

Governing Body Meeting in Public Agenda

Date: Thursday 28th July 2016, 13:00 to 15:15 hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

1300 hrs Members of the public may highlight any particular areas of concern/interest and address questions to Board members. If you wish, you may present your question in writing beforehand to the Chair.

1315 hrs Formal meeting of the Governing Body in Public commences. Members of the public may stay and observe this part of the meeting.

The Governing Body

Dr Andrew Mimmagh	Chair & GP Clinical Director	AM
Dr Craig Gillespie	Clinical Vice Chair & Governing Body Member	CG
Graham Morris	Vice Chair & Lay Member - Governance	GM
Lin Bennett	Practice Manager & Governing Body Member	LB
Matthew Ashton	Director of Public Health <i>(co-opted member)</i>	MA
Dr Peter Chamberlain	GP Clinical Director & Governing Body Member	PC
Debbie Fagan	Chief Nurse & Quality Officer	DCF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC <i>(co-opted member)</i>	DJ
Maureen Kelly	Chair, Health Watch <i>(co-opted Member)</i>	MK
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Dr Ricky Sinha	GP Clinical Director & Governing Body Member	RS
Fiona Taylor	Chief Officer	FLT
Dr Sunil Sapre	GP Clinical Director & Governing Body Member	SS
Dr John Wray	GP Clinical Director & Governing Body Member	JW
Mr Graham Bayliss	Lay Member, Patient & Public Involvement	GB

In Attendance

Judy Graves	<i>(Minute taker)</i>	JG
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer Liverpool CCG <i>(presentation)</i>	KMcC

'Liverpool Women's Hospital and Neonatal Review' presentation by Liverpool CCG

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
General					
GB16/104	Apologies for Absence	Chair	Verbal	R	3 mins
GB16/105	Declarations of Interest	Chair	Verbal	R	2 mins
GB16/106	Minutes of Previous Meeting	Chair	Report	A	5 mins
GB16/107	Action Points from Previous Meeting	Chair	Report	A	5 mins
GB16/108	Business Update	Chair	Verbal	R	5 mins
GB16/109	Chief Officer Report	FLT	Report	R	10 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
Finance and Quality Performance					
GB16/110	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMc	Report	R	10 mins
GB16/111	CCG Annual Assurance Assessment 2015/16	MMcD	Report	R	20 mins
GB16/112	Integrated Performance Report	KMcC/ MMcD/DCF	Report	R	10 mins
Governance					
GB16/113	Corporate Risk Register	TJ	Report	A	5 mins
GB16/114	Governing Body Assurance Framework	TJ	Report	A	5 mins
GB16/115	CCG Committee Terms of Reference: Update	TJ	Report	A	10 mins
For Information					
GB16/116	Key Issues Reports: a) Finance & Resource (F&R) Committee b) Quality Committee c) Audit Committee	Chair	Report	R	5 mins
GB16/117	F&R Committee Minutes - May 2016		Report	R	5 mins
GB16/118	Quality Committee Minutes - None		Report	R	
GB16/119	Audit Committee - April 2016 - May 2016		Report	R	
GB16/120	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB16/121	Date of Next Meeting Thursday 29 th September 2016 at 13:00 hrs in the Boardroom, 3 rd Floor, Merton House.				-
Estimated meeting close					15:15 hrs

Motion to Exclude the Public:

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

Governing Body Meeting in Public Draft Minutes

Date: Thursday 26th May 2016, 13:00 to 15:00 hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

The Governing Body

Dr Andrew Mimmagh	Chair & GP Clinical Director	AM
Dr Craig Gillespie	Clinical Vice Chair & Governing Body Member	CG
Graham Morris	Vice Chair & Lay Member - Governance	GM
Davina Hanlon	Deputising for Director of Public Health <i>(co-opted member)</i>	MA
Dr Peter Chamberlain	GP Clinical Director & Governing Body Member	PC
Debbie Fagan	Chief Nurse & Quality Officer	DF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC <i>(co-opted member)</i>	DJ
Maureen Kelly	Chair, Health Watch <i>(co-opted Member)</i>	MK
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Dr Ricky Sinha	GP Clinical Director & Governing Body Member	RS
Fiona Taylor	Chief Officer	FLT
Dr Sunil Sapre	GP Clinical Director & Governing Body Member	SS
Dr John Wray	GP Clinical Director & Governing Body Member	JW
Mr Graham Bayliss	Lay Member, Patient & Public Involvement	GB

In Attendance

Danielle Love	<i>(Minute taker)</i>	
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Peter Wong	Children, Young People & Maternity Commissioning Manager	PW

No	Item	Action
GB16/74	<p>Apologies for Absence</p> <p>Apologies were noted from Matthew Ashton with Davina Hanlon deputising as Public Health representative.</p> <p>AM provided the business update and the following question had been raised by an attending member of the public:</p> <p>What is happening with the Community Services Organisation? – Mr Bob Jones Mr. Jones stated the community staff are fantastic although he expressed concerns about the performance of the organisation in respect of time management and communication. Mr Jones stated the care provided by the community service is exceptionally valuable. FLT thanked Mr Jones for sharing his story, AM echoed the comments, FLT stated that there is a NHS acquisition ongoing for LCH, to try and resolve the issues raised by Mr Jones. FLT emphasised that the clinical care being provided is safe and that we are ensuring that the services are viable for the future. RS reiterated FLT's comments and assured that a robust process is ongoing. FLT offered the opportunity for Mr Jones to provide feedback on his specific story to DF.</p> <p>AM stressed that the CCG are cognisant that there are individuals at the end of the care we commission and it is always the CCG's priority to ensure safe, efficient and quality care. AM also provided a formal welcome to GB and SS as they were</p>	

No	Item	Action
	<p>pressures and noted the vital help and support of the Sefton public.</p> <p>An invite to the Big Chats taking place in Southport and Formby and South Sefton was extended to all. FLT confirmed that the Big Chats were being held at 5:30pm, one in each area. AM highlighted that there are difficult decisions for the CCG to make in the future and services that were previously delivered may not be able to continue however; he emphasised that the CCGs commitment to ensuring quality care for patients remains a priority.</p>	
GB16/79	<p>Chief Officer Report</p> <p>FLT presented the Chief Officer Report and the following was discussed:</p> <p>QIPP</p> <p>FLT stated the Chief Officer Report has now been aligned with the strategic objectives. FLT noted the CCG had delivered its financial duties for 2015/2016 however; reminded colleagues of the challenges for the year ahead with the 16/17 QIPP target, QIPP activities are focussed under the three key areas:</p> <p>The key areas will be achieved through delivery of clear programmes of work connected to our strategic aims:</p> <ul style="list-style-type: none"> • Planned Care • Prescribing • CHC/FNC • Discretionary/Other • Non-Elective/System Redesign <p>Additional expertise has been brought in to support the QIPP agenda, Martin Wakeley has been appointed as an independent leadership role and Debbie Fairclough has been appointed as QIPP lead, reporting directly to the Chief Officer.</p> <p>Shaping Sefton</p> <p>Work on Shaping Sefton is ongoing, and will be further discussed on the agenda at agenda item number 16/83 Shaping Sefton: Plans on a Page</p> <p>Article for publication- Student Nurse placements</p> <p>It was noted The Nursing Times article on Student Nurse placements was published in April 2016.</p> <p>Safeguarding</p> <p>DJ was the lead officer for the OFSTED inspection on services for children in need of help and protection, children looked after and care leavers, and a review of the Local Safeguarding Children Board.</p> <p>DJ noted the LAs thanks to CCG colleagues for their support, specifically DF and her team, with regards to the safeguarding inspection. DJ stated that the inspection was very challenging and the outcome will be known by 27 June. OFSTED have announced a further three inspections on SEND, Children and Safeguarding. FLT also thanked practices for involvement. DF praised the LA for the organisation of the inspection, and noted the clear communication from the LA on roles and responsibilities ensured an efficient process.</p>	

No	Item	Action
	<p>360° Stakeholder Review</p> <p>The CCG has received good feedback to the 360° survey, which will be reported at a future development session.</p> <p>Increase in number of Lay Members on Governing Bodies</p> <p>The discussion regarding the additional lay member for conflicts of interest, to be picked up at development session.</p> <p>A discussion will also have to take place regarding membership should the CCG approve the recommendation that the CCG applies to NHSE for joint commissioning status, this decision would also have to be reflected in the constitution.</p> <p>Locality Development</p> <p>Further locality development has been undertaken and this is a focus for year ahead. Tracy is working closely with the Locality Managers to take this forward.</p> <p>Community Services Acquisition</p> <p>The Community Services acquisition, being led by NHSE is ongoing and is expected to report back to the Governing Body by September 2016.</p> <p>Integration/Better Care Fund (BCF)</p> <p>FLT provided an update on the Better Care Fund, the plan was not approved at the Health and Wellbeing Board therefore; the CCG submitted a CCG only plan to NHSE to ensure it was compliant with its statutory requirements to secure funding for Sefton. The failure to agree a plan has led to Sefton being entered into the escalation process led by the Department of Health and the Department of Local Government & Communication.</p> <p>Outcome: The Governing Body noted the report.</p>	
GB16/80	<p>LCR NHS CCG Alliance – Revised Terms of Reference</p> <p>FLT presented the LCR NHS CCG Alliance – Revised Terms of Reference and the following was noted:</p> <p>The LCR NHS CCG Alliance will oversee alignment across the regions STP plans and identify areas for possible collaboration across Merseyside STP.</p> <p>Outcome: The Governing Body approved the LCR NHS CCG Alliance terms of reference.</p>	
GB16/81	<p>SEND Briefing</p> <p>PW presented the SEND report and the following was discussed:</p> <p>The Children & Families Act (2014) introduced new duties for local areas; Council, Schools, health etc. to identify how support for children and young people with special educational needs and/or disabilities are met. The CCG has worked closely with the local authority to have a fully compliant local offer to support the delivery of Education, Health and Care Plans within the statutory timescales.</p> <p>PW noted that the inspection regime is a joint inspection between OFSTED and CQC, the inspections will be on a five year cycle. A local self-assessment has been developed to help drive improvement, the likely issues or challenges are:</p>	

No	Item	Action
	<ul style="list-style-type: none"> • Ability to demonstrate how feedback from children and young people with SEND and parents have influenced our commissioning and service improvement across all relevant areas of health provision. • More robust data on these cohorts of patients, which has not been collected before. • Development of further collaboration opportunities. • Key providers going through national transaction which could impact patients. <p>PW stated a likely area of inspection is Transition Care for children 18 – 25 years. PW also noted that we need to ensure that the services delivered through LCH are maintained through the acquisition. FLT reiterated that the CCG is working very closely with local authority to ensure robust systems and processes in place.</p> <p>MK stated that Health Watch are engaged with a number of young people and discussed ways of further engaging with this group to on this PW to contact MK to discuss further ways of joint working.</p> <p>DF noted that some of the requirements described by PW forms part of Shaping Sefton, KMcC and DJ are taking these forward. The NHSE safeguarding team have put forward an assurance plan and PW is working closely with the NHSE safeguarding team.</p> <p>Outcome: The Governing Body received the report.</p>	<p>PW</p> <p>KMcC & DJ</p>
GB16/82	<p>Sustainability and Transformation Plan (STP) for Cheshire and Merseyside</p> <p>KMcC presented the report and the following was discussed:</p> <p>Following publication of the NHS Five year Forward View it has become clear that the STP would become main vehicle for CCG funding going forward. There are 44 footprints across England. The CCG is part of Cheshire and Merseyside STP which is the 3rd largest in England, considering this size of the STP, the difficulties of pulling together the local delivery plans (LDP) for the full STP by end June will be very challenging.</p> <p>KMcC noted there is the need to ensure the STP is clear on the gaps in assurances and the governance structure. The main gaps are variation in life expectancy, childhood obesity and aging population and individual CCG financial difficulties.</p> <p>The governance structure detailed in the document now reflects the five LDSs. Each LDS has an executive lead, and there is a Cheshire and Merseyside working group. Much of the focus of the working group is setting direction of travel and closing the financial gap. The report looks at the emerging priorities, with considerable work required to deliver these. It was noted there is more emphasis on mental health and significant work required regarding engagement with public, provider and LAs.</p> <p>KMcC stated the full STP has to be completed by 30 June.</p> <p>DJ clarified that Margaret Carney has confirmed at this stage the 6 councils in Merseyside have highlighted their concerns regarding the STP process. This is due mainly to the lack of engagement with the LAs, DJ noted that Sefton Council does not believe the Health and Wellbeing Board conversations and engagement with local MPs etc. has been sufficient. It was also noted the LAs believe that the footprint of the STP is not appropriate, with preference expressed for an LCR based footprint.</p>	

No	Item	Action
	<p>FLT confirmed that NHSE have written to LAs but this has not allayed the concerns of LAs. KMcC noted that many of these issues have arisen due to the pace that is required to deliver these plans.</p> <p>DMcD stated that more collaboration is the way forward to deliver for the future, FLT agreed and noted the collaboration and joint working would have to work within the current governance arrangements and the intention of the STP is not to change and existing governance structures or law etc. KMcC noted that collaboration is key to the STP however there has to be a balance between locally based commissioning and collaboration.</p> <p>DMcD stated the Local Delivery System Plans (LDP) we are in is quite large, FLT clarified that the LDP meets every fortnight to ensure swift and effective decision making, can take place.</p> <p>NHSE have had feedback on the C&M STP and these comments are being incorporated into the final plan. FLT reinforced that collaboration is key but there has to be a focus on Sefton and that it is vitally important to recognise the differing levels of the plan. SS agreed that the philosophy of working together, making this work operationally will be challenging. FLT noted that there are many benefits from the collaboration and that this is the main vehicle for the organisation to receive funding and in the future. FLT also stated there has been continuing conversations between all partners involved.</p> <p>MK asked for clarification on pg35, Southport and Formby CCG (SFCCG) are mentioned in two LDS, KMcC clarified that SFCCG are an associate to the North Mersey LDS and a member of the Alliance LDS. DMcD noted Knowsley CCG is also listed twice, KMcC stated Knowsley CCG is the same as SFCCG, an associate to the North Mersey LDS and a member of the Alliance LDS.</p> <p>The Governing Body noted the approach and approved the delegated authority to SLT for signoff of the final STP by 30 June 2016.</p> <p>Outcome: The Governing Body approved delegated authority.</p>	
GB16/83	<p>Shaping Sefton - Plans on a Page</p> <p>KMcC presented the Shaping Sefton - Plans on a Page and the following was discussed:</p> <p>The emerging plans on a page are detailed with a clear emphasis on Shaping Sefton, focussed around blueprints. This is the convergence of the Shaping Sefton work accounting for the further work undertaken on QIPP. The financial detail in the QIPP column are representative of current work, these have been RAG rated within the financial plan agenda item 16/85.</p> <p>FLT noted these plans rely on two key dependencies that need strengthening; interconnected clinical leadership and the Aristotle roll out. DMcD commended the plan/report style and asked if this would be updated for future meeting, KMcC noted this will report back quarterly to the Governing Body. The final report layout to be developed at a Governing Body development session KMcC/TJ to take this forward.</p> <p>The Governing Body were asked received the report for assurance and to endorse the</p>	KMcC/ TJ

No	Item	Action
	<p>project management approach.</p> <p>Outcome: The Governing Body noted the report and the approach</p>	
GB16/84	<p>Joint Commissioning Status</p> <p>JL presented the Joint Commissioning Status report.</p> <p>The CCG have the opportunity to apply to NHSE for joint commissioning status. The report outlines the role and the exemptions of a joint commissioner. Feedback has been sought from member practices, it was noted there was no overwhelming disapproval of joint commissioning status. If approved the committee would convene from 1 July 2016.</p> <p>Joint Commissioning Committee Terms of Reference would come back to a future meeting for ratification.</p> <p>Outcome: The Governing Body approved the CCG applying for Joint Commissioning Status</p>	JL
GB16/85	<p>2016/17 Revised CCG Budgets/ QIPP</p> <p>MMcD presented the revised 2016/17 Financial Budgets/ QIPP report and the following was discussed.</p> <p>MMcD noted that since the March Governing Body meeting all contracts have all been signed off.</p> <p>There has been an increase in operational budgets of £4.895m this is a result of the contract negotiations and a review of opening budgets. This increase has been met by a reduction in the reserves as well as a small increase in allocation.</p> <p>£1m of the increase in the budget is due to the outcome of the arbitration process in respect of the Aintree contract.</p> <p>The impact of the budget changes has increased the QIPP target to £10.2m. MMcD noted this is a challenging QIPP target for the CCG. It was noted that the public's opinions and views will be sought through the Big Chats.</p> <p>The Governing Body were asked to:</p> <ul style="list-style-type: none"> • approve the revised financial budgets for the financial year 2016/17; and • note that the revised QIPP target is £10.169m <p>Outcome: The Governing Body approved the revised financial budgets for the financial year 2016/17; and noted that the revised QIPP target</p>	
GB16/86	<p>Integrated Performance Report</p> <p>KMcC presented the integrated performance report and the following was discussed:</p> <p>This report represents the performance to year end.</p> <p>KMcC noted the following performance information by exception:</p>	

No	Item	Action
	<ul style="list-style-type: none"> • A&E waits (all types) The CCG almost achieved the 95% target in March achieving 94.16% year to date (in month achieving 87.29%). Aintree are also failed the target in March recording 86.39%, and are also failing year to date reaching 90.57%. Aintree have agreed an action plan in conjunction with NHS Improvement. • Ambulance activity The CCG failed the Category A and Category 19 response times. Considerable work is ongoing with partner organisations including performance monitoring, additional funding and monthly reviews. The CCG have discussed this at SMT to see if further assurance is required. • Cancer target The CCG failed the 62 day target narrowly reaching 84.28% year to date. This failure was attributed to three patients; one was a late referral from the provider, complexity of pathway for one patient and one was an administration delay. All of these cases are individually reviewed and learning taken from them. • Diagnostics target The CCG are over plan for diagnostics in March, this is the fourth month the target was missed, this is largely due to orthopaedics sonography resource issues. This is being monitored and the CCG clinical lead is working with the Trust to understand the reasons for the increase in demand. • 18 week RTT The CCG achieved the target. The target is to achieve 92% of patients seen within 18 weeks RTT however; Aintree have been running at 95% and this over performance will be reviewed as part of Planned Care QIPP • Stroke The CCG did not achieved the target in March, Aintree's overall SNAPP score for Oct 15 – Dec 15 maintains the Category B standard. It was noted this target can be impacted by stroke patients following a patient pathway which is better for the individual patient but then does not result in the patient spending at least 90% of their time on a stroke unit. <p>DJ noted the CCG are in the top quartile nationally for best performance in relation to delayed transfers of care, he noted anecdotally there seemed to be pressure at end of week with patients staying longer in elective care and delays to non-elective care. This could be encouraging longer stays for some individuals. KMcC will investigate this this with the provider and feedback to DJ.</p> <p>DJ raised the overspends in day cases, and noted we have exceeded our planned commissioning budget for day cases with the biggest provider contributing to this overspend being Aintree. KMcC confirmed this is being scrutinised through the contractual procedures. DJ requested clarity on why this over performance is occurring, KMcC stated one reason is due to advancements in technology and some procedures, which previously would be in-patient cases, may be done as a day case. He further noted that changes to coding could impact this performance, as could patient demand increasing.</p> <p>DJ stated the piece of work on continuing health care (CHC) packages of care has been finalised, the CCG have reduced CHC expenditure, it was noted this may have increase the LAs contribution to complex care. DF noted CHC is a priority area for integration and SSSCCG has undertaken a perfect flow meeting to see if there are any impediments within the system.</p>	KMcC

No	Item	Action
	<p>MK raised attention to the IAPT targets, the two targets in relation to IAPT access and recovery. The performance against both targets has reduced; KMcC noted significant effort has been invested in advertising self-referral access to IAPT, however there has been a reduction in GP referrals possibly linked to the access to self-referral. It was also noted there are high levels of DNAs and the target remains challenging but work is continuing with the provider. MK stated IAPT is a service which is often highlighted during patient experience groups. Further publications of self-referral access are planned.</p> <p>CG queried if there is any evidence that the schemes being run with the North West Ambulance Service (NWAS) are influencing the performance. There was a discussion regarding the length of time paramedics are spending on site with patients. FLT stated that interdependencies with Trusts are possibly stemming the flow. KMcC noted that historically the CCG has performed at a better level when compared with other CCG's in the region however; this year the CCG is failing to meet the targets.</p> <p>FLT noted that within the body of the report under section 11, clearer accountabilities need to be detailed, c. and specifically raised this with regard to the % of patients waiting 6 weeks or more for a Diagnostic Test. KMcC stated that this position, will be rectified by Aug 16, SS clarified that he was concerned about this position however; he is comfortable to continue if rectified by Aug. It was noted if there is no improvement in performance then it will be reported back to Quality Committee.</p> <p>DF noted that both the CCG and Aintree have breached the MRSA target earlier in the year. One new case was reported attributable to Aintree in March. A Post Infection Review was undertaken which concluded that there were no specific actions that could have been taken to prevent the patient developing the bacteraemia. The review showed the Trust had undertaken many 'best practice' procedures during the individuals care and showed high levels of patient care throughout.</p> <p>DF noted that stroke services have been discussed at the Quality Committee and Quality Contracts Group; there are excellent discharge procedures in place with some of difficulties in patient flow. There are continued conversations with the Trust in relation to the individual patient experience and quality of care. DMcD asked for clarity on what the target is based on, AM clarified the target is based on clinical data over a number of years on the safety of stroke patients seen in stroke bed in comparison to those not in stroke beds.</p> <p>There is a continuing focus on patient experience in Primary Care, DF/KMcC & JL are taking this to the July Quality Committee. It was noted that feedback has been given to NHSE on dashboard.</p> <p>The Capsticks 'Quality, Safety and Management Assurance Review' of Liverpool Community Health was discussed at the Merseyside Collaborative Commissioning Forum and the CCG continues to work with LCH to review the findings. This is a standing item on Collaborative Commissioning Forum.</p> <p>FLT raised the CQC inspections and is noted the well performing practices and noted if there was any best practice that could be shared with other practices, LB noted practice managers are involved in a collaborative forum which will review areas such as HR policies etc. CG is looking at what practical help the SMT can provide for practices. SS stated there can be wide variation in how the CQC undertakes these inspections. FLT noted the next level of joint commissioning will help support practices going forward with further delegated authority.</p>	<p>CG</p> <p>CG</p>

No	Item	Action
	<p>GM noted as of yesterday the Auditors have signed off the accounts and the CCG has met its financial duties. GM passed on his thanks to MMcD and his team FLT also thanks MMcD and his team.</p> <p>Outcome: The Governing Body received this report.</p>	
GB16/87	<p>Key Issues Reports</p> <ul style="list-style-type: none"> a) Finance & Resource (F&R) Committee b) Quality Committee c) CIC: Realigned Hospital Based Care d) CIC LCR NHS CCG Alliance e) Audit Committee f) 4-monthly Locality Reports <ul style="list-style-type: none"> - Bootle - Maghull - Seaforth & Litherland - Crosby <p>Outcome: The Governing Body received the key issues reports</p>	
GB16/88	<p>F&R Committee Minutes</p> <ul style="list-style-type: none"> - Feb 2016 - Mar 2016 <p>Outcome: The Governing Body received the approved F&R Committee minutes.</p>	
GB16/89	<p>Quality Committee Minutes</p> <ul style="list-style-type: none"> - Feb 2016 - Mar 2016 <p>Outcome: The Governing Body received the approved Quality Committee minutes.</p>	
GB16/90	<p>Audit Committee</p> <ul style="list-style-type: none"> - Jan 2016 <p>Outcome: The Governing Body received the approved Audit Committee minutes.</p>	
GB16/91	<p>Any Other Business</p> <p>The following items of business were raised: GM stated the Letter of Representation to external audit had to be signed off and informed GB members that this has been signed off.</p>	
GB16/92	<p>Date of Next Meeting</p> <p>Thursday 28th July 2016 at 15:00 hrs in the Boardroom, 3rd Floor, Merton House</p>	

Governing Body Meeting in Public Actions from meeting held 26 May 2016

No	Item	Action
GB16/14	Shaping Sefton Update Dr McDowell reported that people were not familiar with the acute visiting scheme when it had been raised at a locality meeting. Dr Chamberlain to follow up with the locality manager.	PC
GB16/50	Transforming Care for People with Learning Disabilities: Implementing of National Plan Health & Wellbeing Board to receive report.	DF
GB16/81	SEND Briefing PW to contact HK to discuss further ways of engaging with young people from the Health Watch group.	PW
GB16/83	Shaping Sefton - Plans on a Page Report format for Plans on a Page to be developed at a Governing Body Development Session	KMcC/ TJ
GB16/84	Joint Commissioning Status Joint Commissioning Terms of Reference to be reported to a future meeting	JL
GB16/86	Integrated Performance Report KMcC to investigate the claims of additional pressure at the end of the week to delayed transfers of care, resulting in longer stays for some individuals, and feedback to DJ. There was a discussion regarding the length of time paramedics are spending on site with patients, CG to feedback to JL/KMcC on the specific case CG looking at what practical help the SMT can provide for practices on CQC inspections	KMcC CG CG

MEETING OF THE GOVERNING BODY

July 2016

Agenda Item: 16/109	Author of the Paper: Fiona Taylor Chief Officer						
Report date: July 2016	Email: fiona.taylor@southseftonccg.nhs.uk Tel: 0151 247 7069						
Title: Chief Officer Report							
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.							
Recommendation The Governing Body is asked to receive this report.	<table style="border-collapse: collapse;"> <tr><td style="padding: 2px;">Receive</td><td style="border: 1px solid black; text-align: center; width: 20px;">x</td></tr> <tr><td style="padding: 2px;">Approve</td><td style="border: 1px solid black; width: 20px;"></td></tr> <tr><td style="padding: 2px;">Ratify</td><td style="border: 1px solid black; width: 20px;"></td></tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
x	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
x	To advance integration of in-hospital and community services in support of the CCG locality model of care.
x	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

Report to Governing Body July 2016

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

1. CCG Assurance 2015/16

On 11th July NHSE wrote to the CCG confirming the outcome of CCG Assurance assessment for 2015/16. As part of that assessment the CCG is evaluated against key assurance components comprising; well led organisation, CCG compliance with statutory duties, 360 degree stakeholder survey, delegated functions, finance, performance and planning.

The letter set out the areas of strength and areas requiring improvement. However, as a consequence of the CCGs current financial position, the headline rating for South Sefton CCG is “requires improvement”.

Assurance Components	Assured as
Well Led Organisation	Good
Delegated Functions	Good
Finance	Good
Performance	Good
Planning	Requires Improvement

For CCGs that are assessed as inadequate, NHS England will apply its legal powers of direction to ensure these CCGs take action to support an improving position.

To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target

2. QIPP

Throughout May, June and July there has been an increased focus on QIPP with additional support being provided in respect of the governance of the QIPP programme and the identification of new schemes. This additional focus will ensure that the CCG can be assured that the plans are robust and that schemes can be delivered.

The QIPP Committee continues to be supported by the Clinical QIPP Advisory Group to ensure all schemes and proposals are subject to full clinical scrutiny. The Governing Body will receive an updated QIPP plan at today’s meeting.

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

3. Conflicts of Interest

In June 2016 NHSE published revised guidance on the management of conflicts of interest for CCGs. The recommendations arising from that guidance are:

- The strong recommendation for CCGs to have a minimum of three lay members on the Governing Body;
- The introduction of a conflicts of interest guardian in CCGs;
- The requirement for CCGs to include a robust process for managing any breaches within their conflict of interest policy and for anonymised details of the breach to be published on the CCG's website;
- Strengthened provisions around decision-making;
- Strengthened provisions around the management of gifts and hospitality;
- A requirement for CCGs to include an annual audit of conflicts of interest management within their internal audit plans, the findings of which will be published in the Annual Governance Statement;
- A requirement for all CCG employees, governing body and committee members and practice staff with involvement in CCG business, to complete mandatory online conflicts of interest training.

In response to this guidance the CCGs has updated the policy and developed new registers for declaring interests, gifts and hospitality and this was approved by the Audit Committee in July. The Audit Committee Chair (the Conflicts of Interest Guardian) will submit a recommendation to the Governing Body in respect of lay member support.

4. Ofsted Single Agency Safeguarding Inspection

The outcome of the recent OFSTED inspection of Sefton Council services for children in need of help and protection, children looked after and care leavers and a review of the Local Safeguarding Children Board (LSCB) under the Single Inspection Framework has now been published. Sefton Children's Services was rated requires improvement and the Local Safeguarding Children Board was rated Inadequate. The CCG Chief Nurse, Deputy Chief Nurse and Designated Nurse Safeguarding Children have met with the Local Authority to discuss next steps for the Partnership and a Development Session for the LSCB has been scheduled for September 2016.

5. Capsticks Report

The Quality Committee has been informed about the publication of the Capsticks Report 'Quality, Safety & Management Assurance Review at Liverpool Community Health NHS Trust' (March 2016). The Report was discussed at the Quality Surveillance Group Meeting Chaired by NHSE in May 2016 and an action was taken to review the recommendations as a whole system exercise to identify any lessons learnt.

Rosie Cooper MP for West Lancashire secured an Adjournment Debate in the House of

Commons on 13th July 2016 and called for an independent review to be undertaken which has been supported by the Under Secretary State for Health who has asked NHS Improvement to undertake an independent review or commission such a review.

This is a separate agenda item at today's Governing Body Meeting.

6. Liverpool Community Health NHS Trust – CQC Inspection Report

The Care Quality Commission (CQC) has recently published the inspection outcome report from the re-visit to the Trust in February 2016. The rating is shown in the table 1.

Table 1: CQC Inspection Outcome Report (Visit February 2016; Published July 2016)

Overall	Rating
Safe	Requires Improvement
Effective	Requires Improvement
Caring	Good
Responsive	Requires Improvement
Well-led	Requires Improvement
Specific	
Community health in-patient services	Good
Community health services for adults	Requires Improvement
Community services for children, young people and families	Requires Improvement

At the time of the publication the CCG has been informed that there will not be a Quality Risk Summit called by the CQC/NHSE as this inspection was a revisit. The CQC report was an agenda item for discussion at the July 2016 Clinical Quality & Performance Group Meeting with the Trust and plans are in place for commissioners to meet with the Trust Executive Team to discuss this further and the review and further development of an action plan.

7. Southport & Ormskirk Hospitals NHS Trust – CCG Walkarounds

The CCG team have recently undertaken the following Quality Walkarounds within the Trust:

- A&E at the Southport site due to recent pressures;
- Critical Care / HDU at the Southport site due to the number of Mixed Sex Accommodation Breaches that have been reported;
- Stroke Unit at the Southport site due to concerns regarding the lack of ring-fencing of the beds on the Unit and some concerns that had been expressed to the CCG about essential standards of care.

The outcome of the walkarounds has been reported to the Quality Committee within the Chief Nurse Report and a specific standalone report for the Stroke Unit is being compiled jointly with NHS West Lancashire CCG who joined our CCG team on the above visits.

The new Lay Member for Patient Public Involvement from Southport and Formby CCG accompanied the Quality Team and Commissioning & Re-design Team on the visit to the Stroke Unit and the Chief Nurse will be extending the invite to the Lay Members to join the team as standard practice on future walkabouts.

8. Southern Health Report

The CCG is currently assessing itself against the recommendations of the independent review of deaths of people with a Learning Disability or Mental Health problems in contact with Southern Health NHS Foundation Trust. The scope of the review was to help secure a shared view across all the key players within the Trust services, of improvement action required, and plans to deliver change. It also provided advice to the CCGs about Learning Disability commissioning, data management and analysis and adverse events indicators. A report will come to the next Quality Committee to provide any necessary assurance.

To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract

9. Co-commissioning of Primary Care

The CCG has submitted its proposals for co-commissioning to NHSE including the proposed terms of reference for the joint committee. To formally establish those arrangements, it is necessary for the CCG's constitution to be updated and as a consequence an updated version will be shared with members for comment during July and then sent to the BMA for finalising.

It is anticipated that final sign off of the constitution and the joint committee terms of reference by the wider group and NHSE will take place during September at which point the new committee can begin to meet.

An application for joint commissioning of primary medical care has been submitted to NHSE. This has necessitated a change to the constitution and we are working with constituent members and the LMC to make the changes. These changes will also reflect the new Conflicts of Interest Guidance which was released by NHSE in July 2016.

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

10. Integration/Better Care Fund (BCF)

The CCG and Sefton Council are finalising the Better Care Fund (BCF) submission for 2016 / 17 with the support of an Independent Expert commissioned by NHSE. This work will finalise a joint plan not only for 16/17 but also restate our longer term vision for integrated commissioning and delivery. The submission date is 22nd July with the aim of achieving an approved plan by the end of July 2016. A new Section 75 agreement will be drawn up to underpin the new BCF arrangements.

11. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Taylor
Chief Officer
July 2016

MEETING OF THE GOVERNING BODY July 2016

Agenda Item: 16/110	Author of the Paper: Debbie Fairclough Programme Director 07788835495 Debbie.fairclough@southseftonccg.nhs.uk						
Report date: July 2016							
Title: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report							
Summary/Key Issues: Presents the Governing Body with the QIPP Dashboard, as signed off by QIPP 12 July 2016							
Recommendation The Governing Body is asked to receive the report.	<table style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 20px;">x</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

Links to Corporate Objectives <i>(x those that apply)</i>	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.



**South Sefton
Clinical Commissioning Group**

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

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

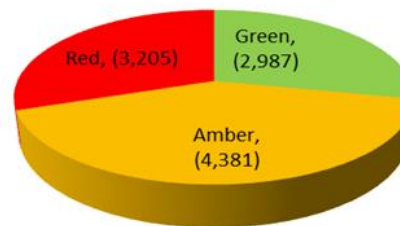
QIPP DASHBOARD – SUMMARY SSCCG AT MONTH 3

South Sefton CCG

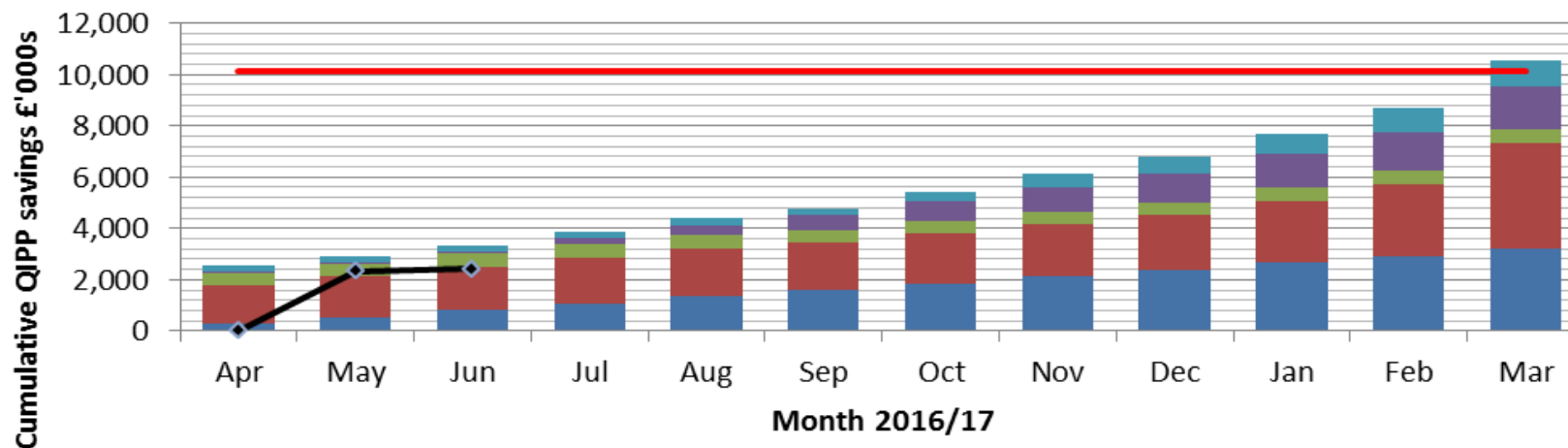
£'000s As at June 2016

Scheme	Annual Plan	YTD Plan	YTD Actual	Variance
Planned care plan	1,043	268	255	(13)
Medicines optimisation plan	1,660	61	0	(61)
CHC/FNC Plan	563	500	500	0
Discretionary spend plan	4,104	1,720	1,672	(48)
Urgent Care system redesign	3,205	801	0	(801)
Total	10,575	3,350	2,427	(923)

RAG Breakdown - £'000s



SSCCG : Summary QIPP plan 2016/17



- Urgent Care system redesign plan
- Discretionary spend plan
- CHC/FNC Plan
- Medicines optimisation plan
- Planned care plan
- Target

QIPP DASHBOARD SSCCG – Detail by scheme – Themes 1 to 3

Planned care	Exec Lead	Phasing	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance	
Sub total PLCV procedures	Jan L	M7-M12	0	0	0	●	0	0	0	●	738	738	0	
Review of OPP T&O coding (S&O)	Martin McD	M1-M12	0	0	0	●	13	0	(13)	●	50	50	0	
MCAS / T&O	Jan L		0	0	0	●	0	0	0	●	0	0	0	
Implement cataracts revised threshold	Jan L	M7-M12	0	0	0	●	0	0	0	●	0	0	0	
Dermatology - reduce block	Jan L	M1	0	0	0	●	30	30	0	●	30	30	0	
C2C referral Policy	Jan L	N/A	0	0	0	●	0	0	0	●	0	0	0	
Critical care @Aintree	Jan L	M1	0	0	0	●	225	225	0	●	225	225	0	
Total			0	0	0		268	255	(13)		1,043	1,043	0	
Medicines optimisation	Exec Lead	Phasing	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance	
Focus on reduced waste (repeat prescribing)	Martin McD	M4-M12	0	0	0	●	0	0	0	●	750	750	0	
Generics	Martin McD	M3-M12	2	0	(2)	●	2	0	(2)	●	67	67	0	
Optimise Branded Prescribing	Martin McD	M3-M12	13	0	(13)	●	13	0	(13)	●	203	203	0	
Additional rebate schemes	Martin McD	M4-M12	0	0	0	●	0	0	0	●	240	240	0	
Blood Glucose Monitoring strips	Martin McD	M4-M12	0	0	0	●	0	0	0	●	75	75	0	
Implementation of Quick Wins	Martin McD	M1-M12	9	0	(9)	●	26	0	(26)	●	105	105	0	
Apixiban Price Reduction	Martin McD	M1-M12	3	0	(3)	●	8	0	(8)	●	30	30	0	
Biosimilars	Martin McD	N/A	0	0	0	●	0	0	0	●	140	140	0	
Lucentis v Avastin	Jan L	N/A	0	0	0	●	0	0	0	●	0	0	0	
Community service - Dermatology	Jan L	M1-M12	4	0	(4)	●	13	0	(13)	●	50	50	0	
Total			30	0	(30)		61	0	(61)		1,660	1,660	0	
												0		
Individual packages of care	Exec Lead	Phasing	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance	
CHC reduction - No growth	David S	M1	0	0	0	●	500	500	0	●	500	500	0	
Outcome of CSU review work	David S	Quarterly	0	0	0	●	0	0	0	●	63	63	0	
Total			0	0	0		500	500	0		563	563	0	

QIPP DASHBOARD SSCCG – Detail by scheme – Themes 4 to 5

Discretionary spend	Exec Lead	Phasing	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance
Review other Expenditure	Tracy J	Qtr 4	0	0	0	●	0	0	0	●	200	200	0
1% Non-recurrent released	Martin McD	N/A	0	0	0	●	0	0	0	●	0	0	0
Prior year spend	Martin McD	M1	0	0	0	●	1,370	1,350	(20)	●	1,370	1,370	0
LQC under-performance in 16/17	Martin McD	Qtr 4	0	0	0	●	0	0	0	●	600	600	0
CQUIN Underperformance 16/17	Martin McD	M12	0	0	0	●	0	0	0	●	400	400	0
CQUIN Underperformance 15/16 (S&O)	Martin McD	M3	42	42	0	●	42	42	0	●	42	42	0
Estates	Martin McD	M11-M12	0	0	0	●	0	0	0	●	0	0	0
Cease LQC scheme 17/18 (Cost less NEL opp)	Jan L	N/A	0	0	0	●	0	0	0	●	0	0	0
Slippage in Transformation Fund / SRG Funding	Martin McD	M1-M12	70	65	(5)	●	296	272	(24)	●	941	941	0
Application of sanctions	Martin McD	N/A	0	0	0	●	0	0	0	●	500	500	0
Running Cost Contingency	Fiona Taylor	M1-M12	4	0	(4)	●	12	8	(4)	●	49	49	0
Total			116	107	(9)		1,720	1,672	(48)		4,102	4,102	0
Urgent care system redesign	Exec Lead	Phasing	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance
Respiratory	Karl Mc	M1-M12	123	0	(123)	●	370	0	(370)	●	1,480	1,480	0
Telehealth	Jan L	M1-M12	39	0	(39)	●	116	0	(116)	●	463	463	0
Falls	Jan L	M1-M12	37	0	(37)	●	110	0	(110)	●	439	439	0
AVS	Jan L	M1-M12	69	0	(69)	●	206	0	(206)	●	823	823	0
Rightcare opportunity- Neurology	Jan L	M1-M12	0	0	0	●	0	0	0	●	0	0	0
Rightcare opportunity- T&I (less falls)	Jan L	N/A	0	0	0	●	0	0	0	●	0	0	0
Rightcare opportunity - Gastro	Jan L	N/A	0	0	0	●	0	0	0	●	0	0	0
Cease Aintree to Home	Karl Mc	N/A	0	0	0	●	0	0	0	●	0	0	0
Total			267	0	(267)		801	0	(801)		3,205	3,205	0

MEETING OF THE GOVERNING BODY July 2016	
Agenda Item: 16/111	Author of the Paper: Martin McDowell Chief Finance Officer
Report date: July 2016	Email: Martin.McDowell@southseftonccg.nhs.uk Tel: 0151 247 7065
Title: CCG Annual Assurance Assessment 2015/16	
Summary/Key Issues: The CCG has been rated as Requires Improvement following assessment of its performance in 2015/16 Financial Year.	
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 focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

Report to Governing Body March 2016

1. Executive Summary

The CCG has been rated as Requires Improvement following assessment of its performance in 2015/16 Financial Year.

2. Introduction and Background

Under the new style assurance process for CCGs, there are 5 domains which are measured using set criteria. The possible ratings assigned to CCGs are Outstanding, Good, Requires Improvement and Inadequate, reflecting 'Ofsted style' descriptions.

The ratings are applied on a national basis and the following levels of performance were achieved by CCGs.

Rating	CCGs	%
Outstanding	10	4.8
Good	82	39.2
Requires Improvement	91	43.6
Inadequate	26	12.4
Total	209	100

The letter from NHS England explaining the CCG's assurance rating is attached.

3. Key Issues

South Sefton CCG achieved the following ratings:

Domain	Rating
Well led organisation	Good
Delegated functions	Good
Finance	Good
Performance	Good
Planning	Requires Improvement

Under the rules of the annual assurance process, a CCG's overall rating requires improvement if:

- Four domains are rated as Good (or Good and Outstanding) and the finance or planning component is assessed as Requires Improvement or Inadequate.

The CCG received a Requires Improvement rating for planning primarily for not having an assured Better Care Fund (BCF) plan. It was also noted that the System Resilience Group Winter Plan was not assured.

For 2016/17 onwards, NHS England is introducing a comprehensive, rigorous and transparent new approach to CCG ratings. CCGs will be rated in 29 areas, underpinned by 60 indicators, all made available to patients for the first time on the myNHS website. The new

areas include six clinical priorities matching those set out in the NHS Five Year Forward View, which will be assessed annually by independent expert panels. These are: cancer; dementia; diabetes; learning disabilities; maternity; and mental health.

4. Recommendations

The Governing Body is asked to receive this report.

Appendices

Letter from Clare Duggan, Director of Commissioning Operations, NHS England, Cheshire & Merseyside – Re. CCG Annual Assurance 2015/16.

Martin McDowell
July 2016

Our ref: CMCDRC531

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NHS South Sefton CCG
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11 July 2016

Dear Fiona

Re: CCG Annual Assurance 2015/16

Thank you for meeting with us on 19th April 2016 to discuss the CCG Assurance Annual Assessment for 2015/16. I am grateful to you and your team for the work you have done to prepare for the meeting and for the open and transparent nature of our discussions.

The enclosed document (**Annex A**) provides a brief summative assessment of the assurance meetings held over the last year against the assurance components in the 2015/16 CCG Assurance Framework, which informed the CCG's 2015/16 annual headline rating. We have also summarised areas of strength and where improvement is needed. These will be used to inform how CCG support available in 2016/17 will be tailored to individual CCG needs.

A number of principles have been applied to the five component assessments to reach the annual headline assessments for 2015/16. It has also been agreed to describe the headline ratings in the 2016/17 language of outstanding, good, requires improvement and inadequate.

Therefore, the headline rating for NHS South Sefton CCG is **Requires Improvement**. The principles used to reach this assessment are:

- outstanding is applied where at least one component is outstanding and the others are all good.
- good is applied if:
 - all components are good; or,
 - at least four components are rated as good (or good and outstanding) and one component is requires improvement, unless requires improvement is in the finance or planning components.
- the headline is requires improvement if:

- four components are rated as good (or good and outstanding) and the finance or planning component is assessed as requires improvement or inadequate;
- there is more than one requires improvement component rating; and
- no more than one component is assessed as inadequate.
- the headline is inadequate overall if:
 - more than one component is rated as inadequate;
 - it already has Directions (under section 14.z.21) in force.

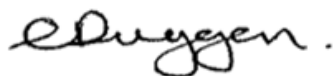
For CCGs that are assessed as inadequate, NHS England will apply its legal powers of direction to ensure these CCGs take action to support an improving position.

These assessments were ratified by NHS England's Commissioning Committee when they met on 29 June. The 2015/16 annual assessment will be published on the CCG Assessment page of the NHS England website in mid-July. This year the headline assessment will be shown along with the five component assessments. At the same time the headline assessments **only** will be published on the MyNHS section of the NHS Choices website. I would ask that you please treat your assessments in confidence until NHS England has published the annual assessment report.

As you will be aware, NHS England has introduced a new Improvement and Assessment Framework for 2016/17. In mid-July, we expect *circa* 43 out of the 60 indicators in the framework to be uploaded to the myNHS website. Shortly thereafter over the summer, the baseline ratings of the clinical priority areas will be published on the myNHS website. You will be notified in advance of your CCGs rating, the methodology that has been applied, and the support offers for improvement.

Thank you again to you and your team for meeting with us and for the open and constructive dialogue, I hope this letter provides an accurate summary of our discussions and clearly outlines the next steps.

Yours sincerely



Clare Duggan
Director of Commissioning Operations
NHS England, Cheshire & Merseyside

ANNEX A – ASSURANCE SUMMARY 2015/16

Throughout the year, we have identified the following areas of strength, areas of challenge and improvement and considered the key actions required against the five components of the 2015/16 framework. This includes: The need for a long term plan to implement the Five Year Forward View; Confirmation of an agreed service development and improvement plan to implement the new mental health access standards; and clarification of the CCG's progress on delegated primary care commissioning arrangements with NHS England.

Key Areas of Strength / Areas of Good Practice

- The financial performance of the CCG in meeting the 2015-16 Business Rules;
- The CCG achieved the RTT Waiting Time Standard throughout the year;
- The CCG did not exceed the ceiling on CDiff cases for the year.

Key Areas of Challenge

- The CCG recognises that the financial position remains a challenge and that steps will have to be taken during 2016/17 to ensure a more stable position in the future;
- Primary Care workforce is a significant challenge facing the CCG due to GP retirements and the area being under-doctored.

Key Areas for Improvement

- The performance of the local acute Trust in relation to Diagnostic Waiting Times and 62 Day Cancer Waiting Times;
- The 360 Degree Stakeholder Survey showed a need for greater engagement with stakeholders.

Development Needs and Agreed Actions

- The CCG should consider the information in the 2016 360 Degree Stakeholder Feedback Survey and refine its Organisational Development Plan, particularly with regard to the engagement of member GP Practices, patients groups and health providers;
- The CCG must ensure that there is a focus upon Mental Health. In particular there needs to be a sustained improvement in performance against the IAPT and Dementia metrics;
- Given the increase in the number of Mental Health Metrics in 2016/17, the CCG should consider approaching other CCGs to create a virtual team to enable the commissioning of mental health on a larger footprint.

ASSURANCE COMPONENTS

Well Led Organisation (Assured as Good)

Under this component of assurance the key areas for enquiry are strong and robust leadership; robust governance arrangements; actively involves and engages patients and the public and works in partnership with others, including other CCGs. We have also looked at how the CCG secures the range of skills and capabilities it requires to deliver all of its commissioning functions, including effective use of support functions and getting the best value for money.

As part of the assessment of the CCG's compliance with its statutory duties within the well led component we have also considered the six statutory functions which NHS England has required a more detailed focus on in 2015/16 because of the complexity of the issues or the degree of risk involved. These are:

- i. NHS Continuing Healthcare
- ii. Safeguarding of Vulnerable Patients
- iii. Equality and health inequalities
- iv. Learning disability
- v. Use of research
- vi. Special Educational Needs and Disabilities

CCG Compliance of Statutory Duties:

Safeguarding:

- The CCG has confirmed that a Safeguarding report to be submitted to NHS England was signed off by the CCG Quality Committee week. NHS England is sited on all Safeguarding issues and the CCG has confirmed that a substantive vulnerable patient lead is in post.

Performance for Transforming Care:

- It was reported that there were no significant concerns.

Continuing Health Care (Previously Unassessed Periods of Care):

- The plan is currently on trajectory and there are no significant issues.

Equality and Health Inequality:

- It was confirmed following the annual assurance meeting that the CCG is fully compliant with EDS2 requirements.

360 Degree Stakeholder Feedback Survey:

- The survey showed a reduction in the proportion of respondents indicating that they agree/tend to agree that the "CCG has taken on board their suggestions". However, 88% did indicate that they "have been engaged by the CCG over the past 12 months to some degree";
- There has been a 20% reduction in the proportion of stakeholders agreeing that "the CCG effectively communicates its commissioning decisions with their stakeholders" against 2015;
- Although a significant proportion of stakeholders (85%) believe that the "leadership of the CCG has the necessary blend of skills and experience", only 55% reported that "when I have commented on the CCG's plans and priorities I feel that my comments have been taken on board";
- A significant (67%) percent of stakeholders indicated that "there has been no improvement in their relationship with the CCG in the previous 12 months". In addition 36% of stakeholders did not consider that the arrangements for member participation in decision-making in CCG were effective;
- Over half of all respondents (57%), did not consider they were "able to influence the CCG's decision-making process";
- None of the 3 NHS providers who responded claimed they felt that the CCG understood the challenges they faced as a provider organisation
- 67% of respondent did not agree that "quality of services is a key focus of your contracts with the CCG";

- 100% of respondents considered that the CCG and local authority were not working together to deliver shared plans for integrated commissioning.

Delegated Functions (Assured as Good)

Specific additional assurances have been required from CCGs with responsibility for delegated functions in 2015/16. This is in addition to the assurances needed for out-of-hours Primary Medical Services.

- No material issues had been noted on the Delegated Functions Self-Certifications that had been received to date.

Finance (Assured as Good)

We have monitored the CCG's financial management and performance throughout the year, including looking at the quality of financial data submitted and how the CCG has managed its financial problems.

- The CCG met the Business Rules in 2015/16. However, it was acknowledged that there are significant challenges to the current financial position and that actions to improve the financial position need to be implemented as soon as possible.

The assessment was in line with the following nationally accepted criteria, as advised during the Regional Moderation process:

Performance category	Assurance Rating
Achieving or exceeding plan and 1% underspend	Assured as Good
Achieving or exceeding plan and < 1% underspend	Limited Assurance Requires improvement
Not achieving plan with underspend > 1%	Limited Assurance Requires improvement
Not achieving plan with underspend < 1% or breakeven	Inadequate
Achieving or over-performing against a deficit plan and reporting a deficit	Limited Assurance Requires improvement
Failing to deliver an underspend or breakeven plan and in deficit	Inadequate
Failing to deliver a deficit plan	Inadequate

Performance (Assured as Good)

We have reviewed how well the CCG has delivered improved services, maintained and improved quality, and ensured better outcomes for patients, including progress in delivering key Mandate requirements, NHS Constitution standards.

Diagnostics:

- The CCG has breached the Diagnostics Waiting Time in the last 4 months of the year. These were all driven by performance at the local acute trust.

52 Week Waiting Times:

- The CCG breached the Standard in 3 months of the year, although none of the breaches occurred at the local acute Trust.

62 Day Cancer:

- The CCG breached the Waiting Time Standard in 5 months of the year.

MRSA:

- The CCG had 2 breaches of the Standard.

CDiff:

- The CCG did not exceed the ceiling on CDiff cases for the year.

RTT:

- The CCG achieved the RTT Waiting Time Standard throughout the year.

Dementia:

- The CCG was not achieving the Ambition at the end of Quarter 3.

Improving Access to Psychological Therapies (IAPT):

- The CCG was not achieving the Access Ambition as at the end of Quarter 3.
- The CCG was not achieving the Recovery Ambition as at the end of Quarter 3.

Care Programme Approach:

- The CCG achieved the Standard throughout the year.

Mixed Sex Accommodation:

- The CCG had 6 breaches of the Standard during the year.

Aintree University Hospitals NHS Foundation Trust has experienced some improvement in the overall performance against the 4hr A&E Waiting Time Standard however the 95% Standard for Type 1 Services will not be achieved during 2015/16. Following some significant ambulance turnaround delays throughout the winter, some improvements have been made in this area and turnaround times have been reduced.

Planning (Assured as Requires Improvement)

Assurance of CCG plans is a continuous process, covering annual operational plans and related plans such as those relating to System Resilience Groups, the Better Care Fund, and longer term strategic plans including progress in implementing the Five Year Forward View. This component also considers progress in moving providers from paper-based to digital processes and the extent to which NHS number and discharge summaries are being transferred digitally across care settings to meet the ambition for a paperless NHS.

- The CCG has submitted an 16/17 Activity Operational Plan, in accordance with the National Expectations. However, the CCG Operational Plan lacked detail regarding delivery of ambitions.
- The CCG did not achieve the planned activity growth in 15/16;
- The Better Care Fund Plan is currently Not Approved;
- The System Resilience Group Winter Plan was Not Assured.

REPORT TO THE GOVERNING BODY JULY 2016										
Agenda Item:	Author of the Paper: Karl McCluskey Chief Strategy & Outcomes Officer Email: karl.mccluskey@southseftonccg.nhs.uk									
Report date: July 2016										
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: 10%; text-align: center;">Receive</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;">Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;">Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		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"/>								
The Governing Body is asked to receive this report by way of assurance.										

Links to Corporate Objectives (<i>x those that apply</i>)	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

Links to National Outcomes Framework (x those that apply)	
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*

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 (note: time periods of data are different for each source).

CCG Key Performance Indicators

NHS Constitution Indicators	CCG	Main Provider
A&E 4 Hour Waits (All Types)	Red	Aintree
Ambulance Category A Calls (Red 1)	Green	NWAS
Cancer 2 Week GP Referral	Green	Aintree
RTT 18 Week Incomplete Pathway	Green	Aintree
Other Key Targets	CCG	Main Provider
A&E 4 Hour Waits (Type 1)	Red	Aintree
Ambulance Category A Calls (Red 2)	Red	NWAS
Ambulance Category 19 transportation	Yellow	NWAS
Cancer 14 Day Breast Symptom	Green	Aintree
Cancer 31 Day First Treatment	Green	Aintree
Cancer 31 Day Subsequent - Drug	Green	Aintree
Cancer 31 Day Subsequent - Surgery	Green	Aintree
Cancer 31 Day Subsequent - Radiotherapy	Green	Aintree
Cancer 62 Day Standard	Green	Aintree
Cancer 62 Day Screening	Green	Aintree
Cancer 62 Day Consultant Upgrade	Green	Aintree
Diagnostic Test Waiting Time	Red	Aintree
HCAI - C.Diff	Green	Aintree
HCAI - MRSA	Green	Aintree
IAPT Access - Roll Out	Red	
IAPT - Recovery Rate	Red	
Mental Health Measure - CPA	Green	
Mixed Sex Accommodation	Green	Aintree
Patient Experience of Primary Care i) GP Services ii) Out of Hours (Combined)	Red	
RTT 18 Week Incomplete Pathway	Green	Aintree
RTT 52+ week waiters	Green	Aintree
Stroke 90% time on stroke unit		Aintree
Stroke who experience TIA		Aintree

Key information from this report

Financial position - The financial position as at 30th June 2016, before the application of reserves is a £0.363m underspend with a year end forecast of a £1.223m underspend. The main reason for the underspend being underperformance against acute contracts. The QIPP requirement to deliver the planned surplus of £2.450m for the financial year is £10.150m. QIPP delivered at the end of quarter 1 is £2.427m leaving a balance of £7.723m.

Referrals - GP referrals in South Sefton have increased in 2015/16 by 7% compared to 2014/15. GP referrals account for 49% of all referrals made to acute care providers. There are on average 3,315 referrals made by GPs per month. A proposal for a referral management scheme will be presented to the Clinical QIPP group in July and a consultant to consultant referral policy for Aintree Hospital is also in development.

A&E Performance – The CCG have failed the target in May reaching 88.34%. In May 954 attendances out of 8180 were not admitted, transferred or discharged within 4 hours. Aintree have failed the STP target of 91% in May reaching 86.88%. In May, 1790 attendances out of 13648 were not admitted, transferred or discharged within 4 hours. The Trust continues to experience a significant number of medically optimised patients remaining in an inpatient bed. An action plan to reduce the numbers of medically optimised patients also remains in place. This includes weekly MADEs and implementation of actions from Safer Start/MADE. The Trust is also undertaking rapid improvement events on delayed discharges in May, facilitated by NHSI.

Ambulance service – Year to date Red activity (R1+R2) for NWS is 14.5% up on the equivalent period in 2015. Mersey (including Wirral) is 10.9% up and South Sefton CCG is 11.7% up at the end of May. Two national targets have been set for Red 1 and Red 2 activity which must receive a response at scene within 8 minutes in 75% of cases. Cumulative actual performance at May was 77.2% (Red 1) and 69.5% (Red 2) against the 75% target for South Sefton CCG. NWS continues to manage more incidents than planned through "Hear and Treat" and See and Treat", resulting in patients receiving appropriate treatment without an avoidable A&E attendance. Cumulative Hear & Treat activity is 85.8% more than the planned level of expected activity for South Sefton CCG.

Cancer Indicators – 62 Day Standard- Aintree failed the target for the second consecutive month of 2016/17, with an in month performance of 81.42% and a YTD performance of 83.12%. In May, there were an equivalent of 10.5 breaches out of a total of 56.5 patients. A review of RCA's illustrates that 3 patients were unfit to undergo planned treatment within 62 days, patient choice delayed 3 treatments, industrial action impacted upon 2 pathways and multiple diagnostics and transfer between tumour sites delayed treatment on 2 patient pathways.

Diagnostics – The CCG have just failed to remain below the threshold of <1%, reporting 1% of patients waiting 6 weeks or more. This equates to 26 breaches out of a total of 2,497 patients. June unvalidated information suggests the CCG is back within target.

Patient Safety Incidents – There have been 13 reported incidents involving South Sefton patients in June (26 year to date). The Programme manager for Quality and Safety meets on a monthly basis with the Aintree Hospital to discuss all open serious incidents and their progression. The CCG hold regular internal SI meetings, where submitted reports are reviewed and assurance gained to enable closure of incidents. Both the CQPG and the CCG Quality Committee have sight of both the serious incidents that involve South Sefton CCG patients, irrespective of the location of the incident, and also those serious incidents that occur in Aintree Hospital, irrespective of the CCG of the patient. The data that feeds the monthly SI report is currently being cleansed so that the reports for 16/17 are of greater accuracy. The CCG has of

May 2016 adopted a new database in order to be able to record data better and thus generate more meaningful reports to give greater assurance.

IAPT – Roll Out – South Sefton CCG are just under plan in May for IAPT Roll Out, out of a population of 24298, 295 patients have entered into treatment, reaching 1.21% against a monthly plan of 1.25%. **Recovery Rate** - The CCG are also under plan for recovery rate reaching 45.4% in May plan 50%. This equates to 64 patients who have moved to recovery out of 141 who have completed treatment. This is an increase on last month when 40.9% was reported.

Stroke - Aintree have failed to achieve the target in May reaching 45.95% against a plan of 80%, with only 17 patients out of 37 spending at least 90% of their time on a stroke unit. The number of patients discharged from the Trust with a diagnosis of stroke decreased to 37 (-4) and 17 of those spent at least 90% of their time on the stroke unit. Analysis of Stroke performance during May 2016 illustrates that unavailability of a stroke bed (12) and patients passing away within 24 hours of admission to the Trust (3) are the most frequently recorded reasons for patients not spending at least 90% of their stay on the Stroke Unit. Other identified delays relate to late referral to Stroke team (1), AEC direct admission referred late to Stroke but no bed available (1), treatment for AF prior to stroke referral (1) and referral to the Stroke Team post CT Scan (2). Recruitment to support the HASU is progressing.

2. Financial Position

2.1 Summary

The financial position at quarter 1 before the application of reserves is a £0.363m underspend with a year end forecast of a £1.223m underspend. The main reason for the underspend being underperformance against acute contracts

The forecast outturn position is a £2.450m surplus against a planned surplus of £2.450m. This is subject to delivery of the QIPP programme in 2016/17.

The QIPP requirement to deliver the planned surplus of £2.450m for the financial year is £10.150m. QIPP delivered at the end of quarter 1 is £2.427m leaving a balance of £7.723m

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)	£2.450m	£2.450m
QIPP	Unmet QIPP to be identified > 0	£7.723m	£10.150m
Running Costs (Forecast Outturn)	CCG running costs < CCG allocation 2016/17	✓	✓

2.2 Resource Allocation

Additional allocations have been received in Month 3 as follows:

- Eating Disorder Service - £0.095m

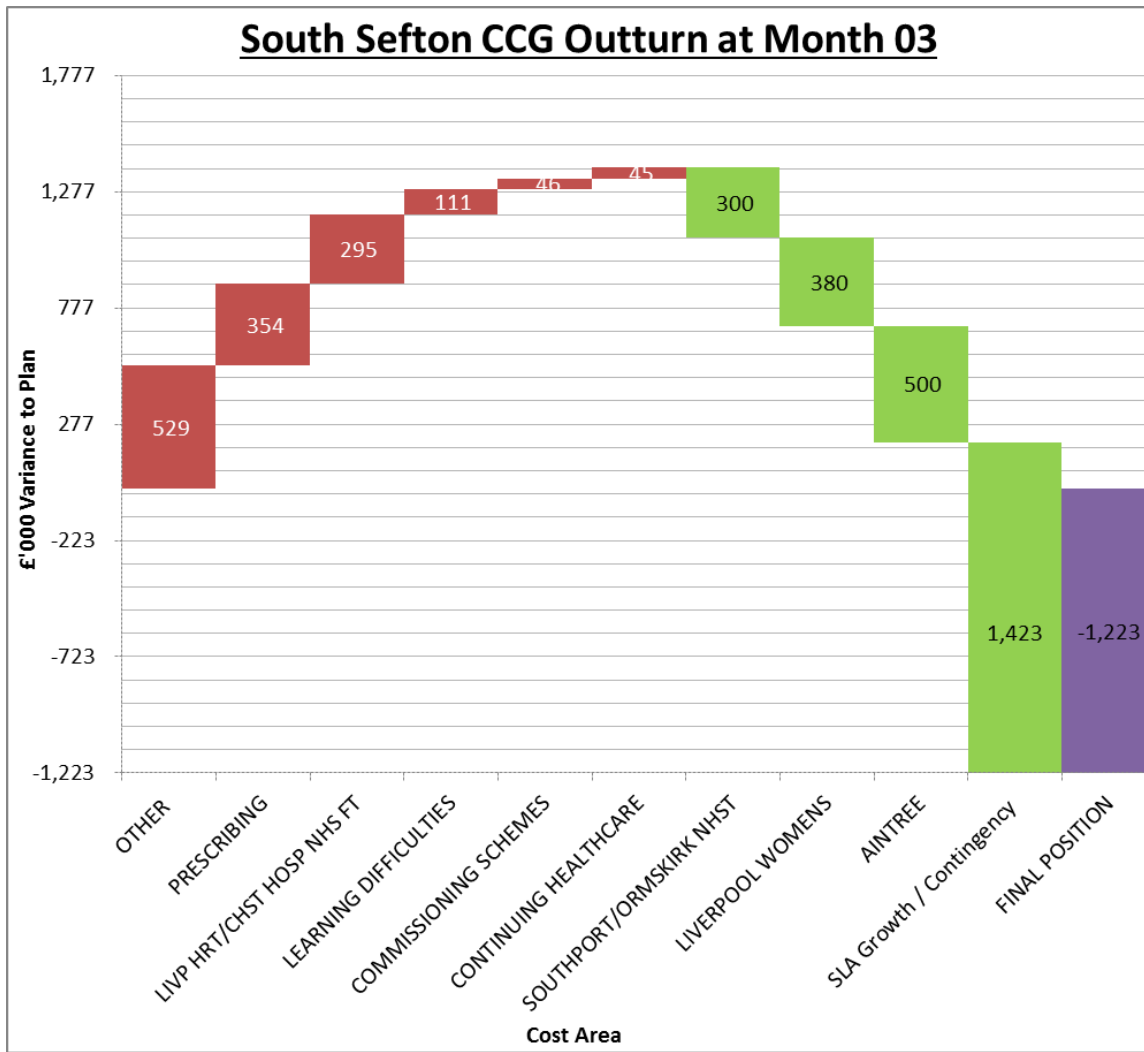
This is a non-recurrent allocation and is expected to be fully utilised during the financial year as part of the CAMHS transformation plan.

2.3 Position to date

There are forecast pressures within prescribing and acute care, particularly Liverpool Heart & Chest, St Helens & Knowsley and Alder Hey Children's Hospitals.

The overspend is supported by underspends with other acute providers, particularly Aintree, Southport and Liverpool Women's Hospitals.

Figure 2 – Forecast Outturn



Prescribing

The Month 3 overspend of £0.154m on the prescribing budget is due primarily to the actual outturn higher than anticipated against the 2015/16 year end forecast. The forecast for the financial year is an overspend of £0.354m and assumes further cost pressures for the remainder of the financial year.

Acute commissioning

Aintree University Hospital Foundation Trust

The underspend reported for Aintree is £0.276m in the month. The position is based on Month 2 performance information received from the trust and has been extrapolated to Month 3 position.

This underspend is predominantly within non-elective procedures specifically Accident & Emergency £0.150m, Colorectal Surgery £0.118m and Geriatric Medicine £0.092m.

Notable overspends include Elective Cardiology £0.115m, Rheumatology £0.076m, Non-Elective Gastroenterology £0.072m and Non-Elective Diabetic Medicine £0.071m.

In depth analysis of activity data is being undertaken, findings will be discussed with the provider, and the CCG will agree formal challenges to be raised within the contracted timescales.

Alder Hey Children's Hospital Foundation Trust

The prominent area of overspend is in relation to Non-PbR Paediatric Rheumatology. This shows a £0.035m over performance in relation to a single high cost patient. Other notable overspends include a £0.024m adverse pressure in relation to Elective Paediatric Urology, as well as a £0.013m and £0.011m within Elective Paediatric Trauma & Orthopaedics and Paediatric ENT respectively.

Southport & Ormskirk Hospital Trust

The majority of the Southport & Ormskirk contract is performing at a break-even level. This is with the exception of Trauma & Orthopaedics which demonstrates a £0.113m underspends across Elective, Non-Elective and Outpatient procedures. It is also worth noting that Accident & Emergency shows a £0.027m under performance.

Commissioning schemes

The overspend of £0.010m relates predominantly to GP sessions delivered at Jospice in excess of the budget. This is currently being investigated to ascertain whether the current number of sessions being delivered is in line with the original agreement.

Continuing Health Care and Funded Nursing Care

The Month 3 position for the continuing care budget is an overspend of £0.011m, which reflects the current number of patients, average package costs and an expected uplift to providers of 1.1% until the end of the financial year.

Year-to-date QIPP savings have been transacted against this budget to the value of £0.695m relating to the additional growth budget of 5% included at budget setting. The forecast financial position is taken following this budget reduction, and has been included in the QIPP plan for 2016/17.

2.4 QIPP

The 2016/17 identified QIPP plan is £10.573m. This plan has been phased across the year on a scheme by scheme basis and full details of progress at scheme level is monitored at the QIPP committee and also at the monthly blueprint meetings.

Although recurrently there are a significant number of schemes in place, further work is required to move red and amber rated schemes to green rated schemes. The risk adjusted QIPP plan totals £5.178m.

Figure 3 – RAG rated QIPP plan

2016/17 QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	(1,043)	0	(1,043)	(305)	(738)	0	(1,043)
Medicines optimisation plan	(1,660)	0	(1,660)	(770)	(890)	0	(1,660)
CHC/FNC plan	(563)	0	(563)	(500)	(63)	0	(563)
Discretionary spend plan	(49)	(4,053)	(4,102)	(1,412)	(2,690)	0	(4,102)
Urgent Care system redesign plan	(3,205)	0	(3,205)	0	0	(3,205)	(3,205)
Total QIPP Plan	(6,520)	(4,053)	(10,573)	(2,987)	(4,381)	(3,205)	(10,573)
Risk rated QIPP plan				(2,987)	(2,191)	0	(5,178)

£2.427m has been actioned at M3 against a phased plan of £3.350m. It is important to note that it is still too early in the year to assess the majority of schemes due to the limited activity data available.

Figure 4 – Phased QIPP plan for the 2016/17 year

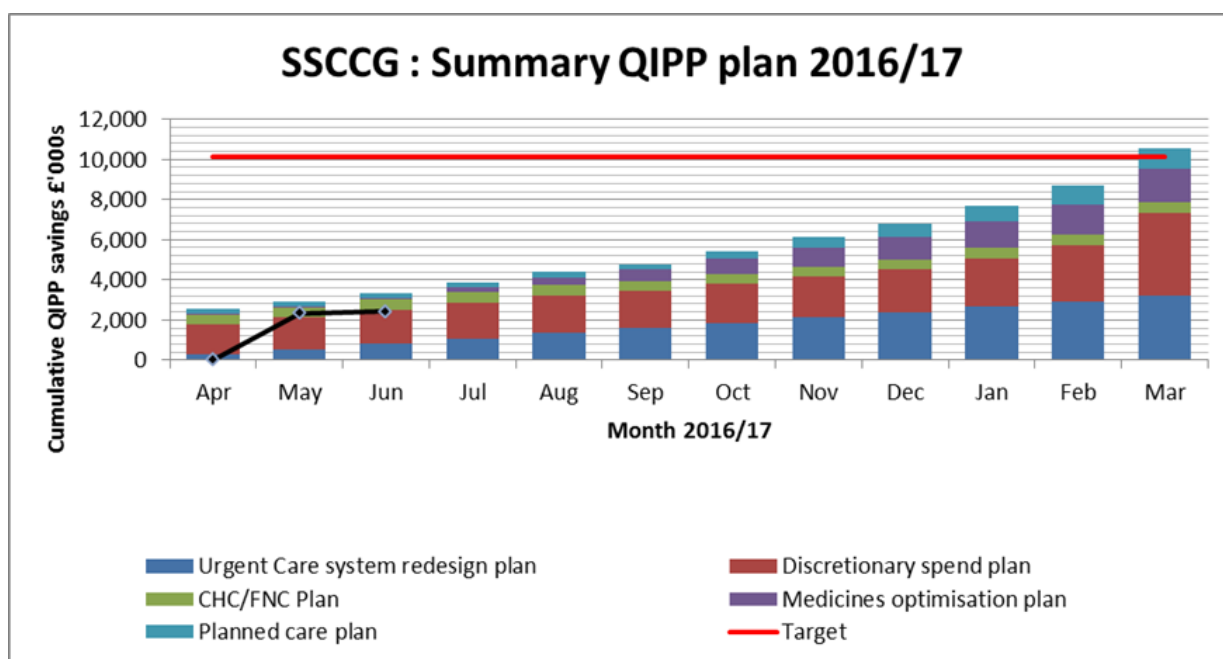


Figure 5 – QIPP performance at month 3

Scheme	In month current month (M3)						Annual Plan	Forecast out-turn savings	Forecast Variance
	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance			
Planned care plan	0	0	0	268	255	(13)	1,043	1,043	0
Medicines optimisation plan	30	0	(30)	61	0	(61)	1,660	1,660	0
CHC/FNC Plan	0	0	0	500	500	0	563	563	0
Discretionary spend plan	116	107	(9)	1,720	1,672	(48)	4,104	4,102	(2)
Urgent Care system redesign plan	267	0	(267)	801	0	(801)	3,205	3,205	0
Total	414	107	(307)	3,350	2,427	(923)	10,575	10,573	(2)

In order to deliver the QIPP programme, a 1% Transformation Fund was established in CCG reserves to fund transformational initiatives that would result in more efficient delivery of healthcare and improvements to quality. In addition, the CCG has invested in system resilience schemes that are aimed at reducing emergency care. Due to the financial position facing the CCG a decision has been made to critically review any investment decisions that have not yet commenced, and the uncommitted balance of £0.941m is currently amber rated within the QIPP plans.

2.5 CCG Running Costs

The running cost allocation for the CCG is £3.259m, the CCG must not exceed this allocation in the financial year.

The current year outturn position for the running cost budget is broadly in line with the plan. There is a small contingency in running costs which has been taken against the QIPP position.

2.6 Cash Flow

In order to control cash expenditure within the NHS, limits are placed on the level of cash an organisation can utilise in each financial year.

The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year and is made up of:

- Total Agreed Allocation
- Opening Cash Balance (i.e. at 1st April 2016)
- Opening creditor balances less closing creditor balances

Cash is held centrally at NHS England and is allocated monthly to CCGs following notification of cash requirements.

As well as managing the financial position, organisations must manage their cash position. The monthly cash requested should cover expenditure commitments as they fall due and the annual cash requested should not exceed the maximum cash drawdown limit.

Month 3 position

Maximum Cash Drawdown (MCD) limit for South Sefton CCG for 2016/17 is £240.2m. Up to Month 3, the actual cash received is £61.2m (25.7% of MCD) against a target of £60.0m (25.0% of MCD).

At Month 3, the forecast financial position is a planned £2.450m surplus. The delivery of this is heavily reliant on QIPP programmes being achieved. If expenditure levels continue, the CCG will not have sufficient cash to meet expenditure requirements for the financial year.

The CCGs primary focus is to reduce expenditure in year to achieve the planned surplus of £2.450m. This will negate the requirement for additional cash in excess of the MCD limit.

If expenditure levels continue and the CCG does not achieve the planned QIPP targets to deliver the planned surplus of £2.450m, the CCG must manage the additional cash requirement. This will require an increase in creditors; this will require agreement with the relevant counter

party. Alternatively this will require an additional cash allocation requested from NHS England which cannot be guaranteed.

2.7 Evaluation of Risks and Opportunities

The primary financial risk for the CCG continues to be non-delivery of the QIPP target in the year. There are still a significant number of QIPP programmes that are currently rated as 'Red' or 'Amber' and work is underway to change these schemes to 'Green'. Failure to do this will mean the CCG will not achieve the required financial surplus. Overall management of the QIPP programme is being monitored by the QIPP committee.

There are a number of other risks that require ongoing monitoring and managing:

- Acute contracts – The CCG has experienced significant growth in acute care year on year, although year to date performance shows an underspend, the position is based on data for Month 2 which is early stages in the financial year. If the year on year trend continues, the CCG will not achieve against the financial plan. All members of the CCG have a role to play in managing this risk including GPs and other Health professionals to ensure individuals are treated in the most clinically appropriate and cost effective way, and the acute providers are charging correctly for the clinical activity that is undertaken. It is too early in the year to assess the current position against this risk.
- Prescribing - This is a volatile area of spend but represents one of the biggest opportunities for the CCG, and as such this makes up a significant element of the QIPP program for 2016/17. It is too early in the year to assess the current position against this risk.
- CHC/FNC – There are increasing financial pressures within the care home economy, primarily arising from recent mandated wage increases in line with the National Minimum wage. The CCG has assumed a modest inflationary increase within the forecast, which may not be in line with other commissioners. This will be reviewed as part of the CHC steering group in July.

2.8 Reserves analysis

Reserve budgets are set aside as part of the Budget Setting exercise to reflect planned investments, known risks and an element for contingency. Each month, the reserves and risks are analysed against the forecast financial performance and QIPP delivery.

The assessment of the financial position is set out in Table D below. This demonstrates that the CCG is required to deliver a total management action plan of £10.573m in 2016/17 in order to meet the agreed control total with NHS England.

The delivery of the QIPP plan is extremely challenging and requires co-operation with partners across the healthcare economy. The CCG has recently allocated GP Governing Body member leads to each QIPP programme along with executive leads, and the leads meet on a monthly basis to report progress against their own programme to the Senior Team.

The table below outlines the best, most likely and worst case scenarios. The best case scenario assumes achievement of the remaining risk adjusted QIPP plan plus additional QIPP identified and delivered. The most likely case assumes achievement of 100% of QIPP schemes rated Green and 50% of schemes rated Amber). The worst case assumes further cost pressures emerge in acute care.

Figure 6 – Reserves Analysis

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	2.450		2.450
QIPP Target	(4.687)	(5.463)	(10.150)
Revised surplus / (deficit)	(2.237)	(5.463)	(7.700)
Outturn(against operational budgets)	0.000	1.223	1.223
Committed Reserve Budgets	(1.858)	0.212	(1.646)
Management action plan			
Actioned QIPP to date	0.755	1.672	2.427
Deliver on remaining QIPP plan	5.765	2.381	8.146
Total QIPP plan	6.520	4.053	10.573
Year End Surplus / (Deficit)	2.425	0.025	2.450

Figure 7 – Risk Rated Financial Position

South Sefton	Best Case £m	Most Likely £m	Worst Case £m
Total QIPP Plan	(10.150)	(10.150)	(10.150)
QIPP achieved to date	2.427	2.427	2.427
Remaining QIPP requirement	(7.723)	(7.723)	(7.723)
Month 3 Forecast (I&E)	1.223	1.223	1.223
Remaining QIPP requirement	(6.500)	(6.500)	(6.500)
Remaining risk adjusted QIPP schemes	2.751	2.751	2.751
Further QIPP Delivery	3.749		
Increased Cost Pressure / Efficiency - Acute		-	(0.500)
Planned Surplus	2.450	2.450	2.450
Risk adjusted Surplus / (Deficit)	2.450	(1.299)	(1.799)

2.9 Conclusions and Recommendations

The Governing Body is asked to receive the finance update, noting that

- The CCG is currently forecasting a surplus of £2.450m which is in line with its agreed NHS target surplus of 1%.
- The CCG has a challenging QIPP in the current year, although progress has been made against the phased QIPP plan at month 3. It is imperative that the identified QIPP programme is delivered in full in order to achieve the agreed financial plan.
- The CCG is working closely with the transformation advisor to continue to develop the QIPP programme areas in order to achieve the required level of savings in the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve Value for Money.

3. Planned Care

3.1 Referrals by source

Figure 8 – Referrals by Source across all providers for 2015/16 & 2016/17

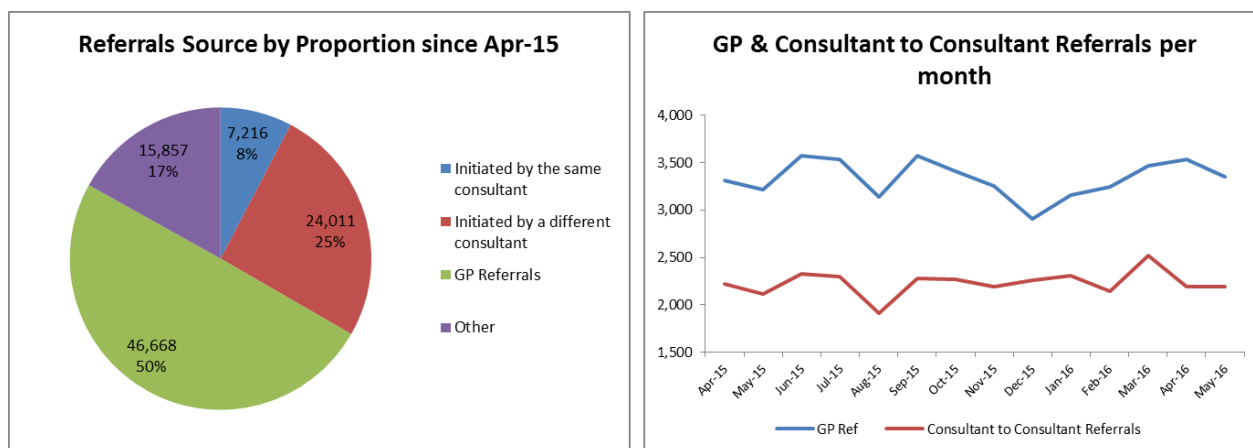


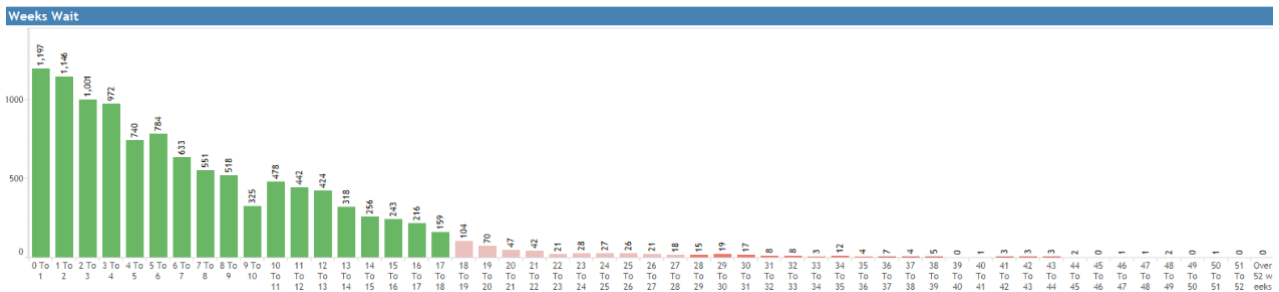
Figure 9 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

Referral Type	DD Code	Description	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	14/15 YTD	1516 YTD	Variance	% Variance	
GP	03	GP Ref	3,310	3,212	3,574	3,534	3,137	3,574	3,407	3,255	2,907	3,160	3,245	3,465	3,536	3,352	30,764	39,780	9,016	29%	
GP Total			3,279	3,279	3,279	3,534	3,137	3,574	3,407	3,255	2,907	3,160	3,245	3,465	3,536	3,352	30,764	39,521	8,757	28%	
Other	01	following an emergency admission	182	172	172	176	164	162	177	154	166	126	145	139	115	143	1,681	1,935	254	15%	
	02	following a Domiciliary Consultation	2	1	2	1		1	1	1	2	2	5	2				19	20	1	0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	460	455	452	380	381	451	397	410	373	421	425	475	419	359	2,595	5,080	2,485	96%	
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,282	1,227	1,374	1,416	1,043	1,322	1,307	1,279	1,320	1,339	1,195	1,439	1,275	1,052	12,881	15,543	2,662	21%	
	06	self-referral	312	271	283	294	289	310	326	292	274	388	299	319	259	72	2,694	3,657	963	36%	
	07	A Prosthetist			7		2		2		1	2	1		3	3	14	15	1	7%	
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	101	86	111	89	78	115	112	95	82	93	72	81	100	88	2,458	1,115	-1,343	-55%	
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	192	172	216	234	244	231	275	256	315	327	302	386	283	221	2,379	3,150	771	32%	
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	4	8	5	5	4	11	5	10	4	7	4	3	7	2	55	70	15	27%	
	13	A Specialist NURSE (Secondary Care)	5	8	5	8	12	10	10	12	13	13	4	3	3	1	70	103	33	47%	
	14	An Allied Health Professional	67	90	124	125	114	122	97	134	184	133	167	179	127	154	889	1,536	647	73%	
	15	An OPTOMETRIST		2			1			1	4	1	4			3	79	13	-66	-84%	
	16	An Orthoptist	2									1			1	1	0	3	3	0%	
	17	A National Screening Programme	1	3	3	2	10	5	6	9	9	10	5	4	1	4	38	67	29	76%	
	92	A GENERAL DENTAL PRACTITIONER	124	116	162	149	118	112	125	121	125	141	157	162	161	164	1,821	1,612	-209	-11%	
	93	A Community Dental Service	3	3					3	3	4					1	28	16	-12	-43%	
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	442	419	405	463	389	461	447	376	403	373	411	380	322	254	4,232	4,969	737	17%	
Other Total			3,179	3,033	3,321	3,342	2,849	3,313	3,290	3,153	3,279	3,377	3,196	3,572	3,076	2,522	31,933	38,904	6,971	22%	
Unknown			141	152	157	170	156	163	147	124	176	143	192	72	0	1,577	1,884	307	19%		
Grand Total			6,630	6,397	7,052	7,046	6,142	7,050	6,860	6,555	6,310	6,713	6,584	7,229	6,684	5,874	64,274	80,568	16,294	25%	

A proposal for a referral management scheme will be presented to the Clinical QIPP group in July.

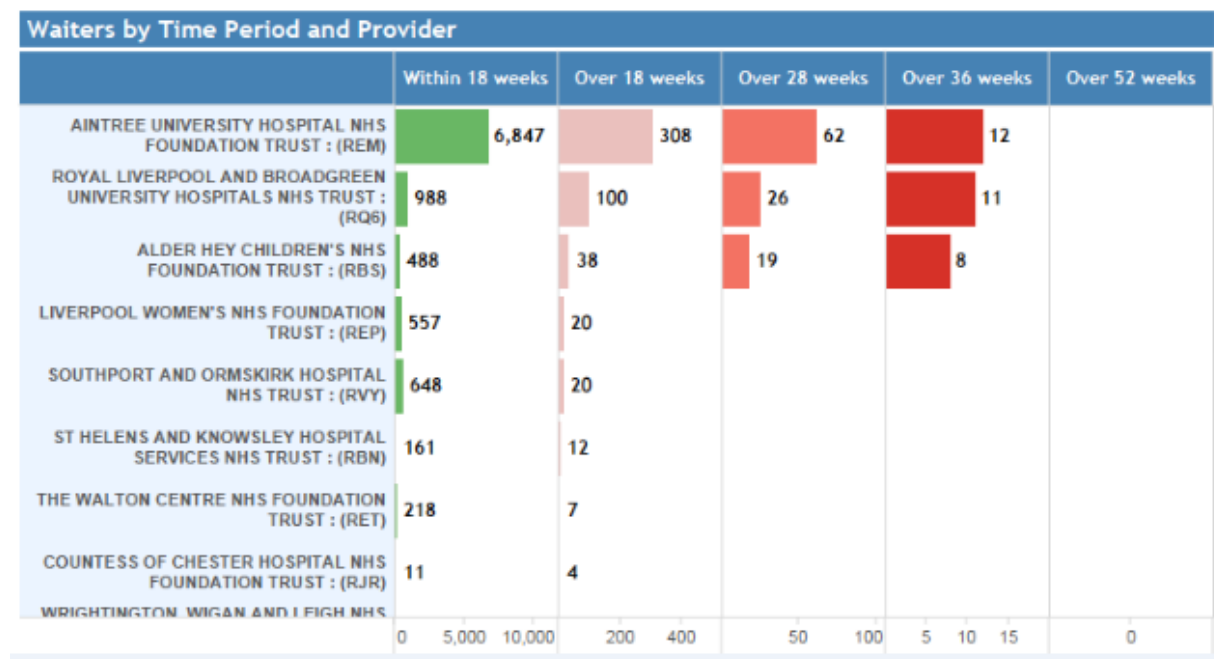
3.2 Waiting times - NHS South Sefton CCG patients

Figure 10 Patients waiting on an incomplete pathway by weeks waiting.



3.1 Waiting Times, Top Providers

Figure 11 Patients waiting (in bands) on incomplete pathway for the top Providers



3.2 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	Reason for the delay
Aintree	Ophthalmology	41	Clock stopped 29/6/16 decision not to treat
Aintree	Ophthalmology	43	Clock stopped 14/6/16 active monitoring
Aintree	Ophthalmology	44	Clock stopped 13/6/16 first treatment
Aintree	Ophthalmology	48	Clock stopped 2/6/16 active monitoring
Aintree	Thoracic Medicine	40	Clock stopped 7/6/16 active monitoring
Aintree	Thoracic Medicine	41	Clock stopped 13/6/16 active monitoring
Alder Hey	Other	43	Appointment booked 25-7-16
Alder Hey	Other	46	DNA 30-6-16 – DNA letter sent to GP on 18-7-16
Alder Hey	Other	48	Ref incorrectly logged as 25-5-15 instead of 25-5-16 now corrected on the system
Alder Hey	Other	50	Seen and treated 28-6-16
RLBUHT	General Surgery	42	Clock stopped 22-6-16

RLBUHT	T&O	42	Clock stopped 2-6-16
RLBUHT	T&O	43	Validated, no longer a long waiter
RLBUHT	T&O	44	Clock stopped 23-6-16
Birmingham University Hospital	Ophthalmology	41	This patient is awaiting a first outpatient attendance in neuro-ophthalmology on 18th August 2016. Long backlog for the service as demand has exceeded available capacity for some time. The maximum waiting time is currently approximately 44 weeks. Local commissioner considering a business case to redesign patient pathway.
RJ&AH	T&O	47	The patient for was removed from the waiting list on 05/07/2016 – patient choice.

3.3 Planned Care contracts - All Providers

Performance at Month 2 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of £11k, which is a percentage variance of less than 1%. At specific trusts, Royal Liverpool are reporting the largest cost variance of £76k/8%, however this is offset by a -£85k under performance at Aintree University Hospital.

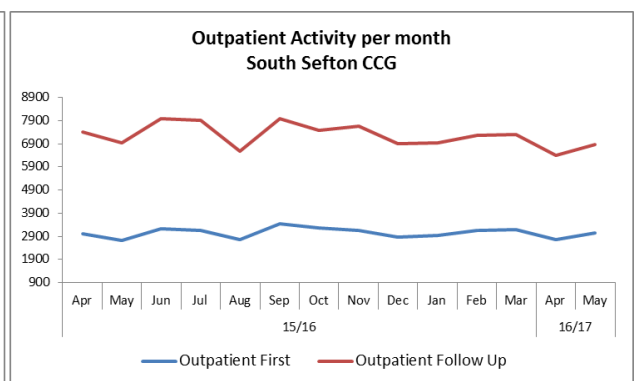
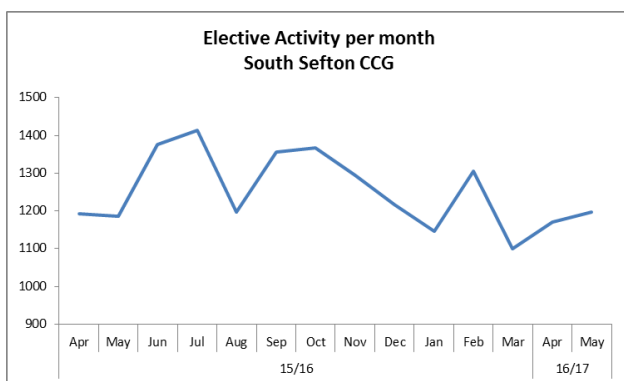
Figure 12 Planned Care - All Providers

Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	27,777	27,522	-255	-1%	£5,093	£5,008	£-85	-2%
Alder Hey Childrens NHS F/T	1,169	2,136	967	83%	£336	£337	£2	0%
Central Manchester University Hospitals Nhs Foundation Trust	6	0	-6	-100%	£4	£0	£-4	-100%
Countess of Chester Hospital NHS Foundation Trust	0	31	31	0%	£0	£4	£4	0%
East Cheshire NHS Trust	0	1	1	0%	£0	£0	£0	0%
Fairfield Hospital	12	33	21	175%	£4	£5	£1	39%
ISIGHT (SOUTHPORT)	42	93	51	121%	£11	£21	£10	94%
Liverpool Heart and Chest NHS F/T	163	186	23	14%	£60	£84	£24	39%
Liverpool Womens Hospital NHS F/T	2,599	2,589	-10	0%	£543	£524	£-19	-4%
Renacres Hospital	620	1,101	481	78%	£235	£295	£60	25%
Royal Liverpool & Broadgreen Hospitals	4,808	5,132	324	7%	£924	£1,000	£76	8%
Southport & Ormskirk Hospital	2,263	2,402	139	6%	£499	£428	£-70	-14%
SPIRE LIVERPOOL HOSPITAL	446	351	-95	-21%	£150	£112	£-38	-26%
ST Helens & Knowsley Hospitals	611	724	113	18%	£175	£207	£33	19%
University Hospital Of South Manchester Nhs Foundation Trust	12	16	4	33%	£3	£5	£3	99%
Walton Neuro	491	520	29	6%	£127	£126	£-1	-1%
Wirral University Hospital NHS F/T	52	69	17	33%	£19	£14	£-5	-26%
Wrightington, Wigan And Leigh Nhs Foundation Trust	110	198	88	80%	£51	£73	£22	44%
Grand Total	41,181	43,104	1,923	5%	£8,233	£8,245	£11	0%

3.4 Aintree University Hospital NHS Foundation Trust

Figure 13 Month 1 Planned Care- Aintree University Hospital NHS Foundation Trust by POD

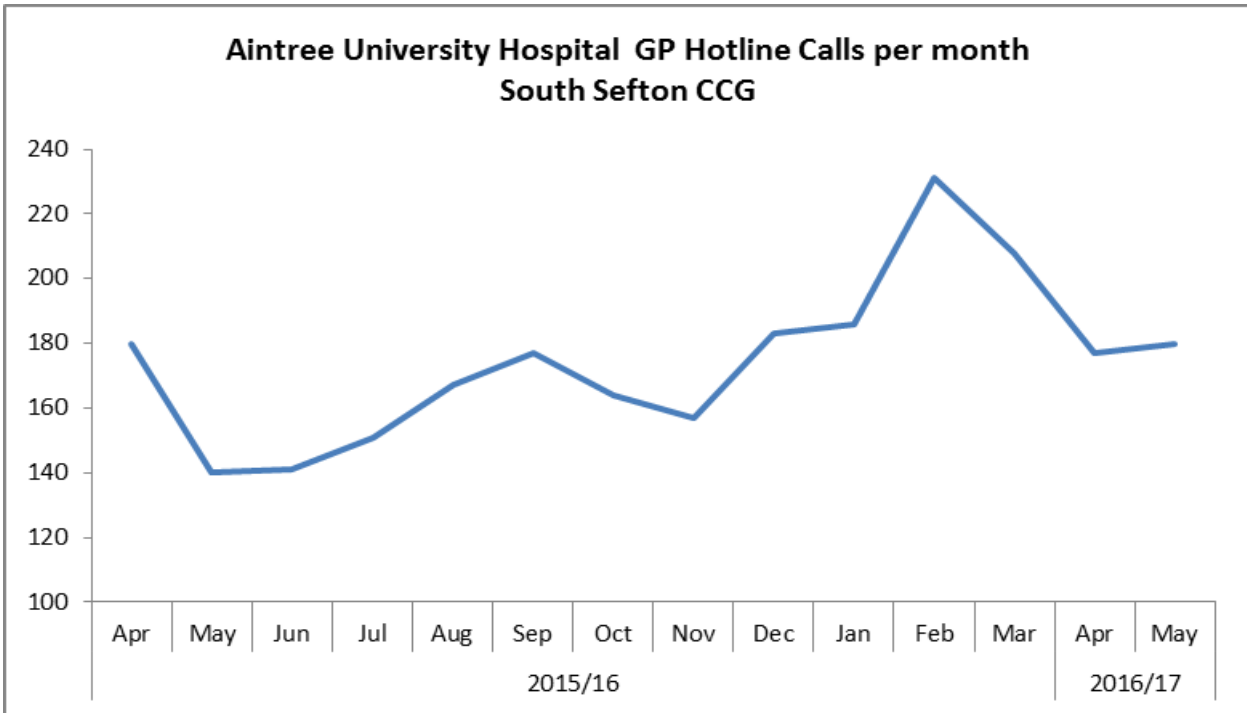
Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	1,966	2,097	131	7%	£1,336	£1,338	£2	0%
Elective	208	270	62	30%	£899	£837	£62	-7%
Elective Excess BedDays	122	64	-58	-48%	£28	£15	£14	-48%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	68	49	-19	-28%	£12	£10	£2	-19%
OPFANFTF - Outpatient first attendance non face to face	405	489	84	21%	£11	£12	£1	8%
OPFASPCL - Outpatient first attendance single professional consultant led	5,289	5,280	-9	0%	£792	£797	£5	1%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	233	214	-19	-8%	£25	£28	£2	9%
OPFUPNFTF - Outpatient follow up non face to face	505	740	235	47%	£12	£18	£6	46%
OPFUPSPCL - Outpatient follow up single professional consultant led	13,133	12,327	-806	-6%	£1,041	£998	£44	-4%
Outpatient Procedure	3,296	3,281	-15	0%	£549	£542	£7	-1%
Unbundled Diagnostics	2,330	2,447	117	5%	£214	£214	£0	0%
Wet AMD	222	264	42	19%	£170	£199	£29	17%
Grand Total	27,777	27,522	-255	-1%	£5,093	£5,008	£85	-2%



5.2.1 Aintree University Hospital NHS Foundation Trust Key Issues

Planned Care at Aintree University Hospital is reporting a year to date under performance of -£85k which equates to a -2% under performance. Under-Performance is driven by Elective activity which is reporting a -£62k variance. Trend charts above show the Elective activity reducing over the last 8 months (apart from February), however April and May have increased compared to March 16.

Within the actual Planned Care spend of £5m; Trauma & Orthopaedics (£864k), Gastroenterology (£665k) and Ophthalmology (£515kk) make up 40% of the total spend. Aintree Hospital continues to submit GP Hotline data under the POD of *Outpatient First New Face to Face (OPFANFTF)*. Below is a chart to show the total number of calls per month to the GP Hotline. All activity is recorded under a new outpatient non face to face with calls charged at £23.89 per call. Total number of calls in 2016/17 is currently 357 @ £8,529.



3.5 Southport & Ormskirk Hospital

Figure 14 Month 1 Planned Care - Southport & Ormskirk Hospital by POD

Southport & Ormskirk Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	128	155	27	21%	£123	£98	£-25	-20%
Elective	14	25	11	79%	£105	£74	£-30	-29%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	46	15	-31	-67%	£7	£3	£-4	-61%
OPFANFTF - Outpatient first attendance non face to face	0	4	4	0%	£0	£0	£0	0%
OPFASPCL - Outpatient first attendance single professional consultant led	361	463	102	28%	£53	£65	£12	22%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	94	31	-63	-67%	£9	£4	£-6	-62%
OPFUPNFTF - Outpatient follow up non face to face	0	22	22	0%	£0	£1	£1	0%
OPFUPSPCL - Outpatient follow up single professional consultant led	847	945	98	12%	£76	£82	£6	8%
OPFUPSPNCL - Outpatient follow up single professional non-consultant led	0	44	44	0%	£0	£1	£1	0%
Outpatient Procedure	638	553	-85	-13%	£116	£90	£-26	-22%
Unbundled Diagnostics	135	145	10	7%	£11	£11	£1	6%
Grand Total	2,263	2,402	139	6%	£499	£428	£-70	-14%

3.6 Renacres Hospital

Figure 15 Month 1 Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	87	113	26	30%	£98	£143	£45	46%
Elective	16	10	-6	-38%	£74	£56	-£19	-25%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	185	214	29	16%	£27	£31	£4	16%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	221	573	352	159%	£18	£33	£15	79%
Outpatient Procedure	47	92	45	96%	£12	£23	£11	93%
Unbundled Diagnostics	64	99	35	55%	£6	£9	£3	49%
Grand Total	620	1,101	481	78%	£235	£295	£60	25%

3.6.1 Renacres Hospital Key Issues

Renacres over performance of £60k/25% is largely driven by a £45k over performance in Daycase, with £22k of that variance in Trauma & Orthopaedics. In terms of HRG performance in T&O, HB61C – Major Shoulder and Upper Arm Procedure without CC” continues to over perform which is a continuation of the later part of 2015/16.

4. Unplanned Care

4.1 All Providers

Performance at Month 2 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£168k. This under-performance is driven by Aintree Hospital who are reporting a -£201k underspend. Alder Hey Children’s Hospital is reporting the largest year to date over performance with a £71k/25% variance.

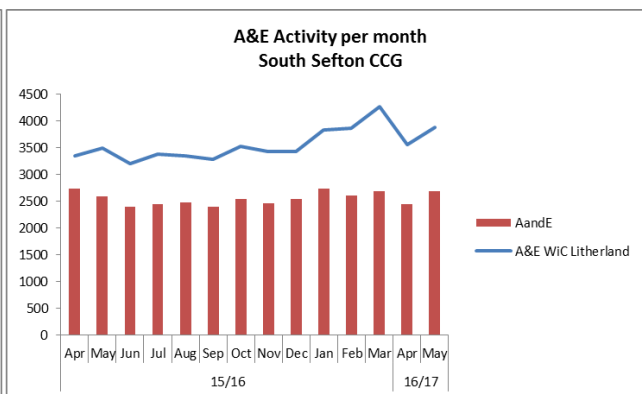
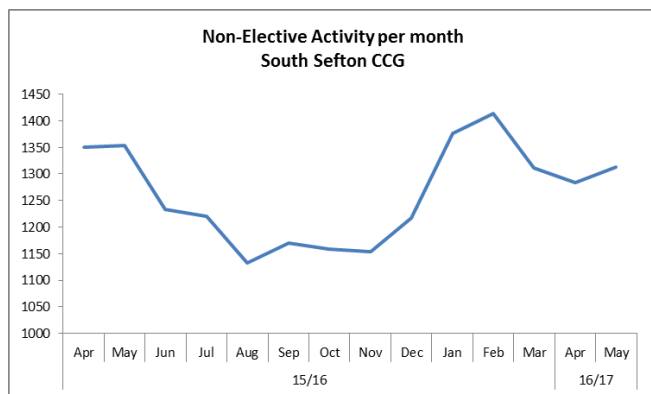
Figure 16 Month 1 Unplanned Care – All Providers

Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Aintree University Hospitals NHS F/T	15,633	17,195	1,562	10%	£5,857	£5,656	£-201	-3%
Alder Hey Childrens NHS F/T	1,454	1,660	206	14%	£281	£353	£71	25%
Central Manchester University Hospitals Nhs Foundation Trust	8	6	-2	-25%	£3	£1	£-2	-75%
Countess of Chester Hospital NHS Foundation Trust	0	14	14	0%	£0	£11	£11	0%
Liverpool Heart and Chest NHS F/T	31	25	-6	-19%	£41	£65	£24	58%
Liverpool Womens Hospital NHS F/T	610	522	-88	-14%	£551	£521	£-31	-6%
Royal Liverpool & Broadgreen Hospitals	977	951	-26	-3%	£404	£394	£-10	-3%
Southport & Ormskirk Hospital	2,026	2,072	46	2%	£474	£446	£-28	-6%
ST Helens & Knowsley Hospitals	117	175	58	50%	£59	£68	£9	15%
University Hospital Of South Manchester Nhs Foundation Trust	4	2	-2	-50%	£2	£0	£-2	-89%
Wirral University Hospital NHS F/T	33	32	-1	-3%	£15	£7	£-8	-55%
Wrightington, Wigan And Leigh Nhs Foundation Trust	4	11	7	175%	£3	£1	£-1	-45%
Grand Total	20,897	22,665	1,768	8%	£7,691	£7,523	£-168	-2%

4.2 Aintree University Hospital NHS Foundation Trust

Figure 17 Month 1 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WIC Litherland	6,746	7,435	689	10%	£161	£161	£0	0%
A&E - Accident & Emergency	5,116	5,122	6	0%	£633	£642	£9	1%
NEL - Non Elective	2,026	2,136	110	5%	£4,453	£4,076	£-377	-8%
NELNE - Non Elective Non-Emergency	2	11	9	450%	£21	£26	£6	27%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	6	80	74	1233%	£2	£17	£15	944%
NELST - Non Elective Short Stay	394	449	55	14%	£299	£321	£22	7%
NELXBD - Non Elective Excess Bed Day	1,343	1,962	619	46%	£289	£414	£125	43%
Grand Total	15,633	17,195	1,562	10%	£5,857	£5,656	£-201	-3%



4.2.1 Aintree Hospital Key Issues

Urgent Care under spend of -£201k is driven by a -£377k under performance in Non Elective activity. This under performance offsets the £125k over performance seen in Non Elective Excess Bed Days. Excess bed days are being driven by two specialties; Geriatric Medicine and Trauma & Orthopaedics. Excess bed days, as a whole, have seen the largest activity actual in 18 months.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 18 NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	Caseload as at 30/04/2016	2016/17 Plan	Variance from Plan	Variance on 30/04/2015
0 Variance	91	88	3	17
1 Common Mental Health Problems (Low Severity)	49	42	7	6
2 Common Mental Health Problems (Low Severity with greater need)	35	22	13	7
3 Non-Psychotic (Moderate Severity)	202	217	(15)	(17)
4 Non-Psychotic (Severe)	209	215	(6)	15
5 Non-psychotic Disorders (Very Severe)	57	62	(5)	1
6 Non-Psychotic Disorder of Over-Valued Ideas	45	40	5	-
7 Enduring Non-Psychotic Disorders (High Disability)	230	192	38	44
8 Non-Psychotic Chaotic and Challenging Disorders	110	98	12	20
10 First Episode Psychosis	137	138	(1)	18
11 On-going Recurrent Psychosis (Low Symptoms)	400	433	(33)	(38)
12 On-going or Recurrent Psychosis (High Disability)	330	307	23	18
13 On-going or Recurrent Psychosis (High Symptom & Disability)	107	112	(5)	5
14 Psychotic Crisis	22	21	1	3
15 Severe Psychotic Depression	7	6	1	4
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	36	34	2	-
17 Psychosis and Affective Disorder – Difficult to Engage	53	58	(5)	(5)
18 Cognitive Impairment (Low Need)	225	223	2	25
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	441	505	(64)	(115)
20 Cognitive Impairment or Dementia Complicated (High Need)	368	332	36	100
21 Cognitive Impairment or Dementia (High Physical or Engagement)	112	76	36	64
Cluster 99	440	402	38	131
Total	3,706	3,623	83	303

Figure 19 CPA – Percentage of People under CPA followed up within 7 days of discharge

		Target	Apr-16	May-16	Jun-16
E.B.S.3	The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	

Figure 20 CPA Follow up 2 days (48 hours) for higher risk groups

		Target	Apr-16	May-16	Jun-16
KPI_19	CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	100%	

Figure 21 EIP 2 week waits

		Target	Apr-16	May-16	Jun-16
NR_08	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	50%	0%	100%	

Quality Overview

At Month 2, Merseycare are compliant with quality schedule reporting requirements. At the last CQPG the Trust provided an update patient falls both within inpatient and community settings. The Trust presented their Falls Strategy for 16/17, actions include:

- Reduce avoidable falls (5% last year) through frailty reviews
- All staff trained (Falls / Manual Handling) in the Trust standards
- Falls Incident dashboard (Live incident information)
- Improvements to environment (Irwell flooring, securing wardrobes etc.,)
- Standardised pressure sensor equipment
- Internal audit (NICE CG161).

Progress and outcomes will be monitored through the CQPG and CCG Quality Committees.

The Trust’s Lead for Nursing and Quality highlighted that Merseycare has recently attended nursing recruitment fairs in Dublin and London, but not appointments have been made, safer staffing and recruitment will be monitored throughout the year. In addition, work continues with Liverpool CCG and Mental Health Quality Leads to develop a new Serious Incident report.

Specific concerns remain regarding the Clock View Site discussed at CQPGs in both April and June CQPGs. The concerns relate to GP referral pathways/access and Towels and Linens logistical issues which have now been resolved.

The Trust held a Kaizen ‘Rapid Improvement Event’ with stakeholders focusing on Clock View in early June 16, this will continue w/c 20th June and will focus on improving assessment and access processes. Progress will be reported through the CQPG.

A&E Response Times, Bed Pressures and Acute OAT (out of area) usage continues to be monitored by the CCGs via the CQPG.

A review of SIs and key themes is currently underway following concerns regarding the quality of RCAs (Root cause analysis) and action plans.

5.2 Cheshire Wirral Partnership - Improving Access to Psychological Therapies Contract

Figure 22 Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2015/16	143	158	201	204	166	232	184	252	267	343	262	256
	2016/17	282	295										
2016/17 approx. numbers required to enter treatment to meet monthly Access target of 1.3%	Target	306	306	306	306	306	306	306	306	306	306	306	306
	Variance	-24	-11										
	%	-7.9%	-3.6%										
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2015/16	0.6%	0.7%	0.8%	0.8%	0.7%	1.0%	0.8%	1.0%	1.1%	1.4%	1.1%	1.1%
	2016/17	1.2%	1.2%										
Recovery % ACTUAL - 50% target	2015/16	60.0%	45.1%	56.0%	52.0%	45.0%	48.1%	53.6%	47.1%	38.6%	32.5%	46.4%	50.0%
	2016/17	40.9%	45.4%										
ACTUAL % 6 weeks waits - 75% target	2015/16	96.8%	94.2%	94.1%	96.6%	95.4%	97.2%	93.8%	94.7%	98.3%	93.5%	99.1%	96.3%
	2016/17	93.5%	98.5%										
ACTUAL % 18 weeks waits - 95% target	2015/16	99.2%	99.2%	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	99.2%	100.0%	100.0%
	2016/17	100.0%	100.0%										
National definition of those who have completed treatment (KPI5)	2015/16	134	117	120	136	119	143	117	132	119	124	114	162
	2016/17	163	147										
National definition of those who have entered Below Caseness (KPI6b)	2015/16	9	4	11	9	10	8	5	13	5	7	2	6
	2016/17	4	6										
National definition of those who have moved to recovery (KPI6)	2015/16	75	51	61	66	49	65	60	56	44	38	52	78
	2016/17	65	64										
Referral opt in rate (%)	2015/16	95.4%	89.9%	80.3%	73.8%	78.2%	74.3%	72.0%	66.2%	75.0%	86.0%	83.0%	84.0%
	2016/17	85.1%	88.3%										

The provider (Cheshire & Wirral Partnership) reported 295 South Sefton patients entering treatment in month 2, an increase of 5% to the previous month. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn of 14.2% against the 15% standard. This would represent an improvement to 2015/16 when South Sefton CCG reported a year end access rate of 11.0%.

Referrals decreased slightly in month 2 with 63% being self-referrals. The provider is working closely with Clock View, attending weekly MDT meetings to agree appropriateness of clients for service.

The percentage of people moved to recovery was 45.4% in month 2, which does not meet the minimum standard of 50%. A forecast outturn at month 2 gives a year end position of 43.0%, which is below the year end position of 2015/16 (48.0%). The provider believes that it is possible recovery will dip as the longest waiters are brought into service, as more are likely to disengage without completing treatment. However, as waits reduce, this is expected to improve.

Cancelled appointments by the provider remain high with 81 reported in month 2. Staff sickness absence continues to affect this. Support is being provided including access to wellbeing services, phased return where appropriate and regular 121 meetings continue.

The number of DNAs decreased by 19% in month 2 and the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

To date in 2016/17, 95.9% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%). The provider has achieved the monthly RTT targets throughout 2015/16 and in the first two months of 2016/17 for South Sefton CCG.

Quality Overview

A remedial action plan is in place regarding non-achievement of 15% prevalence / access target, progress is monitored through the CQPG / Contract meeting. In December 2015 the CCG issued a Contract Performance Notice which resulted in improved performance but which was still below the 15% prevalence /access target. NHSE have advised that although the target was not met at the end of March 2016 the expectation is that that the target will be achieved by the end of Quarter 1 2016/17. The CCG has requested support from the National IAPT team to support the service.

6. Community Health

Liverpool Community Health Waiting Times

The majority of figures reported in month 2's submission seem in line with month 1 activity. A number of data validation queries which were sent to the Trust relating to month 1 performance are still outstanding. A meeting was held with the Trust BI lead and the CCG leads to go through the data by service line, but some queries are still outstanding.

- Paediatric Dietetics: a shift from domiciliary contacts to clinic has been noted with a higher number now recorded as outpatients. The Trust is encouraging more patients to attend clinic as it is more cost effective.
- Community Cardiac: Increases in contacts carried through from 15/16 with no real increase in demand, the Trust has been asked if the service is seeing patients more often. A further greater increase in contacts compared to new referrals seen in May. This may be due to patients being transferred out of Aintree Hospital. The Trust are to provide further information on this.
- Phlebotomy: a shift of reported contacts from domiciliary to outpatients seems to have occurred in month 1 with nearly 3,000 last year but none reported in month 1, and just 2 in May 2016. The Trust is encouraging more patients to attend clinic as it is more cost effective.

The Trust's paediatric services have recently moved over from IPM to EMIS which has seen a significant increase in caseloads. Previously on IPM, a cohort of patients receiving treatment in a service weren't included in the caseload if they weren't assigned to a particular team. EMIS works differently and counts all patients in the service on the caseload, which explains the increase and is a more accurate reflection of this.

New queries regarding May-16 activity which were raised in the meeting with the Trust are as follows;

- Paediatric continence: There was a dramatic drop in contacts in May but an increase in referrals. We queried this with the Trust as it was suspected that they may have had staffing issues. There was an issue in 2015/16 where information wasn't being recorded properly on the system due to the team being small. It is thought that this issue was resolved but may have returned, the Trust is to feedback on this. An EMIS mobile app is being trialled in Adult Physio, so staff can enter information straight onto the system in the community rather than making paper records and then having to duplicate the information in EMIS.
- District nursing contacts have increased between Apr-16 and May-16. There has been an increase of district nursing staff due to members of staff returning to work after periods of sickness, and there being more capacity in the team to see more patients.

Patient DNA's and Provider Cancellations

A number of services have seen a high number of DNA's and Provider cancellations in month 1 and month 2.

For patient DNAs Paediatric Dietetics saw 31.5% of all patients not attend, this is higher than the previous 3 years average and month 1 figures of 23 is over half the number in the whole of 2015/16. Month 2 shows an improvement with just 15 patient DNA's out of 80 (15.8%).

Treatment rooms, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 15% for May 2016, however the dietetics service shows signs of improvement with a drop in patient cancellations by approximately 10% for adults and 7% for children.

The following policies are in place in the Trust to try and reduce patient cancellations and DNA's:-

- An "opt-in" policy where patients are told to ring up to book an appointment.
- Generally speaking, a patient can only DNA twice.
- Information posters in some buildings on DNA/cancellation rates.
- Text reminders to reduce DNA's.

It is suspected that the high patient cancellation rates may also include home visit cancellations and appointments where the patient has rang up to re-arrange an appointment for a different date, and it has been argued that these are not true reflections of a cancellation. The Trust is to review what they include in their cancellation figures.

Waiting Times

Issues persisted in 2015/16 with a number of services and the waiting times with Paediatric Speech and Language are by far the worst performing. March 2016 saw an average of 39 weeks wait with the longest waiting patient recorded at 50 weeks on the incomplete pathway. Adult SALT: Waiting times remain high with an average of 32 weeks on the incomplete pathway in April 2016, and the longest waiter at 51 weeks. Waiting times are simply due to the service only having 2-3 staff. The Trust has a locum in and the waiting time has now reduced to less than 18 weeks. However, it is expected that after a couple of months when the locum is no longer with the Trust that the waiting times will begin to increase again. Short-term plan: The Trust has plans to do some capacity and demand work around this so they can forward plan for waits increasing again. Long-term plan: The Trust has submitted a business case for more funds to employ more staff to reduce the waits in the service.

Paediatric SALT: An update for April 2016 is currently unavailable due to the Paediatric SALT Sefton team moving over to EMIS Web in Feb/March. The Trust is in the process of migrating to EMIS, which currently only shows active referrals. All referrals have been migrated over to EMIS, but the history of each patient hasn't followed so it's not possible to identify those who have had a first contact and those who are still waiting. Therefore the Trust cannot currently report on waiting times using EMIS. They are however expecting to be able to report on it using a manual process in the meantime. The Trust are hoping the process on EMIS will be up and running for August 2016 reporting.

Any Qualified Provider

Podiatry

The trust continues to use the £25 local tariff. At month 2 2016/17 the costs for South Sefton is £37,728 with activity at 580. The same time period last year the costs were £50,298 and activity at 545. This demonstrates the impact of the use of the local tariff as although activity is higher at month 2 2016/17 costs are less than the same period last year.

At month 2 2016/17 and 2015/16 the costs for Southport and Formby are £0 with activity at 0. This is due to the vast majority of podiatry AQP for this CCG occurring at the Southport and Ormskirk Trust.

Patient Identifiable Data

The Trusts Caldicott guardian had 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 a reversal of this approach is being implemented starting with the trust raising patient awareness around the use of patient identifiable data and have introduced an opt out process. This means that patients can opt out from having identifiable electronic information flowed related to them. It was agreed that the trust would forward a copy of the letter prepared by the Caldicott guardian about what the trust plans to do at the last LCH finance and information group meeting. The letter that was sent out was in reference to the Liverpool CCG walk in centres. At present there is building work taking place at Litherland and it has not been possible to display the relevant information to patients in relation to information sharing. Once the refurbishment is complete and the literature is available this process will commence and patient identifiable Walk In Centre data will flow as part of the SUS submissions.

Aintree University Hospital NHS Foundation Trust AQP

MSK

Costs at May 2015/16 were £66,309 for South Sefton. Activity and associated costs for 2016/17 appears to be missing from the SLAM view on direct access and this is being investigated.

Adult Hearing

The spend at month 2 2016/17 is £23,875 for South Sefton . The cost April 2015/16 was £24,352.

Quality Overview

Liverpool Community Health is subject to enhanced surveillance. Work streams have been identified by the Collaborative Forum (CF) including Culture, Governance, Safety and Workforce, each area has an identified clinical and managerial lead from the CCG and the Trust, each work stream reports directly into the joint CQPG and CF. The CQC re-inspected the Trust w/c 1st February, the final report was published on 8th July, the overall rating was **Requires Improvement**. Inspectors found that Liverpool Community Health NHS Trust has recruited more front-line clinicians to ensure safer staffing levels, and delivered big improvements to its intermediate care services on the Broadgreen and Aintree sites. Inspectors also highlighted 'significant improvements' in the culture of the organisation and praised the Trust for the measures it has introduced to keep staff safe. However, there is more work still to do though, and team of CQC inspectors, who carried out their inspection in February 2016, said the Trust's services now need to tackle a number of new areas, including:

- Ensuring the Trust properly documents the way it is responding to the NHS duty of candour.
- Ensuring robust systems in all services are in place to monitor and improve the quality of services provided.

The Trust's Executive Team will be attending the August Collaborative Forum meeting to discuss the report and the development of an action plan.

Capsticks Report

The Capsticks Report 'Quality, Safety & Management Assurance Review at Liverpool Community Health NHS Trust' was published in March 2016, the Report and Action Plan are standing agenda items on the Joint Sefton And Liverpool LCH CQPG. The Trust report that the completed action plan will be presented to their Trust Board in July 2016. The Report was also discussed at the Quality Surveillance Group Meeting Chaired by NHSE in May 2016 and an action was taken to review the recommendations as a whole system exercise to identify any lessons learnt. This action has recently been followed up with NHSE by the CCG's Deputy Chief Nurse.

SALT Waiting Times

At the June CQPG a verbal update was given for adult SALT:

- A business case has been produced for additional staff
- 38 patients are currently on the waiting list
- Increase in the number of referrals and complexity noted i.e. COPD/ other respiratory, stroke patients, neuro patients.

- Locum recruited on a temporary basis resulting in reduced waiting times however follow up waiting times will be impacted on.

The CCG has requested a report for both adults and children, this should include referral rates, type/ source of referral, complexity and also staffing v establishment.

Community Matrons – South Sefton

At the June CQPG an update was provided regarding Community Matron establishment in South Sefton, it was confirmed that the team is currently experiencing 15% sickness absence rate and carrying a number of vacancies, however interviews for the vacancies are due to take place at the end of June.

Actions to support the service:

- Additionality has been sought and used from LCH bank and will continue to be sourced until staffing return to acceptable levels.
- Clinical triage is undertaken on a daily basis to identify priorities and mitigate risk of patient care being compromised
- There is 1.0wte matron in each ward as a minimum for domiciliary work
- Full staffing Care Home Matrons (apart from new posts)
- A process of caseload cleansing has commenced in Bootle ward and will be rolled out to all other wards.
- There is no waiting list for Care Home Matrons they are seen same day
- Due to caseload cleansing which has progressed to Seaforth & Litherland ward new patients currently not seen total 5 with a wait of <8days
- Vacancies – from five in total (Inc. additional 2) we have recruited to 2.0wte and the 3.0wte remaining have been shortlisted with interviews 28, 29,30th June.
- Despite sickness absence and vacancy levels the picture is now one of improvement and measures have and had been put in place to support the staffing levels and patient care.

Serious Incidents / Pressure Ulcers

LCCG are leading on thematic reviews of pressure ulcers with LCH although SS CCG are an active member of this group. This approach is in line with the RASCI model.

7. Third Sector Contracts

NHS Standard Contract and Grant agreements are now fully signed by all parties with exception of Alzheimer's Society, it is expected that this will be signed shortly. Variations to update the Notice Period to 3 months have now been actioned and signed by all providers.

Review of all discretionary CCG spend is ongoing to explore further how Voluntary Organisations support the CCG vision of Health Care within the wider community.

A half day event was held on the 21st July by the CCG which brought together all current VCF providers they highlighted the benefits of their services, the event's aim was to consider improved ways of working that will be sustainable, efficient and effective in the future. The outcome of the event was a proposal paper for the Senior Leadership Team.

8. Quality and Performance

8.1 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)	16/17 - May	9	9	↑	There were 6 new cases reported in May 2016, 9 year to date. Of the 9 cases reported year to date 7 have been aligned to Aintree Hospital and 2 to the Royal Liverpool Broadgreen Hospital, (4 apportioned to acute trust and 5 apportioned to community). The year to date plan is 54.		
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	16/17 - May	8	8	↑	There were 6 new cases reported in May, year to date a total of 8. The year-end plan is 46.		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - May	0	0	↔	There were no new cases reported in May of MRSA for the CCG against a zero tolerance target.		
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	16/17 - May	0	0	↔	The Trust recorded no new cases of MRSA in May.		
Mixed Sex Accommodation Breaches							
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	16/17 - May	0.00	0.00	↔			
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	16/17 - May	0.00	0.00	↔			
Enhancing quality of life for people with long term conditions							
Patient experience of primary care i) GP Services	Jul-Sept 2015 and Jan-Mar 2016		6.47%	↔	Percentage of respondents reporting poor patient experience of primary care in GP Services. This was a very slight decrease from the previous period which recorded 6.64%.		
Patient experience of primary care ii) GP Out of Hours services	Jul-Sept 2015 and Jan-Mar 2016		7.86%	↓	Percentage of respondents reporting confidence and trust in person/people seen or spoken to at the GP Out of Hours Service. There has been an improvement from previous period when 10.05% was recorded.		

Patient experience of primary care i) GP Services ii) GP Out of Hours services (Combined)	Jul-Sept 2015 and Jan-Mar 2016	6%	6.68%	↓	The CCG reported a percentage of negative responses above the 6% threshold, this being an improvement from last survey which reported 7.63%.	Detailed practice level data has been shared with primary care, quality and communications colleagues for discussion and actions at the appropriate committees.
Helping people to recover from episodes of ill health or following injury						
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	16/17 - May	80%	45.95%	↓	Aintree have failed to achieve the target in May with only 17 patients out of 37 spending at least 90% of their time on a stroke unit.	The number of patients discharged from the Trust with a diagnosis of stroke decreased to 37 (-4) and 17 of those spent at least 90% of their time on the stroke unit. Analysis of Stroke performance during May 2016 illustrates that unavailability of a stroke bed (12) and patients passing away within 24 hours of admission to the Trust (3) are the most frequently recorded reasons for patients not spending at least 90% of their stay on the Stroke Unit. Other identified delays relate to late referral to Stroke team (1), AEC direct admission referred late to Stroke but no bed available (1), treatment for AF prior to stroke referral (1) and referral to the Stroke Team post CT Scan (2). Recruitment to support the HASU is progressing.
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	16/17 - May	60%	100%	↔		
Mental health						
Mental Health Measure - Care Programme Approach (CPA) - 95% (Cumulative) (CCG)	15/16 - Qtr4	95%	100.00%	↔		
IAPT Access - Roll Out	16/17 - May	1.25%	1.21%	↔	The CCG are under plan in May for IAPT Roll Out, out of a population of 24298, 295 patients have entered into treatment.	See section 7 of main report for commentary.
IAPT - Recovery Rate	16/17 - May	50%	45.40%	↔	The CCG are under plan for recovery rate reaching 45.4% in May. This equates to 64 patients who have moved to recovery out of 141 who have completed treatment. This is an increase on last month when 40.9% was reported.	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	16/17 - May	75%	98.50%	↑	May data shows 98.5%, an increase from April when 94% was recorded.	
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	16/17 - May	95%	100.00%	↑	May data shows 100%, April also recorded 100%.	

Preventing people from dying prematurely					
Under 75 mortality rate from cancer	2014		152.20	↓	Under75 mortality rate from Cancer has dropped from 158.7 in 2013 to 152.20 in 2014.
Under 75 mortality rate from cardiovascular disease	2014		72.90	↑	Under 75 mortality rate from cardiovascular disease increased slightly from 72.60 in 2013 to 2.90 in 2014.
Under 75 mortality rate from liver disease	2014		29.10	↑	Under 75 mortality rate from liver disease has increased from 22.6 in 2013 to 29.1 in 2014.
Under 75 mortality rate from respiratory disease	2014		40.50	↑	Under 75 mortality rate from respiratory disease increased from 38.0 in 2013 to 40.50 in 2014.
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)	16/17 - May	93%	94.74%	↓	
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	16/17 - May	93%	94.97%	↓	
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	16/17 - May	93%	98.13%	↓	
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	16/17 - May	93%	95.87%	↓	
Cancer waits – 31 days					
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	16/17 - May	96%	97.46%	↑	
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	16/17 - May	96%	99.21%	↓	

Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	16/17 - May	94%	97.22%	↓		
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	16/17 - May	94%	0 Patients	↔		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	16/17 - May	94%	94.44%	↑		
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	16/17 - May	94%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	16/17 - May	98%	100.00%	↔		
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	16/17 - May	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)	16/17 - May	85% local target	100.00%	↔		
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)	16/17 - May	85% local target	91.67%	↑		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	16/17 - May	90%	100.00%	↔		
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	16/17 - May	90%	90.90%	↓		

Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	16/17 - May	85%	90.00%	↑		
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	16/17 - May	85%	83.12%	↓	The Trust failed the target for the second consecutive month of 2016/17, with an in month performance of 81.42% and a YTD performance of 83.12%. In May, there were an equivalent of 10.5 breaches out of a total of 56.5 patients.	The 62-day classic standard has again fallen below the 85% threshold with the Trust reporting performance of 82.7% during May 2016. The Trust treated 58 patients on 62 day cancer pathways with 10 patients receiving treatment outside of the 62 day threshold. A review of RCA's illustrates that 3 patients were unfit to undergo planned treatment within 62 days, patient choice delayed 3 treatments, industrial action impacted upon 2 pathways and multiple diagnostics and transfer between tumour sites delayed treatment on 2 patient pathways.
Referral To Treatment waiting times for non-urgent consultant-led treatment						
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (CCG)	16/17 - May	0	0	↓		
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	16/17 - May	0	0	↔		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	16/17 - May	92%	95.20%	↑		
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	16/17 - May	92%	93.90%	↑		

A&E waits						
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	16/17 - May	95.00%	88.34%	↓	The CCG have failed the target in May reaching 88.34%. In May 954 attendances out of 8180 were not admitted, transferred or discharged within 4 hours.	Aintree comments: The Trust aims to achieve the 4 hour maximum A&E wait for Types 1 and 3 patients. During May 2016 there were 13,628 type 1 and type 3 attendances and 1,790 breaches which equates to combined performance of 86.88%. In relation to type 1 performance against the 4 hour emergency access standard the Trust achieved 74.77% (-5.0%) with 7,096 attendances and 1,790 breaches. Type 1 attendances during May 2016 are 3.25% higher than the 6,873 reported in May 2015 with peak demand consistently experienced on Mondays or Tuesdays. The Trust continues to experience a significant number of medically optimised patients remaining in an inpatient bed. The number of medically optimised patients reached a peak of 133 patients in March 2016 (higher than the peak in January 2015) and has continued to average 70 to 80 patients each day during May 2016. An action plan to reduce the numbers of medically optimised patients also remains in place. This includes weekly MADEs and implementation of actions from Safer Start/MADE. The Trust is also undertaking rapid improvement events on delayed discharges in May, facilitated by NHSI.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	16/17 - May	95.00%	80.72%	↑	The CCG have failed the target in May reaching 79.6% (year to date 80.72%). In May 726 attendances out of 3554 were not admitted, transferred or discharged within 4 hours.	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	16/17 - May	STP Trajectory Target for May 91%	86.88%	↓	Aintree have failed the STP* target of 91% in May reaching 86.88%. In May, 1790 attendances out of 13648 were not admitted, transferred or discharged within 4 hours.	
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	16/17 - May	95.00%	74.77%	↓	Aintree have failed the target in May reaching 74.77%. In May 1790 attendances out of 7096 were not admitted, transferred or discharged within 4 hours.	
Diagnostic test waiting times						
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - May	1.00%	1.00%	↑	The CCG have just failed to remain below the threshold of <1%, reporting 1% of patients waiting 6 weeks or more. This equates to 26 breaches out of a total of 2,497 patients.	June unvalidated data is showing the CCG is now achieving the target.
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	16/17 - May	1.00%	0.82%	↑		

Category A ambulance calls					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - May	75%	77.20%	↑	
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - May	75%	69.50%	↓	The CCG was under the 75% target year to date reaching 69.50%. In May out of 831 incidents there were 278 breaches (66.50%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - May	95%	94.80%	↓	The CCG was just under the 95% target year to date reaching 94.80%. In May out of 881 incidents there were 48 breaches (94.50%)
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWAS) (Cumulative)	16/17 - May	75%	75.40%	↓	
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWAS) (Cumulative)	16/17 - May	75%	66.90%	↓	NWAS failed to achieve the 75% target in May recording 66.26%, year to date reaching 66.90%
Ambulance clinical quality - Category 19 transportation time (NWAS) (Cumulative)	16/17 - May	95%	91.70%	↓	NWAS failed to achieve the 95% target in May recording 91.47%, year to date reaching 91.70%

Year to date Red activity (R1+R2) for NWAS is 14.5% up on the equivalent period in 2015. Mersey (including Wirral) is 10.9% up and South Sefton CCG is 11.7% up at the end of May. Two national targets have been set for Red 1 and Red 2 activity which must receive a response at scene within 8 minutes in 75% of cases. Cumulative actual performance at May was 77.2% (Red 1) and 69.5% (Red 2) against the 75% target for South Sefton CCG. NWAS continues to manage more incidents than planned through "Hear and Treat" and See and Treat", resulting in patients receiving appropriate treatment without an avoidable A&E attendance. Cumulative Hear & Treat activity is 85.8% more than the planned level of expected activity for South Sefton CCG.

8.2 Friends and Family – Aintree University Hospital NHS Foundation Trust

Figure 23 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 (May 2016)	RR - Trajectory From Previous Month (Apr 16)	% Recommended (Eng. Average)	% Recommended (May 2016)	PR - Trajectory From Previous Month (Apr 2016)	% Not Recommended (Eng. Average)	% Not Recommended (May 2016)	PNR - Trajectory From Previous Month (Apr 16)
Inpatients	25%	25.6%	↓	96.0%	97%	↔	1.0%	1%	↔
A&E	15%	19.4%	↓	85.0%	86%	↔	8%	9%	↔

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 way in excess of the regional and national response rates. This is for both inpatients and A&E, as outlined above.

For Inpatient services, the percentage of people who would recommend that service is above the England average and is in line with the previous month (April 2016). The percentage of people who would not recommend the inpatient service remains in line with the England average

The percentage of people that would recommend A&E has risen since March, and is above the England average. The percentage of people who would not recommend the A&E is marginally below the England average.

The patient experience lead within the trust presented to the last EPEG group the ongoing work the organisation is doing against their patient experience strategy and focussed on the Friends and Family data. 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. The Trust's quarterly Patient Feedback Report contains detailed analysis regarding FFT, this report will be reviewed at CQPGs on a quarterly basis, the Quarter 1 report will be presented in September.

8.3 Serious Incidents (SIs)

CCG Serious Incident Management

The CCG Programme Manager for Clinical Quality and Safety responsible for managing serious incident for the CCG, is currently on a six month secondment opportunity with NHS England (Cheshire and Merseyside). Arrangements have been made for the Head of Vulnerable People for the CCG to manage the SI process as an interim arrangement.

Datix Reporting System

From the beginning of June 2016 the CCG have transferred over to the new Datix reporting system which is managed by Datix Insight Team in Mid Lancashire Commissioning Support Unit (MLCSU). Some issues have been highlighted as part of the data transfer which have been highlighted to the Datix Insight Team and the CCG Corporate Governance Manager. It is anticipated that all issues will be resolved in time for the Q2 report.

Number of Serious Incidents (SIs) reported in period

There have been 13 SI's reported in June 2016, this applies to a total of 26 reported SI's year to date (Table. 1). All SI's are managed as per the NHS England Serious Incident Framework within the CCG Internal Serious Incident Meeting.

Liverpool Community Health NHS Trust

7 SI's were raised by Liverpool Community Health NHS Trust (LCH). 4 were related to pressures ulcers. One of these was removed from StEIS with agreement of Liverpool CCG as the incident was within a south Sefton nursing home. The incident is being investigated in-line with section 42 safeguarding adult procedures. There is agreement in place with Liverpool and South Sefton CCG, to monitor the composite pressure ulcer action plan via the Clinical Quality Performance Groups (CQPG).

Liverpool CCG have highlighted low reporting of SI's across LCH with the exception of Pressure Ulcers. It has been proposed that there is a focus at the September CQPG on SI reporting per locality.

SI's Reported June 2016

StEIS No.	Category	Organisation	Incident Reported within 48 Hours of Incident Date	Reported within 48hrs from Incident Identified
201614866	Pressure ulcer meeting SI criteria	Liverpool Community Health NHS Trust	Yes - Incident 31-5-16, reported 1-6-16.	Yes - Reported 1-6-16, identified 1-6-16.
201614869	Pressure ulcer meeting SI criteria	Liverpool Community Health NHS Trust	No 12 days after - Incident 16-5-16, reported 1-6-16.	Yes - Reported 1-6-16, identified 31-5-16.
201614168	Apparent/actual/suspected self-inflicted harm meeting SI criteria	Liverpool Community Health NHS Trust	No 6 days after - Incident 24-5-16, reported 1-6-16	No 3 days after - Reported 1-6-16, identified 27-5-16.
201614915	Slips/trips/falls meeting SI criteria	Liverpool Community Health NHS Trust	Yes - Incident 31-5-16, reported 1-6-16.	Yes - Reported 1-6-16, identified 1-6-16.
201615354	Slips/trips/falls meeting SI criteria	Liverpool Community Health NHS Trust	Yes - Incident 3-6-16, reported 7-6-16.	Yes - Reported 7-6-16, identified 6-6-16.
201615858	Pending review (a category must be selected before incident is closed)	The Walton Centre NHS Foundation Trust	Yes - Incident 8-6-16, reported 10-6-16	Yes - Reported 10-6-16, identified 8-6-16.
201615983	Apparent/actual/suspected self-inflicted harm meeting SI criteria	Mersey Care Trust	Yes - Incident 11-6-16, reported 13-6-16.	Yes - Reported 13-6-16, identified 12-6-16.
201616347	Pending review (a category must be selected before incident is closed)	Mersey Care Trust	Yes - Incident 15-6-16, reported 16-6-16.	Yes - Reported 16-6-16, identified 15-6-16.
201616530	Abuse/alleged abuse of adult patient by staff	Mersey Care Trust	No 30 days after - Incident 9-5-16, reported 20-6-16	No 4 days after - Reported 20-6-16, identified 9-5-16.
201616848	Pressure ulcer meeting SI criteria	Liverpool Community Health NHS Trust	Yes - Incident 17-6-16, reported 21-6-16.	Yes - Reported 21-6-16, identified 17-6-16.
201617545	Pressure ulcer meeting SI criteria	Aintree University Hospital NHS Trust	No 3 days after - Incident 27-6-16, reported 30-6-16.	Yes - Reported 30-6-16, identified 28-6-16.
201617555	Pressure ulcer meeting SI criteria	Liverpool Community Health NHS Trust	Yes - Incident 28-6-16, reported 30-6-16	Yes - Reported 30-6-16, identified 28-6-16.
201617563	Apparent/actual/suspected self-inflicted harm meeting SI criteria	Mersey Care Trust	No 16 days after - Incident 8-6-16, reported 30-6-16.	Yes - Reported 30-6-16, identified 28-6-16.

There were 4 incidents raised on StEIS by Mersey Care NHS Foundation Trust (Merseycare). University Hospitals Aintree NHS Foundation Trust (UHA) have raised 1 incident on StEIS which was a pressure ulcer and The Walton Centre NHS Foundation Trust (WCCN) is awaiting confirmation.

Number of Never Events reported in period

There were no never events reported in June 2016.

Number of SIs closed in month

The CCG has recorded 1 Serious Incident as closed in June 2016 (the incident closed was classed as a never event), 2 closed year to date for 2016/17.

StEIS No.	Category	Organisation	Reported Date	Closed Date
20164559	Surgical/invasive procedure incident meeting SI criteria	Aintree University Hospital NHS Trust	17/02/2016	28/06/2016

Number of Route Cause Analysis reports due in month where extension requested and granted.

42

There was 1 RCA due in June, see details below:

StEIS No.	Category	Organisation	RCA Due Date	RCA Report Received	Extension Given?
20168401	Pressure Ulcer 3/4 - ungraded	Liverpool Community Health NHS Trust	23/06/2016	No	Yes - 1-7-2016

Number of incidents reported split by type YTD

There have been a total of twenty six reported incidents during Q1 (Table 3). Of these, there were five incidents that were repeated in quarter (Table 2). The majority of repeated incidents relate to pressure ulcers (9), with the 2nd most common incident related to slips/ trip and falls (6).

Repeated incidents Q1

SI Criteria	Number
Apparent/actual/suspected self-inflicted harm	3
Pressure ulcer	9
Slips/trips/falls	6
Substance misuse whilst inpatient	2
Pending review	2

Number of Incidents reported by Provider

The 26 SI's raised in Q1 have been broken down by provider (Table. 4)

UHA have reported 4 incidents: 2 pressure ulcers, 1 HCAI / infection control and 1 slips / trips falls. The CCG Serious Incident Manager meets with the Trust Clinical Risk Manager on a monthly basis to discuss all SI's and Trust actions.

LCH have reported 12 incidents: 1 related to a self-harm, 7 pressure ulcers, 3 slips / trips falls and 1 treatment delay. The CCG Serious Incident Manager liaises closely with Liverpool CCG who have co-ordinating commissioning responsibilities for LCH.

MerseyCare have reported 8 incidents: 1 alleged adult abuse, 2 related to self-harm, 2 slips / trips falls, 2 incidents related to substance misuse whilst an in-patient and 1 still awaiting classification on StEIS.

Southport and Ormskirk Hospitals NHS Trust (S&O) have reported 1 information governance related incident.

WCCN have reported an incident, awaiting classification on StEIS

Incident Reported By Provider

Provider / Type of Incident	Apr	May	Jun	YTD
Aintree University Hospital NHS Foundation Trust				
HCAI/Infection control incident meeting SI criteria	1			1
Pressure ulcer meetin SI criteria		1	1	2
Slips/trips falls meeting SI criteria	1			1
Liverpool Community Health NHS Trust				
Apparent/actual/suspected self-inflicted harm meeting SI criteria			1	1
Pressure ulcer meeting SI criteria		3	4	7
Slips/trips falls meeting SI criteria		1	2	3
Treatment Delay	1			1
MerseyCare Trust				
Abuse/alleged abuse of adult patient by staff			1	1
Apparent/actual/suspected self-inflicted harm meeting SI criteria			2	2
Pending review (a category must be selected before incident is closed)			1	1
Slips/trips falls meeting SI criteria	1	1		2
Substance misuse whilst inpatient meeting SI criteria		2		2
Southport and Ormskirk Hospital NHS Trust				
Information Governance Incident	1			1
The Walton Centre NHS Foundation Trust				
Pending review			1	1
Grand Total	5	8	13	26

Serious Incidents Currently Open

In total there are 62 open serious incidents on StEIS where South Sefton CCG is the responsible and or has co-ordinating commissioning responsibilities.

- 2014/15 = 3
- 2015/16 = 33
- 2016/17 = 26

Year	Provider	No of Open Incidents	
2014/15	Aintree University Hospital NHS Trust	1	3
	The Walton Centre NHS Foundation Trust	1	
	Liverpool Community Health NHS Trust	1	
2015/16	Aintree University Hospital NHS Trust	4	33
	Airdale NHS Foundation Trust	1	
	Alder Hey Childrens Trust	1	
	Liverpool Community Health NHS Trust	16	
	MerseyCare NHS Trust	5	
	Southport & Ormskirk NHS Trust	6	
2016/17	Aintree University Hospital NHS Trust	4	26
	Liverpool Community Health NHS Trust	12	
	MerseyCare NHS Trust	8	
	Southport & Ormskirk NHS Trust	1	
	The Walton Centre NHS Foundation Trust	1	

9. Primary Care

9.1 Background


We are reviewing the primary care dashboard that has been used in 2015/16 with a view to understanding the needs for reporting across the organisation from a quality, improvement, QIPP perspective. We are also working closely with other CCGs to look at practice elsewhere, and the ability of Midlands and Lancashire Commissioning Support Unit's Business Intelligence tool, Aristotle to be able to report practice level primary care information. We feel that information should be made available to practices in a timely and consistent format to aid locality discussions. 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.

9.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. Results posted in the last month are as follows:

Drs Berni and Vitty Good (2.7 miles away)

We are carrying out checks at Drs Berni and Vitty using our new way of inspecting services. We will publish a report when our check is complete.

 40-42 Kingsway, Waterloo, Liverpool, L22 4RQ
(0151) 928 2415
Provided by: Drs Berni and Vitty

CQC inspection area ratings
(Latest report published on 15 July 2016)

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

CQC Inspections and ratings of specific services
(Latest report published on 15 July 2016)

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
- Maternity and midwifery services
- Services for everyone
- Surgical procedures
- Treatment of disease, disorder or injury

10. Better Care Fund

The 'Payment for Performance' (p4p) period for BCF ended in December 2015 (p4p ran Q4 2014/15 – Q3 2015/16) but the CCG continues to monitor non elective admissions to hospital. In order to ensure a consistent and accurate set of numbers for the financial year 2015/16, Health & Wellbeing Boards were required to submit a Q4 2015/16 plan in their Q2 2015/16 BCF monitoring submission (submitted 27/11/15). Non elective admissions in Q4 2015/16 were 8.6% lower than both the Q4 2015/16 plan and Q4 of the previous financial year (2014/15).

Note that in 2016/17 BCF non elective baselines have been pre-populated based on early March 2016 draft of CCG planning submissions and not final submissions. NHS England has conducted a refresh of these baselines to account for final CCG plans which were finalised at the end of the 2016/17 contracting round in May 2016.

Also CCG operational plans for 2016/17 are SUS based, however we had the option under BCF of choosing a data source to monitor non elective admissions in 2015/16, and we chose MAR. In a change from 2015-16 reporting local areas are no longer required to report on Non-Elective Admissions as this data will already be available nationally. Therefore comparisons of activity between years would not be accurate going forward.

Figure 24 Better Care Fund – Non Elective Admissions

BCF NEL Admissions	"Payment for Performance" period, calculated quarterly																Non payment for performance period			
	2014/15				2015/16															
	Jan	Feb	Mar	Q4	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4
Baseline	3,098	3,098	3,098	9,294	3,036	3,036	3,036	9,107	3,030	3,030	3,030	9,091	3,017	3,017	3,017	9,050	3,223	3,223	3,223	9,668
Plan	3,003	3,003	3,003	9,009	2,491	2,491	2,491	8,822	2,935	2,935	2,935	8,806	2,921	2,921	2,921	8,763	3,128	3,128	3,128	9,383
Actual	3,176	2,976	3,515	9,667	3,257	3,246	2,958	9,462	2,957	2,849	2,767	8,574	2,811	2,902	2,936	8,650	2,962	2,922	2,950	8,834
Variance from baseline	78	-122	417	373	222	210	-77	355	-73	-181	-263	-517	-205	-114	-81	-400	-261	-301	-273	-834
% Variance from baseline	2.5%	-3.9%	13.5%	4.0%	7.3%	6.9%	-2.5%	3.9%	-2.4%	-6.0%	-8.7%	-5.7%	-6.8%	-3.8%	-2.7%	-4.4%	-8.1%	-9.3%	-8.5%	-8.6%

MEETING OF THE GOVERNING BODY July 2016

Agenda Item: 16/113	Author of the Paper: Danielle Love
Report date: 19 July 2016	Programme Lead – Community Services Procurement Email: danielle.love@southportandformbyccg.nhs.uk Tel: 07917 551 806
Title: Corporate Risk Register and Governing Body Assurance Framework Update	
Summary/Key Issues: A substantial review of the Corporate Risk Register (CRR) and the Governing Body Assurance Framework (GBAF) has been undertaken following internal and external audit recommendations. The Governing Body is presented with the updated CRR and the GBAF as at July 2016. The CRR and GBAF have both been reviewed by the Corporate Governance Group and the Senior Management Team prior to submission to the Governing Body.	
Recommendation	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to fully review, scrutinise and if satisfied, accept the updates.	

Links to Corporate Objectives (<i>X those that apply</i>)	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
X	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>X those that apply</i>)
Patient and Public Engagement				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	x			Presented to June Corporate Governance Group. Reviewed by Senior Management 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.

Report to Governing Body July 2016

1. Executive Summary

A substantial review of the Corporate Risk Register (CRR) and the Governing Body Assurance Framework (GBAF) has been undertaken following internal and external audit recommendations.

A summary of the changes are:

- CRR
 - Individual Committees of the CCG will hold Committee risk registers.
 - Risks with a rating of 11 or lower will be de-escalated to a Committee risk register.
 - Committees will escalate risks of a rating 12 or above for review by the Governing Body.
- GBAF
 - The format of the GBAF has been updated.

2. Position Statements Q1 2016/17 (July 2016)

This paper provides the Governing Body with an updated GBAF and CRR.

2.1. Governing Body Assurance Framework

The GBAF has been updated and aligned with the CCGs new strategic objectives. The risks from the last GBAF have been rationalised and now align to the new GBAF. There are a total of 6 risks against the 6 strategic objectives for South Sefton CCG:

Rationalisation of previous GBAF

The risks on the previous GBAF have been rationalised and now align to the new strategic risks, or have been mitigated to a level where they are no longer require on the GBAF. A summary of the 15/16 risks is below:

2015/16 GBAF Risk	2016/17 GBAF
1.1 Lack of capacity amongst clinical colleagues to deliver transformation	4.1 Current work pressures reduce ability to engage on transformation agenda
1.2 Lack of clinical engagement in Primary Care and other providers limit level of clinical engagement in locality to drive transformational change	4.1 Current work pressures reduce ability to engage on transformation agenda
1.3 Inability to maintain active involvement of all constituents and stakeholders	4.1 Current work pressures reduce ability to engage on transformation agenda
2.1 Inability to carry out system wide change due to resource and structural re-organisation constraints	1.1 Insufficient governance and monitoring of the QIPP plan could result in a failure to deliver the objectives of identified schemes and adversely impact on the CCGs statutory financial duties.
3.1 Securing adequate resources and expertise to deliver NHS Estates Strategy	1.1 Insufficient governance and monitoring of the QIPP plan could result in a failure to deliver the objectives of identified schemes and adversely impact on the CCGs statutory financial duties.
3.2 Failure to develop a coherent view in order to	1.1 Insufficient governance and monitoring of the

2015/16 GBAF Risk	2016/17 GBAF
deliver an agreed project across part /full locality	QIPP plan could result in a failure to deliver the objectives of identified schemes and adversely impact on the CCGs statutory financial duties.
4.1 Delay in implementing new pathways due to non-achievement of reductions in admissions needs to draw out requirement to deliver savings.	2.1 CCG QIPP position reduces the CCGs ability to progress planned transformational schemes
4.2 Current provider unable to deliver community service as specified by the CCG.	5.1 Community Service currently going through transaction process which increasing risk of instability in services
5.1 Failure to progress recommendations and priorities from Mental Health review	Risk mitigated to a reasonable level, now managed operationally
6.1 Inability to deliver transformational change as a result of inappropriate estates	1.1 Insufficient governance and monitoring of the QIPP plan could result in a failure to deliver the objectives of identified schemes and adversely impact on the CCGs statutory financial duties.
7.1 Non Delivery of financial targets due to failure to control CCG expenditure budgets or failure to deliver required QIPP scheme	1.1 Insufficient governance and monitoring of the QIPP plan could result in a failure to deliver the objectives of identified schemes and adversely impact on the CCGs statutory financial duties.
7.2 Lack of sustainability of CSU services during transition and the effective procurement of CSU services via LPF	Risk fully mitigated, new CSU in place and managed operationally.
7.3 Non-delivery of 2015/16 QIPP Plan which supports transformational change	1.1 Insufficient governance and monitoring of the QIPP plan could result in a failure to deliver the objectives of identified schemes and adversely impact on the CCGs statutory financial duties.
7.4 Potential for any reduction in non-elective admissions may be offset by increased demand	Risk mitigated to a reasonable level, now managed operationally
7.5 Failure of provider to deliver high quality services for the delivery of CHC/Individual packages of care would result in patients not receiving appropriate level of care to meet their needs.	Risk mitigated to a reasonable level, now managed operationally

GBAF Risk Positions

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

GBAF Highlights

Please see the following which highlights the risks that have either (a) changed in rating or (b) are extreme risks:

GBAF Highlights	Update
1.1 Insufficient governance and monitoring of the QIPP plan could result in a failure to deliver the objectives of identified schemes and adversely impact on the CCGs statutory financial duties.	<ul style="list-style-type: none"> • Secured senior dedicated support for designing and implementing a PMO approach to QIPP • Accountable leads have been identified for each contract and are responsible for ensuring that all QIPP schemes are supported by appropriate contracting mechanisms. • Clinical Advisory Group TOR has been updated to enable the group to identify additional areas of improvement and support the CCG in respect of its PSED and other statutory duties associated with any proposed service changes. • Schemes have been re-evaluated and risk assessed to allow focus of those that are deliverable in year, as well as looking at medium to long term plans • QIPP committee TOR have been revised and the relationship between QIPP and F&R has been formalised. • KPIs and monitoring criteria are being designed for every QIPP scheme so that any risks to delivery are identified and mitigated at the earliest possible opportunity.
6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	<ol style="list-style-type: none"> 1. Health and wellbeing board executive in place 2. Review of current BCF and Section 75 arrangements 3. New integration role within the local authority to support further integration. 4. Recruitment to Health and Wellbeing and Prevention role in the CCG to support links with public health and the wider community around wellbeing 5. Number of key joint commissioning posts in place

2.2. Corporate Risk Register

There are 9 operational risks recorded on the South Sefton CCG CRR as at July 2016:

- 2 new risk has been recorded – SS035, SS036.
- 9 risks have been removed - SS007, SS006, SS016, SS005, SS009, SS010, SS022, SS033
- 19 risks have been deescalated and transferred to Committee risk registers.

CRR Risk Positions

Risk	Score	Number of Risks
High	8-12	6
Extreme	15 - 25	3

CRR Highlights

Please see the following which updates on the extreme risks:

ID	Description of Risk	Update On Mitigating Action	Score Post Mitigation
SS008	Financial duties in 2016/17 will not be met due to significant unidentified QIPP 2016/17 and other emerging expenditure pressures resulting in statutory duties not met	"High level of red rated QIPP within plan meaning threat to delivery of NHSE business rules. CCG run rate needs to be improved from June onwards to deliver required financial target"	15
SS019	Risk of poor quality patient care as a result of not delivering against A&E target due to patient flow in the trust	Aintree have agreed a recovery plan and trajectory to achieve 4 hour target by Sept 2016 with NHSI	16
SS032	There is a risk that the Local Authority will not agree to a joint Better Care Fund (BCF) plan caused by failure to agree CCG to fund social care	"A joint leadership team workshop to build shared approach to BCF Arbitration with NHSE and the LGA held on 7 June 2016 - awaiting outcome CCG submitted standalone BCF plan at end of May 2016"	25

3. Appendices

Appendix 1 – Corporate Risk Register

Appendix 2 – Governing Body Assurance Framework

Danielle Love
July 2016



Corporate Risk Register

Current Version	v1	Quarter Update	Q1
Previous Version	N/A	Updated Date	Jul-16
Document File Path	"W:\Risk\South Sefton CCG\CRR\2015-16\20160704 - SSCCG CRR - v1 - Q1 Update.xlsx"		

ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Q1 Score	Q2 Score	Q3 Score	Q4 Score	Trend	
SS001	Prior Q3 2013/14	BUO001	Karl McCluskey/ Jan Leonard	Redesign & Commissioning	There is a risk the CCG will not meet the constitutional 62 day target for cancer caused by patient choice and complex pathways between providers resulting in delayed cancer treatment for patients	1. Monthly contract meetings 2. Clinical Quality and performance meetings 3. Clinical lead for contracts and quality 4. Clinical meetings with Cancer Leads and Manager. 5. Managerial lead for cancer has action plan in place. 6. Weekly and monthly monitoring through SMT and contractual performance. 7. RCA for any 62 day breaches 8. Reporting system developed that provides earlier notification of waiting time concerns. Is reviewed on a weekly basis and reported to SMT (Senior Management Team and SLT (Senior Leadership Team). 9. Integrated Performance Report developed and presented to Governing Body. 10. Action plans in place for failed areas: progress being monitored via SMT, contractual performance and continued reviews.	3	3	9	There are no additional systems or controls that can be put in place currently Performance of providers against constitutional target is monitored monthly with individual exceptions being addresses in turn	The likelihood score remains higher than the initial score due to lack of sustained month on month performance. The key controls remain central to the ongoing management and performance	4	3	12	Jun-16						↔
SS002	Apr-15	BUO017	Tracy Jeffes		CCG Locality working does not lead to greater clinical engagement with CCG plans and objectives resulting in disengaged membership	1. Roles of Locality Managers and Team reviewed 2. Locality Plan in place 3. Key issues reported to Governing Body 4. Wrap around support team identified to support localities 5. Key priority in Organisational Development plan	3	4	12	Clear focus for localities in relation to the QIPP agenda and influence over blueprints Clear role out plan for use of Aristotle				Jun-16						↔	
SS008	Revised Q1 2016/17	FIN009	Martin McDowell	Finance	Financial duties in 2016/17 will not be met due to significant unidentified QIPP 2016/17 and other emerging expenditure pressures resulting in statutory duties not met	1. Monthly contracting meetings with main acute providers 2. Information shared with GP leads 3. Practice level reporting of financial information 4. Monthly monitoring of financial position	3	5	15	QIPP Working Group established and meet monthly. Review of discretionary spend to go to GB end July	High level of red rated QIPP within plan meaning threat to delivery of NHSE business rules. CCG run rate needs to be improved from June onwards to deliver required financial target	3	5	15	Jun-16						↔
SS013	Q3+1 January 2015	QUA011	Jan Leonard		The closure of Breast Surgery Service (for new patients) at Southport & Ormskirk poses a risk to the CCG and concerns for local residents.	2. Remedial action plan in place - which is reviewed monthly with provider 3. Performance and contractual meetings and reporting process in place 4. paper presented to Governing Body November 2014 5. Enhanced open access provision for patients to self refer	4	3	12	1. Additional focus on Did Not Attend 2. Re-advertising service with GP practice 3. Using CVS to advertise to general public	Early indications of reduced DNAs and heightened level of self-referral Target remains challenging in terms of patient numbers	4	3	12	Jun-16						↓
SS019	Apr-15	QUA024	Karl McCluskey		Risk of poor quality patient care as a result of not delivering against A&E target due to patient flow in the trust	1. Strategic Resilience Group (SRG) in place. Meetings held on a monthly basis and feed into Governing Body. 2. Operational Service level meetings held: currently weekly. 3. Monthly contractual performance meetings 4. Monthly Integrated Performance Report: reported to Governing Body. 5. Monthly Quality meeting: reported to Governing Body	3	3	9	Recovery plan to be agreed and implemented	Aintree have agreed a recovery plan and trajectory to achieve 4 hour target by Sept 2016 with NHSI	4	4	16	Jun-16						↔

ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Q1 Score	Q2 Score	Q3 Score	Q4 Score	Trend	
SS029	Q1 2016/17	QUA045	Jenny Kristiansen		Risk of infection/ hospital admission and harm to patients from poorly maintained nebuliser equipment	Identifying short term solution for patients currently prescribed a nebuliser to be reviewed, be given advice on cleaning equipment and have access to replacement filters and tubing. Long term liaising with respiratory teams, consultants, LCH and GP teams to ensure basics are right for the future. JK and HRo to raise at quality committee. HRo to add to corporate risk register.	4	5	20	<ul style="list-style-type: none"> All providers informed of risk LCH & Aintree have this on their risk registers Pan Mersey Sub Group informed All organisations to follow guidance from governance leads within their organisations Regarding primary care prescribing – JK requested practice information facilitators to run a search on all patients prescribed nebulisers. This will identify the size of the problem and enable patients to receive a review & education. An update to be presented at the August Quality Committee Meeting A meeting will be held with all providers to work up a longer term solution. 	Discussions ongoing with providers on the long term solution. Once the size of the Primary Care patient cohort is identified to receive a review and education risk the likelihood of the risk will be reduced	4	3	12	Jun-16						↓
SS032	Q1 2016/17	REP037	Karl McCluskey		There is a risk that the Local Authority will not agree to a joint Better Care Fund (BCF) plan caused by failure to agree CCG to fund social care	1. Operating structure as part of HWB and BCF	5	5	25	CCG standalone BCF plan to e drafted	A joint leadership team workshop to build shared approach to BCF Arbitration with NHSE and the LGA held on 7 June 2016 - awaiting outcome CCG submitted standalone BCF plan at end of May 2016	5	5	25	Jun-16						↔
SS035	Jun-16		Tracy Jeffes		There is a risk that changes to services caused by current financial position results in inability to deliver on strategic objectives and the reputation of CCG	<ol style="list-style-type: none"> Clear plans are being created which are going through a rigorous governance and decision making Plans to have full quality and equality impact assessments Effective consultation and engagement with key stakeholder and the public Clear communication of changes to any services. 	4	4	16	<ol style="list-style-type: none"> Clear QIPP plans being developed Governance arrangements reviewed to strengthen effective decision making Planning for future communications/ engagement activities if required Clear plans for alternatives if required and clear communication of these 	New Risk	4	3	12	Jun-16						
SS036	Jun-16		Tracy Jeffes		There is a risk that gaps in workforce across the healthcare system caused by insufficient national workforce planning and funding pressures resulting in additional pressure on services	<ol style="list-style-type: none"> Participating in the Health Education North West workforce planning process. Work with Sefton Council on wider strategies to promote Sefton as a 'great place to work' 	4	3	12	<ol style="list-style-type: none"> Through STP process seek additional investment to fill identified gaps Implementation of the 'blueprints' to transform models of care to enable appropriate skill mix to support delivery 	New Risk			0	Jun-16						

ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Closed	Q1 Score	Q2 Score	Q3 Score	Q4 Score	Trend
SS007	Q3 Dec 2014	FIN008	Chief Financial Officer (Martin McDowell)	Finance	Reductions in local authority expenditure may impact on NHS services and delivery of BCF schemes	1. Monitoring progress of BCF schemes 2. Continued work with local authority	4	3	12	Financial risks merged into SS008		4	3	12	Jun-16					
SS006	Revised Q1 2015/16	FIN003	Chief Financial Officer (Martin McDowell)	Finance	Changes in patient flow causes financial issues, due to increases in activity overall and the financial implications on the 15/16 Financial performance of the CCG. Increased activity has resulted in a QIPP saving required of 3.4 million to be delivered for 15/16. Predominant risk areas are: CHC and Urgent Care which have both seen significant growth in demand. Significant QIPP scheme to be delivered during year totalling 3.4 million.	1. Monthly contracting meetings with main acute providers 2. Information shared with GP leads 3. Practice level reporting of financial information 4. Monthly monitoring of financial position 5. QIPP Working Group established and meet monthly. 6. CHC Working Group established	4	3	12	Financial risks merged into SS008		2	3	6	Jun-16					
SS016	Apr-15	QUA021	Tracy Jeffes		Impact on ability to deliver as a result of not being able to maintain Commissioning Support Services, neither via sustainability of existing services from NWCSU nor suitability of locally responsive Commissioning Support Services through the LPF	1. Working collaboratively with Merseyside and Cheshire CCG's as part of Transformation Board to identify and look at any concerns regarding sustainability. 2. Collaborative working with neighbouring CCGs to secure best value for money from the LPF	4	3	12		CSU now transferred to Mids and Lancs CSU.	1	1	1	Jun-16					
SS005	Dec-15	BUO020	Mel Wright		No additional community beds available during Winter 2015	1. Investigation of alternative suppliers for bed base 2. Longer term procurement process commenced 3. Alternative scheme developed, commencing Jan 2016	5	3	15	Alternative scheme developed and agreed to commence in January 2016. Will not deliver the same level of care as a bedded unit, but will support another cohort of patients to remain in their usual place of residence/be discharged from hospital promptly.	Closed alternative plans being put in place for 2016	3	2	6	Jun-16					↓
SS009	Prior Q3 2013/14	QUA002	Debbie Fagan		Need for clarity of roles and responsibilities between Safeguarding Hosted Service, CSU CHC team and LCH Provider Safeguarding Team to enable CCG to discharge their safeguarding function. Need for further clarity between health and social care commissioning / safeguarding for vulnerable adults.	1. Regular 1:1 meetings between safeguarding adults lead in hosted service and CHC locality lead. 2. Identified a single point of contact system for Safeguarding Adults between the Safeguarding Service and hosted service. 3. Standard Operating Procedure developed, includes recommendations as per review.	4	5	20	Awaiting feedback from Quality Committee on draft SOP - April 15 Review required on the needs of the Sefton patch in order to determine commissioning responsibilities and necessary specification. - TBC To obtain the recommendations from Liverpool Community Health's internal Safeguarding review that explored the role of the Safeguarding Adults team. Part 1 received: Awaiting part II which looks at progress against ongoing recommendations. - March 15	CLOSED delineation of safeguarding services is now clear from commissioning perspective. Opportunity to raise any ongoing issues available via formal and informal meeting structure. Head of vulnerable people in post for CCG who is able to identify any early signs of operational issues	1	5	5	Jun-16					

ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Closed	Q1 Score	Q2 Score	Q3 Score	Q4 Score	Trend
SS010	Q3 2013/14	QUA006	Debbie Fagan		Providers RAG rating in relation to robust Safeguarding systems and processes presents lack of assurance for CCG based upon validation of information presented by the Trust.	<ol style="list-style-type: none"> 1. Assurance process paper presented to LSCB on processes in place. 2. RAG rating monitored via Quality Contract meetings. Reported to Quality Committee and escalated to Governing Body as required. Chief Nurse informed NHS England (M) and safeguarding will be included in the quality review process with the Trust. 3. Monitored through quality contract meetings with CSU 4. Agenda item for discussion at provider Quality Contract meetings. 5. Safeguarding performance discussed at Quality Committee. 6. Process developed between CSU and Safeguarding service to further develop information flow across the two services. 7. Quality 'Walk Around' carried out with feedback and outcomes reported to Executive Nurse, contract meetings, Quality Committee. 8. Contract reviewed to ensure in line with KPIs 9. Quality Surveillance agenda item for February 2015. 	4	4	16	<ul style="list-style-type: none"> - Formal processes now in place and reportedly working well between provider, CSU and Safeguarding Services. Systems in place between CSU and Safeguarding Services which is working well. Quality and performance function in-house from 1st June which will enable tighter controls. - Increased level of assurance reported from CCG Safeguarding Service for the main commissioned providers. One contract query was issued in March 2015 and remains open. Although action plan has already been put in place in response to the contract query. Contract query remains in place with Southport & Ormskirk hospital due to limited assurance still being reported by CCG and Safeguarding Services. Is being closely monitored. Contract Query remains in place with S&O. Discussion of other provider performance where CCG is not the co-ordinating commissioner discussed at QC in September 2015. Chief Nurse in contact with co-ordinating CCG to discuss concerns raised at the QC and for the purposes of assurance that all providers are being performance managed using a consistent approach. Awaiting formal Q1 	CLOSED Contract governance mechanisms in place to monitor provider status fed through Quality Committee performance managed at CQPG and QSG	1	4	4	Jun-16					
SS022	Apr-15	QUA028	Debbie Fagan/ Brendan Prescott		Lab results not being communicated to GP practices (from the Lab provider) due to IT system/technical issues that may have an impact on patient safety.	<ol style="list-style-type: none"> 1. CCG/CHC Steering Group: issue raised with CHC team leads and strategic leads 2. Specification developed for PHB support 3. Fixed term 1 year role Programme Manager Role agreed 4. Regular Local Authority meetings held 	3	3	9	<ol style="list-style-type: none"> 1. Meeting to be held with Department of Health appointed facilitator and attendance at regular events. Meeting held. Linked into Learning Network on PHB's. Out to provider for response on costings and timings. 2. Further meeting with LA to be arranged for July in order to discuss potential shared use of Direct Payment system. 3. Position appointed to. Awaiting start date. 4. Discussions regarding integrated back room functions with the LA continue as part of the integration work plan. 5. Additional Programme Management support procured from CSU Stability Partner and work commenced in August 2015. Paper on CCG process for PHB approved at September 2015 Governing Body. Programme Manager Vulnerable People now in post from 1st September 2015 who will take a lead on this area of work reporting to the CCG Deputy Chief Nurse. 6. Risk Rating to remain the same until process is operational. 	CLOSED Policy now in place and approved by GB in March 16 regular contact at Northern Region level on national developments Proposed PHB in place	1	3	3	Jun-16					
SS033	Jun-15	STA037	Brendan Prescott		Unable to deliver Personal Health Budgets (PHB) to patients as a result of CCG not having a governance system nor process in place to develop the provision of personal health budgets (PHB) to eligible patients choosing the PHB option.	<ol style="list-style-type: none"> 1. CCG systems and processes in place 2. CCG members of SEND Steering Group 3. Children's Commissioning Manager in regular contact with LA and provider to support system and flow 4. Regular reporting of position to Leadership Team 	5	4	20		CLOSED Provider now continuing to meet statutory timeframe Update to May 2016 GB Continued monitoring of process via Childrens commissioning manager as service transitions to alternative provider Any issues identified will be escalated and mitigated appropriately	2	3	6	Jun-16					

Risk Matrix

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

Risk Ratings

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

↓ Significant Risks

Significant Risks

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

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

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

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

South Sefton CCG
Governing Body Assurance Framework
2016/2017
Update:

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

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

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
1. To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.	1.1 Insufficient governance and monitoring of the QIPP plan could result in a failure to deliver the objectives of identified schemes and adversely impact on the CCGs statutory financial duties.	Debbie Fairclough	20	16	First review
2. To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.	2.1 CCG QIPP position reduces the CCGs ability to progress planned transformational schemes	Karl McCluskey	15	12	First review
3. To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.	3.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified	Karl McCluskey	16	12	First review
4. To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.	4.1 Current work pressures reduce ability to engage on transformation agenda	Jan Leonard	9	9	First review
5. To advance integration of in-hospital and community services in support of the CCG locality model of care.	5.1 Community Service currently going through transaction process which increasing risk of instability in services.	Jan Leonard	9	9	First review
6. To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.	6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	Tracy Jeffes	16	16	First review

Strategic Objective 1	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.		
Risk 1.1	Insufficient governance and monitoring of the QIPP plan could result in a failure to deliver the objectives of identified schemes and adversely impact on the CCGs statutory financial duties.		
Risk Rating Initial Score Current Score	5x4=20 4x4=16	Lead Director Martin McDowell Date Last Reviewed 06 July 2016	
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):	
<ul style="list-style-type: none"> Secured senior dedicated support for designing and implementing a PMO approach to QIPP Accountable leads have been identified for each contract and are responsible for ensuring that all QIPP schemes are supported by appropriate contracting mechanisms. Clinical Advisory Group TOR has been updated to enable the group to identify additional areas of improvement and support the CCG in respect of its PSED and other statutory duties associated with any proposed service changes. Schemes have been re-evaluated and risk assessed to allow focus of those that are deliverable in year, as well as looking at medium to long term plans QIPP committee TOR have been revised and the relationship between QIPP and F&R has been formalised. KPIs and monitoring criteria are being designed for every QIPP scheme so that any risks to delivery are identified and mitigated at the earliest possible opportunity. 		Action	Responsible Officer
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):	
<ul style="list-style-type: none"> SMT and SLT will review progress on a weekly basis and QIPP Committee, with support from Finance and Resources will monitor all activity on a monthly basis. The QIPP dashboard will be the monitoring tool for all QIPP schemes and will provide assurances to the Governing Body on progress. A reduction in spend will demonstrate the impact of the implementation of the QIPP plan. 			
Additional Comments:		Link to Risk Register:	

Strategic Objective 2	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes.		
Risk 2.1	CCG QIPP position reduces the CCGs ability to progress planned transformational schemes		
Risk Rating	Lead Director		
Initial Score	5 x 3 = 15	Karl McCluskey	
Current Score	4 x 3 = 12	Date Last Reviewed	
		July 2016	
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):	
<ul style="list-style-type: none"> Current transformational schemes under rigorous review to ensure that those progress provide both Transformational change and contribute to QIPP Secured senior dedicated support for designing and implementing a PMO approach - June 2016 		Action	Responsible Officer
		Strengthening links between transformational process and CCG contract management to ensure that all cases agreed link directly to provider contracts.	Karl McCluskey
		STP lead post developed and recently recruited to ensure dedicated resource ensures CCG has key role in local planning and transformational scheme development	Karl McCluskey
		Review of Rightcare deep dives packs and working with Rightcare partner to ensure CCG identifies opportunities for future transformation and has clear plan for prioritising key programmes.	Karl McCluskey
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):	
<ul style="list-style-type: none"> Delivery of QIPP targets. CCG vision for Shaping Sefton will be reflected in STP plans. 			
Additional Comments:		Link to Risk Register:	

Strategic Objective 3	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.		
Risk 3.1	There is a risk that identified areas of adverse performance are not managed effectively or initially identified		
Risk Rating			Lead Director
Initial Score	4x4 = 16		Karl McCluskey
Current Score	3x4 = 12		Date Last Reviewed
			19/07/2016
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):	
<ul style="list-style-type: none"> Roll out of Aristotle Business Intelligence portal makes performance information available to all CCG staff at all times Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week. 		Action	Responsible Officer
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):	
<ul style="list-style-type: none"> Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked Integrated Performance Report shows CCG understanding of issues and oversight of actions Integrated Performance Reports may show improved performance as a result of robust management by CCG Assurance from MIAA review of performance reporting 			
Additional Comments:		Link to Risk Register:	

Strategic Objective 4	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.			
Risk 4.1	Current work pressures reduce ability to engage on transformation agenda			
Risk Rating Initial Score Current Score	3x3=9 3x3=9	Lead Director Jan Leonard Date Last Reviewed 12 July 2016		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Shadow Joint Commissioning Committee LQC in place 		Action	Responsible Officer	Due By
		Application for Joint Commissioning status with NHSE	Jan Leonard	Oct 2016
		Supported emergent Federation.	Jan Leonard	Ongoing
		Joint development session on Transforming Primary Care Working Group on STP	Jan Leonard Jan Leonard	July 2016 Ongoing
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Developing quality reports for Primary Care with NHSE and other CCGs. Transformation agenda is continually monitored through Governing Body and Committee structure. 				
Additional Comments:		Link to Risk Register:		

Strategic Objective 5	To advance integration of in-hospital and community services in support of the CCG locality model of care.		
Risk 5.1	Community Service currently going through transaction process which increasing risk of instability in services.		
Risk Rating	Lead Director		
Initial Score	3x3=9	Date Last Reviewed	
Current Score	3x3=9		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Community Services contract monitoring meetings EPEG monitor quality of services Quality Committee monitoring of services 	Action	Responsible Officer	Due By
	Community Services Steering Group Developed	Jan Leonard	Ongoing
	Transaction Board overseeing transaction	Martin McDowell	Ongoing
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Providers have expressed interest in acquiring services No increase in complaints/comments on Community Services 	<ul style="list-style-type: none"> During transaction process we are unable to progress integration. 		
Additional Comments:	Link to Risk Register:		

Strategic Objective 6	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.			
Risk 6.1	There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans			
Risk Rating	Lead Director			
Initial Score	4x4=16	Tracy Jeffes		
Current Score		Date Last Reviewed		
		30 June 16		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ol style="list-style-type: none"> 1. Health and wellbeing board executive in place 2. Review of current BCF and Section 75 arrangements 3. New integration role within the local authority to support further integration. 4. Recruitment to Health and Wellbeing and Prevention role in the CCG to support links with public health and the wider community around wellbeing 5. Number of key joint commissioning posts in place 		Action	Responsible Officer	
		Establish a revised joint commissioning committee	Tracy Jeffes	Sept 2016
		Agree joint commissioning priorities	Tracy Jeffes	Oct 2016
		Develop pooled budget arrangements	Martin McDowell	July 2016
		Joint CCG and Public Health Plan	Tracy Jeffes	Sept 2016
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
•				
Additional Comments:		Link to Risk Register:		

MEETING OF THE GOVERNING BODY July 2016

Agenda Item: 16/115	Author of the Paper: Debbie Fairclough Email: Debbie.fairclough@southseftonccg.nhs.uk						
Report date: July 2016							
Title: CCG Committee Terms of Reference – updates							
Summary/Key Issues: <p>In June 2016 NHSE published new guidance for CCGs in managing conflicts of interest¹. As a consequence of both of these, it has been necessary to review and update the CCG’s committee terms of reference. The review also took account of the opportunities available to reduce the number of meetings to free up capacity and resource at multiple levels within the organisation. This paper recommends the establishment of joint committees between NHS South Sefton CCG and NHS Southport and Formby CCG.</p>							
Recommendations The Governing Body is asked to <ul style="list-style-type: none"> • Approve the Terms of Reference for the QIPP committee • Approve the creation of a Joint Quality Committee • Approve the creation of a Joint Remuneration Committee • Approve the changes to the role and form of the locality sub committees 	<table style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">x</td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>	Receive		Approve	x	Ratify	
Receive							
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¹ Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/06/revsd-coi-guidance-june16.pdf>

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				
Clinical Engagement	Y			Views of clinicians and CCG Chairs have been sought
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	Y			
Links to National Outcomes Framework <i>(x those that apply)</i>				
x	Preventing people from dying prematurely			
x	Enhancing quality of life for people with long-term conditions			
x	Helping people to recover from episodes of ill health or following injury			
x	Ensuring that people have a positive experience of care			
x	Treating and caring for people in a safe environment and protecting them from avoidable harm			

Report to Governing Body July 2016

1. Introduction and background

Throughout May, June and July there has been a review of the CCGs committee terms of reference to ensure that there are robust arrangements to support the delivery of QIPP.

2. Summary of changes

Joint QIPP Committee

This was previously known as the Service Improvement and Redesign Committee, however, to better reflect the priority of the CCG this has been revised and the Terms of Reference updated. The group is also supported by a Clinical QIPP Advisory Group. The terms of reference are at Appendix A.

Quality Committee

It is proposed that the Quality Committees of Southport and Formby CCG and South Sefton CCG merge to form a single committee (Joint Quality Committee) that meets at least 10 times per year.

If approved by the Governing Body the Committee shall be established as a joint committee of NHS Southport and Formby CCG and NHS South Sefton CCG.

The committee will be established in accordance with the Legislative Reform (Clinical Commissioning Group) Order 2014² and the associated enabling provisions of set out in Section 23.4 of NHS South Sefton CCG Constitution³ and Section 6.6 of NHS Southport and Formby CCG Constitution⁴.

Both existing Committees agreed that this was appropriate to better meet the needs of the respective CCGs in terms of consolidating clinical expertise into a single forum in which provider performance in respect of quality and safety can be scrutinised. There is also benefit to be gained in terms of the management resource required to run two separate committees when a majority of the business is the same across both CCGs.

In creating a Joint Quality Committee the CCG will seek to exploit other opportunities to reduce costs one of which will be to consider the appropriateness and cost of meeting venues. However, that will be subject to further discussion with the Committees.

The agenda will be designed to enable full and open discussion on matters relating to both CCGs and lay members will have a casting vote on matters relevant to their respective CCG. The proposed terms of reference are attached at Appendix C.

Remuneration Committee

² Available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/292808/Legislative_Reform_Clinical_Commissioning_Groups_Order_2014-revised_dr...pdf

³ *Ibid* at page 29

⁴ *Ibid* at page 17



South Sefton Clinical Commissioning Group

It is proposed that the Remuneration Committees of Southport and Formby CCG and South Sefton CCG merge to form a single committee (Joint Remuneration Committee).

If approved by the Governing Body the Committee shall be established as a joint committee of NHS Southport and Formby CCG and NHS South Sefton CCG.

The committee will be established in accordance with the Legislative Reform (Clinical Commissioning Group) Order 2014⁵ and the associated enabling provisions of set out in Section 23.4 of NHS South Sefton CCG Constitution⁶ and Section 6.6 of NHS Southport and Formby CCG Constitution⁷. The terms of reference are attached at Appendix B

Locality Sub Groups

At present the locality sub groups are established as sub committees of the Governing Body, however they do not have any decision making powers delegated to them as the QIPP Committee has primary responsibility for that activity.

To enable the groups to operate optimally it is proposed that they now become sub groups, with responsibilities for reporting to the QIPP Committee. This will ensure that the work of the groups is aligned more effectively with QIPP agenda and supporting the delivery of the financial recovery plan. The proposed terms of reference are attached at Appendix D.

⁵ Available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/292808/Legislative_Reform_Clinical_Commissioning_Groups_Order_2014-revised_dr....pdf

⁶ *Ibid* at page 29

⁷ *Ibid* at page 17

NHS Southport and Formby CCG and NHS South Sefton CCG Joint Committee

Joint QIPP Committee

1. Authority

- 1.1. The Committee shall be established as a joint committee of NHS Southport and Formby CCG and NHS South Sefton CCG.
- 1.2. The committee is established in accordance with the Legislative Reform (Clinical Commissioning Group) Order 2014⁸ and the associated enabling provisions of set out in Section 23.4 of NHS South Sefton CCG Constitution⁹ and Section 6.6 of NHS Southport and Formby CCG Constitution¹⁰.
- 1.3. The principal functions of the Committee are as follows:
 - To monitor progress on the implementation and benefit realisation of the CCGs QIPP plans, providing assurances to the Governing Body that the CCG is on track to achieve its QIPP targets.
 - The Committee shall be authorised by the CCG Governing Body of NHS Southport and Formby CCG and NHS South Sefton CCG – (the “Governing Bodies”) to undertake any activity within these terms of reference and act within the powers delegated to it in line with the Scheme of Reservation and Delegation.
 - To provide assurance to the Governing Bodies that there are appropriate systems in place which operate in order to enable the Committee to fulfil its monitoring requirements
 - To provide regular reports to the Governing Bodies on a timely basis and to provide an annual report on the work carried out by the Committee including a self-assessment of how it has discharged its functions and responsibilities.
 - The Committee is authorised to approve investment into any service improvement opportunities up to a maximum level as set out in the SFI and schedule of financial limits of the Chief Officer and Chief Finance Officer. All such authorised expenditure shall be from within previously approved operational budgets. All such authorised expenditure shall be reported to the next available meeting of the Finance and Resources Committee.

2. Membership

- 2.1. The following will be members of the Committee:
 - Chair – Lay Member for Governance SF CCG and Lay member for Governance SS CCG
 - Clinical Vice Chair(s) (SFCCG / SSCCG)

⁸ Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/292808/Legislative_Reform_Clinical_Commissioning_Groups_Order_2014-revised_dr....pdf

⁹ *Ibid* at page 29

¹⁰ *Ibid* at page 17

- Chief Officer (SF / SSCCG)
- Chief Finance Officer (SF / SSCCG)
- Chief Strategy & Outcomes Officer (SF / SSCCG)
- QIPP Programme Lead
- Lay Member for Governance & Audit (SSCCG)
- Lay Member (SFCCG)
- Lay Member (SSCCG)
- S&F Chair
- SS Chair
- Secondary Care Doctor and Governing Body Member (SFCCG)
- Secondary Care Doctor and Governing Body Member (SSCCG)
- Chief Service & Redesign Officer (SF / SSCCG)
- Deputy Chief Financial Officer (SF / SSCCG)
- Chief Nurse or Deputy Chief Nurse (SF / SSCCG)
- Strategy & Outcomes Lead (SF / SSCCG)

- 2.2. A Vice Chair will be selected from within the membership
- 2.3. Members are expected to personally attend a minimum of 60% of meetings held and can send a deputy where appropriate to attend in their absence as required.
- 2.4. Relevant Officers from the CCGs will be invited to attend in line with agenda items. Clinical and Programme leads of specific projects will be invited to attend the meeting via invitation, to update the Committee on progress. CCG Clinical Directors and locality leads will also be invite to attend meetings to provide subject matter expertise.
- 2.5. Officers from other organisations including the CCG's Commissioning Support Unit (CSU) and from the Local Authority Public Health team will also be invited to attend in line with agenda items.

3. Duties of the Committee

The Committee is responsible for the following:

Duties in respect of QIPP

- 3.1. To review and scrutinise all QIPP scheme proposals as recommended by the QIPP Clinical Advisory Group
- 3.2. To review and scrutinise all QIPP scheme proposals as recommended by the Senior Management Team
- 3.3. To reject any scheme that does not meet the following requirements
- 3.3.1. Alignment to the Shaping Sefton Strategy
 - 3.3.2. Has sufficient resource and capacity to support the scheme
 - 3.3.3. Has clear milestones and indicators that track to delivery
 - 3.3.4. Is required to meet a statutory duty

- 3.4. To ensure all QIPP schemes have been subject to an Equality Impact Assessment, assuring the Governing Body that there are no adverse consequences or breaches of the CCGs PSED statutory duties arising from the implementation of any QIPP scheme.
- 3.5. To ensure that all QIPP schemes have been subject to a Quality Impact Assessment, assuring the Governing Body that there are no adverse consequences arising from the implementation of any QIPP scheme.
- 3.6. To ensure that all QIPP schemes, where appropriate and particularly in respect of any significant service change or de-commissioning proposal, have been subject to the required level of consultation with the public, stakeholder and OSC and that those views are reflected in proposals.
- 3.7. To ensure all QIPP schemes have been subject to a robust benefits realisation assessment
- 3.8. To make recommendations to the Governing Body on QIPP schemes to be approved.
- 3.9. To ensure that all approved schemes are incorporated into the CCG's overarching QIPP plans
- 3.10. To monitor and review progress on all QIPP schemes detailed in the CCG's overarching QIPP plan by reviewing the QIPP dash board produced by the CCGs PMO.
- 3.11. To review and scrutinise, on a **planned** basis, single QIPP schemes so the committee is able to assure itself of the rigour of governance and progress associated with each scheme.
- 3.12. To review and scrutinise from time to time and on a **discretionary** basis any single QIPP scheme so the committee is able to assure itself of the rigour of governance and progress associated with each scheme.
- 3.13. To provide updates and assurances to the Governing Bodies on all QIPP schemes
- 3.14. To highlight any areas of risk to the delivery of any of the QIPP schemes and provide the Governing Body with detailed information on mitigating actions and associated time scales.
- 3.15. To ensure that the QIPP plans and the supporting PMO function are adequately resourced to secure delivery of plans.
- 3.16. To instruct the CCGs appointed internal auditor to review processes from time to time, and in accordance with the CCGs approved internal audit programme.

Duties in respect of service improvement

- 3.17. To review and scrutinise Business Cases for service improvement and re-design programmes and approve or reject as appropriate.
- 3.18. To monitor and evaluate all service improvement and re-design programmes
- 3.19. To identify potential areas of service improvement in all localities and provide recommendations to SMT and Governing Body
- 3.20. To determine the rationale and evidence base supporting the need for improvement

- 3.21. To ensure that all service improvement proposals take account of national recommendations including, but not limited to the Francis report.
- 3.22. Ensure each programme of service improvement has an identified clinical lead and operational lead
- 3.23. To monitor the progress of all service reviews and ensure there are robust project management arrangements to assure successful delivery of service review programmes.
- 3.24. To monitor and measure impact of improvements and ensure delivery of the anticipated clinical and financial benefits
- 3.25. To monitor programmes in line with the CCG's "Shaping Sefton" Transformation programme.
- 3.26. Ensure that work of the Cheshire and Merseyside Commissioning Support Unit is aligned to support successful delivery of programmes
- 3.27. Ensure there are appropriate arrangements for measuring and monitoring change.
- 3.28. The committee will have the full authority to commission any reports or surveys as deemed necessary to help it fulfil its obligations

4. Voting

- 4.1 Each substantive member shall have one vote on all general business items of the committee.
- 4.2 For decisions relating to business cases to be recommended to the Finance and Resources Committee for financial approval, the Lay Member for Governance of the respective CCG shall have the casting vote.

5. Establishment of Sub-Groups of the Committee

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

6. Administration

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

7. Quorum

- 7.1. Meetings with at least 50% of the Committee membership, at least one Clinical Governing Body Member from each CCG, at least one Lay Person from each CCG and either the Chief

Officer or Chief Finance Officer in attendance shall be quorate for the purposes of the Committee's business. If the Chief Officer is absent then the Chief Finance Officer must ensure they attend and vice versa.

- 7.2. The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

8. Frequency and notice of meetings

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

9. Reporting

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

10.2 The Committee will work closely with Finance and Resource Committee and Quality Committee, sharing QIPP updates and other progress reports as necessary.

10. Conduct and Conflicts of Interest

10.1. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting.

10.2. In the event that there is a Conflict of Interest declared before or during a meeting the procedure for dealing with Conflicts of Interest as set out in the NHS Southport and Formby CCG Constitution and NHS South Sefton Constitution shall apply.

10.3. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

11. Review

Date of production: 9th May 2016

Version No: 3

Review date: May 2017

Joint Quality Committee Terms of Reference

The Committee shall be established as a joint committee of NHS Southport and Formby CCG and NHS South Sefton CCG.

The committee is established in accordance with the Legislative Reform (Clinical Commissioning Group) Order 2014¹¹ and the associated enabling provisions of set out in Section 23.4 of NHS South Sefton CCG Constitution¹² and Section 6.6 of NHS Southport and Formby CCG Constitution¹³.

The main functions of the Quality Committee are:

- to monitor standards and provide assurance on the quality of commissioned services, by the CCG to ensure that local and national standards are met
- to promote a culture of continuous improvement and innovation with respect to safety, clinical effectiveness and patient experience

The Committee's key responsibilities are to:

- Ensure all decision making is consistent with the CCGs QIPP priorities
- approve arrangements including supporting policies to minimise clinical risk, maximise patient safety and secure continuous improvement in quality and patient outcomes
- approve the arrangements for handling complaints
- approve the CCG's arrangements for engaging patients and their carers in decisions concerning their healthcare
- approve the arrangements for handling complaints
- approve arrangements for supporting NHS England in discharging its responsibilities to secure continuous improvement in the quality of general medical services in conjunction with the CCG and NHSE Joint Commissioning Committees
- Approve and monitor the arrangements in respect of Safeguarding (children and adults)

1. Principal Duties

The principal duties of the Committee are as follows:

- 1.1. to ensure effective management of clinical governance areas (clinical governance, information governance, research governance and health and safety) and corporate performance in relation to all commissioned services
- 1.2. To ensure appropriate arrangements are in place, in respect of medicines management including safety, effectiveness and cost.
- 1.3. to work in conjunction with the relevant committees in ensuring that quality and safety are an integral feature of the strategic planning process
- 1.4. to receive, scrutinise and monitor progress against reports from external agencies, including, but not limited to, the Care Quality Commission, Monitor and Health and Safety Executive

¹¹ Available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/292808/Legislative_Reform_Clinical_Commissioning_Groups_Order_2014-revised_dr....pdf

¹² *Ibid* at page 29

¹³ *Ibid* at page 17

- 1.5. receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans
- 1.6. to ensure that patient experience and patient informs the business of the committee through the establishment of appropriate sub groups and associated reporting arrangements
- 1.7. to have oversight of the process and compliance issues concerning serious incidents requiring investigation (SIRIs); being informed of Never Events and informing the CCG Governing Body of any escalation or sensitive issues in good time.
- 1.8. to work collaboratively to identify and promote “best practice”, the sharing of experience, expertise and success across the CCG and with key stakeholders
- 1.9. to monitor the CCG Quality Performance Dashboard and drive year-on-year improvement in performance. The Committee will agree what information, reports, notes or minutes from other committees or CSU colleagues that it needs to see on a regular or ad hoc basis and ensure they are scrutinised
- 1.10. to establish sub-groups or task and finish groups as and when appropriate to assist the Committee discharge its duties effectively. These groups will be required to report to the Quality Committee by submission of key issues reports as stipulated by the Quality Committee.
- 1.11. support the Governing Body to meet its Public Sector Equality Duty
- 1.12. promote research and the use of research across the organisation
- 1.13. promote education and training across the organisation
- 1.14. support the improvement of primary medical services and primary care quality in liaison with the CCG and NHSE Joint Commissioning Committees
- 1.15. to review and approve arrangements for the proper safekeeping of records.
- 1.16. the Quality Committee shall monitor the effectiveness of meeting the above duties by:
 - reviewing progress against its own programme of business agreed by the Governing Body
 - producing an annual report for the CCG Governing Body

2. Membership

- 2.1. The following will be members of the Committee:
 - CCG Clinician (Chairing to be rotated on a basis to be agreed by the committee, between a South Sefton CCG clinician and a Southport and Formby CCG Clinician)
 - Clinical Governing Body Member (S&F)
 - Clinical Governing Body Member (SS)
 - Practice Manager Governing Body Member (S&F)
 - Practice Manager Governing Body Member (SS)
 - Chief Finance Officer or nominated deputy

- Chief Nurse or nominated deputy
- Clinical Director Lead for Quality (S&F)
- Clinical Director Lead for Quality (SS)
- Lay member for patient and public involvement (S&F)
- Lay member for patient and public involvement (SS)
- CCG Head of Commissioning

The Chief Officer shall be an ex-officio member

The following leads have an open invitation for each meeting of the Quality Committee:

- Designated Professional Safeguarding Children and Head of Adult Safeguarding.
- Programme Lead for Quality and Safety
- Commissioning Support Unit Quality Leads
- Locality Managers

- 2.2. All Members are required to nominate a deputy to attend in their absence. Deputies must be of sufficient seniority to support decision making and therefore must only be permitted if they are a member of the Leadership Team or the Senior Management Team. Deputies will count towards the quorum.
- 2.3. All members are expected to attend a minimum of 60% of meetings held.
- 2.4. Minutes and papers shall also be sent for information to CCG Chair who shall have a standing invitation to attend committee meetings.

3. Chair

- 3.1. The Committee has a joint Chair that shall Chair the committee on a rotational basis. A vice chair shall be selected from within the membership.

4. Quorum

- 4.1. The quorum shall consist of the
- Chair of the Quality Committee or Vice Chair.
 - 1 x lay member (S&F)
 - 1 x lay member (SS)
 - 1 x CCG Officer (SS)
 - 1 x CCG Officer (S&F)
 - 1 x governing body clinician (SF)
 - 1 x governing body clinician (SS)
- 4.2. As per the NHS Southport and Formby CCG Constitution and NHS South Sefton Constitution, the quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

5. Voting

- 5.1. Each substantive member shall have one vote on all general business items of the committee.

- 5.2. For decisions requiring a vote on a proposal the Lay Member for the respective CCG shall have the casting vote.

6. Frequency of Meetings and Reporting Arrangements

- 6.1. The Committee will meet at least 10 times per year and submit the ratified minutes of its meeting to the next available CCG Governing Bodies, copies of minutes shall also be made available to the Audit Committee upon request.
- 6.2. The Committee will submit an annual report to the CCG Governing Bodies.

7. Conduct

- 7.1. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS Southport and Formby CCG and NHS South Sefton procedure for the management of Conflicts of Interest as set out in the Constitution and in set out in the guidance issued by NHSE in June 2016.
- 7.2. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

8. Secretarial Arrangements

- 8.1. PA to the Chief Nurse shall provide secretarial support to the Committee.
- 8.2. The agenda for the meetings will be drawn up with the Chair of the Committee.
- 8.3. The agenda and papers for meetings will be distributed one week in advance of the meeting.
- 8.4. The minutes of the meeting will be produced in 10 working days.

9. Date and Review

Date:	July 2016
Version Number:	8
Future Review dates	September 2017 September 2018 September 2019

Joint Remuneration Committee Terms of Reference

Authority

The Committee shall be established as a joint committee of NHS Southport and Formby CCG and NHS South Sefton CCG.

The committee is established in accordance with the Legislative Reform (Clinical Commissioning Group) Order 2014¹⁴ and the associated enabling provisions of set out in Section 23.4 of NHS South Sefton CCG Constitution¹⁵ and Section 6.6 of NHS Southport and Formby CCG Constitution¹⁶.

The principal function of the Committee is to make recommendations to the Governing Bodies on determinations about pay and remuneration for employees of the CCG and people who provide services to the CCG and allowances under any pension scheme it might establish as an alternative to the NHS pensions scheme.

Only members of the Governing Body can be members of the Remuneration Committee.

Principal Duties

The principal duties of the Committee are as follows:

- Determining the remuneration and conditions of service of the senior team.
- Reviewing the performance of the Chief Officer and other senior team and determining salary awards.
- Approving the severance payments of the Chief Officer and other senior staff
- Approve disciplinary arrangements for employees, including the Chief Officer (where he/she is an employee or member of the Group) and for other persons working on behalf of the Group.
- Approve disciplinary arrangements where the Group has joint appointments with another Group and the individuals are employees of that Group.
- Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members and including pensions and gratuities.
- Approve other terms and conditions of service for all employees of the Group including pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the Group.
- To submit an Annual Report of the key areas of work covered by the Committee to a private meeting of the Governing Body on an annual basis.

Membership

The committee shall be appointed by the CCG from amongst its Governing Body members as follows:-

Lay Member (governance) S&F CCG – Joint Chair

¹⁴ Available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/292808/Legislative_Reform_Clinical_Commissioning_Groups_Order_2014-revised_dr....pdf

¹⁵ *Ibid* at page 29

¹⁶ *Ibid* at page 17

Lay Member (governance) SS CCG - Joint Chair

2 GP Governing Body Members – S&F CCG

2 GP Governing body members – SS CCG

Only members of the CCG Governing Body may be members of the remuneration committee.

The Chair of the CCG's Governing Body shall not be a member of the Committee.

Only members of the committee have the right to attend the Committee meetings.

Other individuals such as the Chief Officer, the HR lead and external advisers may be invited to attend for all or part of any meeting as and when appropriate. They should however not be in attendance for discussions about their own remuneration and terms of service.

Chair

The Committee has a joint Chair that shall Chair the committee on a rotational basis. A vice chair shall be selected from within the membership.

Quorum

The quorum will be the Remuneration Committee Chair or Vice Chair plus 1 other member of the Remuneration Committee membership

The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

Frequency of Meetings and Reporting Arrangements

The Committee will meet at least once a year with clear arrangements for calling meetings at additional times, as and when required, with seven working days' notice. The Committee will submit its minutes to the next available CCG Governing Body. In addition the Committee will report annually to the Governing Body.

Secretarial arrangements

The Business Manager / PA to the Chief Officer shall provide secretarial support to the Committee and support the Chair in the management of remuneration business, drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.

The agenda for the meetings will be drawn up with the Chair of the Committee.

The agenda and papers for meetings will be distributed one week in advance of the meeting.

The minutes of the meeting will be produced within 10 working days

Policy and Best Practice

The Committee will apply best practice in the decision making process. When considering individual remuneration, the committee will:- comply with current disclosure requirements for

remuneration on occasion seek independent advice about remuneration for individuals ensure that decisions are based on clear and transparent criteria.

The Committee will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

Conduct of the Committee

The committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, such as Nolan's seven principles of public life.

The Committee will review its own performance, membership and terms of reference on an annual basis and any resulting changes to the terms of reference will be approved by the Governing Body.

All members are required to maintain accurate statements of their register of interest with the Governing Body. Members of the committee should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS Southport and Formby CCG procedure for the management of Conflicts of Interest as set out in the Constitution.

Review

Date:	July 2016
Version	7
Future Review:	July 2017

Practice Locality Group - Terms of Reference

1. Principal Functions

- 1.1. The practice locality group is established in accordance with NHS South Sefton clinical commissioning group's constitution, standing orders and scheme of delegation.

2. Principal Duties

- The group will be responsible for supporting the delivery of the QIPP plan and will align its work programme to support that delivery.
- The duties of the group will be driven by the corporate objectives and associated risks as identified by the CCG. It will be flexible to new and emerging priorities and risks.
- The group will support the delivery of the Financial Recovery and will align its work programme to support that delivery.
- Practice locality groups act as the key forum for clinicians within individual practices to engage with and support the development of the local commissioning and service redesign agenda.
- Responsible for making recommendations to the Clinical Advisory Group on how to address local issues in relation to health inequalities and working with the Governing Body on the wider health and wellbeing agenda

3. Membership

- 3.1. Every constituent general practice is a member of a group based on a natural community of practices.
- 3.2. Member practices are responsible for nominating a General Practitioner lead who should aim to attend at least 75% of the groups meetings. The lead GP is expected to encourage other partners and members of the primary care team to engage wherever possible and to disseminate information from the meetings with colleagues within their Practice.

4. Chairmanship

- 4.1. Practice Locality Group nominated GP Lead.

5. Quorum

- 5.1. A quorum shall consist of the Chair or Deputy Chair (The Deputy could be the Lead Practice Nurse or Lead Practice Manager.) at least 1 other member of the group and any CCG officer representative.

6. Frequency of Meetings and Reporting Arrangements

- 6.1. The Locality Group will usually meet bi-monthly with dates agreed to accommodate members as far as possible. Notice of meeting dates will be given at least 3 weeks in advance.
- 6.2. The Locality Group is accountable to SSCCG Governing Body
- 6.3. Key issues and an update on progress shall be reported to the Clinical QIPP Advisory Group on a bi-monthly basis.

- 6.4. Any significant issues arising shall be escalated via the CCG officer representative to a relevant member of the Senior Management Team.

7. Secretarial arrangements

- 7.1. The secretary role will be fulfilled by the CCG support team Practice Locality Group management lead.

8. Conduct of the Committee

- 8.1. The committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, such as Nolan's seven principles of public life.
- 8.2. The Committee will review its own performance, membership and terms of reference on an annual basis and any resulting changes to the terms of reference will be approved by the Governing Body.
- 8.3. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members of the committee should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS South Sefton CCG procedure for the management of Conflicts of Interest as set out in the Constitution and in the NHSE guidance issued in June 2016.

9. Review

Date: **January 2016**

Version Number: **2**

Future Review dates
January 2017
January 2018
January 2019

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 19th May 2016 **Chair: Graham Morris**

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> CCG on target to deliver 2015/16 financial plan subject to external audit. 	<ul style="list-style-type: none"> Completion of audit process. 	<ul style="list-style-type: none"> Ongoing discussions to deal with any outstanding queries from External Audit.
<ul style="list-style-type: none"> Requirement to deliver recurrent surplus in 2016/17. 	<ul style="list-style-type: none"> Not deliver financial plan for 2016/17. 	<ul style="list-style-type: none"> Develop QIPP plan in excess of target to ensure that alternative schemes in place to increase financial resilience.

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

- 2016/17 External Audit Fee letter received.
- Prescribing report received.
- APC recommendation approved (NICE Technology Appraisal/Early Access to Medicines Scheme (EAMS):
 - Sacubitril valsartan (for chronic heart failure).
- QIPP update will be received in Part 2 of May Governing Body meeting.

Key Issues Report to Governing Body

Quality Committee Meeting held on 19th May 2016

Chair:
Dr Gina Halstead

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

Liverpool Community Health (LCH) Care Home Matron / Community Matron Service – concerns remain regarding impact of lack of establishment being raised by local GPs. LCH DoN to be invited to the next Quality Committee Meeting if no assurances able to be given via the Contract Meeting

NHSE CCG Safeguarding Assurance Tool – Positive feedback received. Some elements of self-assessment upgraded by NHSE from CCG’s own AMBER rating to GREEN due to the evidence provided. Action plan developed and will be monitored via the Quality Committee

LCH Capsticks Report – raised at Quality Committee. Trust action plan is discussed at the Collaborative Commissioning Forum and CQPG and has been discussed at the Merseyside Quality Surveillance Group Chaired by NHSE. Paper to be presented to GB at the next meeting.

A&E Quality Walkaround – Undertaken at Aintree University Hospitals NHS Foundation Trust (AUH) following recent 12 hr A&E breaches.

Rapid Access Chest Pain Clinic – AUH underperforming against this target. To be raised at CCF and CQPG to explore need to contract penalties.

Key Issues Report to Governing Body

Audit Committee Meeting held on Thursday, 21st April 2016	Chair: Graham Morris
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Key Issue	Risk Identified	Mitigating Actions
Unaudited draft accounts and annual report received by Committee (full adoption due on 25 th May 2016).	None	On-going dialogue with External Audit.

- Information Points for South Sefton CCG Governing Body (for noting)**
- Updated accounting policies received.
 - Performance management reporting – high assurance (first one awarded); congratulations given to Chief Strategy & Outcomes Officer and team in attaining this score.
 - Head of Audit Opinion – overall significant assurance. All reviews were “significant” or “high” assurance.
 - 2016/17 Internal Audit Plan approved.
 - 2016/17 Anti-Fraud Services Workplan approved.
 - Delegated approval to CFO/Audit Committee Chair to jointly sign off revised Self Review Toolkit.
 - New engagement lead for External Audit (Andy Smith, Audit Director, KPMG)
 - 2015/16 External Audit Plan received by the Committee.
 - Audit fee reduced but no reduction in scope of work.
 - CCG required to give a statement in relation to the UK Modern Slavery Act.
 - Approved ToR for the Audit Committee.

Key Issues Report to Governing Body

Audit Committee Meeting held on Wednesday, 25th May 2016 **Chair:**
Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> Governing Body to formally confirm there is no information that auditors should be aware of so Accountable Officer can sign declaration. 		<ul style="list-style-type: none"> Accountable Officer to present certificate at Governing Body in May 2016.

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

- Accounts, Annual Report and AGS formally received and approved by Audit Committee subject to some minor changes.
- External Audit presented ISA 260.
 - Unqualified audit opinion issued on accounts and unqualified Value for Money opinion.
 - No audit adjustments were required to be made.
 - Audit fees in line with the plan.
- Chair of Audit Committee formally approved and signed letter of representation for External Audit.

Finance and Resource Committee Minutes

Thursday 19th May 2016, 1.00pm to 3.00pm
3rd Floor Board Room, Merton House

Membership		
Graham Morris	Lay Member (Chair)	GM
Graham Bayliss	Lay Member	GB
Martin McDowell	Chief Finance Officer	MMcD
David Smith	Deputy Chief Finance Officer	DS
Debbie Fagan	Chief Nurse & Quality Officer	DF
Susanne Lynch	CCG Lead for Medicines Management	SL
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Ex-officio Member*		
Fiona Taylor	Chief Officer	FLT
Apologies		
Dr Sunil Sapre	GP Governing Body Member	SS
Steve Astles	Head of CCG Development	SA
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	TJ
Dr John Wray	GP Governing Body Member	JW
Rebecca McCullough	Head of Strategic Finance Planning	RMcC
Minutes		
Ruth Moynihan	PA to Chief Finance Officer	RM

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

Name	Membership	Jan 16	Feb 16	Mar 16	May 16	June 16	July 16	Sept 16	Oct 16	Nov 16	Jan 17
Roger Driver	Lay Member	A	✓								
Graham Bayliss	Lay Member				✓						
Steve Astles	Head of CCG Development	✓	✓	✓	A						
Debbie Fagan	Chief Nurse & Quality Officer	A	✓	✓	✓						
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A	A	A	A						
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓						
Dr Sunil Sapre	GP Governing Body Member				A						
Andy Mimmagh	GP Governing Body Member	✓	✓	A							
Graham Morris	Lay Member (Chair)	✓	✓	✓	✓						
Paul Thomas	GP Governing Body Member	✓	A	✓							
John Wray	GP Governing Body Member	A	A	A	A						
Fiona Taylor	Chief Officer	*	*	*	*						
James Bradley	Head of Strategic Finance Planning	✓	✓								
Malcolm Cunningham	Head of Primary Care & Contracting	A	N	N	N						
Jan Leonard	Chief Redesign & Commissioning Officer	✓	A	A	✓						
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓	✓						
David Smith	Deputy Chief Finance Officer	✓	N	✓	✓						

No	Item	Action
FR16/51	<p>Apologies for Absence</p> <p>Apologies for absence were received from Dr Sunil Sapre, Steve Astles, Dr John Wray, Tracy Jeffes, Rebecca McCullough and Fiona Taylor.</p> <p><i>SL joined the meeting at 1.20pm.</i></p>	
FR16/52	<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 conflict of interest.</p>	
FR16/53	<p>Minutes of the previous meeting and key issues</p> <p>The Committee reviewed the minutes, and the wording for agenda item FR16/42 is to be changed to read as follows:</p> <p><i>“MMcD informed the Committee that proposals are to be developed to consider the threshold for cataract surgery and consideration to be given to other areas of commissioning policies to review. He also highlighted a possible need to distinguish between statutory and non-statutory funding responsibilities, with the possibility that funding will be discontinued in some instances.</i></p> <p><i>GM asked when the transformation advisor would be in place, and MMcD advised the CCG hoped to have this up and running by 1st April, for an intensive three month period.”</i></p> <p>RM is to process these changes and the minutes will be brought to the next meeting for sign-off.</p> <p>The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	RM
FR16/54	<p>Action points from the previous meeting</p> <p>FR16/39 Prescribing Performance Report – <i>SL to look into possibility of seconding-in pharmacists with specialist knowledge, with the possibility of working across both CCGs – SL confirmed one of the CCG’s pharmacists is currently based at Blundellsands Surgery, to be reviewed in 6 months’ time. Specific work is to be done on this pilot, including measuring cost savings and GP time saved; feedback is positive at this stage.</i></p> <p>FR16/40 Primary Care Rebate Scheme – <i>MMcD and SL to bring a proposal to develop scheme for reducing pharmacy waste through restrictions on repeat prescription ordering – MMcD confirmed a paper will be going to Governing Body next week.</i></p> <p>FR16/48 Terms of Reference – <i>RM to clarify with Danielle Love whether quoracy depends on one Clinical GB Member or one Clinical Member – DL confirmed quoracy depends on one Clinical GB Member, which included the Chief Nurse under the terms set out in the CCG Constitution.</i></p>	

No	Item	Action
FR16/55	<p>Month 12 Finance Report</p> <p>DS presented this report which provided the Finance and Resource Committee with an overview of the year-end financial position for the CCG as at 31st March 2016, highlighting that the CCG had delivered its 2015/16 planned surplus subject to final external audit verification.</p> <p>Action by the Committee</p> <p>The Committee noted this report.</p>	
FR16/56	<p>2016/17 External Audit Fee Letter</p> <p>MMcD presented this external audit fee letter for the Committee's attention. The Committee noted the fee of £45k is the same as 2015/16, however there will be no diminution of services.</p> <p>Action by the Committee</p> <p>The Committee noted the content of this letter.</p>	
FR16/57	<p>Prescribing Performance Report</p> <p>(a) Month 11 Prescribing Report</p> <p>This paper presented the Committee with an update on prescribing spend for month 11. SL advised that monitoring is working well, and confirmed that budget information is issued at every locality meeting.</p> <p>SL referred to GP prescribed colonic irrigation being charged to the CCG. The possibility of this activity being coded as gastroenterology was discussed and SL is to work with JL regarding coding of this activity.</p> <p>(b) APC Recommendations</p> <p>SL informed the Committee that the Pan Mersey Area Prescribing Committee had recommended the commissioning of Sacubitril valsartan (Entresto®▼) used for the treatment of chronic heart failure, at the April 2016 meeting. The Committee noted that this was the first paper to come through the Early Access to Medicines Scheme (EAMS), and that the drug can only be prescribed by hospital specialists at this stage, until a pathway is put in place. The 30 day implementation deadline for this NICE TA (27 May 2016) was also noted.</p> <p>The Committee noted the significant side effects of this drug, and MMcD asked for the drug to be monitored for any adverse events, from both a financial and quality view. SL advised that a Group has been formed to debate this.</p> <p>Action by the Committee</p> <p>The Committee noted the above and approved the commissioning of Sacubitril valsartan.</p>	SL/JL
FR16/58	<p>Sefton Property Estate Partnership Group (SPEP)</p> <p>MMcD presented the Committee with a timeline for SPEP to November 2017.</p> <p>The Committee noted that the Governing Bodies will receive an update through the Joint Development Session, and he is to report back to the Committee in June regarding Primary Care Transformation Fund bids. TJ had asked MMcD about a visit to EPEG regarding estates strategy to get public engagement on this.</p> <p>Action by the Committee</p> <p>The Committee noted this timeline.</p>	MMcD/TJ

No	Item	Action
FR16/59	<p>QIPP Update</p> <p>MMcD advised that he is to bring a QIPP update to Part 2 of next week's Governing Body meeting, and will also bring an update to the Finance and Resource Committee. He advised the proposal is to develop a QIPP plan that identifies more than £10.2m of savings. Five areas already identified are:</p> <ul style="list-style-type: none"> • Planned care and elective care MCAS is key scheme; potential for wider referral management system to be introduced. • Prescribing SL has identified a number of areas; key scheme has potential to reduce repeat prescribing and the CCG is to ask the Governing Body if practices could start pilot schemes to assess any potential risks to patient safety. • CHC/FNC DS advised that the new CSU had offered a proposal to develop review of CHC/FNC which offered commercial benefits to both CSU/CCG. • Discretionary Expenditure MMcD advised that Martin Wakeley is taking the CCG through a workshop scheduled for 7th June. • Non elective/system opportunities MMcD noted that all schemes relating to non-elective reductions had been rated "red" in terms of delivery due to requirement to work through implications with system partners. <p>Action by the Committee The Committee noted this update.</p>	
FR16/60	<p>Better Care Fund Update</p> <p>MMcD updated the Committee and advised that the CCG had submitted its BCF plan to the LGA and NHSE, although this was not signed by the Council. FLT is to be invited to a panel meeting along with CE of SMBC to understand next steps in the process.</p> <p>Action by the Committee The Committee noted this update.</p>	
FR16/61	<p>Any Other Business</p> <ol style="list-style-type: none"> 1. GM informed the Committee that both he and Helen Nichols (Lay Member and Audit Committee Chair, SFCCG) had met with the Audit Chairs of Halton, St Helens and Knowsley, and Wirral CCGs regarding appointing of auditors. A process is to be put in place using a framework agreement and the CCGs will be going out to tender with everything in place by 31st December 2016. The group is to meet again on 6th June and GM will provide feedback to this Committee. 2. MMcD informed the Committee that the CCG went to arbitration with Aintree to gain contract agreement. His view was that the meeting was conducted in a positive manner with c£5m ruled in the CCG's favour and the remaining ruled in the Trust's favour. The Committee noted that the CCG is bound by the outcome of arbitration. 	GM

No	Item	Action
FR16/62	<p>Key Issues Review MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of Next Meeting Thursday 23rd June 2016 1.00pm to 3.00pm Room 3A, 3rd Floor, Merton House</p>	

Audit Committee Minutes

Thursday 21st April 2016, 1.00pm to 2.30pm
3rd Floor Board Room, Merton House

Attendees		
Graham Morris	Lay Member (Chair)	GM
Graham Bayliss	Lay Member	GB
Martin McDowell	Chief Finance Officer	MMcD
Debbie Fagan	Chief Nurse & Quality Officer	DFa
Adrian Poll	Senior Audit Manager, MIAA	AP
Michelle Moss	Local Counter Fraud Specialist, MIAA	MM
Andrew Smith	Audit Director, KPMG	AS
Jerri Lewis	Audit Manager, KPMG	JL
David Smith	Deputy Chief Finance Officer	DS
Leah Robinson	Chief Accountant	LR
Apologies		
Dr Dan McDowell	Secondary Care Doctor	DMcD
Ann Ellis	Audit Manager, MIAA	AE
Minutes		
Ruth Moynihan	PA to Chief Finance Officer	RM

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	Jan 16	April 16	May 16	July 16	Oct 16	Jan 17
Graham Morris	Lay Member (Chair)	✓	✓				
Roger Driver	Lay Member	✓					
Dan McDowell	Secondary Care Doctor	✓	A				
Martin McDowell	Chief Finance Officer	✓	✓				
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓				
David Smith	Deputy Chief Finance Officer	✓	✓				
Tracy Jeffes	Head of Corporate Delivery and Integration	A	N				
Leah Robinson	Chief Accountant	✓	✓				
Debbie Fairclough	Head of Client Relations, CMCSU	N					
Roger Causer	Senior Local Counter Fraud Specialist, MIAA	A	N				
Michelle Moss	Local Counter Fraud Specialist, MIAA	✓	✓				
Adrian Poll	Audit Manager, MIAA	✓	✓				
Ann Ellis	Audit Manager, MIAA	N	A				
Amanda Latham	Audit Director, KPMG	✓					
Jillian Burrows	Audit Senior Manager	A					
Andrew Smith	Audit Director, KPMG		✓				
Jerri Lewis	Audit Manager, KPMG		✓				

No	Item	Action
A16/19	Apologies for absence Apologies for absence were received from Dan McDowell and Ann Ellis. MMcD gave apologies for having to leave the Committee meeting at 1.15pm.	
A16/20	Declarations of interest Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG.	
A16/21	Advance notice of items of other business The Chair had not been advised of any items of other business.	
A16/22	Minutes of the previous meeting and key issues The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.	
A16/23	Action points from previous meeting A16/05 (A15/79) Whistle Blowing Policy – DS to email this policy to Committee members following its submission to Quality Committee – not actioned as yet, action now transferred to DF. A16/13 IG Toolkit Submission – MMcD and GM to meet with Senior Governance Manager before end of January to outline plan, and arrange for review/sign-off by 31 st March deadline – actioned. The Committee noted that the CCG had met its 95% training target. MMcD proposed a joint target for SSCCG and SFCCG, and is to take this to SLT. All other actions were completed and closed accordingly.	DF MMcD
A16/24	Losses and special payments LR informed the Committee that there had been no losses or special payments since the last Audit Committee. Regarding the outstanding Wirral MBC debt, MMcD is to write to them advising that this debt has been raised at the CCG's Audit Committee and requesting a definitive response on this matter. Action by the Committee The Committee received this report by way of assurance.	MMcD
A16/25	Audit Committee Recommendations Tracker LR presented this recommendations tracker, and the Committee noted that each April the tracker will reflect the recommendations for the full fiscal year. MM informed the Committee that she required sight of all policies in order to review them (AB&C policy plus related policies). LR is to provide these, and LR is to update the tracker to reflect this. Action by the Committee The Committee received this report by way of assurance.	LR
A16/26	Accounting Policies 2015/16 LR presented this report. The Committee noted the two key accounting policy changes, in particular the BCF, and noted the importance of complying with the guidance on this. Action by the Committee The Committee received this report by way of assurance.	

No	Item	Action
A16/27	Unaudited Annual Accounts 2015/16 LR presented copies of the unaudited accounts to the Committee and asked that any comments/feedback be forwarded to DS by Friday, 29 th April.	
A16/28	Internal Audit Progress Report 2015/16 AP presented this progress report and informed the Committee that the CCG had achieved a “significant” level of assurance. The Committee also noted that Performance Management Reporting had achieved a “high” level of assurance, and congratulations were given to the Chief Strategy & Outcomes Officer and team in attaining this score. Action by the Committee The Committee received this report by way of assurance.	
A16/29	Head of Audit Opinion 2015/16 AP presented this report and informed the Committee that the Director of Audit’s overall opinion was that of significant assurance. Action by the Committee The Committee received this report by way of assurance.	
A16/30	Internal Audit Plan 2016/17 AP presented this report and the Committee noted that MIAA’s fees will remain the same as the previous year. He informed the Committee that he had discussed the plan with MMcD, DS and the Leadership Team, and now sought the Committee’s approval. It was noted that MMcD had earlier proposed a piece of work relating to Col, and AP is to build this into the plan. Action by the Committee The Committee approved this Internal Audit Plan for 2016/17. <i>MMcD gave his approval to this agenda item, prior to departing the meeting at 1.15pm.</i>	
A16/31	Anti-Fraud Services Annual Report 2015/16 MM presented this report. The Committee noted that on 1st April 2016 NHS Protect issued a new set of commissioner standards to CCGs, and a full assessment against those standards is to be undertaken by the AFS by 31st May 2016. The Committee gave delegated authority to the Chair and CFO to sign-off on behalf of the CCG in order to meet this deadline. Action by the Committee The Committee received this report by way of assurance and gave delegated sign-off authority to the Chair and CFO.	
A16/32	Anti-Fraud Services Work Plan 2016/17 MM presented this report, and the Committee noted the report is flexible and subject to any changes the Committee requires. Action by the Committee The Committee approved this Anti-Fraud Services Work Plan 2016/17.	
A16/33	External Audit Plan 2015/16 AS introduced himself to the Committee and advised that he is also undertaking work relating to the transaction involving LCH. The Committee noted the external audit fees had decreased in comparison to last year. JL referred to BCF and said that KPMG will be required to do a more intensive audit on this. Action by the Committee The Committee approved this External Audit Plan 2015/16.	

No	Item	Action
A16/34	External Audit Technical Update AS presented this update which highlighted the main technical issues currently having an impact on the health sector. He referred to the UK Modern Slavery Act and the Committee noted the requirement to publish a statement on the CCG's website. TJ will be required to liaise with Comms regarding this.	TJ
	Action by the Committee	
	The Committee noted this update which is to be brought to all future Audit Committees.	
A16/35	Register of Interests 2015/16 DS presented this up-to-date register on behalf of TJ. GM requested data be sorted by surname. KPMG expressed the need for accuracy with this register. TJ is to action the data sort, as well as checking the register for completeness, by end of April.	TJ/GM
	Action by the Committee	
	The Committee approved this register subject to update and final review, and gave delegated authority to Graham Morris to finalise.	
A16/36	Information Governance Toolkit This report highlighted that the CCG had demonstrated a reasoned approach to the collation of its IG Toolkit return, and the Committee noted that the CCG has been assigned an assurance level of "significant".	
	Action by the Committee	
	The Committee received this report by way of assurance.	
A16/37	Annual Governance Statement (AGS) GM presented this AGS and the Committee noted the following changes are to be processed, before approval is given: <ul style="list-style-type: none"> • Section 4 is out of date and needs to be updated to reflect 2015/16. 	
	Action by the Committee	
	The Committee have deferred approval until May.	
A16/38	Terms of Reference (ToR) The Committee received the revised Terms of Reference and approved the changes presented therein.	
	Action by the Committee	
	The Committee approved the changes to the ToR.	
A16/39	Annual Audit Committee Report GM presented this report and sought feedback from the Committee. Amendment to be made to section 4, "four" generic areas instead of "seven". Also, the Director of Audit's Opinion is to form an appendix to this report.	
	Action by the Committee	
	The Committee received this report by way of assurance.	
A16/40	Key Issues The Committee received key issues reports for the following Committees: <ul style="list-style-type: none"> • Finance and Resource Committee (<i>January and February 2016</i>) • Quality Committee (<i>December 2015, January and February 2016</i>) 	
	Action by the Committee	
	The Committee noted the contents of these reports.	
A16/41	Any other business No other business was discussed.	

No	Item	Action
A16/42	Key Issues Review DS highlighted the key issues from the meeting and these will be circulated as a Key Issues Report to Governing Body.	
	Date and time of next meeting Wednesday 25 th May 2016 10.00am to 11.15am Family Life Centre, Southport	

Audit Committee Minutes

Wednesday 25th May 2016, 10.00am to 11.15am
Family Life Centre, Southport

Attendees		
Graham Morris	Lay Member (Chair)	GM
Graham Bayliss	Lay Member	GB
Dr Dan McDowell	Secondary Care Doctor	DMcD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Andrew Smith	Audit Director, KPMG	AS
Jerri Lewis	Audit Manager, KPMG	JL
David Smith	Deputy Chief Finance Officer	DS
Leah Robinson	Chief Accountant	LR
Gordon Howarth	Assistant Manager, KPMG	GH
Apologies		
Martin McDowell	Chief Finance Officer	MMcD
Adrian Poll	Senior Audit Manager, MIAA	AP
Minutes		
Ruth Moynihan	PA to Chief Finance Officer	RM

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

Name	Membership	Jan 16	April 16	May 16	July 16	Oct 16	Jan 17
Graham Morris	Lay Member (Chair)	✓	✓	✓			
Roger Driver	Lay Member	✓					
Dan McDowell	Secondary Care Doctor	✓	A	✓			
Graham Bayliss	Lay Member		✓	✓			
Martin McDowell	Chief Finance Officer	✓	✓	A			
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓			
David Smith	Deputy Chief Finance Officer	✓	✓	✓			
Tracy Jeffes	Head of Corporate Delivery and Integration	A	N	N			
Leah Robinson	Chief Accountant	✓	✓	✓			
Debbie Fairclough	Head of Client Relations, CMCSU	N					
Roger Causer	Senior Local Counter Fraud Specialist, MIAA	A	N	N			
Michelle Moss	Local Counter Fraud Specialist, MIAA	✓	✓	N			
Adrian Poll	Audit Manager, MIAA	✓	✓	A			
Ann Ellis	Audit Manager, MIAA	N	A	N			
Amanda Latham	Audit Director, KPMG	✓					
Jillian Burrows	Audit Senior Manager	A					
Andrew Smith	Audit Director, KPMG		✓	✓			
Jerri Lewis	Audit Manager, KPMG		✓	✓			

No	Item	Action
A16/43	<p>Apologies for absence Apologies for absence were received from Adrian Poll and Martin McDowell.</p>	
A16/44	<p>Declarations of interest Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG.</p>	
A16/45	<p>Advance notice of items of other business The Chair had not been advised of any items of other business.</p>	
A16/46	<p>Minutes of the previous meeting and key issues The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
A16/47	<p>LR presented an accounts briefing paper which provided a summary of the annual report and accounts. The Committee noted that the draft accounts were submitted on 27th April, and submission of the final accounts will be midday on 27th May.</p>	
	<p>DMcD queried the increase in employee benefits and LR confirmed this was due to an increase in members joining the CCG from the CSU, and included pension and NI costs.</p>	
	<p>DS presented the annual report and annual accounts to the Committee, and confirmed changes had been processed following Members' feedback after the April Audit Committee.</p> <p>Following review by the Committee, further changes were highlighted and the Chief Accountant will process these before final submission on 27th May. Following receipt of the ISA 260 the Committee formally approved the accounts.</p>	
<p>Action by the Committee The Committee formally approved the Annual Accounts subject to processing of the changes discussed.</p>		
A16/48	<p>External Audit Report:</p> <p>1. ISA 260 Report</p> <p>AS said this report met audit requirements and also conveyed a very positive message in terms of the financial statement, stating the report is consistent with the accounts and the Annual Governance Statement. Re VFM he reported an unqualified opinion and very positive result, advising that VFM arrangements next year will include review of the STP as part of the evidence.</p> <p>GM referred to the risk identified "Lack of evidence of Bank Reconciliation Review" (p166 of p177). JL advised that although reconciliations are done by SBS and an informal sign-off was noted, a formal review was not evidenced. LR confirmed she reviews reconciliations each month and is to update procedures to ensure this review is done and signed-off.</p> <p>AS referred to Independence and Objectivity (p159 of p177) and asked the Committee to note that he had been involved in work with LCH. He expressed formal thanks to the Finance Team for their support and assistance, and DS reciprocated his formal thanks to KPMG. GM formally thanked LR for work done in her first year as Chief Accountant.</p>	

No	Item	Action
	<p>2. Letter of Representation</p> <p>GM signed this letter on behalf of the Governing Body, and will report back to the Governing Body accordingly.</p> <p>Action by the Committee</p> <p>The Committee gave their approval for GM to sign-off this letter.</p>	
A16/49	<p>Any other business</p> <p>No other business was discussed.</p>	
A16/50	<p>Key Issues Review</p> <p>DS highlighted the key issues from the meeting and these will be circulated as a Key Issues Report to Governing Body.</p>	
	<p>Date and time of next meeting</p> <p>Thursday 14th July 2016 1.00pm to 2.30pm 3rd Floor Board Room, Merton House</p>	