

MEETING OF THE GOVERNING BODY November 2015

Agenda Item: 15/207	Author of the Paper: Tracy Jeffes Chief Delivery and Integration Officer E mail: tracy.jeffes@southseftonccg.nhs.uk 0151 247 7049
Report date: November 2015	
Title: Organisational Development Plan – Priorities	
Summary/Key Issues: This document provides the Governing Body with an updated organisational plan, developed following discussions with Governing Body members and the CCG Operational Management Team.	
Recommendation The Governing Body is asked to approve the Organisational Development priorities outlined in this plan and support the recommendation to develop a detailed implementation plan.	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives	
X	To place clinical leadership at the heart of localities to drive transformational change.
X	To develop the integration agenda across health and social care.
X	To consolidate the Estates Plan and develop one new project for March 2016.
X	To publish plans for community services and commission for March 2016.
X	To commission new care pathways for mental health.
X	To achieve Phase 1 of Primary Care transformation.
X	To achieve financial duties and commission high quality care.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement				
Clinical Engagement	x			Governing Body involvement
Equality Impact Assessment	x			Blueprint areas and priorities are subject to Public Sector Equality Duty Compliance and reviewed by CCG E&D support
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	x			Presented and discussed at CCG Operational Team

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

ORGANISATIONAL DEVELOPMENT PLAN PRIORITIES

November 2015

Organisational Development Plan Refresh and Priorities for 2015-17 November 2015

1.0 Introduction

Our organisational development (OD) plan has been refreshed each year since authorisation in 2013. The OD Plan supports the delivery of our strategy by ensuring that the underpinning structures, systems, staff, skills, shared values and style of working are in place. Whilst much has been achieved in the first two years of operation it is essential we refresh our plan to enable us to re-focus our development to meet the challenges ahead.

Sessions with the CCG Governing Body and CCG Operational Team were held between July and November 2015, where consideration was given to the outcome of the national 360-degree feedback exercise and the opportunity taken to reflect on the organisation's recent achievements, strengths and weaknesses, opportunities and threats. In addition, consideration was given to the new NHS England CCG assurance framework, which highlights key organisational requirements against which all CCGs will be assessed. The outputs of these sessions have directly contributed to the plan.

2.0 Organisational Progress over the Last Twelve to Eighteen Months

Some key areas highlighting our progress as a developing organisation are highlighted below:

- A clear strategic plan in place linked to the Sefton Health and Wellbeing Board Strategic Plan and the development of "blueprints" to support the implementation of the strategy.
- The development of "Shaping Sefton": a system-wide approach to delivering key strategic priorities, underpinned by a programme devised with the King's Fund to develop collaborative relationships and solutions with partners.
- The development of a bespoke Programme Management Office (PMO) to drive delivery and focused performance management.
- The successful, smooth transition to new Governing Body Chair and Clinical Vice Chair roles
- Meeting of all financial and statutory requirements and externally verified sound financial management
- Clear and well established governance structures and systems in place
- Strong quality assurance systems established
- Significant level of public engagement through a variety of collaborative approaches
- Regular Governing Body development sessions including team coaching
- Significant individual development opportunities and achievements across the organisation

- Restructuring of Senior team and in-housing of key functions from the Commissioning Support Unit
- On-going investment in Protected Learning for GP Practices
- Successful absorption and adapted to changing roles, functions, priorities, and events in a response to a changing and complex environment.

3.0 Proposed Priority Areas for Organisational Development

Having undertaken a review of the CCG's stakeholder 360 degree feedback report and a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis and from reviewing the outputs from the above sessions, a range of areas for development have been identified under five key themes. This list is not exhaustive, but identifies the most critical areas for the CCG over the next twelve to eighteen months to improve our effectiveness as a commissioning organisation capable of delivering our key strategic plan and objectives for 2015 to 2017.

These are:-

- 1) Locality Development
- 2) Commissioning Capacity and Capability
- 3) Programme Management approach to transformation and Public Sector Equality Duty Compliance
- 4) Leadership, Team and Talent Management
- 5) Public Engagement and Partnership Working

3.1 Locality Development

AIM: The development of fully mature, engaged localities with significant budgetary and commissioning responsibilities underpinned by optimal use of data.

KEY DEVELOPMENTS

- Locality specific commissioning / QIPP (Quality, Innovation, Prevention and Productivity) Plans
- Practice / locality-specific plans for primary care transformation
- Co-ordination of locality support teams with strong clinical and managerial leadership
- Regular finance and activity budget review and agreed action to support QIPP plans
- Clear reporting on progress through PMO (Programme Management Office)

3.2 Commissioning and Capacity and Capability

AIM: Maximise the opportunity of the "in-housing" of the shared contracting team to redesign the commissioning function to streamline operations and increase capacity for transformation.

AIM: Utilise the skills and expertise of (and investment in) clinical leaders to best effect, and supporting their roles through development opportunities.

AIM: Increase capacity of Business Intelligence function through “in-housing” to ensure delivery and monitoring of plans

KEY DEVELOPMENTS

- Redesign of Commissioning and Contracting
 - Work with the team to understand roles, responsibilities, skills, experience and agree plans to reduce duplication in commissioning and contracting support
 - Redesign structure and roles to release capacity to work on transformational programmes and meet financial envelope
 - Develop an effective team to work flexibly and fluidly across three organisations (provision of contracting service across Southport and Formby CCG, South Sefton CCG and Halton CCG)
- Review Clinical Lead roles and reporting arrangements to maximising the contribution of, and better support clinical leaders to deliver CCG objectives.
- Recruit to gaps in Business Intelligence support

3.3 Programme Management approach to Transformation and Public Sector Equality Duty Compliance

AIM: A systematic approach to system-wide transformation through Shaping Sefton - strong collaborative working and programme management to deliver on focused /shared strategic objectives.

KEY DEVELOPMENTS

- Develop a systematic ‘way of doing business’ embedded across all parts of the organisation
- Establish clear reporting of progress through Shaping Sefton governance structures and improved performance management
- Personal and team development and Protected Learning Time linked to programme delivery
- Improved corporate processes to underpin delivery
- Focused approach on key objectives and programmes.
- Agreed approach in relation to Quality Improvement Methodology and working with NHSIQ, AQUA and Right Care.

3.4 Leadership, Team, Succession and Talent Management

AIM: Maximise the contribution of and better support all leaders (and specifically clinical leaders) to deliver CCG objectives

KEY DEVELOPMENTS

- Work with the North West Leadership Academy to develop a bespoke Governing Body Development Centre.
- Review our succession planning and development programmes for current and future leaders, both clinical and non-clinical
- 360 degree feedback arranged for all working for CCG
- Clear objectives and development plans for all (including clinical leads) through Personal Development Planning process linked to Shaping Sefton.
- Team coach / facilitation available for each team twice a year
- Consideration of adoption of Investors in People.

3.5 Public Engagement and Partnership Working

AIM: Local people and partner organisations are clear on CCG's vision and priorities and how their views have contributed to these. Partners work collaboratively for the benefit of local communities.

KEY DEVELOPMENTS

- Revised Communications and Engagement strategy to raise profile and further develop membership and public involvement
- Shared vision with providers and other stakeholders and work collaboratively through system wide governance structures (Shaping Sefton) and system leadership programme to bring about change
- Integrated commissioning approach with LA agreed and implemented

4.0 Next Steps and Recommendations

It is proposed that the Chief Delivery and Integration Officer develop an implementation plan which highlights key responsibilities, timescales and resource implications to develop these priorities for consideration by the CCG Finance and Resource Committee.

The Governing Body is asked to approve the Organisational Development priorities outlined in this plan and development of a detailed implementation plan.

Tracy Jeffes
Chief Integration and Delivery Officer
November 2015

MEETING OF THE GOVERNING BODY November 2015

Agenda Item: 15/208	Author of the Paper: Sam McCumiskey / Martin McDowell Strategic Estates Advisor / Chief Finance Officer Email: martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 247 7065
Report date: 16th November 2015	
Title: CCG Interim Strategic Estates Plan 2015-2020	
<p>Summary/Key Issues:</p> <p>The Department of Health issued guidance under the cover of <i>Local Estates Strategies; A Framework for Commissioners</i> in June 2015. The guidance is linked into the Five Year Forward View and outlines the following objectives to allow the NHS to,</p> <ul style="list-style-type: none"> fully rationalise its estate maximise use of facilities deliver value for money, and, enhance patients' experience <p>The CCG was asked to develop an initial strategic estates plan to outline how it will complement the objectives of the Five Year Forward View and address the key issues outlined above. This document is the first iteration of the plan which will require regular updates to respond to the changing environment that we operate within. This version of the plan is required to be submitted to the Department of Health in December 2015.</p>	
Recommendation	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to approve the strategic estates plan	

Links to Corporate Objectives (<i>x those that apply</i>)	
X	To place clinical leadership at the heart of localities to drive transformational change.
X	To develop the integration agenda across health and social care.
X	To consolidate the Estates Plan and develop one new project for March 2016.
X	To publish plans for community services and commission for March 2016.
X	To commission new care pathways for mental health.
X	To achieve Phase 1 of Primary Care transformation.
X	To achieve financial duties and commission high quality care.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement		x		Further public engagement will be required to discuss specific plans as they are developed
Clinical Engagement	x			Discussions held at locality meetings
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered	x			
Locality Engagement	x			See above
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

NHS South Sefton Clinical Commissioning Group

Interim Strategic Estates Plan (SEP) 2015 - 2020

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- 10. Financial Impact**
- 11. Risk, Constraints, Stakeholders & Issues**
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1. Introduction, Purpose & Scope

This document is the Strategic Estates Plan (SEP) for NHS South Sefton CCG, covering 2015 – 2020. It is a working document and so will be regularly reviewed and updated. The document builds on previous work, including Estate Legacy Plans, produced in 2014, and key occupancy / utilisation studies, conducted in early 2015.

The purpose of the document is to:

- Drive better value and better use out of all local health and social care property. Collaboration, innovation, improved property management and pooling resources are key to delivering these aspirations
- Translate recent CCG commissioning strategy transformation plans, which have been articulated in, both CCG's Five Year Forward Plans and the "Vision and Blueprint for Transformation Programmes" document, produced in June 2015, into an estates strategy. This strategy will clarify over what is needed, over the short, medium and long term, and how we will work, in collaboration, to get there. We recognise that the built environment is a very important component of delivering high quality, accessible and efficient services.

The interim strategy will focus on primary and community healthcare property, in the first instance. However it will, take every opportunity to integrate plans across the whole local, health and social care and public sector generally, e.g. plans described in this document are already aligned with local authority plans and the CCG continues to work in partnership with the wider stakeholder group, through its Sefton Property Estates Partnership Group (SPEP), which reports to the CCG Governing Body through its governance processes.

Membership of the SPEP will be further enhanced from January 2016 with an invitation to all local provider Trusts to become members, and so future iterations of the strategy will include secondary care estate plans.

NHS estate is cited as the third largest cost after staffing and medicines and it covers things like utilities, maintenance, security, rent and depreciation and in order to achieve... "the efficiencies required by the Five Year Forward View means CCGs must deliver good quality strategic estates planning to allow the NHS to: Enhance patient experience. Fully rationalise its estate. Maximise the use of facilities. Deliver value for money".

Department of Health Local Estates Strategies: A Framework for Commissioners, June 2015

2. Vision & Objectives

Our vision is to provide *first class estate* across south Sefton, which enables the CCG to deliver its vision, which is:

“To create a sustainable healthy community based on health needs, with partners; focused on delivering high quality and integrated care services to all, to improve the health and wellbeing of our population.”

Table 1, below, illustrates the CCG’s transformation plans, translated into four key strategic estate objectives.

<p>1) Integration & Co-location - Estate that enables wider integration and co-location. (i.e. between Primary, Community & Secondary care services); Health, Social Care and Voluntary Sector; and Physical and Mental Health.</p> <p>Diagram Two: System blueprint for Integrated Community Services</p>	<p>2) Flexibility & Adaptability – Improved connectivity through technology (e.g. digital, telehealth), adaptable rooms and spaces to support future changes to service models and populations.</p>
<p>3) Quality & Accessibility - “Fit for purpose” premises that support, not hinder, quality care processes. Local facilities that offer open and transparent access to services over extended hours (i.e. 8am – 8pm, with 24/7 as required). Easy access, welcome and way-finding to sites, buildings and within buildings. Well maintained buildings. Age and needs appropriate environments (e.g. frailty, disability, dementia).</p>	<p>4) Value for Money – Constraints on smaller practices threatens the development of modern primary care services. We need to establish opportunities to deliver economies of scale through larger groups of multi-disciplinary and professional staff working together. Improve occupancy and utilisation, as some key buildings in Sefton have low occupancy rates. As well as improve the management of properties to ensure we delivery value for money investments in the environment.</p>

3. Drivers for Change

“Whilst there are services available in the community to support people to manage their long term conditions and help prevent hospital admissions, these are not comprehensive and sometimes ‘dis-jointed’, and information sharing can be limited. Services are not always straight forward to access or able to offer a rapid response and are not as well-known as emergency departments”. (Source: South Sefton blueprint etc.)

The SEP, along with any subsequent projects or work streams, must seek to address the following current system wide problems.

- The financial challenge to save infrastructure costs in order to afford front-line clinical services.
- It is a complicated system that has grown organically and not strategically.
- The system is difficult for patients and professionals to navigate and service access is limited, in some key areas.
- In particular, the system is struggling to respond to challenges posed by frail elderly and patients with complex needs. We need to develop better co-ordinated and integrated models of care.
- Prevention / early treatment services require redesign. Sometimes patients travel around the system until they becomes acute.
- A&E is the easiest part of the system to access and so receives the largest “flow” of patients, putting pressures on hospitals to meet targets.
- There are difficulties with patient flow management leading to poor value care.
- Information is not shared across all healthcare organisations.
- Demographic pressure equals pressure on urgent care services will continue the flow to A&E.
- Potential underuse of local voluntary services.

Together, with the following specific problems that relate to the current estate system.

- The number of different organisations within the sector makes co-ordination more difficult.
- Seeming disincentives and barriers to progress (e.g. costs and contracts that do not encourage GPs to move into under-utilised LIFT buildings).
- A general under occupancy of primary and community health centres. Occupancy rates are low in comparison to other areas.
- Lack of investment in Estate over the last decade.

“Current estate looks nice but it’s not fit for purpose. Many are old houses. Accommodation needs to be adaptable and support co-location. Patients need to be able get in and around the premises easily, and we need to be assured that we are able to deliver CQC standards. Accessibility is really important”.

Quote from Dr Niall Leonard, at Shaping Sefton Frail Elderly Workshop June 2015

4. Current Estate Overview

In section 13 of the document, the appendices, there is a list of all South Sefton primary care property. The list includes key details relating to the practices.

Primary Care

- Through 6 facet survey data collected in 2013 and recent conversations with the different organisations involved in local estates e.g. NHS Property Services, Community Trusts, etc. a high level estimate of the number of primary care properties that are either in poor physical condition (based on 6 facet survey) or not fit to provide modern healthcare moving forward (e.g. not complaint with current design / building / performance guidance, and/ or able to expand to accommodate growing need), is 50%. Moving forward more detailed assessment needs to be conducted at an individual estate project level to determine more accurate information.

Community Care

- 7 clinical community properties have been identified.
- 1 property, the Litherland Town Hall LIFT building, is in excellent condition and fit for purpose.
- 2 properties, owned by NHS Property Services, Maghull Health Centre and Prince Street Clinic in Waterloo, have in a poor condition and restrict moving forward with new models of care. The future of both properties should be considered alongside wider plans for the delivery of health services in the locality.
- 4 properties, owned by Liverpool Community Trust, Bootle Health Centre, Thornton Clinic, Netherpton Health Centre and Sefton Road Clinic, are also in a poor condition and restrict moving forward with new models of care. The future of both properties should be considered alongside wider plans for the delivery of health services in the locality.

5. Future Model of Care

The aspiration is for the new model of care to provide comprehensive, integrated healthcare services for physical and mental health for all age groups that will maintain and improve patient experience and clinical outcomes, while accommodating increases in demand for care, despite increasingly tight budgetary constraints.

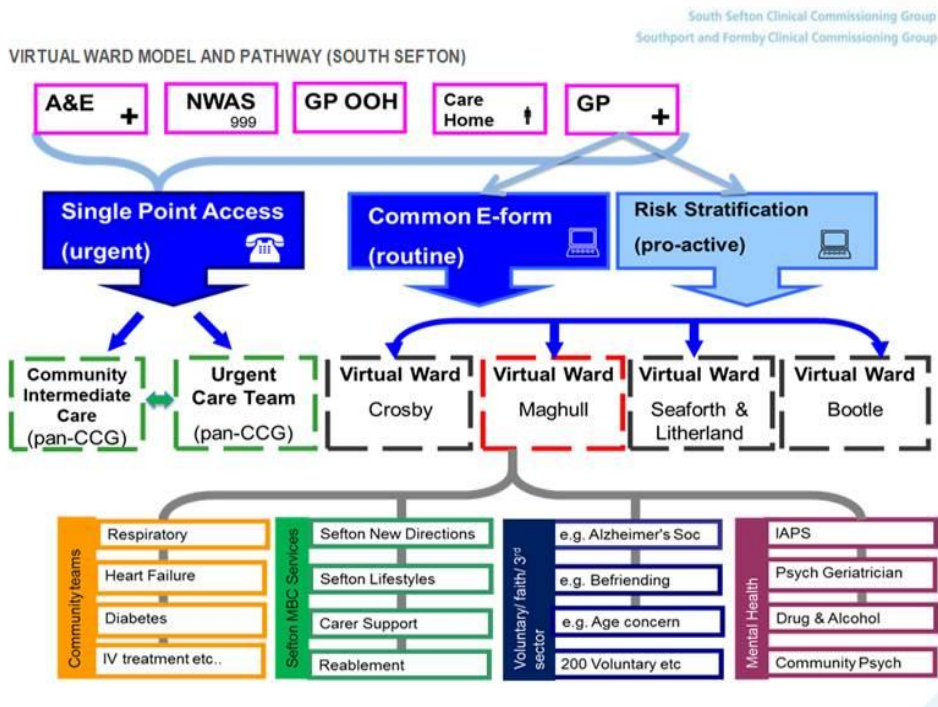
The right care must be delivered at the right time, in the right place, through integrated care services. Essential elements of the new model of care are:

- Integrated, co-ordinated services working in collaborative partnerships.
- Improving accessibility by increasing the number of services available locally organised around GP localities.
- Services that are personalised and patient led.
- Clinical leadership and clinical decision making.

The CCG has identified three main strategic priority areas as the focus for the next few years:

- Care for older and vulnerable residents
- Unplanned care
- Primary care

The new model aims to deliver integrated primary, community and social care as close to a patients home as possible. The diagram below illustrates how the CCG will deliver care closer to home, through virtual ward models.



6. Future Estates Plan

An assessment of current estate together with an understanding of current challenges, opportunities and future models of care requirements has determined our high level estates plan. The table below illustrates the change to the estate that will be delivered over the next five plus years, plus an analysis of current gaps.

Current Position	Future Position	Gap Analysis
1) A high level estimate indicated half of primary care premises are good quality. The rest are poor quality and not "fit for purpose". Many are accommodated in converted semi-detached houses that limit the practices ability to deliver community care close to home.	1) Each of the localities within the CCG will have 1 or where needed 2 "fit for purpose" hubs and a number of spokes to deliver increased primary and community services from. Each hub will serve a population of between 10,000 -30,000.	Significant investment required to deliver fit for purpose hub and spoke premises across the CCG.
2) Separate teams, and services with problems of access and uncoordinated care.	2) Larger, co-located multi-disciplinary teams and services based together in local, accessible and modern buildings providing integrated care, e.g. pharmacy, dentistry, mental health, physio, OT, therapies, social care, advocacy, support respiratory, cardio, X-ray, diagnostics, testing, tele-health, with the potential to link with other key public sector partners.	Significant investment as above to enable the implementation of transformed care pathways.
3) Centres under occupied resulting in wasted capacity and costs. No focused resource to manage properties.	3) More efficient buildings and increased capacity in local communities to move services out of hospitals. Active building management and a shared property information system to make sure optimal occupancy is sustained. Target of 80% occupancy.	Lack of capacity to deliver change. Use community services tender project as the vehicle to improve utilisation, dis-invest from poor property and build in robust centre management to sustain utilisation over the long term.
4) Patients travelling to multiple appointments and venues or going to A&E. Often services are closed out of hours.	4) Less travelling time with patients being able to access integrated services close to where they live. Local services open when they need to be. Target for hubs to be open 8am – 8pm.	Significant investment as above to enable the implementation of transformed care pathways.
5) Half of properties have poor environments that are inefficient and require modernisation. They hinder modern healthcare processes	5) Comfortable, light and airy spaces with flexible rooms, modern equipment and technology. Environments that enable clinical staff to deliver quality care.	

7. Estates Outcomes



The estates plan will deliver the following outcomes Delivery of outcomes will be managed through the Sefton’s’ Property Estates Partnership Group (SPEP) and the CCG transformation programme and its work streams, such as the community tender project.

<p>1) Integration & Co-location</p> <p>Right spaces in the right places with integrated community teams.</p> <p>Measurement – numbers of premises, coverage of premises, quality of premises (6 facet survey, plus patient feedback), numbers and quality of integrated teams and patient outcomes</p>	<p>2) Flexibility & Adaptability</p> <p>Connections with technology e.g. digital, telehealth. Adaptable rooms and spaces. Regeneration - Develop or release assets to support local growth. Local connections across the community</p> <p>Measurement – usage of premises, coverage of premises, quality of premises (functionality survey).</p>
<p>3) Quality & Accessibility</p> <p>Measurement – Reduction in patients attending hospitals, improved patient experience, (less travelling to different appointments in different places.), cohesive service delivery in as few locations as possible. Extended hours - hubs open 8am – 8pm.</p>	<p>4) Value for Money</p> <p>Measurement - Savings resulting from improved occupancy (80% occupancy target) and disinvestment of poor properties (i.e. 6 out of 7 community clinical properties). Efficient work spaces. Economies of scale – larger multi professional groups of staff working collaboratively. Sharing assets.</p>

8. Delivering the Strategy

The SEP covers a long term time period, with more detailed plans formed for the earlier years. It is important that stakeholders can understand key milestones / outcomes over the three phases of the strategy, i.e. short (2015-20), medium (2020 – 2025) and long term (2025 – 2030). The intention is to make real changes that will produce significant improvements in patient care whilst delivering effective services.

8.1 Short Term Priorities

The following are the short term estates priorities that we plan to deliver over the next 2 to 5 years.

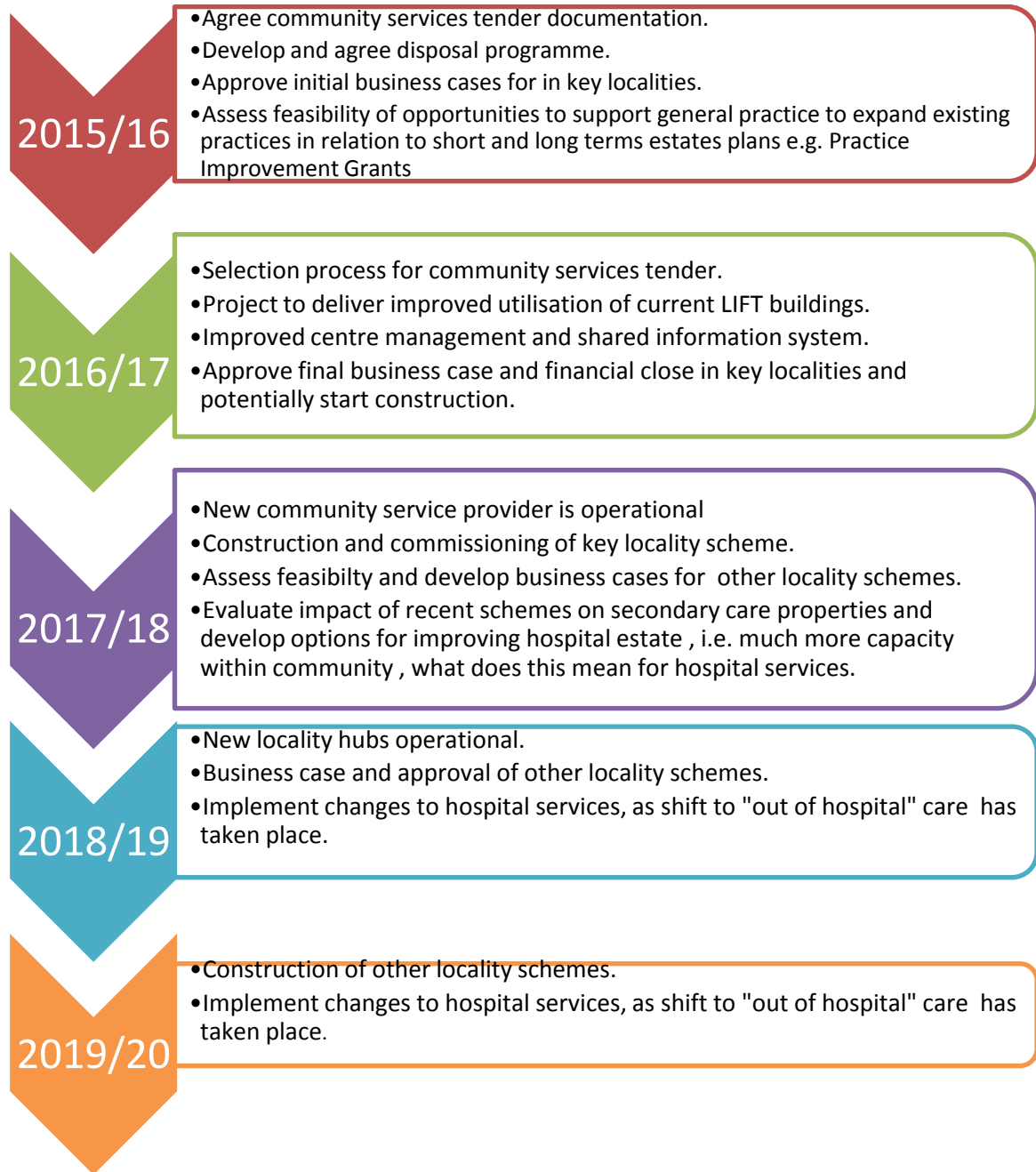
<p>Delivery of the CCG Community Services Tender Project will improve the utilisation of "fit for purpose" properties and allow disinvestment from poor properties. The tender process will also ensure sustainable management processes are established, as well as improved financial processes. This project has started and will become operationed in 2017.</p> <p>Lead: CCG Project Leads</p>	<p>Deliver a new integrated health, social and public sector hub in key localities. Timescales - Business case and approvals 2016, and a planned construction start date 2016/17. This project is also included in a recent Liverpool Region "One Public Estate" application, on behalf of Sefton Borough Council.</p> <p>Lead: GPs & CCG</p>
<p>Deliver a new integrated health and social care hub in the locality Timescales - Business case and approvals 2016, and a planned construction start date 2016/17.</p> <p>Lead: GPs & CCG</p>	<p>Develop a disposal programme, identifying potential capital receipts and revenue cost savings, as each scheme has the potential to release a number of primary and community care properties.</p> <p>Lead: Sefton Property Estates Partnership Group</p>
<p>Time limited project to improve occupancy and utilisation in "fit for purpose" buildings. Timescale 2016 for 3 current LIFT buildings.</p> <p>Lead: Sefton Property Estate Partnership Group</p>	<p>Agree and deliver active centre management and shared information system that captures all estate information across Partner organisations</p> <p>Lead: Sefton Property Estates Partnership Group</p>

8.2 Medium & Longer Term Priorities – 2020+

- Work with Sefton Council and other local partners to develop opportunities to meet ambition of CCG in modernising the delivery of healthcare services within its boundary.
- Deliver a new integrated health and social care hub in key localities.

9. Outline Implementation Plan

The diagram below identifies a high level implementation plan for the estates strategy, with indicative timescales.



10. Financial Impact

The previous two sections of this document have identified priorities and an implementation plan for the next five years. The high level financial impact of the implementation plan is illustrated in the table below.

Potential Projects	2015/16		2016/17		2017/18		2018/19		2019/20	
	Investments	Savings	Investments	Savings	Investments	Savings	Investments	Savings	Investments	Savings
Improving utilisation in Litherland Town Hall LIFT buildings project	£20,000 one off project costs			£0.2 million void costs						
Deliver locality Hub			£ 9 million investment; £0.5 million revenue. Health Clinic and GP premises costs potentially saved							
Deliver locality Hub			£ 7 million investment; £0.5 million revenue. GP premises costs potentially saved							
Proactive Centre Management & Shared information system			not yet identified							
Deliver locality Hub							£ 9 million investment; £0.5 million revenue. Health Clinic and GP premises costs saved			
Deliver locality Hub							£ 9 million investment; £0.5 million revenue. GP premises costs potentially saved			

Feasibility work and business cases are yet to be completed for the projects identified above, so it is difficult to offer accurate costs. However based on the costs of similar, previous schemes and the value and annual costs of current properties:

- The total capital requirement will be circa. £40 million, with increased revenue costs of £2 million per annum.
- Plus one off revenue cost of £20k this financial year and a potential void cost saving of £200k per annum.

The locality Hub project can be used as an example of potential capital receipts, i.e. all GP practices in locality are potentially interested in moving into the new locality Hub, together with community services.

As individual projects develop business cases, all the stakeholders involved, as well as members of the Sefton Property Estates Partnership group will determine best value for money in terms of procurement and funding for individual projects.

There is an opportunity for the CCG to bid for NHS England Primary Care Transformation Funding, in February 2016, and the CCG will consider all the projects described in this strategy in relation to this source of funding.

11. Risk, Constraints, Stakeholders & Issues

The following table identifies the key risks, constraints and stakeholder issues that need to be managed to ensure successful delivery of this strategy, along with mitigation plans.

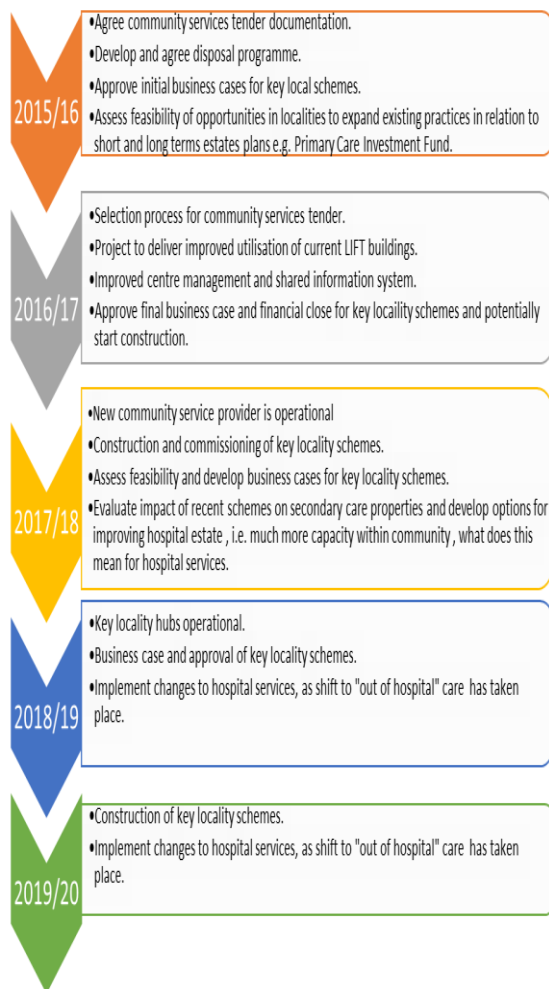
Risk, Constraint or Stakeholder Issue	Mitigation
1) Not able to afford projects now and in the future. <ul style="list-style-type: none"> • Availability of capital and revenue to deliver the strategy. • How far can the CCG transform services to deliver revenue? 	Aligned and robust financial plans that connect both CCG transformation and estates plans with NHS England, NHS Property Services and Community Health Partnership financial processes, plans and timescales.
2) Poor engagement with multiple organisations and individual stakeholders who are necessary to gain support and approve projects, particularly: <ul style="list-style-type: none"> • GPs and other clinicians. • Patients, the general public and local media. • CCG Governing Body • Sefton Metropolitan Council departments, officers, Councillors and committees. • Local Trusts, other providers and the voluntary sector. 	<ul style="list-style-type: none"> • Early engagement and communication with wide stakeholder list. • On-going and regular engagement and communication with multiple organisations and individuals. • Understand and deliver requirements of individual stakeholders, such as GPs. • Transparent and inclusive governance, decision making and membership of projects. • Strong clinical and management leadership. • Strong patient involvement. • Strong project management.
3) Preferred sites are not available or subsequent site issues such as planning, consultation, contamination, etc. prove restrictive.	<ul style="list-style-type: none"> • Strong partnership working, inclusive and proactive membership of Sefton Property Estates Partnership group and individual project groups. • Good technical support and appraisal. • Strong design team and supply chain.
4) Not being able to align the strategy to other key local plans now and in the future e.g. Local provider estate plans, local authority plans.	<ul style="list-style-type: none"> • Strong partnership working, inclusive and proactive membership of Sefton Property Estates Partnership group and individual project groups. • Transparent and inclusive governance, decision making and membership of projects. • Strong communication and engagement plan.

12. Summary

The following diagram summarises the whole strategy onto one page, to support communication.

NHS SOUTH SEFTON CCG INTERIM STRATEGIC ESTATES PLAN (SEP) 2015 -2020

The purpose of the strategy is to drive better value and better use out of all property, and support the CCG to deliver its vision for the future i.e. "Vision and Blueprint for Transformation" June 2015



Key Risks: 1) Affordability – capital and revenue. 2) Engagement and sign up from all stakeholders. 3) Finding the right sites. 4) Keeping the strategy aligned will all other local plans.

13. Appendices – Detail of Current Primary & Community Properties

South Sefton Primary Care Property Name	Address	Locality
Concept House Surgery - Dr Goldberg	Concept House	Bootle
Dr Misra and Dr Bird - Bootle	41 Moss Lane	Bootle
The Strand Medical Centre - Dr Morris & Partners	272 Marsh Lane	Bootle
Dr S S Sapre - Bootle	1b Aintree Road	Bootle
North Park Health Centre - Dr Srivastava	290 Knowsley Road	Bootle
Park Street Surgery - Dr Stanley & Partners	Park Street	Bootle
Bootle Village Surgery - Dr Stephenson	204 Stanley Road	Bootle
Total - Bootle		
Crosby Village Surgery - PCTMS Practice	3 Little Crosby Road	Crosby & Waterloo
20 Kingsway - Dr Doran	20 Kingsway	Crosby & Waterloo
Hightown PCT Practice (Hightown Village Surgery)	1 St. George's Road	Crosby & Waterloo
Eastview Surgery - Dr Hughes	81 Crosby Road North	Crosby & Waterloo
Dr Misra and Dr Bird - Crosby	133 Liverpool Road	Crosby & Waterloo
Crossways PCTMS - Dr Sharma	168 Liverpool Road	Crosby & Waterloo
Dr Shaw & Dr McDonagh	30 Kingsway	Crosby & Waterloo
Blundellsands Surgery - Dr Tong	1 Warren Road	Crosby & Waterloo
Dr D Meldrum & Partners	42 Kingsway	Crosby & Waterloo
Total - Crosby & Waterloo		
Maghull Health Centre - Dr S Sapre (formerly Dr Thomas)	Westway	Maghull
Maghull Health Centre - Dr S S Sapre	Westway	Maghull
Maghull Health Centre - Dr Thomas	Westway	Maghull
High Pastures Surgery - Dr Thomson & Partners	High Pastures	Maghull
Westway Medical Centre - Dr Wray	Westway	Maghull
Maghull PCTMS - Dr Coulter	Parkhaven	Maghull
Total - Maghull		
Glovers Lane Surgery	Magdalen Square	Seaforth & Litherland
Seaforth Village Surgery	20 Seaforth Road	Seaforth & Litherland
Dr C A McElroy & Partners	15 Sefton Road	Seaforth & Litherland
(Netherton Health Centre) Netherton PCT Practice	Netherton Health Centre	Seaforth & Litherland
Rawson Road Medical Centre - Dr S Pitalia	136-138 Rawson Road	Seaforth & Litherland
Litherland PCTMS Practice - Dr Taylor	Litherland Town Hall	Seaforth & Litherland
Bridge Road Medical Centre - Dr Vickers & Partners	66-88 Bridge Road	Seaforth & Litherland
Ford Medical Centre - Dr Williams & Partners	91/92 Gorse Lane	Seaforth & Litherland
Orrell Park Medical Centre - Dr S K Pitalia	Trinity Church	
Moore Street Surgery - Dr Roberts & Partners	77 Moore Street	
Total - Seaforth & Litherland		

MEETING OF THE GOVERNING BODY November 2015

Agenda Item: 15/	Author of the Paper: Fiona Doherty Strategy and Outcomes Officer						
Report date: November 2015	Email: fiona.doherty@southseftonccg.nhs.uk Tel: 0151 247 7141						
Title: Blueprint Summary Report							
<p>Summary: The CCG Governing Body requested development of a new reporting process to provide an overview of all Blueprints focused on creating clear plan with key milestones, associated risks, and benefits and outcomes, to provide the assurance of progress and delivery to the Governing Body. This report provides an overview of process and provides update on Blueprint progress to end of October 2015</p>							
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>	<table border="0"> <tr><td>Receive</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Approve</td><td><input type="checkbox"/></td></tr> <tr><td>Ratify</td><td><input type="checkbox"/></td></tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives *(x those that apply)*

	To place clinical leadership at the heart of localities to drive transformational change.
	To develop the integration agenda across health and social care.
	To consolidate the Estates Plan and develop one new project for March 2016.
	To publish plans for community services and commission for March 2016.
	To commission new care pathways for mental health.
	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			x	
Clinical Engagement	x			QIPP Committee November 2015
Equality Impact Assessment			x	
Legal Advice Sought				
Resource Implications Considered	x			
Locality Engagement				
Presented to other Committees	x			SLT October and November 2015

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 November 2015

1. Introduction and Background

In May 2015, The Governing Body approved the commissioning strategy and endorsed the prioritisation of the blueprints. (Agenda Item: 15/96)

The strategy identified 5 Transformational Programmes which were described as blueprints:-

- Primary Care
- Community Care
- Intermediate Care
- Unplanned Care
- Mental Health

The CCG has affirmed its focus on the two strategic programmes of CVD and respiratory, which were identified as key priorities following a programme benchmarking review.

A blueprint is used to define a programme of transformational change. It articulates the future state in more detail than a high-level vision and sets out the key milestones and task required to be put in place to enable the required outcomes and benefits, and identifies key risks to their implementation.

The Commissioning Strategy, Vision and Blueprints for Transformation Programmes stated a number of next steps; including need to introduce regular reviews of Blueprint progress against plan

The CCG Governing Body requested development of a new reporting process to provide an overview of all Blueprints focused on creating clear plan with key milestones, associated risks, and benefits and outcomes, to provide the assurance of progress and delivery to the Governing Body

A template has been developed on Microsoft excel to with three sections – The Plan, Benefits Realisation, Risk and issue log

2. The Blueprint Plan

Each Blueprint has individual plan which is broken down over a number of key headings:-

- CCG Ref – Each scheme has an individual reference number which identifies the CCG, the Blueprint and scheme.
- Blueprint
- Programme – CVD or Respiratory schemes
- Scheme and Brief Description
- Blueprint Lead (Managerial) and Blueprint Clinical Lead – Accountable for delivery of Blueprint Plans. Managerial Lead responsible for submission of monthly highlight report



South Sefton Clinical Commissioning Group

- Programme Lead (Managerial) and Programme Clinical Lead – Responsible for delivery of Programme specific schemes
- Finance Lead – Where scheme requires costing or finance support a lead will be identified.
- Milestone No, Milestone and Tasks– Each scheme identifies key milestones, which are individually referenced. Each milestone, a number of key tasks is identified, with clear start and finish dates.
- Task Start & End date (RAG rated) – All tasks must identify start and finish. Tasks are RAG rated to reflect on progress (Green), potential delay or issue, (Amber), Task delayed or at high risk of non-completion. Completed tasks are shown with Blue Rag
- Gantt Chart – Start and finish dates over week in length generate timeline on Gantt chart to provide Blueprint leads with a clear overview of major Blueprint tasks across the year
- Task owner – Clear identification of those responsible for ensuring completion of individual tasks.

The Strategic Management Office will have regular meetings to support Blueprint and programme leads, including a monthly executive lead review to ensure ongoing development of plans, progression to delivery and implementation stages.

3. Blueprint Plan – Benefits Realisation

All benefits and outcomes are recorded on work plan against following headings.

- Benefit ID – CCG Ref from Blueprint plan
- Description – Outline change linked to scheme, such as increase in electronic prescription
- Benefit Type – Identify if outcome is financial or linked to improvement in quality
- How/Where measured – Describe arrangements for tracking benefit and where data will be reviewed/
- Baseline (Metric / indicator) – State current performance and target change E.g. Currently 1000 sent electronically each month - Target 5% extra sent each month
- Baseline period and Value – Confirm dates included in baseline and the total value of change in units E.g. 1/1/14-1/12/15, Reduction 50 prescriptions
- Current position – All benefits are RAG rated with all mitigating actions recorded on milestone plan.
 - GREEN: On track to realise benefit
 - AMBER: Moderate issues with mitigating actions identified and on track to be completed.
 - RED: - Significant issues which mean the benefit will not be realised
 - - Significant issues with no mitigating actions.
 - - Factors halting progress of mitigating actions.
 -
- Target date – Expected date outcome of benefit is expected to be realised
- Review date /Next review date – Confirm date and frequency of benefits to be reviewed
- Benefit realisation – Yes / No

All financial benefits will be monitored and tracked on newly developed QIPP dashboard (see section 7)

4. **Blueprint Plan – Risk and Issue Log**

All benefits and outcomes are recorded on work plan against following headings:-

- Risk Ref - CCG Ref from Blueprint plan
- Risk owner This must be Blueprint lead, programme manager or task owner
- Description of risk - This must include the cause, effect and impact of the risk
- Controls - List the controls that are currently in place to manage the risk.
- Current Risk – Risk assessment uses standard 5x5 risk matrix currently used by the CCG. Low and moderate risks are deemed acceptable and will be monitored by SMO with a focus to introduce reasonable measures to eliminate or further reduce the risk. Any remaining significant or high risk which cannot be managed will be monitored by QIPP Committee, with high risks flagged to Governing Body and recorded on CCG Risk plan
- Gaps in controls - List of the controls that are lacking that would help to reduce either the likelihood or severity of the risk
- Actions Needed to Close Gaps in Controls: For each of the gaps in controls, list the actions that will need to be carried out in order to close the gaps in controls or 'no action', if appropriate. These actions should be shown explicitly in the Blueprint plan
- Residual Risk - update risk matrix in light of actions taken to close gaps.
- Resolved / Unresolved – All risks must reflect current status

5. **Strategic Management Office**

5.1 *The Purpose of the SMO*

The Strategic Management Office (SMO) has been established to promote, monitor and report progress against the CCGs blueprints. The fundamental objective is to ensure that the organisation has an accurate understanding strategic planning, assurance on delivery and financial opportunities

The SMO also promotes and facilitates the generation ideas by identifying opportunities and supports the development of Cases for Change. The SMO tests and challenges the nature of the Blueprints and Cases for Change by assessing their robustness and achievability, and potential to deliver QIPP opportunities, providing advice, and direction and support where necessary.

5.2 *Scope of SMO Reporting*

Regular reports are provided by the SMO on the Blueprints and associated QIPP position, reviewing progress and risks to ensure that the QIPP Committee has an accurate, up to date understanding to enable effective decision making.

Formal reporting to the QIPP Committee with Blueprint Dashboard (Appendix 1) summarising progress of all blueprints, and using RAG to assess Blueprint management and progress across 3 distinct phases:-

1. Planning
2. Delivery
3. Monitoring

The SMO will assess level of assurance evidenced by the plans using different RAG rating for each phase. RAG rating guidance is set out in Appendix 2

Blueprint Dashboard

- Blueprint Team – Demonstrate the performance of the team to deliver Blueprint as well as maintaining reporting deadlines
- Blueprint Plan – Defined scope and milestones
- Stakeholders – Identification of Key stakeholders necessary for the success of the Blueprint
- Milestones – Milestones and tasks identified and progressed
- KPIs and Activity – Identification of scheme benefits and outcomes
- Risk Management – Demonstrate, with strong risk management
- Benefits Realised – Track benefits and outcomes and to ensure realisation

Individual Blueprint plans are available on request from the SMO Office and can be reviewed by QIPP Committee where there are concerns regarding progress or mitigation of risks.

The SMO will also provide the Governing body with high level update of Blueprint status, key achievements, any significant risks, and update on QIPP benefits in monthly performance report

5.3 *Scope of PMO Monitoring*

- Active involvement in the monitoring of all Blueprint schemes.
- Review of key activities in support of all projects.
- Weekly catch up with all Blueprint and Programme leads to review progress and any required updates to plans
- Monthly executive lead “Blueprint /QIPP Review” with Blueprint Leads to assess progress against plans, highlight issues and agree actions. Also review QIPP dashboard to evidence and track financial achievements of QIPP plans.
- Review risks and issues with Blueprint Leads that may affect the ability to achieve planned targets.
- Escalate issues on plans where corporate assistance is required to overcome obstacles.
- Ensure Blueprints complete and submit monthly highlight (Appendix 3) report to provide QIPP Committee with update including achievements, upcoming tasks, and update on risks.

5.4 *Scope of SMO Support*

- Support CCG in the generation of new ideas.
- Support development of Case for Change for agreement with the QIPP Committee
- Support Blueprint and Programme leads to develop and maintain Blueprint reports.

6. QIPP Dashboard

Financial benefits identified on Blueprints will be added to new QIPP dashboard which is currently being developed. This will identify annual QIPP benefits, which will be risk adjusted in light of the strength of available evidence, the availability or quality of data, and clinical judgement. The level of Risk adjustment will be assessed by QIPP Committee.

The dashboard will also monitor benefit realisation as schemes move into monitoring phase.

The SMO are also working in conjunction with finance to merge Blueprint QIPP dashboard with the current finance QIPP schedule to develop single CCG QIPP dashboard. The development is being overseen by QIPP committee and work on this will be complete for January 2016.

At the moment the dashboard only captures minority of potential benefits identified by the scheme. This is mainly due to capacity to produce accurate baselines for each benefit, which does take time. However the CCG has recruited a dedicated QIPP analyst to focus solely on QIPP to ensure benefits are regularly being added to the dashboard.

The QIPP analyst will work closely with leads to understand all benefits, including more subtle benefits often over looked in QIPP schemes, to create a comprehensive benefit plan that will address future contract variations

The next key development is rationalising the benefits on QIPP dashboard to ensure a process is put in place to avoid double counting of benefits. This work is underway in conjunction with finance and will be complete by January 2016

To date the Blueprints QIPP dashboard has identified estimated 1.4m benefits for 2015/16 and further 5.4m in 2016/17. As outlined previous these figures need to be reviewed in line with currently QIPP schedule managed by finance to ensure there is no double counting, and that all CCG benefits are recorded in single dashboard.

7. Blueprints Update – Governing Body Report

Governing body report will provide high level overview of progress of schemes and will update on Blueprints achievements, general progress and highlight high level risks or delays

7.1 *Achievements*

Primary Care Local Quality contract Year 2 was agreed with all but one of CCG practices and commenced in October.

Falls Co-ordinator Case for change was agreed at QIPP Committee in July, with service due to start at start of 2016, which will complement Local quality contract focus on enhanced management of patients over 70

Care home telehealth scheme has been rolled out across care homes and initial results from project are encouraging that it will achieve planned outcomes.

7.2 Overview of schemes

There are currently 34 live Blueprints schemes, with 20 currently in planning phase, 10 in delivery phase and 3 currently being monitored.

7.3 Risks

A number of Blueprint schemes are now part of acquisition process and a risk has been identified around the ability of providers to continue to developing services in line with CCG strategic plans. A number of schemes across community services are encountering significant implementation delays.

CVD and potential CVD schemes are also encountering delays due to internal provider processes, which are impacting on delivery of key milestones.

The QIPP committee will review risks in December.

8. Next steps

- Develop additional Blueprint focusing on elective and planned care to capture number of new schemes which have been identified as offering QIPP benefits.
- Develop single CCG QIPP dashboard
- Continue work on development of existing benefits and support leads to identify further benefits

Appendices

Appendix 1 - Blueprint Dashboard

Appendix 2 - Blueprint Dashboard – RAG Rating Guidance

Appendix 3 -.Blueprint Highlight Report

Fiona Doherty
November 2015

South Sefton CCG Blueprint DASHBOARD
2015/16

CCG Ref	Blueprint	Programme	Scheme	Brief Description	Blueprint Clinical Lead	Blueprint Lead	Programme Clinical Lead	Programme Manager	Finance Lead	Reporting Period				Reporting Principles (Sub-RAGs)							Current Status (RAG)	Status Change from last period (↑↔↓)	Original completion date	Adjusted date	COMMENTS (SMO performance)	
										Scheme phase	Frequency	From	To	Project Team & Team Performance	Project plan	Stakeholders & Engagement	Milestones	Benefit plan	Risk	Benefits Realised						
SSPC01	Primary Care	LQC	Increase GP access	Extended access to clinicians for chronic disease management. No closure in core hours, additional access outside of core hours. Link to LQC	Craig Gillespse	Angela Parkinson			James Bradley	Delivery	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	↔	01/10/2015		Yr 2 LQC	
SSPC02		LQC	Enhanced management of patients over 75	Improved care for patients in care homes by offering more intensive health treatment. Link to Local Quality Contract (LQC)	Craig Gillespse	Angela Parkinson		Moir McGuiness	James Bradley	Delivery	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	↔	01/10/2015		Yr 2 LQC	
SSPC03		Workforce		Understand and develop Primary Care capacity		Craig Gillespse	Angela Parkinson			James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	↔	31/03/2017		Early planning underway.
SSPC04		CVD	Early detection		Hypertension - recording, management and treatment, Atrial Fibrillation (AF) Management - improve case finding and management. Also increase health checks	Craig Gillespse	Angela Parkinson	Nigel Taylor	Sharon Forrester	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	↔	31/03/2016		Need to link with PH to plan Health Checks programme
SSR01		Respiratory	Primary Care Training Programme		Primary Care Training Programme	Craig Gillespse	Angela Parkinson	Nigel Taylor	Jenny Kristenson	James Bradley	Delivery	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	↔	31/03/2016		Planning day scheduled 20th November to identify further schemes
SSR03		Respiratory	Prevention project		Early identification of diseases and to improve patient registers	Craig Gillespse	Angela Parkinson	Nigel Taylor	Jenny Kristenson	James Bradley	Delivery	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	↔	31/03/2016		
SSR04	Respiratory	Medicine Usage Review		Skill up community pharmacists to support patients use inhalers correctly	Craig Gillespse	Angela Parkinson	Nigel Taylor	Jenny Kristenson	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	↔	31/03/2016		Poor stakeholder interest in delivering scheme so no further progress. New scheme to be identified	
SSPC05		Planned Care		Increase use of Choose and Book utilisation for both acute and community services	Craig Gillespse	Angela Parkinson		Terry Hill	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	↔	01/09/2015	30/06/16	Community mapping delayed due to procurement.	
SSPC06		Procurements		NHSE lead procurement - North Park and SSP practices	Craig Gillespse	Angela Parkinson			James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	↔	01/04/2016		North Park and SSP practices	
SSCC01	Community	Virtual Ward		Skill up Primary Care staff to support enhanced annual reviews	Pete Chamberlain	Steve Astles			James Bradley	Delivery	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	↔	01/01/2016		Fall Co-ordinator case approved in July 2015 with expected start date in early Q3. Delays in provider recruiting and scheduled interviews cancelled on day. Provider identified TUPE however no communication since on suitability of candidates so SIGNIFICANT RISK benefits will be delayed	
SSCC02		Care Homes		Build resilience within Care homes to reduce admissions	Pete Chamberlain	Steve Astles	Debbie Harvey		James Bradley	Delivery	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	↔	31/01/2016		Take up of Realtime care home dashboard low and difficult to embed without link to LA contract. All other milestones on track. Case for Change for telemedicine due Jan/Feb 2016	
SSCC03		Community Urgent Care		Use of Urgent Care team and building resilience of team	Andy Mimmagh	Steve Astles			James Bradley	Delivery	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	↔	01/06/2015	01/10/2015	Provider delays to providing planned estates impacting on team integration as currently in separate sites. LCH PGD also delaying DVT pathway sign off. Provider non responsive to escalation process. Acute trust front door community link nurse in post Oct 16 SIGNIFICANT RISK of delays	
SSCC04		CVD	LTC Integrated urgent care pathways		CVD - Acute & Community Cardio services	Andy Mimmagh	Steve Astles	Nigel Taylor	Sharon Forrester	James Bradley	Delivery	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	↔	30/03/2016		Community Clinic started and demonstrating early benefits following patient PDSA. Despite clinical support model, Trust processes are delaying progress to embed pathway change
		Respiratory	Self Management programme CVS		Respiratory - Self Management programme CVS			Nigel Taylor	Jenny Kristenson	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	↔	30/03/2016		Case for change under development to embed self management approach.
SSCC05		Planned Care		Review of community and Tier 2 services and activity	Pete Chamberlain	Steve Astles			James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	↔	01/04/2016		Bidder interviews complete 30th November	
SFMH01	Mental Health	Outcomes and Activity		Agree a suite of measureable outcomes with Mersey Care	Hilal Mullah	Geraldine O'Carroll	Malcolm Cunningham		James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	↔	31/12/2015		Awaiting update from provider regarding agreement of outcomes - due 30/11/15	
SFMH02		Dementia		Design and implement Person centred memory gateway delivered in Primary Care and fully integrated across all care settings	Hilal Mullah	Geraldine O'Carroll		Kevin Thorne	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	↔	31/03/2017		Benefits of scheme not yet defined. Potential case for change currently under discussion to provide evidence of potential benefits. Due to QIPP Committee Dec 2015	
SFMH03		Redesign and commission All Age Mental Health Service		To incorporate Child and Adolescent mental health services (CAMHS)	Hilal Mullah	Geraldine O'Carroll		Peter Wong	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	↔	31/03/2016			
SFMH04		Primary and Community Care Development		Undertake training analysis and map workforce development	Hilal Mullah	Geraldine O'Carroll			James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	●	●	●	↔	31/03/2016		Linked to Primary Care - meeting December 9th with Health Education (North West). Benefits initially linked to maintaining Quality

CCG Ref	Blueprint	Programme	Scheme	Brief Description	Blueprint Clinical Lead	Blueprint Lead	Programme Clinical Lead	Programme Manager	Finance Lead	Reporting Period				Reporting Principles (Sub-RAGs)							Current Status (RAG)	Status Change from last period (↑↔↓)	Original completion date	Adjusted date	COMMENTS (SMO performance)
										Scheme phase	Frequency	From	To	Project Team & Team Performance	Project plan	Stakeholders & Engagement	Milestones	Benefit plan	Risk	Benefits Realised					
SFMH05	Unplanned		Brain Injury	Move to new contracting arrangement following review by Cheshire and Merseyside Clinical Network	Hilal Mullah	Geraldine O'Carroll		Martin McDowell	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	●	↔	31/03/2017			
SFMH06			EIP	Design and implement Person centred memory gateway delivered in Primary Care and fully integrated across all care settings	Hilal Mullah	Geraldine O'Carroll		Gordon Jones	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	●	↔	31/03/2016		Benefits of scheme not yet defined. Potential case for change currently under discussion to provide evidence of potential benefits. Due to QJPP Committee Dec 2015	
SFMH07			RAID Model	Review and implement A&E Liaison	Hilal Mullah	Geraldine O'Carroll		Gordon Jones	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	●	↔	31/03/2017		Benefits of scheme not yet defined. Potential case for change currently under discussion to provide evidence of potential benefits. Due to QJPP Committee Dec 2015	
SSUC01			Closure of Darzi practices and Activity	Review of Walk in Centre and impact of closure of Darzi practice, development of an Urgent Care Centre	Andy Mimmagh	Steve Astles			James Bradley	Delivery	Monthly	Apr	Oct	●	●	●	●	●	●	●	↔	01/09/2015		Provider UCC delayed - milestone dates revised. Key staff yet to be recruited	
SSUC02			Transportation	Explore ambulance transportation requirements to support Walk in Centre as part of new model of care as an alternative to A&E	Andy Mimmagh	Steve Astles		Terry Hill	James Bradley	Delivery	Monthly	Apr	Oct	●	●	●	●	●	●	●	↔	01/06/2015	30/03/2016	Support kitemarking of Walk in Centre / UCC	
SSUC03			Acute Visiting scheme	Develop service to ensure patients are treated at home and avoid conveyance to hospital	Andy Mimmagh	Steve Astles			James Bradley	Monitoring	Monthly	Apr	Oct	●	●	●	●	●	●	●	↔	31/03/2016		Low utilisation, exploring alternative models to maximise available capacity	
SSUC04			NWAS pathfinder - Alternative to Treat scheme	Work with ambulance service and other providers to improve decision-making before making transfer to urgent care settings	Andy Mimmagh	Steve Astles			James Bradley	Monitoring	Monthly	Apr	Oct	●	●	●	●	●	●	●	↔	31/03/2016			
SSUC05		CVS & Public Health	Development of the bids from CVS to focus on urgent care to support patients to avoid admission	Andy Mimmagh	Steve Astles		Geraldine O'Carroll	James Bradley	Delivery	Monthly	Apr	Oct	●	●	●	●	●	●	●	↔	01/05/2015		Need to identify how benefits are being monitored		
SSUC06		A & E Support	Deflection schemes - GP Hotline	Andy Mimmagh	Steve Astles			James Bradley	Monitoring	Monthly	Apr	Oct	●	●	●	●	●	●	●	↔	Ongoing		Unable to agree local tariff for service with provider - current charge not cost effective		
SSUC07			Dedicated frailty unit to allow frail patients to be admitted directly to community and from A&E to provide diagnosis and treatment and support and speedy discharge if appropriate	Andy Mimmagh	Steve Astles	Pete Chamberlain		James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	●	↔	01/12/2015	TBC	Agreement of spec delayed due to provider non engagement. Provider Clinical director contacted to facilitate progress		
SSIC01	Intermediate Care		Integrated frailty pathway		Andy Mimmagh	Steve Astles			James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	↔	01/04/2015		Cambridge Court terminated beds Sept - Risks identified and in process of being added to Corporate risk register. Alternative beds currently being sought		
SSIC02			Ward 35	Serve notice to decommission Aintree beds	Dan McDowell	Mel Wright			James Bradley	Delivery	Monthly	Apr	Oct	●	●	●	●	●	●	↔	31/04/16	01/04/2016	Wraparound service via TDA process		
SSIC03			Procurement	Go out to market to procure enhanced intermediate care bed provision	Dan McDowell	Mel Wright			James Bradley	Procurement	Monthly	Apr	Oct	●	●	●	●	●	●	↔	31/04/16		Wraparound service via TDA process		
SSIC04			Better Care Fund	Work with local authority to enhance intermediate care transition arrangements	Dan McDowell	Mel Wright			James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	↔	Ongoing				
SSIC05			BCF	Integrated care at locality level	Incorporate into virtual ward model with particular focus on frail and elderly with long term conditions, ensure timely discharge and support from intermediate care	Dan McDowell	Mel Wright			James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	↔	01/04/2016			
SSIC06			CVD	Step up/down	Patient flow - appropriate increase in use of step up beds particularly requested by GPs - Awareness raising exercise with GPs	Dan McDowell	Mel Wright			James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	↔	31/03/2016			
SSIC06			Stroke - I Care	Development of intermediate care beds in nursing homes for early supported discharge patients with stroke.	Dan McDowell	Mel Wright	Nigel Taylor	Sharon Forrester	James Bradley	Planning	Monthly	Apr	Oct	●	●	●	●	●	●	↔	31/03/2016				

RAG Rating Guidance

Please click the links below for guidance

[Principles Guidance](#)

[PLANNING](#)

[DELIVERY](#)

[MONITORING](#)

PRINCIPALS GUIDANCE	
Blueprint Team Establishment & Performance	<p>The performance of the Blueprint team can be determined in many ways and the overall Blueprint status can be seen as a reflection of the performance of the team.</p> <p>However, this principle aims to demonstrate the performance of the team to manage the rest of the principles as well as maintaining workstream reporting deadlines</p> <p>This principle will assess whether:</p> <ul style="list-style-type: none"> * The Blueprint team is established including the Blueprint Clinical Lead, Blueprint Lead, Finance Lead and Programme Clinical and Programme Blueprint lead if applicable. * There is an effective team in place (Are all team members committed to the Blueprint?) * Team meetings have been arranged and the Blueprint team is attending meetings on a regular basis. * Team members are effectively managing the other principles. * Team members are effectively managing and completing tasks to deadline.
Blueprint Plan (Workbook)	<p>The Blueprint plan (workbook) consists of the following:</p> <ul style="list-style-type: none"> * Milestone Plan (Gantt Chart) * Risk and Issue Log * Benefits realisation plan <p>This principle measure firstly whether the Blueprint plan has been completed and then whether it has been regularly reviewed and updated.</p> <p>A fully developed Blueprint plan will have clear milestones , key tasks, and task owners. All tasks to successfully deliver the Blueprint should be detailed. The Blueprint plan will also have a fully developed risk log clearly identifying risks that are still being managed or have been resolved.</p> <p>Further to this it will have a highlight report linked on tracker which is updated on monthly basis by Blueprint lead and submitted to the SMO. It should have no conflicting statements and support or decisions required from the Leadership Team should be clearly identified (detailing exactly what's needed).</p> <p>It is imperative that a clearly defined Blueprint plan is completed by the end of the Planning stage to ensure all tasks and milestones are captured and to ensure the Blueprint team understand all that is required to successfully deliver the Blueprint.</p>
Stakeholder Engagement	<p>This principle will first assess whether all key stakeholders necessary for the success of the Blueprint have been identified then it will demonstrate the level of engagement from full (green) to little or none (red) from all key stakeholders.</p> <p>Stakeholder engagement is crucial to the overall success of a Blueprint, from the exec sponsor to the Blueprint manager and the many stakeholders who will work to deliver the changes.</p>
Milestones	<p>This principle demonstrates whether:</p> <ul style="list-style-type: none"> * All tasks and milestones are clearly identified. * All task owners are clearly identified. * The milestone plan is regularly updated and tasks are marked completed or with revised dates. * How well the Milestones are being achieved or brought back on track if initially missed.
Benefits Realisation Plan	<p>Each of the Blueprints will have a range of Benefits and Outcomes</p> <p>In the planning to delivery stages this principle will demonstrate the Blueprint teams ability to meet them or not.</p> <p>In the Monitoring stage it will demonstrate if the Blueprint has been an overall success.</p>
Risk Management	<p>The management of Blueprint risks and how they are mitigated is what this principle aims to demonstrate, with strong risk management and swift mitigation seen as green and poor management and continuous risk realisation seen as red.</p>
Benefits Realised	<p>All of the Blueprints have benefits that will be realised over a period of time identified within the Case for Change/Service Specification/milestone tracker</p> <p>This principle will show firstly if benefits whether financial or quality have been identified and then if the Blueprint is on track at realising these benefits and if not, to what extent.</p>
Current Status (RAG)	<p>The overall RAG rating for each Blueprint is determined by the combination of the Blueprint performance ratings above.</p>
Status Change from last period (↑↔↓)	<p>The arrows show which direction the Blueprint performance is going or whether it remains static.</p>

PLANNING

The following is designed to provide guidance for the rating of the sub and overall RAGs for Blueprints in development. Overall RAG rating will be determined by the SMO depending on a number of factors. As guidance, for a Blueprint to be Green rated overall, it would be expected that all sub-RAGs are Amber or Green (no Reds). The Blueprint would also need to be on track to pass into delivery by the proposed date. A decision regarding Red or Amber overall status would be made with regard to:

- The status of the sub-RAGs
- The trajectory of the Blueprint towards its delivery date.
- The severity and potential impact of Red sub-RAGs.

It is also possible that a Blueprint could be RED rated overall, regardless of sub-RAGs, if, in the opinion of the SMO, there are issues that need to be raised at Committee or Board. For example, an interdependency having a negative impact, issues occurring that are expected to have a major impact on future performance, or continued lack of visibility or assurable evidence of progress.

If key documentation needed for progression into the next stage is incomplete or not signed off Blueprint may be rated RED.

Sub RAG	Red	Amber	Green	Potential Override examples
<p><u>Blueprint Team.</u></p> <p><u>An effective Blueprint team is in place</u></p>	<p>2 or more of the Blueprint Lead, Blueprint Clinician, Programme Lead and Programme Clinical Lead are not identified.</p> <p>OR:</p> <p>SMO has concerns about the effectiveness or commitment of currently identified team members.</p>	<p>1 of the Blueprint Lead, Blueprint Clinician, Programme Lead and Programme Clinical Lead are not identified</p> <p>OR:</p> <p>Whole team identified, but specific leads to be nominated (E.g. finance lead).</p>	<p>Blueprint Lead, Blueprint Clinician, Programme Lead and Programme Clinical Lead are in place. Where Blueprints require additional people to lead specific areas on the Blueprint, these are also identified and form part of the team (E.g. financial lead).</p>	<p>If during the course of Blueprint development a team member is found to be inappropriate, not having adequate time or the requisite skills to function in the role. (E.g. Blueprint manager is identified, but does not have the capacity to take Blueprint forward).</p>
<p><u>Blueprint Plan.</u></p> <p><u>Scope and Approach is defined</u></p>	<p>No Scope or approach is present in workbook.</p> <p>OR:</p> <p>The scope or approach is poorly / sparsely documented.</p> <p>OR:</p> <p>Milestone plan has not been completed</p>	<p>One of scope or approach is defined, but not both.</p> <p>OR:</p> <p>Details of either to be finalised.</p>	<p>A clear scope is present in the workbook, and the milestone headings are entered in workbook.</p> <p>Blueprint highlight report updated monthly and submitted to SMO.</p> <p>Milestone plan completed and all risks identified within the risk log.</p>	<p>In the event that the scope was impacted by developments outside of the control of the Blueprint, the rating may be downgraded until this is resolved (e.g. cancellation of an IT system.)</p>
<p><u>Stakeholders.</u></p> <p><u>Stakeholders identified and engaged.</u></p> <p><u>(Based on dialogue with Blueprint Team)</u></p>	<p>Blueprint team have not identified all necessary stakeholders</p> <p>AND / OR:</p> <p>Stakeholders refusing to be involved.</p>	<p>Blueprint team reports encountering resistance from stakeholders regarding the scope of the Blueprint or experiencing blockages to progress from stakeholders.</p> <p>AND / OR:</p> <p>Minority of stakeholders not contacted.</p>	<p>Milestones requiring input from stakeholders have dates.</p> <p>AND:</p> <p>Blueprint team have communicated with all stakeholders and report no major issues.</p>	<p>If, at any point, it becomes clear that a stakeholder group has been missed, rating would be downgraded until that group have been contacted and engaged.</p>
<p><u>Milestones.</u></p> <p>Milestone Plan is defined</p>	<p>Realistic and reasonable milestones are not documented in the workbook. (E.g. if there are obvious meetings or activities that need to take place and they do not have a milestone attached to them).</p>	<p>Realistic milestones are in the workbook, but dates are missing.</p> <p>AND / OR:</p> <p>Milestones do not link to KPIs.</p> <p>AND / OR:</p> <p>Milestones are missing milestone owners.</p> <p>AND/OR:</p> <p>Milestones do not align with stage timescales.</p>	<p>Realistic milestones are in the workbook and all have dates that are considered appropriate.</p> <p>AND:</p> <p>Milestones have milestone owners assigned.</p>	<p>In the event that the milestone was impacted by developments/ third party actions outside of the control of the Blueprint, the rating may be downgraded until this is resolved (e.g. health economy partners failing to respond to required actions.)</p>
<p><u>Benefit realisation plan</u></p>	<p>Outcomes and /or financial benefits are not defined or not driven by milestones.</p>	<p>Outcomes and / or financial benefits identified, but are missing baseline data / target values.</p>	<p>Outcomes and / or financial benefits are identified, have baseline data / target values and have appropriate milestones to drive them.</p>	
<p><u>Risks</u></p> <p>Risk are identified and being managed</p>	<p>Risks are not identified, or limited risks entered / obvious risks are not listed.</p>	<p>Risks are entered in workbook, but are incomplete, missing assessments, or missing mitigating actions and dates applied.</p>	<p>Risks are identified, and there are mitigating actions against each risk. Risks are being managed and reviewed regularly.</p>	<p>During development, it would not be expected that risks would be actively managed. However, there may be Risks to the development of the Blueprint, and in the event that one or more of these became issues, the rating would be downgraded.</p>
<p><u>Benefits Realised (Quality or financial)</u></p>	<p>No Benefits are identified</p> <p>AND/OR</p> <p>Blueprint is not on track to realise benefits identified and no mitigating actions have been identified.</p>	<p>Benefits (financial or quality) are not clearly identified</p> <p>AND</p> <p>Blueprint is not on track to realise ALL benefits but mitigating actions have been identified to rectify where not on track (could be RED or AMBER dependant on severity and ability to mitigate.)</p>	<p>Benefits (financial or quality) are clearly identified</p> <p>AND</p> <p>Blueprint is on track to realise all identified benefits.</p>	

DELIVERY

The following is designed to provide guidance for the rating of the sub and overall RAGs for Blueprints in delivery. Overall RAG rating will be determined by the SMO depending on a number of factors. As guidance, for a Blueprint to be Green rated overall, it would be expected that all sub-RAGs (principles) are Amber or Green (no Reds). The Blueprint would also need to be on track to be completed, or deliver the expected benefits on time. A decision regarding Red or Amber overall status would be made with regard to:

- The status of the sub-RAGs
- The trajectory of the workstream towards its completion date or benefit
- The severity and potential impact of Red sub-RAGs.

QIA's will only be RAG rated Green when there is evidence that they have been reviewed and signed off by the Clinical Lead.

It is also possible that a Blueprint could be RED rated overall, regardless of sub-RAGs, if, in the opinion of the SMO, there are issues that need to be raised at Committee or Board. For example, an interdependency having a negative impact, issues occurring that are expected to have a major impact on future performance, or continued lack of visibility or assurable evidence of progress.

Sub RAG	RED	AMBER	GREEN	Potential Override examples
Blueprint Team Performance	Blueprint Team are not functioning as a Team. AND / OR: A Blueprint team member actively blocking progress on the Blueprint. AND / OR: Blueprint Team unable to agree direction, negatively impacting milestone or KPI delivery. AND / OR: Team issues require intervention from Programme Board.	There are team issues that are unresolved but the progress of the Blueprint is largely unaffected.	Blueprint team are performing to each of the roles and responsibilities and collaborating towards success.	The is not a full team with a clear direction.
Stakeholder engagement	Stakeholders refusing to be involved. AND / OR: Stakeholders actively blocking progress on the Blueprint due to inactivity AND / OR: Stakeholder engagement is impacting milestone or KPI delivery. AND / OR: Stakeholder engagement issues require intervention from Programme Board.	Blueprint team reports encountering resistance from stakeholders regarding the Blueprint or experiencing blockages to progress from stakeholders that are not impacting milestone or KPI delivery.	Blueprint team report no major issues, and stakeholders appear to be actively supporting the Blueprint.	If, at any point, it becomes clear that a stakeholder group has been missed, is disengaging or requires an intervention from outside of the Blueprint team, RAG rating would be downgraded until the issue with that stakeholder is resolved.
Milestones	Milestones missed with no revised date entered. AND / OR: Milestones repeatedly missed with no assurance of completing at revised time. AND / OR: Critical Milestones missed which may delay completion of the Blueprint (needs Exec. Sponsor signoff before moving to Amber).	A milestone being repeatedly missed and revised dates are documented but have not yet occurred. AND / OR: Multiple milestones being missed, but having revised dates. AND / OR: Milestones met, but workbook not updated.	Milestone indicators up-to-date in the workbook. AND: All missed milestones have a revised date. AND: No significant recent history of revising or missing milestones.	This sub-RAG will include an assessment of the overall progress of the Blueprint. In the event that milestones are missed that may delay the completion of the Blueprint, or require the revision of other, milestones, this would normally be RED rated until sign-off from Exec Sponsor.
Benefit realisation plan	Outcomes and /or financial benefits are not defined or not driven by milestones.	Outcomes and / or financial benefits identified, but are missing baseline data / target values.	Outcomes and / or financial benefits are identified, have baseline data / target values and have appropriate milestones to drive them.	
Risk Management	Risk Register missing AND / OR: Risk Register not updated for over 1 month (frequency would depend on the nature of the risk and its impact) AND / OR: Risk Register incomplete (e.g. missing mitigating actions) or overall risks remain red and imminent.	Risk Register requires update <1 month) AND / OR: Risks have become an issue since the last update.	All risks recently reviewed AND: All new risks have mitigating actions AND: All issues are updated AND: No risks have become issues since last update.	Risk Management rating will also depend on the severity of the risks being managed. In the event of high impact risks becoming an issue, the rating may move to RED, whilst one low impact risk becoming an issue would result in risk rating moving to AMBER.
Benefits Realised (financial) and Quality	Financial benefits are not on track AND / OR: Financial benefit data not recorded in workbook for last 2 available dates. AND / OR: Financial benefits are close to forecast, but without a plan to get back on track.	Financial benefits are close to forecast, with a plan to get back on track / reasonable expectations for recovery (e.g. a delay to an expected payment being made) AND / OR: Workbook not updated with latest available financial data.	Financial benefits on track with forecasts / predictions / expectations, according to validated data.	Where there is reason to believe that financial benefits may come off track, either via evidence from current or another workstream, the RAG may be downgraded (e.g. a CIP's delivery if a major Blueprint is cancelled.)

MONITORING

The following is designed to provide guidance for the rating of the sub and overall RAGs for Blueprints completed and being monitored or closed . Overall RAG rating will be determined by the SMO depending on a number of factors. As guidance, for a Blueprint to be Green rated overall, it would be expected that all sub-RAGs (principles) are Amber or Green (no Reds). The Blueprint would also need to be delivering the expected benefits. A decision regarding Red or Amber overall status would be made with regard to:

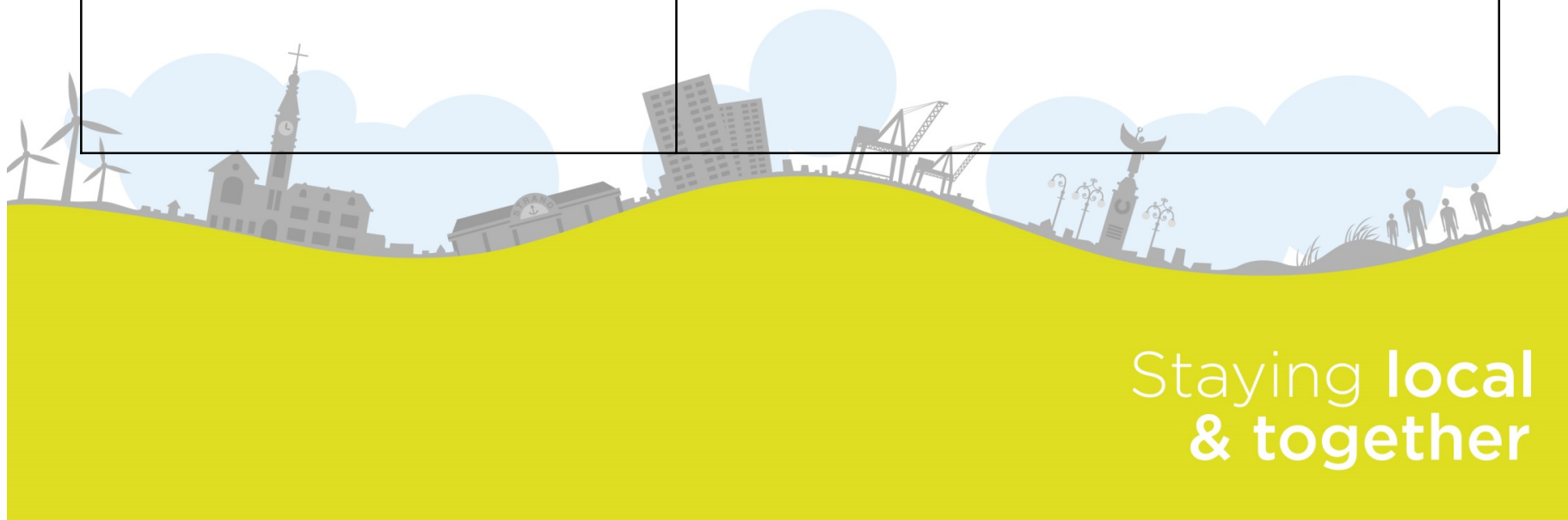
- The status of the sub-RAGs
- The monitored indicators are being met and benefits being realised
- The severity and potential impact of Red sub-RAGs.

It is also possible that a Blueprint could be RED rated overall, regardless of sub-RAGs, if, in the opinion of the SMO, there are issues that need to be raised at Programme Board. For example, an interdependency having a negative impact, issues occurring that are expected to have a major impact on future performance, or continued lack of visibility or assurable evidence.

Sub RAG	RED	AMBER	GREEN	Potential Override examples
Benefit Realisation Plan	Benefits and Outcomes are not defined and baseline data/target values are missing.	Benefits and Outcome are identified, but are missing baseline data / target values.	Benefits and Outcome are identified and have baseline data / target values to be monitored	
Risk Management	Risk Register missing AND / OR: Risk Register not updated for over 1 month (frequency would depend on the nature of the risk and its impact) AND / OR: Risk Register incomplete (e.g. missing mitigating actions) or overall risks remain red and imminent.	Risk Register requires update <1 month) AND / OR: Risks have become an issue since the last update.	All risks recently reviewed AND: All new risks have mitigating actions AND: All issues are updated AND: No risks have become issues since last update.	Risk Management rating will also depend on the severity of the risks being managed. In the event of high impact risks becoming an issue, the rating may move to RED, whilst one low impact risk becoming an issue would result in risk rating moving to AMBER.
Benefits Realised (financial) and Quality	Financial benefits are not on track AND / OR: Financial benefit data not recorded in workbook for last 2 available dates. AND / OR: Financial benefits are close to forecast, but without a plan to get back on track.	Financial benefits are close to forecast, with a plan to get back on track / reasonable expectations for recovery (e.g. a delay to an expected payment being made) AND / OR: Workbook not updated with latest available financial data.	Financial benefits on track with forecasts / predictions / expectations, according to validated data.	Where there is reason to believe that financial benefits may come off track, either via evidence from current or another Blueprint, the RAG may be downgraded (e.g. a QIPP delivery if a major Blueprint is cancelled.)

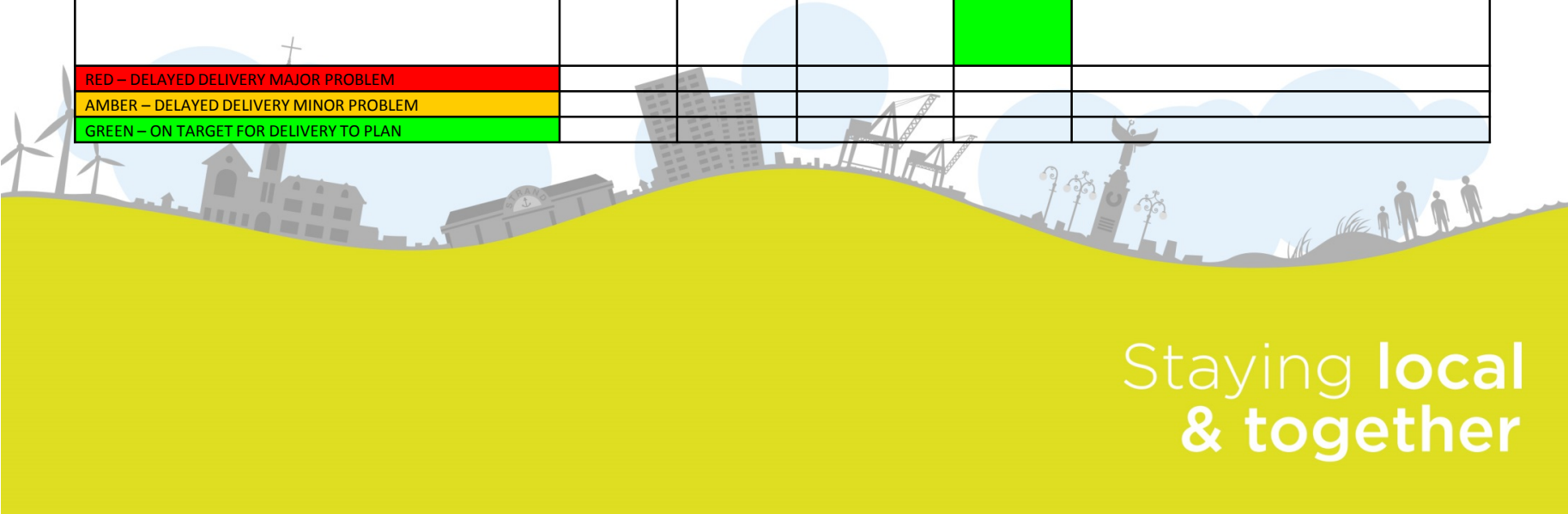


Blueprint Update Report	
Blueprint:	
Date: January 2016	Clinical Lead: Blueprint lead :
Overall Status and Update	
Activities Completed	Activities Planned for next period



Staying local
& together

PROJECT/ACTIVITY	START DATE	END DATE	PROJECT LEAD	STATUS (RAG)	COMMENTS
RED – DELAYED DELIVERY MAJOR PROBLEM					
AMBER – DELAYED DELIVERY MINOR PROBLEM					
GREEN – ON TARGET FOR DELIVERY TO PLAN					



ID	Principle Risk	Risk Owner	Identified controls in place	<u>L</u>	<u>C</u>	Progress against plan



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REPORT TO THE GOVERNING BODY NOVEMBER 2015							
Agenda Item: 15/2011	Author of the Paper: Karl McCluskey Chief Strategy & Outcomes Officer Email: karl.mccluskey@southseftonccg.nhs.uk						
Report date: November 2015							
Title: South Sefton Clinical Commissioning Group Integrated Performance Report							
Summary/Key Issues: This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group (note time periods of data are different for each source)							
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Recommendation</td> <td style="width: 30%; text-align: right;">Receive <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: right;">Approve <input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: right;">Ratify <input type="checkbox"/></td> </tr> </table> <p>The Governing Body are asked to receive this report.</p>		Recommendation	Receive <input checked="" type="checkbox"/>		Approve <input type="checkbox"/>		Ratify <input type="checkbox"/>
Recommendation	Receive <input checked="" type="checkbox"/>						
	Approve <input type="checkbox"/>						
	Ratify <input type="checkbox"/>						

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To place clinical leadership at the heart of localities to drive transformational change.
	To develop the integration agenda across health and social care.
	To consolidate the Estates Plan and develop one new project for March 2016.
	To publish plans for community services and commission for March 2016.
	To commission new care pathways for mental health.
	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.

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

South Sefton Clinical Commissioning Group Integrated Performance Report

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1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 6 (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators	Footprint	RAG
A&E 4 Hour Waits	CCG	Green
Ambulance Category A Calls (Red 1)	CCG	Green
Cancer 2 Week GP Referral	CCG	Green
RTT 18 Week Incomplete Pathway	CCG	Green
Other Key Targets		
A&E 4 Hour Waits	AUHT	Yellow
Ambulance Category A Calls (Red 1)	NWAS	Green
Ambulance Category A Calls (Red 2)	CCG	Yellow
Ambulance Category 19 transportation	NWAS	Green
Cancer 31 Day Subsequent - Drug	CCG	Green
Cancer 62 Day Consultant Upgrade	CCG	Green
Cancer 62 Day Consultant Upgrade	AUHT	Green
Cancer 62 Day Screening	AUHT	Green
Diagnostic Test Waiting Time	AUHT	Green
Emergency Admissions Composite Indicator	CCG	Red
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)	CCG	Red
Emergency Admissions for acute conditions that should not usually require a hospital admission	CCG	Red
HCAI - C.Diff	CCG	Green
HCAI - C.Diff	AUHT	Red
HCAI - MRSA	CCG	Red
IAPT Access - Roll Out	CCG	Red
IAPT - Recovery Rate	CCG	Red
Mixed Sex Accommodation	CCG	Red
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)	CCG	Red
PROM: Elective procedures: Groin Hernia	CCG	Green
PROM: Elective procedures: Hip Replacement	CCG	Red
PROM: Elective procedures: Knee Replacement	CCG	Red
PYLL Person (Annual Update)	CCG	Red
RTT 18 Week Admitted Pathway	CCG	Green
Stoke 90% time on stroke unit	CCG	Green
Stoke 90% time on stroke unit	AUHT	Red
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	CCG	Red
Unplanned hospitalisation for chronic ambulatory care	CCG	Red
Local Measure: Access to services BME	CCG	Green

Key information from this report

Financial Performance - The financial position is £0.011m underspent at Month 7 on operational budget areas before the application of reserves or contingency. The year end forecast outturn on operational budget areas is £0.353m overspent. The overall forecast for the CCG is a surplus of £2.400m against a planned surplus of £2.400m after the application of reserves. In addition to operational budgets, the CCG holds reserve budgets to deliver the planned surplus of £2.400m and a requirement to achieve the QIPP target of £3.441m.

Referrals – GP Referrals have been increasing since March 2015. Analysis by specialty and provider reveals that ENT at Aintree receives the most GP Referrals and has seen an increase since the middle of 2014/15. Gastroenterology referrals also continue to increase

A&E waits – The CCG met the 95% target for September with a performance of 97.29% year to date (in month achieving 94.88%). Aintree failed the target in September recording 92.59%, and are also failing year to date reaching 94.7%. In September 898 out of 12125 attendances were not admitted, transferred or discharged within 4 hours.

Ambulance Activity - The CCG and NWAS are achieving all 3 ambulance targets year to date apart from Cat A (Red 2) where the CCG failed to achieve the 75% target year to date, achieving 74.8% and in month (Sept) recording 71.0%. The delivery and sustainability of emergency ambulance performance remains a key priority for commissioners. Performance continues to be closely monitored with the support of lead commissioner Blackpool CCG and through monthly contract and Strategic Partnership Board meetings with the NWAS executive team and commissioning leads. Locally the Mersey CCGs continue to meet with NWAS monthly to review performance at county and CCG level.

Cancer Indicators – The CCG achieved all the cancer indicators year to date as at August 2015, along with Aintree who also achieved all indicators.

Emergency Admissions Composite Measure – For September the CCG is over the monthly plan and had 220 more admissions than the same period last year. The monthly plans for 2015-16 been split using last years seasonal performance. Pathway changes at Aintree resulting in higher activity levels, may not have been reflected in the planned targets due to when the changes were implemented compared to when the targets were set. The CCG will look to revise these targets.

HCAI – C.Difficile - Aintree have reported 8 new cases in September. Year to date there have been 25 cases against a plan of 23. Year-end plan is 46.

HCAI – MRSA - No new cases have been reported in September of MRSA for South Sefton CCG (According to the National Database). However, following local Post Infection Review (PIR) the case originally attributed to Aintree has now been attributed to the CCG, taking the CCG over trajectory.

IAPT Access – Roll Out – The CCG are under plan for Q2 for IAPT Roll Out and reached 2.48% which shows an improvement on Q1 (2.07%) plan 3.75%. This equates to 602 patients having entered into treatment out of a population of 24298 (Psychiatric Morbidity Survey). The CCG are also under plan for September 0.96% with 232 patients having entered into treatment. There had been a steady increase since April, (April 0.59%, May 0.65%, June 0.83%, July 0.84%, August 0.68%).

IAPT - Recovery Rate – The CCG are under the 50% plan for recovery rate in Q2 reaching 48.5%. This equated to 180 patients who moved to recovery out of 371 who completed treatment.

September data shows the CCG are under plan for recovery rate reaching 48.15%. This equates to 65 patients who have moved to recovery out of 135 who have completed treatment.

MSA - In September the CCG reported 0.20 breaches per 1000 FCE, which was 1 breach, this is above the target and as such are reporting red for this indicator the first time in 2015-16.

Patient experience of primary care - The CCG reported the proportion of negative responses at 7.63% which is above the 6% target. This is a very slight improvement from the last survey which reported 7.89%. Detailed data has been shared with primary care, quality and communications colleagues for discussion and actions at the appropriate committees.

Patient Safety Incidents Reported – Aintree reported 5 new Serious Untoward Incidents in September, year to date are reporting 16 in total.

Patient reported outcomes measures (PROMS) for elective procedures:

Groin hernia – Provisional data (Apr 14 – Mar 15) shows South Sefton CCG reported 0.080 for average health gain following a groin hernia operation which is higher than the previous year which was 0.068 for 2012-13, England average being 0.085. This indicator is flagged as amber.

Hip replacement - Provisional data (Apr 14 – Mar 15) shows South Sefton CCG reported 0.403 for average health gain following a hip operation which is lower than the previous year which was 0.430 for 2012-13, England average being 0.440. This indicator is flagged as red

Knee replacement - Provisional data (Apr 14 – Mar 15) shows the CCG reported 0.323 for knee replacement operation this is lower than the previous year which was 0.343 for 2012-13, but higher than the England average of 0.316. This indicator is flagged as amber.

PROMS have been selected as the Local Quality Premium measure for 2015/16. Discussions with clinicians have centred around a proposal to use Shared Decision Aids with patients for a number of surgical areas. This is awaiting approval and is thought to aid improvement in PROMS by ensuring the most appropriate patients are treated with surgery and are fully involved in the decision making process.

Stroke - Aintree have failed to achieve the target in September hitting 73.1%. The number of patients discharged from the Trust with a diagnosis of stroke reduced to 26 (-5) during September 2015 of whom 19 spent at least 90% of their time on the stroke unit. Of the 7 patients who failed to spend 90% of their time on the Stroke Unit, 4 (58%) could not be admitted to the appropriate bed due to outlying patients and 2 were atypical presentations who were diagnosed later during their spell. 1 patient was transferred directly to the stroke ward from AED, 6 hours after presentation.

Friends and Family Test - Aintree University Hospital NHS Foundation Trust achieved the response rate target in both inpatients and A&E in September, after falling just under the target in August.

Local Measure – Access to Community Mental Health Services by BME - The baseline data (2013-14) for the CCG shows access to community mental health services by people from BME groups is 2309.0 which is higher than the England rate per 100,000 (England rate being 2035.9) but lower than the plan. This is also an improvement on the previous year when the CCG rate was 1824.4.

2. Financial Position

2.1 Summary

This section of the report focuses on the financial performance for South Sefton CCG as at 31 October 2015 (Month 7). The financial position is £0.011m underspent at Month 7 on operational budget areas before the application of reserves or contingency. The year end forecast outturn on operational budget areas is £0.353m overspent.

The overall forecast for the CCG is a surplus of £2.400m against a planned surplus of £2.400m after the application of reserves.

In addition to operational budgets, the CCG holds reserve budgets to deliver the planned surplus of £2.400m and a requirement to achieve the QIPP target of £3.441m. Plans to achieve the CCG's QIPP requirement have not yet been fully identified which increases the risk of the CCG's ability to continue to deliver the planned surplus in the longer term.

Figure 1 – Financial Dashboard

Key Performance Indicator		This Month	Prior Month
Business Rule (Forecast Outturn)	1% Surplus	✓	✓
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit) *	£2.400m	£2.400m
QIPP	Unmet QIPP to be identified > 0	£2.385	£2.385
Running Costs (Forecast Outturn)	CCG running costs < National 2015/16 target of £22.07 per head	✓	✓

**Note this now reflects the overall surplus net of any reserves adjustments*

2.2 Resource Allocation

The resource allocation has increased by £0.758m in Month 7 in respect of the following amendments:

- Transfer of commissioning responsibility from Specialised Commissioning to South Sefton CCG:
 - Tier 3 Neurology (£0.550m)
 - Tier 3 Specialist Wheelchairs (£0.152m)
- Sefton Flu campaign (£0.015m)
- Liaison Psychiatry (£0.041m)

2.3 Position to date

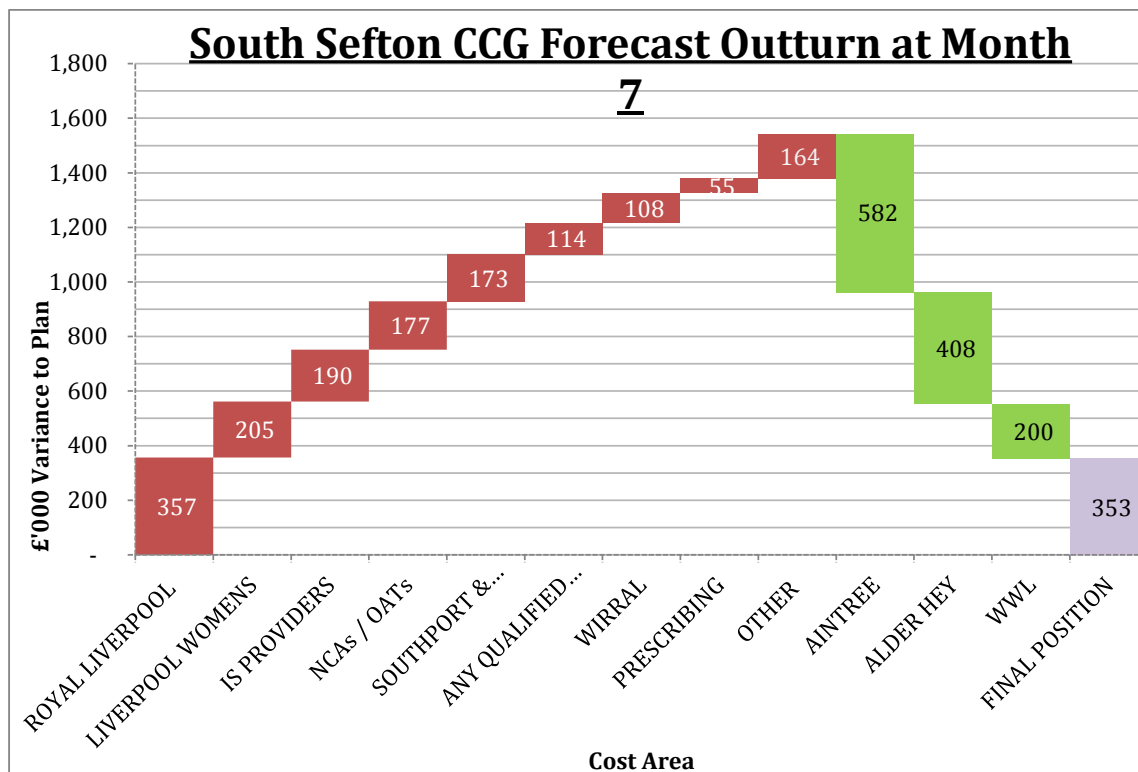
There are forecast overspends with Acute and Independent sector providers, particularly Ramsay Healthcare and Spire Healthcare, and also on Non-Contract / Out of Area Activity (NCAs/OATs).

10

The overspend is partly supported by underspends with Aintree, Alder Hey and Wrightington Wigan and Leigh (WWL) Hospitals due to underperformance against contract.

Whilst the financial activity period relates to the end of October, the CCG has based its reported position on information received from Acute Trusts to the end of September 2015.

Figure 2 – Forecast Outturn



Acute commissioning

Royal Liverpool Hospital Foundation Trust

The forecast overspend for Royal Liverpool Hospital is £0.357m. Overspending areas include planned care, trauma and orthopaedics, anti-TNF drugs and ARMD.

Liverpool Women’s Hospital Foundation Trust

The forecast overspend at Liverpool Women’s Hospital is £0.205m overspent. The year to date overspend relates to deliveries, HDU and reproductive medicine. Additional funding is held in CCG reserves to accommodate the increase in reproductive medicine following the change in access criteria.

Southport and Ormskirk NHS Trust

The forecast overspend for Southport and Ormskirk is £0.173m and relates to over performance within a range of areas:

- Maternity pathway payments and deliveries (£0.072m variance at month 6)
- Outpatient attendances (£0.072m variance at month 6)
- Planned inpatient care (£0.056m at month 6)

These overspends are partially offset by underspends in emergency care of £0.080m at month 6.

Aintree University Hospital Foundation Trust

The year to date underspend reported for Aintree is £0.339m and the year-end forecast is £0.582m underspent. This is based on the Month 6 performance information received from the Trust. The main underspends are in the area of emergency care, with unplanned admissions being £0.691m (5%) lower than plan at the end of September. This is offset in part by an increase in outpatient activity (£0.319m above plan at the end of September or 4%) and high cost drugs (£0.228m above plan at the end of September or 17%).

Analysis of the emergency care data shows a significant fall in respiratory activity (£0.255m) which may be as a result of the respiratory QIPP scheme, further analysis into this is being done and will be fed back in due course.

The other significant reason for the reduction in NEL activity is the impact of a new Ambulatory Emergency Care (AEC) pathway that the Trust implemented in July 2015. The result of this is that less patients are being admitted, and costs therefore have reduced. All activity as a result is paid in line with national tariff and this is consistent with other providers in the region. Aintree Hospitals have subsequently written to the Commissioners to request a block contract at planned levels this activity for 2015/16 which was considered by the Collaborative Commissioning Forum (CCF) in the November meeting. The CCF has replied to confirm that the contract will continue on a cost and volume basis for 2015/16 as no evidence has been provided to justify paying a premium to the national tariff.

The graphs below show the activity trends for inpatient care at the Trust. Although day case activity is higher than expected, the total planned inpatient care is consistent with the budget. As outlined above, expenditure on non-elective admissions has reduced from the activity seen over the winter period.

Figure 3 – Daycase Activity

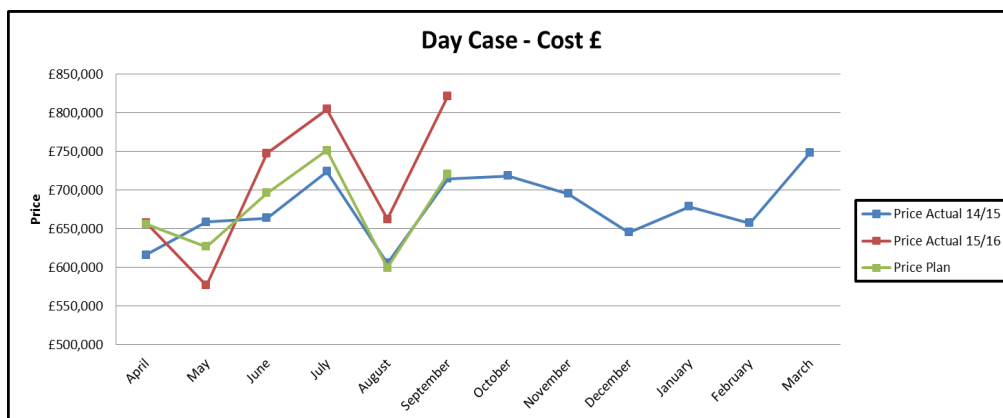


Figure 4 – Non Elective Activity

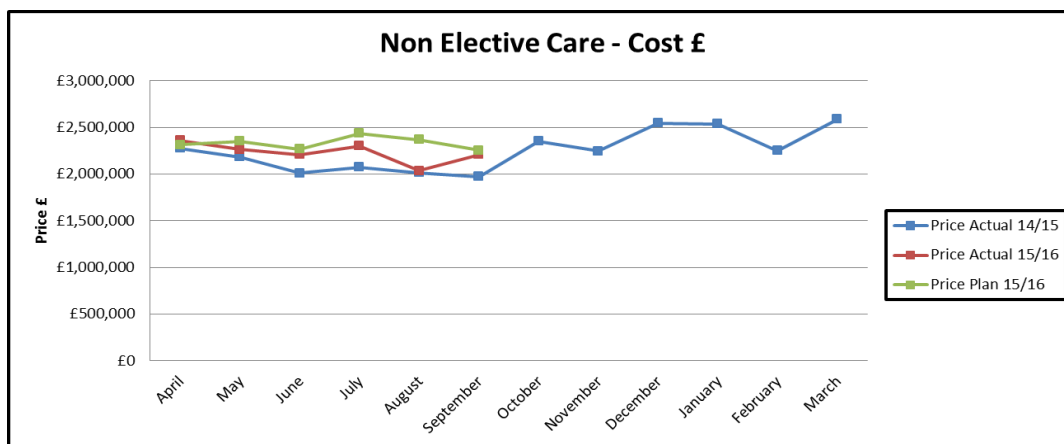
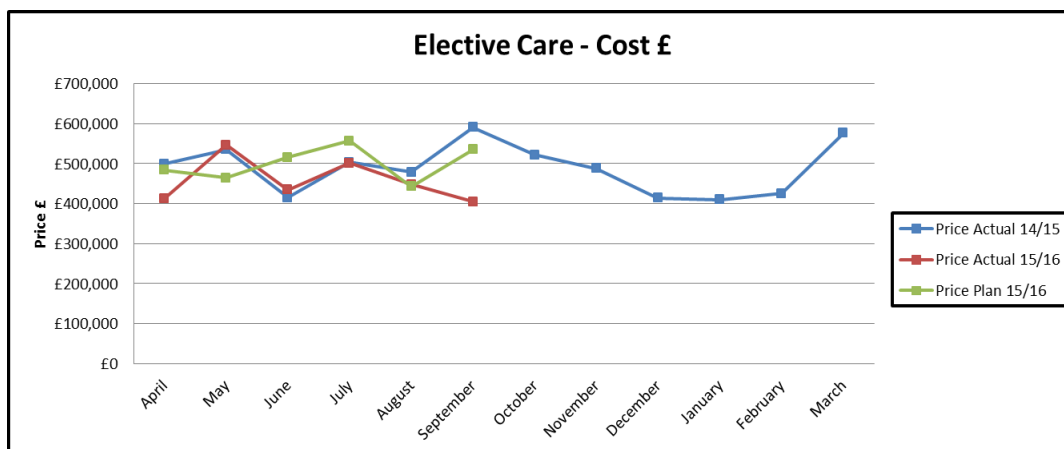


Figure 5 – Elective Activity



Alder Hey NHS Children’s Foundation Trust

The year to date performance data received from Alder Hey shows an underperformance against plan across a number of specialties: paediatric ophthalmology, audiological medicine, trauma and orthopaedics and rheumatology. Activity has been consistently under plan in the first five months of the year, but month 6 has shown a slight increase. The relocation to the new build happened in October and therefore any financial impact from this will not be known until Month 8. The current forecast for Alder Hey is an underspend of £0.408m.

Independent Sector

The forecast overspend for independent sector providers is £0.190m for the financial year. The majority of this expenditure relates to orthopaedic activity with Spire Healthcare. A detailed review of the existing Trauma and Orthopaedic pathway is being undertaken across both CCGs, results of which will be fed back to the CCG in January 2016. There are also additional costs at Spa Medical for ophthalmology treatments.

NCAs/OATs

The budget for non-contract activity (NCA) and Out of Area Treatments (OAT) is overspent in Month 7 by £0.103m. The forecast overspend is £0.177m. The overspend relates to three high value invoices with other providers (Guys & St Thomas, The Walton Centre and York FD Trust).

Prescribing

The prescribing budget is overspent by £0.032m at Month 7, the year end forecast has reduced to £0.055m due to a revised forecast received from the PPA. Costs remain volatile, partly due to the introduction of a new electronic payment mechanism in place at community pharmacies.

Continuing Health Care and Funded Nursing Care

The current forecast for this budget is breakeven. The forecast reflects the current number of patients, average package costs and an estimate for growth until the end of the financial year. There has been a sustained effort from the CCG and the CSU to contain CHC costs at 14/15 levels through robust case management and reviews.

As a result of this work, a recurrent efficiency of £0.200m has been achieved and transferred to support the QIPP savings target. The forecasted underspend is taken following this budget reduction.

A similar review commenced in November for Funded Nursing Care (FNC) packages and initial findings have been positive.

2.4 QIPP

The QIPP savings target for South Sefton CCG is £3.441m for 2015/16. QIPP schemes delivered in the first quarter of the year are listed below. Delivery of these schemes has reduced the QIPP requirement to £2.385m.

- Reduction in the Cheshire and Merseyside rehab beds contract (£0.200m)
- Reduction in the costs paid for medical support at Jospice (£0.064m);
- Contract reductions with a number of providers (£0.114m)
- Reduction in the CHC budget (£0.200m)
- Acute Growth Budget (£0.478m)

The CCG established a 1% Transformation Fund in the budgets. This was set up to fund transformational initiatives that would result in more efficient delivery of healthcare and improvements to quality.

The fund is expected to underspend in 2015/16 by £1.094m due to the time taken to devise, review and implement schemes. However, the total fund on a full year basis is over-subscribed, and one of the roles of the QIPP Committee is to prioritise these schemes.

In addition to the transformational initiatives, a number of other cost reduction schemes are also being implemented.

2.5 CCG Running Costs

The CCG is currently operating within its running cost target of £3.296m. The target has been reduced in 2015/16 to £22.07 per head (from £24.81 per head in 2014/15). Plans agreed by the Governing Body to meet this target have been implemented and the relevant budgets reduced.

The Lead Provider Framework (LPF) tender process is now complete for services outsourced with the North West Commissioning Support Unit, Midlands and Lancashire Commissioning Support Unit has been selected as the preferred commissioning support provider and are now entering final

discussions to enable contract award. Some services have transferred in house to the CCG and others will be transferred to Midlands and Lancashire CSU.

The current year forecast for the running costs budgets is an underspend of £0.067m mainly due to vacant posts.

2.6 Evaluation of Risks and Opportunities

The CCG's primary risk is non-achievement of the QIPP requirement. £2.385m of recurrent savings must be realised in 2015/16 in order to achieve financial stability in the next financial year. In addition, there are a number of other risks that require monitoring and managing:

- Acute cost per case contracts – The CCG has experienced significant growth in acute care in previous years and is now also seeing significant growth in the independent sector. Although historic growth has been factored into plans, there is a risk that activity will grow beyond budgeted levels.
- Continuing Healthcare Costs / Funded Nursing care – this is a volatile area of spend due to the nature of individual high cost packages of care which are difficult to forecast. In addition to this there is an overall pressure in the sector as a result of the increases to the living wage from 16/17. This is likely to materialise through the NW framework procurement exercise currently being undertaken with all care home providers.
- Estates – The methodology for charging estates costs has changed in 2015/16. Previously, the costs had been based on historic charges. In 2015/16, the organisation that administers the LIFT buildings (Community Health Partnerships – CHP) will be charging based on actual usage. The implementation of this change has been delayed to quarter 3. The CCG has set aside reserves to cover estates costs, and proposed charges have now been received from CHP. These are currently under review with CHP, particularly where proposed charges have risen unexpectedly. The data shows an increase in costs for the CCG and these have been queried with CHP. The charges are yet to be finalised as work with CHP is ongoing.
- Prescribing / Drugs costs - This is a volatile area of spend, and is also subject to potential pricing changes partway through the year. To date, three months' worth of data has been received and this shows an overspend against budget. The risk has also increased following implementation of a new electronic prescribing system leading to a change to the process for pharmacies to submit their prescribing scripts. This may result in time delays and unreliable year to date costs.

Figure 6 – Reserves Analysis

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	2.400		2.400
Unidentified QIPP	(3.441)		(3.441)
Revised surplus / (deficit)	(1.041)		(1.041)
Forecast (against operational budgets)	(0.253)	(0.100)	(0.353)
Contingency reserves	1.187		1.187
Transformation Fund slippage		1.094	1.094
Reserves	0.058	0.399	0.457
QIPP:			
CM Rehab	0.200		0.200
Jospice	0.064		0.064
Contract Adjustments	0.050		0.050
Budget adjustments	0.064		0.064
Acute Growth restraint	0.478		0.478
CHC	0.200		0.200
Forecast surplus / (deficit)	1.007	1.393	2.400
Risks	(0.600)		(0.600)
Mitigations		0.600	0.600
Risk adjusted forecast surplus / (deficit)	0.407	1.993	2.400

Risk	Total	Green	Amber	Red
Acute Overspends	0.300	0.000	0.300	0.000
Continuing Healthcare	0.150	0.000	0.150	0.000
Prescribing	0.150	0.000	0.150	0.000
Total	0.600	0.000	0.600	0.000

Mitigation	Total	Green	Amber	Red
Reserves	0.600	0.600	0.000	0.000
Total	0.600	0.600	0.000	0.000

The CCG remains on target to achieve the forecast surplus of £2.400m. However, the risks identified will require close management through the year. The CCG is also required to achieve more cost reduction than it currently has in order to achieve a recurrent surplus. Failure to do so will place financial pressure on the CCG in future years.

3. Referrals

3.1 Referrals by source

Figure 7 - GP and 'other' referrals for the CCG across all providers for 2015/16

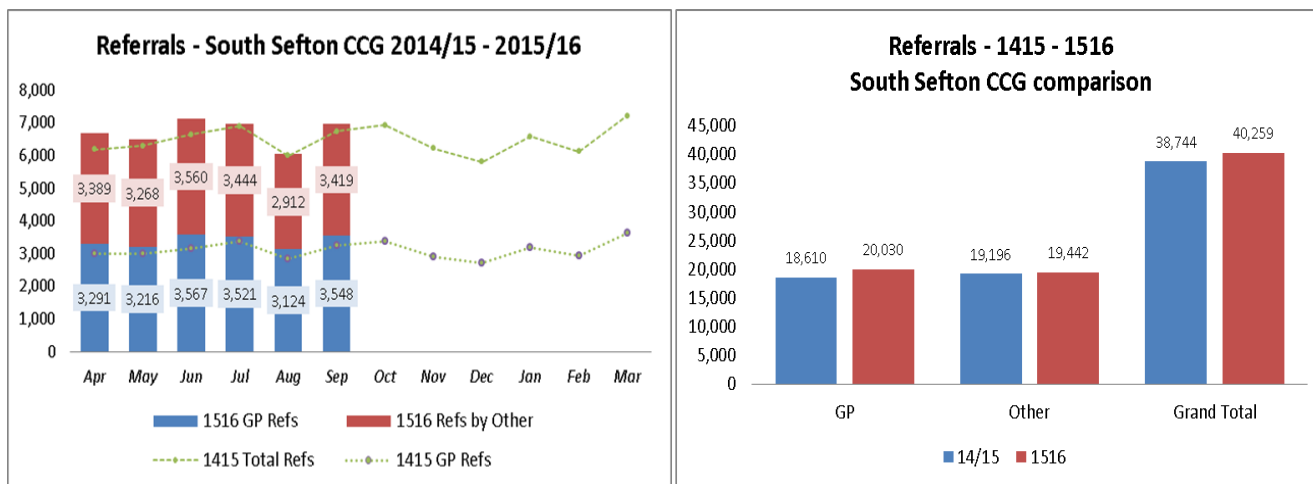


Figure 8 - GP and 'other' referrals for the CCG across all providers comparing 2014/15 and 2015/16 by month

Referral Type	DD Code	Description	1415 Q1	1415 Q2	1415 Q3	1415 Q4	1516 Q1	1516 Q2	1314 YTD	1415 YTD	1516 YTD	% Variance 1415 - 1516	1314-1516 Trendline
GP	03	GP Ref	9,130	9,480	8,953	9,773	10,074	10,193	17,475	18,610	20,267	9%	
GP Total			9,130	9,480	8,953	9,773	10,074	10,193	17,475	18,610	20,267	9%	
Other	01	following an emergency admission	517	534	473	511	527	508	1,066	1,051	1,035	-2%	
	02	following a Domiciliary Consultation	2	5	8	7	5	2	13	7	7	0%	
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	832	780	727	762	1,385	1,206	1,899	1,612	2,591	61%	
	05	A CONSULTANT, other than in an Accident and Emergency Department	3,788	3,829	3,919	4,077	3,932	3,829	7,245	7,617	7,761	2%	
	06	self-referral	731	786	811	889	861	890	1,499	1,517	1,751	15%	
	07	A Prosthetist	3	4	4	7	6	2	17	7	8	14%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	775	738	723	676	291	270	1,220	1,513	561	-63%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	631	788	738	674	590	714	1,122	1,419	1,304	-8%	
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	7	16	24	23	17	20	30	23	37	61%	
	13	A Specialist NURSE (Secondary Care)	21	18	21	22	18	31	56	39	49	26%	
	14	An Allied Health Professional	311	272	233	204	280	351	438	583	631	8%	
	15	An OPTOMETRIST	28	25	23	19	26	28	42	53	54	2%	
	16	An Orthoptist	0	0	0	0	2	0	0	0	2	0%	
	17	A National Screening Programme	8	21	7	6	6	17	42	29	23	-21%	
	92	A GENERAL DENTAL PRACTITIONER	602	538	536	524	539	502	1,157	1,140	1,041	-9%	
	93	A Community Dental Service	8	8	12	5	5	0	15	16	5	-69%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,271	1,299	1,263	1,219	1,269	1,313	2,917	2,570	2,582	0%		
Other Total			9,535	9,661	9,522	9,625	9,759	9,683	18,778	19,196	19,442	1%	
Unknown			446	492	471	515	458	92	800	938	550	-41%	
Grand Total			19,111	19,633	18,946	19,913	20,291	19,968	37,053	38,744	40,259	4%	

GP Referrals have been increasing since March 2015. Analysis by specialty and provider reveals that ENT at Aintree receives the most GP Referrals and has seen an increase since the middle of 2014/15. Gastroenterology referrals also continue to increase. General Medicine is showing a dramatic increase for 1516. These are the GP Hotline referrals which we have notified Aintree that the CCG will not be funding.

Figure 9 - GP Referrals per month April 2013 – September 2015

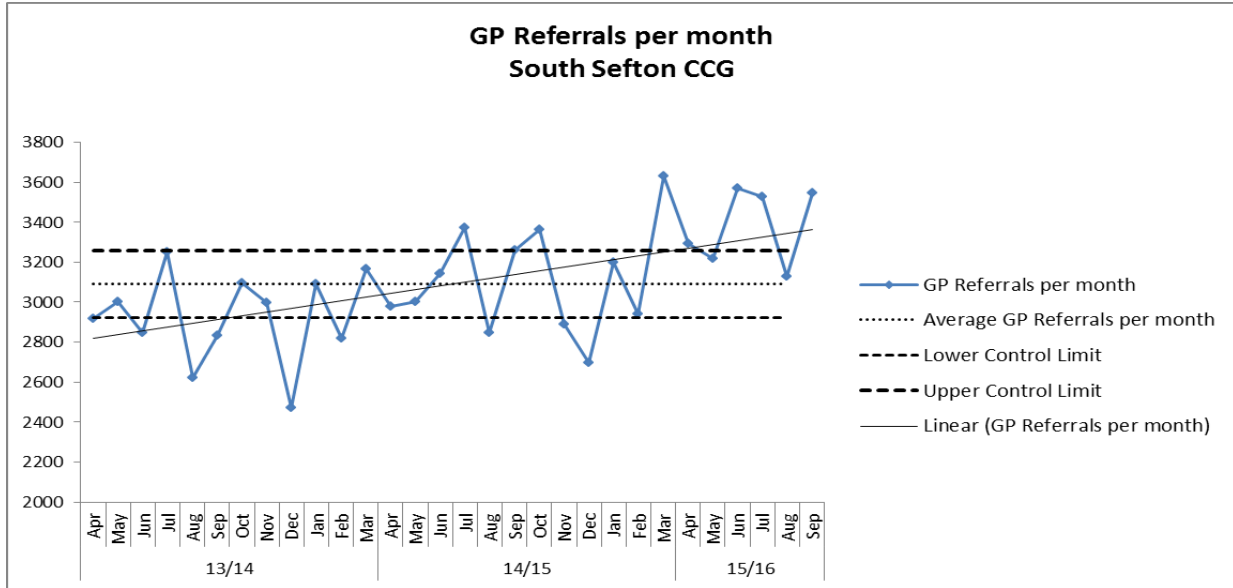
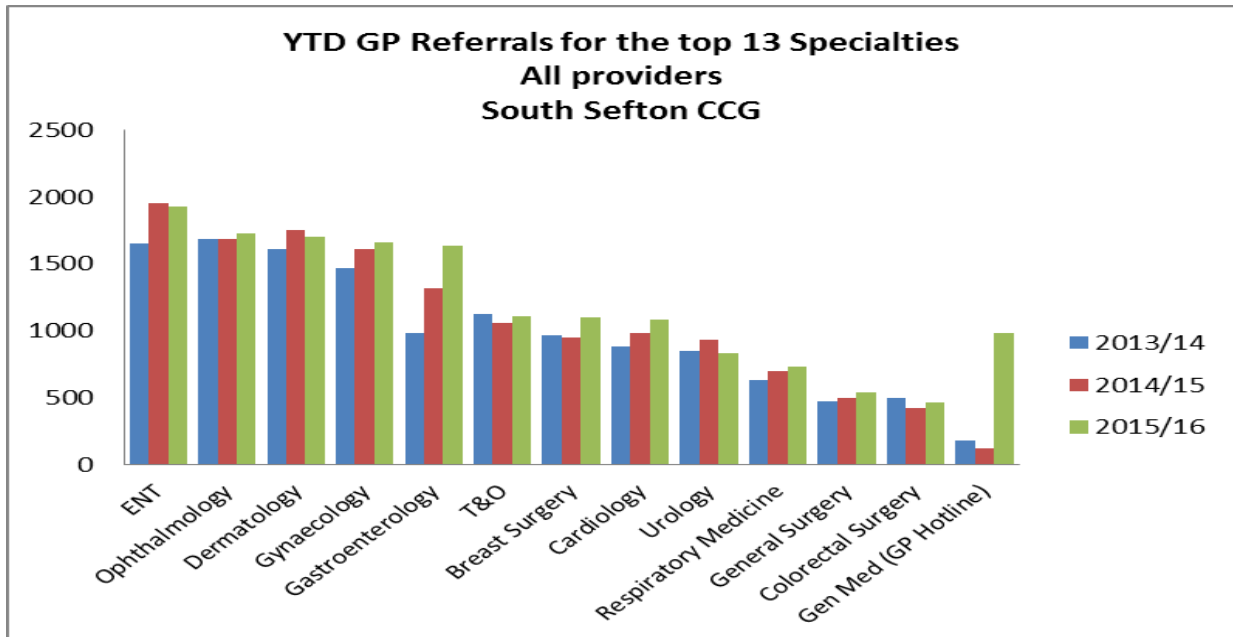


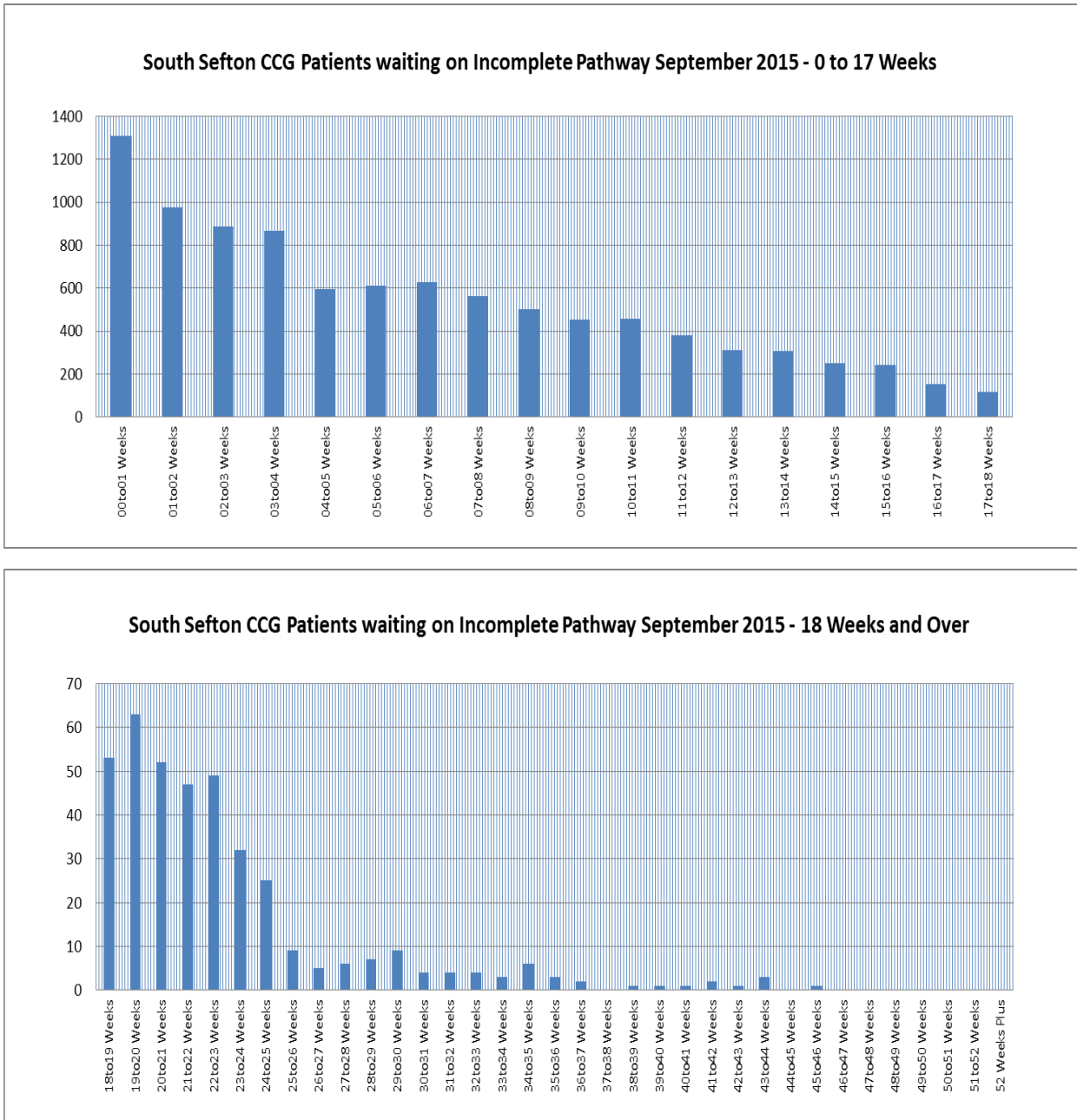
Figure 10 – Top 13 Specialties with GP Referrals. 1314, 1415 and 1516 YTD Total



4. Waiting Times

4.1 NHS South Sefton CCG patients waiting

Figure 11 Patients waiting on an incomplete pathway at the end of September 2015 by weeks waiting.



There were 393 patients (3.9%) waiting over 18 weeks on Incomplete Pathways at the end of September 2015, an increase of 30 patients (8.3%) from Month 5 (15/16). There were no patients waiting over 52 weeks in any month of 2015/16 to date.

4.2 Top 5 Providers

Figure 12 Patients waiting (in bands) on incomplete pathway for the top 5 Providers

Trust	0to10 wks	10to18 wks	Total 0to17 Weeks	18to24 wks	24to30 wks	30+ wks	Total 18+ Weeks	Total Incomplete
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	4911	1256	6167	146	23	7	176	6343
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	755	308	1063	62	13	8	83	1146
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	462	150	612	28	8	0	36	648
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	482	126	608	22	8	7	37	645
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	324	231	555	32	7	7	46	601
Other Providers	464	154	618	6	2	7	15	633
Total All Providers	7398	2225	9623	296	61	36	393	10016

4.3 Provider assurance for long waiters

Figure 13 Patients waiting 40+ weeks by speciality and provider and reasons for delay

Trust	Speciality	No of weeks waited	Has patient been seen / has a TCI date?	Reason for the delay
Alder Hey	Other	42-43		
Countess of Chester	ENT	43-44	Treatment started in Outpatients 5 th October	
Royal Liverpool	Trauma & Orthopaedics	40-41	Validated - No longer long waiter	
Royal Liverpool	Other	45-46	Awaiting response from Directorate	
Southport and Ormskirk	Dermatology	41-42		Clock stopped
Southport and Ormskirk	Dermatology	43-44		Clock stopped
Southport and Ormskirk	Dermatology	43-44		Clock stopped
Southport and Ormskirk	Trauma & Orthopaedics	41-42		Clock stopped

5. Planned Care

5.1 All Providers

Performance at Month 6 2015/16, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of circa £219k. This over-performance is driven by increases at Aintree Hospital (£358k), Southport & Ormskirk Hospital (£154k) and Renacres (£85k). Overspends are offset at Royal Liverpool (-£194k) and Alder Hey (-£111k).

ARMD is a growing area. Benchmarking has revealed a variance in the prices charged by providers under local tariff arrangements. A review is being undertaken across the region to standardise treatment pathways and prices. This will be completed in Spring 2016.

Figure 14 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	170,685	86,604	88,760	2,156	2%	£31,071	£15,765	£16,123	£358	2%
Alder Hey Childrens NHS F/T	14,711	7,091	5,441	-1,650	-23%	£2,353	£1,138	£1,027	-£111	-10%
Countess of Chester Hospital NHS FT	0	0	84	84	0%	£0	£0	£8	£8	0%
Liverpool Heart and Chest NHS F/T	1,273	649	503	-146	-23%	£578	£295	£199	-£96	-33%
Liverpool Womens Hospital NHS F/T	15,539	7,797	7,992	195	3%	£3,282	£1,642	£1,672	£30	2%
Royal Liverpool & Broadgreen Hospitals	29,929	15,268	14,067	-1,201	-8%	£5,827	£2,973	£2,778	-£194	-7%
Southport & Ormskirk Hospital	13,390	6,858	7,476	618	9%	£2,761	£1,410	£1,563	£154	11%
ST Helens & Knowsley Hospitals	4,070	2,026	2,091	65	3%	£1,014	£503	£537	£34	7%
Wirral University Hospital NHS F/T	462	229	197	-32	-14%	£123	£61	£44	-£17	-28%
Central Manchester University Hosp Nhs FT	86	43	73	30	70%	£22	£11	£18	£7	62%
Fairfield Hospital	95	45	56	11	25%	£20	£9	£9	£0	-4%
ISIGHT (SOUTHPORT)	262	131	189	58	44%	£65	£33	£44	£11	34%
Renacres Hospital	3,897	1,960	2,654	694	35%	£1,257	£641	£726	£85	13%
SPIRE LIVERPOOL HOSPITAL	3,334	1,667	1,513	-154	-9%	£999	£499	£444	-£55	-11%
University Hosp South Manchester Nhs FT	108	54	55	1	1%	£16	£8	£8	-£1	-7%
Wrightington, Wigan And Leigh Nhs FT	846	423	508	85	20%	£305	£152	£160	£7	5%
Grand Total	258,688	130,845	131,659	814	1%	£49,692	£25,140	£25,359	£219	1%

5.2 Aintree University Hospital NHS Foundation Trust

Figure 15 Month 6 Planned Care- Aintree University Hospital 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	12,615	6,346	6,694	348	5%	£7,916	£3,982	£4,283	£301	8%
Elective	2,171	1,114	1,031	-83	-7%	£5,849	£3,002	£2,775	£-227	-8%
Elective Excess BedDays	1,134	582	463	-119	-20%	£252	£129	£101	£-28	-22%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	633	322	235	-87	-27%	£113	£58	£42	£-16	-28%
OPFANFTF - Outpatient first attendance non face to face	716	364	316	-48	-13%	£28	£14	£13	£-1	-9%
OPFASPL - Outpatient first attendance single professional consultant led	31,994	16,266	16,780	514	3%	£4,593	£2,335	£2,483	£147	6%
OPFUPMPL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,577	802	753	-49	-6%	£172	£88	£80	£-7	-8%
OPFUPNFTF - Outpatient follow up non face to face	1,251	636	1,572	936	147%	£30	£15	£38	£23	148%
OPFUPSPL - Outpatient follow up single professional consultant led	83,804	42,607	42,399	-208	0%	£6,558	£3,334	£3,350	£15	0%
Outpatient Procedure	20,122	10,230	10,794	564	6%	£3,254	£1,654	£1,750	£96	6%
Unbundled Diagnostics	13,104	6,552	6,949	397	6%	£1,147	£574	£624	£51	9%
Wet AMD	1,566	783	774	-9	-1%	£1,157	£578	£584	£5	1%
Grand Total	170,685	86,604	88,760	2,156	2%	£31,071	£15,765	£16,123	£358	2%

5.2.1 Aintree University Hospital NHS Foundation Trust Key Issues

(Analysis in the table over excludes GP Hotline activity recorded under OPFANFTF. The Collaborative Commissioning Forum has confirmed to Aintree Hospital in a letter that this activity will not be paid for by CCGs)

Daycase over performance continues to rise to £300k/8 % (£172k/5% in M5) and this is again primarily driven by Gastroenterology's over performance of £227k. 30% of Gastro over performance is attributable to one particular HRG "FZ61Z - Diagnostic Endoscopic Procedures on the Upper GI Tract with biopsy 19 years and over"

Over performance for Outpatient First attendances is in single professional consultant led. £147k over performance for month 6 is driven by Geriatric Medicine (£60k/30% over performance), Clinical Haematology (£57k/67% over performance). Investigations are on-going as to whether the new OP Clinics, Clinic G, are causing the Haematology increase. Geriatric Medicine investigations are also on-going.

Outpatient Procedure over performance is attributable mainly to two Specialties – Cardiology £62k/54% and Interventional Radiology £44k/69%. The Interventional Radiology over performance is linked to HRG 'Unilateral Breast Procedures'. Further analysis of activity carried out under this HRG show that procedures involve fine needles and imaging-guided biopsy's, therefore attributable to Interventional Radiology, but also increased due to the transfer of Breast Surgery activity into Aintree and the Breast Surgery over performance in outpatient first attendances. Cardiology over performance is solely attributable to Echocardiograms and is currently £62k/55% over performing against plan.

5.3 Southport & Ormskirk Hospital

Figure 16 Month 6 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	1,030	525	492	-33	-6%	£702	£358	£393	£34	10%
Elective	194	98	111	13	13%	£583	£295	£323	£28	9%
Elective Excess BedDays	13	7	0	-7	-100%	£3	£2	£0	£-2	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	113	58	124	66	115%	£18	£9	£18	£9	97%
OPFANFTF - OP 1st Attendance non face to face	0	0	9	9	0%	£0	£0	£0	£0	0%
OPFASPCL - Outpatient first attendance single professional consultant led	2,611	1,338	1,218	-120	-9%	£366	£188	£177	£-10	-6%
OPFUPMPCCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	210	108	255	147	137%	£21	£11	£25	£14	125%
OPFUPNFTF - Outpatient follow up non face to face	0	0	34	34	0.00%	£0	£0	£1	£1	0%
OPFUPSPCL - Outpatient follow up single professional consultant led	5,260	2,695	2,829	134	4.96%	£456	£234	£248	£14	6%
Outpatient Procedure	3,070	1,573	1,977	404	25.69%	£545	£279	£344	£65	23%
Unbundled Diagnostics	889	456	427	-29	-6.30%	£66	£34	£35	£1	2%
Grand Total	13,390	6,858	7,476	618	9.02%	£2,761	£1,410	£1,563	£154	11%

5.3.1 Southport & Ormskirk Hospital Key Issues

Planned Care for month 6 is showing a £154k (11%) over performance. Daycase (£34k), Electives (£28k) and Outpatient Procedures (£65k) are the main cause of over spend.

Daycase over performance continues to be as a result of the increased activity in “Major Shoulder and Upper arm procedures”.

Outpatients Procedures is seeing increased activity in Trauma & Orthopaedics and Dermatology. HRG “HB56C Minor Hand or Foot Procedures” has shown an increase in activity since 1415. Procedures associated with the HRG are Joint injections for arthritis and “examination” of joint. “Investigative Procedures” in Dermatology has also shown a marked increase. Procedures associated with this HRG are generally Diagnostic dermatoscopy of skin. These two specialties make up almost all of Outpatient Procedure variance.

5.4 Renacres Hospital

Figure 17 Month 6 Planned Care- Renacres Hospital by POD

Renacres 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	496	255	267	12	4.79%	£614	£315	£291	£-24	-8%
Elective	72	37	47	10	27.75%	£308	£158	£217	£59	37%
OPFASPCL - Outpatient first attendance single professional consultant led	1,021	511	587	76	14.83%	£136	£68	£79	£11	16%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,256	629	1,399	770	122.42%	£99	£50	£82	£32	64%
Outpatient Procedure	658	330	152	-178	-53.90%	£62	£31	£36	£5	16%
Unbundled Diagnostics	394	198	202	4	1.87%	£37	£19	£21	£2	12%
Grand Total	3,897	1,960	2,654	694	35.42%	£1,257	£641	£726	£85	13%

5.4.1 Renacres Hospital Key Issues

Trauma & Orthopaedics is driving the Elective overspend with a M6 variance of £46k/32%. Activity within T&O is showing a marked increase in Major Hip & Knee Procedures. Activity in both of these areas is over performing by 47%, with the combined cost variance of £46k.

Outpatient Follow Ups are over performing by £32k/64%, and if we exclude the usual cause of T&O, we have activity and finance recorded under three specialties with no plan – Spinal Surgery Services, Nursing Episodes and Allied Health Professional Episode. Further investigations will be conducted as TFC codes for Nursing Episodes and Allied Health Professional Episodes are no longer in use.

5.5 Liverpool Heart & Chest Hospital

Figure 18 Month 6 Planned Care- Liverpool Heart & Chest Hospital by POD

Lpool Heart & Chest 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	167	85	54	-31	-36.60%	£360	£183	£111	£-72	-39%
Elective	29	15	8	-7	-46.76%	£78	£40	£21	£-19	-47%
Elective Excess BedDays	44	22	0	-22	-100.00%	£10	£5	£0	£-5	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	33	17	13	-4	-21.96%	£7	£3	£3	£-1	-17%
OPFANFTF - OP 1st Attendance non face to face	0	0	1	1	0.00%	£0	£0	£0	£0	0%
OPFASPCL - Outpatient first attendance single professional consultant led	193	99	115	16	16.70%	£39	£20	£21	£1	8%
OPFASPCL - Outpatient first attendance single professional non consultant led	52	27	24	-3	-9.49%	£8	£4	£4	£0	2%
OPFUPMPL - OP follow up Multi-Professional Outpatient First Attendance (Consultant Led)	75	38	27	-11	-29.05%	£12	£6	£4	£-2	-29.00%
OPFUPNFTF - Outpatient follow up non face to face	0	0	21	21	0.00%	£0	£0	£2	£2	0.00%
OPFUPSPCL - Outpatient follow up single professional consultant led	370	189	160	-29	-15.15%	£39	£20	£17	£-4	-17.57%
OPFUPSPCL - Outpatient follow up single professional non consultant led	145	74	14	-60	-81.10%	£12	£6	£1	£-5	-80.47%
Outpatient Procedure	76	39	10	-29	-74.21%	£4	£2	£1	£-1	-33.08%
Unbundled Diagnostics	89	46	52	6	14.18%	£11	£5	£11	£5	98.97%
Grand Total	1,273	649	499	-150	-22.54%	£578	£295	£196	£-99	-32.57%

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5.5.1 Liverpool Heart & Chest Hospital Key Issues

A month 6 under performance of -£99k at Liverpool Heart & Chest is largely to do with a -£72k under performance in Daycase. This cost saving appears to be as a result of less complex/major procedures being carried out in the first 6 months of 2015/16.

6. Unplanned Care

6.1 All Providers

Unplanned Care at Month 6 of financial year 2015/16, shows an under-performance of circa -£750k for contracts held by NHS South Sefton CCG.

This underspend is clearly driven by the -£884k under spend at Aintree Hospital and -£136k at Alder Hey. If we just exclude Aintree, we would be reporting a month 6 over spend of £135k/2%. The two main Trusts over spending are Liverpool Women's £111k and Royal Liverpool £130k.

Figure 19 Month 6 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	97,701	48,973	46,267	-2,706	-5.52%	£33,385	£16,763	£15,879	-£884	-5.27%
Alder Hey Childrens NHS F/T	8,868	4,324	4,188	-136	-3.14%	£1,905	£977	£841	-£136	-13.93%
Countess of Chester Hospital NHS FT	0	0	75	75	0.00%	£0	£0	£31	£31	0.00%
Liverpool Heart and Chest NHS F/T	171	85	44	-41	-48.40%	£144	£72	£105	£33	46.05%
Liverpool Womens Hospital NHS F/T	3,458	1,740	1,962	222	12.76%	£3,009	£1,514	£1,625	£111	7.31%
Royal Liverpool & Broadgreen Hospitals	5,851	2,925	3,271	346	11.82%	£2,145	£1,072	£1,202	£130	12.15%
Southport & Ormskirk Hospital	6,978	3,520	3,816	296	8.40%	£2,492	£1,264	£1,216	-£48	-3.80%
ST Helens & Knowsley Hospitals	850	430	453	23	5.31%	£361	£184	£176	-£8	-4.36%
Wirral University Hospital NHS F/T	245	122	228	106	86.16%	£90	£44	£64	£20	44.79%
Central Manchester University Hospitals Nhs FT	67	33	4	-29	-88.06%	£16	£8	£6	-£2	-23.59%
University Hospital Of South Manchester Nhs FT	41	21	21	0	1.74%	£14	£7	£7	£0	1.94%
Wrightington, Wigan And Leigh Nhs FT	42	21	25	4	19.05%	£15	£8	£11	£4	46.40%
Grand Total	124,270	62,195	60,354	-1,841	-2.96%	£43,577	£21,913	£21,163	-£750	-3.42%

6.2 Aintree University Hospital NHS Foundation Trust

Figure 20 Month 6 Unplanned Care – Aintree University Hospital 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 WIC Litherland	41,953	21,015	20,034	-981	-4.67%	£0	£0	£0	£0	0.00%
A&E - Accident & Emergency	30,956	15,506	15,029	-477	-3.08%	£3,646	£1,826	£1,811	-£15	-0.85%
NEL - Non Elective	13,932	6,998	6,367	-631	-9.01%	£25,986	£13,052	£12,509	-£543	-4.16%
NELNE - Non Elective Non-Emergency	44	22	21	-1	-4.98%	£122	£61	£52	-£9	-14.12%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	40	20	51	31	153.85%	£10	£5	£10	£6	118.21%
NELST - Non Elective Short Stay	2,732	1,372	1,112	-260	-18.96%	£1,764	£886	£734	-£152	-17.11%
NELXBD - Non Elective Excess Bed Day	8,044	4,040	3,653	-387	-9.58%	£1,858	£933	£762	-£172	-18.39%
Grand Total	97,701	48,973	46,267	-2,706	-5.52%	£33,385	£16,763	£15,879	-£884	-5.27%

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6.2.1 Aintree Hospital Key Issues

Discussions regarding activity and finance are ongoing both internally and with the Trust with a view to informing contract negotiations for 2016/17.

The North West Utilisation Management team have been conducting a review at Aintree into urgent care, and the first draft of a formal report will be shared with the CCG within the next fortnight.

6.3 Alder Hey Hospital

Figure 21 Month 6 Unplanned Care – Alder Hey Hospital by POD

Alder Hey Childrens Hospital 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	7,899	3,837	3,794	-43	-1.13%	£688	£334	£332	£2	-0.57%
NEL - Non Elective	854	426	385	-41	-9.58%	£1,174	£620	£505	£115	-18.50%
NELNE - Non Elective Non-Emergency	1	1	0	-1	-100.00%	£1	£0	£0	£0	-100.00%
NELXBD - Non Elective Excess Bed Day	113	60	9	-51	-84.99%	£42	£22	£3	£19	-85.76%
Grand Total	8,868	4,324	4,188	-136	-3.14%	£1,905	£977	£841	£136	-13.93%

6.3.1 Alder Hey Hospital Key Issues

The underperformance against contract plan experienced by South Sefton CCG has also been mirrored by Liverpool CCG, but other local CCGs have seen over performance against plan at this provider with the overall financial position for the Trust 6% below plan. The Trust has been asked to provide further information into the variances, highlighting key specialties and possible reasons.

6.4 Royal Liverpool & Broadgreen Hospitals

Figure 22 Month 6 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	4,422	2,211	2,398	187	8.46%	£397	£198	£221	£22	11.19%
AMAU - Acute Medical unit	63	31	36	5	14.60%	£6	£3	£3	£0	13.35%
NEL - Non Elective	692	346	350	4	1.18%	£1,355	£677	£741	£63	9.34%
NELNE - Non Elective Non-Emergency	24	12	12	0	0.26%	£179	£90	£93	£3	3.74%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	149	74	0	-74	-100.00%	£33	£17	£0	£17	-100.00%
NELST - Non Elective Short Stay	268	134	147	13	9.65%	£137	£69	£80	£12	17.10%
NELXBD - Non Elective Excess Bed Day	234	117	328	211	180.90%	£50	£25	£71	£46	183.03%
readmissions	0	0	0	0	#NUM!	£13	£7	£7	£0	-2.00%
Grand Total	5,851	2,925	3,271	346	11.82%	£2,145	£1,072	£1,202	£130	12.15%

6.4.1 Royal Liverpool & Broadgreen Hospitals Key Issues

Non Electives & Non Elective Excess Bed days make up £109k of the total £130k unplanned over spend. Vascular Surgery is the main cause of NEL and NELXBD overspend, more specifically, 2

particular HRGs relating to Amputations and Lower Limb Arterial Surgery make up £85k of the total NEL overspend.

6.5 Liverpool Women's Hospital

Figure 23 Month 6 Unplanned Care – Liverpool Women's Hospital by POD

Liverpool Womens Hospital 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	1,743	877	970	93	10.59%	£172	£86	£98	£11	13.20%
NEL - Non Elective	157	79	92	13	16.41%	£229	£115	£140	£25	21.93%
NELNE - Non Elective Non-Emergency	1,309	659	664	5	0.78%	£2,510	£1,263	£1,296	£33	2.60%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	208	105	219	114	109.25%	£78	£39	£82	£43	109.24%
NELST - Non Elective Short Stay	30	15	9	-6	-40.23%	£17	£9	£7	-£2	-24.47%
NELXBD - Non Elective Excess Bed Day	10	5	8	3	51.79%	£3	£1	£2	£1	45.69%
Grand Total	3,458	1,740	1,962	222	12.76%	£3,009	£1,514	£1,625	£111	7.31%

6.5.1 Liverpool Women's Hospital Key Issues

NELNE activity at Liverpool Women's, shows that there has been an increase in assisted deliveries with induction and normal deliveries with post-partum surgical intervention. Contrary to this, there is an underperformance in normal deliveries. Non-Elective Non-Emergency Excess bed days are over performing as a result of Planned Lower Uterine C-Section. Although costs are not significant, Normal Delivery with induction is showing a 653% activity increase. Activity plan is a total of 5 for month 6; however actual activity is 34 causing a variance of 29/653%.

7. Mental Health

7.1 Mersey Care NHS Trust Contract

Figure 24 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Plan	Caseload	Variance from Plan	% Variance
0 Variance	34	95	61	179%
1 Common Mental Health Problems (Low Severity)	23	46	23	100%
2 Common Mental Health Problems (Low Severity with greater need)	48	30	(18)	-38%
3 Non-Psychotic (Moderate Severity)	274	239	(35)	-13%
4 Non-Psychotic (Severe)	169	197	28	17%
5 Non-psychotic Disorders (Very Severe)	32	58	26	81%
6 Non-Psychotic Disorder of Over-Valued Ideas	43	38	(5)	-12%
7 Enduring Non-Psychotic Disorders (High Disability)	133	195	62	47%
8 Non-Psychotic Chaotic and Challenging Disorders	83	98	15	18%
10 First Episode Psychosis	93	136	43	46%
11 On-going Recurrent Psychosis (Low Symptoms)	414	433	19	5%
12 On-going or Recurrent Psychosis (High Disability)	312	310	(2)	-1%
13 On-going or Recurrent Psychosis (High Symptom & Disability)	112	110	(2)	-2%
14 Psychotic Crisis	17	26	9	53%
15 Severe Psychotic Depression	7	4	(3)	-43%
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	33	33	-	0%
17 Psychosis and Affective Disorder – Difficult to Engage	58	59	1	2%
18 Cognitive Impairment (Low Need)	347	213	(134)	-39%
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	462	520	58	13%
20 Cognitive Impairment or Dementia Complicated (High Need)	148	324	176	119%
21 Cognitive Impairment or Dementia (High Physical or Engagement)	45	61	16	36%
Reviewed Not Clustered	36	181	145	403%
No Cluster or Review	144	189	45	31%
Total	3,067	3,595	528	17%

Figure 25 CPA – Percentage of People under CPA followed up within 7 days of discharge

		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
E.B.S.3	The % of people under adult mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	Target 95%	100%	100%	100%	93%	100%

Figure 26 CPA Follow up 2 days (48 hours) for higher risk groups

		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
KPI_32	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.	Target 95%	100%	100%	100%	No patients requiring follow up in August	100%

Quality Overview

At Month 6, MerseyCare are compliant with the quality schedule reporting requirements. The Trust is working with the CCG Quality Team to improve the safer staffing report, NICE and Serious Incident reports for CQPG meetings. Underperforming KPIs are discussed at monthly quality and performance meetings and the bi-monthly CQPGs.

There are specific concerns exist around; DNA's at new Clock View site, GP referral pathways, AED assessment and access to psychotherapy. The CCG are monitoring these areas through the CQP and SRG meetings.

7.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract

The access/prevalence rate at month 6 YTD is 4.54% which is below the target and current activity levels would indicate that the trust will fall below the 15% target.

The Recovery rate in month 6 is 48.1% against the target of 50% and this is an improvement on last month, meaning year to date position is above target at 51.1%.

There were 239 (181 at month 5) cancellations by the patient and 42 (37 at month 5) cancellations recorded by the provider in month 6.

Step 2 staff have reported that they are experiencing a high DNA rate and are confirming appointments with clients over the phone who then subsequently do not attend the appointment. The wait to therapy post screening is still part of the timeline and as such the provider suggested that the client may sometimes feel they need to accept the appointment as they have waited a significant time, but then do not feel the need to attend, as essentially the need has passed. This may explain the high DNA rate.

The increase in self referrals may be impacting on the "watchful wait" that is usually managed by the GP as this is missed and clients referring are assessed promptly. Following the assessment the natural process of managing some level of emotional distress occurs and when appointments are offered the desire to engage in therapy has diminished.

The service text reminder service would assist in the reduction of DNAs. This would give the prompt to clients 24 hours before an appointment for those clients most likely to have forgotten.

GP referrals appear to be on a downward trend however this is an upward trend in self referrals. Opt in rates have increased on last month and further analysis will be undertaken to understand if this increase is related to self-referrals.

There are marked differences in % opt in rates for referrals and further analysis is required to understand if the opt in rates differ between the different referral sources.

Figure 27 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	TOTALS	
Population (Psychiatric Morbidity Survey)	24298	24298	24298	24298	24298	24298	24298	
National definition of those who have entered into treatment	143	158	201	204	166	232	1104	
Prevalence Trajectory (%)	1.25%	1.25%	1.25% (q1=3.75%)	1.25%	1.25%	1.25% (q2=3.75%)	15.00%	
Prevalence Trajectory ACTUAL	0.59%	0.65%	0.83%	0.84%	0.68%	0.95%	4.54%	
National definition of those who have completed treatment (KPI5)	134	117	120	136	119	143		
National definition of those who have entered Below Caseness (KPI6b)	9	4	11	9	10	8		
National definition of those who have moved to recovery (KPI6)	75	51	61	66	49	65		
Recovery - National Target	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%		
Recovery ACTUAL	60.0%	45.1%	56.0%	52.0%	45.0%	48.1%		
Referrals Received	434	395	355	405	331	335		
Gp Referrals	288	215	152	161	115	114		
% GP Referrals	66%	54%	43%	40%	35%	34%		
Self referrals	114	149	175	205	184	207		
% Self referrals	26%	38%	49%	51%	56%	62%		
Other referrals	32	31	28	39	32	14		
Other Referrals are 9 - Assessment and Immediate Care, 3 - Other, 1- Perinatal Team, 1 - Secondary Care								
% Other referrals	7%	8%	8%	10%	10%	4%		
Referral not suitable or returned to GP	0	0	0	0	0	0		
Referrals opting in	240	268	218	261	169	203		
Opt-in rate %	55%	68%	61%	64%	51%	61%		
Patients starting treatment by step (Local Definition)	Step 2	94	119	142	157	125	178	
	Step 3	49	39	59	47	41	54	
	Step 4							
	Total	143	158	201	204	166	232	
Percentage of patients entering in 28 days or less	53.0%	37.0%	59.0%	60.0%	46.0%	29.0%		
Completed Treatment Episodes by Step (Local Definition)	Step 2	138	175	128	203	127	240	
	Step 3	341	329	363	383	287	462	
	Step 4							
	Total	479	504	491	586	414	702	
Activity	Attendances	Step 2	369	456	536	788	618	645
		Step 3	389	422	547	460	466	507
		Step 4		1	2	3	6	17
	DNA's	Step 2	80	92	146	179	129	175
		Step 3	52	49	75	56	55	60
		Step 4		1				
	Cancels	Step 2	40	82	159	225	137	176
		Step 3	62	89	107	95	81	99
		Step 4						6
	Attendances	Total	758	879	1085	1251	1090	1169
	DNAs	Total	132	142	231	235	184	235
	Cancelled	Total	102	171	266	320	218	281
Number Cancelled by patient	Total	45	109	194	253	181	239	
Number Cancelled by provider	Total	57	62	72	67	37	42	

Figure 28 IAPT Waiting Time KPIs

	Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
EH.1_A1	The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	75% To be achieved by April 2016						
	Numerator		163	225	253	294	212	220
	Denominator		165	245	266	303	217	224
	%		99%	92%	95%	97%	98%	98%
EH.2_A2	The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	95% to be achieved by April 2016						
	Numerator		164	242	213	302	217	223
	Denominator		165	245	213	303	217	224
	%		99%	99%	100%	100%	100%	100%

8. Community Health

Liverpool Community Health Services (by exception)

The trust has provided an exception narrative by service in the monthly report however in the past it has included issues that should be escalated to commissioners e.g. the staffing of the Rehab at Home service and that despite the trust assurance that this will not impact on service delivery.

Community Equipment: The increase in demand is attributed to a number of factors: Sefton MBC budget issues, a new financial ordering system introduced by Sefton MBC, staffing resources in the warehouse, availability of delivery slots, and operational issues within the CES. Additional funding has been agreed by the commissioners to be split proportionally across both CCGs and this is documented in the FIG work plan.

Delivery times in Sefton remain above target. Demand has increased compared to the previous year and additional funding has been agreed for the first quarter of 2015/16. A task and finish group has been set up to complete an in depth review of the service.

Diabetes specialist nurse: This service has experienced issues with staffing since January 2015 including sickness and two appointed staff members subsequently resigned shortly after starting employment. Both vacancies were re advertised as part of the recruitment process and to date one band 6 has now been recruited and starts in October.

Treatment Rooms: Demand and activity are up for this service and additional capacity has been created through the introduction of specific ear syringing clinics. A trajectory for improvement is under development. This will be reported on from next month. The change in delivery model has resulted in the increase in referrals from District Nurses. The trust will be monitoring this going forward. The service continues to ensure that the majority of (95%) patients receive an appointment within 2 weeks of referral in Sefton. There are patients who opt to have an appointment appropriate to them and that falls outside of the 2 weeks. This is also attributed by the service to patients who request to wait for an appointment at a particular clinic location. There is an action from the contracts and clinical quality performance group for the trust to provide analysis around the ratio of contacts to referrals. An update on this work is awaited.

Intravenous Therapy (IV)-There is an issue with staff not inputting activity to EMIS which makes it look like demand is higher than activity. The service is aware of this and continues to ensure that staff know the importance of capturing all activity.

The current over performance is due to an increase in long term antibiotic referrals along with cellulitis referrals from GPs. The trust is utilising staff from other localities along with staff working extra hours to deal with the demand. IV patients are seen within 72 hours with cellulitis patients seen the same day as long as the referral is received before 3pm. The team hands over non – complex patients to district nurses when capacity allows.

Walk in Centre-The trust is working towards achieving the stretch target of all patients seen within 2 hours.

Virtual Ward-The trust have agreed to uplift service plans accordingly for services that deliver the virtual ward model. It was agreed that a financial breakdown would be provided by the end of quarter 1 to assist with this at the July finance and information group. The uplifted plans will then be reflected in the monthly reports going forward. The FIG work plan documents that the trust are awaiting guidance from the CCG . Update on progress is still awaited.

Liverpool Community Health Waiting Times

Paediatric Speech and Language Therapy: The trust continues to use temporary staff in the interim to increase activity. In addition the service has identified areas where significant efficiencies can be made which will enable activity levels to increase and ensure waiting times are reduced.

The current waiting time for Paediatric Speech and Language Therapy is reported as 26 weeks for NHS South Sefton CCG.

Wheelchair waits are above target and this is due to the staffing issues the service has faced. It is anticipated that activity and waits should be within planned levels by December 2015. The current waiting time for the Wheelchair service is 18 weeks. A full demand and capacity analysis will be completed in October 2015 and a recovery plan developed with commissioners.

Waiting times are not being recorded for several services: Community Cardiac/Heart Failure, Community Matrons, District Nursing Service, Diabetes Specialist Nurses, IV Therapy, Intermediate care community, Respiratory, Palliative Care & Treatment Rooms. Requests continue to be made for this to be included with the monthly reports but to date has not been forthcoming.

The development of waiting time thresholds is part of the work plan for the FIG as currently the default of 18 weeks is being used. A document was provided by the trust for discussion at the last finance and information group and it was agreed this would be circulated to clinicians for discussion and for the trust to consider the implications of adopting aspirational targets identified in the document. This document is due to go to the trust board in November.

Any Qualified Provider

The trust is using the agreed £25 local assessment tariff.

Patient Identifiable Data

The Trusts Caldicott guardian has requested that no patient identifiable data sets are to be released from the trust. This includes all national submissions such as those made to the secondary user's service e.g. Inpatient, outpatient and WIC CDS. This was escalated last year and the commissioner and trust are in discussions about this. This is on-going and an update is awaited.

Southport and Ormskirk ICO:Gynaecology

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Community Gynaecology-The trust are submitting the monthly dataset as required however the data set provided does not include the capture of onward referrals. The service is due to migrate to EMIS in 2016 when this issue will be rectified. This is all part of the on-going discussions around this service with the commissioner.

Quality Overview

Joint LCH Clinical Quality and Performance Group (CQPG) meetings are now held on a monthly basis with South Sefton and Liverpool CCGs. A full review of pressure ulcers is underway with representation from both CCGs, LCH and NHS England, an action plan has been developed, progress will be reviewed at the CQPGs.

CQC Action Plan

Collaborative Forum meets on a monthly basis, one task is to review the LCH CQC and NHS England Quality Review Action Plan. There are currently 4 work streams

Culture
Governance
Safety
Workforce.

Looked After Children (LAC)

Currently issues regarding the timely return of LAC Health Information to the Local Authority and the undertaking of health assessments, the CCG is holding them to account regarding any challenges they may have from across the system. A paper was presented to the Sefton Corporate Parenting Board on 13th October, work continues locally on the development of new pathways and DES Nurse for Looked After Children is liaising with LCH to support the provider and improve the systems

Ward 35 – C-Diff

2 x C.Diff cases that have occurred recently on Ward 35 in August these were both LCCG patients. Both were in the same bay and sharing the same toilet. Potential issues as follows:

- Utilisation of C.diff assessment tool (going to be reviewed and undertaken throughout stay)
- Deviation in following prescribing guidelines (will follow Aintree's) - will need to document deviation and rationale
- The Laboratory not accepting type 5 or type 6 stools from anywhere therefore staff not sending for testing
- All GPs for the patients will be contacted - this will include other patients in the same bay who may be at an increased risk.

Both Sefton CCG's and Liverpool CCG are working together with Public Health team.

Speech and Language Therapy

Issues regarding Speech and Language Therapy waiting times have been escalated to the CQPG to ensure any potential patient safety concerns are addressed, an update will be provided in the Month 7 report.

9. Third Sector Contracts

Contract review meetings have now taken place with all Third Sector providers; Minutes have been produced and forwarded to the appropriate commissioners at the CCG's.

Reports outlining service outcomes for 2014-15 have now been finalised and have been passed over to the CCG for further review by the finance team. These reports detail activity collected within Information Schedules and service outcomes highlighting how they link in with the CCG 5 year forward plans.

Further work has commenced to update the information schedules for 15-16 and NHS Number collection for service users accessing these services is to be piloted from 01/10/15.

Various Third Sector providers have invited the NWCSU contract manager to attend their support groups over the coming months to help in understanding the work they do within the community and how they contribute to the wider health economy of Sefton.

10. Quality and Performance

10.1 NHS South Sefton CCG Performance

Performance Indicators	Data Period	Current Period				Exception Commentary	Actions
		Target	Actual	Direction of Travel			
IPM							
Treating and caring for people in a safe environment and protecting them from avoidable harm							
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	15/16 - September	27	22	↑	There were 3 new cases reported in September 2015, year to date there have been 22 cases against a plan of 27. Of the 22 cases reported in year to date all have been aligned to Aintree Hospital (12 apportioned to acute trust and 10 apportioned to community).		
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	15/16 - September	23	25 (13 following appeal)	↑	There were 8 new cases have been reported in September. Year to date there have been 25 cases against a plan of 23, the year to date plan is 46.	<ul style="list-style-type: none"> Recent actions to reduce CDI includes the implementation of the HCAI Reduction Plan and in addition; * The development and implementation of a CDI collaborative * Revision of the CDI guideline and improved treatment options * The implementation of multidisciplinary IPC Sweeps following every case of CDI * Focused IPC training for Domestic staff and Catering staff * The development of a revised cleaning responsibility framework * Presentation at the Grand Round to promote antibiotic stewardship Start Smart then Focus * Development of a one page IPC briefing for bank and agency staff * In collaboration with procurement, a review of the current cleaning equipment, in particular wipes used by nursing staff * A visit to Wrightington Wigan and Leigh is planned as they have a low rate of infection 	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	15/16 - September	0	1	↑	No new cases have been reported in September of MRSA for South Sefton CCG (According to the National Database). However, following local Post Infection Review (PIR) the case originally attributed to Aintree has now been attributed to the CCG, taking the CCG over trajectory.	The MRSA PIR chaired by the South Sefton CCG Chief Nurse, the RCA was reviewed and chronology discussed, a decision was made to attribute the case to the CCG instead of Aintree as it was felt the CCG was the best placed to ensure lessons are learned	
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	15/16 - September	0	0	↔	No new cases reported in September. Initially there has been one case reported at Aintree in August, however following local Post Infection Review (PIR) the case originally attributed to Aintree has now been attributed to the CCG, taking Aintree back below zero tolerance		

Mixed Sex Accommodation Breaches						
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	15/16 - September	0.00	0.20	↑	The CCG are over plan for MSA breaches per 1000 FCE recording 0.20 for September.	The CCG is aware that MSA breaches have occurred , but not at South Sefton's main provider Truist's, the CCG is working with NHSE to determine where the breaches occurred in order to review any lessons learned through RCAs
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	15/16 - September	0.00	0.00	↔		
Enhancing quality of life for people with long term conditions						
Patient experience of primary care i) GP Services	Jul-Sept 14 and Jan-Mar 15		7.64%	New Measure	Percentage of respondents reporting poor patient experience of primary care in GP Services. This is a very slight decrease from the previous period which recorded 7.69%.	
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 14 and Jan-Mar 15		7.53%	New Measure	Percentage of respondents reporting poor patient experience of GP Out of Hours Services. This is a decrease from the previous period which recorded 9.81%.	
Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jul-Sept 14 and Jan-Mar 15	6%	7.63%	New Measure	The CCG reported a percentage of negative responses above the 6% threshold, this being a slight decrease from last survey which reported 7.89%.	Detailed data has been shared with primary care, quality and communications colleagues for discussion and actions at the appropriate committees.
Emergency Admissions Composite Indicator(Cumulative)	15/16 - September	1258.89	1,279.97	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 220 more admissions than the same period last year.	Unplanned care leads continue to monitor these indicators closely. Pathway changes at Aintree may not have been reflected in the planned targets due to when the changes were implemented compared to when the taret's were set. The CCG will look to revise these targets.
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s(Cumulative)	15/16 - September	130.19	130.19	New Plans	This measure now has a plan which is based on the same period previous year. The CCG actual and monthly plan are the same, there we no more admissions than the same period last year. Year to date there has been 42.	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions(Cumulative)	15/16 - September	497.3	566.23	New Plans	This measure now has a plan which is based on the same period previous year. The CCG is over the monthly plan and the increase in actual admissions is 107 more than the same period last year.	
Emergency admissions for children with Lower Respiratory Tract Infections (LRTI)(Cumulative)	15/16 - September	43.40	46.50	New Plans	This measure now has a plan which is based on the same period previous year. The CCG is over the monthly plan and the decrease in actual admissions is 1 less that same period last year.	
Emergency admissions for acute conditions that should not usually require hospital admission(Cumulative)	15/16 - September	750.46	706.01	New Plans	This measure now has a plan which is based on the same period previous year. The CCG is over plan, actual admissions is 114 above the same period last year.	
Emergency readmissions within 30 days of discharge from hospital (Cumulative)	15/16 - September	No Plan	17.80	↓	The emergency readmission rate for the CCG is slightly higher than previous month (17.20) and also higher than the same period last year (15.83).	

Helping people to recover from episodes of ill health or following injury						
Patient reported outcomes measures for elective procedures: Groin hernia	Apr 14 - Mar 15 (Prov data)	0.0697	0.080	Provisional data	Provisional data shows the CCG improved on the previous years rate of 0.680 in 2013/14 but achieved a score lower than that of the England average 0.085.	PROMS have been selected as the Local Quality Premium measure for 2015/16. Discussions with clinicians have centred around a proposal to use Shared Decision Aids with patients for a number of surgical areas. This is awaiting approval and is thought to aid improvement in PROMS by ensuring the most appropriate patients are treated with surgery and are fully involved in the decision making process.
Patient reported outcomes measures for elective procedures: Hip replacement	Apr 14 - Mar 15 (Prov data)	0.430	0.403	Provisional data	Provisional data shows the CCG has declined on the previous years rate of 0.420 in 2013/14 and are also achieving a score lower than the England average 0.440.	
Patient reported outcomes measures for elective procedures: Knee replacement	Apr 14 - Mar 15 (Prov data)	0.341	0.323	Provisional data	Provisional data shows the CCG's rate has declined from previous year 2013/14 - 3.33 but is over the England average 0.316.	
% who had a stroke & spend at least 90% of their time on a stroke unit (CCG)	15/16 - September	80%	90.90%	↑		
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	15/16 - September	80%	73.10%	↓	Aintree have failed to achieve the target in September only 19 patients out of 26 spending at least 90% of their time on a stroke unit.	The number of patients discharged from the Trust with a diagnosis of stroke reduced to 26 (-5) during September 2015 of whom 19 spent at least 90% of their time on the stroke unit. Of the 7 patients who failed to spend 90% of their time on the Stroke Unit, 4 (58%) could not be admitted to the appropriate bed due to outlying patients and 2 were atypical presentations who were diagnosed later during their spell. 1 patient was transferred directly to the stroke ward from AED, 6 hours after presentation.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (CCG)	15/16 - September	60%	100%	↔		
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	15/16 - September	60%	100%	↔		
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr2	95%	98.30%	↑		
IAPT Access - Roll Out	15/16 - Qtr2	3.75%	2.48%	↑	The CCG are under plan for Q2 for IAPT Roll Out, this equates to 602 patients having entered into treatment out of a population of 24298 (Psychiatric Morbidity Survey).	See section 7 of main report for commentary.
IAPT Access - Roll Out	15/16 - September	1.25%	0.96%	↑	The CCG are under plan in September for IAPT Roll Out, out of a population of 24298, 232 patients have entered into treatment. There had been a steady increase since April, (April 0.59%, May 0.65%, June 0.83%, July 0.84%, August 0.68%).	See section 7 of main report for commentary.

IAPT - Recovery Rate	15/16 - Qtr2	50%	48.52%	↑	The CCG are under plan for recovery rate reaching 48.5% in Q2. This equates to 180 patients who have moved to recovery out of 371 who have completed treatment.	See section 7 of main report for commentary.
IAPT - Recovery Rate	15/16 - September	50%	48.15%	↓	The CCG are under plan for recovery rate reaching 48.14% in September. This equates to 65 patients who have moved to recovery out of 135 who have completed treatment.	See section 7 of main report for commentary.
The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	15/16 - Qtr2	75%	98.00%	↑		
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period	15/16 - Qtr2	95%	100.00%	↔		
Preventing people from dying prematurely						
Under 75 mortality rate from cancer	2013		158.70			
Under 75 mortality rate from cardiovascular disease	2013		72.60			
Under 75 mortality rate from liver disease	2013		22.60			
Under 75 mortality rate from respiratory disease	2013		38.00			
Rate of potential years of life lost (PYLL) from causes considered amenable to healthcare (Person)	2014	2,022.6	2,660.6	↓	South Sefton achieved a rate of 2660.6 in 2014 which has failed against the plan of 2022.6. For 2014 the rate for Males was 2981.1, a increase from the previous year (2669.2). Females had a decrease with a rate of 2349.2 compared with 2517.7 in 2013.	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.

Cancer waits – 2 week wait					
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	15/16 - August	93%	96.96%	↔	
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	15/16 - August	93%	96.11%	↔	
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	15/16 - August	93%	93.93%	↔	
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	15/16 - August	93%	94.34%	↔	
Cancer waits – 31 days					
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	15/16 - August	96%	99.43%	↔	
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	15/16 - August	96%	99.83%	↔	
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	15/16 - August	94%	100.00%	↔	
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	15/16 - August	94%	100.00%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	15/16 - August	94%	97.56%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	15/16 - August	94%	99.26%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	15/16 - August	98%	98.79%	↔	
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	15/16 - August	98%	100.00%	↔	

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)	15/16 - August	85% local target	90.00%	↑	
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)	15/16 - August	85% local target	89.68%	↔	
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	15/16 - August	90%	100.00%	↔	
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	15/16 - August	90%	97.73%	↔	
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	15/16 - August	85%	88.00%	↔	
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	15/16 - August	85%	86.11%	↑	
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)	15/16 - September	0	0	↔	
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed admitted pathways (un-adjusted) (Aintree)	15/16 - August	0	0	↔	

The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (CCG)	15/16 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for completed non-admitted pathways (Aintree)	15/16 - August	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	15/16 - September	0	0	↔		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	15/16 - August	0	0	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (CCG)	15/16 - September	90%	95.51%	↔		
Admitted patients to start treatment within a maximum of 18 weeks from referral – 90% (Aintree)	15/16 - August	90%	94.56%	↑		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (CCG)	15/16 - September	95%	96.00%	↓		
Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95% (Aintree)	15/16 - August	95%	97.58%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	15/16 - September	92%	96.08%	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	15/16 - August	92%	96.82%	↔		
A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG)	15/16 - September	95.00%	97.29%	↔		
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree)	15/16 - September	95.00%	94.70%	↓	Aintree have failed the target in September reaching 92.59%, and year to date reaching 94.70%. In September month 898 attendances out of 9122 were not admitted, transferred or discharged within 4 hours. This is the third month the trust have achieved the target in 2015/16	Trust is reporting issues relating to patient flow causing difficulty in discharges and admissions. Funding for Aintree at Home to support discharge. Additional social services to support discharge 7 days a week. Community staff in A&E to avoid admission. The Trust have opened up 22 additional beds. NWAS linking up with admission avoidance schemes. Improvement in performance by Q3 Projected

Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	15/16 - September	1.00%	0.47%	↓		
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	15/16 - August	1.00%	0.90%	↑		
Category A ambulance calls						
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	15/16 - September	75%	78.60%	↓		Year to date Red activity (R1+R2) for NWAS is 4% up on the equivalent period in 2014. Mersey (including Wirral) is 7.8% up and South Sefton CCG is 3.6% up at the end of September. A new CQUIN scheme has been agreed which seeks stepped changes in the way patients are managed by more Hear & Treat and See & Treat, thereby reducing the numbers conveyed to hospital A&E departments. See & Treat activity continues to be over planned levels, which is attributed to the on-going success of the GP Visiting schemes that have been implemented across the region. The schemes are proving to be very successful with deflections away from A&E in the region of 90% being seen.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	15/16 - September	75%	74.80%	↓	The CCG failed to achieve the 75% year to date or in month (Sept) recording 71.0%.	
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	15/16 - September	95%	97.10%	↔		
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	15/16 - September	75%	77.90%	↔		
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	15/16 - September	75%	76.00%	↔		
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	15/16 - September	95%	95.00%	↔		
Local Indicator						
Access to community mental health services by people from Black and Minority Ethnic (BME) groups (Rate per 100,000 population)	2014/15	2400	2451.5	↑	The latest data shows access to community mental health services by people from BME groups is over the CCG plan. This is also improvement on the previous year when the CCG rate was 2309.0.	CCG and CSU colleagues are working to obtain an updated position from local data.

10.2 Friends and Family – Aintree University Hospital NHS Foundation Trust

Figure 29 Friends and Family – Aintree University Hospital NHS Foundation Trust

Friends and Family Response

Rates and Scores

Aintree University Hospital NHS Trust

Clinical Area	Response Rate (RR) Target	RR Actual (Sept 2015)	RR - Trajectory From Previous Month (Aug 15)	% Recommended (Eng. Ave)	% Recommended (Sept 2015)	PR - Trajectory From Previous Month (Aug 2015)	% Not Recommended (Eng. Ave)	% Not Recommended (Sept 2015)	PNR - Trajectory From Previous Month (Aug 15)
Inpatients	30%	56.7%	↓	96.0%	96.0%	↔	2.0%	2.0%	↑
A&E	20%	21.5%	↑	88.0%	87.0%	↑	6%	7.0%	↓

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in both inpatients and A&E. Both Inpatient and A&E targets have been met for September, however disappointingly, A&E % of people not recommending the service have declined compared to the previous month's figures.

The percentage of people that would recommend A&E has improved since August, and remains in line with the England average. The percentage of people who would not recommend the A&E service has worsened compared to the previous month and is below the England average.

The trust has consistently returned response rates and recommendation percentages significantly higher than the regional and national averages.

The patient experience lead within the trust presented the ongoing work the organisation is doing with the Friends and Family data to EPEG in October 2015. They demonstrated how feedback obtained is informing the trust how they can improve services for its patients. The presentation was well received by EPEG and gave assurances that patient engagement and experience is viewed as important as clinical effectiveness and safety in making up quality services.

10.3 Serious Untoward Incidents (SUIs)

CCG Level SUIs

South Sefton CCG

Incident Split by Provider

 Never Event

Provider / Type of Incident	Apr	May	Jun	Jul	Aug	Sep	YTD
Aintree University Hospital NHS Foundation Trust							
Delayed diagnosis			1				1
Failure to act upon test results				1			1
Sub-optimal care of the deteriorating patient			1				1
Treatment						1	1
Unexpected Death (general)						1	1
Alder Hey Children's NHS Foundation Trust							
Wrong site surgery			1				1
Liverpool Community Health NHS Trust							
Medical Devices/Equipment			1				1
Pressure Sore - (Grade 3 or 4)			1	3			4
Pressure ulcer - (Grade 3)	5	5	3	3	3	13	32
Pressure ulcer - (Grade 4)		1	2	1			4
Slips/Trips/Falls				1			1
Unexpected Death		1					1
Unexpected Death (general)						1	1
Liverpool Women's NHS Foundation Trust							
Maternity service						1	1
Surgical Error		1					1
Unexpected Death		1					1
Mersey Care NHS Trust							
Abscond		2					2
Homicide by Outpatient (in receipt)	1						1
Serious Self Inflicted Injury Outpatient	1			1		1	3
Slips/Trips/Falls				1			1
Southport and Ormskirk Hospital NHS Trust							
Maternity services - unexpected neonatal death.					1		1
Pressure ulcer - (Grade 3)	1	1					2
Pressure ulcer - (Grade 4)	1						1
Grand Total	9	12	10	11	4	18	64

CCG SUIs

Type of Incident	Apr	May	Jun	Jul	Aug	Sep	YTD
Abscond		2					2
Delayed diagnosis			1				1
Failure to act upon test results				1			1
Homicide by Outpatient (in receipt)	1						1
Maternity service						1	1
Maternity services - unexpected neonatal death.					1		1
Medical Devices/Equipment			1				1
Pressure Sore - (Grade 3 or 4)			1	3			4
Pressure ulcer - (Grade 3)	6	6	3	3	3	13	34
Pressure ulcer - (Grade 4)	1	1	2	1			5
Serious Self Inflicted Injury Outpatient	1			1		1	3
Slips/Trips/Falls				2			2
Sub-optimal care of the deteriorating patient			1				1
Surgical Error		1					1
Treatment						1	1
Unexpected Death		2					2
Unexpected Death (general)						2	2
Wrong site surgery			1				1
Grand Total	9	12	10	11	4	18	64

SUIs Reported at South Sefton CCG level

These are serious incidents involving South Sefton CCG patients irrespective of their location of care. Inclusive of month 6, there have been 64 Serious Incidents involving South Sefton CCG patients

Number of Never Events reported in period

There have been zero Never Events involving South Sefton CCG patients up to and including September 2015

Provider level SUIs**Aintree University Hospital**

Incident Type	Apr	May	Jun	Jul	Aug	Sep	YTD
Delayed diagnosis			2				2
Failure to act upon test results			1	1			2
Pressure ulcer - (Grade 4)					1		1
Results					1		1
Sub-optimal care of the deteriorating patient	2		1		1		4
Treatment						2	2
Unexpected Death						1	1
Unexpected Death (general)	1					2	3
Grand Total	3	0	4	1	3	5	16

45

Incidents split by CCG

CCG Name / Incident Type	Apr	May	Jun	Jul	Aug	Sep	YTD
Knowsley CCG							
Delayed diagnosis			1				1
Sub-optimal care of the deteriorating patient	1						1
Liverpool CCG							
Results					1		1
Sub-optimal care of the deteriorating patient	1				1		2
Unexpected Death						1	1
South Sefton CCG							
Delayed diagnosis			1				1
Failure to act upon test results				1			1
Sub-optimal care of the deteriorating patient			1				1
Treatment						1	1
Unexpected Death (general)						1	1
Southport & Formby CCG							
Treatment						1	1
Unexpected Death (general)	1						1
St Helens CCG							
Unexpected Death (general)						1	1
West Lancashire CCG							
Failure to act upon test results			1				1
Pressure ulcer - (Grade 4)					1		1
Grand Total	3	0	4	1	3	5	16

Number of Never Events reported in period

Aintree University Hospital NHS Foundation Trust reported zero Never Events year to date.

11. Primary Care

11.1 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.

11.2 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 under 19, adults aged 20-74 and older people aged 75 and over separately), Demand (referrals, Choose & Book information, cancer and urgent referrals), and Prescribing indicators. Recent new additions are expected to observed disease prevalence (QOF), and forthcoming additions include financial information, and public health indicators

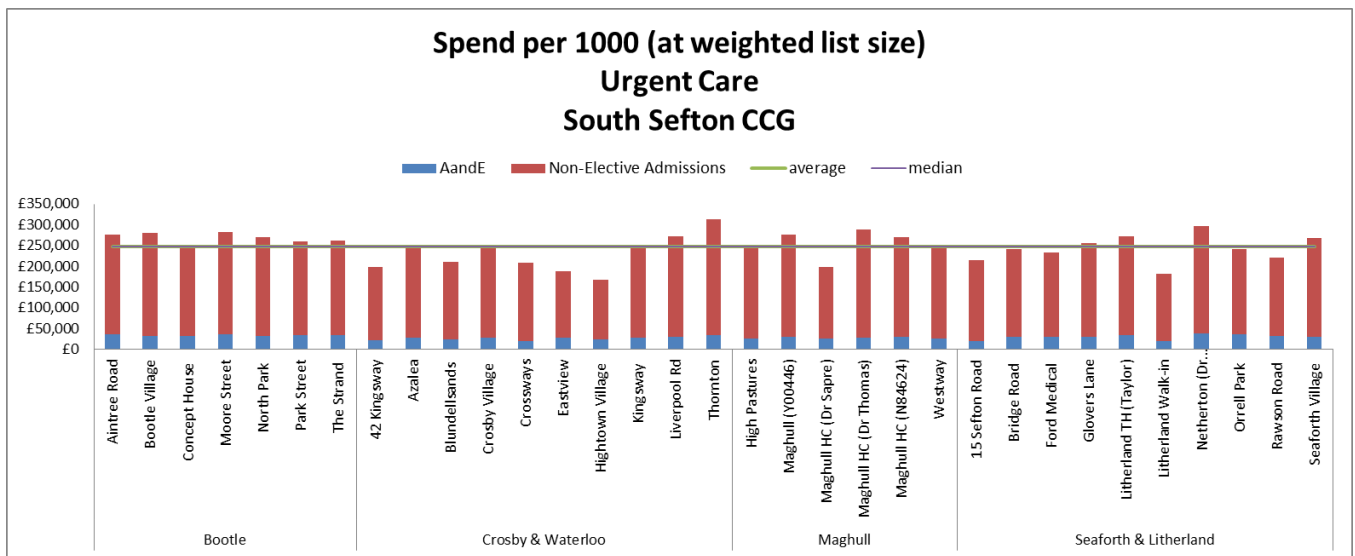
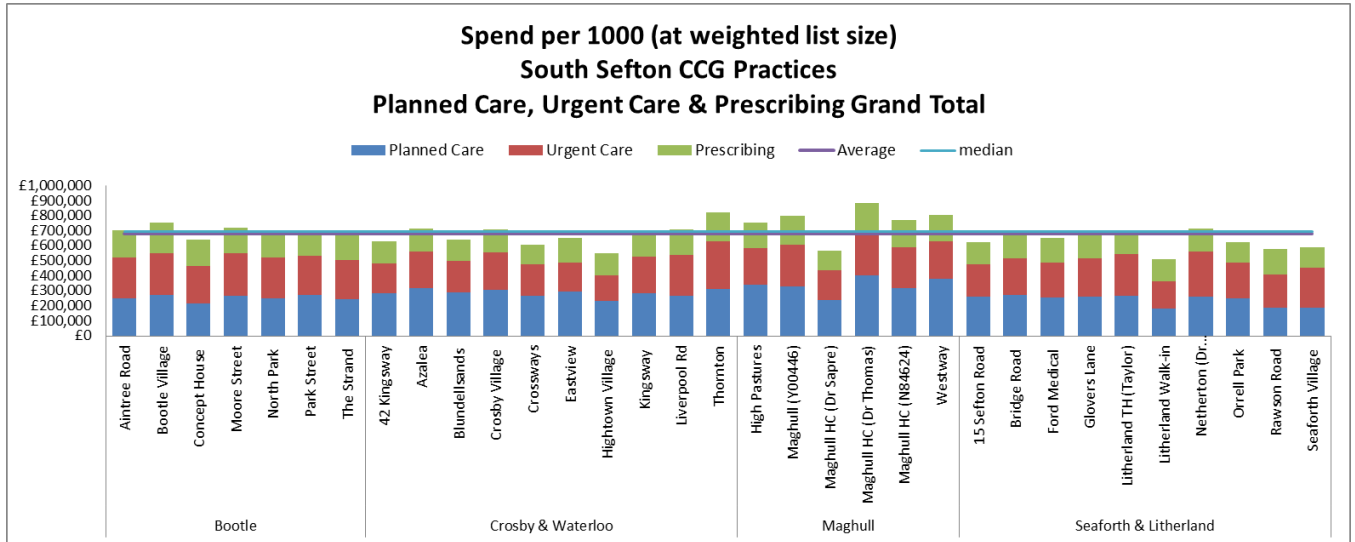
11.3 Format

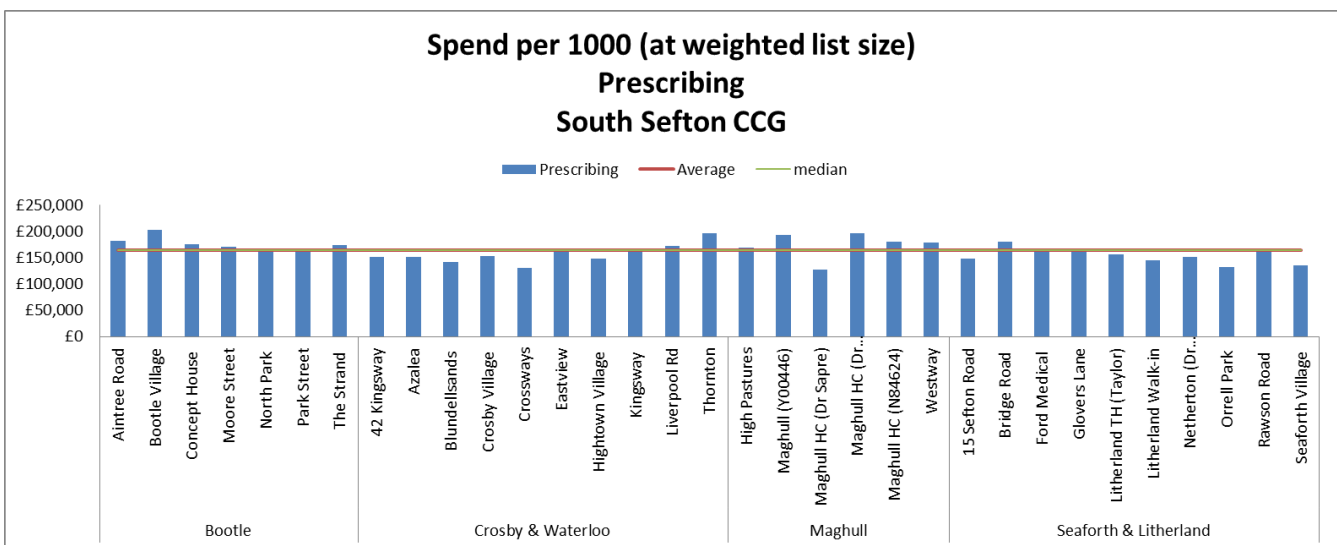
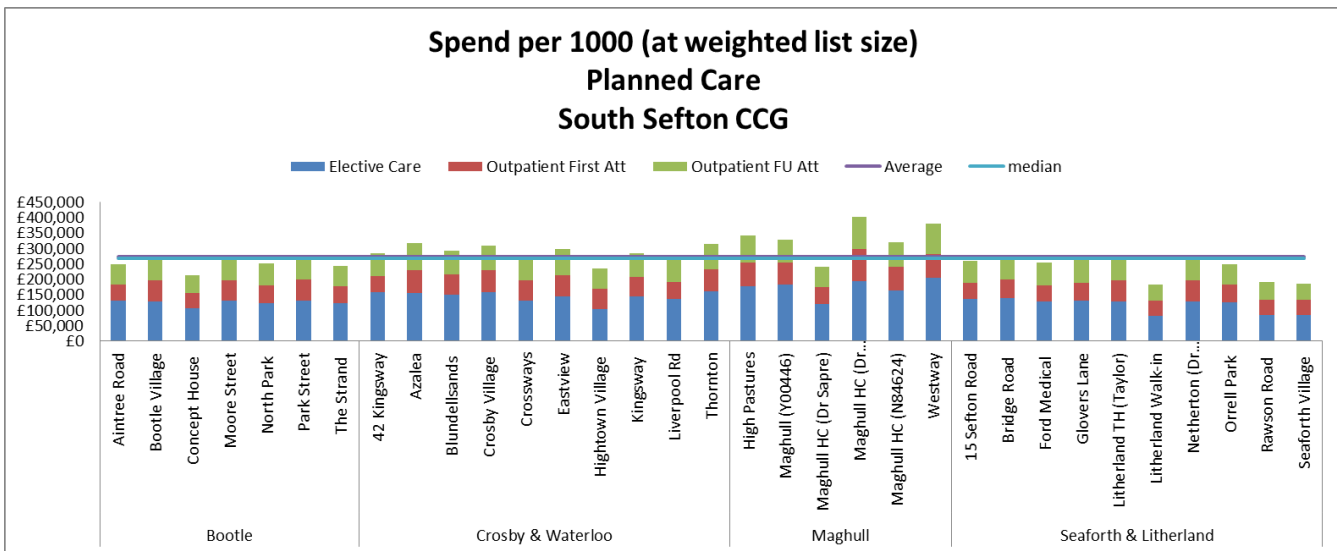
The data is presented for all practices, grouped to locality level and RAG rated to illustrate easily variation from the CCG average, where green is better than CCG average by 10% or more, and red is worse than CCG average. Amber is defined as better than CCG average but within 10%. Data is refreshed 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 Cheshire & Merseyside Intelligence Portal (CMiP).

11.4 Summary of performance

Colleagues from Finance and Business Intelligence teams within the CCG have been working closely with clinical leads to develop financial information. Colleagues have developed a chart to show weighted spend per head of weighted practice population which takes into account age, sex, deprivation, rurality, case mix, care and nursing home residents amongst others to standardise the data. The chart below is in draft format and is currently being shared with localities for feedback.

Figure 30 Summary of Primary Care Dashboard – Finance






11.5 CQC Inspections

A number of practices in South Sefton CCG have recently been visited by the Care Quality Commission. CQC publish all inspection reports on their website and the following reports were available as of 16/11/2015:

Freshfields Practice **Good**

This service was previously managed by a different provider - see old profile

 61 Gores Lane, Formby, Liverpool, L37 3NU
 Provided by: SSP Health Ltd

CQC inspection area ratings
 (Latest report published on 22 October 2015)

Safe	Requires improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

CQC Inspections and ratings of specific services
 (Latest report published on 22 October 2015)

Older people	Good 
People with long term conditions	Good 
Families, children and young people	Good 
Working age people (including those recently retired and students)	Good 
People whose circumstances may make them vulnerable	Good 
People experiencing poor mental health (including people with dementia)	Good 

[Full Details >](#) [Share your experience](#) [Email alert sign-up](#)

Rawson Road Surgery Good (SSP Health Ltd)



136-138 Rawson Road, Seaforth, Liverpool, L21 1HP
(0151) 928 7576

Provided by: SSP Health Ltd

CQC inspection area ratings

(Latest report published on 10 September 2015)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC Inspections and ratings of specific services

(Latest report published on 10 September 2015)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

[Full Details >](#)

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Seaforth Village Surgery Good

 20 Seaforth Road, Litherland, Liverpool, L21 4LF
 Provided by: SSP Health Ltd

CQC inspection area ratings
 (Latest report published on 29 October 2015)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC Inspections and ratings of specific services
 (Latest report published on 29 October 2015)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

[Full Details >](#) [Share your experience](#) [Email alert sign-up](#)

Netherton Practice Good

This service was previously managed by a different provider - see old profile

 Netherton Health Centre, Magdalen Square, Netherton, Bootle, L30 5SP
Provided by: SSP Health Ltd

CQC inspection area ratings

(Latest report published on 24 September 2015)

Safe	Requires improvement ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC Inspections and ratings of specific services

(Latest report published on 24 September 2015)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

[Full Details >](#)

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Crossways Practice Good

This service was previously managed by a different provider - see old profile



168 Liverpool Road, Crosby, Liverpool, L23 0QW
(0151) 293 0800

Provided by: SSP Health Ltd

CQC inspection area ratings

(Latest report published on 6 August 2015)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC Inspections and ratings of specific services

(Latest report published on 6 August 2015)

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

[Full Details >](#)

[Share your experience](#)

[Email alert sign-up](#)

Doctors/GPs

Specialisms/services

- Diagnostic and screening procedures
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

12. Better Care Fund update

A quarterly data collection template has been issued by the Better Care Support Team for completion. It requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan. The latest collection template for Q2 2015-16 focusses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, performance on local metrics, and planning for BCF 2016/17. It also presented an opportunity for Health and Wellbeing Boards to register interest in further support.

The payment for performance element of BCF requires a target reduction to be reached in the number of non elective admissions to hospital. Current performance for Q2 was above the required level of reduction, therefore no payment for performance was available. Quarter 2 performance improved on Q1 with a reduction in two of the three months of the quarter. Performance is summarised below:

Figure 31 BCF Activity Monitoring

BCF NEL Admissions (MAR)	Jan	Feb	Mar	BCF Q1 1516 (Financial Q4 1415)	Apr	May	Jun	BCF Q2 (Financial / Q1 1516)	Jul	Aug	Sep	BCF Q3 (Financial Q2 1516)		Year to Date
Plan	3003	3003	3003	9009	2940.67	2940.67	2940.67	8822	2935	2935	2935	8806		26637
Actual	3176	2976	3516	9667	3257	3245	2958	9461	2957	2849	2766	8573		27701
Var	173	-27	513	658	317	304	18	638.5	22	-86	-169	-233		1064
%age Var	5.8%	-0.9%	17.1%	7.3%	10.8%	10.3%	0.6%	7.2%	0.7%	-2.9%	-5.8%	-2.6%		4.0%

13. NHS England Activity Monitoring

Figure 32 NHS England Activity Monitoring

Measures		Apr	May	Jun	Jul	Aug	Sep	YTD
E.C.8 A&E (Type 1, 2 & 3)	Plan	4166	4379	4239	4576	4181	3569	25110
	Actual	4664	4670	4439	4476	4299	4462	27010
	Var	498	291	200	-100	118	893	1900
	%age Var	12.0%	6.6%	4.7%	-2.2%	2.8%	25.0%	7.6%
E.C.9 GP Referrals (G&A)	Plan	2914	2906	3097	3310	2834	3161	18222
	Actual	3258	3171	3328	3480	3137	3545	19919
	Var	344	265	231	170	303	384	1697
	%age Var	11.8%	9.1%	7.5%	5.1%	10.7%	12.1%	9.3%
E.C.10 Other Referrals (G&A)	Plan	1719	1752	1851	1901	1718	1838	10779
	Actual	2029	2021	1883	2223	1766	2195	12117
	Var	310	269	32	322	48	357	1338
	%age Var	18.0%	15.4%	1.7%	16.9%	2.8%	19.4%	12.4%
E.C.32 Daycase (All Specs)	Plan	1732	1735	1885	2039	1735	1858	10984
	Actual	1534	1536	1767	1824	1449	1690	9800
	Var	-198	-199	-118	-215	-286	-168	-1184
	%age Var	-11.4%	-11.5%	-6.3%	-10.5%	-16.5%	-9.0%	-10.8%
E.C.2 Daycase (G&A)	Plan	1732	1735	1885	2039	1735	1858	10984
	Actual	1534	1536	1767	1824	1449	1690	9800
	Var	-198	-199	-118	-215	-286	-168	-1184
	%age Var	-11.4%	-11.5%	-6.3%	-10.5%	-16.5%	-9.0%	-10.8%
E.C.21 Elective (All Specs)	Plan	297	325	294	348	307	329	1900
	Actual	269	316	289	324	276	292	1766
	Var	-28	-9	-5	-24	-31	-37	-134
	%age Var	-9.4%	-2.8%	-1.7%	-6.9%	-10.1%	-11.2%	-7.1%
E.C.1 Elective (G&A)	Plan	297	325	294	348	307	329	1900
	Actual	269	316	289	324	276	291	1765
	Var	-28	-9	-5	-24	-31	-38	-135
	%age Var	-9.4%	-2.8%	-1.7%	-6.9%	-10.1%	-11.6%	-7.1%
E.C.23 Non Elective	Plan	1952	2052	1986	2144	1959	1672	11765

	Actual	1954	1959	1807	1880	1832	1943	11375
	Var	2	-93	-179	-264	-127	271	-390
	%age Var	0.1%	-4.5%	-9.0%	-12.3%	-6.5%	16.2%	-3.3%
E.C.4 Non Elective (G&A)	Plan	1730	1819	1761	1901	1737	1482	10430
	Actual	1733	1736	1600	1640	1555	1680	9944
	Var	3	-83	-161	-261	-182	198	-486
	%age Var	0.2%	-4.6%	-9.1%	-13.7%	-10.5%	13.4%	-4.7%
E.C.24 OP All 1st (All Spec)	Plan	5039	5286	5470	5354	4520	4969	30638
	Actual	5470	5093	5810	5695	4875	5986	32929
	Var	431	-193	340	341	355	1017	2291
	%age Var	8.6%	-3.7%	6.2%	6.4%	7.9%	20.5%	7.5%
E.C.5 OP All 1st (G&A)	Plan	5035	5281	5466	5349	4516	4963	30610
	Actual	5104	4762	5390	5298	4528	5606	30688
	Var	69	-519	-76	-51	12	643	78
	%age Var	1.4%	-9.8%	-1.4%	-1.0%	0.3%	13.0%	0.3%
E.C.25 OP All 1st Following GP Ref(All Spec)	Plan	2824	2963	3066	3003	2535	2786	17177
	Actual	2590	2531	2922	2862	2490	3007	16402
	Var	-234	-432	-144	-141	-45	221	-775
	%age Var	-8.3%	-14.6%	-4.7%	-4.7%	-1.8%	7.9%	-4.5%
E.C.12 OP All 1st Following GP Ref (G&A)	Plan	2822	2960	3063	2999	2531	2782	17157
	Actual	2530	2476	2854	2799	2430	2944	16033
	Var	-292	-484	-209	-200	-101	162	-1124
	%age Var	-10.3%	-16.4%	-6.8%	-6.7%	-4.0%	5.8%	-6.6%
E.C.6 All Subsequent OP	Plan	12639	13258	13719	13430	11338	12463	76847
	Actual	12980	12448	14427	14263	12011	14297	80426
	Var	341	-810	708	833	673	1834	3579
	%age Var	2.7%	-6.1%	5.2%	6.2%	5.9%	14.7%	4.7%

Source	Referrals (G&A)	Month 6 YTD PLAN	Month 6 YTD ACTUAL	Month 6 YTD Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
	Referrals (G&A)				
MAR	GP	18222	19919	9.3%	Activity figures started to flow through for a GP hotline service which is being coded as General Medicine in both referrals and outpatient data. The increase began in March 2015 so would not have been included in the planning stage. When looking at the actual figures GP hotline equates to approx. 1062 referrals since its start back in March. When this is factored in GP referrals have increased but to a lesser extent at 4%. Whilst this activity is flowing, CCG is not paying for this and the Trust have been formally notified as such.
MAR	Other	10779	12117	12.4%	Further investigations are on going as to the increases noted in other referrals to ascertain were the uplift is coming from. MAR data suggests the major increase is located at Aintree Trust, however local referral data suggests a much smaller overall increase in referrals at Aintree for non GP with 3% noted.
MAR	Total	29001	32036	10.5%	As above.
	Outpatient attendances (G&A)				
SUS	All 1st OP	30610	30688	0.3%	
SUS	Follow-up	76847	80426	4.7%	Issues regarding the planning of Outpatient measures have been noted with the reporting differences between MAR (plans based on) and SUS (activity monitored on). When looking at figures comparing SUS activity months 1 to 6 in 2014/15 with the same period in 2015/16 the increase reduces to within 3% at 2.8%. Work is being done to examine the first to follow up rates by specialty.
SUS	Total OP attends	107457	111114	3.4%	As above.
SUS	Outpatient procedures (G&A) (included in attends)	17053	18256	7.1%	M1-6 2014/15 compared with same period 2015/16.
	Admitted Patient Care (G&A)				

SUS	Elective Day case spells	10984	9800	-10.8%	When comparing 2014/15 M1-6 against the same period last year the figures suggest an increase of approx. 7% and not a reduction. The main focus of this is within Gastroenterology. This is in line with increased referrals within that speciality, work is currently being done to explore the source of referral, reason for the increase and conversion rates.
SUS	Elective Ordinary spells	1900	1765	-7.1%	Plan v actual is in line with 2014/15 M1-6 compared with the same period in 2015/16. The decrease is mainly down to Aintree with work on going to explore if a shift of some procedures has occurred to day case in line with the narrative above.
SUS	Total Elective spells	12884	11565	-10.2%	See above
SUS	Non-elective spells complete	10430	9944	-4.7%	CDU department closed part way through 2014/15 (October) leading to an increase in reported NEL admissions. In the 15/16 planning round, we had only two months of data recorded in the new way on which to base and model our plans. This led to a potential overestimate of the plan, hence the underperformance against plan reported here.
SUS	Total completed spells	23314	21509	-7.7%	As above.
Attendances at A&E					
SUS	Type 1				
SUS	All types	25110	27010	7.6%	Plan value suggests an increase but when comparing 2014/15 month 1 to 6 against the same period in 2015/16 a slight decrease has been noted of approx. 1.9%.

MEETING OF THE GOVERNING BODY November 2015	
Agenda Item: 15/212	Author of the Paper: Sarah McGrath Locality Development Manager Sarah.mcgrath@southportandformbyccg.nhs.uk Tel: 01704 387008
Report date: November 2015	
Title: Update on Cancer Access Performance following Tripartite Priority Setting	
Summary/Key Issues: The paper provides an update to NHS South Sefton Clinical Commissioning Group Governing Body on the detail behind performance in relation to the 62 Day cancer access standard and the approach being taken to improve and sustain performance.	
Recommendation The Governing Body is asked to receive this report	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To place clinical leadership at the heart of localities to drive transformational change.
	To develop the integration agenda across health and social care.
	To consolidate the Estates Plan and develop one new project for March 2016.
	To publish plans for community services and commission for March 2016.
	To commission new care pathways for mental health.
	To achieve Phase 1 of Primary Care transformation.
x	To achieve financial duties and commission high quality care.

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 November 2015

1. Executive Summary

This paper provides detail on the following areas of activity:

Commissioner and provider –based performance against the following national standards:

- 62 days from GP referral to first definitive cancer treatment

The paper describes new national priorities intended to offer practical actions to help providers improve performance and also to support CCGs with effective commissioning of cancer services. Local progress in relation to these priorities is discussed.

2. Introduction and Background

Joint correspondence from the Trust Development Authority, Monitor and NHS England in July 2015 requested a provider response against 8 key priorities for the recovery and sustainability of performance against the 62 day cancer operational standard from GP referral to first definitive treatment. This was in recognition of the fact that performance is challenged against this indicator with 83.4% achievement of the standard at a national level against a threshold of 85% and that performance has slipped by 2% over the last 2 operating years.

Local performance for 2015/16 to date is shown below for both commissioner and provider based activity.

NHS South Sefton CCG	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	YTD
% 62 day classic	90.91%	88.89%	87.10%	84.62%	88.57%	78.95%	86.17%
Target	85%	85%	85%	85%	85%	85%	85%
Total Treated	22	36	31	26	35	38	188
Treated within 62 Days	20	32	27	22	31	30	162
National performance	82.7%	80.8%	81.0%	81.5%	82.3%	81.2%	tbc

Aintree University Hospital Catchment	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	YTD
% 62 day classic	85.56%	87.29%	85.00%	83.81%	88.60%	85.22%	85.95%
Target	85%	85%	85%	85%	85%	85%	85%
Total Treated	45	59	60	52.5	57	57.5	331
Treated within 62 Days	38.5	51.5	51	44	50.5	49	284.5

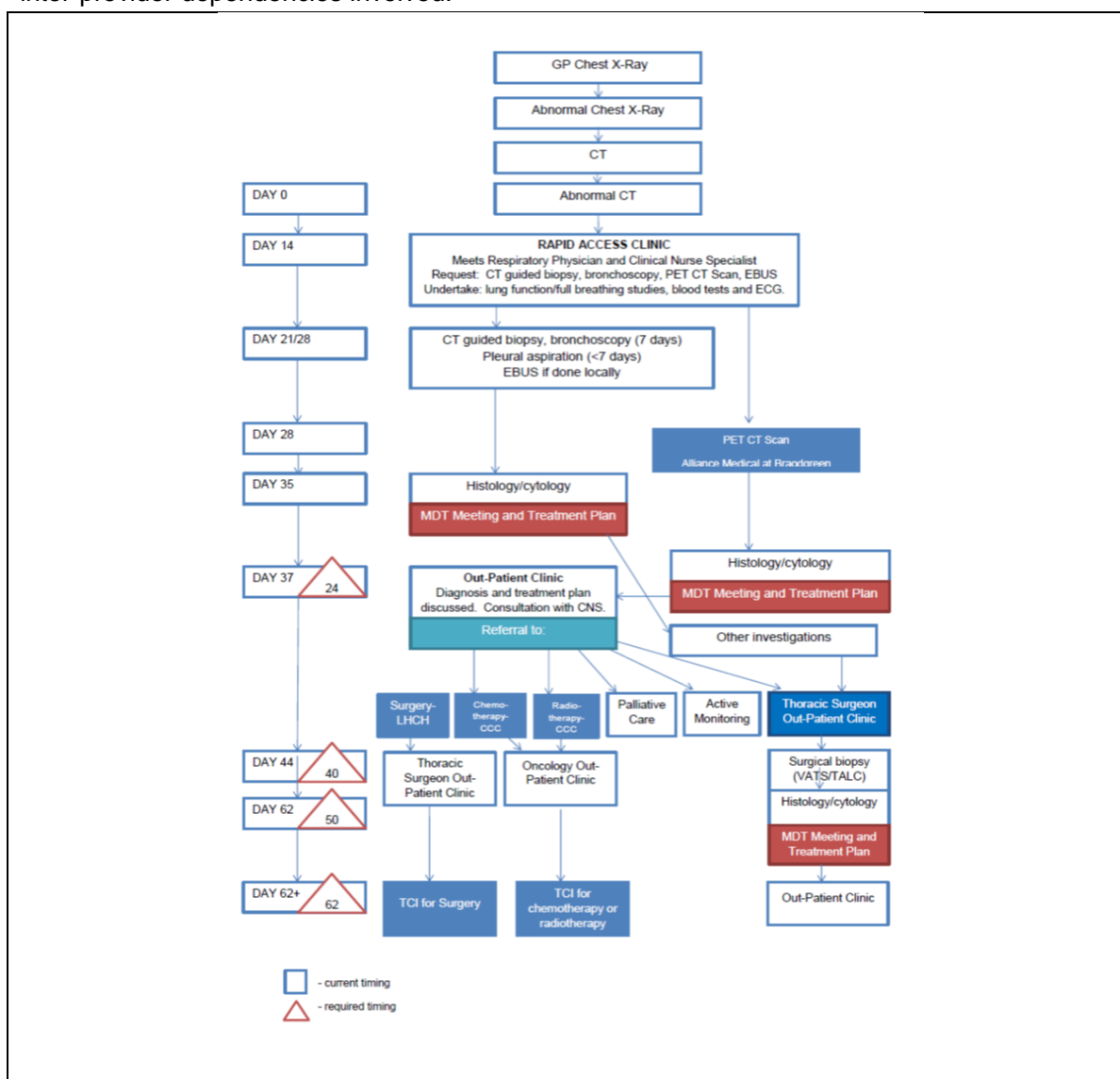
3. Inter-trust pathways and breach allocation

The configuration of cancer treatment services for South Sefton patients is complex. Radiotherapy and chemotherapy are provided by Clatterbridge Cancer Centre at different locations. In addition, Royal Liverpool, St Helens and Knowsley, Walton Centre, Liverpool Women's and Liverpool Heart and Chest Hospitals all have roles as specialist surgical centres for different tumour sites. This means that two and sometimes three- trust pathways are common and facilitating timely inter-trust transfers remains the key challenge in delivering 62 day compliance.

Alongside this, other providers may undertake diagnostic elements of the pathway such as specialist pathology or PET scanning without formal transfer of care along the pathway.

The process for the allocation and reporting of shared breaches across two or three Trusts remains an issue with Monitor and TDA -regulated Trusts operating to different definitions. The National Cancer Waiting Times Delivery Group has acknowledged that change is needed but has made the decision not to mandate a particular model at the current time but instead to undertake a listening exercise in relation to this.

The following extract from a timed pathway for lung cancer aims to illustrate the complexities and inter-provider dependencies involved.



4. Key priorities

The Tripartite correspondence referred to asked providers to respond to the following eight questions

1. Does the Trust Board must have a named Executive Director responsible for delivering the national cancer waiting time standards?
2. Does the Board receive 62 day cancer wait performance reports for each individual cancer tumour pathway, not an all pathway average Does the Trust have a cancer operational policy in place and approved by the Trust Board?
3. Does the Trust have a cancer operational policy in place and approved by the Trust Board? This should include the approach to auditing data quality and accuracy, the Trust approach to ensure MDT coordinators are effectively supported, and have sufficient dedicated capacity to fulfil the function effectively
4. Does the Trust maintain and publish a timed pathway, agreed with the local commissioners and any other Providers involved in the pathway, taking advice from the Clinical Network for the following cancer sites: lung, colorectal, prostate and breast?
5. Is root cause breach analysis carried out for each pathway not meeting current standards, reviewing the last ten patient breaches and near misses (defined as patients who came within 48 hours of breaching)
6. Does the Trust maintain a valid cancer specific PTL and carry out a weekly review for all cancer tumour pathways to track patients and review data for accuracy and performance?
7. Is capacity and demand analysis for key elements of the pathway not meeting the standard (1st OP appointment; treatment by modality) carried out?
8. Is an Improvement Plan prepared for each pathway not meeting the standard, based on breach analysis, and capacity and demand modelling, describing a timetabled recovery trajectory for the relevant pathway to achieve the national standard?

The full response from Aintree University Hospital NHSFT is appended to this report.

5. Additional Requirements

All Trusts and Foundation Trusts are expected to produce weekly PTLs for the 62 day standard and these are now shared with commissioners and received weekly.

The remit of Systems Resilience Groups will be expanded to include the 62 day cancer standard.

Each local health system will be required to prepare a cancer capacity plan for key elements of the pathway , cognisant of projected increases in demand for cancer services associated with population demographics, new NICE Guidelines for the management of suspected cancer and targeted Be Clear on Cancer awareness campaigns.

6. Local Reporting Systems

Aintree University Hospital provide quarterly SBAR (Situation, Background, Analysis, Recommendations) reports on all breaches of 62 days to the CCG's managerial and clinical cancer leads..

These give detailed analysis of each breach, highlighting themes and trends although these are often multi-factorial. The reports also state whether the breach is considered avoidable or unavoidable. The main reasons include:

- True complexity of pathway involving multiple diagnostics and specialties to reach a definitive diagnosis and treatment plan
- Inter-trust transfers
- Health status of patient, co-morbidities which delay the start of cancer treatment

- Patient Choice both in regard to decision making on the modality of treatment (especially for prostate) and wanting to plan treatment around personal factors
- Access to diagnostic testing and reporting timescales including services from other providers such as , Haemato- Oncology Diagnostic Service (HODS) and PET-CT.

Tumour level reporting of breaches from April 2014- August 2015 (Commissioner –based NHS South Sefton CCG)

Breast	2
Gynaecological	7
Haematological (Excluding Acute Leukaemia)	8
Head & Neck	9
Lower Gastrointestinal	11
Lung	15
Other	2
Sarcoma	0
Skin	1
Upper Gastrointestinal	2
Urological (Excluding Testicular)	9
Grand Total	66

26 of these patients were on the pathway for 91 days or more with lung, urology and haematology patients being most likely to have very protracted pathways.

7. “Backstop” measures for long waiting patients

The latest Tripartite communication in October 2015 directs a process for patients waiting over 104 days from referral ensuring that patients continue to be actively tracked post 62 days. Regular reporting to Trust Board should include numbers and proportion of long waiting patients.

Root cause analyses should routinely be undertaken for pathways not meeting the current standards by reviewing the last ten patient breaches and near misses.

A clinical harm review should be undertaken in patients waiting over 104 days leading to a Serious Incident investigation process where indicated with escalation to senior clinical leads at the CCG.

8. Developments

- Network level focus on lung and head and neck cancers
- Implementation of new NICE guidelines for the management of suspected cancer resulting in increased access to direct diagnostics. This should speed up the front end of the pathway, but we need to seek assurance on pathway start dates in this scenario.
- *Could it be Cancer?* Pathways to direct access pelvic/abdominal CT leading to reduction in inter-specialty and back to GP pathways for patients not fitting with tumour specific criteria but in whom there is a strong suspicion of pelvic/abdominal primary or metastatic cancer.

9. Recommendations

The Governing Body is asked to note issues in relation to performance against the 62 day cancer access standard, the key priorities as set out in the Tripartite correspondence and local provider response. The Governing Body is also asked to receive the additional assurance processes relating to long waiting patients.

Appendix

Aintree University Hospital NHSFT response to Tripartite key priorities letter.

**AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION
TRUST**

		Trust Response - Yes/No	Please provide appropriate supporting narrative for each question. Where you have given a "No" response could you please include in your narrative when you expect to be compliant.
1	Does the Trust Board must have a named Executive Director responsible for delivering the national cancer waiting time standards?	Yes	The Chief Operating Officer is the named Executive Director responsible for delivering the cancer waiting time standards.
2	Does the Board receive 62 day cancer wait performance reports for each individual cancer tumour pathway, not an all pathway average?	Yes	The Board receives a monthly aggregate performance report when 62 day standards are achieved and exception reports by tumour sites if the standard has not been achieved at Trust level. From August, performance reports for each individual cancer tumour pathway, including RCAs for patients not treated within the 62 days, will be provided to the Board.
3	Does the Trust have a cancer operational policy in place and approved by the Trust Board? This should include the approach to auditing data quality and accuracy, the Trust approach to ensure MDT coordinators are effectively supported, and have sufficient dedicated capacity to fulfil the function effectively.	No	The Trust has various policies and Standard Operating Procedures relating to Cancer Services but not an overall Cancer Operational Policy. Existing policies and documents will be reviewed and a new Cancer Services Policy will be produced by 30.09.15
4	Does the Trust maintain and publish a timed pathway, agreed with the local commissioners and any other Providers involved in the pathway, taking advice from the Clinical Network for the following cancer sites: lung, colorectal, prostate and breast? These should specify the point within the 62 day pathway by which key activities such as OP assessment, key diagnostics, inter-Provider transfer and TCI dates need to be completed. Assurance will be provided by regional tripartite groups.	Yes	The Trust has recently reviewed all cancer pathways, including lung, colorectal, prostate and breast, which includes key points and timeframes. The Trust is working with the SRG and Regional Director of Operations Forum to ensure optimum pathway delivery is maintained.
5	Does the Trust maintain a valid cancer specific PTL and carry out a weekly review for all cancer tumour pathways to track patients and review data for accuracy and performance? The Trust to identify individual patient deviation from the published pathway standards and agree corrective action.	Yes	The Trust has a cancer specific PTL and has weekly reviews/meetings in place for all tumour sites where individual patients are discussed and corrective actions agreed for patients where there are potential risks to delivery of their pathway standard.
6	Is root cause breach analysis carried out for each pathway not meeting current standards, reviewing the last ten patient breaches and near misses (defined as patients who came within 48hours of breaching)? These should be reviewed in the weekly PTL meetings.	No	Partial compliance - root cause analysis is currently only carried out for breaches but not near misses. Compliance with this standard will be achieved by 30.09.15
7	Is capacity and demand analysis for key elements of the pathway not meeting the standard (1st OP appointment; treatment by modality) carried out? There should also be an assessment of sustainable list size at this point.	No	Partial compliance - this has been completed in 2 pathways and is being undertaken for all other pathways. This will be completed by 31.10.15
8	Is an Improvement Plan prepared for each pathway not meeting the standard, based on breach analysis, and capacity and demand modelling, describing a timetabled recovery trajectory for the relevant pathway to achieve the national standard. This should be agreed by local commissioners and any other providers involved in the pathway, taking advice from the local Cancer Clinical Network. Regional tripartite groups will carry out escalation reviews in the event of non-delivery of an agreed Improvement Plan.	Yes	Improvement plans are formulated and monitored within performance meetings. This will become more robust as the actions described in 6 & 7 above are implemented .

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 17th September 2015 Chair:
Roger Driver

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> On target to deliver financial balance. 	<ul style="list-style-type: none"> Delivering recurrent financial balance. 	<ul style="list-style-type: none"> Ongoing requirement to deliver additional QIPP schemes.

Information Points for South Sefton CCG Governing Body (for noting)

- On line to meet financial targets although underlying position has deteriorated slightly in the month.
- £3m QIPP plan still needs to be identified to ensure long term sustainability of the CCG.
- Sefton Property Estate Group (SPEP) held first meeting on 11th September. Estates strategy to be presented to Governing Body in November, ahead of submission to NHSE in December.

Key Issues Report to Governing Body

Quality Committee Meeting held on 17th September 2015

Chair:
Dr Gina Halstead

Key Issue	Risk Identified	Mitigating Actions
Loss of local intermediate care beds (ICB)/LA reablement (pre-hospital)	<ul style="list-style-type: none"> Lack of ICB availability leading into winter 	<ul style="list-style-type: none"> CCG attempting to identify beds to be commissioned Escalation to Chief Officer to inform discussions with LA

Information Points for South Sefton CCG Governing Body (for noting)

Cold Chain Audit presented to Quality Committee. NHSE/PHE asked to bring update to meeting in New Year and for feedback on any priority actions nearing flu season.

Safeguarding Peer Review Action Plan received. Positive progress made, Challenges in finalising of specialist supervision for the CCG Safeguarding Service is being addressed by Halton CCG as host CCG for the service therefore, RAG rating for this recommended to be amended from 'green' to 'amber'.

Latest data showing improvement in SHMI at AUHT.

Month 4 performance discussed for main providers. Assurance provided re challenges being faced at AUHT with regard to Mental Health breaches. Challenges in performance for Rapid Access Chest Pain Clinic at AUHT to be raised with Trust by Dr Halstead via Contract.

Update received regarding S&O RCOG Maternity Review.

LCL update re system safeguards.



**South Sefton
Clinical Commissioning Group**

Key Issues Log

Title of Meeting	Committee in Common – Realigned Hospital-Based Care
Chair	Dr Nadim Fazlani, NHS Liverpool CCG
Date of Meeting	7 th October 2015

Issue	Risk Identified	Mitigating Action
1. Engagement/consultation across Sefton and Knowsley local authority areas.	<ul style="list-style-type: none"> That each area has distinct engagement/consultation processes which need to be respected in order to ensure a comprehensive approach. 	<ul style="list-style-type: none"> Meeting between ‘Health Liverpool’ leads and local authority leads to map processes and agree a shared timetable/action plan.
2. Service Reviews faced by hospital providers outside Liverpool.	<ul style="list-style-type: none"> That such reviews could result in recommended changes which impact on models agreed in Liverpool. 	<ul style="list-style-type: none"> Bring together intelligence re service reviews. Meet with key chief executives outside Liverpool to align approaches.

Recommendations to NHS South Sefton CCG Governing Body:

- To note the issues, risks and mitigating actions.



South Sefton

Clinical Commissioning Group

Key Issues Log

Title of Meeting	Committee in Common – Realigned Hospital-Based Care
Chair	Dr Nadim Fazlani, NHS Liverpool CCG
Date of Meeting	4 th November 2015

Issue	Risk Identified	Mitigating Action
1. Alignment of transformation plans across Liverpool, Sefton and Knowsley where there are co-dependencies.	<ul style="list-style-type: none"> • Unforeseen consequences of commissioning decisions in community services impacting on hospital services. • Learning/skills not shared across CCGs. 	<ul style="list-style-type: none"> • Sefton plan shared at CIC. • I Davies/K McCluskey to map areas of co-dependency and ensure alignment. • Knowsley plan to be shared at next CIC meeting.
2. Public engagement and consultation.	<ul style="list-style-type: none"> • Lack of clarity regarding the driving issues resulting in poor understanding of need for change across Liverpool, Sefton and Knowsley. 	<ul style="list-style-type: none"> • Comms and engagement group across Liverpool, Sefton and Knowsley CCGs and LAs to be established to jointly drive this work.

Recommendations to NHS South Sefton CCG Governing Body:

1. To note the issues, risks and mitigating actions.

Finance and Resource Committee Minutes

Thursday 17th September 2015, 1.00pm to 3.00pm
3rd Floor Board Room, Merton House

Attendees		
Roger Driver	Lay Member (Chair)	RD
Graham Morris	Lay Member	GM
Andy Mimmagh	GP Governing Body Member	AM
Paul Thomas	GP Governing Body Member	PT
Tanya Mulvey	Practice Manager	TM
David Smith	Deputy Chief Finance Officer	DS
Debbie Fagan	Chief Nurse & Quality Officer	DF
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Susanne Lynch	CCG Lead for Medicines Management	SL
James Bradley	Head of Strategic Finance Planning	JB
Ex-officio Member*		
Fiona Clark	Chief Officer	FLC
Apologies		
Martin McDowell	Chief Finance Officer	MMcD
Steve Astles	Head of CCG Development	SA
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	TJ
Malcolm Cunningham	Head of Primary Care & Contracting	MC
Sharon McGibbon	Practice Manager	SMcG
Minutes		
Ruth Moynihan	PA to Chief Finance Officer	RM

No	Item	Action
FR15/99	<p>Apologies for absence</p> <p>Apologies for absence were received from Martin McDowell, Fiona Clark, Steve Astles, Karl McCluskey, Tracy Jeffes, Malcolm Cunningham and Sharon McGibbon.</p>	
FR15/100	<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> <p>The Committee also noted the following:</p> <ul style="list-style-type: none"> TM is the wife of Alistair Mulvey, Director of Finance at Wirral University Teaching Hospital, and TM is to complete the appropriate Declaration of Interest form. RD has been involved in some work with Well North during 2015. 	

Approved on the 22nd October 2015

No	Item	Action
FR15/101	<p>Minutes of the previous meeting</p> <p>TM referred to item FR15/85 (FR15/65) and noted that testing of the laminated reference cards was to be done at the Practice Managers' Forum, and not within her practice as stated in the minutes. RM is to amend the minutes accordingly.</p>	RM
FR15/102	<p>Action points from the previous meeting</p> <p><i>FR15/92 Procurement strategy – JL to provide schedule – see agenda item FR15/108.</i></p> <p><i>FR15/98 Financial Control Environment Assessment Checklist – GM said that following completion of the checklist Ken Jones had met with NHSE, and KJ advised that the meeting went well and no issues arose.</i></p> <p><i>FR15/85 (FR15/65) Quality Premium Dashboard, laminated reference card for GPs - TM gave feedback from the Practice Managers' Forum saying this was not something they wished to proceed with, and it was felt the money could be put to better use elsewhere.</i></p>	
FR15/103	<p>Month 5 Finance Report</p> <p>This paper presented the Committee with an overview of the financial position for NHS South Sefton Clinical Commissioning Group as at 31 August 2015.</p> <p>JB presented this report and said the CCG is still on target to meet the required surplus target of £2.4m.</p> <p>SL referred to the increase in anti TNF drugs and, in order to gain better control of drugs, prescribing subject to an annual review needed to be incorporated into the CCG's contracts. SL also referred to Blutech software which potentially could be used by the Trust, and she is to work with JB on this.</p>	SL/JB

Approved on the 22nd October 2015

No	Item	Action
	Action taken by the Committee	
	The Committee noted the content of this report and the recommendations therein.	
FR15/104	<p>Prescribing Performance Report</p> <p>(a) Q1 Report SL presented this report and advised the Committee that as many of the new drugs approved by NICE are expensive, the CCG is seeing an increase in cost. Pregabalin remains a concern and SL is to ask for this to be analysed into localities to gain a clearer understanding. SL said potentially there were significant savings to be made with Quetiapine MR, and JB is to raise this with Mersey Care in their contract meeting.</p> <p>(b) Month 3 Report This paper gave an update on prescribing spend for June 2015. SL advised that Medicines Management are supporting practices with a large forecast outturn, and identifying areas to be addressed in order to help manage their budgets. RD suggested presenting the budget report to practice managers within the localities, and SL will discuss this report when next attending a locality meeting.</p> <p>(c) APC Recommendations SL presented this report which brought the new APC recommendations to the attention of the CCG. The Committee approved the recommendations however, as the meeting was not quorate, delegated approval was given to MMcD, and SL is to approach MMcD regarding this.</p> <p>Action taken by the Committee</p> <p>The Committee noted the content of these reports, and that patient movements and therapy optimisation may cause cost pressure towards the end of the financial year.</p>	<p>SL</p> <p>SL</p>
FR15/105	<p>Sefton Property Estate Partnership Group (SPEP)</p> <p>DS updated the Committee advising that the first SPEP Group meeting was on 11th September 2015, and that the first output was to recommend the development of an Estates Strategy. The strategy is expected to take six months to develop, and Sam McCumiskey, LSHP & GB Partnerships, is working with the CCG to see what some of the high level figures might look like. The Committee noted the following:</p> <ul style="list-style-type: none"> • SMcC will be organising a workshop in October; • SPEP are to meet again in November; • the Estates Strategy will be presented to the Governing Body in November, before formal presentation to NHSE by the end of December; • current membership includes individuals from Sefton Council, NHSE, NHSE Property and Community Partnerships; • key providers will be brought in at a future key point; • some of the Group has the opportunity to work with wider services eg police, and it is hoped that the Council will take on this wider group. <p>RD pointed out that the CCG may have legal obligations linked to registered charities, and he encouraged the CCG to engage directly with the localities</p>	

Approved on the 22nd October 2015

No	Item	Action
	regarding this point.	
	<p>Action taken by the Committee</p> <p>The Committee noted the update and the points made therein.</p>	
FR15/106	<p>External Updates/Benchmarking and VFM Reports</p> <p>No update was given at this meeting.</p>	
FR15/107	<p>CCG Assurance</p> <p>DS said the CCG Assurance runs close to the financial recovery plan, and the CCG is still awaiting confirmation of a date for the Q1 assurance meeting with NHSE. The Committee will be advised of the date at the next meeting.</p> <p>Action taken by the Committee</p> <p>The Committee noted this update.</p>	
FR15/108	<p>Procurement Timetable</p> <p>The Committee reviewed the procurement timetable and noted the importance of the CCG making a very clear statement in its commissioning intentions.</p> <p>Action taken by the Committee</p> <p>The Committee noted the timetable.</p>	
FR15/109	<p>IFR Update</p> <p>JL presented this paper which updated the CCG on the application of the IEFR Policy and activity during April to June 2015.</p> <p>Action taken by the Committee</p> <p>The Committee noted the content of this report.</p>	
FR15/110	<p>Better Care Fund Update</p> <p>DS advised the Committee that the CCG is forecasting that the performance element of the fund will not be achieved, meaning that no additional payments are likely to be made into the pooled budget.</p> <p>Action taken by the Committee</p> <p>The Committee noted the update.</p>	
FR15/111	<p>QIPP Update</p> <p>DS advised that the CCG still needs to identify £3m of QIPP and is looking at its reserves as well as its long term plan.</p> <p>Action taken by the Committee</p> <p>The Committee noted the update.</p>	

Approved on the 22nd October 2015

No	Item	Action
FR15/112	<p>Any Other Business</p> <ul style="list-style-type: none"> • Ken Jones, Chief Accountant GM noted that Ken Jones is to leave the CCG on 2nd October, and the Committee wanted to formally express its thanks to Ken for all of his work and much valued contribution during his time at the CCG • Key Issues Review Going forward, this is to form the final agenda item at each meeting. The key issues arising at each meeting will be summarised and presented to the Governing Body in a Key Issues Report. RM is to update the workplan accordingly. 	RM
	<p>Date of next meeting Thursday 22nd October 2015 1.00pm to 3.00pm 3rd Floor Board Room, Merton House</p>	

Approved on the 22nd October 2015

Quality Committee Minutes

Date: Thursday 17th September 2015, 3.00pm to 5.00pm
Venue: 3rd Floor Board Room, Merton House, Stanley Road, Bootle.

Membership		
Dr Gina Halstead	GP Lead for Quality (Chair)	GH
Stephen Astles	Head of CCG Development	SA
Malcolm Cunningham	Head of Primary Care & Contracting	NC
Roger Driver	Lay Member	RD
Debbie Fagan	Chief Nurse	DF
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Sharon McGibbon	Practice Manager/Governing Body Member	SMcG
Dr Andy Mimnagh	GP Governing Body Member	AM
Ex Officio Members		
Fiona Clark	Chief Officer	FLC
In Attendance		
Peter Chamberlain	Clinical Lead Strategy & Innovation	PC
Julie Cummins	Clinical Quality CSU	JC
James Hester	Quality & Safety Manager	JH
Pauline Jones	Public Health England (Item 15/097 only)	PJ
Brendan Prescott	Deputy Chief Nurse / Head of Quality & Safety	BP
Helen Roberts	Senior Pharmacist	HR
Jo Simpson	Quality & Performance Manager - CSU	JS
David Smith	Deputy Chief Finance Officer	DS
Minute Taker		
Vicky Taylor	Quality Team Business Support Officer	VT

No.	Item	Action by
15/093	Apologies for Absence Apologies for absence were received from: Steve Astles, Fiona Clark, Malcolm Cunningham and Martin McDowell who was represented at the meeting by David Smith (Deputy Director of Finance).	
15/094	Declarations of interest regarding Agenda items CCG officers holding dual roles in both Southport and Formby and South Sefton CCGs declared their potential conflicts of interest.	
15/095	Minutes of the previous meeting and Key Issues Log The minutes of 20 th August 2015 were agreed as an accurate record.	
15/096	Matters Arising / Action Tracker 15/038 Safeguarding Service Update Report – In the absence of AD, DF advised that no response had been received from the LA and requested this	

	<p>action be extended to next internal meeting. Action: Review again in November. 15/040 Continuing Health Care/Complex Care Services Quality & Safeguarding Report for South Sefton - On today's agenda. Action: Closed 15/053 Committee Self-Assessment Check List – BP confirmed discussions have now taken place. Action: Closed 15/065 Mersey Care NHS Trust Quality Impact Overview Report – DF and Ray Walker (DON Mersey Care) have discussed and agreed a way forward. Action: Closed 15/070 Toolkit to support NHS Commissioners to reduce poor experience of Patient Care – Outcome due to be reported back to the Committee in January 2016. However, JH advised that Aintree were due to attend the Engagement & Patient Experience Group (EPEG) meeting in October where the opportunity would be taken to discuss the areas the CCG had highlighted to Aintree where they were scoring poorly in relation to other organisations. Committee members were invited to attend if available and date shared. Work on making the Toolkit accessible for people with dementia/learning disabilities is to be explored with NHSE to enable full participation in surveys. Action: Further report to SSCCG in January 2016. 15/074 Acute Visiting Scheme - DF liaising with Terry Hill (Locality Manager) with extension requested to October. Action: Further update to Committee in October. 15/081 Provider Quality Performance Reports – Actions 1, 3, 4, 5 have been completed. Actions: 1, 3, 4, 5 Closed 15/081 (2) Liverpool Community Health (LCH) – Agreed to extend by one month for update to be provided to the Committee in October. Action: Further update to Committee in October. 15/081 (6) Update on Performance Framework – BP and JS meeting with Trust was cancelled and re-arranged. Committee requested to extend action until November meeting to receive update. Action: Further update to Committee in October. 15/082 Serious Incident Report (SUI) (1-3) – JH confirmed that actions 1 and 3 have been completed and will work more closely with Liverpool & Knowsley CCGs to ensure benchmarking against performance is in line with other Acute Trusts. Action: 1 and 3 Closed: action 2 – update November 2015 15/083 Care Home Innovation Programme (CHIP) Clinical Protocols – AM confirmed that the Protocols had received the support of the Governing Body and will provide update next month on the outcome. Action: Further update to Committee in October. 15/084 Safeguarding Service Update Report (1 and 2) Action 1 Qualitative data included in Safeguarding Report this month. Action 2 The information was received. Therefore letter not sent. Actions 1 & 2: Closed 15/084 Safeguarding Service Update Report (3) – Presentation on outcome of Safeguarding Vulnerable People in the NHS not due until October. Action: Due at October's QC meeting 15/086 CCG Safeguarding Annual Report 2014/15 (1 & 2) – Actions completed. Actions: Closed 15/087 EPEG Annual Report 2014/15 and development of the group – Extension requested for one month. Action: Extension agreed for one month.</p>	<p>AD</p> <p>JH</p> <p>DF</p> <p>JS</p> <p>BP/JS</p> <p>JH</p> <p>AM</p> <p>AD</p> <p>JHer</p>
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15/097	<p>Audit of Cold chain Management in GP Practices</p> <p>In September 2014 it was highlighted to the Quality Committee that there had been a number of cold chain incidents within GP practices in South Sefton CCG. It was agreed at the meeting that the medicines management team would facilitate an audit of the cold chain process within GP practices in South Sefton.</p> <p>Whilst it was recognised that this was not a CCG commissioned service, DF stated that CCGs wished to support the audit which had also been discussed at the Southport & Formby Quality Committee the previous day.</p> <p>The Committee discussed the content of the report recognising a number of issues including staff training, servicing of fridges and the need for clear identification of who practices should liaise with over cold chain problems. The Committee acknowledged the financial costs and agreed that it was unacceptable that a potential patient safety issue had arisen due to spoilt vaccines, necessitating in patients having to be re-immunised if the need arose.</p> <p>Discussions at the F&R Committee held earlier in the day recognised that NHS England had accountability for the Cold Chain Audit and not the Medicines Management Team.</p> <p>AM requested that the implications of the storage of vaccinations on behalf of housebound patients which was now the responsibility of GPs and not LCH, also be taken into consideration. PJ considered there was immediate funding available to support the storage of such vaccines.</p> <p>Action 1: PJ, Screening & Immunisation Manager for Public Health England (PHE) took an action from the Committee to pursue the issues identified with NHSE and was asked to report back in January 2016.</p> <p>Action 2: PJ to ask Julie Kelly, Head of Public Health Commissioning, NHS England to ensure Practices are advised of availability of funds in relation to the storage of vaccinations for housebound patients.</p>	<p>PJ</p> <p>PJ</p>
15/098	<p>Continuing Health Care/Complex Care Services Clinical Quality & Safeguarding Report</p> <p>Julie Cummins, Clinical Quality CSU explained that the content of the report related to clinical quality in care homes spread across South Sefton CCG, highlighting where relevant where Care Quality Commission (CQC) reports on homes had been rated unsatisfactory and clinical quality strategies put in place to address.</p> <p>The Committee questioned whether it was appropriate for the content of this report to be shared in the public domain. AM considered it may be a document which would be available through a Freedom of Information (FOI) request.</p> <p>The Committee learnt that work was underway to improve submission of CQUINs by non-compliant care homes and that MMcD had taken an action at the previous day's Southport & Formby Quality Committee meeting to review the process of CQIN payments to care homes and payment of fees when a patient is admitted to hospital.</p> <p>Action: PC, JC and Tracey Forshaw, Programme Manager Vulnerable People to liaise to ensure the information included within the report is appropriate to be shared in the public domain and provide an update to the Committee in October.</p>	<p>PC/JC/ TF</p>

15/099	<p>CCG Hosted Safeguarding Service Update Presented by DF on behalf of the Safeguarding Team. The Committee received this update in relation to adult and children safeguarding including:</p> <ul style="list-style-type: none"> • An analysis in relation to the Q1 submission for Alder Hey Children’s Hospital (AHCH) safeguarding compliance against Key Performance Indicators provides detail for the current limited assurance rating for the Trust. • The revised process identified following escalation to the Sefton Local Authority DoLs team in relation to the timeliness of assessments following referral applications for Deprivation of Livery Authorisations made by NHS Providers in Sefton <p>DF advised that Q1 data due the first week in October will go to the Quality Contract Meeting at Alder Hey where issues with performance will be raised. The Quality Committee advised that they wish a Contract Query to be progressed with Liverpool CCG for the provider due to limited assurance.</p> <p>Issues in relation to health reviews for Looked After Children managed through LCH and AHCH were also discussed at the contracts meeting with a paper sent to the Clinical Quality Performance Group (CQPG) last week.</p> <p>DF believed more benefits would be derived by all areas of safeguarding working more cohesively.</p> <p>PC raised concerns regarding CAMHS provision in South Sefton. DF reported that the service is currently subject to a contract query being managed by LCCG. MC gave further details regarding the query.</p>	
15/100	<p>Revised CCG Management of Allegations Policy Presented by DF on behalf of the Safeguarding Team. The Committee reviewed and approved this revised document following changes made to the current South Sefton CCG Management of Allegations Policy which was been reviewed and updated by the CCG Hosted Safeguarding Service, in line with the Care Act (2014). Following changes suggested by DF and BP, an amended version of the Policy and Procedures will be submitted to the Governing Body for ratification in September 2015</p> <p>Action: Following amendments suggested by DF and BP, an amended version of the Policy and Procedures will be submitted to the Governing Body in September 2015 for ratification.</p>	DF
15/101	<p>CCG Safeguarding Peer Review Action Plan (v8) Presented by DF. The Committee received the report.</p> <p>Action: An amended version of the action plan is to be brought back to the Committee in November when further details of service supervision will be available.</p>	Safe-guarding
15/102	<p>Provider Quality Performance Reports The Committee received this report which provided the narrative and accompanying performance dashboard in relation to AUHFT, Mersey Care NHS Trust and LCH Trust. It was noted that some reports were incomplete this month due to data not being available to the CCG; discussions are ongoing with the CSU for timely submission for the November meeting.</p> <p>Aintree University Hospital Foundation Trust <i>Preventing people from Dying Prematurely</i> GH noted the increasing number of patients which were being assigned to the Systems Resilience Group.</p> <p>Action: JS to forward copy of Self-Assessment form to GH asap</p>	JS

<p>Action: JS to advise PC of location of CQPG reports to enable the historical data to be viewed asap</p>	<p>JS</p>
<p>Action: JS to ask Karl McCluskey, Head of strategic Planning & Assurance whether the run charts for exception reports can be produced in a corporate style to enable them to be incorporated into the Quality Performance Report. November 15</p>	<p>JS</p>
<p><i>Summary Hospital-Level Mortality Indicator (SHMI) – Stroke Measures</i> GH considered the high levels of bed occupancy on Stroke wards was affecting performance. A number of projects are in place to address including a new scanner located within the unit.</p>	
<p><i>A&E Measures</i> Whilst it was considered the 4 hour wait at A&E was being achieved, the Committee noted the issues in relation to 12 hour breaches for mental health patients which are being raised on behalf of the CCG by Fiona Clark, Chief Officer.</p>	
<p>Action: JS to request RCA analysis is carried out by Tracey Forshaw for common themes and reported back to Fiona Clark.</p>	<p>JS</p>
<p>There was a discussion on the increased numbers of patients referred to the Rapid Access Chest pain Clinic.</p>	
<p>Action: Rapid Access Chest Pain Clinic: GH undertook to feedback comments from PC to the Trust in relation to how the changes in the pathway are affecting performance. November 15</p>	<p>GH</p>
<p>The Committee were advised of the CCG receiving notification of an MRSA case at Aintree which was not attributable to the Trust. A post infection review meeting, chaired by DF, Chief Nurse, is due to take place on Monday 21st September with the patient's GP joining the meeting by conference call.</p>	
<p>Mersey Care NHS Trust The Committee noted the reported levels of performance at the Trust. As data reported relates to overall performance, GH asked that performance for each CCG be shown separately.</p>	
<p>Action: JS to liaise with Karl McCluskey, Head of strategic Planning & Assurance to request that the information reported is separated for South Sefton and Southport & Formby CCGs. November 15</p>	<p>JS</p>
<p><i>Every Contact Counts</i> A meeting is to take place with the Trust on 21st September to discuss issues around data quality and provision of up to date narrative.</p>	
<p><i>Referral to Treatment – Eating Disorders</i> Performance in this service is deteriorating with out of area referral space acquired to address.</p>	
<p><i>Keeping Nourished</i> With some improvement in performance evident, the CQPG have requested a presentation on this service.</p>	
<p>DF advised the Committee that the CQC report for Mersey Care was currently with the Trust to check for factual accuracies. A quality review is expected in October for presentation to the CCG.</p>	

	<p>LCH Improvement seen in performance of the intermediate bed base was noted by the Committee, with steps taken to secure beds in intermediate care outside of Ward 35 in preparation for Winter Planning. Action: DF undertook to raise the issue around intermediate care beds availability for winter planning with Jan Leonard, Chief Re-design Commissioning Officer and to report back to the Committee in November.</p> <p><i>Home Equipment</i> The Committee noted that up to date data was not available for inclusion in this month's report.</p> <p>PC raised concerns in relation to CAMHs waiting lists for Sefton patients. DF confirmed this issue was being escalated through Contract meetings with the outcome to be reported back to the Quality Committee. Action: DF to report back to the Committee in November on the outcome of escalation to Alder Hey of CAMHs waiting lists for Sefton patients.</p> <p>DF updated the Committee on the actions taken to address the issues in relation to the Maternity Services at Southport & Ormskirk Trust. All GP Practices and the Oversight & Scrutiny Committee have been made aware.</p>	DF
15/103	<p>Serious Incidents Report The Committee were provided with the current status of serious incidents relating to Aintree University Hospital Foundation Trust (AUHT) and South Sefton CCG patients. The paper included the definition of a serious incident (SUI).</p> <p><i>Aintree University Hospital Foundation Trust</i> It was raised to the Committee that the reports produced by AUHT when investigating SIs were considered to be of high quality and the CCG was assured that robust investigations take place.</p> <p>JH tabled an RCA relating to a SUI at AUHT that GH had commented on outside of this meeting. A brief discussion was held to give clarity to the group re the issues and it was agreed that AM and SA will raise it at the forthcoming 4 hour A&E meeting or next SRG. Action: JH to share RCA report with AM and SA - asap</p> <p><i>Liverpool Clinical Laboratories</i> BP advised that an external review was to be undertaken by Glasgow University in collaboration with Nottingham University in connection with the missing test results reported via two SIs in 2014 and the overall review process. The two SI reports are to be used as part of that investigation</p> <p><i>LCH</i> It was noted that the majority of open SUIs relate to Pressure Ulcers (PUs) reported through LCH. An action plan is due to be produced which will be closely monitored. Action: JH to report to Committee in November in terms of aggregation of reviews.</p>	JH JH
15/104	<p>GP Quality lead Update/LCL Update <i>LCL Update</i> Issues identified are now being addressed through system safeguards.</p>	
15/089	<p>Locality Update No new items to report.</p>	

15/090	<p>Key Issues</p> <ul style="list-style-type: none"> • Loss of local Intermediate Care beds (ICB)/LA reablement (pre-hospital) <p>Information Points:</p> <ul style="list-style-type: none"> • Cold Chain Audit in General Practice • Safeguarding Peer Review Action Plan • Data showing improved SHMI at AUHT • Southport & Ormskirk RCOG Maternity Review • LCL update re system safeguards 	
15/091	<p>Any Other Business</p> <p>None.</p>	
15/092	<p>Date of Next Meeting</p> <p>Thursday 22nd October 2015 - 3.00pm-5.00pm 3rd Floor Board Room - Merton House, Stanley Road, Bootle.</p>	

Seaforth & Litherland Locality Meeting Minutes

Wednesday, 2 September, 2015, 1.00pm – 3:00pm
Crosby Lakeside Adventure Centre

Attendees

Dr Colette McElroy	GP 15 Sefton Road	CE
Alison Harkin	PM 15 Sefton Road	AH
Dr Fred Cook	GP Rawson Road	FC
Dr A Slade	GP – Glovers Lane Surgery	AS
Louise Taylor	PM Glovers Lane Surgery	LT
Lin Bennett	PM Ford Medical Practice	LB
Samantha Standley	PN Rawson Road	SS
Dr Noreen Williams	GP Ford Medical Practice	NW
Louise Armstrong	PN Ford Medical Practice	LA
Dr Martin Vickers	GP Bridge Road Surgery	MV

In Attendance

Melanie Wright	Locality Manager, SSSCCG	MW
David Smith	SSCCG Finance Officer	DS
Tracey Jeffes	SSCCG	TJ
Andrea Cloonan	Urgent Care Team	AC
Doreen Porter	Virtual Ward Co-ordinator	DP
Dr Asan Akpan	Community Geriatrician	AA
Dr Peter Chamberlain	SSCCG	PC
Anne Graham	SSCCG administration	AG

Apologies

Lynn Creavey	PM – Bridge Road Surgery
Angela Dunne	PM – Rawson Road/Orrell Park
Colette Page	
Dr Suryavanshi	GP – Seaforth Practice / Litherland Town Hall
Becky Williams	Medicines Management
Helen Roberts	Medicines Management
Ian Hindley	PM – Seaforth Practice/Litherland Town Hall
Mark Halton	PN – Ford Medical Practice

No	Item	Action
15/88	<p>Apologies for absence Apologies were noted.</p>	
15/89	<p>Declarations of interest Dr Williams declared her interest as a member of the Local Medical Committee.</p>	
15/90	<p>Minutes The minutes of the meeting on the 5th August 2015, were agreed as a true record.</p> <p>Matters Arising <i>Actions from the previous meeting</i></p> <p><u>15/78 Diabetes Dashboard</u> Becky Williams (BW) had been asked to provide data to compare locality/CCG and national information. As she was not available the matter will be brought back to the next meeting.</p> <p>Members of the Locality reported problems with the coding for smoking. BW to advise for the next meeting.</p> <p><u>15/79 Clinical Pharmacists in General Practice Pilot</u> A meeting is being held on 3 September for interested practices.</p> <p><u>15/80 Medicines Management</u> The Chair raised the issue of patients who have started on a NOAC, but do not appear to have been given any counselling, information on the associated risks or further treatment options. She had undertaken research with a number of patients and concluded that there was no evidence that patients understood what was happening. Further consideration of this issue was made in the Medicine Management update - minute 15/94.</p> <p><u>Community Pharmacy Pilot</u> Issue was considered under minute 15/94.</p>	<p>BW</p> <p>BW</p>
15/91	<p>Guest Speakers <u>Urgent Care Team</u> Dr Peter Chamberlain (PC) and Angela Cloonan (AC) gave a presentation on the Urgent Care Team and the service available for patients who otherwise would be at risk of requiring acute admission. The team is nurse led and supported by the community geriatrician for medical oversight. Highlights include:</p> <ul style="list-style-type: none"> • Access line: 0151 475 4208 	

No	Item	Action
	<ul style="list-style-type: none"> • 365 days a year and takes referrals between 08:00 – 19:00 • Two hour response with average time of 45 minutes • The team take referrals from GPs, NWAS, other community services and A&E • The team is integrated with the Community Intermediate Care Team. <p>PC encouraged GPs to use the team and said that future steps included linkage with Mental Health Services and access to reablement.</p> <p>A letter from PC and laminated information on the service, for display by Practices, was tabled.</p> <p>The Chair thanked PC and AC for their presentation.</p> <p><u>Community Gynaecology Service</u></p> <p>Dr Paula Briggs (PB) gave a verbal update on the Community Gynaecology Service which included the following:</p> <ul style="list-style-type: none"> • The service is based at the May Logan Centre. • It is a good service that had been provided for 5 years, but is under-utilised by GPs. • Ultrasound is available on-site and patients can get results right away. • Fertility issues can be managed in the Community. • Women may self-present or be referred by a GP. <p>PB said that the location of the service was not ideal as it was the same location as the Sexual Health Service. There had also been serious administrative difficulties, but she was now confident that these had been resolved.</p> <p>GPs were advised to complete a proforma and refer patients by fax.</p> <p>Members discussed the service and concerns were raised about patients not getting appointments and doctors not getting letters. They had no concerns in relation to the actual gynaecological service itself. The consensus was that doctors would use the service more if they were confident administrative problems had been addressed. It was agreed that Practices would re-audit the service at the end of December after the new administrator had been in place.</p>	
15/93	<p>Finance Update</p> <p>David Smith (DS) tabled data containing the latest 3 months of prescribing costs for all Practices in South Sefton and said that Seaforth and Litherland seemed performing well. He explained the data and said he would be providing this information every month for the Locality meeting.</p>	
15/94	<p>Medicines Management</p> <p>Helen Roberts was not available for the meeting and sent in a written update on actions from the last meeting.</p>	

No	Item	Action
15/95	<p>Any Other Business</p> <p><u>Virtual Ward</u> Doreen Porter, Virtual Ward Co-ordinator as of 1 August, introduced herself. Practices were encouraged to contact her if they had any feedback on the service.</p> <p><u>Upcoming Events</u> MW said that the next Shaping Sefton event was taking place on the 14 October and advised as to the importance of GPs attending. Practice Managers and other staff are also invited. Bookings to be emailed to MW.</p> <p><u>Housebound Flu Vaccinations</u> Practices have been asked to submit figures as to how many housebound patients are currently in the practice apart from those actively on the District Nurses list.</p> <p>Louise Taylor is resigning as Lead Practice Manager and will be taking up a position in the CCG.</p>	
15/96	<p>Date and Time of the Next Locality Meeting Wednesday, 7th October 2015 at Crosby Lakeside Adventure Centre, commencing at 1pm.</p>	

Bootle Locality Meeting Minutes

Date: Wednesday July 29th 2015, 1.00 pm – 2.30pm

Venue: Park Street Surgery

Attendees

Dr Gina Halstead	Locality Lead GP	GH
Jane Elliot	PM North Park Health Centre	JE
P Sweeney	PM Park Street Surgery	PS
Dr Kong Chung	GP Park St Surgery	KC
Dr H Mercer	GP Moore St Surgery	HM
Helen Shillcock	PM Moore St Surgery	HS
Dr R Sivori	GP Bootle Village Surgery	RS

In Attendance

Jenny Kristiansen	Locality Manager SSCCG	JK
Tina Ewart	Locality Manager SSCCG	TE
Dr Tom Davis	SSCCG	TD
Roger Driver	SSCCG	RD
Sandra Craggs	SSCCG Medicines Management	SC
James Creese	SSCCG Medicines Management	JC
Jenny White	SSCCG Finance	JW
Keely Ellison	Lifeline Project Sefton	KE
Anne Graham	SSCCG	AG

Apologies

Tanya Mulvey	PM The Strand Medical Centre
Anna Ferguson	GP Strand Medical Centre
Dr Rob Sivori	Bootle Village Surgery

South Sefton Clinical Commissioning Group

No	Item	Action
15/57	<p>Apologies and Introductions</p> <p>Apologies were noted.</p> <p>Sandra Craggs, introduced herself as the new Medicines Management contact and said that she would be attending this Locality meeting in the future.</p> <p>Dr Tom Davis introduced himself and said that he was here to support primary care development in respect of shared decision making tools.</p> <p>Tina Ewart was introduced as the new Locality Manager for Bootle.</p>	
15/58	<p>Minutes of last meeting</p> <p>The minutes of the meeting held on the 24th June 2015 were agreed as a true record, subject to adding Dr Rob Sivori, GP from the Bootle Village Surgery, to the apologies.</p>	
15/59	<p>Matters Arising</p> <p>See action tracker</p>	
15/60	<p>Sefton Drugs and Alcohol Team</p> <p>Kate Ellison gave verbal feedback and tabled a question and answer sheet which included the following responses: -</p> <ul style="list-style-type: none"> • In April, 13 out of 17 patients did not attend the assessment (DNA) In May, 18 out of 29 patients were DNA In June, 32 out of 42 patients were DNA • For GP referrals covering 1st April to 30th June, 2015 waiting time to assess averages 8 days • 1 in 10 clients presenting require in-patient detox. The first offer to all clients is community detox. There is a single point of assessment. Assessment can take up to 2 hours. Referral to detox can take up to 3 weeks. • Lifeline Sefton is an open access service operating 9am to 9pm. 	

South Sefton Clinical Commissioning Group

No	Item	Action
	<p>Support can be given over the telephone</p> <ul style="list-style-type: none"> • Once people have undergone the initial treatment the following support is available: - <ul style="list-style-type: none"> - 1-2-1 support - Group activities - Education, training and employment opportunities - Mutual aid and peer support groups - Access to detox/rehab - Diversionary activities (Art, Music, Creative writing, Film club etc) - Volunteering and Peer mentoring - Specialist onward referral - Health and wellbeing • The SMASH team is available to support under 18's from the age of 10. <p>KE said that one of the difficulties presented was that people with alcohol problems did not want to attend drug treatment venues, as they see themselves as different. Initially the Sefton Drugs and Alcohol Team held satellite clinics in Health Centres but due to funding constraints had to withdraw them. She would welcome the opportunity to be able to work from GP surgeries across Sefton and said they already operate from some surgeries for Shared Care clients.</p> <p>Members of the Locality discussed the issues further. In general members felt that GP's making referrals may be unhelpful as it changes the window of opportunity with the client and causes delay. Patients are better accessing the services themselves. It was noted that the DNA rates were high when GP's referred.</p> <p>KE tabled an introduction card from the Sefton treatment and Recovery Service, with contact details and an explanation of who they were and what they do. GH thought them very useful and asked for more to go to Locality GP's.</p> <p>It was agreed that:</p> <ul style="list-style-type: none"> • JK to liaise with the Drug and Alcohol Service in respect of using the Health Shop in the Strand for 2 sessions a week. 	<p>JK</p> <p>JK</p>





South Sefton Clinical Commissioning Group

No	Item	Action
	<ul style="list-style-type: none"> • JK to investigate other possible venues in the community • KE to send the Sefton Treatment and Recovery Services information card to all Bootle Locality GP's to pass on to patients. <p>In conclusion, GH thanked KE for a very interesting and informative presentation.</p>	KE
15/61	<p>Finance Update</p> <p>JW gave a brief update on South Sefton CCG finance.</p> <p>The CCG is on target to deliver it's 1% surplus. Month 3 showed a small underspend.</p> <p><u>Estates Strategy</u></p> <p>JW shared the estates strategy paper. One of the practices reported they had received further correspondence from NHS England around estates. They wanted clarity around all the estates funding. JK requested they forwarded the letter they had received and we will try and provide more clarity.</p>	
15/62	<p>Quality and Patient Safety</p> <p><u>Dermatology data</u></p> <p>At the meeting last month JW presented a paper which showed the dermatology acute and community referrals. The group asked whether they could have some information on primary diagnosis for community dermatology and onward referrals from community dermatology into acute. JW shared papers which showed primary diagnosis and onward referrals into acute, however this was a total for the whole of Sefton and not practice level as the data was not readily available from Virgin Care. The group reviewed this data and had some discussion.</p> <p>It was agreed that the Practices would receive 10 random referrals and this data be reviewed at the next meeting.</p> <p>TE to send a template from Crosby</p>	<p>JK</p> <p>TE</p>




South Sefton Clinical Commissioning Group

No	Item	Action
	<p><u>Community Gynaecology Service</u> JK apologised for not bringing a copy of the e-mail from Steve Astles and said she would forward it on to all practices.</p> <p><u>Shared Decision Aids</u> GH had e-mailed members a copy of the current written information to give patients a treatment option. Members of the locality discussed the document and the consensus was that it was too detailed and the language too technical. Members felt that there were only two subjects patients wanted to know: - What is my treatment option? And the outcomes of treatment options. It was felt that more than that would be counter-productive.</p> <p>The group looked at the list of shared decision aids tabled and Agreed to use the following 9 topics: -</p> <ul style="list-style-type: none"> • Gallstones • Glue Ear • Heavy menstrual bleeding (menorrhagia) • Inguinal hernia • Osteoarthritis of the hip • Osteoarthritis of the knee • Prostate specific Antigen (PSA) testing • Recurrent sore throat • Stroke prevention for atrial fibrillation or flutter <p>JK to contact IT for amendments to document.</p> <p>GH said she would report back to the Locality at a future meeting.</p>	<p>JK</p> <p>JK</p> <p>GH</p>
15/63	<p>Locality Business</p> <p><u>Antibiotics for CAP – Update</u> GH to provide information on what is prescribed and information to be written up into Communications.</p> <p><u>Locality Manager Role</u></p>	<p>GH</p>

South Sefton Clinical Commissioning Group

No	Item	Action
	<p>Members were informed that Tina Ewart will be taking over the Locality Manager Role and JK will be taking on the Respiratory Lead Role and attending future meetings in this capacity.</p> <p><u>Lead GP Role</u> Dr Gina Halstead will be retiring as Chair of this Locality and Dr Sapre will be taking over at the next meeting. The Locality Manager (JK) thanked her for all the work she had undertaken in the last year.</p> <p><u>Locality Pack</u> This issue is to be put on the next Agenda.</p>	TE
15/64	<p>Medicines Management Update Documents are all available on SSCCG Intranet please click for hyperlink http://www.southseftonccg.nhs.uk/patient-care/Medicines/default.aspx</p> <p><u>JMOG approvals - May 2015 - June 2015</u></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  201505 APC approved Report May </div> <div style="text-align: center;">  201506 APC approved Report Jun </div> </div> <p><u>Sefton Prescriber Update</u> 109 Temazepam – June 2015</p> <div style="text-align: center;">  SPU 109 Temazepam exemption removed. </div> <p><u>Vitamin D3 prescribing</u></p> <p>Licensed products to be used whenever possible Aviticol, Fultium, Desunin – MM team are reviewing in practices – significant levels of Rx</p> <div style="text-align: center;">  PanMersey APC coleciferol Nov 14. </div> <p><u>STOPP / START screening tool</u></p> <p>Update with additional criteria – very useful for frailty assessments / training &</p>	

South Sefton Clinical Commissioning Group

No	Item	Action
	<p>Registrars</p>  <p>STOPP-START2.0_S C.PDF</p> <p><u>Specials</u></p> <p>Magnesium supplements – see PanMersey advice to use Magnaspartate whenever possible if clinical need for Mg supplementation</p>  <p>Magnesium Glycerophosphate AP</p>	
	<p>PQS 14/15</p> <p>Prescribing Budgets 15/16</p>	<p>Update from Susanne Lynch</p> <p>Aiming for PQS letters to go out at the end of the week (31.07.15) and the budget setting has been agreed so a letter will also go out hopefully by the end of the week.</p> <p>Overall 3% increase to prescribing budget. 50% capitation based on weighted population figures and 50% historic spend. Some practices receiving less than last year maximum -5%, meds man will support them with areas to work on.</p>
	<p>Antimicrobial Quality Premium data</p>	 <p>15 Jul QP data for Bootle May.docx</p>
15/65	<p>Any Other Business</p> <p><u>Away Day</u></p> <p>GH asked if there had been any further thoughts on an away-day. TE will arrange for a date in November. Session to start at 2pm and finish at 5pm</p>	TE

**South Sefton
Clinical Commissioning Group**

No	Item	Action
	<p><u>Local Authority Quality Contract</u> KC requested that the Local Quality Contract proposed by the CCG Contract goes on the next agenda for this Locality.</p>	TE
15/66	<p>Date of next meeting <u>Wednesday 30th September 2015</u> at Park Street Surgery 1pm to 2.30pm</p>	

Seaforth & Litherland Locality Meeting Minutes

Wednesday, 7th October, 2015, 1.00pm – 3:00pm
Crosby Lakeside Adventure Centre

Present


Dr Colette McElroy	GP, 15 Sefton Road	CE
Alison Harkin	PM, 15 Sefton Road	AH
Dr Fred Cook	GP Rawson Road	FC
Dr A Slade	GP, Glovers Lane Surgery	AS
Dr Martina Cornwell	GP, Glovers Lane Surgery	LT
Louise Taylor	PM, Glovers Lane Surgery	SS
Samantha Standley	PN, Rawson Road	
Dr Noreen Williams	GP, Ford Medical Practice	NW
Louise Armstrong	PN, Ford Medical Practice	LA
Lynn Creavey	PM, Bridge Road Surgery	LC
Dr R Ogunlana	GP, Orrell Park Medical Centre	RO
Dr Suryavanshi	GP, Seaforth Practice / Litherland Town Hall	DS
Dr Andy Mimmagh	GP and Governing Body Member	AM
Helen Roberts	Medicines Management	HR
Sam Standley	PN, Rawson Road Surgery	SS
Marion Fothergill	Pharmacist, South Sefton CCG	MF
Jan Thompson	Informatics Co-ordinator, South Sefton CCG	JT
Julie Price	PM, Litherland Town Hall	JP
Melissa Sait	PM, Seaforth Village	MS
Louise Armstrong	PN, Ford Medical Practice	LA
Mark Halton	PN, Ford Medical Practice	MH
Tracy Forshaw	Programme Manager, Vulnerable People, South Sefton CCG	TF
Melanie Wright	Locality Manager, SSSCCG	MW
David Smith	SSCCG Finance Officer	DS
Tracey Jeffes	SSCCG	TJ
Doreen Porter	Virtual Ward Co-ordinator	DP

Apologies

Dr Martin Vickers	GP, Bridge Road Surgery
Angela Dunne	PM, Rawson Road/Orrell Park
Lin Bennett	PM, Ford Medical Practice

Minutes

Melanie Wright	Locality Development Manager
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No	Item	Action
15/95	Apologies for absence were noted.	
15/96	<p>Guest Speaker – Dr Debbie Harvey – the CHIP Project</p> <p><u>Locality CHIP Roadshow</u> Dr Debbie Harvey (DH), gave a presentation in relation to the Care Home Innovation Programme (CHIP)</p> <div style="text-align: center;">  </div> <p>Debbie locality CHIP PPP for GPs.pptx</p> <p>The aim of the project is:</p> <ol style="list-style-type: none"> 1. to enable care home residents to enjoy the best quality of life and care within their usual place of residence 2. to reduce futile urgent care investigation and admission 3. care home support system which is GP-time neutral. <p>There were 1600 unplanned A&E attendances over a year from care homes and one of the primary aims was to reduce these figures. A number of measures have been planned and those recently introduced included:</p> <ul style="list-style-type: none"> • staff training and quality improvement collaborative(s); • dedicated community matrons, • introduction of Telemedicine video system in each care home • GP acute visiting scheme • pro-active medicine management review. 	
	<p>Members of the locality discussed the scheme which was felt to be positive and the Chair thanked DH for an interesting and informative presentation. The scheme is currently voluntary, but is proposed to become mandatory in due course.</p> <p>Practices also noted that if care homes call for a GP, they should be asked whether they have liaised with the matron.</p> <p>Dr Williams expressed concern about the community matrons' workload, which she felt to be excessive and may render proactive care difficult. Further, she suggested that if a reduction in emergency admissions can be evidenced, perhaps this may facilitate additional resource to support this scheme. Ensuring the scheme has adequate cover was also felt to be important.</p> <p>Tracy Forshaw also referred to a communication relating to a local care home. Mel Wright agreed to source a copy of this and circulate.</p>	MW

No	Item	Action
15/97	<p>Declarations of Interest</p> <p>Dr Williams declared her interest in the Local Medical Committee.</p>	
15/98	<p>Minutes</p> <p>The minutes of the meeting on the 2nd September 2015, were agreed as a true record.</p> <p>Dr McElroy noted that the audit on referrals to the Community Gynaecology service will be re-run in December, for discussion at January's meeting.</p>	
15/99	<p>Diabetes Dashboard</p> <p>The meeting considered whether Diabetes was an appropriate priority. Further, around the recording of smoking cessation, was the indicator referring to the recording of advice being given, or actual referral to a smoking cessation service? To be discussed at the next meeting, with Becky Williams in attendance.</p> <p>In any event, each individual practice agreed to review their figures for discussion at the next meeting.</p>	BW
15/100	<p>Winter Pressures</p> <p>Members sought clarification on what was being offered by way of winter pressures this year. Mel Wright agreed to revert on this and noted practices' request that this information be forthcoming in advance of the next meeting.</p>	
15/101	<p>Housebound Flu Jabs</p> <p>Dr Williams reported that the LMC are waiting for figures from practices; where practices have submitted these some time ago, the figures need to be resubmitted to enable the scheme to be finalised.</p> <p>Where patients are on a DN caseload, DNs will have responsibility for administering the jab. Otherwise responsibility remains at practice level.</p>	All
15/102	<p>Cancer Course</p> <p>Mel Wright reminded those present about the forthcoming Cancer update course being held at Formby Hall on 17 October and invited practices to sign up.</p>	
15/103	<p>Locality Meetings Payment Process</p> <p>Mel Wright advised practices as to the new payment process and clarified that this will be commencing from 1 November. The old scheme will operate until 31 October, not as per the CCG communication stating 30 September. GPs will now be required to sign an attendance sheet which will trigger payment and will replace the current invoicing system.</p> <p>Ms Wright also agreed to confirm the position re the additional session for the Chair.</p>	MW

No	Item	Action
15/104	<p>Finance Update</p> <p>David Smith gave an update to the Locality packs and practice variation reports. A fully interactive portal will not be available until April once the new provider is in place to take over from the CSU. In the interim period specific practices will be targeted to drill into areas of significant variation to understand the reasons behind this.</p>	
15/105	<p>Medicines Management Update</p> <p>Helen Roberts introduced the Seaforth and Litherland locality care home clinical pharmacist, Mariola Fothergill.</p> <p>She also presented a flow chart setting out the steps to be taken in the event of lost/stolen prescription forms to be presented for information.</p>	
15/106	<p>Any Other Business</p> <p><i>Local Quality Contract</i> – Dr McElroy invited opinions and responses included issues around expectations upon practices, funding and the process. Practices expressed concern that, when compared to the previous year’s funding, there was little financial gain.</p> <p>Dr Williams advised practices not to sign the contract until the issues identified therein were resolved.</p> <p>Jan Thompson advised that the roll out of <i>Prisma 7</i> is pending and EMIS have been asked to release local codes in the meantime. Ms Thompson agreed to circulate these in due course. There was an issue with Prisma 7, particularly in relation to the penultimate question, which was tipping many people into the frailty category. Dr Mimmagh/Tracy Jeffes agreed to revert on this point.</p> <p>Dr Mimmagh was concerned that this was an acute model and there was no community based model available. He did, however, reiterate that practices had some flexibility to choose which 25% of patients they managed.</p> <p>Dr William outlined some issues with the <i>Cellulitis IV pathway</i>. Tracy Forshaw agreed to pick this up.</p> <p>An issue was also raised in relation to the accessibility of referral forms for the <i>Community Respiratory Service</i>. Doreen Porter agreed to revert.</p>	<p>JT</p> <p>AM/TJ</p> <p>TF</p> <p>DP</p>
	<p><i>PLT</i> – it was noted that PLT meetings clash with locality meetings on some dates, however, it was felt that moving the date of the locality meeting was not an option.</p>	
15/107	<p>Date and Time of the Next Locality Meeting</p> <p>Wednesday, 4th November, 2015 1:00pm – 3.00pm at Crosby Lakeside Adventure Centre.</p>	

**Bootle Locality Meeting
Minutes**

Date: Wednesday 30th September, 2015, 1.00 pm – 3.00pm
 Venue: Park Street Surgery

Attendees

Dr S S Sapre	Locality Lead GP	SS
Jane Elliot	PM North Park Health Centre	JE
P Sweeney	PM Park Street Surgery	PS
Dr Kong Chung	GP Park Street Surgery	KC
Dr H Mercer	GP Moore Street Surgery	HM
Dr R Sivori	GP Bootle Village Surgery	RS
Dr Gina Halstead	GP Concept House Surgery	GH
Elin Davies	Concept House Surgery	ED
Dr Sharon Oliver	GP Strand Medical Centre	SO

In Attendance

Tina Ewart	Locality Manager SSCCG	TE
Martin Schofield	Bootle Virtual Ward Care Co-ordinator	MS
Joan Wolfenden	Community Matron	JW
Pippa Rose	SSCCG PN Lead	PR
Jan Thompson	IMerseyside	JT
Amy Barton	IMerseyside	AB
James Bradley	SSCCG Finance	JB
Angela Parkinson	SSCCG	AP
Sandra Craggs	SSCCG Medicines Management	SC
Anne Graham	SSCCG	AG

Apologies

Helen Shillcock	PM Moore Street Surgery
Joan Wolfenden	Community Matron

NHS
South Sefton
Clinical Commissioning Group

No	Item	Action
15/67	<p>Apologies</p> <p>Apologies were noted as above template</p>	
15/68	<p>Declarations of Interest</p> <p>An opportunity was provided for Members and Officers present to declare an interest in any matter on the agenda and none was declared.</p>	
15/69	<p>Minutes of last meeting</p> <p>The minutes of the meeting held on the 29th July, 2015 were agreed as a true record subject to correction at item 15/65 from Local <i>Authority</i> Contract should read Local Quality Contract</p> <p>Matters Arising</p> <p><u>Health Shop</u> The health shop in Bootle Strand is now open and the official launch will be this coming Friday 2nd October. GP's are invited to attend. Tina (TE) explained the background to the project and said that a different health team will be attending each week in order to maintain interest, signpost and inform the public a variety of health and wellbeing topics. Alcohol support is much needed for our locality and TE will contact Kate Ellison from the Sefton Treatment and Recovery Services Team in respect of using the health shop on regular basis.</p> <p><u>Dermatology Audit</u> TE shared Crosby's version of their Dermatology audit template and the Bootle group agreed to actioning their own audit following a suggested changes to the template. Jan Thompson agreed that the facilitators would prepare searches to enable information to complete the audit template. GH re iterated that it is essential for a clinician to perform the review against patient notes to obtain complete analysis.</p> <p>The group agreed to auditing 10 Community dermatology referrals and 10 Hospital Dermatology referrals. TE and JT to liaise re template and information collection.</p> <p><u>Shared Decision Aids</u> GH reported back to the group on Shared Decision Aids saying the CCG were looking into putting the link on the F12 button to assist ease of use. Following debate by members of the locality, the consensus was that a link named 'shared decision making', would be the most user friendly pathway. GH will progress and draft a crib sheet.</p>	<p>TE</p> <p>TE, JT locality group</p> <p>TE, JT</p> <p>GH</p>

Approved on the 21st October 2015

South Sefton Clinical Commissioning Group

No	Item	Action
15/70	<p>Guest Speaker - Dr Paula Briggs (PB) Community Gynaecology Service</p> <p>Paula gave a comprehensive update on current changes, planned changes and acknowledged recognised known issues that have now been addressed.</p> <p>Despite service location being shared with other services, this does permit really useful liaison with midwives onsite.</p> <p>The service is commissioned by Southport and Ormskirk and has had its administration difficulties addressed. The typing is done at Southport which is why letters take a while longer. We now have recruited 1 x 16hr dedicated admin support although the service is designed for two. New admin dedicated - Carole will be on site at May Logan on Tuesdays and Fridays and we are now confident that these issues have now been resolved. Please refer patients using the practice proforma and send by fax. Noted that an EMIS web pilot is expected to commence soon and details will be shared via the bulletin and to practices when operable.</p> <ul style="list-style-type: none"> • The service is still based at the May Logan Centre • It is under-utilised by GP's: important that we use this excellent service, the scope has widened • Fertility issues can be managed in the community • Ultrasound is on site and patients can get results right away • Colposcopy sessions Friday afternoons • New dedicated admin – Carole Seddon Tuesday and Fridays <p>Paula also informed us that there is a new Single Point of Access for Sexual Health (previously known as GUM clinic at Southport) Sexual Health SPA Contact 01704 513303 Website www.isis.sefton.nhs.uk</p> <p>GU conditions such as STI and HIV are now delivered in Community locations however more complex cases are seen in the GU dept by GP referral only</p> <p>Also BPAS Sefton will be providing Termination and Contraception services available via Southport and/or Bedford Clinic: BPAS Sefton Contact for GP or Self-referral Contact Number is 03457304030 Website www.bpas.org</p>	
15/71	<p>LQC document discussion – Angie Parkinson</p> <p>Re Prisma 7- National Codes have been requested but an issue has been identified and we have been advised to obtain local codes from EMIS - which have been requested. Facilitators are identifying temporary codes that practice can use and these will be sent out asap.</p>	AP via facilitators

South Sefton Clinical Commissioning Group

No	Item	Action
15/72	<p>Strategic Performance Update and Finance</p> <p>JB presented practice level finance data that covered planned care, urgent care and prescribing costs. This was the first iteration and will no doubt develop further into a more useable format once we have the full information system.</p> <p>A new process for making payments to practices was also shared and members of the locality were also advised in writing of the following: -</p> <ul style="list-style-type: none"> • Practices are advised to invoice for all outstanding locality meeting attendances <u>up to the 30th September 2015</u>: • DO NOT submit invoices for any locality meetings attended after the 30th September 2015 • In future Locality Managers will distribute 'GP Attendance Records' template to be signed by GPs at the beginning of each locality meeting • This will replace the need for GPs to submit invoices – but they must be signed • Practices should receive payment for the October attendance around the 20th November • Practices can access the portal for a breakdown of this payment • This process will be repeated monthly <p>It was reiterated that in order to receive future payments, <u>a GP must attend the relevant locality meeting and sign the 'GP Attendance Record'</u>. It is the responsibility of the GP to ensure they have signed it. If a GP attends a locality meeting, but fails to sign the Attendance records it is at the Locality Managers discretion whether a retrospective claim can be made at the following locality meeting.</p> <p>All members of the locality were advised to read the tabled paper 'GP Locality Meeting Payments Process' for further information.</p>	
15/73	<p>Medicines Management</p> <p>please see the attached Medicines Management update report sent from Sandra Craggs</p> <p><i>N.B. all embedded documents have been attached separately with the exception of JMOG and SPUs which are hyperlinked to the intranet</i></p>	
15/74	<p>Quality, Patient Safety and Issues Log</p> <p><u>Podiatry</u></p> <p>SO raised the issue of patients being rejected for nail cutting. Members discussed the issue and it was not clear if this was part of the contract. TE to seek clarity re Podiatry service.</p>	TE

South Sefton Clinical Commissioning Group

No	Item	Action
15/75	<p>Locality Business</p> <p><u>Locality Packs</u> TE has sent out the locality packs and members may wish to review and consider discussion at the away day. SS said he had never received one and TE said she would send a pack to him.</p> <p><u>Away Day</u> TE informed the group that Crosby Lakeside was not available and offered alternatives. It was agreed to book Hugh Baird College for 25th November to include a 3 course meal on arrival followed by locality discussions – to be decided by group. Dr Nigel Taylor will also be presenting his Diabetes dash board on this day as it is the only date he can make our locality meeting.</p> <p><u>Tom Visits – to discuss opportunities</u> Dr Tom Davis would like to visit each Locality GP practice for an informal chat with GPs. He has already been to a couple of practices but would like to visits and discuss opportunities/strengths that are important to you and your practice population. Please can you contact TE to arrange a date for him to come and visit you in October. He usually works here Wed and Thursdays but expecting the arrival of his new baby any time soon, so please bear with him if dates/days get changed.</p> <p><u>VW referrals: contacts with CM, Risk strat, Suitable pts, HWTS E Ref testing</u> TE reported that Virtual Ward referrals were not running at the capacity anticipated and we need to step up use of the Pro Active Care element of the service. Practices are encouraged to have the monthly meetings with CM and facilitate identification of suitable cases. It was acknowledged that Risk Stratification is not utilised by everyone as it was intended. Suggested looking further down the triangle to find appropriate patients for 12 week ‘bolt on’ range of services to assist proactive health care and promotion of self-care. Ideal cases would be recently discharged thus ensuring patients understand their conditions, medications and have the right level of care/assistance, equipment, allowances etc. VW is not just for patients clinical needs; Health and Wellbeing Trainers offer a wide range of support, signposting and social prescribing to ensure patients reach their goals and maintain independence. Links with Keep warm and Healthy living assessments and help. Fire Service smoke alarms, Lifeline pendants etc.</p> <p>We have now commenced Electronically managed referrals to VW (E-referrals) and Bootle has been selected to be the next Locality to go live. This means that the current referral proforma will be eliminated from practice systems and you will be set up to ‘electronically send’ to LCH rather than printing and faxing the referral. Crosby has been live for a few months now and it is time to rollout across other localities.</p>	<p>TE to book</p> <p>ALL to offer dates via TE</p>

Approved on the 21st October 2015

South Sefton Clinical Commissioning Group

No	Item	Action
	<p>TE introduced AB from IMerseyside who will be in charge of the delivery of the E referral project. She will be sending out a training guide to each practice fully explaining how to send the Ereferral to the LCH VW in-tray for the Bootle ward. She agreed to visit practices on request if there was a problem and agreed to give a demonstration of the system at the next locality meeting.</p> <p>MS the VW Co-ordinator for Bootle informed the group that the Bootle Community Matron, is still off sick at the moment but LCH have a new Matron starting next week. Nurse JT is the new Team Leader.</p>	AB AB
15/76	<p>Board Matters Feedback</p> <p>None</p>	
15/77	<p>Any Other Business</p> <p><u>Housing Referral Forms</u> GH asked about the housing referral form project. TE to check if they are available and identify new contact route.</p> <p>SS advised the group that due to half term, the date of the next Locality Meeting would be changed from 28th October 2015 to <u>Wednesday 25th October 2015</u> 1pm at the Park Street Surgery.</p> <p>Advance apologies received from Dr Mercer noted</p>	TE
15/78	<p>Date of next meeting N.B. Change of Date for the next Locality Meeting !</p> <p><u>Wednesday 21st October 2015</u> at Park Street Surgery 1pm to 3pm</p>	

Crosby Locality Meeting Minutes

Wednesday 5th August 2015
1:00pm – 2:30pm
Crosby Lakeside Adventure Centre (CLAC)

Attendees

Dr Mark Hughes	GP Eastview	MH
Sharon McGibbon	PM Eastview	SMcG
Shelley Keating	PM 30 Kingsway	SK
Jennifer Kimm	PM Thornton Practice	JK
Dr Rebecca Huggins	GP Thornton Practice	RH
Alan Finn	PM 42 Kingsway	AF
Pippa Rose	PN Crosby Village Surgery	PR
Dr P Sharma	GP Crossways	PS
Stella Moy	PN Thornton	SM
Dr Gus Berni	GP 42 Kingsway	GB
Maureen Guy	GP 133 Liverpool Road	MG
Sue Hancock	PN Blundellsands	SH
Dr Clare McDonagh	GP 30 Kingsway	CM

In Attendance

Tina Ewart	South Sefton CCG	TE
Jenny White	South Sefton CCG	JW
Debbie Fagan	South Sefton CCG	DF
Janet Fay	South Sefton CCG	JF

Apologies

Dr Craig Gillespie	GP Blundellsands Surgery
Dr Nigel Tong	GP Blundellsands Surgery
Dr Clare Doran	GP Azalea
Dr D Navaratnam	GP Azalea
Alison Johnston	

No	Item	Action/Lead
15/81	<p>Apologies Dr C Doran, Dr N Tong , Dr C Gillespie, Alison Johnston, Dr D Navaratnam</p>	
15/82	<p>Declarations of Interest None</p>	
15/83	<p>Guest Speaker: Dr Nigel Taylor <u>Diabetes Dashboard</u> Dr Nigel Taylor gave a live demonstration from the Cheshire NHS Information Portal in relation to diabetes and said that the data provided should facilitate the improvement and care of diabetes. He reported that all of the CCG's within the network thought it a good educational tool at Practice and CCG level for support, development and personal development. Practices can compare their data with the average across nine key care processes. Retinal screening will show on here and treatment targets.</p> <p>Data provided supported the following areas:</p> <ul style="list-style-type: none"> • Prevention • Prevalence of type 1 and type 2 diabetes • Amputation rates • lifestyle <p>NT discussed the initial problems and advised that it was still work in progress. Nigel encouraged all to utilise this resource which is on the CMIP portal – you will need to click on the drop down box to locate your practice.</p>	
15/84	<p>Minutes of the Last Meeting The minutes of the meeting held on the 1st July 2015, were declared a true record</p>	
15/85	<p>Matters Arising 15/74 Mark Hughes requested written clarification from Fiona Clarke relating to her title and function of Accountable Officer v Chief Officer as discussed in July meeting. 15/76 re Community Phlebotomy – SA has formally escalated the issues with this service via LCH management not just for our locality but across the whole CCG. 15/76 TE spoke to Dr Harvey and Asan Akpan re CHIP staff understanding of roles and processes. Dr Pete Chamberlain is planning on visiting all localities to inform and update re services. 15/77 TE and Dr R Huggins have prepared a Dermatology Questionnaire to gain information on onward referrals to Secondary Care - to be discussed under locality business.</p>	<p>DF agreed to take this action to FLC</p>

No	Item	Action/Lead
15/89	<p>Quality & Patient Safety Issues Log</p> <p>Update in relation to HM Coroner for Merseyside – legal requirement to inform of all deaths within a Care Home where a person has a DoLS in place.</p>	
15/90	<p>Feedback to report from the CCG Board</p> <p>None reported</p>	
15/91	<p>AOB</p> <p>RH announced to the group that TE would be moving to be locality manager of Bootle and that Alison Johnston will remain as the locality manager for Crosby.</p>	
15/92	<p>Date of next meeting</p> <p>2nd September, 2015</p> <p>12:30 lunch</p> <p>12:45 start – 2:30</p> <p>Crosby Lakeside Adventure Centre</p>	

Crosby Locality Meeting Minutes

Wednesday 2nd September 2015
12:45pm – 2:30pm
Crosby Lakeside Adventure Centre (CLAC)

Attendees

Carolyne Miller	PM Blundellsands Surgery	CM
Dr Craig Gillespie	GP Blundellsands Surgery	CG
Sue Hancock	PN Blundellsands Surgery	SH
Dr Clare Doran	GP 20 Kingsway Surgery	CD
Jennifer Kimm	PM Thornton Practice	JK
Dr Rebecca Huggins	GP Thornton Practice	RH
Dr Gus Berni	GP 42 Kingsway	GB
Alan Finn	PM 42 Kingsway	AF
Dr G K Misra	133 Liverpool Road	GM
Maureen Guy	133 Liverpool Road	MG
Dr P Sharma	Crossways	PS

In Attendance

Alison Johnston	South Sefton CCG	AJ
David Smith	South Sefton CCG	DS
Anthony North	South Sefton CCG	AN
Brendan Prescott	South Sefton CCG	BP
Pete Chamberlain	South Sefton CCG	PC
Janet Fay	South Sefton CCG	JF
Paula Briggs	Community Gynaecology	PB
Asan Akpan	Community Geriatrician	AA
Andrea Cloonan	LCH – Urgent Care Team Coordinator	AC

Apologies

Stella Moy	PN Thornton Surgery
Shelley Keating	PM 30 Kingsway
Sharon McGibbon	PM Eastview
Pippa Rose	PN Crosby Village

No	Item	Action/Lead
15/93	<p>Apologies</p> <p>Received from Stella Moy, Shelley Keating, Pippa Rose and Sharon McGibbon prior to the meeting.</p>	
15/94	<p>Declarations of Interest</p> <p>None</p>	
15/95	<p>Guest Speaker</p> <p><u>Paula Briggs – Community Gynaecology Service</u></p> <p>PB, GP for community gynaecology service provision came to talk to the group about the service, which has been up and running for 5 years. She highlighted a particular case where a patient was under three different gynaecology settings (LWH, Aintree and Community) and reiterated the need to get the referral right and recognising patient choice.</p> <p>Service strength is the link to Secondary Care. A challenge currently faced by the service is the lack of administrative support and delivery of service out of its current location at May Logan.</p> <p>PB stated that patients that have self-referred to the sexual health clinic who then subsequently need to be seen by community gynaecology are being advised to go back to their GP for a referral in.</p> <p>PB asked the members of the group to contact her if they or their patients experience any issues with the service.</p> <p>GM raised the issue of the discharge information being received back from the service. GB said that at times it feels like the service is a one man show. PB stated that holiday cover is provided by Kevin Thomas and there are also registrars from both Acute and GP settings, but at times continuity of service may be a challenge.</p> <p>PB highlighted the challenges faced with secondary care when bringing activity out into the community (e.g. Esmya prescribing to shrink fibroids). She also confirmed they do treat some 2ww and respond quickly to urgent cases (e.g. post-menopausal bleeding).</p> <p>CG asked PB about typical waiting times, with PB stating 4 weeks as the average. PB highlighted that there has been an issue with DNAs.</p> <p>RH asked if we could get activity from the service to highlight use by practice.</p> <p>Action AJ to raise a request with AN, lead analyst for the locality so that the group can review at the next locality meeting.</p> <p>Update AJ has submitted an information request with the business intelligence team and is meeting Paula Briggs 30/09 to see if the information can be sourced directly from provider.</p> <p><u>Urgent Care Team</u></p> <p>PC gave an overview of the team to the group, please see presentation slides for detail. PC called for practices to reduce their threshold (especially before the weekend). PC confirmed the average response time of the team is 40 minutes.</p> <p>PC called for all practices to ensure they are signed up to data sharing</p>	AJ

No	Item	Action/Lead
	<p>with urgent care team within their EMIS system.</p> <p>Action AJ to check with Informatics Merseyside which practices are switched on and which aren't</p> <p>Update AJ can confirm only Eastview isn't switched on for data sharing with UC. Have emailed SMC to check and action at their end.</p> <p>RH enquired as to the onward referral rate to Acute which PC states is currently 4% which is suggestive of the acuity being too low. CD said the feedback from their patients is very good, with PC confirming that patient outcome measures reporting around 9/10 for patient satisfaction.</p> <p>CG asked what the threshold is in terms of capacity for the team. PC stated they can take 140 referrals a month and called for GPs to refer 1 patient per WTE GP per month. With around 100 GPs across the patch and taking into account that NWS and GTD are also able to refer in, this should take them up to capacity and ability to make an impact on system resilience.</p> <p>GB enquired about e-referring into the service. PC responded that the current telephone referral into the local point of contact is the best mechanism for urgent referrals (plus the faxing of supporting documentation).</p> <p>GM stated that he had called the 475 number and was asked by that team to redirect his call to the 0300 number. PC stated that this could be an indication of the need for staff training. PS indicated that the 0300 service should also signpost back to the UCT. In any circumstances where you are experiencing issues on contacting the service, ask to speak to the Coordinator so they can help resolve.</p> <p>RH asked PC to clarify the pathways coming online in the near future, he confirmed AKI, DVT, Palliative Care, IV rehydration and Heart Failure.</p> <p>In terms of AKI, PC asked clinicians to not take the e-alert as a definitive diagnosis of AKI, it needs clinical decision making. AKI1 and 2 can be managed in the community with the ABCDEIT bundle. The UCT will be able to support 24hr bloods. PC confirmed the investigations coming online in the near future are ecg, pos bloods, bladder scanning.</p> <p>RH highlighted the issue with AKIs in her practice.</p> <p>Action RH and AJ to explore AKI further at Thornton with a view to widening out across the locality in due course</p> <p>Update Alice the facilitator at Thornton is running searches with a view to identifying patients. AJ and RH to speak with Pete Chamberlain to discuss the model for management in primary care (ABCDE-IT). AJ and RH to continue to progress with facilitator support.</p>	<p>AJ</p> <p>RH/AJ</p>
15/96	<p>Minutes of the Last Meeting</p> <p>The minutes of the meeting of the 5th August 2015 were agreed a true record subject to them being updated to reflect the Medicines Management update and amendments to the attendance.</p> <p>Action AJ to update and send out final draft.</p> <p>Update AJ has updated to reflect attendees, apologies and medicines management information as requested. To be sent out on 30/09 alongside</p>	<p>AJ</p>

No	Item	Action/Lead
	minutes from this meeting.	
15/97	<p>Matters Arising</p> <p>15/74 and 15/85 DF confirmed and responded to MH</p> <p>15/86 Dermatology – to be discussed in 15/99</p>	
15/99	<p>Locality Business</p> <p><u>Housebound Health Checks Audit and Patient Survey</u></p> <p>The group discussed and agreed to send the survey out to 10% sample of patients who have had an assessment and further care as a result of Pat's intervention. JF suggested that Practices follow up with a call to the patients as a reminder to send back. AJ confirmed that a SAE be sent with the questionnaire (addressed to Tina Ewart at the CCG address provided) to help the housebound patients and improve response rate. AJ confirmed that for those Practices who have supported Pat with the administration (identifying patients, arranging bloods prior to appointment, organising appointments etc) need to send an invoice into the CCG in order to receive payment for the work completed as per the project specification and Tina's instruction. TE has asked Pat to provide feedback as to which Practices have given what support.</p> <p>Action AJ to send an email out to PMs to confirm process and timescales. PMs to organise for the letters to be sent out to a sample of patients. TE to collate responses and alongside audit data retrieved by the Informatics Facilitators ready for presentation at Locality.</p> <p>Update TE has sent an email out to PMs to confirm process. Facilitators have returned audit data for 7 practices. Due to facilitator sickness, still awaiting returns for Eastview and Azalea. Returns for Hightown will come back once Pat has finished her work there. Only 3 practices so far have submitted invoices for the admin work done to support Pat.</p> <p><u>Dermatology Audit</u></p> <p>The group discussed the reasons for the audit. CG highlighted the requirement to audit under the LQC. AJ confirmed that the Informatics Facilitators will support the practices in finding the patients for the audit (10 patients at each practice) and will capture referrer details. They will then pass on to the referrer or a lead clinician to complete the qualifying detail. In terms of timescales, the Facilitators will complete this work over the course of September, which will give practices October to finalise before presenting back to the group for discussion at November's meeting.</p> <p>Action AJ to send an email out to practices with the audit template. Practices to complete once the Facilitators have passed on the sample.</p> <p>Update AJ has passed template over to Oonagh Andrews (Informatics Coordinator) so that it can be distributed amongst the facilitators with a deadline for completion of Wednesday 30th September.</p>	<p>AJ All PMs</p> <p>AJ All</p>
15/99	<p>Medicines Management</p> <p>JF highlighted the SPU with regards to methotrexate prescribing and shared the PHE patient safety alert on antimicrobial resistance.</p> <p>http://www.england.nhs.uk/2015/08/18/psa-amr/</p>	

No	Item	Action/Lead
	<p>PS brought up a case where the specialist at Aintree has asked for her to supply 3 months which JF confirmed as inappropriate as the Rx protocol is for 1 month only</p>	
15/100	<p>Strategic Performance & Finance update</p> <p><u>Urgent/Planned/Prescribing Dashboard</u></p> <p>DS presented the first look at the new dashboard showing controllable spend and practice variation across the CCG, based on 1,000 weighted population (age, sex, deprivation factors). This does not take into local health population factors.</p> <p>RH raised the issue of secondary care coding leading to higher tariff charging which may mean that this isn't a true representation of activity and cost.</p> <p>DS stated that practices must feed back real world examples of coding issues so that the CCG can challenge at contract meetings. We need to sense check at both CCG and practice level.</p> <p>CG stated that we need to explore what we can do to address this variability at locality level.</p> <p>BP asked that we take a targeted approach so we can explore priority areas for our locality.</p> <p>BP/JF said that in looking at prescribing spend, there are some practices are forecast to be overspent. At these practices they have been looking at what they can do differently, generally involving lots of small areas for action. JF highlighted that the higher rate of locums will have an influence on prescribing spend.</p> <p>RH asked that we drill down into more detail in some areas (e.g. non-elective admissions). AJ responded to say this work has been done and we will share this with the group for discussion.</p> <p>Action AJ to get information on top specialties for unplanned and planned admissions.</p> <p>Update AJ has submitted an information request with the business intelligence team for sharing at the next meeting.</p>	AJ
15/101	<p>Quality & Patient Safety Issues Log</p> <p>CG highlighted the workforce crisis not just in Crosby but across the CCG which will deepen if we don't do something. We must look to different ways of working and review the skill mix in primary care (e.g. the use of physiotherapists, pharmacists etc). CG will be leading on exploration of new models of care and will keep the group updated.</p> <p>Action If anyone is interested in getting more involved and wishes to contribute some ideas then email CG direct. PS and RH both expressed an interest.</p>	
15/102	<p>Feedback to report from the CCG Board</p> <p>CG provided feedback to the group.</p> <p>Dermatology – we need to question referrals and diagnoses</p> <p>LCH – CCG are looking at the bundles of care provided for putting out to</p>	

No	Item	Action/Lead
	<p>tender</p> <p>LQC – meeting arranged for the 9th September, appreciate it is causing some anxiety. This represents a very significant investment in Primary Care, with various LQC schemes and new community models of working (CHIP, UCT, VW etc) underpinning a shift in activity and monies from acute back into primary care.</p>	
15/103	<p>AOB</p> <p>BP provided a team update. Tracy Foreshaw is a new starter to the Quality Team at the CCG. She will be leading on a programme work for Vulnerable People, supporting the Care Home Innovation Programme, Continuing Healthcare agenda and Personal Health Budget models to ensure we have robust models in place. She is working a 12 month contract.</p>	
15/104	<p>Date of next meeting</p> <p>7th October, 2015</p> <p>12:30 lunch</p> <p>12:45 start – 2:30</p> <p>Crosby Lakeside Adventure Centre</p>	

Maghull Locality Meeting Minutes

Thursday, 20th August 2015
1:00pm – 2:30pm
High Pastures Surgery

Attendees

Dr J Clarkson (Chair)	GP – High Pastures Surgery	JC
Dr Sue Gough	GP - Westway Medical Centre	SG
Carol Howard	PM – Westway Medical Centre	CH
Gill Kennedy	PM - High Pastures Surgery	GK
Donna Hampson	PM - SSP Practice	DH
Dr J Krecichwost	GP – Maghull Family Health Centre	JK

In Attendance

Terry Hill	Locality Manager, SSSCCG	TH
Anne Graham	Administration SSSCCG	AG
Rebecca McCullogh	Finance SSSCCG	RMc
Karl McClusky	Head of Strategic Planning SSSCCG	KMc
Lianne Ormandy	Edge Hill University	LO
Stuart Howard	Edge Hill University	SH

Apologies

Dr M A Khan	Maghull SSP Trust	MK
Surinder Goyal	LCH	SG
Gillian Stuart	PM – Westway Medical Centre	GS
Morris Byrne	Healthwatch Locality Patient Rep	MB

Approved on the 24th September 2015

No	Item	Action
15/72	<p>Apologies for absence</p> <p>Apologies were noted.</p>	
15/73	<p>Declarations of interest</p> <p>None stated.</p>	
15/74	<p>Minutes</p> <p>The minutes from the previous meeting of the 23rd July, 2015 were agreed as a true record.</p> <p>Action Points</p> <p><u>15/69 Locality Business</u></p> <ul style="list-style-type: none"> • Diabetes Dashboard Dashboard sent to all GPs • Estates – issue to be put on September agenda and the result of the feedback sessions and completed Local Estates Plan to be considered on the October agenda. 	TH
15/75	<p>Quality and Patient Safety</p> <p>This item was not considered as a separate subject.</p>	
15/76	<p>Medicines Management Update</p> <p>As no officer from Medicines Management was available to update the Locality, the issue was deferred to the next meeting.</p>	TH
15/77	<p>Service improvement/Redesign</p> <p><u>Locality Development Opportunities</u></p> <p>None were raised.</p> <p><u>Stoma/Respiratory and housebound health check project update</u></p> <ul style="list-style-type: none"> • An update was given to the Locality in respect of Stoma. It was reported that all of the patients in Maghull have now been reviewed. A couple of patients were unwilling to participate. Jenny Kristiansen to provide an outcomes report to share with the Locality in September. • The respiratory project has been completed and a report will be provided in September. • The housebound project is ongoing and Dr S Gough (SG) reported that it has received some good feedback <p>Action TH to be provided with Stoma and Respiratory reports for next Locality meeting.</p>	TH/JK TH/JK

No	Item	Action
	<p><u>Future Developments</u></p> <p>Terry Hill (TH) invited the Group to consider how the Locality moves forward in developing future schemes and said that this was a priority for the area. The issue of Dementia was considered. The plan was to invite a number of people to discuss the issue with the Group.</p> <p>TH said the first step is to decide how we would like a dementia service to look and the Chair, Dr John Clarkson (JC), said that he would like to see a memory clinic in Maghull and respite hostels. It is something that is currently lacking and very important for carers, he added. TH agreed and noted.</p> <p>Further discussion undertaken included the following areas: -</p> <ul style="list-style-type: none"> • Dementia in nursing home residents. Data from Care homes may inform what services are required in the community. TH wondered if the work undertaken on 'falls' may assist. • Southport had identified a problem relating to dementia patients living at home. It was noted that assessments were being done when people are in care, but not enough of them are carried out for people who live at home. TH to pick this issue up with Pete Chamberlain to consider and develop. • It was noted that the diagnosis rate for dementia is low in South Sefton. What can be put in place to manage this? Members of the Locality to consider the issue and Karl McClusky (KMc) to provide any data. • Members reported that coding issues in respect of dementia were not standard and not all Practices are coded in the same way. Data on the issue was therefore not accurate. KMc to speak to the facilitators and arrange for data to be cross-referenced with that from NHS England, Merseycare and others. <p><u>Actions</u> TH to provide data on 'falls' for consideration by the Group. TH to speak to Dr Peter Chamberlain in respect of considering and developing assessments for dementia patients still living at home. KMc to provide data on the diagnosis rate for dementia in South Sefton and to speak to facilitators in respect of coding.</p> <p><u>Elective Activity Review</u></p> <p>Rebecca McCulloch (RMc) introduced new reports presenting data on total expenditure per weighted list size for each practice, within South Sefton CCG. This was broken down into Elective / Non-Elective and prescribing costs. This information has been produced by the CCG and is planned to be provided on a regular basis to localities. The aim is to understand and analyse comparative expenditure for each practice to identify areas to target service improvement initiatives.</p> <p><u>Actions</u> Practices were asked to feedback any comments / suggestions on the format of the data and if further information would be useful.</p>	<p>TH</p> <p>TH</p> <p>All/KMc</p> <p>KMc</p> <p>All</p>

No	Item	Action
15/78	<p>Performance and Finance Update</p> <p><u>Finance Update</u></p> <p>RMc provided an overview of the financial position and forecast for the CCG: -</p> <p>At Month 4 (July 2015), the CCG was £200k underspent on operational budget areas (i.e. excluding reserves budgets). Underspensing areas are provider contracts, notably Alder Hey. Overspending areas include Independent Sector providers. The Continuing Healthcare (CHC) budget has been steady since April and the current forecast is breakeven.</p> <p>A number of initiatives are in progress to achieve recurrent QIPP efficiencies:</p> <ul style="list-style-type: none"> - Transformation fund – a 1% fund set aside for investments which would generate efficiencies - Better care Better Value indicators – areas of high expenditure being targeted (Dermatology, Gastro, Gynae, Respiratory). <p>Dermatology data reviewed. Next to review is gastro, doing further work on this as feedback from data already presented was that this needed further analysis.</p> <p><u>Actions</u> TH requested that the Group take the finance information back to their Practice meetings.</p> <p>KMc said that he would provide figures around the urgent care team and nursing homes for a future meeting.</p>	<p>All</p> <p>KMc/TH</p>
15/79	<p>Locality Business</p> <p>A round robin discussion was undertaken and included the following issues:</p> <p><u>Domiciliary Physiotherapy</u> The Chair reported that the domiciliary physiotherapy waiting time was 14 weeks.</p> <p>Action TH to raise with Dr Pete Chamberlain</p> <p><u>Mental Health</u> TH asked if any members of the group had experienced any problems trying to get an urgent assessment from Clock View. Members of the Locality discussed the length of time before an appointment was available.</p> <p>Members discussed the wider issues and SG said she has 3 complaints from patients, ongoing. It was agreed that any scenarios relating to this issue be passed to SG.</p> <p>SG asked if everyone had done the suicide awareness course and most had.</p>	

No	Item	Action
	<p>Actions If Practices had any concerns over Clock View to contact TH or Geraldine O'Carroll.</p> <p>Any scenarios relating to Clock View to be passed to SG.</p>	<p>All</p> <p>All</p>
15/80	<p>Any Other Business</p> <p><u>Injections for Osteoporosis</u> SG reported that an issue had arisen with regard to GPs administering 6-monthly injections for Osteoporosis. Aintree Hospital had agreed to undertake the service for the first 12 months, however there was no service level agreement in place and GPs were not happy to take it on.</p> <p>Action Issue to be considered by the Clinical Lead and report back to the Locality.</p>	<p>JC</p>
15/81	<p>Date and time of next meeting Thursday 24th September 2015 1pm – 2.30pm High Pastures</p> <p>22nd October 2015 – Westway MC 19th November 2015 – High Pastures surgery 17th December 2015 – Westway MC 21st January 2016 – High Pastures surgery 18th February 2016 – Westway MC 24th March 2016 – High Pastures surgery</p>	

Maghull Locality Meeting Minutes

Thursday, 24th September, 2015
 1:00pm – 2:30pm
 High Pastures Surgery

Attendees

Dr J Clarkson (Chair)	GP – High Pastures Surgery	JC
Gill Kennedy	PM - High Pastures Surgery	GK
Carol Howard	PM – Westway Medical Centre	CH
Gillian Stuart	PM – Westway Medical Centre	GS
Donna Hampson	PM – Maghull SSP Practice	DH
Dr J Krecichwost	GP – Maghull Family Health Centre	JK
Dr S S Sapre	GP – Maghull Family Health Centre	SS

In Attendance

Terry Hill	Locality Manager, SSSCG	TH
Anne Graham	Administration SSSCG	AG
Morris Byrne	Healthwatch Locality Patient Rep	MB
Dr Debbie Harvey	SSCCG	DH
Jennifer Johnston	SSCCG Medical Management	JJ
Amit Patel	Locality Pharmacist Meds Mgt	AP
Dr Paula Briggs	Community Gynaecology Service	PB
Sarah Gibson	LCH	SG

Apologies

Dr M A Khan	Maghull SSP Practice
Surinder Goyal	LCH
Rebecca McCullogh	Finance SSSCG
Dr Sue Gough	GP - Westway Medical Centre
Colette Page	Practice Nurse Lead Southport & Formby
	CCG

Approved on the 22nd October 2015

No	Item	Action
15/82	<p>Apologies for absence</p> <p>Apologies were noted.</p>	
15/83	<p>Declarations of interest</p> <p>None stated.</p>	
15/84	<p>Minutes</p> <p>The minutes from the previous meeting of the 20th August, 2015 were agreed as a true record.</p> <p>Action Points</p> <p><u>Dementia</u> At the last locality meeting members had voiced concerns about the accuracy of the data collection for assessments in dementia patients. Karl McCluskey had been given the action and the following written response was provided for members consideration: -</p> <p><i>'There is a delay in the data nationally at the moment as some of the definitions have been changed nationally. New data is due end of Sept/Oct and once this is out something similar will be done for all practices across both CCG's. Also the Informatics team will be looking to implement a data harmonisation project that looks to improve GP registers by improving the use of READ codes. Data from London shows that this may increase dementia diagnosis rates by as much as 8%, but it isn't worth looking into until the new definitions and data are released. The definitions provided in the tabled sheet 'Dementia Diagnosis Rates – March 2015', should explain where the data comes from.</i></p> <p><i>It is hoped that if the national update comes through more up to date information will be provided for October's meeting'.</i></p> <p>TH suggested that the work on 'falls' may assist with informing what services are required in the community.</p> <p><u>Respiratory Project</u> This subject was on the agenda as a presentation.</p> <p><u>Dementia Patients living at home</u> TH said he would discuss the issue of the lack of assessments for dementia patients living at home, with Pete Chamberlain, but had been unable to do so due to holiday commitments.</p> <p><u>Domiciliary Physiotherapy</u> TH was to pick up the issue of a 14 week waiting time for Domiciliary Physiotherapy, with Pete Chamberlain, but had been unable to do so due to holiday commitments.</p> <p><u>Injections for Osteoporosis</u> Medicines Management raised the issue again, but there appeared some confusion by members as to what had been agreed. JJ said that guidance is on the internet. It was agreed that TH provide the link with the minutes.</p>	<p>Karl McCluskey</p> <p>TH</p> <p>TH</p> <p>TH</p>

No	Item	Action
	<p><u>Actions</u> TH to provide guidance link for ‘injections for Osteoporosis’. TH to speak to Dr Peter Chamberlain in respect of considering and developing assessments for dementia patients still living at home. TH to speak to Dr Peter Chamberlain with regard to a 14 week waiting time for Domiciliary Physiotherapy. Karl McClusky to provide up-to-date information on Dementia data when national update is received.</p>	
15/85	<p>Quality and Patient Safety</p> <p>This was not considered as a separate issue.</p>	
15/86	<p>Medicines Management Update</p> <p>All practices at month 4 with the exception of Maghull Health Centre are forecast an overspend. Jenny reiterated with practices to discuss with practice pharmacists and possible cost savings. Generic savings were discussed and Jenny highlighted that two of the Maghull practices had the highest possible generic savings, part of this could be that they are some of the biggest practices in South Sefton, however the figures are weighted.</p> <p>Category M prices are due to change in October and hopefully the price changes will benefit GPs budget. Jenny also highlighted the current waste campaign taking place across South Sefton and Southport and Ormskirk, posters and leaflets are available and medicines management are trying to attend Flu Clinics to promote it. This campaign also involves the community pharmacies.</p>	
15/87	<p>Service improvement/Redesign</p> <p>Locality Development Opportunities</p> <p><u>Stoma update</u> No further update was provided for Stoma as Jenny Kristiansen was not available.</p> <p><u>Community Gynaecology Service</u> Dr Paul Briggs (PB), addressed members, which included the following: -</p> <ul style="list-style-type: none"> • The service is based at the May Logan Centre. • It is a good service that had been provided for 5 years, but is under-utilised by GPs. • Ultrasound is on site and patients can get results right away. Fertility issues can be managed in the Community. <p>PB stated that the location of the service was not ideal and there had been serious administration difficulties. She was confident that these had been resolved and an officer was now available Tuesday and Friday.</p> <p>GPs were advised to refer patients by proforma, which should then be faxed to the service.</p> <p>The Community Gynaecology Service were in the process of providing education to GPs and the first training session, run by Liverpool University, will commence on 7th October at 6pm at the Forsyth Centre.</p>	

No	Item	Action
	<p><u>Respiratory – Amit Patel/Jenny Johnstone</u> Amit Patel (AP), gave a summary of the inhaler project in Maghull. A total of 186 patients were highlighted as 'high risk'. 91 % of asthma and COPD reviews were seen in clinics and he also conducted several housebound interviews. It was a matter of concern as to how many patients were not using their inhalers correctly. As a result of the review:</p> <ul style="list-style-type: none"> • 128 patients were provided with asthma and COPD self-management plans and these were discussed in great detail with the patient; • 13 patients had rescue packs issued to them • 25 patients were referred to spirometry • 19 patients were provided with smoking cessation advice • 11 patients were referred into smoking cessation services • 7 patients were referred into pulmonary rehab • 43 patients out of the 59 who showed poor inhaler technique were followed up after 4 weeks. 39 of these showed an improvement in their inhaler technique <p>AP said that feedback for the project was very positive. The complete results are provided in his final report dated 10th July 2015, which was provided to members.</p> <p>The Chair congratulated AP and the team on the very positive results of the project.</p>	
15/88	<p>Performance and Finance Update</p> <p><u>Finance Update</u> A written report on the financial position and forecast for the CCG was read out by TH and provided to members: -</p> <ul style="list-style-type: none"> • Report to end of August 2015 (Month 5); • £182k, underspent against budget, forecast overspend of £580k against operational budget areas; • Budgets held in CCG reserves – will achieve an overall position of £2.4m surplus; • Underspending areas <ul style="list-style-type: none"> ○ Alder Hey £574k, WWL £91k, Liverpool Heart and Chest £98k– all due to underperformance of activity against plan • Overspending areas <ul style="list-style-type: none"> ○ Independent Sector £348k (Spire Healthcare, Ramsay Healthcare – mainly orthopaedics) ○ Liverpool Women's £281k, Royal Liverpool £206k, S&O £178k, Wirral £166k ○ All over-performance against plan • Forecast for Continuing Healthcare is breakeven, expenditure levels and activity steady since beginning of the financial year. Targeted work has been undertaken, looking at individual cases means we have been able to reduce budget toward QIPP target; • QIPP savings target of £3.4m held in reserves; • QIPP committee set up within CCG is responsible for identification and delivery of schemes; • CCG considering a number of initiatives to achieve this target; • Transformation fund set up to fund initiatives that result in more efficient delivery of healthcare – eg Acute Visiting Scheme; • £1m underspend on transformation fund, only £600k spent in year (due to delay in implementation of schemes)– schemes have to generate a return on investment, so for every £1 invested, the CCG requires £2 efficiency savings; • Fund oversubscribed for 16/17 ; 	

No	Item	Action
	<ul style="list-style-type: none"> • To date achieved around £800k savings through various schemes • CCG also looking at benchmarking information - Better Care Better Value indicators • 5 key areas where our CCG has a higher cost than similar CCGs:- <ul style="list-style-type: none"> ○ Dermatology ○ Gastro ○ Gynae ○ Respiratory • Gastro – poor outcomes were higher mortality in under 75s from gastro disease, (Directly Standardised Rate i.e. weighted); • Also – CCG will review practice variation graphs – intention is to look at practices who appear to be high cost and compare against practices who appear to be low cost. 	
15/89	<p>Locality Business</p> <p><u>Locality CHIP Roadshow</u> Dr Debbie Harvey (DH), gave a presentation in relation to the Care Home Innovation Programme (CHIP) and said there were 1200 residents in 34 care homes with a mean age of 81 years. The aim of the project was:</p> <ol style="list-style-type: none"> 1. To enable care home residents to enjoy the best quality of life and care within their usual place of residence 2. To reduce futile urgent care investigation and admission 3. Care home support system GP time-neutral <p>There were 1600 unplanned A&E attendances over a year from care homes and one of the primary aims was to reduce these figures. A number of measures have been planned and those recently introduced included:</p> <ul style="list-style-type: none"> • Staff training and quality improvement collaborative(s); • Dedicated community matrons, • Introduction of Telemedicine video system in each care home • GP acute visiting scheme • Pro-active medicine management review <p>Members of the Locality discussed the issues raised and the Chair thanked DH for an interesting and informative presentation.</p>	
15/90	<p>Any Other Business</p> <ul style="list-style-type: none"> • <u>House building in Maghull</u> Morris Byrne (MB) reported 410 new houses were being built on the site of the old prison. • <u>Estates and Business continuity</u> • Issue to be put on the next agenda • <u>SSP Problem</u> No clear answer available as to how the service will be delivered. There is a meeting next week. <p>Actions TH to put Estates and Business Continuity on the next agenda.</p>	TH
15/91	<p>Date and time of next meeting Thursday 22nd October 2015</p>	

No	Item	Action
	1pm – 2.30pm Westway MC 19 th November 2015 – High Pastures surgery 17 th December 2015 – Westway MC 21 st January 2016 – High Pastures surgery 18 th February 2016 – Westway MC 24 th March 2016 – High Pastures surgery	