101,245	£113,637	£110,940	£86,338	£113,508	£112,837	£120,027					
Elective	Activity	1415 Activity Plan	35	35	37	40	35	38	40	35				
	1415 Activity Actual	25	47	38	40	39	33	41	35					
	Price	1415 Price Plan	£119,760	£119,760	£125,748	£137,724	£119,760	£131,736	£137,724	£119,760				
	1415 Price Actual	£59,269	£133,850	£139,497	£104,079	£109,147	£96,458	£155,212	£140,272					
Non-Elective (NEL and NELST)	Activity	1415 Activity Plan	68	70	68	70	68	70	68	68				
	1415 Activity Actual	78	83	93	103	78	88	98	73					
	Price	1415 Price Plan	£126,114	£130,318	£126,114	£130,318	£130,318	£126,114	£130,318	£126,114				
	1415 Price Actual	£140,993	£118,945	£135,963	£179,965	£160,353	£161,734	£120,203	£112,452					
AandE	Activity	1415 Activity Plan	362	374	362	374	362	374	362	374				
	1415 Activity Actual	394	365	361	385	378	366	375	334					
	Price	1415 Price Plan	£30,232	£31,240	£30,232	£31,240	£31,240	£30,232	£31,240	£30,232				
	1415 Price Actual	£32,676	£31,503	£30,287	£32,661	£32,747	£31,159	£32,500	£27,805					



Appendix 2 Additional Finance Tables

01T NHS South Sefton Clinical Commissioning Group Month 9 Financial Position							
Cost centre Number	Cost Centre Description	Annual Budget £000	Budget To Date £000	Actual To Date £000	Variance to date £000	End of Year	
						Expenditure Outturn £000	FOT Variance £000
COMMISSIONING - NON NHS							
598501	Mental Health Contracts	970	705	705	0	970	0
598506	Child and Adolescent Mental Health	212	159	161	2	215	3
598511	Dementia	127	97	97	0	127	0
598521	Learning Difficulties	497	349	267	(82)	380	(117)
598541	Mental Health Services - Collaborative Commissioning	881	881	881	0	881	0
598596	Collaborative Commissioning	521	391	376	(14)	502	(19)
598661	Out of Hours	1,321	991	991	0	1,321	0
598682	CHC Adult Fully Funded	4,937	3,759	4,280	521	5,706	769
598684	CHC ADULT JOINT FUNDED	1,420	1,065	1,344	279	1,792	372
598685	CHC Adult joint funded Personal Health Budget	21	16	85	70	114	93
598687	CHC Children	661	496	471	(25)	622	(39)
598691	Funded Nursing Care	2,281	1,695	1,646	(49)	2,217	(64)
598711	Community Services	129	100	150	50	209	80
598721	Hospices	1,479	1,121	1,167	45	1,538	59
598726	Intermediate Care	164	111	111	0	164	0
598796	Reablement	1,290	966	966	0	1,290	0
Sub-Total		16,909	12,901	13,699	798	18,046	1,137
CORPORATE & SUPPORT SERVICES							
600251	Administration and Business Support (Running Cost)	169	126	125	(1)	169	1
600271	CEO/Board Office (Running Cost)	785	589	488	(101)	675	(111)
600276	Chairs and Non Execs (Running Cost)	149	112	30	(82)	57	(93)
600286	Clinical Governance (Running Cost)	30	22	(26)	(48)	(26)	(56)
600296	Commissioning (Running Cost)	1,474	1,105	1,051	(55)	1,410	(64)
600316	Corporate costs	195	146	84	(63)	141	(54)
600346	Estates & Facilities	193	120	195	74	260	67
600351	Finance (Running Cost)	443	332	325	(7)	423	(20)
600391	Medicines Management (Running Cost)	37	28	36	8	46	9
600266	BUSINESS INFORMATICS	77	58	43	(15)	62	(15)
600426	Quality Assurance	138	103	101	(2)	136	(2)
	Sub-Total Running Costs	3,690	2,743	2,452	(291)	3,352	(338)
598646	Commissioning Schemes (Programme Cost)	742	543	574	32	850	108
598656	Medicines Management (Clinical)	663	497	435	(63)	591	(72)
598776	Non Recurrent Programmes (NPFIT)	1,264	92	92	(0)	1,264	0
598676	Primary Care IT	828	621	652	31	828	0
	Sub-Total Programme Costs	3,498	1,753	1,753	0	3,534	36
Sub-Total		7,188	4,496	4,205	(291)	6,886	(301)
SERVICES COMMISSIONED FROM NHS ORGANISATIONS							
598571	Acute Commissioning	110,621	82,965	84,309	1,343	113,102	2,481
598576	Acute Childrens Services	8,739	6,554	6,279	(276)	8,639	(100)
598586	Ambulance Services	5,347	4,011	4,028	18	5,371	24
598616	NCA's/OATs	1,331	998	941	(57)	1,304	(27)
598631	Winter Pressures	1,213	663	663	0	1,213	0
598566	Mental Health Services - Winter Resilience	103	0	0	0	103	0
598756	Commissioning - Non Acute	34,843	26,132	26,162	29	34,859	15
598786	Patient Transport	5	4	1	(3)	2	(3)
Sub-Total		162,203	121,328	122,382	1,055	164,593	2,390
INDEPENDENT SECTOR							
598591	Clinical Assessment and Treatment Centres	2,304	1,728	1,976	248	2,685	381
Sub-Total		2,304	1,728	1,976	248	2,685	381
PRIMARY CARE							
598651	Local Enhanced Services and GP Framework	2,000	1,390	1,381	(10)	1,943	(57)
598791	Programme Projects	504	363	292	(71)	411	(93)
Sub-Total		2,503	1,753	1,673	(81)	2,353	(150)
PRESCRIBING							
598606	High Cost Drugs	545	409	393	(16)	634	89
598666	Oxygen	439	327	286	(41)	385	(54)
598671	Prescribing	28,088	21,176	21,270	95	28,214	126
Sub-Total		29,071	21,911	21,950	38	29,232	161
Sub-Total Operating Budgets pre Reserves		220,178	164,117	165,884	1,767	223,796	3,618
RESERVES							
598761	Commissioning Reserves	8,926	1,767	0	(1,767)	5,308	(3,618)
Sub-Total		8,926	1,767	0	(1,767)	5,308	(3,618)
Grand Total I & E		229,104	165,884	165,884	(0)	229,104	0
RRL Allocation		(231,404)	(167,609)	(167,609)	0	(231,404)	0
(Surplus)/Deficit		(2,300)	(1,725)	(1,725)	(0)	(2,300)	0

01T NHS South Sefton Clinical Commissioning Group Month 9 Contract Summary

Description	Annual Budget £000	Budget To Date £000	Actual To Date £000	YTD Variance			Forecast Variance (Most Likely)		
				Month 9 £000	Month 8 £000	Movement £000	Month 9 £000	Month 8 £000	Movement £000
ACUTE CHILDRENS SERVICES									
ALDER HEY CHILDRENS FT	8,739	6,554	6,279	(276)	(371)	96 ▲	(100)	(557)	457 ▲
Sub-Total	8,739	6,554	6,279	(276)	(371)	96	(100)	(557)	457
ACUTE COMMISSIONING									
AINTREE UNI HOSP NHS FT	80,492	60,369	61,634	1,265	1,287	(22) ▼	1,690	1,753	(63) ▼
AINTREE ANTICOAGULENT CLINIC	220	165	167	2	0	2 ▲	2	2	0
ANY QUALIFIED PROVIDER	479	359	405	46	63	(17) ▼	61	94	(33) ▼
C MANC UNI HOS NHS FT	45	34	44	10	30	(20) ▼	13	44	(31) ▼
COUNTESSES OF CHESTER FT	32	24	33	9	9	1	12	13	(1)
LIVP HRT/CHST HOSP NHST	692	519	522	2	(15)	17 ▲	3	(22)	26 ▲
LIVP WOMENS NHS FT	9,035	6,776	7,059	283	290	(7) ▼	384	434	(50) ▼
R LIV/BRG UNI HOSP NHST	10,053	7,540	7,647	108	0	108 ▲	143	206	(63) ▼
SOUTHPORT/ORMSKIRK NHST	6,865	5,148	5,083	(65)	16	(81) ▼	(87)	38	(125) ▼
ST HEL/KNOWS TEACH NHST	1,907	1,430	1,453	22	31	(9) ▼	30	47	(17) ▼
UNI HOSP SMAN NHS FT	36	27	27	0	3	(3) ▼	0	5	(5) ▼
WALTON CENTRE NHS FT	138	103	104	0	0	0	0	0	0
WIRRAL UNIV TEACH HOSP	286	214	205	(10)	(13)	3 ▲	(13)	(19)	6 ▲
WRIGHT/WGN/LEIGH NHS FT	341	256	438	182	157	25 ▲	242	236	6 ▲
Sub-Total	110,621	82,965	84,818	1,853	1,858	(5)	2,481	2,831	(350)
COMMISSIONING - NON ACUTE									
CHESH/WIRRAL PART NHSFT	13	10	11	1	1	0	1	0	1 ▲
LPOOL COMM HC NHST	18,790	14,092	14,092	(0)	0	(0)	(0)	0	(0)
MERSEY CARE NHST	12,694	9,521	9,521	0	0	0	0	0	0
NHS 111 ~ SERVICE	260	195	196	1	1	(1)	1	2	(1) ▼
SOUTHPORT/ORMSKIRK NHST	1,313	985	985	0	6	(6) ▼	0	0	0
S&O ANTICOAGULENT CLINIC	73	55	63	8	0	8 ▲	13	13	0
STTFFS/SHRPS HC NHS FT	1,700	1,275	1,275	0	0	0	0	0	0
Sub-Total	34,843	26,132	26,143	10	9	2	15	15	0
AMBULANCE SERVICES									
NW AMBUL SVC NHST	5,347	4,011	4,028	18	13	5 ▲	24	19	5 ▲
Sub-Total	5,347	4,011	4,028	18	13	5	24	19	5
Grand Total	159,550	119,663	121,268	1,606	1,508	97	2,420	2,308	112

01T NHS South Sefton Clinical Commissioning Group Month 9 IS Provider Summary

Description	Annual Budget £000	Budget To Date £000	Actual To Date £000	YTD Variance			Forecast Variance (Most Likely)		
				Month 9 £000	Month 8 £000	Movement £000	Month 9 £000	Month 8 £000	Movement £000
RAMSAY HEALTHCARE UK	1,282	961	1,076	114	74	40 ▲	150	111	39 ▲
SPIRE HEALTHCARE LTD	812	609	749	141	100	41 ▲	230	150	80 ▲
ISIGHT LTD	94	71	39	(31)	(32)	0	(34)	(48)	14 ▲
FAIRFIELD	47	35	16	(19)	(19)	0	(15)	(29)	14 ▲
BRITISH PREGNANCY ADVISORY SERVIC	60	45	59	14	4	10 ▲	6	6	0
Other Cost Per Case IS Providers	10	7	37	30	(2)	32 ▲	44	(4)	48 ▲
Sub-Total	2,304	1,728	1,976	248	124	124	381	186	195

MEETING OF THE GOVERNING BODY

January 2015

Agenda Item: 15/09	Author of the Paper:						
Report date: January 2015	Judy Graves Governance Facilitator, NWCSU Email: judy.graves@nhs.net Tel: 0151 295 8908						
Title: Quarter 3 2014/15 Risk Assurance Framework & Corporate Risk Register Update							
Summary/Key Issues: To provide members with an update on the organisations Q3 position against the Governing Body Assurance Framework (GBAF), Corporate Risk Register (CRR) and the support provided.							
Recommendation The Governing Body is asked to: <ul style="list-style-type: none"> Note the work undertaken and progress made on assurance and scrutiny; Receive and review Q3 (December) 2014 Governing Body Assurance Framework positions, specifically the 'Gaps in Control and Gaps in Assurances'; Receive and review Q3 (December) 2014 Corporate Risk Register positions; Receive and review the 2015/16 Horizon Scan document. 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="text-align: center; width: 30px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives	
X	Improve quality of commissioned services, whilst achieving financial balance.
X	Sustain reduction in non-elective admissions in 2014/15.
X	Implementation of 2014/15 phase of Virtual Ward plan.
X	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
X	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
X	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
X	Review the population health needs for all mental health services to inform enhanced delivery.

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement	X			
Clinical Engagement	X			
Equality Impact Assessment	X			
Legal Advice Sought	X			
Resource Implications Considered	X			
Locality Engagement	X			
Presented to other Committees	X			

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

Report to the Governing Body January 2015

1.0 Q3 Progress Update

- Work continues with the SMT and Corporate Governance Support Group to ensure robust assurance processes are in place, continued and reviewed.
- 1:1 meetings held with risk leads to discuss and review CRR and GBAF updates.
- Monthly and quarterly reports completed and submitted for SMT, Corporate Governance Sub-Group and Quality Committee including highlights for review and scrutiny.
- Assurance schedule continues to be reviewed. Dates have been completed for Q4 2014/15 and Q1 2015/16 reporting and submission to the Governing Body.
- SMT reminded of the importance of ensuring all respond accordingly on any changes in risk so as to ensure compliance with the organisations Risk Management Strategy.
- GBAF 'Gaps in Control' and 'Gaps in Assurance' reviewed to ensure appropriate.
- Following an agreement at the 25th November 2014 SMT, a 'Horizon Scan 15/16' register has been created. All 15/16 related risks have been split out of the current register and moved across. Document will be added to over the coming months.
- Review of risk leads and deputies document so as to ensure current.
- Proposed a review of how meetings are recorded and possible improvements that could be made which could strengthen the CCG's assurance.

2.0 South Sefton CCG Position Statements

Governing Body Assurance Framework (*Appendix A and B*)

There are a total of 15 risks recorded on the Governing Body Assurance Framework (GBAF) against the 7 corporate objectives for quarter 3 2014/15:

Risk Rating:

13 have stayed the same
2 have increased: 1.1 and 1.2.

Of which:

No red risks.
13 amber: high risks being 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 2.1, 4.1, 5.1, 5.2, 6.1, 6.2, 6.3.
2 yellow or green: 3.1, 7.1

Assurance Rating:

Remained the same for all 15 risks

3.0 Corporate Risk Register (*Appendix C*)

There are 19 operational risks recorded on the South Sefton CCG Corporate Risk Register (CRR) for quarter 3 (December) 2014/15:

2 are rated as high level 'Extreme' risk (red): FIN007, QUA008
12 are rated as high level (amber).
4 are medium or low risk (yellow or green).

Of the 19 operational risks recorded:

- 17 risks continue from November 2014/15
- 15 have stayed the same
- 2 have reduced in risk rating.
- 2 new risks: REP005, REP006.
- 7 risks have moved to the 15/16 Horizon Scan: 6 continued risks and 1 new risk

Extreme' Risks (Red)

- FIN007: Risk relates to CHC demands exceeding resources. This risk has been proposed for removal and inclusion within FIN003 as an overall financial risk. It is expected that this will no longer be on the CRR at the next update and the rating for FIN003 will be reviewed to ensure it reflects its position as the overall financial risk.

- QUA008: Risk relates to Lab results not being communicated to GP practices (from the Lab provider) due to IT system/technical issues that may have an impact on patient safety. Letters have been sent to practices regarding any possible incidents and plans are in place for dealing with any potential issues.

New Risks

- REP005: Relates to potential risk to the CCG due to the closure of Breast Surgery Service at Southport & Ormskirk. A number of controls are already in place and involve both the public and key stakeholders and includes an Equality Impact Assessment. Engagement consultation being held during January and February 2015. Will need to ensure that the change of service as a result of Clinical Safety is communicated effectively.

- REP006: Relates to possible local resident concerns regarding the potential closure of Litherland Town Hall Out of Hours Pharmacy Service. Initial consultation undertaken and completed, with alternative service provision identified and communicated for feedback. Further engagement once decision is taken.

4.0 CRR Horizon Scan 2015/16 (Appendix D)

Following an agreement at the SMT on 25th November 2014, a 'Horizon Scan 15/16' register has been created. All 15/16 related risks have been split out of the current register and moved across. Document will be added to over the coming months.

5.0 Conclusion

South Sefton CCG's 2014/15 Governing Body Assurance Framework and Corporate Risk Register documents highlights the key objective and operational risks as at January 2015, with the majority of risks remaining static in terms of score. Additional controls have been identified where possible, with descriptions of action plans and work programmes intended to close identified gaps. SMT, Corporate Governance Support Group and Quality Committee will continue to monitor and assure risk scores and that progress against mitigating actions by Lead Officers will be robustly managed in line with the CCG's Risk Management Strategy.

Appendices

- A. GBAF Q3 2014/15 Summary
- B. Governing Body Assurance Framework Q3 2014/15
- C. Corporate Risk Register Q3 2014/15
- D. CRR Horizon Scan 2015/16

Judy Graves
NWCSU
January 2015

**South Sefton CCG Assurance Framework 2014/15
Assurance Rating Summary Quarter 3**

Key:
 ▼ L – Assurance rating reduced from previous Quarter
 ► M – Maintained assurance rating from previous Quarter
 ▲ H – Higher assurance rating than previous Quarter
 N/A – Not applicable – assurance not expected
 Blank – No comparable rating



**South Sefton
Clinical Commissioning Group**

Risk No	Risk Description	Current Risk Rating (L & C)	Accountable Lead	Assurance Rating				Assurance Rating Key
				Q1	Q2	Q3	Q4	
Unique Identifier	Strategic risk transposed from Assurance Framework document	Risk rating based on agreed risk matrix	Identified lead on behalf of the CCG who is referred to as the 'Risk Owner' on the Assurance Framework document	These columns will state either 'Limited' 'Reasonable' or 'Significant' assurance has been awarded dependent on the weight of assurance provided				This column will have ▼ or ► or ▲ inserted here to demonstrate any changes since last review
Corporate Objective 1: Improved quality of commissioned services, whilst achieving financial balance								
1.1	Non Delivery of financial targets due to failure to control CCG expenditure budgets	2x5 3x4	Martin McDowell	R	R	R		►
1.2	Non-delivery of financial targets due to over-performance/in-effective demand management of activity levels within acute and community provider contracts	2x5 3x4	Martin McDowell	R	R	R		►
1.3	Failure of providers to deliver CQUIN targets leading to slow change /transformation of services	3x3	Debbie Fagan	S	S	S		►
1.4	Exceed trajectories for HCAI impacting on patient safety & non-achievement of quality premium	3x4	Debbie Fagan	R	R	R		►
1.5	Lack of capacity and capability of CSU to deliver sufficient support in a responsive manner within resource envelope. In particular organisational change due to merger, specifically: CHC BI delivery	3x4	Tracy Jeffes	S	S	S		►
1.6	Non-delivery of 2014/15 QIPP Plan which supports transformational change	3x4	Karl McCluskey	R	R	R		►
Corporate Objective 2: Achieve a 15% reduction in non-elective admissions across 5 years								
2.1	Potential for any reduction in non-elective admissions to be offset by increased demand	4x3	Karl McCluskey	R	L	L		►
Corporate Objective 3: Implementation of 2014-15 phase of Care Closer to Home / Virtual Ward plan								
3.1	Delay in implementing new pathways due to non-achievement of reductions in admissions needs to draw out requirement to deliver savings.	2x3	Stephen Astles	R	R	R		►

Risk No	Risk Description	Risk Rating (L & C)	Accountable Lead	Assurance Rating			Assurance Rating Key
Corporate Objective 4: Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership and partners							
4.1	Current provider unable to deliver community service as specified by the CCG.	3x3	Stephen Astles	R	R	R	▶
Corporate Objective 5: Implementation of 2014-15 phase of Primary Care quality strategy / transformation							
5.1	Lack of capacity amongst clinical colleagues to deliver transformation	3x3	Jan Leonard	R	R	R	▶
5.2	Inability to maintain active involvement of all constituents and stakeholders	3x4	Stephen Astles	R	R	R	▶
Corporate Objective 6: Agreed three year integration plan with Sefton Metropolitan Borough Council and implementation of year one (14/15) to include an intermediate care strategy							
6.1	Inability to deliver system wide change due to failure to shift resource from one part of the health and social care system to another	3x3	Tracy Jeffes	L	L	R	▲
6.2	Potential of changes to social care funding to have an adverse impact on NHS services	3x3	Tracy Jeffes	L	L	L	▶
6.3	Capacity across CCG and council to deliver a robust and co-ordinated one year and three year plan	3x3	Tracy Jeffes	R	R	R	▶
Corporate Objective 7: Review the population health needs for all mental health services to inform enhanced delivery							
7.1	Completion of full scale review across children and adults in year	1x2	Karl McCluskey	S	S	S	▶

Corporate Objective 1: Improved quality of commissioned services, whilst achieving financial balance				Governing Body Reports				
Principal Risks	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date	
1.1 Non Delivery of financial targets due to failure to control CCG expenditure budgets	2-x-5 3x4	Internal and External Audit Plan in place to review systems of internal control	Financial Plan for 2014/15 signed off by Governing Body (May 2014). Monthly Finance performance reports presented to Finance & Resource Committee with reporting to Governing Body by exception report. Monthly reporting to NHS England as part of the collective NHS Financial position. Reported to the Governing Body via Finance & Resource committee minutes.	Significant	(GIA) Additional budget holder training required.	Not required at this stage.	March 2015	
		Robust financial management process in place to ensure reserves and contingency are utilised in an appropriate manner						Reasonable
		Internal budgetary management process in place to support and challenge budget holder to deliver within agreed limit		Robust processes in place and continue to be managed. Includes Management Action Plan: monitored on a monthly basis to Finance & Resource committee.				
Progress Reports	Q1	On target - Robust processes in place and being managed.						Reasonable
	Q2	On target - Robust processes in place and continue to be managed.						Reasonable
	Q3	Management Action Plan in place to deliver against financial targets. Monitored on a monthly basis to Finance & Resource committee.						Assurance Rating
	Q4							Reasonable

Corporate Objective 1: Improved quality of commissioned services, whilst achieving financial balance		Governing Body Reports						
Lead Officer/Risk Owner: Martin McDowell								
Principal Risks <u>Risk Owner</u>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date	
1.2 Non-delivery of financial targets due to over-performance/in-effective demand management of activity levels within acute and community provider contracts	2 x 5 3x4	<p>Provider contracts agreed and signed with specified activity levels and associated costs</p> <p>Robust financial planning and control process in place</p> <p>Internal and External Audit Plan in place to review systems of internal control</p> <p>Contingencies and reserves held to cover overspends during the year.</p>	<p>Agreed provider contracts signed for 2014/15, with robust contract management arrangements in place to maintain/deliver activity and associated costs within agreed limits</p> <p>Monthly provider contract review meetings in place to verify performance and quality (including CQUIN)</p> <p>Revised Financial Plan for 2014/15 signed off by Governing Body (May 2014).</p> <p>Monthly Finance performance reports presented to Finance & Resource Committee with reporting to Governing Body by exception report.</p> <p>Monthly reporting to NHS England as part of the collective NHS Financial position.</p> <p>Internal budgetary management process in place to support and challenge budget holder to deliver within agreed limit</p>	<p>Significant</p> <p>Management plan developed to monitor financial position to ensure stay on target and mitigate over performance for 14/15: on track and robustly managed. Any over performance being adequately managed by reserves. Currently identified schemes to reduce demand in Urgent Care as part of Strategic Plan.</p> <p>Limited</p>	(GIA) Better information required at practice level to encourage ownership of management/info improved control of referrals etc.	Currently working through.	March 2015.	
Progress Reports	Q1	Likely over-performance offset by adequate reserves held at Q1					Reasonable	
	Q2	Management plan developed to manage financial position to ensure stay on target and mitigate over performance for 14/15.					Assurance Rating	Reasonable
	Q3	Management plan being tracked and on target. Monitored by F&R committee.						Reasonable
	Q4							

Corporate Objective 1: Improved quality of commissioned services, whilst achieving financial balance

Governing Body Reports

Lead Officer/Risk Owner: Debbie Fagan

Principal Risks <i>Risk Owner</i>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date	
1.3 Failure of providers to deliver CQUIN targets leading to slow change /transformation of services	3 x 3	Regular reporting to Quality Committee. Formal exception reporting to Quality Committee from GP Clinical Lead for Quality and CQUIN. Contract meetings scheduled is in place to review and verify performance and activity on provider contracts including CQUIN Discussion re providers as part of QSG (NHS England) work plan	Bi-monthly performance reports from Quality Committee received by Governing Body. Quality reporting standing agenda item for Governing Body, including Quality Contract updates. Chief Nurse leads on Quality to ensure that quality is maintained via established resources and is a Governing Body member. Chief Nurse member of Finance & Resource Committee. Senior Finance Team member attached to the Quality Committee to ensure risk is minimised Chief Nurse / member of CCG Quality Team, in attendance at provider quality meetings. Clinical Director for Quality/GP Clinical Leads for Quality in place with managerial support from the CCG Quality Team.	Significant Regular provider performance reviewed at scheduled Quality Contract meetings. Reasonable Limited	(GIA & GIC) Review of function, roles and capacity of Quality Team needed (GIA) Review of quality support from CSU needed	Report being presented to SMT at end of September 2014 following completion of review. Report being presented to SMT at end of September 2014. Workforce paper submitted to SMT as per required timelines in October 2014 and as part of wider corporate review.	Chief Officer and Chief Nurse – September 2014 Chief Nurse September 2014 March 2015	
Progress Reports	Q1	Regular provider performance reviewed at scheduled Quality Contract meetings.						Significant
	Q2	Provider performance continues to be reviewed. Workforce paper for Quality Team undertaken						Significant
	Q3	Workforce paper submitted as part of wider corporate review. Outcome by end of Q4						Significant
	Q4							

Corporate Objective 1: Improved quality of commissioned services, whilst achieving financial balance

Governing Body Reports

Lead Officer/Risk Owner: Debbie Fagan

Principal Risks <i>Risk Owner</i>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)		Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
				Significant	Reasonable			
<p>HCAIs</p> <p>1.4 Exceed trajectories for HCAI impacting on patient safety & non-achievement of quality premium</p>	3 X 4	<p>Regular reporting to Quality Committee on HCAIs</p> <p>CPQG reporting</p> <p>CDIFF Steering Group established (progress reports to Quality Committee)</p> <p>Local Health Economy Steering Group (workshop planning meeting held March 2014, Workshop held April 2014, Steering Group meetings held July and September, October 2014).</p> <p>HCAIs standing agenda item</p> <p>CCG action plan presented to Quality Committee and shared with HSE.</p> <p>Process in place for CCG review of CDIF route cause analysis reports.</p> <p>CDIFF appeals process in place and operational. Initial meeting September 2014.</p>	<p>Minutes and key actions of Quality Committee meetings reported to Governing Body.</p> <p>Provider performance re HCAI discussed at Quality Committee for purposes of assurance.</p> <p>Key risks identified within quality contract meetings.</p> <p>Local system in place and operational for MRSA post infection reviews</p>	<p>Significant</p> <p>Held Health Economy Workshop for CDIFF: outcomes being taken forward and developed.</p> <p>Inaugural Local Health Economy Steering Group meetings held July, September and October 2014. Continue to liaise with Public Health to develop CCG process for review of provider CDIFF RCA's/CCG CDIFF management of provider CDIFF Appeals process. Appeals process has commenced and working well.</p> <p>Limited</p>	<p>(GIC) To review the role of the Sefton Health Economy Steering group i.e. key risks to be filtered through this group.</p> <p>(GIC) Workshop identified the absence of a common RCA tool for CDIFF across the health economy.</p> <p>(GIC) Lack of integrated working around quality indicators within care homes.</p>	<p>Common RCA CDIFF tool being developed and includes evaluation regarding effectiveness from Higher Education. Currently being revised, due for completion January 2015.</p> <p>Meeting held with Sefton Council Director of Adult Services to discuss integrated working around quality indicators with Care Homes which will include IPC/HCAI's. Further meeting arranged for October 2014. Was</p>	<p>Chief Nurse July 2014</p> <p>November 2014</p> <p>January 2015</p> <p>November 2014</p>	

Corporate Objective 1: Improved quality of commissioned services, whilst achieving financial balance

Governing Body Reports

Lead Officer/Risk Owner: Martin McDowell

Principal Risks <i>Risk Owner</i>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date	
					(GIA) Local Health Economy Steering Group meetings to be scheduled for 2015.	agreed to focus on Care Homes in relation to Joint Quality Indicators. Progress to be discussed at next meeting due December 2014.	January 2015 January 2015	
<u>Progress Reports</u>	Q1	Held Health Economy Workshop for CDIF. Date set for inaugural meeting of the steering group for July 2014. Liaising with Public Health to develop CCG process for review of provider CDIF RCA's/CCG CDIF management of provider CDIF 'Appeals process.						Reasonable
	Q2	Workshop outcomes being taken forward and developed. Inaugural Local Health Economy Steering Group meeting held July with a further meeting held September 2014. Common RCA CDIFF tool being developed.					<u>Assurance Rating</u>	Reasonable
	Q3	RCA CDIFF tool in final stages of completion. Final changes due January 2015. To be launched at HCAI Steering Group in early 2015.						Reasonable
	Q4							Reasonable

Corporate Objective 1: Improved quality of commissioned services, whilst achieving financial balance

Governing Body Reports

Lead Officer/Risk Owner: Tracy Jeffes

Principal Risks <i>Risk Owner</i>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
1.5 Lack of capacity and capability of CSU to deliver sufficient support in a responsive manner in key risk areas which have been identified as CHC BI delivery, Customer Solutions and CMCSU merger with GMCSU	3 x 4	Re-negotiation of SLA in process Contract/Performance Monitoring Group meet monthly and development of more robust KPI's with new service specifications Exception reporting on performance and delivery at SMT	Monthly meeting of Performance Monitoring Group Head of Client Operations – CSU to attend weekly SMT meetings to support Specific assurances obtained CSU to ensure continuation of locally based delivery despite CSU merger Reports to Finance & Resource Committee on six monthly basis SLA to 2014/15 in place	Significant MIAA report (December 2013) offered significant assurance of CCG's performance management of CMCSU, SLA renegotiation. Key CCG and CSU leads agreed new service specifications and KPIs around all service areas. Reasonable Governing Body receives minutes of Finance & Resource Committee Limited	(GIA) Strategic annual review of CSU service delivery by commissioning support requirements. (GIC) Specific work and forward plan for future management of CHC to be developed: Sept (GIA) CMIP roll out plan to be updated and to include dates for availability for practice level information and additional planning to involve locality manager (GIA) CHC information varying on monthly basis	Initial review has identified that additional planning to involve locality managers is required.	September 2014 September 2014 October 2014 August 2014

Corporate Objective 1: Improved quality of commissioned services, whilst achieving financial balance

Governing Body Reports

Lead Officer/Risk Owner: Tracy Jeffes

Principal Risks <i>Risk Owner</i>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date	
					(GIC) Development of KPIs to ensure more robust contract management during (GIC) Delay in renegotiation of SLA due to lack of financial information from CSU. Financial information received and negotiations now focus on SLA for April 2015 and beyond.	Developed. aim to current SLA extended current beyond end of September to end March 2015. CSU notified of CCG commissioning intentions for 15/16. Process in place to consider implications of commissioning intentions. To work through solutions for affected service lines.	End of September 2014 July 2014 February 2015	
Progress Reports	Q1	SLA renegotiation. Key CCG and CSU leads agreed new service specifications and initial KPIs around all service areas pending price discussions						Significant
	Q2	Current SLA rolled forward to April 2015. Review of all service lines underway.						Significant
	Q3	Creation of NWCSU now completed.						Assurance Rating
	Q4							Significant

Corporate Objective 1: Improved quality of commissioned services, whilst achieving financial balance

Governing Body Reports

Lead Officer/Risk Owner: Karl McCluskey

Principal Risks Risk Owner	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date		
QIPP 1.6 Non-delivery of 2014/15 QIPP Plan which supports transformational change	3 x 4	QIPP targets identified within the 2014/15 financial plan	QIPP financial savings targets and plans signed off by the Governing Body (May 2014) Monthly financial performance reports (including QIPP targets and associated savings) presented to Finance and Resource Committee and reviewed by the Governing Body	Significant	Small level of savings required to be delivered to meet target in 2014/15.	Not required at this stage.	March 2015.		
		QIPP plans in place to deliver required financial cost reductions			(GIA) Current QIPP in reserves (£493,000) (GIC) Board development session to be held on developing a strategic approach to QIPP.	Month 7 review and augmentation of approach to QIPP in year to be undertaken jointly with finance. Working to identify QIPP contributions in year. To be reported to next Finance & Resource Committee in January 2015. Development session planned for 18 th December. Findings to be pulled together for January 2015.	October 2014 January 2015 January 2015		
		QIPP plans and associated finance cost reductions identified within CCG strategic financial plan and approved by governing body in May 2014			Reasonable QIPP plans and associated finance cost reductions identified within CCG strategic financial plan and approved by governing body in May 2014 Limited				
		QIPP plans and associated finance cost reductions identified within CCG strategic financial plan and approved by governing body in May 2014							
Progress Reports	Q1	QIPP plans and associated finance cost reductions identified within CCG strategic financial plan and approved by governing body in May 2014						Reasonable	
	Q2	Initial review of project structure and requirements set out. These are to be agreed in Q3. Further potential QIPP areas being considered in conjunction with Finance for targeting						Assurance Rating	
	Q3	QIPP areas being considered. Board development session being held on 18 th December to look at developing a strategic approach to QIPP.							
	Q4								

Corporate Objective 2: Achieve a 15% reduction in non-elective admissions across 5 years		Governing Body Reports					
Lead Officer/Risk Owner: Karl McCluskey							
<u>Principal Risks</u>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
2.1 Any reduction in non-elective admissions may be offset by increased demand	4x3	Weekly and monthly non-elective performance reviewed by PMO / SMT Bi-monthly performance reports to Governing Body	Exception reporting to Governing Body bi-monthly Exception issues raised and alerted through SMT to be addressed via Head of CCG Development. Integrated Performance Report Report presented and approved by both Governing Bodies in September 2014. Minutes of meetings	Significant Reasonable Annual profile and changes in non-elective activity across five years agreed and developed with governing body and reflected in CCG two year operational plan and five year strategic plan. Limited		Performance report now completed and taken to both Governing Body meetings in September 2014 and approved. Review of non-elective unplanned activity and variance to plan completed commenced in September. To conclude assessment of ever performance. Further clarity has been requested. Report to be submitted to next Collaborative Commissioning Forum.	October 2014 January 2015 January 2015
<u>Progress Reports</u>	Q1	Annual profile and changes in non-elective activity across five years agreed and developed with governing body and reflected in CCG two year operational plan and five year strategic plan. New Integrated Performance Report taken to both Governing Body meetings in September 2014 and approved. Revised Clinical Pathway for emergencies agreed with Aintree for implementation in September. CCG's working with Trust to understand non-elective impact and consequences.					Reasonable
	Q2	Assessment concluded. Aintree now issued with Contract Query Notice on heightened level of activity associated with revised clinical pathway. Being managed through the Collaborative Commissioning Forum (CCF).					Limited
	Q3						Limited
	Q4						Limited

Corporate Objective 3: Implementation of 2014-15 phase of Care Closer to Home / Virtual Ward plan

Governing Body Reports

Lead Officer/Risk Owner: Stephen Astles

Principal Risks	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date				
<p>3.1 Delay in implementing new pathways due to non-achievement of reductions in admissions needs to draw out requirement to deliver savings.</p> <p>Clinical Lead: Dr A Mimmagh</p>	<p>2 x 3</p>	Virtual Ward development identified as a priority area Action plan in place with Aintree UHT KPIs for all non-elective admissions monitored under contract process via CSU information portals fed into contract meeting Monitoring of A&E attendance conversion rates (non-elective admissions) via CSU information portals in contract meeting Monthly steering groups to evaluate progress Monthly agenda item on contract review meetings with Liverpool Community Health Services Monthly performance review meetings.	Contract query process reviewed in monthly contract meetings. Minutes received by Governing Body Progress of action plan reviewed by Unplanned Care Network – exception reports produced Minutes of CCG Urgent Care Collaborative meetings Twice weekly teleconferences with NHSE to monitor & assure A&E performance Action plan continues to support on-going Trust achievement (including monthly meetings). Assurance & exception reporting continues via Quality Committee Quarterly reports/minutes of meetings received by Governing Body for oversight of delivery progress via performance data. Aintree achieved year 95% A&E target. Discussion at CCF relating to closing of contract query – carried fwd to Q1 2014/15. Q1 not achieved.	<table border="1"> <tr> <th>Significant</th> </tr> <tr> <td></td> </tr> <tr> <th>Reasonable</th> </tr> <tr> <td> Q1, Q2 & Q3 A&E Aintree targets not achieved. Continue to follow monthly monitoring process. Limited </td> </tr> </table>	Significant		Reasonable	Q1, Q2 & Q3 A&E Aintree targets not achieved. Continue to follow monthly monitoring process. Limited	(GIC) Aintree Q3 not achieved. Need to review activity. (GIC) Change in Aintree A&E patient pathway, may lead to increased admission coding.	Ongoing monthly performance review meetings continue. Urgent Care rollout confirmed, to cover whole of CCG by November 2014: now in place with referrals being monitored. Process being established: in place.	January 2015: ongoing monthly. November 2015
		Significant									
Reasonable											
Q1, Q2 & Q3 A&E Aintree targets not achieved. Continue to follow monthly monitoring process. Limited											
<p><u>Progress Reports</u></p>	<p>Q1</p> <p>Q2</p> <p>Q3</p> <p>Q4</p>	<p>Q1 A&E Aintree targets not achieved. Monthly monitoring process being followed.</p> <p>A&E targets not achieved. Resilience plan in place. Monitor in Q3.</p> <p>A&E targets not achieved. Resilience plan in place. Continues to be monitored.</p>		<p><u>Assurance Rating</u></p>	<p>Reasonable</p> <p>Reasonable</p> <p>Reasonable</p>						

Corporate Objective 5: Implementation of 2014-15 phase of Primary Care quality strategy / transformation		Governing Body Reports					
Principal Risks	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
5.1 Lack of capacity amongst clinical colleagues to deliver transformation	3 x 3	<p>Development of Local Quality Contract</p> <p>Primary Care Clinical Lead identified in new GB</p> <p>Documented and robust PDR process for Governing Body members and locality lead roles</p> <p>Locality and practice lead roles clarified</p> <p>Primary Care Quality Board established November 2013 – led by clinician. Board continue to meet regularly.</p> <ul style="list-style-type: none"> - Operational until Q3 2014/15 - Replaced by Service Improvement and Redesign Committee, established Q3 2014/15. <p>Consultation completed. Contract finalised and all practices signed up.</p>	<p>Monitoring of uptake and performance of LQC, reported via Primary Care Quality Board</p> <p>Regular updates to Senior Leadership Team on LQC</p> <p>Minutes of Locality Meetings received by Governing Body</p> <p>Minutes of Primary Care Quality Board meeting received via Quality Committee (oversight by Governing Body). Primary Care Quality Board disbanded and now feeds through/replaced by Service Improvement and Redesign Committee: is already established with 2 meetings held to date.</p> <p>Governing Body oversight of PDR process for members/clinical and locality leads via exception reporting</p>	<p>Significant</p> <p>Reasonable</p> <p>Limited</p>	<p>(GIC) – Clinician from Primary Care Quality Board has submitted resignation (September 2014) and will be standing down in October 2014. New Clinician Chair will need to be identified.</p> <p>(GIC) South Sefton Governing Body vacant posts to be filled including Primary Care Quality Lead</p>	<p>Awaiting consultation completion. Completed.</p> <p>Primary Care Quality Board disbanded and replaced by Service Improvement and Redesign Committee. 2 meetings already held.</p> <p>Any actions being fed through to SLT as an interim measure. Posts to be appointed to by January 2015. Process agreed with LMC.</p>	<p>July 2014</p> <p>October 2014</p> <p>January 2015</p>
Progress Reports	Q1	Contract is ready pending completion of consultation.					
	Q2	Practices signed up to contract. Delivery of Quality Contract to commence 1st October 2014.					
	Q3	Contract continues to be monitored. Service Improvement and Redesign Committee established with regular meetings being held.					
	Q4						
						Assurance Rating	Reasonable Reasonable Reasonable

Corporate Objective 6: Agreed three year integration plan with Sefton Metropolitan Borough Council and implementation of year one (14/15) to include an intermediate care strategy		Governing Body Reports					
Lead Officer/Risk Owner: Tracy Jeffes							
Principal Risks <u>Risk Owner</u>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	
6.1 Inability to deliver system wide change due to failure to shift resource from one part of the health and social care system to another	3x3	Regular joint meetings with Sefton Council to develop Integration Plans. Range of task and finish groups established to develop plans for 14/15 and longer term, reporting to HWBB RIG (Resource and Integration Group) and PIG (Programme Integration Group) Provider forum established to explore system-wide change. Key officers assigned from Sefton Council and CCG to develop intermediate care strategy	Documented reports and minutes from meetings Development of s256 agreements for 14/15 Task and Finish Groups key areas developed at workshop held in May 2014: developing short and long term plans. BCF3 submission highlights 4 3 main schemes to aim to reduce non-elective activity through development of enhanced community provision. BCF 3 has now been approved following removal of remaining conditions.	Significant Reasonable NHS E approved BCF plans December 2014 Limited Workshop completed key work streams to progress integration agenda. Key work streams have begun to develop plans further.	(GIC) BCF3 submission highlights key risks in relation to achieving the plan.	Health and Wellbeing Board working to explore and mitigate risks where possible. Further work completed on BCF risks, mitigations and assurances from NHS E. Next step is implementation and monitoring of BCF schemes and ongoing report to PIG. December 2014 January 2015 February 2015	
Progress Reports	Q1	Workshop held in May to agree key areas for Task and Finish Groups to develop integrated working. Programme Integration Group supportive of approach and groups developing short term and longer term plans					Limited
	Q2	BCF3 submission highlighted potential areas for system change.					Limited
	Q3	BCF3 now approved without conditions and moved to full implementation.					Reasonable
	Q4						

Corporate Objective 6: Agreed three year integration plan with Sefton Metropolitan Borough Council and implementation of year one (14/15) to include an intermediate care strategy

Governing Body Reports

Lead Officer/Risk Owner: Tracy Jeffes

Principal Risks <i>Risk Owner</i>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
6.2 Impact of reductions in social care funding on health services	3x3	Integrated working through HWBB sub-structure to develop system-wide approaches. Care Closer to Home and Virtual Ward as key programmes to facilitate operational Clear outcomes for s256 agreements and development of future section 75.	Documents and minutes from meetings. BCF3 enabled the further development of joint plans.	Significant	(GIC) Impact of Council spending plans on Health Services has not yet been fully determined. (GIA) Need for clear measures and processes across system to identify impact	Meetings to be held between Senior Council and Senior CCG Officers to explore impact and identify any mitigations.	November 2014 January 2015
				Reasonable			
				Limited			
				HWBB supportive of wider –system approach and groups developing short term and longer term plans. BCF3 submission brought together the work from these groups for key schemes which will be performance managed as part of the BCF3 process.			
Progress Reports	Q1	HWBB supportive of wider –system approach and groups developing short term and longer term plans				Limited	
	Q2	BCF3 submission highlighted plans for protection of Social Services however risks remain.				Limited	
	Q3	BCF3 now approved but impact of reductions in resources requires further assessment.				Limited	
	Q4						

Corporate Objective 6: Agreed three year integration plan with Sefton Metropolitan Borough Council and implementation of year one (14/15) to include an intermediate care strategy		Governing Body Reports						
Lead Officer/Risk Owner: Tracy Jeffes								
Principal Risks <i>Risk Owner</i>	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date	
6.3 Capacity across CCG and council to deliver a robust and co-ordinated one year and three year plan	3x3	Programme and integration group of Health and Well Being Board to sponsor and co-ordinate plans Integration post to co-ordinate and lead the work.	Programme group has already supported the development of the plans. Job description in place for integration post	Significant	(GIC) Recruitment to commence: post not yet advertised, further review of job description required.	Delay due to council reorganisation.	November 2014 January 2015	
Progress Reports	Q1	Resources and job outline for role to develop integrated working in place. Functional working group plans received by the HWB programme group.					Assurance Rating	Reasonable
	Q2	Post not advertised, further review of job description required.						Reasonable
	Q3	Review of requirements pending Council changes.						Reasonable
	Q4							

Corporate Objective 7: Review the population health needs for all mental health services to inform enhanced delivery

Governing Body Reports

Lead Officer/Risk Owner: Karl McCluskey

Principal Risks	Risk Status (L x C)	Key Controls	Assurances on Controls	Key Positive Assurance (**External / Independent)	Gaps in Control or Assurance (GIA) or (GIC)	Corrective Action	Responsibility Target Date
7.1 Completion of full scale review across children and adults in year	1 x 2	Additional project resource appointed in quarter 1 Additional clinical leadership appointed quarter 1 Joint mental health task group with Sefton Council in place	Regular progress reporting to Governing Body Progress management and assessment to be undertaken via service improvement and redesign committee from September 2014. Minutes of meetings	Significant Detailed demographic and population health needs analysis undertaken as part of 5 year strategic plan and 2014/15 refresh of JSNA with the Local Authority. Improving Access to Psychological Therapies (IAPT) awarded to alternative provider. To commence April 2015. Reasonable Limited	(GIC) Assessment of resource to support breadth and depth of project required.	Review of resources and development of business case by September 2014 completed. Now identifying priority areas for focus and development from the results of the review. First draft expected January 2015 with final document to be presented to Governing Body in March 2015. Previous reporting issues regarding prevalence rates. Now received a revised report however now have a revised national target. Being monitored with a view to achieving target in Q4.	Geraldine O'Garra September 2014 January 2015 March 2015 April 2015
Progress Reports	Q1	Detailed demographic and population health needs analysis undertaken as part of 5 year strategic plan and 2014/15 refresh of JSNA with the Local Authority.					Significant
	Q2	Review and assessment of Dementia incidents and diagnosis rates completed in September. Formal review of IAPT performance against access target of 15% initiated. Formal updated received at Governing Body September November 2014.					Significant
	Q3	Governing Body to be updated and advised on IAPT reporting error and revised performance and national target for Q4					Significant
	Q4						Significant

GUIDANCE

Principal Risks: are what could prevent key objectives from being achieved. Key risks should be true risks (rather than consequences), and so cannot just be the converse of the objective.

Assurance Rating Section: this shows section seeks to help the Governing Body to 'weight' the assurance provided by Risk Owners. It directs the amount of attention it needs to spend in reviewing entries on the Assurance Framework. The categories are 'Limited', 'Reasonable' and 'Significant'. The Governing Body should be expecting to see 'Reasonable' assurance for the entries in the document unless there is a specific reason for this not to happen. For example, a new care pathway introduced in quarter 1 might only have been given limited assurance as the implementation plan for the pathway has only just begun. As the year progresses the assurance rating should increase with the embedding of the pathway.

Key Controls: are factors, systems or processes that are in place to mitigate the principal risk(s) and assist in securing delivery of the relevant key objective. Key controls should be robust and specific and properly match the associated key objective(s). For example; a sub committee or committee of the Governing Body which is tasked with monitoring the specific risk.

Assurance on Controls: are sources of evidence demonstrating that the key controls are effective. Assurances should be matched with specific key control(s) wherever possible.

Gaps in Control: indicates where the organisation has failed to put key controls in place, or has failed to make key controls effective.

Gaps in Assurance: indicates where the organisation is failing to gain evidence that key controls are effective.

Corrective Action: shows what will or is being done to address the gap(s) in control or assurance.

Responsibility / Target Date: shows the Director (or senior manager) responsible for appropriate and timely implementation of corrective action(s) and the expected date by which actions should be completed.

Progress reports provide a quarterly update on achievement of action plans and identify where gaps in control or assurance have been addressed. They should also indicate where the risk grading has changed for any risks associated with that objective.

Generally, Assurance Frameworks should map key objectives to principal risks, key controls and assurances explicitly. Assurance frameworks should be embedded and dynamic, providing regular Governing Body information and not viewed as year-end exercises.

Assurance Rating

Limited Rating – Insufficient Assurance Provided

A limited assurance rating will be applied where a risk owner has failed to record any evidence within the 'Key Positive Assurance' column during that quarter or where only minimal evidence is provided, all of which is deemed as providing 'limited assurance'.

Reasonable Rating – Adequate Assurance Provided

A reasonable assurance rating will be applied where a risk owner has recorded in the 'Key Positive Assurance' column at least one piece of evidence deemed 'reasonable' assurance together with a number of pieces of evidence deemed 'limited' assurance.

Significant Rating – Substantial Assurance Provided

A significant risk rating will be applied where a risk owner has recorded in the 'Key Positive Assurance' column a minimum of one piece of evidence deemed as providing 'significant' assurance or a number of pieces relating to different aspects of assurance deemed 'reasonable'.

Examples of what constitutes differing levels of assurance:

Key Positive assurance (** External/Independent) EXAMPLES OF TYPES OF ASSURANCE	**SHA Audit of data quality indicating no significant concerns, reported to Trust Governing Body January 2010, PCT commissioning committee February 2011. (significant assurance) **CCG indicators met for relevant targets as reported in periodic review, October 2011 (significant assurance) Performance Report received by the Trust Governing Body, most recent September 2009, showing performance within tolerance for overall achievement of target for Q1 (reasonable assurance) Contract monitoring report to commissioning committee in September 2010 showing performance within tolerance for overall achievement of target for Q1 (reasonable assurance) Performance report to Trust Governing Body, most recent September 2010, indicating current position against key targets (limited assurance)
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Key Positive assurance EXAMPLE OF NEW LAYOUT	Significant Assurance 2010/11 prospectus published March 2009, included for information in Governing Body papers May 2010 Uptake report on attendance at Health & Safety courses at Health & Safety working group November 2010 shows 60% of staff have attended relevant courses, compared with 40% last year Reasonable Assurance Update report to HR committee September 2010 demonstrating 80% of required courses now established Limited Assurance Performance report to Trust Governing Body, most recent September 2010, indicating current position against key targets
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Risk Grading 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	Score	Colour
Insignificant	1 - 3	
Low	4 - 6	
Moderate	8 - 12	
High	15 - 25	

↓
Significant risk

Significant Risk

A risk which attracts a score of 8 or above on the risk grading matrix constitutes a significant risk and must be recorded on the Corporate Risk Register.

SOUTH SEFTON CCG - CORPORATE RISK REGISTER

Quarter 3 (December) 2014/15
 Last Save: 23/12/2014
 By User: Judy.Grove

▼ Risk reduced
 ▲ Risk unchanged
 ▼ Risk increased

Domain & ID	Date Added	Principal Risk	2014/15 Strategic Objectives	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Due Date	Review Due	Progress against Action Plan	Q1-15 (Jul 2014)	Q2 (2014)	Q3-15 (Jan 2015)	Q4-15 (Apr 2015)	Current Risk Rating	Change Since Last Update	
Business Objective																				
BU0001	Prior Q3 2013/14	16 weeks & 6 months delays in the delivery of target by provider	Objective 1 - improved quality of commissioned services Objective 2 - improved financial balance	Business Objective	Chief Strategy Officer Catherine O'Connell (Karl McCusker)	Monthly contract meetings, Clinical Quality and performance meetings, suspension of RTT for cancer patients, close working with providers on cancer pathway, Set up clinical meetings with cancer patients, Weekly and monthly monitoring through RTT plans with Aintree and Southport & Ormskirk agreed and weekly review of reporting system developed and agreed with SMT and SLT RCA for any 62 day breaches provides earlier notification of waiting list and reported to SMT and SLT (Senior Leadership Team). Integrated Performance Report developed and presented to Governing Body.	3	3	9	Suspension of Breast Services in Southport & Ormskirk from 19 September until 19 September consequence being a higher level of breaches materialising however should resolve as activity being managed. Completion of action plan to improve Aintree RTT position for Admitted Patients. ENT Thoracic Medicine Optimology Maxillofacial	November 2014 January 2015 November 2014 January 2015 February 2015 February 2015	December 2014 February 2015 December 2014 February 2015 March 2015 March 2015	3.4	2.4	2.4	2.4	2.4	4	8	▲
Finance																				
FIN001	Removed and placed on Horizon scan																			
FIN002	Moved to Horizon scan																			
FIN003	Revised Q1 2014/15	Changes in patient flow across business activity and the financial implications on the 1415 financial performance of the CCG. Predominant risk areas are: - Patient flow - both significant growth in demand.	Objective 1 - improved quality of commissioned services Objective 2 - improved financial balance	Financial	Chief Financial Officer (Martin McDowell)	- Monthly contracting meetings with main acute providers - Practice level reporting of financial information - Action plan developed to mitigate in short term.	4	2	8	Completion of action plan by March 2015 to mitigate short term financial pressure. Review of CSU team case management and data to better inform cause of increase in demand	March 2015 March 2015	April 2015 April 2015	3.2	4.3	4.3	4.3	4.3	3	6	▼
FIN004	Moved to Horizon scan																			
FIN005	Moved to Horizon scan																			
FIN006	Moved to Horizon scan																			

SOUTH SEFTON CCG - CORPORATE RISK REGISTER

▼ Risk reduced
 ▲ Risk unchanged
 ▼ Risk increased

Quarter 3 (December) 2014/15
 Last Save: 23/12/2014
 By User: July.Grove

Domain & ID	Date Added	Principal Risk	2014/15 Strategic Objectives	Domain Type	Risk Owner	Identified Controls in Place	Initial Risk Rating	Additional controls required	Due Date	Review Due	Progress against Action Plan	Q1-15 (July 2014)	Q2-15 (Aug 2014)	Q3-15 (Oct 2014)	Q4-15 (Nov 2014)	Q1-16 (Dec 2014)	Current Risk Rating	Change Since Last Update
FIN007	Oct-14	CHC demands exceed resources	Objective 1 - improved quality of commissioned services whilst achieving financial balance	Financial	Chief Financial Officer (Mick Howells) (Debbie Fagan)	Budget Monitoring Regular meetings with CSU	16	To look at process for assessing packages and if responsible/ought. Financial pressures currently £1million overspent.	December-2014 January 2015	December-2014 January 2015	Independent benchmarking with other CCGs being carried out. Independent review being carried out by external assessor on processes and fit for purpose. Review has commenced however completion has been delayed due to difficulties in obtaining data for assessor. Working group in place: meet weekly so as to enable rapid developments, improvements and monitoring. Further to discussion at GMT 25/11 lead has proposed removal of this risk number and inclusion of risk within FIN003 as an overall financial risk.	N/A	N/A	4x4	4	4	16	▲
Quality																		
QJA001	Prior Q3 2013/14	Lack of existing capacity of Health and Social Care Adult Service could impact on its statutory functions.	Objective 1 - improved quality of commissioned services whilst achieving financial balance	Quality	Chief Nurse (Debbie Fagan)	Hosted service arrangements in place across Mearnsfield, located by Hilton CCG. Arrangements include discussion with regular 1:1s scheduled between the Chief Nurse and Safeguarding Leads within the service. Presentations to and discussed by the Safeguarding Steering Group. Regular report to the quality assurance committee from the Safeguarding services. Commissioned CCG style peer review of Children's at patients' risk.	9	Children's: Head of Safeguarding (Children) position to be filled. Adults: Previous vacancy created following resignation of funding for a further post from NHB. This has been advertised together. Revised structure to be agreed.	December 2014	January 2015	Children's team now at full strength; person previously off sick is now off of phased return and working their full hours and all posts filled. Formal staff consultation regarding structure now concluded. Interviews for new staff have been advertised to take place. Restructuring has taken place following staff consultation and recruitment. Adults: when work load has increased, adult member of the team was on planned sick leave; has now returned and normal services resumed. Review of Adult service carried out. Has resulted in vacancy from redundancy being withdrawn until review completed. Revised structure for Safeguarding Adults being discussed at Steering Group meeting on 17th November. Review of Adult service to be completed in January 2015. Further discussions taking place for proposed statutory changes in view of the Care Act. Steering Group meet in November and coverings now being worked with finance. Next Safeguarding steering group January 2015. HR issues being managed by Hilton CCG. Jobs provided to the Safeguarding Steering Group meeting held on 17/01/14. Dates to be set by CCG COO in consultation with HR prior to final Steering Group meeting on 17th November 2014. Meetings are scheduled for 15/16.	3x3	3x3	3x3	3	3	9	▲
QJA002	Prior Q3 2013/14	Need for clarity of roles and responsibilities between Safeguarding Hosts Service, CSU, CCG team and Local Protection Services to enable CCG to discharge their safeguarding function, between health and social care commissioning / safeguarding vulnerable adults.	Objective 1 - improved quality of commissioned services whilst achieving financial balance	Quality	Chief Nurse (Debbie Fagan)	Regular 1:1 meetings between safeguarding adults lead in host service and CHC locally lead. Safeguarding Adults to be in contact system for Safeguarding Service and host service. Safeguarding Service and host service. Regular Overview procedure developed and includes recommendations re review.	20	Analysis feedback from Quality Committee received on draft SOP. To obtain the recommendations from Liverpool Safeguarding Service and host service. Part 1 received. Awaiting part II which looks at progress against ongoing recommendations.	November-2014 January 2015	December-2014 January 2015	SOP updated following recommendations from safeguarding CCG style peer review. Draft SOP sent to Liverpool for comment. Awaiting feedback. Term on agenda for December 2014 Quality Committee. COI interest peer review requested by Chief Nurse. Discussed at Children meeting. Resolved 1. COI Safeguarding Review part 1. Chief Nurse has contacted the Liverpool Director of Nursing on meeting part 2. Awaiting 2nd peer review recommendations. Meeting between Chief Nurse and Deputy Director of Nursing to discuss 2nd peer review recommendations to be arranged once the new Nursing Director in post. Expected to be arranged for January 2015.	2x4	2x4	2x4	2	4	8	▲
QJA003	Prior Q3 2013/14	That local residents may experience a fragmentation / inconsistency of complaints and patient information and that NHS England's national procurement and separate management of these processes.	Objective 1 - improved quality of commissioned services whilst achieving financial balance	Quality	Chief Delivery and Integration Officer (Tracy Jelfs)	Regular feedback from CSU / PALS incorporation of patient complaints, temporary management and integration of local primary care	9	Liaison with NHS E. Merseyside Team regarding go-forward clarity is required on current and future arrangements in light of the organisational changes in NHS England. EPEG receive a monthly overview from NHS England	January-2015 March 2015	January-2015 March 2015	Local residents may experience a fragmentation / inconsistency of complaints and patient information and that NHS England's national procurement and separate management of these processes. Seek assurance from NHS England on current and future plans. Ongoing. NHS England re-commissioning with CCGs - environmental factor to understand the plans and how co-commissioning includes discussion regarding the complaints process. EPEG to review results in monthly report for Review. Co-commissioning in addition to PALS reports. Healthwatch to report to EPEG on national findings regarding patient experience of complaints management.	2x3	2x3	2x3	2	3	6	▲

SOUTH SEFTON CCG - CORPORATE RISK REGISTER

▼ Risk reduced
▲ Risk unchanged
▲ Risk increased

Quarter 3 (December) 2014/15
Last Save: 23/12/2014
By User: July Green

Domain & ID	Date Added	Principal Risk	2014/15 Strategic Objectives	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Due Date	Review Due	Change Since Last Update	Overall Risk Rating
QJA004	Pror Q3 2013/14	Impact of lab results on patient safety being sent to GP's. Current IT system only allows GPs to reject results	Objective 1 - Improved quality of commissioned services, whilst achieving financial balance	Quality	Chief Nurse (Dobbe Fagan)	Raised as an issue at the Quality Committee and Contract meetings.	4	3	12	Discussed at LCL Incident Meeting on 3 July 2014. (Merseyside team to send information to HSE/IM). Merseyside team to send information to HSC/SC due to national issue and feedback. Note: not LCL issue	TBA - national issue	TBA - national issue	▲	12
QJA005	Pror Q3 2013/14	A number of complaints and capacity of service at a number of newly procured GP practices. Ability to deliver on reduction in A&E attendances	Objective 1 - improved quality of commissioned services, whilst achieving financial balance	Quality	Head of CCG (Stephen Adams)	Monthly monitoring of A&E attendances for patients of the affected practices ongoing via IMVCSU BI Portals. NHS England (MI) and safeguarding will be included in the quality review process contract meetings with CSU	3	3	9	Monthly monitoring of A&E attendances for patients of the affected practices			▲	9
QJA006	Q3 2013/14	Provides RAG rating in relation to robust assurance for CCG based upon validation of information increased due to interface issues with reporting system	Objective 1 - improved quality of commissioned services, whilst achieving financial balance	Quality and Financial	Chief Nurse (Dobbe Fagan)	Assurance process paper presented to LSC/CL on processes in place. RAG rating monitored via Quality Committee and escalated to Governing Body. NHS England (MI) and safeguarding will be included in the quality review process contract meetings with CSU	4	4	16	Ongoing liaison between Safeguarding Service and provider. Safeguarding Holed Service have provided additional support to trusts as a critical safeguarding performance discussed at each provider quality contract meeting.	Ongoing		▲	16
QJA007	Removed													
QJA008	Q1 2014/15	Lab results not being communicated to GP practices due to IT system. This may have an impact on patient safety.	Objective 2 - Achieve a 25% reduction in non-compliance with standards across 5 years	Quality	Chief Nurse (Dobbe Fagan)	Raised as an issue at the Quality Committee and Contract meetings. GP clinical lead identified within CCG contract meeting. Health notified. CCG contract meeting. NHS England and St Helens and Knowsley notified. CCGs. Merseyside, Antrre Hospitals, NHS England and St Helens and Knowsley informed at Antrre COPQ and Antrre Collaborative forum. Antrre Flash Group established and receive progress and lessons learnt are discussed.	4	5	20	GP clinical lead to meet with Acute Trust Provider to discuss impact of results determination. 1. Merseyside identify outstanding results. RCA to be completed. 2. EPOC/EMS 3. EPOC/EMS 4. Clinical Complaints/EMS Web 5. EPOC/EMS 6. EPOC/EMS 7. EPOC/EMS 8. EPOC/EMS 9. EPOC/EMS 10. EPOC/EMS 11. EPOC/EMS 12. 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SOUTH SEFTON CCG - CORPORATE RISK REGISTER

Quarter 3 (December) 2014/15
 Last Save: 23/12/2014
 By User: Judy Orme

▼ Risk reduced
 ▲ Risk unchanged
 ▼ Risk increased

Domain & ID	Date Added	Principal Risk	2014/15 Strategic Objectives	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Due Date	Review Due	Progress against Action Plan	Q1-15 (July 2014)	Q2-15 (Aug 2014)	Q3-15 (Oct 2014)	Q4-15 (Nov 2014)	Current Risk Rating	Change Since Last Update
QQA009	Jul-14	Failure of GPs to deliver against Primary Care Quality Contract 14/15	Objective 1 - improved services, whilst achieving financial balance	Quality (also Finance Performance)	Chief Service & Outcome Officer (Karl McQuarley)	Regular practice and GP visits Primary Care dashboard Updates to SMT	3	5	13	Need to be able to identify, assess and compare function and operating data in order to improve best and assess practice performance.	October 2014 December 2014	November 2014 January 2015	Meeting held. Technical aspects of 3 incidents now closed. However will open as several risk is still present. 4th incident is ongoing with majority of practices addressed with no errors at majority of practices. TOR of group revised to address and provide actions to resolve from a clinical risk perspective. Next meeting January 2015.	3x3	3x3	3x3	3x3	3	▼
Reputation / Adverse Publicity																			
REP001	Proc 03 2013/14	Unresolved restation CHC damage to CCG to be read in conjunction with Risk 2 above	Objective 1: to communicate a robust Strategic Plan within the current financial environment	Reputational/ Adverse Policy	Chief Nurse (Dobble Fagan)	Commissioned Service from NWCSU; Standing Agenda Item on Quality Committee. Reports to the Governing Body. Regular meetings between Chief Officer, Chief Nurse, Chief Finance Officer regarding CHC progress. Letters reviewed by Chief Nurse before sign off by Chief Officer.	4	3	12	Update to restation and come through HCOO Review Restitution process.	October 2014 January 2015	October 2014 January 2015	Chief Nurse met with COO (NWCSU) & Yvonne Lockhead (March 2014). Change of Leadership within locally team. Chief Nurse met with Yvonne Lockhead (March 2014). Change of Leadership within locally team. Discussed complaint management linked to restation & CHC in general - NWCSU to review how complaints are logged, categorised and managed. NWCSU will clarify more detail in standard letters (e.g. templates) to manage patient/family expectations. Completed. Chief Nurse checks each complaint letter before going to the Chief Officer for sign off. Chief Nurse checks each complaint letter before going to the Chief Officer for sign off.	4x3	4x3	3x3	3x3	3	▲
REP002	Proc 03 2013/14	Ineffective engagement and communications will impact on the ability to meet statutory obligations and possible damage to CCG reputation	All	Adverse Policy /Reputation	Chief Delivery and Integration Officer (Tracy Jellies)	Integrated Communications and Engagement Strategy in place including structure identified including Quality Committee, EPEG, Locality Groups Strategic commit role now in-house	3	4	12	KPIs and dedicated resource for communications including annual review of communications and engagement strategy.	November 2014 February 2015	December 2014 March 2015	Systematic process for engagement and consultation defined, with clear reporting channels from locally level to committee structure (Community Champion, Locality Groups, EPEG, Quality Committee) Plan in place for Strategic Communications to come 'in-house' - now in-house. All activities being tracked, out of date proposals being worked out. Benchmarking of commit and engagement capacity across Mertonwide completed. Proposals for future capacity are being developed for discussion with SMT next November . Will form part of discussion for CSU commissioning intentions for 15/16 meetings ongoing through January and February 2015.	3x3	3x3	3x3	3x3	3	▲
REP003	Removed																		

SOUTH SEFTON CCG - CORPORATE RISK REGISTER

▼ Risk reduced
 ▲ Risk unchanged
 ▲ Risk increased

Quarter 3 (December) 2014/15
 Last Save: 23/12/2014
 By User: Judy Orme

Domain & ID	Date Added	Principal Risk	2014/15 Strategic Objectives	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Due Date	Review Due	Q1-15 (July 2014 - 2015)	Q2-15 (Aug 2014 - 2015)	Q3-15 (Oct 2014 - 2015)	Q4-15 (Nov 2014 - 2015)	Current Risk Rating	Change Since Last Update
STF001	03/2013/14	Absence of a robust process for management of conflict of interest in decision making and/or legal challenge.	All	Statutory Duty	Chief Delivery and Finance Officer (Tracy Jeffes)	Standards of Business Conduct Policy Conflicts of Interest Policy Declarations of Interest at each Committee Meeting Governance Body Agenda Conflicts of Interest in Place & Publicly Available COI Approval Panel Terms of Reference Additional Strategic Governance support in place via Co-ordinators of Governance Conflicts of Interest & Embedding process in CCG.	2	4	8	Final policy to be developed and presented to the Audit Committee meeting in January 2015.	January 2015	January 2015	2x4	2x4	2x4	2x4	8	▲
STF002	01/2014/15	Failure to implement of 2014-15 plan following CQC syle Safeguarding Peer Review	Objective 5 - Implementation of 2014-15 phases of Primary Care Transformation	Statutory Duty	Chief Nurse (Dobbe Fagan)	CCG authorised without conditions (by NHS England). Identified an internal process of assurance CCG work with M&L in L145 to include review of CCG Safeguarding arrangements Outcomes shared with RIV and CCG network. Priority areas in Voice of Children and Young People's Vulnerable Adults is an agenda item for EPEG Recommendations and updates regularly reported to the Quality Committee. Steering Group established. Review and updates presented to the Safeguarding Children Board.	2	4	8	Draft Memorandum of Understanding (MoU) Steering Group for sign off November/December 2014. Job Description for named GP in named GP post. Contractual issues to be confirmed for named GP.	December 2014 January 2015	January 2015 February 2015	2x4	2x4	2x4	2x4	8	▲
STF003	Q1-2 2014/15	Failure to implement CCG Special Education needs Code of Practice for Children and Young People	Objective 1 - Improved quality of commissioned services and achieving financial balance	Statutory Duty	Chief Nurse (Dobbe Fagan)	Commissioned CSU to support the CCG to develop systems and processes. CCG as part of the local partnership in delivering the agenda, as part of the Steering Group. Chief Nurse Chairs Joint Commissioning Task and Finish Group. SMT receiving progress updates on delivery. Provider performance also on agenda and discussed at Quality Committee meetings. Chief Nurse undertaking role of designated Medical Officer. Jointly commissioned arrangements in place for Health Coordinator. Updates received by Governing Body Provider performance discussed at Quality Committee	3	4	12	Highlight the issues at SMT and Governing Body	October 2014 Ongoing	November 2014	N/A	3x4	1x4	1x4	4	▲

SOUTH SEFTON CCG - CORPORATE RISK REGISTER
Horizon Scan - 15/16

Quarter 3 (December) 2014/15
Last Saved: 18/11/2014
By User: Andy Croxall

▼ Risk reduced
▲ Risk unchanged
▲ Risk increased

Domain & ID	Date Added	Principal Risk	2014/15 Strategic Objectives	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Due Date	Review Due	Progress against action plan	Q1 (July 2014)	Q1+12 (Aug 2014)	Q2	Q2+1	Q2+2	L	C	Being at time of removal	Change Since Last Update
Finance																						
FN001	Proc Q3 2013/14	Continuing Healthcare Revaluation claims exceed available resources	Objective 1 - Improved quality of commissioned services whilst achieving financial balance	Financial	Chief Financial Officer (Martin McDowell) (Debbie Fagan) (JCSU)	NWCSU have made assessment of claims received at high level - estimate claims for CCG of £1.00m to this figure due to the use of a commissioning model which may not be appropriate for the current situation. Guidance now received from NHS England, SS 1817, leading in plan. There is likely to be a further top up of £0.5m to £1.0m in 2015/16. We are currently reviewing the plans. Confirmed contribution for 15/16 and 16/17 as 1575k.	4	4	10	Confirmation of claimants by NWCSU on behalf of CCGs and review of claims to add better information to the CCG. CCGs to be reviewed in November 2013. CN & Finance Team met with CSU/DPO to discuss and gain timeline for CSU/DPO to update not yet received. Note: Action no longer relevant to NHS England risk share			Commissioning CSU to manage and progress quickly, although there are concerns as to capacity to deal with the potential operational issues in managing ongoing operations regarding scope of risk to CCG. Note: Further to discussion between Chief Nurse and Deputy Finance Officer it has been agreed to merge and further review the CHC. CHC will be reviewed in November 2014. However considered should be added into a 'Horizon Scan' document also to highlight forthcoming risks for 14/15	3/4	3/4	2/3	2/3	2/3	2	3	6	Agreed to be removed by SMT November 2014. However considered should be added into a 'Horizon Scan' document also to highlight forthcoming risks for 14/15
FN002	Proc Q3 2013/14	Allocation of Financial Performance	Objective 1 - Improved quality of commissioned services whilst achieving financial balance	Financial	Chief Financial Officer (Martin McDowell)	The CCG has received notification of a funding gap of £1.00m which is above target. The CCG will need to identify a contribution to this gap by April 2017. This will mean that the CCG will need to be funded to £1.00m.	2	4	9				DS requested move to Horizon Scan for Q3 (Dec) 14/15	3/4	3/4	3/4	3/4	2/4	2	4	8	DS requested move to Horizon Scan for Q3 (Dec) 14/15
FN004	July 2014 (Q14)	Proposed revisions to specialised commissioning in resources between NHS England and CCG which may create financial issues for CCGs	Objective 1 - Improved quality of commissioned services whilst achieving financial balance	Financial	Chief Financial Officer (Martin McDowell)	None - information not available. Expected quarter 2	3	3	9	- Review guidance was published - take closely with NHS England over standards - ensure information reporting is fit for purpose	December 2014	December 2014	Update due to be reviewed - all waiting co-commissioning information.	n/a	3/3	3/3	3/3	3/3	3	3	9	DS requested move to Horizon Scan for Q3 (Dec) 14/15
FN005	July 2014 (Q14)	Potential introduction of Mental Health tariffs from 2015/16 - resources invested in this area will not be available in 15/16	Objective 1 - Improved quality of commissioned services whilst achieving financial balance	Financial	Chief Financial Officer (Martin McDowell)	Continuously reviewing guidance as published	3	4	12	Feedback following conclusion of consultation (August 2014) and any further guidance as published and available.	December 2014	January 2015	Messyware proposed a risk share arrangement with all CCG's - will loop risk - currently in discussion; update due December.	3/4	3/4	3/4	3/4	3/4	3	4	12	DS requested move to Horizon Scan for Q3 (Dec) 14/15
FN006	July 2014 (Q14)	Implementation of integration agenda to support Better Care agenda in M15 Improvement Plan - resources not maintained and achieved in this area - not have financial capacity to absorb a significant investment in this area - pooled budget and also to fund residual health care contracts.	Objective 1 - Improved quality of commissioned services whilst achieving financial balance	Financial	Chief Financial Officer (Martin McDowell)	Ongoing review of Better Care Fund composition in conjunction with council colleagues.	3	3	9	BCC application to be updated with minor changes.	January 2015	February 2015	Majority of funding identified and agreed with council colleagues and submitted in September BCC3 submission. Results received, through to submission stage with minor updates required update due January 2015.	n/a	3/3	3/3	3/3	3/3	3	3	9	DS requested move to Horizon Scan for Q3 (Dec) 14/15

SOUTH SEFTON CCG - CORPORATE RISK REGISTER
Horizon Scan - 15/16

Quarter 3 (December) 2014/15
Last Saved: 18/11/2014
By User: July Crawes

▼ Risk reduced
▲ Risk unchanged
▲ Risk increased

Domain & ID	Date Added	Principal Risk	2014/15 Strategic Objectives	Domain Type	Risk Owner	Identified Controls in Place	L	C	Initial Risk Rating	Additional controls required	Due Date	Review Due	Progress against action Plan	Q1	Q1+1 (July 2014)	Q1+2 (Aug 2014)	Q2	Q2+1	Q2+2	L	C	Being at time of removal	Change Since Last Update
NEW RISK FINSB	Q3 Dec 2014	Reductions in local authority NIS services and delivery of BCF schemes	Objective 1 - improved quality of services and achieving financial balance	Financial	Chief Financial Officer (Martin McDowell)	Monthly reviews of BCF schemes - confirmed work with local authority	4	3	12	-need to understand the impact of the proposed new restrictions to be commencing January 2015. -check with local authority contribution to income use of the Sefton L110 as commencing March 2015.	February 2015 April 2015 May 2015	March 2015		N/A	N/A	N/A	N/A	N/A	N/A	4	3	12	New risk for Horizon Scan
Quality																							
QUA010 Split from original risk Q3 split from Q30009	Dec 2014	Failure of GPs to adhere against Primary Care Quality Contract 15/16	Objective 1 - improved quality of commissioned services and achieving financial balance	Quality (also Finance Performance)	Chief Finance & Outcome Officer (Keri McGluey)	Regular practice and GP vets updates to SMT	3	5	15	Need to be able to identify, assess and compare function and operating data in order to improve performance. This will be done by level to test and assess practice performance.			Development of Quality Contract for 15/16. Outline framework for enhancement of locally delivery presented to SMT on 21st October 2014. Supported by SMT. Further details being worked on by Locality Leads (13/11/14 meeting). Note: - original consequence was rated as 6, now rated as 9 by view of shared risk between NISB and CCG. - updated and needs to be included in Horizon Scan as relates to development of Quality Contract for 15/16.	N/A	3/0	3/0	3/0	3/0	3/0	3	3	9	KMc requested move to Horizon Scan for Q3 (Dec) 14/15

MEETING OF THE GOVERNING BODY January 2015

Agenda Item: 15/10	Author of the Paper:
Report date: January 2015	Karen Garside Designated Nurse Safeguarding children Email: karen.garside@haltonccg.nhs.uk Tel: 0151 495 5057
Title: Child Sexual Exploitation	
Summary/Key Issues: This paper aims to provide assurance to the Governing Body that the CCG is fully engaged in the CSE agenda, through the current level of activity, evidence of CSE in Strategic Plans as well as future commissioning intentions.	
Recommendation The Governing Body is asked to receive the contents of this paper regarding on-going work within the CSE agenda.	
	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives (<i>x those that apply</i>)	
x	Improve quality of commissioned services, whilst achieving financial balance.
	Sustain reduction in non-elective admissions in 2014/15.
	Implementation of 2014/15 phase of Virtual Ward plan.
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
x	Review the population health needs for all mental health services to inform enhanced delivery.

South Sefton Clinical Commissioning Group

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

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

**Report to the Governing Body
January 2015**

1. Executive Summary

- 1.1 'The sexual exploitation of children and young people is a form of sexual abuse. It is not new. What is new is the level of awareness of the extent and scale of the abuse and of the increasingly different ways in which perpetrators sexually exploit children and young people' (Ofsted, 2014).
- 1.2 This paper aims to provide assurance to the Governing Body that the CCG is fully engaged in the CSE agenda, through the current level of activity, evidence of CSE in Strategic Plans as well as future commissioning intentions.

2. Introduction and Background

- 2.1 Sexual exploitation of under 18 years old involves situations and relationships where young people receive 'something' as a result of them or others performing on them, sexual acts. Violence, coercion and intimidation are common in all exploitative cases and they target young people in vulnerable situations. This gives them power over the victim (Sefton Making a Difference Group, 2013). 'The sexual exploitation of children and young people is a form of sexual abuse. It is not new. What is new is the level of awareness of the extent and scale of the abuse and of the increasingly different ways in which perpetrators sexually exploit children and young people' (Ofsted, 2014).
- 2.2 Following the publication of a number of national reports and reviews, Child Sexual Exploitation (CSE) has received increasing publicity and scrutiny over the last 3 years.
- 2.3 The Health Working Group Report on Child Sexual Exploitation (2014) highlights that 'as Clinical Commissioning Groups (CCGs) are responsible for commissioning children's healthcare treatment services for physical and mental health (CAMHS and other therapeutic recovery services), they are in a key position not only to stop child sexual abuse and exploitation in their day to day work, but also to significantly improve the local multi agency response. They can support awareness raising campaigns, promote appropriate information sharing, contribute to multi-agency interventions and commission the statutory and voluntary services needed for children to recover well. Their contribution extends to assisting with the development of local strategies that effectively deal with these issues where they are identified'.
- 2.4 Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children (HM Government 2013). This includes CCGs, who will be required to provide assurance in respect of their engagement and effectiveness in ensuring children and young people are safe, and when needed effectively supported, from the risks of CSE. This was recently evidenced by the CCG at the Quarter 2 assurance meeting with NHS England, which included a key line of enquiry for the CCG to evidence in respect of engagement with the current CSE agenda.

3. CSE profile within Sefton

- 3.1 A recent House of Commons Home Affairs Committee report was published in 2013 which highlighted Child Sexual Exploitation (CSE) nationally and the response to localised grooming (2nd Report, 2013-14). The report estimated that within the UK 16,500 children were at risk of CSE during one year. Of these, 2,409 were confirmed as victims of CSE in gangs and groups between August 2010 and October 2011. At a local level, between 17th October 2014 and 11th December 2014 (8 week period), 52 CSE referrals were received into Sefton Multi Agency Safeguarding Hub (MASH). This was in respect of 45 children (males and females), aged between 11 and 17 where CSE risks and vulnerabilities were considered to be present. Data will be collated and provided by the Local Authority's CSE Business Officer/ Analyst at each LSCB CSE sub group for the review on an on-going basis. The predominant abuse model appears to be that of the 'boyfriend' model which is in contrast to recent organised gang models highlighted in the national media.

4. CCG response to CSE

- 4.1 A summary of the CCG's current and extensive engagement in the CSE agenda is contained within Appendix 1.

In order to further ensure that the CCG is fully engaged in the CSE agenda and therefore fully discharging its safeguarding responsibilities, the numerous reports and publications in respect of CSE have been reviewed to identify recommendations applicable to the CCG. A table collating and summarising the key findings and recommendations has been produced enabling the CCG to reflect on its current position, provide evidence of its engagement with the CSE agenda against these key themes and identify areas for further development and strengthening.

- 4.2 This summary has been presented at the CCG Quality Committee in January 2015, in order that the key areas can be agreed, after which a SMART action plan will be developed identifying key work areas, which will be progressed and monitored through the Quality Committee.
- 4.3 Through this work, the CCG will be able to demonstrate and provide assurance that CSE is being considered within its Strategic Plans, priorities and programmes which would include necessary CSE requirements being reflected in service specifications and contract quality schedules with commissioned services.
- 4.4 The current CCG's Safeguarding Strategy (2015-17) reflects the CCG's engagement in CSE as being a priority area within its key strategic objectives, which include the provision of senior and board level leadership, ensuring safeguarding priorities are in place and through the commissioning of safe services. A key objective within the strategy is the CCG's continued support and contribution to the work of Sefton's Local Safeguarding Children Board, of which CSE is also a strategic priority, and therefore evidences a joined up approach to CSE across the partnership.

- 4.5 The recent emphasis on CSE has primarily been to support services in the identification of risk factors in children and young people, and ensure appropriate referral and support where risks have been identified. Such services include CAMHs, sexual health, school health, maternity, A&E, drug and alcohol services.
- 4.6 It is acknowledged however that the consequences of CSE can have long term impacts on victims throughout adulthood and consequently the action plan will need to reflect the engagement of services in the identification and service provision for adults who may previously have been victims of CSE such as adult mental health, drug, alcohol and urgent care services. This approach will ensure that a clear and robust interface between adult and children safeguarding agendas is evident.
- 4.7 This report is prepared to provide assurance to the Governing Body of the CCGs engagement in the CSE agenda, through the current level of activity, evidence of CSE in Strategic Plans as well as future commissioning intentions. An action plan will be developed, following presentation of a paper at the Quality Committee (January 2015) highlighting the CCG's current position and areas of development. Progress against this plan will be progressed and monitored through the CCG Quality Committee.

5. Conclusions

- 5.1 This report provides assurance to the Governing Body of the CCG's significant engagement in the CSE agenda and consideration of future actions required in line with recent national reports, guidance and Inquiries. Areas identified for development will be progressed through an action plan and monitored through the CCG Quality Committee.

6. Recommendations

- 6.1 The Governing Body are asked to receive this paper as assurance that the CCG are engaged in the CSE agenda and incorporate CSE within their future commissioning intentions and assurance processes with contracted services.

Appendices

Appendix 1 - Summary of the CCG's current and extensive engagement in the CSE agenda

**Karen Garside
Designated Nurse Safeguarding Children
January 2015**

Appendix 1

CCG Current engagement in the CSE agenda

The Health Working Group Report on Child Sexual Exploitation (2014) highlights that ‘as Clinical Commissioning Groups (CCGs) are responsible for commissioning children’s healthcare treatment services for physical and mental health (CAMHS and other therapeutic recovery services), they are in a key position not only to stop child sexual abuse and exploitation in their day to day work, but also to significantly improve the local multi agency response. They can support awareness raising campaigns, promote appropriate information sharing, contribute to multi-agency interventions and commission the statutory and voluntary services needed for children to recover well. Their contribution extends to assisting with the development of local strategies that effectively deal with these issues where they are identified’.

Effective leadership

Pan Merseyside CSE Strategic (Gold response) meeting

The group, initiated in September 2014, meets quarterly with the remit to monitor progress against the Merseyside Multi–Agency CSE protocol, ensuring a coordinated approach to CSE across the region and disseminate shared learning and best practice from individual areas. The group have committed that each LSCB will complete a benchmarking questionnaire and the National Working Group risk ‘matrix’.

The Designated Nurse Safeguarding Children is a member of this group.

Sefton LSCB CSE sub group (Silver response)

The group is responsible for implementing and reviewing the localised response to CSE and the development and implementation of the multi-agency CSE action plan.

The Designated Nurse Safeguarding Children is a member of this group

The CCG Quality Committee receives regular reports from the Safeguarding Children Service in respect of CSE (June & November 2014).

A CSE ‘health’ group has been developed and Chaired by the Designated Nurse Safeguarding Children. Membership includes the Single Points of Contact/ CSE Leads within provider health organisations and meetings are scheduled on a quarterly basis, in order to share latest national publications, key messages and local developments in respect of the CSE agenda

The Designated Nurse Safeguarding Children is a member of the National Working Group Network on CSE, enabling latest research and information on CSE to be disseminated to health providers organisations as well as to partner organisations through the LSCB CSE sub group.

The Designated Nurse Safeguarding Children is a member of NHS England’s ‘health’ CSE sub group chaired by Lisa Cooper (Assistant Director of Nursing, Quality & Safety; Cheshire, Warrington and Wirral Area Team, NHS England). The group is currently focussed on the action plan following Government’s response to the Health Working Group Report on CSE (May 2014).

South Sefton Clinical Commissioning Group

CSE is a standing agenda item of the Sefton/ Liverpool LSCB Health sub group. This group is chaired by Liverpool CCG Chief Nurse and attended by the Designated Nurse Safeguarding Children.

Multi-agency working

Sefton LSCB Quality Assurance sub group is progressing a multi-agency audit of CSE cases that have been referred to the Multi-Agency Child Sexual Exploitation (MACSE) meeting. A shared format of methodology is being used throughout the region to enable shared learning.

The Designated Nurse Safeguarding Children is the chair of this LSCB sub group.

Engagement in the forthcoming Merseyside wide CSE publicity campaign, leading to National CSE day on 18th March 2015. The Designated Nurse Safeguarding Children and the CCG Head of Communications are engaged in supporting this campaign

Performance Management

Safeguarding contractual KPI's reported against by Providers on a quarterly basis and include how many referrals have been made in respect of CSE. This set of KPI's will be strengthened for the 15/16 contract.

Annual Audit Tool submitted as part of Q2 KPI's requires for Safeguarding Children Policies to include: Sexually Exploited Children / CSE Strategy; reference LSCB CSE Strategy and Safeguarding Children and Young People from Sexual Exploitation (2009) HM Government.

The KPI's and Annual Audit tool are reviewed and quality assured by the CCG Safeguarding Children Service

Commissioned Provider Organisations

Providers have been asked to and are developing CSE action plans reflecting requirements for:

- a Single Point of Contact for CSE, taking organisational responsibility for the CSE agenda;
- adoption of the pan Merseyside CSE Strategy and protocol;
- ensuring appropriate information sharing processes within the organisation;
- awareness raising and training to ensure all staff have training appropriate to their need and practice;
- referral pathways for CSE concerns and soft intelligence;
- representation at MACSE meetings, where appropriate;
- Completion of the National Working Group Organisational Risk Tool for CSE. The 'health section' of the tool has been modified to support provider organisations to be able to highlight data for the key services they deliver in respect to CSE. As a result, key services including sexual health, school health, CAMHs, A&E, walk in centres, adult mental health, GPs and maternity services are able to report against 3 'risks' (awareness raising, CSE training and knowledge of referral processes) and % staff compliance. Regular reporting against this template will be requested in order that overall 'risks' of a potentially unaware workforce are reduced. The data from this tool will be reviewed by the LSCB CSE sub group.

MEETING OF THE GOVERNING BODY January 2015

Agenda Item: 15/11	Author of the Paper:						
Report date: January 2015	Karen Garside Designated Nurse Safeguarding children Email: karen.garside@haltonccg.nhs.uk Tel: 0151 495 5057						
Title: Care Quality Commission Safeguarding Declaration							
Summary/Key Issues: In July 2009, the CQC published a report on their review of arrangements in the NHS for safeguarding children. As a result, there is a requirement for NHS organisations to publish an annual Safeguarding Declaration on external facing websites. The CCG Safeguarding Service has reviewed the guidance and prepared the Safeguarding Declaration attached so it is appropriate to the CCG as a successor organisation to the PCT. The Safeguarding Declaration has been reviewed by the Quality Committee which has recommended that it be presented to the Governing Body for approval under the Scheme of Reservation and Delegation.							
Recommendation The Governing Body is asked to approve the declaration.	<table style="width: 100%; border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;">x</td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>	Receive		Approve	x	Ratify	
Receive							
Approve	x						
Ratify							

Links to Corporate Objectives <i>(x those that apply)</i>	
X	Improve quality of commissioned services, whilst achieving financial balance.
	Sustain reduction in non-elective admissions in 2014/15.
	Implementation of 2014/15 phase of Virtual Ward plan.
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
X	Review the population health needs for all mental health services to inform enhanced delivery.

15/11 CQC Safeguarding Declaration

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement	x			
Clinical Engagement	x			
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement	x			
Presented to other Committees				

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

Report to the Governing Body **January 2015**

Safeguarding Children and Adults Declaration

Safeguarding of children and adults is a high priority for NHS South Sefton Clinical Commissioning Group (CCG) and there is strong commitment to ensuring that structures and governance arrangements for safeguarding are robust. The protection of vulnerable children and adults at risk from abuse and neglect is fundamental to delivering health and wellbeing and core to delivering the quality agenda. NHS South Sefton Clinical Commissioning Group also ensures that organisations commissioned to provide services have appropriate safeguarding systems, including clear accessible policy and procedure, safer recruitment, training and governance systems. The principal philosophy is that safeguarding is everybody's business and all staff will respond and act to raise safeguarding awareness and address any emerging issues.

Minimum safeguarding standards/arrangements are:

- That the organisation meets statutory requirements in relation to the Disclosure and Barring Scheme (formerly Criminal Records Bureau checks);
- That child and adult at risk protection policies and systems are up to date and robust, including a process for following up children who miss outpatient appointments and a system for flagging children and adults for whom there are safeguarding concerns;
- That all eligible staff have undertaken and are up to date with safeguarding training at Level 1. In addition, a review of other training arrangements should be completed within six months, taking account of emerging messages from the national review of safeguarding training;
- That designated and/or named professionals are clear about their role and have sufficient time and support to undertake it;
- That a member of the Governing Body has lead responsibility for safeguarding and that the Governing Body reviews safeguarding across the organisation at least once a year and has robust audit programmes to assure it that safeguarding systems and processes are working;
- That the CCG is assured that there are robust and appropriate performance monitoring systems in place with all providers, including the independent sector, in relation to safeguarding;
- That CCG Commissioners should scrutinise the declarations of all providers from whom they commission services; and
- That the CCG, who has a duty to support improvements in the quality of medical care and NHSE, as directly responsible for the commissioning of primary care services should together ensure that GP practices and staff have robust systems and practices in place to ensure fulfilment of the child and adult at risk safeguarding role.

NHS South Sefton CCG is able to report full compliance with the recommendations detailed above.

NHS South Sefton CCG is assured that we have robust and appropriate performance monitoring systems in place with all providers in relation to safeguarding children and adults at risk.

References:

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (March 2013)
<https://www.gov.uk/government/publications/working-together-to-safeguard-children>

Care and Support Statutory Guidance: Issued under the Care Act (2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

Safeguarding Assurance Framework
<http://www.commissioningboard.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf>

Gateway 12228, 20019 [http://www.pah.nhs.uk/downloads/SAFEGUARDING%20CHILDREN.LETTER%20\(ITEM%2010\).pdf](http://www.pah.nhs.uk/downloads/SAFEGUARDING%20CHILDREN.LETTER%20(ITEM%2010).pdf)

MEETING OF THE GOVERNING BODY

January 2015

Agenda Item: 15/12	Author of the Paper:
Report date: January 2015	Karl McCluskey Chief Strategy & Outcomes Officer Email: karl.mccluskey@southseftonccg.nhs.uk Tel: 0151 247 7006

Title: Briefing on 2015/16 CCG Planning: 2 Year Operational Plan and Five Year Strategic Plan Review & Approach

Summary/Key Issues:

The CCG needs to review its current two year operational and five year strategic plan in light of the new NHSE Planning Guidance issued on 24th December 2014.

Revised plans need to consider a re-evaluation on non-elective activity reductions in light of national and local pressures on A&E and admissions.

The CCG intends to develop a revised five year financial, activity and investment plan to address existing QIPP shortfalls.

Recommendation	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to	
Note the detail contained in the national planning guidance and the implications for the review of existing two year operational and five year operational plans.	
Support the development of a refreshed five year activity, financial and investment plan which addresses identified QIPP shortfall, with a view to approval being sought via Governing Body, as per the planning timetable.	
Enable the necessary delegated authority via the CCG Chair, Accountable Officer, Chief Financial Officer and Chief Strategy & Outcomes Officer to progress the necessary work to enable national return requirements to be met.	

Links to Corporate Objectives	
x	Improve quality of commissioned services, whilst achieving financial balance.
x	Sustain reduction in non-elective admissions in 2014/15.
x	Implementation of 2014/15 phase of Virtual Ward plan.
x	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
x	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
x	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
x	Review the population health needs for all mental health services to inform enhanced delivery.

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement	x			
Clinical Engagement	x			
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement	x			
Presented to other Committees				

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

Report to the Governing Body **January 2015**

1. Introduction

- 1.1 This paper outlines the approach that the CCG intends to undertake in reviewing its two year operational and five year strategic plan. An overview of the recently published (24th December 2014) planning guidance is set out, with the identification of key issues that the CCG needs to consider in reviewing its plans.
- 1.2 A timetable is set out, detailing the key national dates, as well as the Governing Body dates that need to be considered in reviewing and refining plans. Because of the requirement to conform to the national timetable, the Governing Body will need to consider the delegation of authority to the CCG Chair, Accountable Officer, Chief Finance Officer and Chief Strategy & Planning Officer to meet the necessary submission deadlines. All plans and the review of plans will be received by the Governing Body for agreement and endorsement, regardless.

2. Background

- 2.1 The CCG undertook considerable work in developing a clear and coherent five year strategic plan, with a distinguished vision and three priority areas:
- 1) Frail Elderly;
 - 2) Unplanned Care;
 - 3) Primary Care.
- 2.2 This vision and these priorities remain, having been developed in conjunction with our public, partners and membership. 2015 represents the opportunity for the CCG to further enhance its strategy with underpinning delivery support; the further development and implementation of our “locality model” to meet the needs of the local population. The CCG commitment to the above stated priorities, now requires consideration on how best to develop and invest in key essential areas to enable service transformation and a shift in activity and resource from traditional secondary care settings to primary care, community care, intermediate care and mental health care to support;
- Self-Care;
 - Avoidance of unnecessary hospital admission;
 - Facilitated discharge from hospital;
 - Integrated locality care through joined up local services.
- 2.3 As part of the existing CCG operational and strategic plan, a year to year profile of planned commissioned activity has been developed. Twelve months on, the time is right to review these profiles and enhance them further to:
- Enable clearer investment plan to support sustainable delivery in primary care, community care, intermediate care and mental health;
 - Support more substantive recruitment and resourcing in Primary Care;

South Sefton Clinical Commissioning Group

- Enable investment in community care, intermediate care and mental health to be clearly linked to improved clinical outcomes and shift in activity from secondary care;
- Support our provider partners in having a clear understanding and direction for the services we commission;
- Re-assess levels of ambition, particularly with regard to non-elective activity given the challenges evident locally and nationally in relation to A&E performance and admissions;
- Incorporate revised levels of financial allocations which have now been published for the CCG;
- Address identified QIPP shortfalls across the five year planning timeframe, incorporating them into planned service transformation and investment.

3. The Five Year Forward View

- 3.1 NHS England published its up-dated planning strategy in October 2014 (Five Year Forward View). This places an increasing emphasis on the prevention of ill-health and the role of public health in tackling major causes of disease. This emphasis is consistent with the CCG Strategic Plan and is in keeping with the Better Care Fund plan that has been jointly developed with Sefton Metropolitan Borough Council.
- 3.2 In addition, the Five Year Forward View places a resounding emphasis on self care and local support for self care. This is very much in keeping with the CCG locality model and adds strength to the major transformation schemes (Virtual Ward, Care Closer to Home) within the CCG strategic plan.
- 3.3 A focus on developing a health care system that supports individuals with multiple conditions, not just single diseases is at the heart of national policy. This is reflected in the way that the CCG is now bringing together the strategic programmes (Primary Care, Cancer, CVD, Diabetes, Children's Health, Neurology, Liver Disease, Mental Health & Dementia) in an integrated way as part of the locality model of care. This is aimed at bringing together the multiplicity of conditions that individuals may have and shaping the way in which healthcare is provided in the settings of unplanned care, elective care, community care and intermediate care. This is reflected in the diagram below.

Diagram 1.0

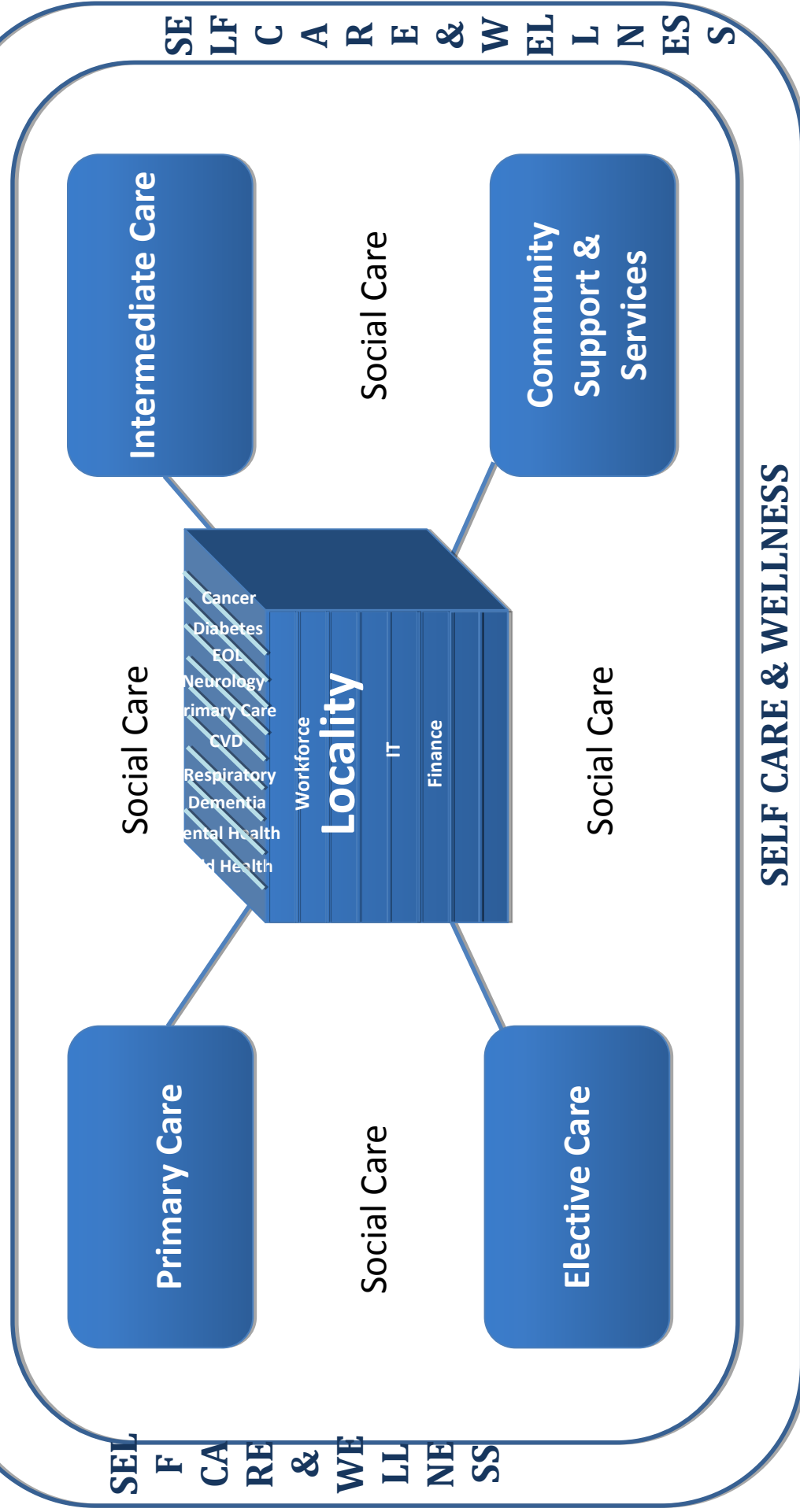
The Integrated Locality Model



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SELF CARE & WELLNESS



SELF CARE & WELLNESS

SELF CARE & WELLNESS

- 3.4 The Five Year Forward View will present the CCG with a range of potential delivery options:
- **Multidisciplinary Community Provider:** Permitting groups of GP's to combine with Nurses and other community health services, hospital specialists, mental health and social care to create out-of-hospital integrated care;
 - **Primary & Acute Care Systems:** An integrated hospital and primary care provider;
 - **Urgent & Emergency Care:** Integration between A&E departments, GP out of hours services, urgent care centres, NHS 111 and ambulance services.
- 3.5 In keeping with the CCG priority of Primary Care, The Five Year Forward View signals a sustained commitment to list based primary care. It recognises the pressures on primary care and the need to address and stabilise core funding. The CCG has endeavoured to support this, in the first year of its strategic plan through the primary care quality contract. Future national policy aims to support the CCG in shifting investment from acute to primary and community services. This fits well with the current review of the CCG plans on activity and resources to build a sustainable approach to shifting and investment in resources.
- 3.6 Finally, the forward view recognises the challenging need to balance demand, efficiency and funding. Thus a review of the existing CCG strategic and financial plans is necessary to support optimum service provision, transformation in support of patient needs, within agreed funding levels and supporting QIPP delivery.

4. Planning For 2015/16

- 4.1 The national guidance to support CCG's in revising existing plans and strategy was published on 24th December 2014. This has prescribed a number of significant changes that the CCG has now to consider in the review of existing plans;

4.2 Business Rules

- 4.2.1 A number of changes have been made to the national tariff; together with a consultation notice on proposed changes to the standard contract have been issued. These are due to be finalised by the end of January 2015.
- 4.2.2 The CCG now has revised and mandatory requirements around the application of sanctions, requiring the publication and detail of sanctions on the CCG website. First publication is due at the end of April 2015.
- 4.2.3 It is expected that the revised standard contract will address the component of "leakage", through improved transparency and rigor in coding, counting and costing. This provision will require the CCG to revisit its financial planning assumptions related to up-coding with regard to providers.

- 4.2.4 There is a reduction to 1% the amount of funds that must be spent non-recurrently by the CCG. This will increase CCG financial flexibility, but will require the strategic plan to be re-assessed.
- 4.2.5 The CCG must achieve a surplus of 1%, or the level of 14/15 surplus, if higher than 1%. In addition, eligibility of the CCG to draw-down prior year surpluses will be based on a set of five conditions, with application in the form of a business case to NHSE.
- 4.2.6 The CCG now needs to review and consider the implications of the above guidance for the Governing Body to consider.

4.3 Better Care Fund

- 4.3.1 The planning guidance has clearly indicated the need to align the joint BCF plans that have been developed with the Council, together with the CCG plan. The Current CCG operational and strategic plans are very much aligned and have been developed in the wider context of the Health & Wellbeing Strategy. However, given the timing mismatch and inconsistency between the NHSE planning guidance and that for the BCF in 2014, the CCG now needs to review and align levels of activity plans. In addition there is clear national instruction to re-visit the level of activity reduction ambition (3.5% for Sefton in 2015), given the current operational pressures, decline in A&E performance and increased hospital admissions. This may mean a more flat lined assumption in relation to activity for 2015. This now needs to be developed for Governing Body consideration as part of the current planning round, considering:
- Actual year to date performance, including the current winter trend;
 - Likely out-turn for 2014/15;
 - Progress with contract negotiations with providers.
- 4.3.2 The CCG will need to establish confidence, together with the Council and providers that ambition can be delivered through safely based capacity provision. Indeed, the guidance expects a revision “downwards” to existing plans.
- 4.3.3 Payment of the proportion of the £3.8bn mandatory element remains linked to the performance in reducing non-elective admissions in line with the trajectory agreed in the BCF plan (a revision to which is to be reflected in the CCG plan submission).

5. 2015/16 Plans

- 5.1 The CCG needs to review its two year operational plan, given the changes in national guidance outlined in this paper and operational pressures evident locally and nationally. Given the nature and impact of these changes and the desire to establish a clear level of prospective investment in primary care, community care and mental health, the CCG plans to review its five year strategy and financial plan also.

- 5.2 The 2015/16 plans are to be based on “Secondary User Services “(SUS) data. This is different to what was submitted in 2014 (MAR). The MAR data is based on episodes of care, whereas the SUS data is based upon spells and the dominant HRG, upon which contractual payment is ultimately made. SUS data is also tested and validated by the CCG, via the CSU, whereas MAR data is very much provider sourced, controlled and managed as well as being un-validated by the CSU.
- 5.3 In line with previous planning rounds, a variety of planning templates have been issued nationally. The key elements of the CCG plans to be covered in the plans is described in the table below. The CCG will be re-visiting the existing plan profile for all these areas for the Governing Body to consider and approve.

Table 1.0 Elements to be covered in CCG Plans

Segment	Covering
Outcomes	Trajectory for Clostridium difficile reduction. Trajectory for dementia diagnosis. Trajectory for IAPT coverage and recovery. Trajectory for IAPT waiting times. Record of Quality Premium measures.
NHS Constitution	Trajectories for delivery of all NHS Constitution rights and pledges.
Activity	Trajectories for: <ul style="list-style-type: none"> • Elective spells. • Non elective spells. • Outpatient attendances. • A&E attendances. • Referrals.
Better Care Fund	Improvement against the agreed BCF measures.
Financial plan summary	An overview of the financial plan.
Revenue resource limit	Detail of recurrent and non-recurrent allocations expected to be received.
Financial plan detail 15/16	Details of the financial plan for 2015/16, tracking the movement in spend and allocation from 2014/15 forecast outturn and planning assumptions including provider efficiency, inflation, activity growth (demographic and non-demographic), contingency, recurrent headroom.
QIPP	Detail of financial impact of QIPP schemes.
Risk	Details and valuation of identified risks. Details of mitigation strategies.
Investment	Details of planned investment including use of headroom.
Mental Health	Details of the planned real-terms increase in 2015/16 mental health spend, to be at least as great as the CCG's overall real terms funding increase, and further details on new Mandate requirements.
Statement of financial position	Detail of assets, liabilities and taxpayers' equity.
Cash	Breakdown of receipts and payments.

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Capital	Planned capital expenditure by scheme.
Contract value	Details of forecast spend and activity on current contracts for 14/15 and anticipated contract value for 15/16.
Underlying recurrent position	This will underpin the requirement to ensure all organisations return to or maintain underlying financial balance by 2016/17. Quality of submissions in this area in the past has varied significantly, and so scrutiny of the underlying position will feature more prominently in the assurance process.

5.4 The CCG plans remain focused on fundamental priority elements related to:

- Outcomes;
- Access;
- Quality;
- Innovation;
- Value;
- Meeting NHS Constitutional Standards;
- Achieving Parity for mental Health.

6. Planning Timetable

6.1 The table below sets out the national timetable for this planning round, together with the dates for consideration and approval via Governing Body. Engagement dates for the wider membership are also reflected.

Date	Requirement
By 23 rd Dec	Publication of 2015/16 planning guidance
Jan 2015	Publication of revised National Tariff, standard contract for 2015/16
Jan – 11 th March 2015	Contract negotiations – including voluntary mediation
13 th Jan 2015	Submission of initial headline plan data (CCGs, NHS England, NHS Trusts)
From 29 th Jan 2015	Weekly contract tracker to be submitted each Thursday (CCGs, NHS England, NHS Trusts and NHS FTs)
29 th January 2015	NHS South Sefton CCG Governing Body
10 th February 2015	Wider Constituent Group
13 th Feb 2015	Checkpoint for progress with planning measures and trajectories (CCGs, NHS England)
20 th Feb 2015	National contract stocktake – to check the status of contracts
26 th February 2015	NHS South Sefton CCG Board Development Session
27 th Feb 2015	Submission of full draft plans (CCGs, NHS England, NHS Trusts, FTs)
27 th Feb – 30 th March 2015	Assurance of draft plans (CCGs, NHS England, NHS Trusts and FTs)

Date	Requirement
6 th March 2015	Checkpoint for progress with planning measures and trajectories (CCGs, NHS England)
11 th March 2015	Contracts signed post-mediation (CCGs, NHS England, NHS Trusts and FTs)
12 th – 23 rd March 2015	Contract arbitration (CCGs, NHS England, NHS Trusts and NHS FTs)
By 25 th March 2015	Arbitration outcomes notified to commissioners and providers (CCGs, NHS England, NHS Trusts and NHS FTs)
26 th March 2015	NHS South Sefton CCG Governing Body
By 31 st March 2015	Plans approved by Boards of CCGs, NHS Trusts and Foundation Trusts
10 th April 2015	Submission of full final plans (CCGs, NHS England, NHS Trusts and FTs)
From 10 th April 2015	Assurance and reconciliation of operational plans
30 th April 2015	NHS South Sefton CCG Board Development Session

7. Conclusions

- 7.1 The CCG has a strong planning foundation in terms of the existing two year operational and five year strategic plan upon which to embark on this year's planning round.
- 7.2 The CCG remains committed to the established vision and priorities that have been developed with the public, partners, providers and membership.
- 7.3 The CCG needs to review the existing two year plan in light of revised national guidance, changes to data used for planning purposes and the heightened operational pressures related to A&E performance and hospital admissions.
- 7.4 The CCG is committed to developing a robust forward financial and activity plan that can support the transfer of activity and resources from secondary care to primary care, intermediate care, community care and mental health.
- 7.5 The five year financial and activity plan needs to be reviewed based on the changes to tariff, CCG funding allocations and business rules.
- 7.6 The existing QIPP shortfalls within current plans need to be integrated into a revised activity and investment plan, in support of the shift in activity from secondary care.
- 7.7 The revised CCG activity and financial plans, once agreed by the Governing Body, need to be discussed with the Council in the context of revisions to the BCF, as detailed in the national planning guidance.
- 7.8 A planning timetable is in place for the review, development, engagement and approval of the CCG operational and strategic plan (including financial strategy & activity).

8. Recommendations

- 8.1 The Governing Body is requested to:-
- 8.2 Note the detail contained in the national planning guidance and the implications for the review of existing two year operational and five year operational plans.
- 8.3 Support the development of a refreshed five year activity, financial and investment plan which addresses identified QIPP shortfall, with a view to approval being sought via Governing Body, as per the planning timetable.
- 8.4 Enable the necessary delegated authority via the CCG Chair, Accountable Officer, Chief Financial Officer and Chief Strategy & Outcomes Officer to progress the necessary work to enable national return requirements to be met.

Karl McCluskey
Chief Strategy & Outcomes Officer
January 2015

MEETING OF THE GOVERNING BODY January 2015

Agenda Item: 15/13	Author of the Paper:
Report date: January 2015	Brendan Prescott Deputy Chief Nurse brendan.prescott@southportandformbyccg.nhs.uk Tel: 0151 247 7093
Title: Out of Hours Pharmacy (Litherland Town Hall Health Centre) Review	
Summary/Key Issues: This paper provides members of the Governing Body with the results of a review of the Out of Hours (OOH) Pharmacy at Litherland Town Hall Health Centre, including a consultation with Sefton residents about the future of the service. Following a detailed assessment of the service and feedback from patients and public, the Governing Body is recommended to decommission the OOH Pharmacy at Litherland Town Hall.	
Recommendation	
1. Approve the recommendation to decommission the OOH Pharmacy at Litherland Town Hall	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
2. To approve the approach set out in the “Conclusions” section to the development of an action plan to address the recommendations of the equality analysis report and the results of the public consultation including: <ul style="list-style-type: none"> a. Working with the Go to Doc GP OOH provider to ensure that the supply of medicines when there is no local community pharmacy open, particularly for those patients with mobility, transport or carer difficulties in accessing the community pharmacy b. A targeted patient information campaign focusing on the changes to the OOH Pharmacy at Litherland Town Hall and how patients can access medicines in the OOH period in the future. 	
3. To confirm that Governing Body will receive an update on progress with the action plan at future Governing Body public meetings.	

Links to Corporate Objectives	
x	Improve quality of commissioned services, whilst achieving financial balance.
	Sustain reduction in non-elective admissions in 2014/15
	Implementation of 2014-15 phase of Care Closer to Home
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
	Review the population health needs for all mental health services to inform enhanced delivery.

Process	Yes	No	N/A	Comments/Detail
Patient and Public Engagement	x			Details within report
Clinical Engagement				
Equality Impact Assessment	x			Copy attached (Equality Analysis Report)
Legal Advice Sought				
Resource Implications Considered	x			
Locality Engagement	x			Use of Health Watch Community champions to undertake consultation within localities
Presented to other Committees	x			Previous reports to Governing Body and EPEG

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

Report to the Governing Body January 2015

1. Executive Summary

- 1.1 As a result of the change in GP Out of Hours (OOH) provider in 2013, NHS Southport and Formby CCG and NHS South Sefton CCG have been reviewing the OOH Pharmacy service at Litherland Town Hall Health Centre.
- 1.2 This pharmacy was originally set up to support the GP OOH service, which ensures people can see a doctor when their surgery is closed in the evening, overnight, at weekends and Bank Holidays. The non-contract pharmacy has restricted and short opening times and was intended for use only by patients from the GP OOH service.
- 1.3 Due to the OOH pharmacy at Litherland Town Hall having limited opening times and because there are a number of other pharmacies close to Litherland Town Hall Health Centre, some of which are now open at similar times, the CCGs have been exploring other more efficient ways to provide medicines during the out of hours period.
- 1.4 A review found that only a relatively small number of people used the OOH Pharmacy at Litherland Town Hall. The majority of those who responded to an initial survey reported valuing the service, although many did not view the OOH Pharmacy at Litherland Town Hall as an emergency health service. The survey also asked for views about an alternative GP supply service which could be put in place if the OOH Pharmacy at Litherland Town Hall was decommissioned, to ensure patients could still receive their medicines during the out of hours period when other local pharmacies are closed.
- 1.5 Having considered the outcomes of the initial review the CCGs took the decision in November 2014 to commission an Equality Analysis Report and a borough wide consultation to further understand how patients might be affected if the service were to be decommissioned. This consultation was undertaken in December 2014 and January 2015.
- 1.6 This report chronologically outlines the process taken by the CCGs to review the service, consult with local residents, along with an equality analysis report and conclusions recommending the decommissioning of the OOH Pharmacy at Litherland Town Hall.

2. Background to the OOH Pharmacy

- 2.1 The OOH Pharmacy was established in April 2004 within Litherland Town Hall Health Centre as a Local Pharmaceutical Services (LPS) Pilot. Its aim was to supply medicines and pharmaceutical advice to a specific group of patients attending the borough wide GP OOH service.
- 2.2 Extending beyond the initial pilot, the OOH Pharmacy went on to provide a number of other services. This included the supply of medication to GP OOH medicine cabinets, GP OOH bags and OOH district nurses. It also included the preparation of pre-pack

medication for the GP OOH service, controlled drugs supply and emergency cupboard stocked by pharmacy for nursing staff to access.

- 2.3 In April 2011 the Transforming Community Services programme should have seen the service transferred to a provider. This did not happen and the service continued to be run by NHS Sefton, with Liverpool Community Health commissioned to take over the Superintendent Pharmacist function on behalf of the predecessor primary care trust and subsequently the CCGs from March 2013.
- 2.4 In October 2013 the new contract for the borough wide GP OOH service was awarded to GoToDoc. The OOHs Pharmacy came under review as GoToDoc did not require the range of services provided by the OOH Pharmacy. Since October 2013 the main function of the OOH Pharmacy at Litherland Town Hall has been the dispensing of medicines.
- 2.5 Things have changed since the OOH Pharmacy at Litherland Town Hall was established. There are now local community pharmacies which closely match the opening hours of the OOH Pharmacy at Litherland Town Hall and many are within walking distance of the Town Hall Health Centre.

3. How the OOH Pharmacy Currently Operates

- 3.1 NHS South Sefton CCG currently commissions Liverpool Community Health NHS Trust to maintain the OOH Pharmacy at Litherland Town Hall a cost of £124,000 per year. The dispensing function is the only original function now carried out by the Litherland Town Hall OOH Pharmacy, as the Go to Doc GP OOH service now has an internal supply of medicines. At the same time local community pharmacy service provision has also increased in the area.
- 3.2 Weekday operating hours:
- The OOH Pharmacy at Litherland Town Hall is open between 6pm and 11pm, weekdays – there are local community pharmacies extremely close to Litherland Town Hall that do offer longer opening times than the OOH Pharmacy at Litherland Town Hall by 15 minutes;
 - From 11pm through to 7am, the Go to Doc OOH GP service supplies the full course of medicines to patients to ensure supply during the night.
- 3.3 Weekend operating hours:
- On Saturdays local community pharmacy services open 2 hours earlier in the morning than the OOH Pharmacy at Litherland Town Hall, however the OOH Pharmacy at Litherland Town Hall stays open 1 hour later in the evening;
 - On Sunday the local community pharmacy services open slightly earlier but the OOH Pharmacy at Litherland Town Hall opens 7 hours longer in the early evening / night;
 - On review the OOH Pharmacy at Litherland Town Hall provides 1 hour more hour of cover on Saturday evenings but 2 hours less in the morning. On Sundays, the OOH Pharmacy at Litherland Town Hall provides 7 hours more service than local pharmacies in the evening.

3.4 Key points relating to operating hours:

- Weekdays - nearby local community pharmacy services match and exceed the OOH Pharmacy at Litherland Town Hall opening hours;
- Weekends - the OOH Pharmacy at Litherland Town Hall provides 8 hours more cover than alternative local community pharmacy services;
- Bank holidays – the OOH Pharmacy at Litherland Town Hall provides full cover.

4. About the Initial Service Review

Initial consultation exercise

- 4.1 As part of the initial review, local residents were consulted about their views and suggestions for the future of the service. It also asked for views about an alternative GP supply service that could be put in place. This alternative would see doctors from the Go to Doc GP OOH service directly supplying patients with their medication during those hours when other nearby local community pharmacies were closed in the evenings or weekends.
- 4.2 A plan was developed and presented to the CCGs' joint Engagement and Patient Experience Group (EPEG) and to Sefton Council's Public Engagement and Consultation Panel.
- 4.3 The exercise began in June 2014 and there were 394 responses during the four week exercise. It mainly focused on service users and their carers, using the following methods:
- A poster, information leaflet and a survey was produced and the materials, along with a comment box provided at the OOH Pharmacy at Litherland Town Hall. Materials were also available at the walk in centre reception, also inside Litherland Town Hall;
 - HealthWatch Sefton and Sefton CVS' Health and Social Care Forum were asked to share the information with their networks so any interested members could also participate in the review;
 - A presentation was delivered to Sefton Pensioner's Advocacy group to discuss the proposals;
 - GP practices with patient participation groups were asked to share the information with their members;
 - A widely circulated press release and online survey allowed other local residents with an interest in the service to give their views.
- 4.4 Initially pharmacists from the OOH Pharmacy at Litherland Town Hall were asked to place an information leaflet in the prescription bag when medication was dispensed and encourage people to participate in the survey.

- 4.5 The first 158 responses received during the first week of engagement, contained comments that led to the impression that people were completing the survey without reading the information. For example, quite a few people mentioned not knowing about the alternative local community pharmacies available, something which is detailed in the leaflet. An on-site engagement session was undertaken and pharmacists were asked to hand people a leaflet as they were waiting for their prescription to be dispensed to try to ensure that people had read the information prior to answering the survey questions.

Results of initial consultation

- 4.6 Whilst the majority of people consulted said they value the service and do not want to lose it, others agreed with the proposal to decommission the service. The overriding themes identified were as follows:
- The convenience and benefits of having all OOH services under one roof including picking-up and starting medications straight away;
 - Valuing the advice and guidance that they receive from the pharmacist;
 - Feeling happier to have a conversation about their medication with a pharmacist rather than with a GP and worrying about adding to waiting times or how the system would work if GPs were to be supplying as well as prescribing medication, for example, how would they pay?
 - Worrying about how they would find alternative pharmacies and whether medication would be available there;
 - Worried about how they would reach an alternative pharmacy when they don't have transport and it is late evening;
 - Worried about travelling when sick or with sick children;
 - Convenience, just wanting to get medication and get home especially if they have sick children.
- 4.7 The consultation also revealed that:
- Despite being set up to support the borough wide GP OOH service, the majority of patients across Sefton do not use the OOH Pharmacy at Litherland Town Hall;
 - On weekends small numbers use the OOH Pharmacy at Litherland Town Hall between 7pm until 10pm (5 people per hour average);
 - On weekends an even smaller number use the OOH Pharmacy at Litherland Town Hall between 9pm-10pm (1 person per hour on average).
- 4.8 NB: Early consultation only focused on people using the OOH Pharmacy at Litherland Town Hall service and who were geographically local to the service.

Conclusions of the initial review:

- 4.9 The conclusions drawn from the initial review were:
- The service is not used on a borough wide scale;
 - There is extensive overlap – local community pharmacy services now nearly match the OOH Pharmacy at Litherland Town Hall for most of the week;
 - There is under use during the day and evenings of the OOH pharmacy services at Litherland Town Hall when local community pharmacy services are also open;

- There are low patient numbers using the OOH Pharmacy at Litherland Town Hall when no other community pharmacy service is open for example Sunday evenings;
- The Go to Doc Out of Hours GP service could supply the few patients that use the OOH Pharmacy at Litherland Town Hall if it wasn't open;
- The majority of patients using the OOH Pharmacy at Litherland Town Hall would see it as being convenient rather than a 'vital service';
- People with mobility issue/carer responsibilities across the borough do use other local community pharmacy services facilities and do not solely rely on the OOH Pharmacy at Litherland Town Hall;
- OOH Pharmacy at Litherland Town Hall currently costs £124,000 per annum, whereas the local community pharmacy service plus Go to Doc OOH GP supply is already costed within current contracts.

5. Actions Resulting from the Initial Review

5.1 The responses and conclusions of the initial review were reported to the CCGs' joint Senior Management Team and Senior Leadership team and the Engagement and Patient Experience Group. Due to the nature of the issue it has been directly referred to the CCG Governing Body for decision making.

5.2 A number of options were considered as result:

<i>Option</i>	<i>Comment / Recommendation</i>
1. Do nothing – keep things the same	<p>Not recommended:</p> <p>The cost cannot be justified on the grounds that it is:</p> <ul style="list-style-type: none"> • Under used • Designed for a borough wide service, which is not being used for the purpose intended • Cheaper and effective services available, namely using commercial chemists during the day 7am – 10pm with a wraparound Go to Doc GP OOH supply service meeting real OOH Pharmacy at Litherland Town Hall needs. • Alternate offers a 24 hour service
2. Close OOH Pharmacy during the day but only open where there is no overlap (e.g. couple of hours in the evening at weekend)	<p>Not recommended:</p> <ul style="list-style-type: none"> • This still incurs running costs • Still has to be supported by GP OOH supply • Potential under use/ small number • Not servicing all of the borough as patients make alternative arrangements

	<ul style="list-style-type: none"> • Paying twice – once for the OOH Pharmacy at Litherland Town Hall limited hours and once for the Go to Doc GP OOH service which still covers patients 11pm – 7am.
3. Retire OOH Pharmacy	<p>Recommended</p> <ul style="list-style-type: none"> • Community pharmacy services have much more coverage in the OOH period and are providing a borough wide service. • Go to Doc GP OOH supply service can cover the gap in local community pharmacy services as they are already contracted to provide services between 11pm and 7am. • This offers a genuine 24 hours service in the most cost efficient way to the NHS

5.3 Alongside this, an initial equality analysis in October 2014 identified the following issues and barriers:

Issues	Those affected	Mitigation/remedy
Not being clear on where to go	All service users that use OOH Pharmacy at Litherland town hall. In particular some older people, people with learning disabilities.	<p>Clear warning and instruction to existing service users.</p> <p>Link information to local shopping routes and habits.</p>
Not being clear on how to use Go to Doc OOH GP supply	All service users	<p>Clear information campaign at all GP surgeries & chemists.</p> <p>Various formats including 'easy read'</p>
Not being able to travel to the next nearest local community pharmacy	Users of town hall service that have mobility or care difficulties	<p>Use Go to Doc OOH GP supply</p> <p>NB most people that can get to a GP surgery will be able to travel, where this is impossible home visits will meet need.</p>
Not being clear that the OOH Pharmacy at Litherland town hall facility will be retired	All people, in particular people with learning disabilities	<p>Give clear notice and taper services down. Use information that is easily understood in GP waiting rooms etc.</p>

6. Next Steps

- 6.1 Both NHS South Sefton CCG and NHS Southport and Formby CCG Governing Bodies and the Sefton Overview and Scrutiny Committee (Health and Social Care) were updated on the outcomes of the initial consultation, progress to date and views sought.
- 6.2 A further consultation between December 2014 and January 2015 was agreed as a result of the initial equality analysis to further understand how patients might be affected if the service were to close. This would also ensure that the views of the public across the borough were captured.

Consultation exercise December 2014 - January 2015

- 6.3 This further period of consultation was widened across the Sefton borough and aimed to seek the views of local residents on two key points:
1. Whether the proposed alternative would be accessible and meet the needs of patients, particularly those who might have issues travelling to other local community pharmacies;
 2. Whether the proposal to close the service would make better use of NHS resources.
- 6.4 The following information about the OOH Pharmacy service at Litherland Town Hall was shared with members of the public during the consultation:
- The OOH Pharmacy at Litherland Town Hall was set-up to enable patients to get their medicines when local community pharmacies were closed, but this has changed now as local community pharmacies match the opening hours of the OOH Pharmacy at Litherland Town Hall;
 - There are several local community pharmacies that are in walking distance of Litherland Town Hall that largely match the opening hours of the OOH Pharmacy at Litherland Town Hall;
 - The service was set-up as borough wide service but only 1% of Sefton residents currently use the OOH Pharmacy at Litherland Town Hall;
 - Only 0.1% of borough wide prescriptions are issued from the OOH Pharmacy at Litherland Town Hall;
 - The OOH Pharmacy at Litherland Town Hall is relatively underused compared to local community pharmacies;
 - For the times when local community pharmacies are closed (mainly Saturday evening, 9pm -11pm and Sunday evening, 4pm -11pm), a 'wraparound' GP supply service would be available (GPs would dispense the required medications) from Go to Doc OOH GP service;
 - From the initial review of service activity, the numbers using the 'wraparound' GP supply service would be low and manageable and would not impact significantly on waiting times: on average 2 prescriptions per hour on a Saturday night (from 9pm -10pm) and 5 prescriptions per hour on a Sunday night (from 4pm - 11pm);
 - Informing service users of where local community pharmacies are located so it is clear where medicines can be obtained if the decision is made to decommission the OOH Pharmacy at Litherland Town Hall;

- The CCG has a responsibility to allocate local NHS resources wisely and fairly and ensure that services are delivered efficiently;
- The CCG could utilise the £124,000 savings to fund other local health services.

The consultation used the following methods:

- 6.6 **Service users** - focused, one-to-one engagement with users of the service, mainly on a Saturday and Sunday evening, which included the weekends of 29/30 November, 6/7 December 2014 and 3/4 January 2015. These sessions were delivered by an independent pharmacist who is not a CCG employee and who talked through the proposals and information with service users.
- 6.7 **Borough wide residents** – information leaflets and surveys were delivered to all GP practices across Sefton and supported by Healthwatch Sefton and its Community Champions. A widely circulated press release and online survey enabled local residents to give their views. This element of the consultation ran from 5 January to 16 January 2015.

7. Results of Consultation

- 7.1 The responses from this further period of consultation mirror those arising from the initial exercise in June 2014, with the majority of respondents who use the OOH Pharmacy services at Litherland Town Hall reporting that they value the service. Overall the main themes and issues arising from the consultation were as follows:
- Although more than 50% would find it fairly easy or a little inconvenient to arrange alternative travel arrangements to get to other local community pharmacies, some concerns were raised in terms of availability and cost of travel, particularly for those with disabilities, young families and non-drivers;
 - 4 carers were specifically identified as having completed the surveys through their responses. On 8 occasions families with young children were mentioned as having particular difficulties in relation to travelling with sick or young children;
 - Concerns as to whether there would be alternative local community pharmacies available particularly late at night and at weekends and whether they would have the medication in stock;
 - Respondents valued the convenience of having all the out of hours services in one place and being able to pick up and start medication immediately and proposed changes may cause delays;
 - The ability of the Go to Doc GP OOH service to supply medication as an alternative was seen as positive, but a small number were concerned about increased waiting times and the impact on the Go to Doc GP OOH service.

Equality implications of the consultation

- 7.2 This further equality assessment looked in detail at the proposal to decommission the OOH Pharmacy at Litherland Town Hall. It concluded that the combination of alternative commercial pharmacy located nearby, in conjunction with the proposed Go to Doc GP OOH service would offer a reasonable level of service. The report further concluded that the decommissioning of the OOH Pharmacy at Litherland Town Hall would not be discriminatory if the mitigating actions it recommends are followed.

- 7.3 Key concerns expressed through the consultation related to travel and convenient access to the OOH Pharmacy at Litherland Town Hall. Some respondents also thought that closing the OOH Pharmacy Litherland Town Hall might be discriminatory for some groups (for example, those with mobility issues or learning difficulties).
- 7.4 The impact assessment looks at the relationship between ‘inconvenience and indirect discrimination’ and suggests a number of actions to avoid any indirect discrimination should the OOH Pharmacy at Litherland Town Hall be decommissioned. This includes the development of an information campaign to enable people to better understand the Go to Doc GP OOH service, its role, function and alternative venues available for fulfilling prescriptions.
- 7.5 Essentially, the assessment suggests that all the concerns raised would be mitigated by ensuring that the Go to Doc GP OOH service could supply medication to those that met a set criteria connected to particular protected characteristics. This would alleviate any indirect discrimination and also meet the Public Sector Equality Duty.
- 7.6 The full equality analysis report can be seen in Appendix 1.

8. Conclusions

- 8.1 There has been planned and phased borough wide consultation and engagement exercise to gain the view of users of the OOH Pharmacy at Litherland Town Hall and the wider population.
- 8.2 The majority of those who have used the service are in favour of the existing OOH Pharmacy at Litherland Town Hall continuing, with 39% stating it would be very hard to make alternative travel arrangements. This compares to 61% of patients reporting it would be no issue only a little inconvenient if the OOH Pharmacy at Litherland Town Hall were to close.
- 8.3 Results have also shown 75% of users of the service are residents of Bootle, Litherland, Waterloo, Crosby and Netherton. In North Sefton, medicines are supplied directly to patients at the Go to Doc Southport GP Service. Therefore the OOH Pharmacy at Litherland Town Hall is not representative of a Sefton wide service, as previously intended.
- 8.4 The numbers of patients who can access the OOH Pharmacy at Litherland Town Hall is relatively low compared to a local community pharmacy. However, it must be recognised that the OOH Pharmacy at Litherland Town Hall was established to provide a distinct service to a specific cohort of patients accessing the GP OOH service in 2004 as there was no local community pharmacy provision in the out of hours period when the service was established. In the past decade this has changed considerably with more local community pharmacy provision between 6pm-11pm in the out of hours period of being available.

- 8.5 The 2004 guidance “Securing Proper Access to Medicines in the Out-of–Hours Period” stated medicines are supplied as part of the out-of-hours consultation as for example with a One Stop Primary Care Centre model, in which pharmacy services are co-located with primary care services throughout the OOH period. The guidance also states in implementing this guidance, however, the CCG needs to be realistic and make the best possible use of existing available resources and may need to use a nearby local community pharmacy to ensure this happens.
- 8.6 80% of respondents agreed that the NHS should try to save money on underused services and to redesign services to improve efficiency.
- 8.7 If the proposal to decommission the OOH Pharmacy at Litherland Town Hall is approved the CCG will:
- Work with Go to Doc GP OOH provider to ensure that patients have a supply of medicines when there is no local pharmacy open – particularly those patients with mobility, transport or carer difficulties. Based on a review of patient numbers in August 2014, activity at weekend evenings is relatively low and this should have a minimal impact on the Go to Doc GP OOH service, but this would be kept under review by commissioners and the provider;
 - Based on the equality impact assessment and in order to mitigate concerns raised, develop an information campaign in a number of formats to ensure patients are aware of changes to the OOH Pharmacy. This would include information about the alternative GP OOH supply service to avoid indirect discrimination.
- 8.8 It is also important to note that over the 10 year period running costs have increased from £77,000 to £124,000. At the same time operating functions have decreased, with the original specification identifying a much broader coverage of service. In reality there are relatively small numbers of patients accessing the OOH Pharmacy at Litherland Town Hall.
- 8.9 Taking all the factors into consideration; the gathered evidence of the consultation alongside the equality impact assessment leads to the conclusion that the OOH Pharmacy at Litherland Town Hall should be decommissioned and the contract terminated from 31st March 2015.

9. Recommendations

The Governing Body is asked to:

1. Approve the recommendation to decommission the OOH Pharmacy at Litherland Town Hall;

2. Approve the approach set out in the “Conclusions” section to the development of an action plan to address the recommendations of the equality analysis report and the results of the public consultation including:
 - a. Working with the Go to Doc GP OOH provider to ensure that the supply of medicines when there is no local community pharmacy open, particularly for those patients with mobility, transport or carer difficulties in accessing the community pharmacy;
 - b. A targeted patient information campaign focusing on the changes to the OOH Pharmacy at Litherland Town Hall and how patients can access medicines in the OOH period in the future;
3. Confirm that Governing Body will receive an update on progress with the action plan at future Governing Body public meetings.

Brendan Prescott
Deputy Chief Nurse
January 2015

Equality Analysis Report

Section 1

Title: Reconfiguration of OOH pharmacy service

Date: EA opened: January 2014

Date: 1st consultation reviewed July 2014

Date: EA amended to incorporate evidence October 2014

Date: Final assessment post 2nd consultation 19th January 2015

Date: Final EA submitted to decision makers 20 January 2015

Signature:

Signed off (senior manager):

Section 2: Details of service / function: (Clearly identify the function & give details of relevant service provision and or commissioning milestones (review, specification change, consultation, procurement) and timescales –

Legitimate aim? Yes – reducing costs and oversupply in market / rationalising underused services

Detail of service:

Out of Hours Pharmacy service (OOHP) was originally set up to compliment out of hours GP services, in that patients often need a Dr when GP Practices are closed and the out of hours GPs often prescribe medication that the patient needs fairly quickly. Prior to the OOHP service being established patients had to wait until the 'high street chemists' were open between 9-5 or receive supplies from limited stock from OOH GPs

The OOHP extended this range by (typically¹) opening from 6.15 pm until 11pm.

However a number of factors have started to emerge that question and challenge the need for such a continuous OOHP service:

1. The high street chemists now all but match the OOHP opening times (see analysis November SMT report)
2. OOH GPs can now give medication should there be an emergency need and the OOHP is closed
3. Usage of the OOHP is low and costly to run (see November SMT report) and during the day there are no OOH GP prescriptions – which contractually are the only prescriptions the OOHP can fulfil.

The OOH pharmacy is sited at Litherland Town hall, alongside the OOH GP service.

The service costs £124,000 per annum to run.

¹ 6.15pm – 11pm during the week and 8-11 Saturdays and 7.45 to 11pm on Sundays

The proposal is to retire the OOH pharmacy service at the town hall as there now is:

1. Commercial provision that near matches OOH provision. The commercial provision is free to use and has no cost to the NHS. (this would save £124,000 per annum)
2. The OOH GP service contract has contained within it the provision to dispense prescriptions between the hours 11pm to 8am. Prescriptions can be dispensed by the GP themselves at the OOH centre or via the GP home visit. This can wrap around the commercial chemists to provide a continuous service provision.

Change to service

1. The proposal is to retire the OOHP service as it is costly, underused and no longer the sole provider of fulfilling prescription during 6.30pm – 11.00pm as other commercial chemists perform this function too.

The only advantage the OOHP has is that it is on the same site as the OOH GP services meaning patients who visit an Out of Hours GP and are given a prescription do not have to leave the building in order for it to be fulfilled. The nearest alternatives are 50 metres and 600 metres away, other alternatives are spread across the borough.

2. The Out of hours GP can now actually give the patient medication should they deem it urgent enough to do so – this completely eliminates the need for the patient to use the OOHP service or to use an alternative chemist.

This method of OOH GP giving medication also covers the period when the OOHP is closed – so it is an ‘additional service’ to patients.

The proposal claims that with the better use of the OOH GP services dispensing medication means that the public have a truly 24 hour 365 day a week cover by the use of commercial chemists and OOH GP service and as such the OOHP is defunct.

From the serviced users perspective closing the OOHP represents:

1. Change to a familiar service
2. The potential need to travel to another chemist once a patient has seen an OOH GP, this will be inconvenient and may be discriminative without appropriate mitigation.

The laws says this:

Equality act 2010 : Section 19: Indirect discrimination

(1) A person (A) discriminates against another (B) if A applies to B a *provision, criterion or practice* which is

discriminatory in relation to a relevant protected characteristic of B's.

This statement is to be understood in conjunction with (2)(b)(c)(d) below

(b) it puts, or would put, persons with whom B shares the characteristic at a particular disadvantage when compared with persons with whom B does not share it,

(c) it puts, or would put, B at that disadvantage, and

(d) A cannot show it to be a proportionate means of achieving a legitimate aim.

With the issue of Indirect discrimination, removing the OOHP would potentially put people with mobility needs or learning difficulties at a disadvantage, as on face value patients are now being asked to leave the building and find an alternative chemists - this activity is such that it may put people with particular difficulties at a disadvantage, compared to others. As such it could be construed as 'Indirect discrimination' and any proposal that creates indirect discrimination would be unlawful without good reason. **However** a reasonable adjustment can be made where by the OOH GP would automatically dispense urgent/emergency medication to this group/s saving them the need to travel in an 'out of hours' situation. Therefore with this reasonable adjustment the closure of OOHP is a proportionate means of achieving a legitimate aim.

It's worth noting that all patients can and do avail themselves of standard prescription services from standard chemists as and when required using self visits or standard home delivery services by the chemist, so any intonation of indirect discrimination only occurs during OOH time zones.

Change to threshold or criteria or both?

Threshold: 'Distance' and 'hours of service provision' are changing.

Distance: The threshold is being changed at one location (removed facility) but continues to be provided by others this will involve patients travelling to other dispensary which may imply indirect discrimination (with a need to mitigate).

Hours of service provision: The threshold of 'service provision' is being expanded by the provision of GP out of hour prescription service.

Current model	New proposed model
OOHP opening hours 6.15pm – 11pm	Closure of OOH pharmacy Use of local commercial chemists & OOH

	GP dispensing
Time zone 1, 6.15pm – 11pm Time zone 2, 10 pm– 11pm Saturday Time Zone 3, 3pm – 11pm Sunday and Bank Holidays	Time Zone1: Commercial sector and OOH GP dispensing. Time zone 2: OOGP dispensing Time Zone 3 –OOGP dispensing
Conclusion: - Convenient for service user (all services under one roof) - Gap in provision from 11pm to 6.15am	Conclusion: - Some service users will be expected to travel to the nearest commercial service provider (closest is 50 metres away) - No gap in service provision (24 hrs)

Criteria:

The criteria remains the same as to who can access service provision, i.e. need of an emergency prescription out of hours.

Section 3:

Q. Does this service go the heart of enabling a protected characteristic to access health and wellbeing services?

Being able to access services that fulfil prescriptions is an integral part of the NHS service, and the original idea behind the OOH pharmacy was to enable this as much as possible. However the proposed changes mean that a very similar service is still on offer from commercial chemists and the fact that this is supported by OOH GP dispensing service now means that there is truly a 24 hour prescription service, whilst making a saving of £124,000 per year.

Section 4:

Q. Barriers relevant to the protected characteristics (where are the disadvantages) Including the change to the service

Post consultation it is easy to highlight the main barriers that people have identified, namely 'convenience.' However some consultees are worried that the change in service may have a *negative effect* on some patients (e.g. disabled, elderly, parents caring for children)

There needs to be a distinction drawn between 'inconvenience and indirect discrimination'. Service when removed from a particular location can clearly be seen to be an inconvenience to those that use them on a regular basis and now may have to travel to alternative locations to receive the same service, however, this in and of itself is not necessarily discrimination – discrimination only occurs (as sited above) where a criteria, provision or policy is in place that is detrimental to someone with a protected characteristic as compared with someone with a different protected characteristic (such as a disabled person with serious mobility problems compared with somebody with no mobility problems).

The OOHP by definition should only fulfil prescriptions 'out of hours' – if this is removed then it would be inconvenient but not discriminatory if the OOH GP dispensed emergency medication to those who may have mobility or learning difficulties that prevents or makes it more difficult from them to use alternative sites during OOH time frames.

Indirect discrimination would not occur if OOH GP dispensed medication prevents unnecessary travel during the night/early morning to vulnerable groups/people.

When looking at the protected characteristics the following issues were identified by users of the OOH pharmacy. As the statement above demonstrates it would not be discriminatory to use a alternative services during standard operating times. The concerns are addressed to Out of Hours GP service times.

Protected characteristic	Issue identified	Core of concern	Mitigation	PSED met?
Age (older)	Ease of travel/ convenience .	Not wanting to travel far, late at night. Dependent on public transport	During OOH - GP can assess need and dispense emergency medicine if its deemed that the nearest alternative dispensing service (50 metres away) represents a hazard to the patient.	Yes
Women/ Parents	Ease of travel	Children in their	During OOH-	Yes

		care needing medicine late at night	GP can assess need and dispense emergency medicine if its deemed that the nearest alternative dispensing service (50 metres away) represents a hazard to the parent or the patient	
Disability	Ease of travel	Not wanting to change routines/ difficulty in travelling farther than necessary	During OOH- GP can assess need and dispense emergency medicine if its deemed that the nearest alternative dispensing service (50 meters away) represents a hazard to the patient or carer	yes
Pregnancy & maternity	Ease of travel	Not wanting to travel further than necessary	During OOH- GP can assess need and dispense emergency medicine if its deemed that the nearest alternative dispensing service (50 metresaway) represents a hazard to the patient	yes
Sexuality	N/A			yes

Religion & Belief	N/A			yes
Gender reassignment	N/A			yes

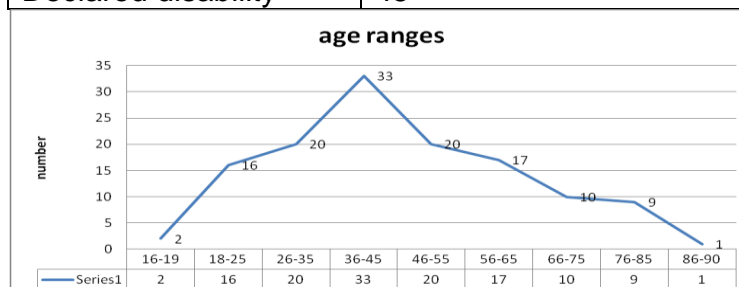
What evidence have you used –

1. Consultation and research that informed SMT November report
2. Consultation report covering 'postal/December/January and online survey' January 2015

All consultations captured protected characteristics and enabled responses to be broken down by protected characteristic.

The latest consultation produced 150 responses:

Protected characteristic relevant to consultation	Out of 150 responders, this information was declared
Sex (M/F)	Female = 88
	Male= 61
	Non response = 1
Disability	
Declared disability	45



More females responded than men, and the largest age range of responders being the 36-45 year olds. 30% of responders declared a disability.

All adult age ranges were present. Responders who give information on nationality – identified as British, responders who give information on religion identified as either Christian or non religious.

The main findings were:

1. 76.6% of people from across all protected characteristics were in favour of the NHS saving money by redesigning services compared with 19.3% who not and 4% who didn't know. (see Table A)
2. The majority of OOH Pharmacy services users across all protected characteristics want the OOH Pharmacy service to remain as a matter of convenience.

Question 4 – Do you agree with the proposals to close the service

	Male	Female	No gender stated
Yes	17	17	1
No	41	69	1
No response	2	2	

Of the 'No' responders, 20 people identified themselves as having a disability.

Of the 'Yes' responders 13 people identified themselves as having a disability

- When asked what the current closure would mean for the individual 75% said it would have no affect or they would get their medication from an alternative venue, 15% said it would be extremely difficult to use an alternative venue. (see graph A below)
- When asked about how easy would it be to make alternative travel arrangements then 51% felt there would be no difficulty, 33% felt it would be very difficult to make alternative travel arrangements and 15% had no view. (see graph B below)

Table A

Q3 – Do you agree that your local NHS should try and save money on underused services and redesign services to improve efficiency?

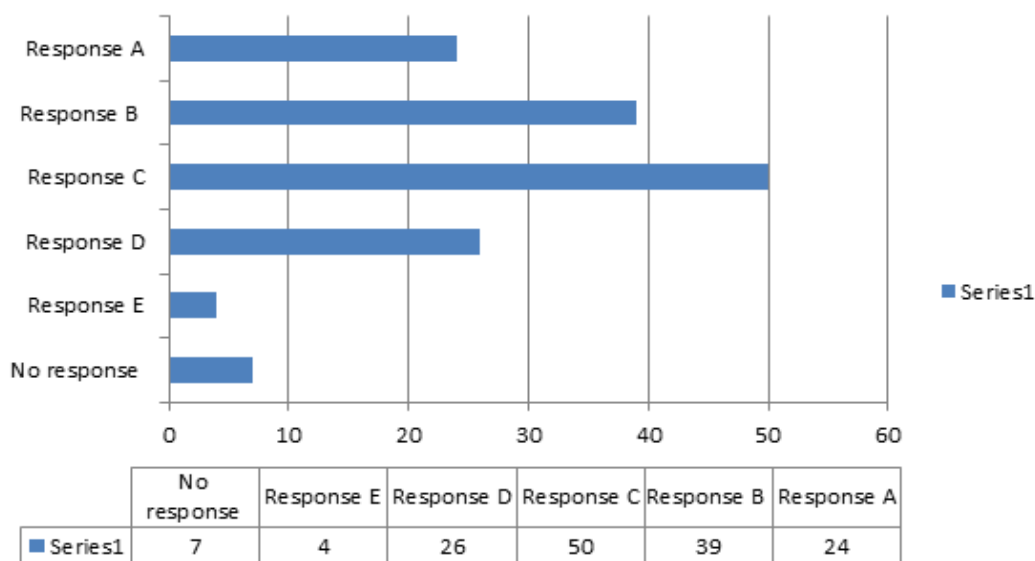
	Male	Female	No gender stated
Yes	46	68	1
No	11	18	
No response	4	2	

Of the 115 who responded 'yes' 32 where disabled.

Of those who responded 'no' 13 where disabled

Graph A

What would the closure of the current service mean for you? (totals)

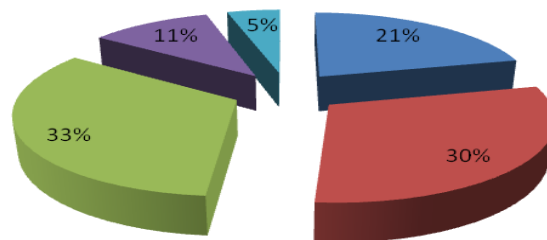


- Response A – *“it wouldn’t affect you- you don’t use it “* 24 people gave this as their answer commenting that they don’t use the service or have their medication delivered.
- Response B – *“ You would be able to get you medicines by visiting a local chemist or through the G.P. wrap around service”* 40 people gave this as their response but comments on lack of transport for those who don’t drive, also what services will be affected next. It was also felt to be less convenient
- Response C – *“You would have to make alternative travel arrangements to get your prescription from a local chemist”* 50 people gave this as their response and commented that local chemist not open late, the need to use taxis and buses to get to the pharmacy and concerns if they need a prescription following a home GP visit. Caring responsibilities for children were also mentioned as an issue in relation to travelling to an alternative pharmacy
- Response D – *“It would be difficult to get your medications for another reason”* 26 people gave this as a response and the areas of concern given were travel and transport issues, caring responsibilities particularly for young children, reliance upon family members for transport. In addition the convenience of the current service was mentioned and accessing a pharmacy following a home GP visit.
- Response E – *“ None of the above”* 4 responses were given with no commentary

Graph B

If you have to make alternate travel arrangements , how difficult would this be?

■ easy ■ bit inconvenient ■ very hard ■ dont know ■ no response



Response A- "*Fairly easy to do*"- 32 gave this as their answer – comment was as long as medication could be dispensed by GP

Response B –"*A little inconvenient to do*" 45 gave this as their answer and 1 comment was in relation to reliability of the bus service

Response C- "*Very hard to do*" 50 gave this answer 7 comments were in respect of lack of transport and 2 mentioned cost of travel, 3 around caring responsibilities for young children , 1 because of disability.

Response D- "*None of the above*" 16 people responded in this way

No responses 7 people failed to respond to the question

Section 6: Is there evidence that the Public Sector Equality Duties will be met

(a) Eliminate discrimination. –

See section 4 above.

Without mitigation/reasonable adjustment there would be indirect discrimination occurring during genuinely designated 'out of hours' service by the removal of the OOHP if it was expected that people with the protected characteristics highlighted above would be expected to travel to different locations. This may mean they are put in an untoward position or simply return home without the medication which in both cases may have dire results. The mitigation of the OOH GP dispensing emergency medication, on site, would alleviate this concern.

(b) Advance equality of opportunity

Yes – the new service provision is now available 24 hours and the mitigation followed by OOH GPs as described above would cover particular concerns around protected characteristics.

C Foster good relations between different protected characteristics-

Not engaged.

N.B Public Sector Equality Duty continues to be met.

Section 7: Above you have identified key gaps in service or potential risks that need to be mitigated

It is clear from the consultation that the public have little understanding of alternative service and the OOH GP dispensing provision. It is vital, especially for those identified above that an awareness/advertising campaign is undertaken as part of the OOH decommissioning program to ensure that the following issues are mitigated:

<i>Issues</i>	<i>Mitigation/remedy</i>
<i>Not being clear on where to go</i>	<i>Clear warning and instruction to existing service users. Link information to local shopping routes and habits.</i>
<i>Not being clear on how to use OOH GP prescription dispensing service</i>	<i>Clear information campaign at all GP surgeries & chemists. Various formats including</i>

	'easy read'
<i>Not being able to travel to next nearest dispensing chemist</i>	<i>NB most people that can get to a GP surgery will be able to travel, where this is impossible the OOH GPs may provide the medication or a OOH GP home visit will meet need.</i>
<i>Not being clear that the town hall facility will be retired</i>	<i>Give clear notice and taper services down. Use information that is easily understood in GP waiting rooms etc.</i>
<i>GPs need to meet equality need</i>	<i>Meet with GP OOH commissioners to review and decision making processes around dispensing medication</i>
<i>Service needs monitoring to ensure it is meeting need.</i>	<i>Ensure system is in place that can capture usage and any difficulties reported by users.</i>

MEETING OF THE GOVERNING BODY January 2015

Agenda Item: 15/13	Author of the Paper: Malcolm Cunningham Head of Contracting & Procurement Email: malcolm.cunningham@southseftonccg.nhs.uk Tel: 0151 247 2871
Report date: January 2015	
Title: Re-Procurement of Patient Transport Service	
Summary/Key Issues: This paper seeks approval to proceed with the procurement of Patient Transport Services	
Recommendation The Governing Body is asked to approve the recommendations.	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

15/14 Re-Procurement of PTS

Links to Corporate Objectives <i>(x those that apply)</i>	
x	Improve quality of commissioned services, whilst achieving financial balance.
	Sustain reduction in non-elective admissions in 2014/15.
	Implementation of 2014/15 phase of Virtual Ward plan.
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
	Review the population health needs for all mental health services to inform enhanced delivery.

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

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

**Report to the Governing Body
January 2015****1. Executive Summary**

Patient Transport Services (PTS) were first tendered in 2011 with a start date for a new service of the 1st April 2012. North West Ambulance Services (NWAS) won the contract for the Cheshire and Merseyside area. The contract was awarded as a 3 year contract and is due to be re-tendered this year (2015) to enable a new service start of 1st April 2016. This paper sets out the route that the CCG will take to re-procure PTS.

2. Introduction and Background

Patient Transport Services, transfer patients who meet the eligibility criteria (as set out by the Department of Health) from their usual place of residence to Hospital for routine hospital appointments and back again. A number of improvements were made to the service as a result of the tender in 2011, for example the availability times the ambulances increased to be more responsive to the needs of both patients and clinics. There are however a number of issues that remain, the application of the eligibility criteria being one for example.

3. Key Issues

A small project group representing Cheshire & Mersey CCGs has been established to review the specification and local quality indicators and Cheshire and Mersey Commissioners are holding a specification engagement event at the end of January, to which a number of patient representatives and or their groups have been invited including Healthwatch Sefton.

Patient Transport Services will be advertised as a North West Procurement with three separate lots, Greater Manchester, Cheshire & Merseyside, Cumbria and Lancashire. When each lot has agreed their specification the service will be advertised in the Official Journal of the European Union (OJEU). NHS Shared Business Services will manage the procurement on behalf of Cheshire & Merseyside CCGs. As a consequence, of there being three separate lots the timetabling of the procurement is dependent on all lots being in a position to advertise at the same time, which Blackpoll CCG (the lead commissioners for ambulance services) will coordinate, this may cause some delays.

4. Recommendations

- To participate in the North West procurement for patient services
- To make amendments to the specification as appropriate
- Report the outcome of the procurement in 15/16

Malcolm Cunningham
January 2015

MEETING OF THE GOVERNING BODY January 2015

Agenda Item: 15/15	Author of the Paper: Malcolm Cunningham Head of Contracting & Procurement Email: malcolm.cunningham@southseftonccg.nhs.uk Tel: 0151 247 7281
Report date: January 2015	
Title: Re-Procurement of NHS 111 NW Service	
Summary/Key Issues: This paper seeks delegated authority from the Governing Body to appoint a preferred bidder for the NHS 111 NW Service.	
Recommendation The Governing Body is asked to approve the recommendations.	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
x	Improve quality of commissioned services, whilst achieving financial balance.
x	Sustain reduction in non-elective admissions in 2014/15.
x	Implementation of 2014/15 phase of Virtual Ward plan.
	Review and re-specification of community nursing services ready for re-commissioning from April 2015 in conjunction with membership, partners and public.
	Implementation of 2014/15 phase of Primary Care quality strategy/transformation.
	Agreed three year integration plan with Sefton Council and implementation of year one (2014/15) to include an intermediate care strategy.
	Review the population health needs for all mental health services to inform enhanced delivery.

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

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

Report to the Governing Body January 2015

1. Executive Summary

North West CCGs are now in the latter stages of the re-procurement exercise for the North West NHS 111 service as the bids received are evaluated. To enable the final sign off to proceed the NHS 111 North West Programme Board will be issuing the final recommendations to CCGs on 13th February 2015 with final sign off by all 33 North West CCG's required by close of play on Friday 27th February 2015. Individual CCG approval is required as part of the mandated NHS England assurance process and CCGs will be required to submit evidence of the 33 CCG approvals before being 'allowed' to progress.

2. Key Issues

Unfortunately the timetable to ensure that that new contract is operational before winter 2015 is very tight and as such recommendations for sign off by CCGs need to be issued by close of play on 13th February 2015

Due to the above timetable Northwest CCGs are seeking delegated Authority to sign of the recommendations of the procurement panel in order to ensure that contracts will be in place and the new provider is mobilised to enable the contract start date of October 15.

3. Recommendations

To agree the delegated authority to the Chair and the Chief Office.

**Malcolm Cunningham
January 2015**

**Key Issues
Quality Committee**

Meeting Date **November 2014**

Chair **Dr Craig Gillespie**

Key Issues	Risks Identified	Mitigating Actions
1. Re-based mortality statistics at Aintree University Hospital NHS Foundation Trust (AUH)	<ul style="list-style-type: none"> Continued outlier status of the Trust 	<ul style="list-style-type: none"> Continuation of workplan as reported to the Aintree Collaborative Commissioning Forum Performance monitoring via Contract Processes eg. CQPG

Notifications to the Governing Body
<p>1. Choose and Book System in operation at AUH – Recent GP Clinical Lead visit has highlighted a possible issue regarding Trust clinicians being able to view clinical information for urgent referrals. CCG SMT working with GP Clinical Leads and the Trust to explore this issue further, determine level of risk that may exist and ensure any remedial actions are put in place to maintain patient safety.</p> <p>2. Child Sexual Exploitation – Safeguarding Service presented the regular update report that contained assurances regarding the involvement of the service on behalf of the CCG in relation to Child Sexual Exploitation.</p>

Key Issues SIR

Meeting Date

Wednesday 12th November 2014

Chair

Dr Niall Leonard

Key Issues	Risks Identified	Mitigating Actions
Need to agree a vice chair	NA	Ask committee for nominations
Programme dashboards	Need to augment content and ensure understanding with clinical leads to enable dashboard used at locality and practice level	Becky and Fiona to meet Niall
End of Life Strategy	Finalise joint strategy between both Sefton CCGs	N/A
Primary Care Quality Contract Year 2	Need to progress a year 2 for both CCGs	Consider support for South Sefton to progress
Quality Premium 2014/2015	Poor performance identified with risk of non delivery with financial impact	Identify leads for QP elements. Leads to develop actions to address under performance.

Recommendations to the Governing Body

1. The Governing Body is asked to receive the contents of this Key Issues log by way of assurance

Quality Committee Minutes

Date: Thursday 19th November, 3.00pm to 5.00pm
Venue: 3rd Floor Boardroom, Merton House, Stanley Road, Bootle

Membership

Dr Craig Gillespie	GP Governing Body Member (Chair)	CG
Roger Driver	Lay Member	RD
Stephen Astles	Head of CCG Development	SA
Dr Pete Chamberlain	Lead Clinician for Strategy & Innovation	PC
Malcolm Cunningham	Head of Primary Care & Contracting	MC
Debbie Fagan	Chief Nurse & Quality Officer	DF
Dr Gina Halstead	GP Quality Lead	GH
Dr Dan McDowell	Secondary Care Doctor	DMcD
Dr Andy Mimmagh	GP Governing Body Member	AM

Ex-Officio Members

Fiona Clark	Chief Officer	FLC
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Also in attendance

Brendan Prescott	Deputy Chief Nurse / Deputy Head of Quality & Safety	BP
Dave Smith	Deputy Chief Finance Officer	DS
Jo Simpson	Quality & Performance Manager	JS
Ann Dunn	Designated Nurse CCG Safeguarding Service	AD

Minute Taker

Sue Griffiths	Interim PA to the Chief Nurse	SG
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Membership Attendance Tracker

Name	Title	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr Craig Gillespie	Chair and Governing Body Member	√	√	√	A	√	√	A	√				
Steve Astles	Head of CCG Development	A	A	A	A	√	A	A	√				
Lin Bennett	Practice Manager Governing Body Member	√	A	√	√	√	√	√	A				
Malcolm Cunningham	Head of Primary Care & Corporate Performance	√	A	√	√	√	√	√	√				
Roger Driver	Lay Member	√	√	√	√	A	√	√	√				
Debbie Fagan	Chief Nurse & Quality Officer	√	√	√	√	√	√	√	√				
Dr Gina Halstead	Clinical Lead for Quality	√	√	A	√	A	A	√	√				
Martin McDowell	Chief Finance Officer	√	√	√	√	√	A	√	A				
Dr Andrew Mimmagh	Clinical Governing Body Member	A	√	√	A	A	√	√	√				

- √ Present
- A Apologies
- L Late or left early

No	Item	Action
14/160	<p>Apologies for absence</p> <p>Apologies for absence were received from LB,JH, MMcD. David Smith was in attendance for MMcD</p>	
14/161	<p>Declarations of interest regarding agenda items</p> <p>CCG officers holding dual roles in both South Sefton CCG and Southport & Formby CCG declared their potential conflicts of interest.</p>	
14/162	<p>Minutes of the previous meeting and key issues log</p> <p>Both documents were accepted as a true and accurate representation of the meeting.</p>	

No	Item	Action
14/163	<p>Matters Arising/Action Tracker</p> <p>14/93 NHSE Audit of the Child Health Surveillance System – Feedback still being awaited from NHSE national team. DF will report back in Chief Nurse Report once outcome known. Outcome: Action closed and to be removed from the tracker.</p> <p>14/111 Commissioning Review Policy – DF gave feedback from the CCG Chief Commissioning & Re-Design Officer. Halton CCG on behalf of the CCG Network are taking the lead on the Commissioning Policy review element for varicose veins. An update will be given to the Quality Committee once completed. Outcome: Action closed and to be removed from the tracker.</p> <p>14/131(1) Complaints Policy (Voice of Child & Young Person) – Action not due until December 2014. Outcome: Action not due until December 2014.</p> <p>14/131(2) Voice of the Child & Young Person Workplan – Action not due until December 2014. Outcome: Action not due until December 2014.</p> <p>14/131(3) Missed Fracture Incident / X-Ray Reporting Process –GH reported that she had asked DW from Aintree University Hospital NHS Foundation Trust for an audit of missed fractures. Awaiting a response at this time. GH to follow-up request at a meeting next week if response not received. Outcome: GH to follow-up request at a meeting next week if a response not received and provide feedback to the December 2014 meeting.</p> <p>14.131(4) Missed Fracture Incident / X-Ray Reporting Process – JH has contacted S&O and RLBUHT regarding x-ray reporting processes within A&E. Response awaited. Outcome: JH to report back at December 2014 meeting.</p> <p>14/133 NWAS 111 Call Report (Activity Data) – MC stated that feedback is being awaited from the Provider. Outcome: MC to provide feedback at January 2015 meeting.</p> <p>14/135(1) Mersey Care NHS Trust KPI Narrative – JS informed the meeting that information was sent by the provider to an e-mail address that was no longer active. MC discussed this issue at the Mersey Care Contract Review Meeting (CRM) and received assurance that the Trust are now submitting the correct contract information. MC stated that contract sanctions would be invoked as appropriate. Outcome: Action closed and to be removed from the tracker.</p> <p>14/136 Serious Incidents and Never Events –.JH has discussed with Dr Pete Chamberlain (PC) and Dr Debbie Harvey (DH) serious incident reporting relating to the Virtual Ward. AM PC and DG will discuss this at the Steering Group Outcome: Action closed and to be removed from the tracker.</p> <p>14/137 Provider Complaint Benchmarking Data –JS confirmed that this is being addressed by EPEG and highlighted the difficulty in benchmarking complaints due to the different themes and categorisation used within providers. Outcome: Action closed and to be removed from the tracker.</p>	<p>GH</p> <p>JH</p> <p>MC</p>

	<p>14/141 Clinical Staffing Issues at AUH (Cardiology & Ophthalmology) – SA and GH confirmed there was an apparent issue in these specialities and gave details of actions being undertaken by the Trust. Outcome: Action closed and to be removed from the tracker.</p> <p>14/147 Quality Committee Workplan - Action not due until December 2014. Outcome: Action not due until December 2014.</p> <p>14/152 NHS England Complaints Information (Primary Care) – JH confirmed that this action had been completed and was on the agenda for the EPEG meeting to be held in December 2014. Outcome: Action closed and to be removed from the tracker.</p> <p>14/153 Primary Care Dashboard - Action not due until February 2015. Outcome: Action not due until February 2015.</p> <p>14/156(1) Minutes and Key Issues Log Received (1) - JH confirmed that the details in relation to the name of the meeting and Chair were incorrect and should have referenced the Corporate Governance Group and the relevant Chair not the details for the Quality Committee. DF asked if the details of the policies that required approval by the Quality Committee were correct and if so these would need to be included on the agenda of the December 2014 meeting. JH confirmed that this was the case. Outcome: JH to ensure relevant policies are an agenda item for approval at the December 2014 meeting of the Quality Committee.</p> <p>14/156(2) Minutes and Key Issues Logs Received (2) - JH confirmed that going forward all sections of the key issues log would be completed from EPEG and, if for example, there were no risks or mitigating actions then this would show as 'not applicable' Outcome: Action closed and to be removed from the tracker.</p>	<p>JH</p>
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Provider Quality Report

JS presented this report which provided the Committee with a narrative and accompanying performance dashboard in relation to Aintree University Hospital NHS Foundation Trust (AUH), Liverpool Community Health NHS Trust (LCH) and Mersey Care NHS Trust (Mersey Care).

Aintree University Hospital

GH informed the meeting of the current status in the Trust Standardised Hospital Mortality Index (SHMI) and the new rebased Hospital Standardised Mortality Ratios (HSMR). As a result the Collaborative Commissioning Forum (CCF) has written to the Chief Executive expressing concern and detailing required actions. The Trust has been asked to respond by 1st December 2014. GH gave a progress update on the collaborative working that was being undertaken under the leadership of a LCCG Clinical Lead regarding Trust mortality and the standing agenda item in relation to this at the CQPG for the purposes of assurance.

GH confirmed that Stroke performance at had improved in Q2. BP informed the meeting that the Stroke team had recently won an award at the Staff Awards Ceremony

The Trust failed to achieve the 98% target in Q2 in relation to the Rapid Access Chest Pain Clinic which the Trust had stated was due to an increase in referrals and in the number of patients cancelling appointments and being re booked after 14 days. In addition to this throughout the summer period there was an increase in cancelled clinics due to annual leave, reduced consultant cover and reported inappropriate referrals via Choose and Book.

The Trust is still under performing in relation to A&E Department at Q2 and SA confirmed all the actions being undertaken by commissioners. The Quality Committee noted that they had previously received information regarding the Single Item Quality Surveillance Group Meeting with the Provider present to discuss A&E performance and quality.

The Quality Committee noted the two outstanding CAS alerts that were after the deadline date. CG made the suggestion that if these couldn't be closed due to a national issue then the Trust should be advised to consider looking at how other Trusts were managing these which included placing them on the Risk register so they were in line with other providers.

DF noted the Trust performance in relation to Cancer 62 day waits. GH stated that she was liaising with DH as the Cancer GP Clinical Lead regarding this issue and it was being addressed accordingly – some emerging issues were due to the complexity of pathways and patient choice. DF stated that Cancer had been an agenda item for discussion at the recent CCG Checkpoint Assurance Meeting and that support had been requested from NHSE(M) regarding system-wide solutions.

Liverpool Community Health

The Trust failed to achieve their trajectory in relation to discharge summaries received by the GP within 24hrs. GH queried the data quality for previous months when it appears that 100% compliance was achieved. This will be raised at the next Contract Meeting. Improvement in performance relating to delayed transfers of care was noted and the actions the provider had been implementing to bring about this upturn. CG highlighted that delayed transfers of care was an issue that was thought to be proving to be challenging nationally.

Underperformance in relation to treatment rooms was discussed and it was noted that the provider were in the main attributing this to staffing issues, patients not contacting the service early enough or choosing to wait for a specific time or location.

	<p><u>Mersey Care</u> JS informed the Quality Committee that staff changes within the CSU Business Intelligence Team had resulted in a scarcity of information contained within some of the narrative along with the fact that CSU had still been awaiting provider comments.</p> <p>The same level of performance as month 5 in relation to follow-up from in-patient discharge / electronic recording of the number of patients on CPA who had been offered a copy of their care plan were noted – staff have been given information regarding the new recording process so an upturn in performance is expected in month seven.</p> <p>The Trust failed to achieve target in September relating to Crisis Resolution Teams and the ration of admissions gate kept as a proportion of all admissions, this was primary due to coding issues. This has been dealt with internally within the Trust and the Committee noted that the information at hand indicated that the required level of performance had been reached in previous months.</p> <p>The Trust failed to reach the target in relation to the proportion of adults on the CPA who receive secondary mental health services in employment and have indicated to commissioners that performance against this indicator is out of their control due to difficulties in the local job market.</p> <p>The Trust have also seen a slight downturn in performance from Q1 in relation to smoking status being recorded for patients on CPA.</p> <p>The Trust were narrowly above the expected threshold rate in relation to patient DNA rates and the Trust are envisaging that the opening of the consultant-led assessment centre in Sefton will support continued improvement in this area</p> <p>The Trust continues to monitor performance on all physical Health indicators in-line with ‘Keeping Nourished’. The trust will be asked to provide a remedial action plan at the CQPG in December 2014 due to failure to achieve this target.</p> <p>With regard to Advancing Quality and ‘First Episode Psychosis ACS’, the Trust has reported a drop in performance compared to the previous month with year to date performance being reported at 69.4%.</p> <p>The Trust has reported data collection issues for Safety Thermometer. The provider missed the September submission deadline but re submitted in October. This will be further discussed at the CQPG in December 2014.</p>	
	<p>Action taken by the Committee:</p>	
	<p>The Committee received the report and noted that changes in CSU Business Intelligence Team and the awaiting of provider narrative has impacted on the information available to be presented in relation to Mersey Care. The Committee also noted the on-going commissioner assurance regarding mortality rates at AUH.</p>	
14/165	<p>External Research Proposal BP presented the external research proposal in relation to Cancer to the Committee. The Quality Committee were informed that partaking in this study would be voluntary for General Practice. AM stated that further clarification should be gained in relation to conformity of this request with ‘Making a Difference – Reducing General Practice Paperwork’ before giving approval for practices to be approach. BP was asked to review conformity and liaise with Committee members outside of the meeting.</p>	
	<p>Action taken by the Committee:</p>	
	<p>BP to review conformity of the request and feedback to December 2014 meeting</p>	BP

14/166	<p>Serious Incidents Update BP presented this report to the Committee detailing the current status of serious incidents relating to AUH and South Sefton CCG patients from other provider Trusts in the absence of JH. The Committee noted that all Root Cause Analysis are reviewed at the Joint CCG Serious Incident Meeting which takes place on a monthly basis.</p> <p>Action taken by the Committee:</p>	
	The Committee received the report.	
14/167	<p>Safeguarding Service Update Report AD gave a brief overview of this report which provided an update in relation to adult and children safeguarding since the last report presented in September 2014.</p> <p>DF stated that the Safeguarding Service had submitted the Annual Report but it had been received too late for consideration at the meeting today. DF advised the Quality Committee that it would be presented directly to the Governing Body at the end of November 2014.</p> <p>AD brought the Committee's attention to the appendix which summarised the Jay Report into Child Sexual Exploitation in Rotherham and summarised the work the Safeguarding Service is involved in locally on behalf of the CCG and across the health economy and multi-agency partnerships. AD made reference to the audits and benchmarking that is taking place. HN asked when there will be a view as to whether CSE is an issue in Sefton, to what extent and timescales for action? AD stated that work is on-going to provide answers to all of these questions but at this point the exact extend has not yet been determined. The Safeguarding Service will provide regular updates to the Quality Committee for the purposes of assurance.</p> <p>Although the CCG Safeguarding Peer Review Action Plan is scheduled as an agenda item for discussion at the next Quality Committee Meeting, AD gave an update regarding progress against the actions that involve the Safeguarding Service and the Quality Committee noted the positive progress that had been made in relation to these elements.</p> <p>AD highlighted to the Committee that the Safeguarding Service are currently working with CSU and the CCG Senior Management Team in relation to ensuring data quality of Safeguarding training figures as currently they are not split by CCG and are indicating that the CCG may not be reaching the % target required.</p> <p>Action taken by the Committee:</p>	
	The Committee received the report	
14/168	<p>Clinician's Voice / GP Quality Lead Update Nil else to note that had not been raised in previous discussions.</p>	
14/169	<p>Locality Update GH informed the Committee of the Bootle locality away day that was planned which is aligned to Well North. Feedback will be given to the Quality Committee as appropriate.</p> <p>Action taken by the Committee:</p>	
	The Committee received the verbal update from GH	
14/170	<p>General Quality Business Update Nothing to report at this time.</p>	

14/171	<p>Any Other Business</p> <p>GH informed the Quality Committee about emerging concerns in relation to the Choose and Book operation within AUH. GH made the connection with previous agenda item 14/163 (14/141). A recent visit has been undertaken by CCG Clinical Leads to the Trust and it has emerged that there may be some issues in clinicians being able to view clinical information for urgent referrals. SA informed the Committee of the actions being taken by the CCG SMT and CCG Programme Manager for Choose and Book in order to find out further information and put into place any necessary actions to ensure patient safety. A discussion also took place regarding utilisation of Choose and Book, paper based referral and referral via the 2 week rule.</p> <p>BP informed the Quality Committee of the recently held Single Item Quality Surveillance Group Meeting in relation to One-to-One Midwives and gave an overview of the quality issues discussed. Formal minutes are awaited and BP will keep the Quality Committee updated with any developments as appropriate.</p> <p>BP informed the Quality Committee that NHSE/PHE locally were offering training to Primary Care staff in root cause analysis following some Cold Chain incidents in Sefton. The Quality Committee supported this offer of training to General Practices.</p> <p>BP informed the Quality Committee that NICE have produced quality standards for use in nursing/care homes. BP described the work that is going on regarding the introduction of such standards locally.</p> <p>DF informed the Quality Committee that the CCG would be working in partnership with the LA to establish a Quality Surveillance style group in Sefton in relation to Care Homes and Domiciliary Care. Support had been received from the Director of Adult Social Care and the first meeting is being planned for January 2015.</p> <p>DF informed the Quality Committee that the CCG and Edge Hill University had been asked to submit a briefing paper to be presented at the NHS England Strategy Board to highlight the innovative work that had been undertaken locally with regard to Caremakers and Student Quality Ambassadors.</p> <p>CG identified the following to be included in the key issues log from this meeting:</p> <ol style="list-style-type: none"> 1. Mortality rates at AUH 2. Choose and Book 3. Child Sexual Exploitation 	
	Action taken by the Committee:	
	Choose and Book - SA to provide an update at the December 2014 meeting	SA
14/172	<p>Date of next meeting Thursday 18th December 2014 12.30pm-1.30pm Room 3A Merton House.</p> <p>Agenda items to be prioritised. Shortened meeting time due to Governing Body session.</p>	

Finance and Resource Committee MINUTES

Thursday 20th November 2014, 13:00 hrs to 15:00 hrs
Boardroom, 3rd Floor Merton House

Membership		
Roger Driver	Lay Member (Chair)	RD
Steve Astles	Head of CCG Development	SA
Lin Bennett/Sharon McGibbon	Practice Manager	LB/SMcG
Debbie Fagan	Chief Nurse & Quality Officer	DF
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	TJ
Martin McDowell	Chief Finance Officer	MMcD
Andy Mimmagh	GP Governing Body Member	AM
Graham Morris	Lay Member	GM
Paul Thomas	GP Governing Body Member	PT
John Wray	GP Governing Body Member	JW
Ex-officio Member		
Fiona Clark	Chief Officer	FLC
In Attendance		
James Bradley	Head of Strategic Finance Planning	JB
Malcolm Cunningham	Head of Primary Care & Contracting	MC
Fiona Doherty	Transformational Change Manager	FD
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Susanne Lynch	CCG Lead for Medicines Management	SL
David Smith	Deputy Chief Finance Officer	DS
Minutes		
Ruth Moynihan	PA to Chief Finance Officer	RM

Attendance Tracker

Name	Membership	Nov 14	Jan 15	Feb 15	Mar 15	May 15	June 15	July 15	Sept 15	Oct 15	Nov 15	Jan 16
Roger Driver	Lay Member (Chair)	√										
Steve Astles	Head of CCG Development	A										
Lin Bennett	Practice Nurse	N										
Sharon McGibbon	Practice Nurse	N										
Debbie Fagan	Chief Nurse & Quality Officer	√										
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A										
Martin McDowell	Chief Finance Officer	√										
Andy Mimmagh	GP Governing Body Member	√										
Graham Morris	Lay Member	A										
Paul Thomas	GP Governing Body Member	√										
John Wray	GP Governing Body Member	N										
Fiona Clark	Chief Officer	A										
James Bradley	Head of Strategic Finance Planning	√										
Malcolm Cunningham	Head of Primary Care & Contracting	√										
Fiona Doherty	Transformational Change Manager	√										
Jan Leonard	Chief Redesign & Commissioning Officer	√										
Susanne Lynch	CCG Lead for Medicines Management	√										
David Smith	Deputy Chief Finance Officer	√										

√ = Present A = Apologies N = Non-attendance

No	Item	Action
FR14/129	<p>Apologies for absence</p> <p>Apologies for absence were received from Fiona Clark, Stephen Astles, Tracy Jeffes and Graham Morris.</p>	
FR14/130	<p>Declarations of interest regarding agenda items</p> <p>CCG officers holding dual roles in both Southport and Formby and South Sefton CCGs declared their potential conflicts of interest.</p>	
FR14/131	<p>Minutes of the previous meeting</p> <p>The minutes of the previous meeting were approved as a true and accurate record.</p>	
FR14/132	<p>Action points from the previous meeting</p> <p>14/108 – An update paper relating to investigations in medicines management in respect of Mersey Care is to be put to the SMT and feedback will be given at the next F&R meeting in January 2015.</p> <p>14/66 – Case for change for DMARD shared care prescribing for non-rheumatological conditions – to be reported in January 2015.</p> <p>14/96 – APC recommendations – to be reported in May 2015.</p>	
FR14/133	<p>Month 7 Finance Report</p> <p>This report focussed on the financial performance of the CCG at October 2014 (Month 7), which is £1.905m (£1.306m in M6) overspent on operational budget areas before the application of Reserves.</p> <p>The CCG is on target to achieve the planned £2.300m surplus by the end of the year. It also meets the other business rules required by NHS England. However, there are risks, outlined in section 7 of the Month 7 Finance Report, that require monitoring and managing in order to manage and deliver the target, surplus position.</p> <p>The Committee received the report and noted that the CCG remains on target to deliver its financial duties for 2014/15, noting that risks remained in the system.</p> <p>JB confirmed the forecast remained the same but there had been significant increases in planned care in the month. AM asked why and MMcD said particular attention was being paid to changes in A&E. With regard to Aintree it would appear that some of the figures are not easily understood and MMcD has asked the CSU to look at this. JB said he would expect to see some increase, but the significant increases compared with last year are not fully explained. JB said DS and DF are doing ongoing work in order to provide assurances on prices being charged and general record keeping.</p> <p>JB mentioned risk pool and AM asked if we overspend on patients do we ask for the difference spent? MMcD confirmed the value of the risk pool and said as there had been an under spend there is a possibility of putting some claims through in the latter part of the year. JB confirmed it would be a challenge for next year.</p>	
	Action taken by the Committee	
	The Committee received the report and noted that the CCG remains on target to deliver its financial duties for 2014/15, noting that risks remained in the system.	

No	Item	Action
FR14/134	<p>IFR Summary Report</p> <p>The Committee was provided with an activity report and costs for IFR for Quarter 2 2014.</p> <p>MMcD queried the bespoke spinal jacket and JL confirmed that this related to a spinal injury patient, used to reduce the risk of pressure ulcers (noted as being different to the lycra suits for children). JL has asked her team to note any requests for these spinal jackets and if regular requests become apparent then the item will need to be noted as a business case.</p> <p>RD queried Infliximab and SL said this must have gone through as an exceptional case as the IFR panel are extremely thorough in their analysis.</p> <p>JL asked about the possibility of presenting this report on a quarterly basis as the monthly content was not huge. RD confirmed that the IFR Summary Report could be issued on a quarterly basis.</p>	
	Action taken by the Committee	
	The Committee received the report by way of assurance.	
FR14/135	<p>Better Care Fund</p> <p>MMcD gave the Committee a verbal update on the Better Care Fund.</p> <p>MMcD said the submission report had been received and confirmed we had been categorised as being approved with conditions. However, MMcD was unable to get clarification on why conditions were attached, and hoped that further evidence we provide will discharge the conditions.</p> <p>MMcD confirmed that some useful data was being identified and the aim is to continue with this.</p> <p>MMcD said the virtual ward is still a pilot scheme and that this is something positive that we could work towards, as well as other target markets whereby services could be developed in order to reduce patient numbers in hospitals.</p> <p>Overall MMcD said if we can get this stratification work right then it will “paint a picture” illustrating what services are needed and how they need to be delivered.</p>	
	Action taken by the Committee	
	The Committee received the report by way of assurance.	

No	Item	Action
FR14/136	<p>Quality Premium Dashboard</p> <p>This paper updated the Committee on 2013/14 Quality Premium performance of which an indication of likely payment from NHS England has now been received (subject to final confirmation).</p> <p>The paper also updated the Committee on progress against the 2014/15 Quality Premium indicators.</p> <p>The final 2013/14 Quality Premium is yet to be confirmed by NHS England, however the CCG has received a copy of the data used by NHS England to measure performance, and indicative financial totals. Indicative data from NHS England for 2013/14 reveals that South Sefton CCG should receive a payment of £368k against a total possible payment (if all indicators were within tolerance) of £737k. This is due to underperformance in a number of areas which were described in the April report to this Committee.</p> <p>The Committee noted the performance of the CCG in the context of the second highest percentage achieved out of 6 Merseyside CCGs.</p> <p>Based on local data performance for the indicators for 2014/15 (April 2014 – September 2014), South Sefton CCG would receive a payment in 2014/15 of £0 against a total possible payment (if all indicators were within tolerance) of £776k.</p> <p>This is due to:</p> <ul style="list-style-type: none"> • poor performance of the access to psychological therapies measure; • the avoidable admissions measure; • Mersey Care and Aintree’s underperformance on the medication error reporting measure; • the local diabetes measure; and • underperformance on the ambulance measure <p>which would result in a 25% reduction to the overall possible payment, plus indicators for which performance is currently unknown due to annual reporting frequencies.</p> <p>The total amount payable under a likely case scenario is £369k against a total possible payment (if all indicators were within tolerance) of £776k.</p> <p>This figure will be firmed up in the next report received by the Committee.</p> <p>FD outlined four areas currently under review as follows:</p> <ol style="list-style-type: none"> 1. IAPT: CCG required provider to implement remedial plan to support improved trajectory. Also received confirmation from NHSE that QP payment will be achieved by meeting 3.75% prevalence in Q4. Previous quarters will not be included in calculation. Based on remedial plan provider is confident this figure will be met. 2. Issue regarding data for diabetes care processes, which is suspected to be under reporting performance. Confirmation due this week. 3. Medication errors – paper due to go to SMT to agree exclusion of Mersey Care from target, due to methodology they use for incident reporting, which is likely to skew figures when compared with other providers. 	

No	Item	Action
FR14/136	<p>Quality Premium Dashboard (<i>continued</i>)</p> <p>4. Unplanned admissions - shared breakdown of practice level drill down of the Quality Premium indicator for unplanned admissions to be discussed to identify any unnecessary/avoidable admissions.</p> <p>RD questioned the impact of readmissions on data. FD agreed to review the definition of KPI to see if this is a factor and, if so, to update data to reflect this. PT also suggested flag was added to understand impact of practices involved in Urgent Care DES on activity. FD agreed to update and recirculate data to locality managers to include additional information.</p>	FD
	Action taken by the Committee	
	The Committee received the report by way of assurance.	
FR14/137	<p>Prescribing Performance Report</p> <p>This paper presented the Committee with an update on prescribing spend for August 2014 (month 5).</p> <p>The South Sefton CCG position for month 5 (August 2014) is a forecast underspend of £333k or -1.25% on a budget of £26,708k.</p> <p>Currently South Sefton CCG are forecasting an under spend for their prescribing budget. However a national increase in the cost of drugs included in category M of the drug tariff will come in to effect from 1st October 2014. The estimated cost of the increase in price of category M drugs for South Sefton CCG is £210k until the end of the financial year. All GP practices have been notified of the pressure on their prescribing budgets and informed that the medicines management team will be focusing on cost savings over the next couple of months. Potential savings will be discussed at practice and locality level and monitoring of the impact on the increased price of category M will be done on a monthly basis.</p> <p>SL confirmed from 1 October 2014 the Government had increased the price of category M drugs. SL had written to all GP practices to raise awareness of this. The team is to focus on trying to get as much cost saving work done as possible in order to bring in cost savings to offset anything unexpected. NHS England will accrue the benefits in relation to this scheme, whilst additional costs will be borne by the CCG.</p> <p>SL wanted to highlight to the Committee that we are monitoring a lot more closely on a monthly basis such things as population changes and the cost of care.</p> <p>MMcD confirmed there are reserves set aside and therefore budgets can be adjusted at individual practice level to ensure that measurement of performance is accurate.</p> <p>SL confirmed that letters had gone out to all GP practices and practice pharmacies detailing the above and that SL required engagement from clinicians in relation to this.</p>	

No	Item	Action
FR14/137	<p>Prescribing Performance Report (continued)</p> <p>Overall AM stated that the key point is that patients receive the best service for their money.</p> <p>JL confirmed she had been in an operational team meeting in September and although presented with a lot of data there was still a need to identify the key issues in each locality.</p> <p>AM stated that in specific localities if patients were not being seen then no money was being spent on prescriptions. However SL said that money was given to practices which could still lead to overspending. AM said it was not so much about the cost but what is being provided.</p>	
	Action taken by the Committee	
	The Committee received the report by way of assurance.	
FR14/138	<p>Capital Plans and Updates</p> <p>MMcD confirmed it had been a quiet year on capital plans and updates and that NHS England do not have a fund for running costs going forward.</p> <p>MMcD stated that we needed to be more active in the pursuance of smaller grants. MMcD is to meet with NHS England to commence some key discussions and principles for 2015/16.</p>	
FR14/139	<p>Any Other Business</p> <p>No other business was discussed at this meeting.</p>	
FR14/140	<p>Date of next meeting</p> <p>Thursday 22nd January 2014, 13:00 hrs to 15:00 hrs</p> <p>3rd Floor Boardroom, Merton House</p>	

Audit Committee Minutes

Thursday 9th October 2014 1.30pm – 3.30pm
Boardroom, Merton House

Attendees		
Graham Morris	Lay Member (Chair)	GM
Roger Driver	Lay Member	RD
Lin Bennett	Practice Manager	LB
In Attendance		
Roger Causer	Senior Local Counter Fraud Specialist, MIAA	RC
Wendy Currums	Local Counter Fraud Specialist, MIAA	WC
Debbie Fagan	Chief Nurse & Quality Officer	DF
Martin McDowell	Chief Finance Officer	MMD
Tracy Jeffes	Head of Corporate Delivery and Integration	TJ
Ken Jones	Chief Accountant	KJ
Adrian Poll	Audit Manager, MIAA	AP
Rachael McIlraith	Audit Director, PricewaterhouseCoopers	SB
David Smith	Deputy Chief Finance Officer	DS
Elizabeth Tay	Audit Manager, PricewaterhouseCoopers	ET
Apologies		
Debbie Fairclough	Head of Client Relations, CMCSU	DFr
Mark Jones	Audit Director, PricewaterhouseCoopers	MJ
Dan McDowell	Secondary Care Doctor	DMcD

Membership Attendance Tracker

Name	Membership	Oct 14	Jan 15	April 15	May 15	July 15	Oct 15	Jan 16
Graham Morris	Lay Member (Chair)	√						
Roger Driver	Lay Member	√						
Lin Bennett	Practice Manager	√						
Martin McDowell	Chief Finance Officer	√						
Debbie Fagan	Chief Nurse & Quality Officer	√						
David Smith	Deputy Chief Finance Officer	√						
Tracy Jeffes	Head of Corporate Delivery and Integration	√						
Ken Jones	Chief Accountant	√						
Debbie Fairclough	Head of Client Relations, CMCSU	A						
Roger Causer	Senior Local Counter Fraud Specialist, MIAA	√						
Wendy Currums	Local Counter Fraud Specialist, MIAA	√						
Adrian Poll	Audit Manager, MIAA	√						
Rachael McIlraith	Audit Director, PricewaterhouseCoopers	√						
Elizabeth Tay	Audit Manager, PricewaterhouseCoopers	√						
Dan McDowell	Secondary Care Doctor	A						
Mark Jones	Audit Director, PricewaterhouseCoopers	A						
Ian Roberts	Senior Manager, PricewaterhouseCoopers							

√ Present
A Apologies
L Late or left early

No	Item	Action
A14/66	<p>Apologies for absence</p> <p>Apologies for absence were received from Debbie Fairclough, Mark Jones and Dan McDowell.</p>	Chair
A14/67	<p>Declarations of interest</p> <p>Declarations of interest were received from CCG Officers who hold dual posts at both NHS Southport and Formby CCG and South Sefton CCG.</p> <p>DFr declared an interest in the item relating to External Recommendations review. The item included a progress report in respect of the Continuing Healthcare service that is provided by NWCSU and the contract monitoring arrangements between the CCG and NWCSU. It was confirmed by the Chair that attendance by DFr to discuss these items was appropriate and did not constitute a material conflict.</p>	DFr
A14/68	<p>Advance notice of items of other business</p> <p>There were no items of other business advised to the Chair.</p>	Chair
A14/69	<p>Minutes of the previous meeting</p> <p>The minutes of the previous meeting were approved as a true and accurate record.</p>	Chair
A14/70	<p>Action points from previous meeting</p> <p>Action points from the previous meeting were closed as appropriate.</p>	Chair
A14/71	<p>Terms of Reference review</p> <p>The Committee reviewed the Terms of Reference and recommended the updated version for approval by the Governing Body.</p>	DFr
A14/72	<p>Internal audit progress report</p> <p>The progress report provided the Committee with an update in respect of the assurances, key issues and progress against the Internal Audit Plan for 2014/15.</p> <p>CHC continued area of scrutiny. People are being fast-tracked and therefore moving through quicker. Some of the analysis has been skewed as a result of this and some short term plans and some work has been done on this. MMcD will be writing to CMCSU to gain assurance around what needs to happen.</p> <p>MMcD informed the Committee he had attended a financial summit the previous week which outlined strong challenges ahead; a bleak picture in regard to £30 billion shortfall in NHS over next 5 years. There was a significant gap in Government spending plans compared with predicted levels of taxation.</p>	AP
A14/73	<p>Internal audit anti-fraud services report</p> <p>WC updated the summary provided to the Committee to show the work progressed during the reporting period against the agreed 2014/15 anti-fraud work plan.</p>	WC

No	Item	Action
A14/74	<p>Updated Register of Interests</p> <p>DFr presented the updated Register of Interests. The Committee noted that a number of improvements were being made to the register that would result in improvements to the way in which the information is presented, and show when new declarations had been made. The Conflicts of Interest policy is also under review with a new policy being presented to the Audit Committee in 2015 for implementation from 1st April 2015. DFr advised that during December it is possible that CCG officers will be presented with gifts or offers of hospitality and therefore it will be necessary for the Audit Committee to review the Hospitality Register as soon as possible in the new year.</p>	DFr
A14/75	<p>Self-assessment of committee effectiveness</p> <p>DFr presented this verbal update and noted that an effectiveness audit would be completed and a full report presented to the next meeting in January 2015.</p> <p>The Audit Committee noted the verbal update.</p>	DFr
A14/76	<p>Review of external recommendations reports</p> <p>DF presented this report and noted that going forward this report would be extended to include all external recommendations and not be restricted to MIAA recommendations.</p> <p>The Committee welcomed this report and requested that a dashboard be produced showing variance against plan for the next meeting in January 2015.</p> <p>The Audit Committee noted the content of the review of External Recommendation report. Reports</p>	DFr
A14/77	<p>Summary of CMCSU service auditor reports</p> <p>At the end of June 2014, the CCG received Service Auditor reports produced by Deloitte which provided assurance as to the suitability of the design and operating effectiveness of CMCSU controls, covering finance and accounting and associated IT controls for the period 01/10/13 to 31/03/14. The full report had been shared with the Chair of the Audit Committee and this report was a summary of control weakness that had been identified. Some of risk alleviated as some services have been brought in house.</p>	DS
A14/78	<p>HMRC PAYE review</p> <p>KJ gave the Committee a verbal update of the HMRC PAYE review. Selected for review, petty cash, travel and subsistence, etc. P11D dispensation for next year which will save payroll some work. Payments to GB members off payroll caused some concern. All members are classed as office holders need to be on payroll and will be put on from 1st April 2014. KJ to prepare a plan and report back to next meeting. RP asked if the GB members were aware. Spoken to them verbally but need to write to them to confirm. Does it have any implications as to whether pension should be included into Annual Report. A different issue – waiting for more clarity from NHSE on whole subject.</p> <p>Liability to CCG held in abeyance is money that tax HMRC expects to receive from individuals if it's not clearly labelled by individual it will be CCG that will be liable.</p>	DS

Service Improvement and Redesign Committee Minutes

Wednesday 12 November 2014, 9:30 a.m. – 11:30 a.m.

Venue: Classroom 4, Crosby Lakeside Adventure Centre, Crosby Coastal Park, Off Cambridge Road, Waterloo, L22 1RR

Attendees		
Dr Dan McDowell	Secondary Care Doctor, South Sefton CCG	DMcD
Dr Kati Scholtz	Governing Body Member, Southport and Formby CCG	KS
Dr Jeff Simmonds	Secondary Care Doctor, Southport and Formby CCG	JS
Dr Paul Thomas	Governing Body Member, South Sefton CCG	PT
Steve Astles	Head of CCG Development, South Sefton CCG	SA
Billie Dodd	Head of CCG Development, Southport and Formby CCG	BD
Fiona Doherty	Transformational Change Manager, , South Sefton CCG & Southport and Formby CCG	FD
Jan Leonard	Chief Redesign and Commissioning Officer, South Sefton CCG & Southport and Formby CCG	JL
Karl McCluskey	Chief Strategy and Outcomes Officer, South Sefton CCG & Southport and Formby CCG	KMcC
Angela Parkinson	Locality Manager, South Sefton CCG	AP
Brendan Prescott	Deputy Chief Nurse, South Sefton CCG & Southport and Formby CCG	BP
David Smith	Deputy Chief Finance Officer, South Sefton CCG & Southport and Formby CCG	DS
Minutes		
Cathy Loughlin		

No	Item	Action
14/13	Apologies Apologies were received from Dr Niall Leonard, Colette Riley, Lin Bennett, Dr Martin Vickers, Dr Pete Chamberlain, Dr Debbie Harvey and Dr Jeff Simmons.	
14/14	Minutes of Last Meeting The minutes of the last meeting were agreed as an accurate reflection of the meeting.	
14/15	Matters Arising The majority of matters arising are listed on the agenda. Item 14/5 - Commissioning for value and locality packs have been circulated to the committee. New packs have also been circulated but need to be circulated to the Localities. Item 14/7 - Examples of progressed locality schemes to be shared at November meeting – this item has been deferred as Fiona Doherty is still waiting for QOF data. Once this has been received it will be circulated and discussed formally at the January meeting.	FD FD
14/16	Revised Terms of Reference Terms of reference to be amended to include both Heads of CCG Development, Deputy Director of Finance and Practice Managers need to be added to the list. A vice chair needs to be identified. Cathy Loughlin to e mail clinical members	CL CL

	<p>and ask for expression of interest.</p> <p>Jan Leonard confirmed she had spoken to Debbie Fairclough in the CSU and it has been confirmed that SIR is a joint committee and not a committee in common. New legislation had been brought out in October regarding this. Jan Leonard also confirmed that every clinical member has a voting right and that if there was less members of one CCG then the other, that a vote could still be taken, but would be representative of those present. It was agreed that the committee didn't think this would be a problem as if there was going to be any topics that needed voting then it would be made clear before the meeting took place, to ensure that adequate clinical attendance and representation from respective CCGs was in place.</p> <p>Cathy Loughlin to amend the terms of reference as above and send to Debbie Fairclough at the CSU for her to amend re the voting rights.</p>	<p>All</p> <p>CL</p>
14/17	<p>Programme - Dashboard</p> <p>Fiona Doherty demonstrated and explained the background to the dashboard, copies attached for information. This has been developed in line with the right care approach and is aligned to CCGs four strategic KPIs:-</p> <ul style="list-style-type: none"> • To reduce A&E attendances • Admissions • Bed Days • 30 day readmissions <p>It is worth noting that these have been shared with the programme and the locality leads and will be used to flag areas of concern. Fiona Doherty informed the committee that these are still under development.</p> <p>Fiona Doherty presented the programme milestone dashboard, this looks at each CCG programme area listing schemes and delivery dates. Fiona Doherty explained that each month scheme progress is RAG rated following a meeting with the programme leads. Fiona Doherty drew attention to the only programme scheme currently flagged amber which is the neurology programme due to there being no programme or clinical lead. Jan Leonard informed the committee that she is currently linked into the Walton Centre and is also speaking to Dr Martin Evans in the North so that this area of work can be progressed. Jan Leonard to seek a nomination for the South.</p> <p>Fiona Doherty and Becky Williams are available to meet with members of the SIR to go through in more detail if they require.</p> <p>Programme Progress Briefing</p> <ul style="list-style-type: none"> • End of Life <p>Moira McGuinness presented the committee with a briefing and update on progress in relation to the End of Life programme. A discussion took place referencing the paper circulated with the agenda. Moira McGuinness confirmed that there is an End of Life (EOL) strategy being developed for both CCGs which will support the people who require EOL care to support them achieve care closer to home, in an environment of their choice. This will also reduce unnecessary attendance / admissions to hospital and will support families, carers and friends to help patients achieve their Preferred Priority of Care (PPC).</p>	<p>JL</p> <p>FD/BW</p>

	<p><u>Action</u></p> <ul style="list-style-type: none"> • Support in progress of end of life strategy and need to be a Sefton wide strategy account to specific issues locally. • Support to the development of the wrap around case. Clear evidence to back that up. • Timescales for development for the wrap around, has started in Sefton re virtual ward. MMcG and BD meeting with ICO re blank piece of paper re model. • South Sefton, Cancer end of life focus and palliative care services – McMillian cancer – long term conditions. Difference North and South push to link in with specialist teams for other end of life terms conditions. Queensncourt – COPD. • To ensure that an assessment of programme impact in reducing and preventing non elective admissions is undertaken to enable the necessary reductions to be reflected in provider contracts and also to enable reinvestment in End of Life care, care closer to home. <p>The committee recognized the considerable work that has been progressed as part of the End of Life programme and thanked Moira McGuinness for her hard work.</p> <p>CVD and Acute Kidney Injury Sharon Forrester presented the committee with a briefing and update on progress in relation to the CVD programme. A discussion took place referencing the paper circulated with the agenda. There are problems around hypertension across both CCGs which needs to be managed from the primary care end first before it gets to be an admission.</p> <p><u>Action</u></p> <ul style="list-style-type: none"> • Karl McCluskey to work with Sharon Forrester to see what additional resource to help Sharon Forrester might look like and explore how we can support this. • Progression – developing the joint hypertension strategy with Public health. • Clear single of intent around prioritisation and optimisation and fast track a case for this. • Karl McCluskey to support. • Continued review of the heart failure services acute and community. • Progress stroke networks hyper acute stroke unit and early supportive discharge. • Redesign of rehabilitation work. 	<p>MMcG</p> <p>MMcG</p> <p>MMcG/BD</p> <p>MMcG</p> <p>MMcG</p> <p>KMcC/SF</p> <p>SF</p> <p>KMcC SF</p> <p>SF</p> <p>SF</p>
14/18	<p>Commissioning Intentions</p> <ul style="list-style-type: none"> • Priorities From Value Packs <p>Karl McCluskey presented the commissioning intentions for both CCGs, copies attached for information. Karl McCluskey confirmed with regards to primary care that significant progress had been made in year 1. Discussions to take place regarding year 2 and beyond.</p> <p><u>Action</u></p> <ul style="list-style-type: none"> • Develop and work up an approach for year 2 primary care quality 	

	<p>LES funding has been retained, and additional funding from Primary Care Quality and Everyone Counts have increased investment in primary care available through LQC. Due to the delay in the start of the contract financial information spans two financial years. A forecast for spend for the first 12 months of the scheme was produced, this is dependent upon all practices achieving in all areas that they have agreed to work on, and an estimate on activity based schemes, phlebotomy etc.</p> <p><u>Action</u></p> <ul style="list-style-type: none"> • Evidence form practices to determine achievement of schemes will be available at the end of the 1st year. A process to determine approvals and agree payment of the remaining 25% needs to be defined. • Years 2 and 3 of PCQS and LQC to be developed • Primary care clinical lead for South Sefton • Practices to sign NHS Standard contract <p>Primary Care Quality Dashboard The CCGs Senior Leadership Team has had joint discussions regarding the primary care quality dashboard. The CCGs will be having an independent audit review by MIAA in relation to access.</p> <p>There has been investment in primary care with regards to the old LES schemes which have been retained and ploughed back into primary care, £2 per head and £5 per head due to everyone counts. The coloured graph on the dashboard regarding what has been spent doesn't include activity schemes based in contracts.</p>	<p>AP</p> <p>AP</p>
14/23	<p>Any Other Business Clarity was asked regarding locality managers attending the SIR meeting. Karl McCluskey confirmed that there needed to be a minimum of one Locality Manager / Programme Lead from each CCG but anyone is welcome to attend.</p>	
14/24	<p>Date of Next Meeting</p> <ul style="list-style-type: none"> • 14 January 2015 at 9:30 a.m. venue CLAC 	



Dr Niall Leonard
Chair

Date: 14 January 2015

Seaforth and Litherland Locality Meeting Minutes

Date: 5th November 2014

Venue: Crosby Lakeside

Attendees

Dr Martin Vickers	GP, Bridge Road Surgery	MV
Lin Bennett	PM, Ford Medical Practice	LB
Dr Noreen Williams	GP, Ford Medical Practice	NW
Dr Colette McElroy	GP, 15 Sefton Road	CMc
Dr Peter Goldstein	GP, Glovers Lane Surgery	PG
Dr Fred Cook	GP, Rawson Road	FC
Sam Standley	PN, Rawson Road & Netherton	SS
Ian Hindley	PM, Seaforth and Litherland Town Hall	IH
Lynne Creevy	PM, Bridge Road Surgery	LC
Alison Harkin	PM, 15 Sefton Road	AH
Jane McGimpsey	PM, Orrell Park Medical Centre	JMc
Dr Ramon Ogunlana	GP, Orrell Park Medical Centre	RO
Dr Jane Irvine	GP, 15 Sefton Road	JI
Louise Armstrong	PN, Ford Medical Practice	LA
Dr Joanne Wallace	GP, Litherland Darzi	JW
Pam Maher	PM, Litherland Darzi	PM
Mark Halton	PN, Ford Medical Practice	MH
Louise Taylor	PM, Glovers Lane Surgery	LT

In Attendance

Angela Parkinson	Locality Manager SSCCG	AP
Paula Bennett	Public Health Sefton Council	PB
Helen Roberts	Pharmacist SSCCG	HR
Dr Peter Chamberlain	Clinical Lead SSCCG	PC
Tracy Jeffes	Chief Corporate Delivery and Integration Officer	TJ

Apologies: Lorraine Bohannon PM, Netherton SSP LB
 Angela Dunne PM, Rawson Road AD

Minutes: Trish Cresswell SSCCG Temp TC

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr T Thompson	GP – 15 Sefton Road Surgery		✓	✓		✓		✓					
Dr C McElroy	GP – 15 Sefton Road Surgery	✓	✓	✓	✓	A	✓	✓	✓				
Dr J Irvine	GP – 15 Sefton Road Surgery						✓	✓	✓				
Alison Harkin	PM – 15 Sefton Road Surgery	✓	✓	✓	✓	✓	✓	✓	✓				
Paula Lazenby	PN – 15 Sefton Road Surgery												
Dr A Slade	GP – Glovers Lane Surgery												
Dr P Goldstein	GP – Glovers Lane Surgery	✓	✓	✓			✓	✓	✓				
Dr M Cornwell	GP – Glovers Lane Surgery												
Louise Taylor	PM – Glovers Lane Surgery	A	✓	✓	✓	✓	A	✓	✓				
Dr M Vickers	GP – Bridge Road Surgery	✓	✓	✓	✓	✓	✓	✓	✓				
Dr E Carter	GP – Bridge Road Surgery			✓									
Lynne Creevy	PM – Bridge Road Surgery	✓	A	A		✓	✓	✓	✓				
Dr N Choudhary	GP – Netherton Practice	✓	A	✓	✓	✓	✓	A					
Lorraine Bohannon	PM – Netherton Practice	✓	✓	✓	✓	✓	✓	A	A				
Dr N Williams	GP – Ford Medical Practice	✓	✓	✓		✓	✓	✓	✓				
Dr B Fraser	GP – Ford Medical Practice				✓								
Dr A Ng	GP – Ford Medical Practice					✓							
Lin Bennett	PM – Ford Medical Practice	A	✓	✓	✓	✓	A	✓	✓				
Louise Armstrong	PN – Ford Medical Practice	✓	✓	✓	✓		✓	A	✓				
Mark Halton	PN – Ford Medical Practice						✓	A	✓				
Dr R Ogunlana	GP – Orrell Park Medical Centre	A	✓	✓	✓	A	✓	✓	✓				
Jane McGimpsey	PM – Orrell Park Medical Centre	✓	✓	✓	✓	A	✓	✓	✓				
Dr A Hameed	GP – Litherland Darzi	✓		✓									
Dr B Schoenberger	GP – Litherland Darzi			✓									
Dr Jo Wallace	GP – Litherland Darzi						✓	A	✓				
Pam Maher	PM – Litherland Darzi/ Town Hall				✓		✓	A	✓				
Dr A Patrick	GP – Litherland Town Hall	A	✓	✓	✓	A	✓						
Dr F Cook	GP – Rawson Road/Orrell Park	✓	✓	✓	✓	✓	✓	A	✓				
Angela Dunne	PM – Rawson Road/Orrell Park	✓	✓	A	✓	✓	✓	✓	A				
Ruth Powell	PN – Rawson Road												
Samantha Standley	PN – Rawson Road						✓	✓	✓				
Ian Hindley	PM – Seaforth Practice/Litherland Town Hall	✓	A		✓	✓	✓	A	✓				

- ✓ Present
- A Apologies
- L Late or left early

No	Item	Action
14/94	<p>Apologies for absence</p> <p>Apologies were noted.</p>	
	<p>Action to be taken by the Locality.</p>	
14/95	<p>Declarations of interest</p> <p>Dr N Williams, LMC and Lin Bennett, SSCC Board Member.</p>	
14/96	<p>Minutes/Matters Arising</p> <p>The use of acronyms is confusing. Can an appendix be inserted at the back of the document so that this will be easier for the public to understand, alternatively the full wording should appear with the abbreviation in brackets. The abbreviation will then be used for the remainder of the minutes.</p> <p>14/90 – Actions are completed. Liverpool Community Health (LCH) team will attend quarterly. A template regarding future community services was distributed for each practice to complete. Only one practice responded. This will be picked up under section 14/97. The importance regarding practice feedback was stressed.</p> <p>14/91 – Duration of antimicrobial course for exacerbation of Chronic obstructive pulmonary disease (COPD) is a clinical decision; Helen Roberts will re-send wording to reflect the discussion.</p> <p>14/92 – An email was circulated to the group prior to the meeting with a breakdown of what was included in digestive data discussed at the last meeting. An analysis of Quality Outcome Framework (QOF) data/disease prevalence at practice level will be circulated after this meeting.</p> <p>14/93 – Quality premium information has been circulated to the group. Additional primary care capacity over winter had also been raised at the Crosby locality. Clinical Commissioning Group (CCG) has funding for primary care, NHS England do not have the capacity to manage this scheme. Dr Gillespie (CG) is discussing this at Senior Leadership Team (SLT).</p>	
	<p>Action to be taken by the Locality.</p>	
	<p>Circulate disease prevalence data Discuss additional primary care capacity at SLT</p>	<p>AP CG</p>
14/97	<p>Dr Peter Chamberlain – LCH update</p> <p>An update from Karen Sandison regarding LCH developments across Sefton had been circulated prior to the meeting.</p> <p>Ford Medical had responded to the request for practice views for future community services. LB went through the list of ideas which other practices</p>	

No	Item	Action
	<p>in attendance agreed with. In addition there was a request for clarity regarding what is currently commissioned, and clinicians should be locally based, not in hubs where patient care is lost to travelling time, working time needs to be efficient.</p>	
	<p><u>Short term</u></p> <p>A blueprint has been developed to concentrate on workforce, distribution of teams and staff, improved capacity and capability. Need to empower front line staff. A focus will be on locality based virtual wards, an integrated rapid response team, and integrated pathways for long term conditions.</p> <p>There is a workforce deficit. District Nurse places are critical. There are 25 new District Nurses recruited in South Sefton.</p> <p>Staff are undergoing development in training, confidence and competencies. There was a recognition that morale had been low, the executive team are new and need to embed.</p> <p>A contact list / email details for LCH have been circulated. This should be the first point of contact for practices with minor issues. Systems have been put in place so that feedback is relayed to practices, 3 items have recently been fed back. An example used is when a GP received a form from community physio where a patient had not responded. The clinical lead resolved the issue. Sharepoint is being used, we need to learn from incidents. PC will recirculate a list of contacts.</p> <p>Relationships and communication needs to be restored between LCH and practices, community, face to face, and mobiles. Preferred methods of communication will be used for different practices, but regular contact needs to be agreed and maintained.</p> <p><u>Medium and Long Term</u></p> <p>Distribution of staff and teams, eg community respiratory team (CRT) aspect, chronic obstructive pulmonary disease (COPD), palliative care and heart failure.</p> <p>Models moving forward could be LCH as it is, LCH merging with the Trust, some services going to the acute Trust, primary care with new organisations that run services through a Liverpool base. There will be pressures in the next 18 months to have a model ratified.</p> <p>The urgent care team is accepting referrals operating 7 days a week 8 – 8, Dr Akpan has a rapid access clinic on Tuesdays and Thursdays, and can also do visits. The social care element / social therapies pathways are being ratified. The team can accept about 40 patients a month, CMc has recently spent time with Dr Akpan, and encouraged practices to utilise this service.</p>	
	<p>Action to be taken by the Locality.</p>	

No	Item	Action
	Re-distribute LCH contact list	PC
14/98	<p>Locality Profiles</p> <p>The locality profiles used at the last meeting had generated a discussion on what services are available to support healthy lifestyles within the locality, and whether any gaps could be identified to action.</p> <p>Paula Bennett gave a public health overview of current public health work streams which includes:</p> <ul style="list-style-type: none"> • Tobacco control • Health weight services • Drug and alcohol treatment • Public health services • Mental wellbeing • Community provision • Healthy Sefton <p>There was a query regarding whether any information is available on electronic cigarettes, there was no information available for the meeting, but the least successful method for smoking cessation is 'going it alone'.</p> <p>A directory of services to detail the information above was suggested.</p> <p>The locality were going to do a joint project with public health regarding NHS Healthchecks at a cost of £21K, however once detailed information had been discussed this plan did not proceed.</p> <p>The group asked Paula to look at some projects that would assist the locality in the area of young men's suicide / falls prevention. PB will come back to the next meeting with a practical project/business case.</p> <p>A Crosby business case to look at inhaler technique had been circulated prior to the meeting. Bootle had started the scheme and out of 300 patients reviewed 60% of patients were not using inhalers properly. Breathlessness is the biggest cause of hospital admissions.</p> <p>The group agreed to use the remainder of this year's £50k allocation on this scheme concentrating on patients with COPD.</p> <p>Cost the scheme for Seaforth and Litherland.</p>	
	Action to be taken by the Locality.	
	Directory of services Business case – young men's suicide / falls prevention Cost inhaler technique scheme	PB PB AP
14/99	<p>Helen Roberts attended the meeting to give a medicines management overview.</p> <p>Peer review discussions on the care home antimicrobial audit have highlighted that in some circumstances medication issued on a visit is not being added to the clinical system in an auditable way. The Good Practice Guidelines for GP electronic patient records (version4 -2011) advise that:</p>	

No	Item	Action
	<p>8e.3.1 Medication It should be recognised that the remote user of the SCR/ECS will not have access to the whole source record or, in most cases, familiarity with the patients concerned. In these circumstances, it is more than usually important to ensure the completeness and accuracy of the practice medication record by;</p> <ol style="list-style-type: none"> 1. Engaging in timely medication reviews 2. Entering handwritten prescriptions in the electronic record 3. Entering medication prescribed and dispensed in another care setting 4. Entering regular OTC medication where possible. <p>The July APC report was approved by the South Sefton Medicines operational Group on the 21st October.</p> <p>Forecast outturn based on month 5 data shows £189,000 underspend for this locality.</p>	
	Action to be taken by the Locality.	
	Information discussed at the locality to be disseminated	AP
14/100	<p>Quality premium data had been circulated prior to the meeting. Confirmation of 2013/14 awards is expected in quarter 3 of the 2014/15 financial year by NHS England. Indicative data suggests a payment of £460,519. Practice views welcomed on CCG spend.</p> <p>2014/15 indicators suggest a payment of £145,512, this is due to verification of the IAPT measure, Merseycare's underperformance on the medication error reporting measure, and underperformance on the ambulance measure.</p>	
	Action to be taken by the Locality	
14/101	<p>St Nicholas Nursing Home</p> <p>Practices were asked about issues arising from this particular nursing home. There had been community matrons who were taken out of the home when the virtual ward pilot in Maghull was set up.</p> <p>Various GPs have patients registered, however it was recognised that there is an inequitable spread of patients, with one practice having a particularly high number of patients.</p> <p>The home has a high volume of residents with complex needs, there are 6 houses, a suggestion had been made that a house could be zoned to a particular practice.</p> <p>Dr Akpan has been given a list of issues, he is working with the home, there is also a new matron at St Nicholas, the care home are signed up to improvement.</p>	

No	Item	Action
	NHS England are supportive of looking at the inequitable distribution of patients and the reasons why this may be the case.	
	Action to be taken by the Locality	
14/102	<p>Any Other Business</p> <p>Local Quality Contract (LQC) – A+E The A+E indicator has become confusing with templates being amended and the register based at August 2014.</p> <p>Practices are required to look at 75% of patients identified as having 3 or more attendances in the last 12 months. Originally this was going to be a rolling 12 month period with monthly identification of patients, however as it could be the same patients appearing on monthly lists, there would be a need to deduct duplicated patients or those that had already had a clinical review. The set register of patients means that patients only appear once.</p> <p>Practices should review the patient clinical record, no further action if the attendance is appropriate, but identify gaps in services if the patient is attending where no other service exists, or where attendances are inappropriate a telephone or face to face review should take place.</p> <p>The template is being amended to include read codes for the different courses of action. The date to submit the first log of data is January 2015.</p> <p>All the specifications in the LQC are being reviewed annually, the information on the logs will be used to determine years 2 and 3.</p>	
	Action to taken by the Locality	
	Circulate new template/log	AP
	<p>Date and Time of Next Meeting</p> <p>3rd December 2014, 1 – 3pm Crosby Lakeside.</p>	

South Sefton Clinical Commissioning Group

Bootle Locality Meeting Minutes

Date: Tuesday 30 September 2014: 1pm-2.30pm

Venue: Bootle Health Centre

Attendees		
Dr Sunil Sapre	Maghull Family Surgery	SS
Nancy White	Health and Wellbeing Trainer	NW
Tracey Lee	Health and Wellbeing Trainer	TL
Dr Rob Sivori	Bootle Village Surgery	RS
Dr Anna Ferguson	Strand Medical Centre	AF
Helen Devlin	Moore Street Surgery	HD
Kong Chung	Park Street Surgery	KC
Sam Poon	Student	SP
Dr Gina Halstead	Concept House Surgery and Sefton Road Surgery	GH
Ian Senior		IS
Pauline Sweeney	Park Street Surgery	PS
In attendance		
Jenny Kristiansen	South Sefton Clinical Commissioning Group	JK
Paul Halsall	Meds Management	PH
Minutes		
Trish Cresswell	South Sefton Clinical Commissioning Group (Temp)	TC
Apologies		
None		

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr S Sapre	GP – Aintree Road Surgery	✓	✓	✓		✓						
Sanju Sapre	PM – Aintree Road Surgery	A	✓	A		A						
Dr S Stephenson	GP – Bootle Village Surgery	A	A	A		A						
Dr C McGuinness	GP – Bootle Village Surgery	A	A	A		A						
Dr R Sivori	GP – Bootle Village Surgery	A	A	A		✓						
Gill Riley	PN – Concept House Surgery	A	✓	A		A						
Dr D Goldberg	GP – Concept House Surgery	✓	A	✓		A						
Dr G Halstead	GP – Concept House Surgery	A	✓	A		✓						

South Sefton Clinical Commissioning Group

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr H Mercer	GP – Moore St Surgery	✓	A	A		A						
Dr A Roberts	GP – Moore St Surgery	A	A	A		A						
Dawn Rigby	PM – Moore St Surgery	A	A	A		A						
Helen Devlin	PM – Moore St Surgery	✓	A	✓		✓						
Dr R Sinha	GP – North Park Health Centre	A	A	A		A						
Pam Sinha	PM – North Park Health Centre	A	A	A		A						
Dr K Chung	GP – Park St Surgery	✓	✓	✓		✓						
Pauline Sweeney	PM – Park St Surgery	✓	✓	✓		✓						
Dr A Ferguson	GP – Strand Medical Centre	✓	✓	✓		✓						
Gerry Devine	PM – Strand Medical Centre	✓	✓	A		A						
Dr M Gozzelino	GP – Strand Medical Centre	A	A	A		A						
Dr S Morris	GP - Strand Medical Centre	A	A	A		A						
M Hinchliff	PM – Strand Medical Centre	A	A	A		A						
Ian Senior						✓						

- ✓ Present
- A Apologies
- L Late or left early

No	Item	Action
14/54	Apologies There were no apologies.	
14/55	Minutes of last meeting & matters arising Minutes of the last meeting were agreed as an accurate record.	
14/56	<p>Quality and Patient Safety</p> <p>14/56.1 Flu Campaign JK distributed copies of the latest public health information. This led the group into a discussion around the process and how unhelpful it has been. A discussion ensued regarding the cold chain requirements and cost of calibration etc. GH asked JK to cost this up across the locality and see if this can funding can be used for this via Locality Development funds.</p> <p>14/56.2 Friends and Family update GH informed the group that Angela Curran from the CCG has organised for a member of staff from NHS England to attend the next Practice Managers Meeting practice to discuss how</p>	JK to cost up and feed back at the next meeting.

No	Item	Action
	<p>14.57.3 Quality Premium Update</p> <p>The Quality Premium Update was circulated. JK asked if the group has any comments or queries to feed them back to her and she will co-ordinate</p>	<p>fed back to JK</p>
14/58	<p>Service Improvement and Design</p> <p>14.58.1 Business case approval process – Jenny Kristiansen JK circulated the Business Case Approval Process, developed by CCG Programme Management Office (PMO). The group were happy with the process.</p>	
14/59	<p>Locality Business</p> <p>14.59.1 Health & Wellbeing Trainers TL introduced herself and NW and gave an overview of their service and the referral process. Tracie explained that at the moment all referrals came via the Virtual Ward. Tracie went through a couple of case studies to explain how the process works.</p> <p>14/59.2 Housebound Business Case JK gave an update on the planning of the housebound reviews. It was identified that all practices could provide additional nurse time from their own practices apart from North Park and Moore Street Practices. JK will update the group with further details.</p> <p>14/59.3 Locality Packs JK handed out the Locality Packs that provide information on key factors such as wider determinants of health, disease prevalence, high level data and reasons for admission. JK will circulate with the minutes of this meeting.</p> <p>14.59.4 Locality Lead GP Job Roles JK circulated the Lead GP Job Roles that describes the key responsibilities and financial reimbursements. JK will circulate with the minutes of this meeting.</p>	<p>14.59.1 TL to send JK service information for circulation.</p> <p>JK circulate Locality Packs with the minutes.</p>
14/60	<p>Any Other Business</p> <p>LCH Treatment Centre</p> <p>PS raised the issue around lack of appointments and the number of rejections received. GH said seeing the pattern of referrals and reasons for rejection would be interesting. IS offered to get this information for JK to share with the Locality.</p>	<p>IS to send information to JK</p>

**South Sefton
Clinical Commissioning Group**

No	Item	Action
14/61	Date and time of next meeting 28 th October 2014 1pm-2.30pm at Park Street Practice Away session - 25 th November 2014 at 1pm to 4pm at the Crosby Lakeside	

Crosby Locality Meeting Minutes

Wednesday, 5th November 2014
1:00pm – 2:30pm
CLAC

Attendees

Dr Craig Gillespie	GP Blundellsands Surgery	CG
Dr Damian Navaratnam	GP 20 Kingsway	DA
Collette O'Loughlin	Urgent Care Manager LCH	CO'L
Sue Edmondson	Community Matron LCH	SE
Dr C McDonagh	GP 30 Kingsway	CMc
Suzanne Hancock	Practice Nurse, Blundellsands Surgery	SH
Janet Faye	SSCCG Pharmacist	JF
Maureen Guy	Practice Manager, 133 Liverpool Road	MG
Dr Prema Sharma	GP 168 Liverpool Road – Crossways	PS
Bruce Duncan	Practice Manager Crossways	BD
Dr Ramona	GP Thornton Practice	R
Jenny Kimm	Practice Manager, Thornton	JK
Dr S Roy	GP Crosby Village	SR
Dr Gus Berni	GP 42 Kingsway Practice	GB
Ian Senior	Transformational Manager LCH	IS
Alan Finn	Practice Manager 42 Kingsway	AF

In Attendance

Tina Ewart	South Sefton Clinical Commissioning Group	TE
Steve Astles	South Sefton Clinical Commissioning Group	SA
Becky Williams	South Sefton Clinical Commissioning Group	BW
Pete Chamberlain	South Sefton Clinical Commissioning Group	PC

Minutes

Angela Curran	South Sefton Clinical Commissioning Group	AC
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Apologies

James Bradley, Finance
Colin Smith, Practice Manager Blundellsands
Pippa Rose, Crosby Village Nurse
Stella Moy, Thornton Nurse
Dr A Mimmagh, GP Eastview
Sharon McGibbon, Practice Manager Eastview

Attendance Tracker

Name	Practice/Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr Craig Gillespie	Blundellsands Surgery							✓	✓				
Dr Andy Minmagh	Eastview Surgery							✓					
Dr Damian Navaratnam	20 Kingsway							✓	✓				
Dr C McDonough	30 Kingsway							✓					
Dr G Misra	133 Liverpool Road							✓					
Janet Faye	Meds Mngt							✓	✓				
Maureen Guy	P.Mgr 133 Liverpool Road							✓	✓				
Dr Prema Sharma	168 Liverpool Road Crossways							✓	✓				
Dr Ramona	Thornton Practice							✓	✓				
Jenny Kimm	Practice Manager, Thornton							✓	✓				
Dr Gus Berni	42 Kingsway								✓				
Asan Akpan	Community Geriatrician							✓					

- ✓ Present
- A Apologies
- L Late or left early

No	Item	Action
14/107	<p>Apologies for absence Apologies were noted.</p> <p>Action to be taken by the Committee</p>	
14/108	<p>Declarations of interest None declared.</p> <p>Action to be taken by the Committee</p>	
14/109	<p>Minutes of previous minutes The minutes from the previous meeting held on 1st October 2014 were agreed as a true record of discussions.</p> <p>Action to be taken by the Committee</p>	
14/110	<p>Matters arising/action tracker</p> <p>TE asked members to inform her of any complaints, issues or complements with LCH in relation to the virtual ward to be forwarded to her. PC and AA have agreed to take any issues forward with LCH who are now trying to work in a more positive way.</p> <p>Dr Sharma had raised an issue regarding a patient who had an appointment cancelled 5 times with Alder Hey Hospital. SA reported that this has now been rectified and the patient has now received an appointment. SA asked members to contact him if their patients are experiencing similar issues.</p> <p>JF updated on care homes issuing prescriptions. All prescription must to added to PHI for tracking to ensure prescriptions are documented and added that guidance is available (Version 4 2011). JF asked members if they could speak with their clinicians to ensure that all prescriptions, including hand written, are added to EMIS as this is considered good practice to ensure that all records are updated.</p> <p>Action to be taken by the Committee</p> <p>Each member of the group to discuss with their clinicians to ensure this happens in the future.</p>	
14/111	<p>Quality and Patient Safety</p> <p>CG highlighted a local issue that been brought to the quality committee. A question had arisen whether there were some practices in Crosby locality that had officially open lists but were not allowing new patients to register. It was agreed that this could bring unmanageable pressure to practices operating a fully open list as they may receive high numbers of new registrations. This could impact on patient safety.</p> <p>There was agreement that unless there was a substantial reason for not doing so, only practices with officially closed lists should decline to register new patients.</p> <p>Through correspondence with NHSE (M) it was established that only The</p>	

No	Item	Action
	<p>Blundellsands Surgery had an officially closed list (till Feb 2015). It was reported that a number of nursing home patients have been transferred to practices that are situated opposite nursing homes, making workloads higher.</p> <p>SA reported on the acute visiting scheme that will commence in December with Go-To-Doc adding that it would be helpful if there was a GP available from the locality to cover nursing homes but this work is currently being taken up by the CCG. Knowsley CCG is currently working on a scheme where one practice is responsible for all nursing home patients. It was noted that a further Community Geriatrician post has been advertised in the BMJ.</p>	
	Action to be taken by the Committee	
	SA to discuss with Jan Leonard	
14/112	<p>Performance and Finance Update</p> <p>BW gave members an update on strategic performance and the quality premium. NHSE had not awarded the payments as yet for 2013/14. Now currently reporting on 2014/15 data. BW asked if any schemes had been discussed for these monies. Ideas must be sought to see what we are going to get back for the investment; need to resource what we are going to do for patients. BW discussed the dashboards and asked members if they would like specific data they would like more information on this can be provided. The primary care dashboard is currently in development with a main focus of looking at locality data and comparing with other localities and the national average. Good opportunity to look at numbers might uncover issues with providers and gather evidence to back through the contract meetings. It was reiterated that there is a need to identify opportunities to work up schemes from quality premium money.</p> <p>Also in development are dashboards for programme leads. The primary care dashboard will be sent to all GPs and will also be available on the intelligence portal. James Bradley is also developing a finance dashboard.</p>	
	Action to be taken by the Committee	
	BW to forward information when available.	
14/113	<p>Service Improvement/Redesign</p> <p>TE sent information out regarding the housebound project and asked members if they were going to use their own nurse, or employ one. Members discussed the implications of employing a nurse agreeing that the risk could not be borne by a GP practice. One option could be for LCH to employ the nurse, IS added that this would be possible and this would sort out supervision and governance issues but depends on tendering for a nurse and advertising. If CCG sort this out, LCH asked if the locality would let them into their practices, the answer is yes. LCH to work with CCG on this and it was agreed as the best way forward. TE will give admin costs up front and get the lists together to co-ordinate nurse(s) between practices on given days.</p> <p>DN asked if this will be a one-off assessment, would they just do a follow up visit; TE expecting follow up within this cost but further follow up should go to VW or health trainers. Any issues would be highlighted back to the</p>	

No	Item	Action
	<p>practice.</p> <p>Action to be taken by the Committee</p>	
14/114	<p>Medicines Management</p> <p>JF reminded members that links are available for updated information to show what has been approved by SSCCG. If something is on the grey list then it may not have been discussed yet. New drugs are discussed by pan Mersey, should not be prescribed until approved. Pan-Mersey meets each month with a large agenda. JF agreed to bring budget figures to next meeting.</p> <p>Government have increased category M medicines; will charge £12 more for Simvastatin. Government has done this and there is nothing CCG can do. Members discussed ways in which the locality could save on medicines budget, agreeing that some prescriptions are high volume and costly, could try prescribing an alternative. The £200k budget will be affected in South Sefton. The practice pharmacists will have discussions in practices individually, to see how money can be saved if appropriate.</p> <p>Anti-microbial review. Looked at what we are prescribing, length of treatment, patient examined or a phone call. There is new guidance available for Cdiff prescribing and there was an audit that took place for a week in May and August. Details will be discussed with individual practices.</p> <p>A common problem was noted with UTIs prescribing length and med type. UTIs can be complicated in women and can use Cephalexin but care needs to be taken over the duration of treatment. Would be useful to consider other drugs for this condition. Guidance will be available electronically via the BNF. Members queried what is complicated - one or more factors of: recurrent infections. If EGFR less than 30 for Cephalexin;</p> <p>SSCCG have a high use of Cephalosporins compared to other CCGs.</p> <p>There was a discussion regarding who is prescribing outside of the local guidelines. Hospital clinicians, OOH and some GPs are prescribing more of the higher risk antimicrobials.</p> <p>There followed a discussion on whether as a locality group we should look at this more closely on a practice by practice level and share that data for peer review. There was agreement that we should.</p> <p>JF will do comparison bar chart for care homes on prescribing of antibiotics, for next meeting. If there are prescribers not following guidelines, then they need to be shared as part of peer reviews. This is also important to form part of the QM. Also compare to national average as a point for discussion.</p> <p>Action to be taken by the Committee</p> <p>JF to provide budget figures for next meeting</p> <p>JF to provide comparison bar chart for care homes re prescribing of antibiotics</p>	
14/115	<p>Virtual Ward Update</p> <p>PC updated members on the current status of the virtual ward. The urgent care team has been rolled out across South Sefton but has the capacity for</p>	

No	Item	Action
	<p>to accept more referrals. PC outlined how Dr Akpan's clinics tie into the virtual ward. Members were concerned and asked for clarity on how the virtual ward ties in with the enhanced scheme for care planning. PC informed members that there is a care planning workstream which is part of the virtual ward and a lot of work has been done with NWAS. PC encouraged members to refer to the virtual ward, especially as the winter months are fast approaching.</p> <p>PC added that if any members are having problems and would like further assistance with any element of the virtual ward could they contact him or Dr Akpan. PC would be happy to go to their practices to discuss any highlighted problems.</p>	
14/116	<p>Feedback from CCG Board</p> <p>Nothing to feedback. There is a Governing Body meeting at the end of November and the Chair agreed to feedback at the December locality meeting.</p>	
14/117	<p>Any other business</p> <p>Members were informed that it is anticipated the acute visiting scheme will go live in December. GTD are taking part in this. Discussions are taking place in SLT.</p>	
14/118	<p>Date of next meeting</p> <p>3rd December 2014, 12:30pm – 2:30pm, CLAC</p>	

Maghull Locality Meeting Minutes

Thursday, 23rd October 2014
1:00pm – 2:30pm
High Pastures Surgery

Attendees		
Dr S Gough	Westway Medical Centre	SG
Dr S Sapre	Maghull Health Centre	SS
Dr J Krecichwost	Maghull Health Centre	JK
Dr J Clarkson	High Pastures Surgery	JC
Dr B Thomas	Broadwood surgery	BT
Dr M A Khan		MK
Gill Kennedy	High Pastures Surgery	GK
Gillian Stuart	Westway Medical Centre	GS
Carol Howard	Westway Medical Centre	CH
Carole Morgan	High Pastures Surgery	CM
In attendance		
Terry Hill	Locality Manager, SSCCG	TH
Becky Williams	Chief Analyst, SSCCG	BW
Ian Senior	Business Development Manager, LCH	IS
Karen Riddick	Area Manager, LCH	KR
Surinder Goyle	Clinical Lead, LCH	SG
Minutes		
Angela Curran	Locality Development Support, SSCCG	AC
Apologies		
Dr John Wray	Westway Medical Centre	JW
Jennifer Johnson	South Sefton CCG	JJ

Attendance Tracker

Name	Practice / Organisation	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Dr S Sapre	GP – Maghull Family Health Centre	✓	✓	✓	✓		✓	✓					
Dr J Krecichwost	GP – Maghull Family Health Centre				✓	✓		✓					
Gillian Stuart	PM – Westway Medical Centre	✓	✓	✓			✓	✓					
Carole Howard	PM – Westway Medical Centre	✓			✓		✓	✓					
Dr S Chandra	GP – Westway Medical Centre						✓						
Dr R Killough	GP – Westway Medical Centre	✓		✓			✓						
Dr J Wray	GP – Westway Medical Centre												
Dr S Gough	GP – Westway Medical Centre	A	✓		✓		✓	✓					
Jennie Proctor	PN – Westway Medical Centre												
Gill Kennedy	PM – High Pastures Surgery	✓	A	✓	✓	✓	✓	✓					
Dr P Thomas	GP – High Pastures Surgery												
Dr C Thompson	GP – High Pastures Surgery					✓							
Dr J Clarkson	GP – High Pastures Surgery	✓	✓	✓	A	✓	✓	✓					
Dr P Weston	GP – High Pastures Surgery												
Dr N Ahmed	GP – High Pastures Surgery												
Dr W Coulter	GP – Maghull SSP Practice		✓	✓									
Lesley Bailey	PN – Maghull SSP Practice												
Donna Hampson	PM – Maghull SSP Practice	A	✓	✓	✓		✓	✓					
Dr A Banerjee	GP – Maghull SSP Practice	✓	✓	✓									
Dr J Thomas	GP – Broadwood Surgery	✓	✓	✓									
Dr B Thomas	GP – Boardwood Surgery	✓	✓	✓	A			✓					
Judith Abbott	PN – Broadwood Surgery												

- ✓ Present
- A Apologies
- L Late or left early

No	Item	Action
14/77	Apologies for absence Dr John Wray	
	Action to be taken by the Committee	
14/78	Declarations of interest None declared.	
	Action to be taken by the Committee	
14/79	Minutes of previous minutes The minutes from the meeting held on 21 st August were agreed as a true record. The minutes following the development session held on 25 th September were agreed as a true record with one amendment – there was an inaccuracy on the apologies, Dr S Gough was present. TH noted this and will amend accordingly.	
	Action to be taken by the Committee	
	Amendment to apologies on the minutes for the 25 th September.	
14/80	Matters arising/action tracker No actions.	
	Action to be taken by the Committee	
14/81	Quality and Patient Safety No discussion took place.	
	Action to be taken by the Committee	
14/82	Performance and Finance Update BW attended the meeting and provided the group with current locality data and informed the group that a primary care dashboard for GPs is in development. A&E attendance by locality will be the main focus in the first instance to also include prescribing data. Children's admissions are high in Maghull (this data has been analysed over a 12month period) and BW suggested looking closer at this data to share the results with the locality to raise awareness as to what is happening. The group raised concerns in relation to coding issues at Aintree and BW agreed to look at this. BW asked what data the group would like more specific information on and it was agreed to look at children's A&E admissions as well as length of stay and dementia.	
	Action to be taken by the Committee	
	TH/BW to look at children's A&E admission/length of stay and dementia. BW to look at and report back on coding issues with Aintree and Maghull GPs. TH/BW to look at the data and bring back some themes to the group.	

No	Item	Action
14/83	<p>Service Improvement/Redesign</p> <ul style="list-style-type: none"> • Locality Development Opportunities: Stoma, Respiratory and Housebound Health Check project <p>It was reported that both Westway and High Pasture have looked into implementing the housebound project and have asked facilitators to provide data and have agreed to develop a business case for discussion at SMT. TH added that as both Bootle and Seaforth & Litherland already have a business case, it was agreed that this would be amended to suit the Maghull locality. TH will email practices for housebound data and collate before the next meeting in November for discussion to seek agreement on participation in the projects.</p> <p>In relation to the Stoma project, the locality asked for data to be gathered and analysed before committing to this project. TH reiterated that £5k would be required, from the locality development money, to roll out the project across Maghull.</p> <p>The Respiratory project was discussed and it was appreciated that some practices within the locality are already doing this work.</p> <p>TH agreed to gather further data on both the Stoma and Respiratory project and work with the Jenny Kristiansen on this.</p> <p>Action to be taken by the Committee</p> <p>The locality requested further data for Stoma and Respiratory via Jenny Kristiansen, before agreement can be reached on undertaking both projects. It was agreed to email data before the November meeting due to timescales.</p>	TH
14/84	<p>Locality Business (including Chair's Update, Governing Body, WCG, GP Locality Leads meeting)</p> <p>The Chair provided an update on continuing health care claims, which had been previously raised at a Wider Group meeting on 11th September as this is a big issue for the CCG in relation to retrospective claims for patients in care or nursing homes. The CCG currently have 4000 claims that need investigating. SG wanted to raise awareness as Westway have received requests for notes on deceased patients being sent through on sub-standard consent forms. These have been bounced back to the Cheshire and Merseyside Clinical Support Unit. SG advised the group to contact their defence organisations. TH added that a paper had gone to the Finance and Resource Committee at the CCG and agreed to forward this to the group. SG also agreed to send details via email.</p> <p>The LCH clinical lead, Surinder Goyle was introduced to the group. Surinder will be working in Maghull two days a week for the next three months to assist with any problems/issues. LCH clinical leads have been established to provide links with localities to support the transformational change. Also to improve communications between practices and community nursing teams who have now been refreshed and established. Ian Senior (IS) was also in attendance and reported that the pro-active care element of the virtual ward is to be evaluated to ascertain what needs improving for LCH to action. It was agreed to send out the LCH contact list and updated register.</p>	

No	Item	Action
	<p>IS updated the group on the issues relating to the treatment rooms. LCH have gathered data which shows usage of treatment rooms, this was provided to the group. LCH are mapping out this data and working with the CCG to ensure there is a correct skill mix for treatment rooms. TH added that there is a lot of pressures on ENT services within secondary care that could be dealt with in the community and reported that Dr Bal Duper is currently working on community ENT services – two main areas at present are hearing tests and ear syringing. The locality would like clarity from the CCG as to what has been contracted for in relation to treatment rooms. IS added that this work is currently being undertaken and plans are in place to deal with the issues around treatment rooms. IS added that if any practices are having issues with services can they please report these to LCH. On a positive note, it was reported that phlebotomy services are greatly improved from a 2 week wait to a 2 day wait. Information in relation to phlebotomy services will be circulated via the CCG intranet. There was a brief discussion around the continence team and it was noted that North Sefton provide services via the ICO in Southport. There are issues with the service available for South Sefton and TH agreed to discuss this with Steve Astles and report back to the locality.</p> <p>Action to be taken by the Committee</p> <p>Finance & Resource paper in relation to continuing health claim to be circulated to members.</p> <p>Chair to provide information on continuing health claim.</p> <p>LCH contact lists to be sent to the group.</p> <p>Updated LCH register to be sent to the group.</p> <p>TH to feedback information on the continence service.</p>	<p>TH</p> <p>SG</p> <p>TH</p> <p>KR</p> <p>TH</p>
14/85	<p>Any other business</p> <p>Karen Riddick informed the group that an LCH event was taking place on 24th October if anyone would like to attend. The event is aimed at improving communications to bring staff together to improve services. The event will be held in Bootle Cricket Club, 12pm – 2pm.</p> <p>It was agreed to add Public Health to the next locality agenda.</p>	
14/86	<p>Date of next meeting</p> <p>Thursday, 20th November 2014, 1:00pm – 2:30pm</p> <p>Westway Medical Centre, Maghull</p>	